

NEW INN Project Description

County: Santa Clara County

Program Number/Name: INN-10: Faith Based Training and Supports Project

Date: July 2017

1. Select one of the following purposes that most closely corresponds to the Innovation Program’s learning goal and that will be a key focus of your evaluation.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovation Program reflects more than one primary purpose in addition to the one you have selected, you may explain how and why each also applies.

Santa Clara County has approximately 1.8 million residents, is the sixth largest county in California, and the largest of the nine Bay Area counties (County of Santa Clara, 2014). In addition, Santa Clara County has a culture rich in history, ethnic diversity with over 100 languages and dialects spoken, and various religious/spiritual groups. The Center for Religion and Civic Culture at the University of Southern California (2015) generated a listing of Santa Clara County’s ten largest faith groups based on 2010 data as shown in the table. The data is based on information from the Glenmary Research Center which utilizes a self-reporting method by denominational “headquarters” and/or associations. Although the data reflects a snapshot of religious demographic groups in Santa Clara County from six years ago, the information still illustrates that there is great opportunity to reach new individuals who are in mental health distress but first seek help from their faith or spiritual leaders who themselves may not be aware of behavioral health programs and services provided by Santa Clara County Behavioral Health Services Department (BHSD). The aim of the new project is to educate and provide the necessary tools and information to faith and spiritual leaders so that they are able to serve their congregants appropriately and make the necessary referrals to County BHSD services as needed.

Santa Clara County’s Ten Largest Faith Groups

Religious Group	Number of temples, mosques, churches,	Number of adherents	% of total population
Roman Catholic	56	447,369	25.11
Nondenominational	125	76,984	4.32
Hindu, Traditional Temples	5	31,340	1.76
Mormon	45	24,739	1.39
Buddhism, Mahayana	43	19,243	1.08
Muslim	17	18,851	1.06
United Methodist	32	16,731	0.94
Southern Baptist	71	16,587	0.93
Assemblies of God	45	15,643	0.88
Hindu, Indian-American Hindu Temples	12	10,096	0.57
Total	451	677,583	38.04

Source: Center for Religion and Civic Culture University of Southern California (2015)

When Santa Clara County consumer and family members are in behavioral health distress, more often than not, they first seek out assistance from their faith/spiritual communities and faith leaders before going to public and/or private behavioral health professionals. Unfortunately, many of these faith leaders do not have the skill set or understanding about mental health and/or substance abuse issues to respond appropriately. In addition, some faith and spiritual leaders may also perhaps shy away from discussing suicide related issues/prevention with their congregants. To address these concerns, the County’s new Innovation (INN) project will develop a customized educational training program that will be tailored and implemented for use by faith and spiritual leaders in Santa Clara County. The program will be designed to

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provide them the necessary tools, skills, and resource options to better serve those in their communities who suffer from mental health and/or substance abuse issues. The new INN project will also give faith and spiritual leaders a better understanding of their boundaries in not providing professional/clinical treatment without the necessary credentials to practice. First and foremost the project will teach the faith and spiritual leaders to be informed at making the appropriate behavioral health referrals to their congregants and directly link them to needed mental health and/or substance use treatment services.

References:

- Center for Religion and Civic Culture University of Southern California. (2015). California Religious Demographics: Religious Profiles of Sample California Counties. Retrieved from <https://crcc.usc.edu/california-religious-demographics>
- Center for Religion and Civic Culture University of Southern California. (2015). Santa Clara County's Ten Largest Faith Groups. Retrieved from <http://crcc.usc.edu/santaclara/>
- County of Santa Clara, Office of the County Executive, Office of Public Affairs County. (2014). County of Santa Clara 2013 Annual Report: Embracing Change. Retrieved from <https://www.sccgov.org/sites/opa/resources/reports/Documents/2013AnnualReport%20Online%20FINAL.pdf>

- 3. Which MHSa definition of an Innovation Program applies to your new program, i.e. how does the Innovation Program a) introduce a new mental health practice or approach; or b) 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; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?**

