Tulare County Health and Human Services (HHSA)
Mental Health Services Act (MHSA)
Advancing Behavioral Health
Innovation Project Plan

Section 1: Innovations Regulations

CHOOSE A GENERAL REQUIREMENT:

Advancing Behavioral Health will evaluate the impact on the consumer's outcomes when services are provided outside a clinical setting. This project will meet the general requirements by making a change to an existing practice in the field of mental health, including but not limited to, application to a different population. The main focus of the project will be to test an alternative way to deliver mental health services with the goal to increase the quality of mental health services, including measurable outcomes. This project will focus on a two-prong evaluation, seeking ways to improve the quality of mental health services in Tulare County, by 1) evaluating the responsiveness to services when consumers receive services in a traditional clinical setting compared to those who are served in a community setting, and 2) evaluating whether increasing the network of community supports to include training, promotes better outcomes for consumers.

The Project Team (consisting of Mental Health staff, Clinic Administrators, Contracted providers, Family Advocate, Peer Support Specialist, Alcohol and Other Drug staff, and HHSA Agency staff) feel this Innovation project **makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.**

CHOOSE A PRIMARY PURPOSE:

Advancing Behavioral Health Innovation project will, as its primary purpose, **increase access to mental health services to underserved groups**. The quality of mental health services, including measured outcomes, will also increase through the implementation of this project, by having specific indicators and outcomes showing the service delivery option that results in most significant engagement and positive, sustainable outcomes for consumers.

Section 2: Project Overview

PRIMARY PROBLEM

Tulare County Health and Human Services Agency (HHSA), through the Mental Health Branch, conducted a Community Program Planning process (CPP) for the Tulare County Mental Health Services Act (MHSA) Integrated Three-Year Plan (2017-2020). The planning process included consumers, family members, staff, agency partners, specialty groups, and general community stakeholders. Feedback opportunities were offered through stakeholder meetings, focus groups, and surveys, as well as through a public hearing. Additional and ongoing stakeholder feedback is provided during the year at various committees, which includes consumers, family members, providers, staff, etc.

MHSA stakeholders reviewed and refined strategies based on the data from the community assessment, which included 28 focus groups with 198 participants, and 884 survey responses. Not every finding from the surveys and focus groups were addressed; rather main themes developed

that were deemed to be most pertinent when considering existing programs and practices within Tulare County Mental Health. Homelessness, substance abuse, and suicide were the top three community needs identified through the CPP, and Tulare County Mental Health has several efforts working to address these needs. To address homelessness, the Mental Health Branch works in partnership with the Homeless Task Force which was created in late 2017, in addition to pursuing such grant funding opportunities as No Place Like Home and the Homeless Mentally Ill Outreach and Treatment Program. The Alcohol and Other Drug Unit has opted in to the Drug Medi-Cal Organized Delivery System and continues to improve and expand existing substance use prevention and treatment programs through this effort. The Suicide Prevention Task Force continues to host trainings, and has been instrumental in hosting the 2019 and 2020 National Local Outreach for Suicide Survivors (LOSS) Team Conference here in Tulare County.

One of the main themes from both the focus groups and the surveys was access. Within the focus groups, respondents stated that individuals receiving services and their families and support systems are not aware of how and where to access services. Additionally, 60% of survey respondents noted some barriers to accessing services, with the top three barriers noted as follows: 1) appointment availability, 2) lack of transportation, and 3) difficulty finding a mental health professional s/he feels comfortable with. These barriers are addressed through this Advancing Behavioral Health Innovation project by implementing a service delivery system that potentially broadens appointment availability, reduces transportation needs, and works with community partner agencies to reach participants where they frequent and feel comfortable.

MHSA Stakeholders developed focus areas from the CPP, including collaborating with community partners and increasing awareness of programs within the Spanish-speaking community. Homelessness and substance abuse were chosen by more than 50% of CPP respondents as top community needs, and the stakeholders are focused on these areas as well. With the Advancing Behavioral Health project, Tulare County Mental Health will have the opportunity to collaborate with community partners in bringing resources and services to their sites. Also, through this project, resources and services will be in the field, with one of the target population groups being individuals experiencing homelessness. While the Homeless and Mentally Ill Outreach and Treatment Program does provide expansive services to the target population it does not utilize a WPC approach nor conduct MDT for those that are accessing services. Nor does this program offer and compare service approaches between both community and traditional clinic settings. A more expansive program that provides the array of WPC services utilizing the MDT tool for better care coordination is needed.

Advancing Behavioral Health developed as an Innovative project to address this primary problem, to increase access to mental health programs and services, by reducing barriers; determine a best practice for engagement to service delivery, advancing a Whole Person Care delivery system model, thereby increasing the quality of mental health services; as well as broadening integration with community partners.

RESEARCH ON INN COMPONENT

Tulare County Health and Human Services Agency (HHSA) is proposing to take the concept of Whole Person Care (WPC) screening and assessment directly out to the target populations and meet them where they are by establishing partnerships with a variety of Community Based Organizations (CBOs). These CBOs would represent a range of county demographic populations, keeping a key focus on inclusion and cultural competency. Non-traditional partnerships with CBOs can include churches, schools, libraries, business establishments, and non-profit agencies. The CBOs would be provided adequate training, and county staff support to be utilized as WPC hubs, or points of access for consumers. The driving idea behind this project is precisely that, to increase Tulare County's network of points of access so that consumers have more opportunities to interact with the mental health system and be connected to care and services that span the WPC model while going about their daily lives.

This then differs from the traditional WPC model approach that is found in various counties by utilizing WPC methodologies outside of the traditional clinic setting and incorporating more points for WPC access in non-traditional community based settings. For example, the City of Sacramento is aligning and co-locating WPC services with low-barrier shelters. Access points are also available at fire departments, emergency rooms, and clinics, however a gap still exists of expanding this conceptually into larger more inclusive populations and not merely at emergency/crisis locations (City of Sacramento, 2017). Utilizing CBOs in this way allows consumers the opportunity to engage with WPC before there is an emergency or crisis, thus reducing the burden on emergency rooms, emergency shelters, and jails. This proactive versus reactive approach to engage the community in WPC services is what distinguishes Tulare County's proposed approach.

Another example of this paradigm is Contra Costa's WPC Pilot which focuses on high utilizers through emergency departments. While the pilot utilizes a range of representative disciplines in the WPC model, it still is not expanding WPC to the larger population, further embedding WPC into the community (Contra Costa, 2019). These examples show that not only is further integration of WPC needed but also expanded evaluation of the potential impact of further integration into CBOs. Tulare County's proposed innovation project would accomplish this.

In addition, these CBO partnerships can expand past simply WPC screening, assessment, and referrals but also into treatment, services, and support by coordinating with CBOs to allow county staff support at these CBO facilities. Staff could provide relevant treatment, clinical care, and support scheduled at various times throughout the week to accommodate consumers where they are and when they are available, in a more comfortable setting closer to their home and areas of frequency. This represents another gap in the field. There is still a great need in the field for this type of multi-sector integration into the community-based agencies to identify and truly address the consumer's whole needs (Khodyakov, Sharif, Jones, Heller, Pulido, Wells, & Bromley, 2018).

References:

Khodyakov, D., Sharif, M. Z., Jones, F., Heller, S. M., Pulido, E., Wells, K. B., & Bromley, E. (2018, September 6). Whole Person Care in Under-resourced Communities: Stakeholder

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Whole Person Care Promising Practice Collection. Contra Costa Health Services Department. (2019, September 9). Retrieved February 24, 2029 from https://www.chcs.org/wpc-portal/. California Department of Healthcare Services (DHCS).

Whole Person Care Sacramento Pilot Program. City of Sacramento. (2017, June 13). Retrieved February 21, 2020, from https://www.cityofsacramento.org/-/media/Corporate/Files/CMO/HomelessCoordinator/Whole-Person-Care-City-Council-06132017.pdf?la=en

PROPOSED PROJECT

Tulare County Mental Health (MH) is proposing to initiate Advancing Behavioral Health which will evaluate outcomes of consumers with Specialty Mental Health Services (SMHS) served within a traditional clinical setting with consumers with SMHS served in urban community settings and/or through field based clinical services. This project will evaluate the responsiveness to services when consumers self-seek services in a traditional clinical setting compared to those who are identified through outreach and engagement efforts to underserved populations to include the homeless or at-risk homeless populations. This project would expand and explore the benefits to consumer outcomes when a coordinated care plan and services are centered through familiar community settings. Tulare County Mental Health is also currently taking the steps necessary to changing the Branch name from Tulare County Mental Health to Tulare County Behavioral Health which will include Mental Health and Substance Use Disorder.

Advancing Behavioral Health will provide traditional clinical services to half of the targeted population group (called Traditional Clinical Setting), and will provide the other half of the targeted population group (called Community Clinical Setting) with community based clinical access/services. The goal of Advancing Behavioral Health is to determine which mental health clinical setting creates better outcomes for the consumer. Advancing Behavioral Health will provide services to consumers utilizing a Whole Person Care (WPC) delivery system model multidisciplinary team (MDT) approach. Participants in both target populations will be administered a World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) assessment tool so that pre and post services mental health indicators can be measured. Additionally, this project will track no show rates, and rates for those discharged due to not returning for services for both targeted population groups. Although WPC delivery system model is not a new practice in California, this would be a new intervention approach for consumers in Tulare County. The WPC delivery system model creates a pathway to improve the well-being of those individuals that need access to services. This model focuses on looking at all the needs of an individual, prioritizing most pressing needs, and providing a smooth transition through a complex system of care. Advancing Behavioral Health will utilize a WPC MDT consultation approach to engagement to service delivery to both targeted populations.

Advancing Behavioral Health would allow for Tulare County to evaluate which clinical setting has better outcomes when utilizing the WPC MDT approach, and determine which consumers are

more likely to engage in services when they are self-seeking services or through outreach and engagement efforts. Advancing Behavioral Health will focus on case-by-case outcomes, reductions to barriers to individuals, evaluations of what is working, areas of growth, and improvements within the system. This project will seek to increase access points in the community to reduce barriers to clinical services, and evaluate which method of clinical services has better outcomes.

The timeline for Advancing Behavioral Health will be five years. This allows time to develop the program infrastructure, and serve enough consumers in the different targeted populations to evaluate outcomes. During the first year of the project, an infrastructure will be built for the project, including data collection tools, outreach, engagement, and training to underutilized community areas, and seeking new networks of support to the consumers. Increasing access points to services delivery addresses the goal of increasing engagement in services, and will result in increased successful mental health outcomes for consumers. By years two through five the project will be fully implemented and begin serving the targeted populations of Traditional Clinical Setting and the Community Clinical Setting. This project will set up data monitoring structures so that outcomes will be measured from the beginning of the project.