The primary goal of the project is to determine if a customized training plan will help engage and outreach to specific communities and provide individuals in those certain communities the access to needed behavioral health services. Most counties in California have utilized the Mental Health First Aid (MHFA) training course which is geared towards the general population whereas Santa Clara County's new INN project will make a change to an existing mental health practice by implementing a customized behavioral health training program tailored to the various faith and spiritual communities in Santa Clara County. The project will include an assessment phase that will be conducted at the beginning of the project and the purpose is to identify the behavioral health knowledge of the faith and spiritual leaders from the five target populations: African-American, Chinese, Filipino, Latino, and Vietnamese. Information gathered during the assessment phase of the project will serve as the foundation in the development of a customized behavioral health training plan(s). In addition, the project will utilize a two-way learning approach: not only will trainings be provided to the faith and spiritual communities but in turn the faith and spiritual leaders will also teach licensed behavioral health professionals, County behavioral health staff and contract service providers, the role of faith and spirituality in wellness and recovery of clients.

- 4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.**

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Orange County currently has an INN project in place titled "Religious Leaders Behavioral Health Training Services" which utilizes a standardized Mental Health First Aid (MHFA) training program not specific to a particular community or group. On the other hand Santa Clara County's new INN project will involve creating, developing, and utilizing a customized behavioral health training plan(s) tailored to the faith/spiritual communities in the County, specifically targeting the African-American, Chinese, Filipino, Latino, and Vietnamese populations. There are two innovative elements in Santa Clara County's new INN project. First, at the start of the INN project, focus groups will be held to assess behavioral health knowledge of faith and spiritual leaders from the five population target areas. Based on the assessment results from the focus groups, a customized behavioral health training plan(s) will be generated. Secondly, another component of the new INN project includes the faith and spiritual leader participants providing technical assistance trainings to behavioral health professionals (County staff and behavioral health contract providers) to help them gain a better understanding of their clients who consider faith and/or spirituality as part of their path to wellness and recovery.

BHSD plans to procure and release a request for proposal (RFP) for services related to the Faith Based Training and Supports INN Project which will include the following features:

- The project will target faith and spiritual communities in five populations: African-American, Chinese, Filipino, Latino, and Vietnamese.
- A half-time faith/spiritual coordinator will be established for each target population. The five coordinators will work with one part-time faith/spiritual leader who will oversee and help strategize the coordination efforts of the five faith/spiritual coordinators and trainings in the various communities.
- At the start of the project, the selected contract provider(s) will:
 - Utilize established groups in Santa Clara County such as the Ethnic Cultural Community Advisory Committees (ECCACs) comprised of seven ethnic groups, Santa Clara County's Faith Based Collaborative, BSHD ethnic contract service providers and NAMI of Santa Clara County to help reach out to the faith/spiritual leaders in the five target populations and engage their participation in the project.
 - Conduct behavioral health assessments of faith/spiritual leaders in the five target populations to ensure that the development of a new customized behavioral health training plan(s) meets cultural needs of the various religious/spiritual communities and assess needed language translation services in the implementation of the project.
 - Develop customized behavioral health training plan(s) based on assessment results.
 - Train the faith/spiritual leaders in the five target population and provide the leaders with behavioral health resources and information about how they can refer their congregants to County behavioral health services. The aim of the project is to have the faith/spiritual leaders conduct outreach and work directly with their congregation.
 - Faith and spiritual leaders will conduct technical assistance trainings to County behavioral health staff and service providers about the role of faith/spirituality in wellness and recovery.

4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate

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The INN project focuses on serving individuals across the age continuum, from children to older adults; specifically faith and spiritual communities in five target populations: African-American, Chinese, Filipino, Latino, and Vietnamese.

4b. If applicable, describe the estimated number of clients expected to be served annually.

The aim of the project is to target faith and spiritual communities in five populations: African-American, Chinese, Filipino, Latino, and Vietnamese. Based on the information provided in item #2 and as shown below, about 38% of Santa Clara County residents, approximately 680,000 individuals, are linked to a religious/spiritual group. The project aims to penetrate and provide outreach and behavioral health service referrals to these particular groups of residents. Specific target penetration rates will be set for years one and two of the project. At a future date, the County and the selected contract provider will work together to finalize the penetration targets based on the information in the table below. As part of the County procurement process, the County will include the data provided in this exhibit and will request potential bidders their outreach approach and their recommended penetration targets for the five target populations taking into account the various religious and spiritual groups in the County.