Project Innovation

Due to the vast geographical area of Tulare County, efforts to increase access and services points in the community will benefit our consumers. Advancing Behavioral Health will compare if utilizing community settings for mental health services delivery is as effective with consumers who qualify for SMHS as traditional clinical settings. It will also evaluate if self-seeking consumers are more successful than those contacted through engagement efforts. This would provide vital information on how expanding clinical access should look in the future in Tulare County, and for what populations.

The targeted populations will be served under following criteria:

1) Traditional Clinical Setting:

- Walk-in/self-seeking mental health services
- WPC MDT intervention at clinic location
- Coordinated Care Plan
- Clinic site ongoing treatment
- World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0)

For Tulare County consumers served in the Traditional Clinical Setting, Advancing Behavioral Health will be introducing a new intervention model, and requiring an assessment tool for this targeted population that is not already required in clinic settings. This targeted population will be able to evaluate a new intervention approach in Tulare County of WPC delivery system model MDT approach, and requiring the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) assessment tool pre and post services which would be new to the county. Although this tool has been available there has not been a required protocol nor has there been data tracking from this tool. This will allow for Mental Health to evaluate the Traditional Clinical

Setting and provide an opportunity to monitor outcomes to this population while including a new intervention and assessment so consumer success can be equally tracked for both target populations. The inclusion of the traditional target population will provide vital outcomes for determining future clinical services in Tulare County. The traditional target population services will be able to be carried out by a rapid response team whom can quickly respond to each consumer and provide the full-spectrum of WPC services in an MDT approach. This response team would supplement services already taking place but with the expanded WPC focus.

2) Community Clinical Setting:

- Identified through outreach & engagement efforts
- WPC MDT Intervention in community setting
- Coordinated Care Plan
- Community/field clinical services for ongoing treatment
- World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0)

For consumers served in the Community Clinical Setting, Advancing Behavioral Health will seek to increase underutilized community access, and evaluate responsiveness to services in doing so. The goal would be to broaden access points within the community to support underserved populations, with a hope to increase engagement in services. The underutilized community access points could include but are not limited to Tribes, non-profit organization, faith-based organizations, community settings with no mental health access locations, or areas in the community where individuals experiencing homeless or at-risk of homelessness are frequently located. This project will evaluate the effectiveness of field-based clinical services, and provide needed therapeutic approach outside the clinical setting. The Community Clinical Setting will determine with input from the consumers where they would feel most successful, and every effort possible would be made to accommodate that request. If meeting a consumer at a homeless location weekly for services is needed that is what the Community Clinical Setting target population treatment team will explore. By utilizing a harm reduction model to engagement and services delivery, staff will seek to develop care plans that reduce barriers to services. The coordinated care plan could start with meeting at a designated location three times per month, and a designated community location once a month. Over time a community location comfortable for the consumer would be established. This targeted population will also track the number of contacts necessary to engage the consumers in services. Also, looking beyond engagement, TCMH will evaluate whether field clinical services are as effective as those administered in a clinical setting. Those consumers served in this capacity will be afforded the opportunity to receive tele-psychiatry services in the community. This will impact and improve the consumer's level of comfort by being able to receive crucial psychiatric services in a more familiar setting to the consumer. Every effort will be made to ensure privacy with these field-based services, such as having a designated space within a community provider location and utilizing technology that is encrypted.

Advancing Behavioral Health will start serving consumers through the groupings of Traditional Clinical Setting or Community Clinical Setting. Consumers would be assigned to these groups after their initial mental health intake assessment. Once assigned to a group, both groups would

be administered a World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) assessment tool pre and post services, and would have a scheduled WPC MDT meeting. Through this intervention model Tulare County will develop a coordinated care plan with both the groups. Services for the Traditional Clinical Setting group will be provided at the nearest clinic site, and services for the Community Clinical Setting group will be at community locations most comfortable to the consumer. Advancing Behavioral Health will create a network of access within the community, to local urban areas to create a new approach to Tulare County to receiving mental health services. This project will create a paradigm shift to traditional mental health treatment in Tulare County. Advancing Behavioral Health will seek community supports within the community, and engagement opportunities for the targeted population in hopes that these community connections will continue long after mental health services are needed. This project would also allow MH the opportunity to partner with underutilized areas of the community, providing field clinical services at known areas of the community where individuals experiencing homeless or at-risk of homelessness can be frequently located. By evaluating the consumer's needs and incorporating harm reduction principles, this project seeks to help understand how to better serve underserved populations. As with the traditional setting, Advancing Behavioral Health would create a rapid response team for the community setting as well. This team would be comprised of either Clinician, Nurse, Peer Support Specialist, Case Manager, Rehab Specialist or Alcohol and Other Drugs Counselors. This rapid response team would go out into the community to underserved populations to provide outreach, and engagement, and on-the-spot assessment to include but not limited to our homeless populations. Individuals identified during these outreach and engagement efforts would be assigned to the Community Clinical Setting targeted populations.

In addition to seeking underutilized community access points, the project would provide training for the community sites or participating community individuals, providing education on orientation at provider sites, and education on how to connect someone to mental health services. In doing this, TCMH would have the capacity to eliminate barriers and reduce stigma. This project would seek underutilized community areas willing to have consumers access their locations for mental health services. A project goal is to partner with a few community-based organizations so that clinical services could be provided by a county clinical staff at their location if that is the consumer preference. Additionally, this would not be limited to community based organizations. The field clinical services could be based at a safe location identified by the consumer, i.e. park, at locations frequented by homeless populations, or even in front of the local library. The goal is that consumers who need mental health treatment are receiving treatment regardless of the mental health setting. Advancing Behavioral Health will evaluate the engagement of the participants when choosing their clinical setting.

Estimated Number Served

Advancing Behavioral Health will estimate to serve 1,600 consumers over the five-year project period. The first year of the project period would be used to seek out community partners, and infrastructure building for the targeted populations. By year two this project will estimate to serve 400 consumers annually with 200 consumers annually per targeted population. This would provide a good sample size of the targeted populations to obtain enough information to determine which

clinical setting has the best outcomes. The two targeted population will be the Traditional Clinic Setting and the Community Clinic Setting.

Estimated Consumers Served:

Target Population	Year 1	Year 2	Year 3	Year 4	Year 5	Total for Program
Traditional Clinic Setting	0	200	200	200	200	800
Community Clinic Setting	0	200	200	200	200	800
Total Per Project	0	400	400	400	400	1600

Target Population

The target population for the Advancing Behavioral Health Innovation Program are those at risk for homelessness whom will receive services in both a traditional clinic setting and community clinic setting in Tulare County. In recent years, Tulare County's homeless population has steadily increased. Annual Point in Time (PIT) count numbers reveal an increase in total homeless population by over 40% since 2013. As of 2018, 66% of our homeless population was unsheltered. Overwhelmed by a vast rural landscape and geographically dispersed resource system, Tulare County recognizes the need for adapting current mental health practices for this population. Without linkages to care and access to collaborative services, people suffering from social, behavioral, physical determinants of health will continue to experience a decline in their health and well-being, eventually leading to poorer health and social outcomes.

The target population demographic information will vary in age, gender identity, race, ethnicity, sexual orientation, and language, but will seek to serve MHSA adult (18 years or older) consumers. Centrally located within the State of California, Tulare County is situated in a geographically diverse region. Tulare County provides services to many of the incorporated and unincorporated areas within the County. It is the seventh largest county in California, encompassing 4,863 square miles and is situated on the east side of the San Joaquin Valley. Tulare County, in its entirety, is designated as an urban area although 15.5% is considered rural. In addition to logistical barriers, Tulare County is ranked amongst the lowest in California in several key socioeconomic areas. Tulare County has the highest poverty rate within the State of California at 28.3% which is far greater than the National median poverty rate of 12.3%. The median family income is $45,881 which is more than $15,500 below the average in California. The civilian labor force peaks at 9.6% unemployment rate, which is significantly higher than the State's average of 4.1%. Nationally, approximately 7.8% of the population aged 12 and older needed substance abuse treatment however only approximately 1.4% of the population aged 12 and older received treatment, according to the 2018 National Survey on Drug Use and Health (NSDUH) Annual National Report. Applying these estimates to the population of Tulare County who are aged 18 and older*, the number of individuals needing substance abuse treatment would exceed 25,000, and those receiving treatment would exceed 4,500.

In determining a targeted population for this project, it was determined that TCMH wanted a large enough test population to determine which clinical setting would have the best outcomes for consumers, but still a reasonable size to determine the qualitative outcomes. This project will focus on areas in the communities with the highest number of consumers accessing SMHS. The cities of Visalia, Porterville, and Tulare have the most number of consumers accessing SMHS. Initial efforts to reduce barriers to services in these areas will begin with a goal to expand to other areas that have high number of consumers receiving SMHS such as Dinuba, Lindsay, and Woodlake.

LEARNING GOALS/PROJECT AIMS

Over the course of the Advancing Behavioral Health project, outcome measures will evaluate consumers served in a traditional mental health clinical setting with those served within the community. The project would provide the opportunity to determine if community based mental health treatment reduces recidivism and limits the cycle of mental health episodes within a target consumer population. This project will evaluate the responsiveness to services when consumers self-seek services in a traditional clinical setting compared to those who are identified through outreach and engagement efforts to underserved populations to include individuals experiencing homeless or at-risk of homelessness populations. Additionally, this project will evaluate effectiveness of needed mental health services in a community settings/co-located, no show rates, rates for those discharged due to not returning to services, discharged with goal met, and discharged with goals partially met. In evaluating this process our goal is to increase access points in the community by seeking underutilized community supports with a goal to strength community support, awareness, training, and access in the urban community.

This project will build upon a WPC MDT model, specifically by seeking underutilized community members to provide education and inclusion, and evaluating which clinical setting provides for better outcomes. This project will not only seek to increase access to services within the community, but additionally provide education and training, referral education, orientation services to increase awareness and identification within our underserved populations, with a goal to increase access to services and reduce the stigma of mental illness in our community. This project will evaluate which method of mental health services has better outcomes, and creates a pathway for wellness for the consumer. In addition to seeking underutilized community access points, the project would provide training for the community sites, look at providing orientation at provider sites, and education on how to connect someone to mental health services.

This project would seek underutilized community areas willing to have consumers access their locations for mental health services, with a project goal of partnering with a few community-based organizations so that clinical services could be provided by a county clinical staff if that is the consumers preference. Additionally, this would not be limited to community based organizations as field based clinical services could be based at a safe location identified by the consumer, i.e. park, known locations frequented, or even in front of the local library. The goal is that consumers who need mental health treatment are receiving treatment regardless of the mental health setting. Advancing Behavioral Health will evaluate the engagement of the participants when choosing their clinical setting, and if those services are as effective when provided outside the traditional clinical

setting. The Community Clinical Setting will explore a coordinated treatment plan that seeks to provide the clinical services mostly outside a clinic setting. Although TCMH does provide services with contracted providers within the county, those clinical access points are limited. This project will seek to create treatment plans that include community access points that are most comfortable for the consumer. In doing so TCMH would like to learn if this approach also allows for better outcomes for the consumer.

Evaluation or Learning Plan

During the Innovation program implementation, TCMH will evaluate progress with program goals. During the first year of the program implementation the data tracking mechanism will be put in place so that data outcome tracking will start from initial implementation. Advancing Behavioral Health will include feedback from partnering agencies, consumers, providers, and staff into the evaluation process. The evaluation process will be administered with tools that are culturally appropriate. Outcomes will be measured by utilizing a combination of quantitative data that will be collected regularly to monitor targeted populations numbers, services provided, clinic setting, no show rates, and discharge reasons, engagement, and outreach. Additionally, qualitative data will be collected through surveys from consumers, community partners, clinical staff, and other participating partners annually. These evaluation tools will be put in place to determine consumer success. The utilization of a consumer survey will be available to participating consumers to evaluate their perspective of the clinical services and the settings. A combination of these tools will be used to evaluate the questions and outcomes. The findings from this project will be shared with our stakeholders, community partners, and clinical sites. The following table will further illustrate the project evaluation questions and outcomes.

Advancing Behavioral Health Project Evaluation Questions and Outcomes

Key Learning Question	Potential Process Measures	Potential Data Source(s)
1. Does providing services in a clinical community services increase wellness and recovery outcomes for consumers?	• # target population traditional setting completed services • # community setting completed services	• Electronic Health Records data • WHODAS 2.0 • Consumer survey
2. How many contacts with consumers were made before intake assessment was completed?	• # target population traditional setting completed services • # community setting completed services	• Electronic Health Records data

3. Does utilizing a community clinical setting decrease no show rates?	• # from each target population who had no shows	• Electronic Health Record data
4. Dose utilizing a community clinical setting reduce the discharged due to not returning for services?	• # from each target population who were discharged due to not returning for services	• Electronic Health Record data
5. Does utilizing a community clinical setting increase discharge rate of consumers discharged with goals met?	• # from each target population who were discharged due to not returning for services	• Electronic Health Record data
6. Does utilizing a community clinical setting increase discharge rate of consumers discharged with goals partially met?	• # from each target population who were discharged due to not returning for services	• Electronic Health Record data
7. Which type of community support was most effective?	• # of different community supports used • # What type of community support had the best outcomes	• Consumer survey • Electronic Health Record data • WHODAS 2.0
8. World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) assessment tools indicators decreased?	• # of WHODAS 2.0 completed by each targeted population • # of WHODAS 2.0 with decreased indicators by the targeted populations • # of WHODAS 2.0 indicators that stayed the same by the targeted population	• WHODAS 2.0 • Electronic Health Record data

	• # of WHODAS 2.0 indicators that increased by the targeted population	
9. Which clinical setting did the homeless or at risk homeless population have better outcomes?	• # of homeless or at-risk homeless assigned to the targeted populations • # of homeless or at-risk services completed treatment for each targeted populations	• Consumer survey • Consumer survey • Electronic Health Record data • WHODAS 2.0

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

For the Advancing Behavioral Health project, services that will be contracted out will include costs associated with space in the community based organization as well as salary and benefits for an on-site peer support specialist to facilitate mental health services with consumers and provide orientation.

The county will manage the relationship with contracted community based organization by engaging in ongoing Whole Person Care subcommittee meetings as well as providing technical assistance site visits.

Evaluation of the project will take place through review by TCMH Quality Improvement team as well as an external project evaluator to provide an outside analysis of the surveys and data collected on the project.

COMMUNITY PROGRAM PLANNING

Tulare County conducted the Community Planning Process (CPP) for the Tulare County Mental Health Services Act (MHSA) Integrated Plan Update on the previous Three-Year Plan (2017-2020) CPP which is detailed within that plan. The CPP consisted of an inclusive process for consumers, family members, staff, agencies, specialty groups, and general community stakeholders. Feedback opportunities were offered through stakeholder meetings, focus groups, and surveys, as well as through a public hearing. Additional and ongoing stakeholder feedback is provided during the year at various committees, which includes consumers, family members, providers, staff, etc.

In alignment with Welfare & Institutions Code § 5858, the MHSA Stakeholder Team consists of representatives from agency partners, consumers of mental health services, family members of

consumers of mental health services, mental health providers, faith-based organizations, community-based organizations, and community/cultural brokers. Those invited included, but were not limited to: Division of Alcohol and Other Drugs (AOD); TulareWORKs; Aging and Veterans Services; Psychiatric Emergency Team; Health Services and Public Health Services; Child Welfare Services; Lindsay Healthy Start; Cutler/Orosi Family Education Center; Family Resource Centers; Visalia Parenting Network; Central California Family Crisis Center (Porterville); Goshen Family Services; consumers of Mental Health Services from the Porterville Adult Clinic, Visalia Adult Integrated Clinic, Mobile Units, Transitional Age Youth Transitional Supportive Housing, and Adult Transitional and Permanent Supportive Housing; Mental Health Board members and Board of Supervisors members; Brooks Chapel (African Methodist Episcopal Church); Southern Baptist Church (Latino and Lahu Worship); Lighthouse Rescue Mission and Visalia Rescue Mission; Owens Valley Career Development Center (Porterville, Visalia, and Tule River Reservation); Visalia Police Department; Tule River Department of Public Safety; Tule River Tribal Council; First 5 Tulare County; Kings/Tulare Continuum of Care; Kaweah Health Care District Bridge Program; The Source LGBT+ Center; Trevor Project; and the Tulare County Office of Education.

The following main themes were derived from the 28 focus groups among 198 community members:

- Knowledge of resources is improving but does not yet reach the wider community.
- Spanish-speaking communities were less knowledgeable about available resources.
- Education within the schools, to reach parents, teachers and administrators, could assist with prevention and early intervention efforts, as well as stigma and discrimination reduction efforts.
- Stigma surrounding mental health is slowly changing.
- There is more understanding and acceptance that mental health is part of physical health and emotional well-being.
- There seemed to be a shift from thinking that someone could be “cured”, to acceptance, with education about the diagnosis, and ways to manage the symptoms.
- Cultural awareness and lack of connectedness across gender and race/ethnicity still presents as a barrier to accessing services.
- While providers are representative of the various ethnicities within Tulare County, consumers and family members desire to work with providers who truly understand their experience and are reflective of where they are in life (age, values, beliefs, language, gender).
- Support is necessary
- Family support differs between cultures.
- Additional supports, such as groups, assist consumers with sobriety, parenting skills, and life skills, are valuable, however, participants expressed a desire for a change in tone and focus, offering some lightness and fun to the groups.

Stakeholders have been continuously engaged throughout the MHSA Three Year Plan. Additionally, as part of Health & Human Services implementation of Whole Person Care, community partners and stakeholders have met to discuss community needs. A need expressed by

community partners included providing services at non-traditional sites within the community. As the partners engage with community members, they find members are reluctant to access services and may be more inclined to engage in services if they were offered at the community based organization as there is an established trust in place. Advancing Behavioral Health will work to address this need and provide a "meet them where they are" approach by providing specialty mental health services in a non-traditional setting within the community.

Advancing Behavioral Health was introduced to the Tulare County Mental Health Board at the March 2020 meeting, and the Mental Health Board approved it for 30-day public comment period, to end April 5, 2020. At the end of the public comment period, there was one comment received on the Advancing Behavioral Health project which had no substantial impact on the project. A public hearing was held during the April 7, 2020, Mental Health Board meeting, and no public testimony was received. The Mental Health Board approved the Advancing Behavioral Health Innovation Project for submission to the Tulare County Board of Supervisors and the Mental Health Services Oversight and Accountability Commission.

MHSA GENERAL STANDARDS

A) Community Collaboration – This project will involve collaboration with community in that we will be partnering with Community Based Organizations (CBO) to provide specialty mental health services within the CBO setting. In collaboration with a CBO this would provide a "meet them where they are" approach to providing services in a setting that has identified a need and has established rapport with consumers wishing to obtain services in a non-traditional setting.

B) Cultural Competency – Tulare has an established Mental Health Cultural Competency Committee which meets quarterly and is made up of peer specialists, community organizations, clinicians and county staff. This committee will be informed on a regular basis as to the status of the project. Every effort will be made to ensure staff and tools are culturally aware and linguistically appropriate.

C) Client-Driven – The focus of this project is to provide specialty mental health services in a non-traditional setting. A need has been identified to provide services within community based organizations as consumers feel more comfortable in this environment and would allow them to access much needed mental health services in an environment conducive to their needs. This "meet them where they are" focus is a client-driven/focused approach.

D) Family-Driven – Families often access services through community based organizations, and through this project family participation in mental health services will be encouraged. The Multidisciplinary Team (MDT) approach will also include family involvement through this process to better provide care for the consumers accessing services through community-based organizations.

E) Wellness, Recovery, and Resilience-Focused – This project will reduce stigma and increase access to mental health services which promotes wellness and recovery by meeting the consumers where they are most comfortable and more likely to engage in services.

F) Integrated Service Experience for Clients and Families – Many community-based organizations provide a myriad of services to individuals and families. This project will marry those services being offered in community based organizations with specialty mental health services.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Tulare County has an established Mental Health Cultural Competency Committee which meets quarterly and is made up of peer specialists, community organizations, clinicians and county staff. This committee will be informed on a regular basis as to the status and outcomes of the project.

As part of the Whole Person Care Model there have been ongoing collaborations with community partners to engage them in the process of implementing Whole Person Care. Community-Based Organizations have an expressed interest in providing services to consumers as they come in contact with individuals in the community on a daily basis expressing a variety of needs including mental health related services. The community based organizations will continuously be engaged with Whole Person Care subcommittees and will be able to provide ongoing updates on progress of the project and will conduct surveys to provide feedback on how this is meeting their needs.

Evaluation of the project will also be shared with the Mental Health Board, with recommendations from the committees mentioned above regarding the project success and continuation, to be shared with the Mental Health Board for their advice and action.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

At the conclusion of the Advancing Behavioral Health project, evaluation results will be shared with committees and Mental Health Board and if deemed feasible to continue, and the outcomes indicate that the project or elements of it are successful, the project could then be covered by billing the health insurance providers for the specialty mental health services being provided.

Individuals with serious mental illness will receive direct services from this project. At the conclusion of the project services will continue to be offered in a “meet them where they are” approach in order to assure continuity of care.

COMMUNICATION AND DISSEMINATION PLAN

Annual reports on the project will be shared with the Mental Health Board, and publicly available on the Tulare County HHSA website. Program participants, family members, and stakeholders will be encouraged to participate in stakeholder meetings. Shared experiences on the project’s impact in the lives of our community will be welcomed. Additionally, Tulare County Mental Health will share findings statewide with county counterparts through making the

project evaluation available online as well as through email listings and state MHSA associations.

Keywords:

- Advancing Behavioral Health
- Community-Based
- Meet them where they're at
- Barriers to service
- Access to mental health

As previously mentioned, the stakeholders will be engaged ongoing through the Whole Person Care subcommittee meetings that occur on a monthly basis. Through the subcommittees lessons learned and successes can be shared with the stakeholders and feedback can be received.

TIMELINE

The total duration for the project is five years, and Tulare County Mental Health anticipates to be fully operational for the project with one year of project approval.

YEAR 1

Project timeline first year from approval, July 2020-June 2021

Milestone/Deliverable	Project Months					
	Jul 2020-Dec 2020			Jan 2021-Jun 2021		
	Jul/Aug	Sept/Oct	Nov/Dec	Jan/Feb	Mar/Apr	May/Jun
MHSA Activities for INN Project						
MHSOAC Approval						
INN Annual Report						
Infrastructure Building						
Hire or reassign staff						
Identify building space or co-locate						
Policy Development, procedures, and parameters						
Onboard staff and train staff						
Community Supports						
Identify community supports						
Establish working guidelines						
Training and technical assistance						

Full Project Timeline

Milestone/Deliverable	Year 1		Year 2		Year 3		Year 4		Year 5	
	2020-2021		2021-2022		2022-2023		2023-2024		2024-2025	
	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun
Infrastructure Building										
Project Launch										

Full Implementation										
INN Annual Report										

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

This INN plan will utilize any remaining AB114 funds that were deemed reverted and returned to the County as well as non-AB114 funds from FY 18/19, FY 19/20, and FY 20/21. The total estimated budget for Project Advancing Behavioral Health is $6,000,000 over the course of 5 years, as shown in the table below.

Advancing Behavioral Health Total	$6,000,000
AB 114	$2,565,553
FY 2018/2019	$1,375,424
FY 2019/2020	$1,423,636
FY 2020/2021	$635,387

If this INN plan is successful, Project Advancing Behavioral Health will transition to billing Medi-Cal for all possible reimbursable costs and services with the caveat that consumers that are not Medi-Cal eligible will continue to be offered services sustained through CSS funding.

BUDGET NARRATIVE

Personnel (Salaries and Benefits) - $3,943,813

County of Tulare Staff benefits are calculated at approximately 40%. After the first year, salaries include a 3% COLA for ALL personnel listed below.

Administrative Staff

1. Administrative Specialist, .25 FTE (for 5 yrs.): $100,234

   Administrative Specialist responsibilities include:

   a. Acting INN Coordinator
   b. Oversee program development
   c. Organize stakeholder meetings
   d. Consults with evaluator on program design and data collection methods
   e. Schedules training sessions
   f. Prepares training materials
   g. Arrange schedules for subject matter experts to conduct training
   h. Collect program survey data
   i. Analyze program data
   j. Prepare bi-annual program updates
   k. Prepare annual program reports

2. MHSA Manager, .1 FTE (for 5 yrs.): $42,926

   MHSA Manager responsibilities include:

   a. Administrative oversight of INN coordinator and program
   b. Participate in program development

c. Facilitate stakeholder meetings
d. Review and sign off on bi-annual and annual program reports

Multi-Disciplinary Team (MDT)
(One (1) MDT team budgeted the first year and two (2) MDT teams budgeted for years 2 – 5)

3. Office Assistant III, 1 – 2 FTE: $298,788
   Office Assistant III responsibilities include:
   a. Provide office, clerical support, schedule meetings

4. Licensed Clinical Social Worker, 1 – 2 FTE: $779,173
   Licensed Clinical Social Worker responsibilities include:
   a. Conduct assessment and provide direct services to individuals deemed appropriate for therapeutic services.
   b. Attend Multidisciplinary Team meetings and provide insight to consumer needs and make recommendations to the team.

5. Supervising Licensed Clinical Social Worker, 1 – 2 FTE: $808,795
   Supervising Licensed Clinical Social Worker responsibilities include:
   a. Oversee MDT team
   b. Provide clinical oversite to Licensed Clinical Social Worker
   c. Attend MDT meetings

6. Peer Support Specialist II, 1 – 2 FTE: $367,818
   Peer Support Specialist II responsibilities include:
   a. Provide orientation to community members
   b. Assist with onboarding consumers to mental health services
   c. Attend MDT meetings

7. Alcohol & Drug Specialist II, 1 – 2 FTE: $412,638
   Alcohol & Drug Specialist II responsibilities include:
   a. Provide alcohol and drug screening assessment and make recommendations.
   b. Consult with Licensed staff to best align services and wellness plan.
   c. Attend MDT meetings

8. Benefits (Indirect Costs): $1,133,441
   a. Employee benefits include but not limited to: Medical, Vision, Dental, Retirement, and Life Insurance; calculated at approximately 40%.

Operating Costs – $629,187 (Direct Costs - $571,987; Indirect Costs - $57,200)

1. Printing - $18,000
   a. Cost of printing materials for community outreach to include but not limited to: fliers, handouts and information cards.
2. Cell Phones - $27,000
   a. Annual cost for county cell phone use by administrative staff.

3. Training - $25,000
    a. Costs associated with training registration and attendance of metal health and substance use as well as MDT.
4. Travel and Mileage - $120,000
    a. Reimbursement for personal car mileage and cost for overnight stay, and per diem pay.
    b. Usage of motor pool vehicles at $30/day per vehicle for community clinical services.
5. Meeting and Supplies - $4,487
    a. Rental cost of additional equipment, table, chairs, and audio services.
6. Outreach Materials - $340,000
    a. Kits including personal care items for consumers that may be in need, brochures, flyers, backpacks, totes etc.
7. Office Supplies – $37,500
    a. Cost of general office supplies to include but no limited to: paper, pens, notebooks, tissue, folders, hand sanitizer.
8. Indirect Costs - $57,200
    a. 10% of direct operating costs.

Non -Recurring Costs – $30,000

1. Technology – $30,000
    a. Cost associated with purchase of devices (laptop, tablet, etc.) for use by LCSW, Case manager and alcohol drug specialists in the field.

Contracts - $1,397,000

1. Direct Costs - $1,270,000
    a. Costs for contracting space within community-based organizations. Year one (1) would have 3 communities (Visalia, Tulare, Porterville), with plans to expand based on expressed interest from community partners.
    b. Evaluator – $250,000
        i. Evaluate program effectiveness based upon data compiled through consumer surveys and additional data sources identified.
2. Indirect Costs - $127,000
    a. 10% of contracted direct costs.

Total Five Year (FY 2020 – FY 2025) Costs by category:

Personnel: $3,943,813

FY 20/21: $417,365

FY 21/22: $842,917

FY 22/23: $868,204

FY 23/24: $894,250

FY 24/25: $921,077

Operating Cost: $629,187

FY 20/21: $103,837

FY 21/22: $118,137

FY 22/23: $135,737

FY 23/24: $135,738

FY 24/25: $135,738

Non-Recurring Costs: $30,000

FY 20/21: $30,000

FY 21/22: $0

FY 22/23: $0

FY 23/24: $0

FY 24/25: $0

Consultant/Contracts: $1,397,000

FY 20/21: $165,000

FY 21/22: $231,000

FY 22/23: $286,000

FY 23/24: $330,000

FY 24/25: $385,000

Total Costs: $6,000,000

FY 20/21: $716,202

FY 21/22: $1,192,054

FY 22/23: $1,289,941

FY 23/24: $1,359,988

FY 24/25: $1,441,815

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1	Salaries	**$304,273**	**$599,026**	**$616,996**	**$635,506**	**$654,571**	**$2,810,372**
2	Direct Costs						
3	Indirect Costs (Benefits)	**$113,092**	**$243,891**	**$251,208**	**$258,744**	**$266,506**	**$1,133,441**
4	Total Personnel Costs	**$417,365**	**$842,917**	**$868,204**	**$894,250**	**$921,077**	**$3,943,813**
OPERATING COSTS		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
5	Direct Costs	**$94,397**	**$107,397**	**$123,397**	**$123,398**	**$123,398**	**$571,987**
6	Indirect Costs	**$9,440**	**$10,740**	**$12,340**	**$12,340**	**$12,340**	**$57,200**
7	Total Operating Costs	**$103,837**	**$118,137**	**$135,737**	**$135,738**	**$135,738**	**$629,187**
NON RECURRING COSTS (equipment, technology)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
8	Laptops, iPads, etc. (6 devices x $5,000)	**$30,000**					**$30,000**
9							
10	Total Non-recurring costs	**$30,000**	**$0**	**$0**	**$0**	**$0**	**$30,000**
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
11	Direct Costs	**$150,000**	**$210,000**	**$260,000**	**$300,000**	**$350,000**	**$1,270,000**
12	Indirect Costs	**$15,000**	**$21,000**	**$26,000**	**$30,000**	**$35,000**	**$127,000**
13	Total Consultant Costs	**$165,000**	**$231,000**	**$286,000**	**$330,000**	**$385,000**	**$1,397,000**
BUDGET TOTALS		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
Personnel Salaries (line 1)		**$304,273**	**$599,026**	**$616,996**	**$635,506**	**$654,571**	**$2,810,372**
Direct Costs (add lines 2,5, and 11 from above)		**$244,397**	**$317,397**	**$383,397**	**$423,398**	**$473,398**	**$1,841,987**
Indirect Costs (add lines 3, 6 and 12 from above)		**$137,532**	**$275,631**	**$289,548**	**$301,084**	**$313,846**	**$1,317,641**
Non-recurring costs (line 10)		**$30,000**	**$0**	**$0**	**$0**	**$0**	**$30,000**
TOTAL INNOVATION BUDGET		**$716,202**	**$1,192,054**	**$1,289,941**	**$1,359,988**	**$1,441,815**	**$6,000,000**

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)						
A. Estimated total mental health expenditures for **ADMINISTRATION** for the entire duration of this INN Project by FY & the following funding sources	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
Innovation MHSA Funds	**$26,965**	**$27,774**	**$28,607**	**$29,465**	**$30,349**	**$143,160**
B. Estimated total mental health expenditures for **EVALUATION** for the entire duration of this INN Project by FY & the following funding sources:	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
Innovation MHSA Funds	**$50,000**	**$50,000**	**$50,000**	**$50,000**	**$50,000**	**$250,000**
C. Estimated **TOTAL** mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
Innovation MHSA Funds	**$716,202**	**$1,192,054**	**$1,289,941**	**$1,359,988**	**$1,441,815**	**$6,000,000**