Santa Clara County's Ten Largest Faith Groups

Religious Group	Number of temples, mosques, churches,	Number of adherents	% of total population
Roman Catholic	56	447,369	25.11
Nondenominational	125	76,984	4.32
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Source: Center for Religion and Civic Culture University of Southern California (2015)

4c. Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovation Program, explain why.

This project is aligned with the following MHSA general standards:

- Community Collaboration:** In December 2014, the Santa Clara County Behavioral Health Services Department (BHSD) launched an INN planning process for the County's next round of new INN projects. This new INN project is a result of that extensive community planning process which included holding informational stakeholder meetings and initiating an input submission window period to provide stakeholders and the public an opportunity to submit potential new INN ideas for consideration for the County's INN plan. The public/stakeholders were requested to utilize an INN Idea Form to submit potential INN ideas. Through that process, 16 ideas were received. BHSD conducted a review of all the submitted ideas and selected project ideas that would be developed into an INN project. Ultimately, BHSD selected three new projects ideas and one of those projects is the Faith Based Training and Supports. BHSD held an informational stakeholder/public meeting regarding the County's review and selection of the projects and also provided another opportunity for stakeholders to participate in focus group meetings in Spring 2016: one focus group meeting

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was held for each new INN project. BHSD considered the input that were received at the focus group meeting as the department refined and finalized the concept for each new INN project. Please refer to the Community Planning Process section of the Plan Document for additional details.

In addition, the project will involve collaboration with faith/spiritual community in the development of the behavioral health training plan(s) as well as working with established groups in Santa Clara County such as the Ethnic Cultural Community Advisory Committees (ECCACs) comprised of nine groups, Santa Clara County's Faith Based Collaborative, BSHD ethnic contract service providers, and NAMI of Santa Clara County to help reach out to the faith/spiritual leaders in the five target populations and engage their participation in the project.

- **Cultural Competence:** This new project seeks to increase access to services by engaging faith/spiritual leaders who are culturally embedded in the five target populations: African-American, Chinese, Filipino, Latino, and Vietnamese to conduct outreach activities and provide necessary referrals directly to their specific congregation and communities who may not be connected to the public mental health system. In addition, another component of the new project is to hold focus group meetings and assess the behavioral health knowledge of the faith/spiritual leader participants from the five population target areas with the aim of developing a customized behavioral health training plan(s) based on the assessment results and meet the cultural needs of the target populations.
- **Client Driven and Family Driven:** When Santa Clara County consumer and family members are in behavioral health distress, more often than not, they first seek help from their faith/spiritual communities and faith leaders before going to public or private behavioral health professionals. This project will enable the County to reach individuals in a setting that they are most comfortable in and the new project will enable participating faith/spiritual leader to provide the appropriate referrals directly to their specific congregants and their families who foremost seek their help with behavioral health issues and concerns.
- **Wellness, Recovery, and Resilience Focused:** The project design encourages wellness and recovery by providing faith/spiritual leaders in the community with trainings and knowledge to help them outreach to their specific congregations and help their congregants by linking them to appropriate behavioral health referrals and information. In addition, as part of this project, faith/spiritual project participants will provide technical assistance trainings to Santa Clara County staff and contract service providers about the role of spirituality in wellness and recovery and have the trainings eligible for continuing education units (CEUs).
- **Integrated Service Experiences for clients and their families:** The project's goal is to increase access to services. By training faith/spiritual leaders for the five target populations, the leaders will be better prepared at providing assistance to congregants in behavioral health distress who first seek their help and appropriate referrals to behavioral health services.

4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation funds

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Not applicable. The new project will be linked to existing County behavioral health services/programs which are funded with other non-MHSA INN funds.

- 5. Specify the total timeframe of the Innovation program. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement.**

The project is slated to be a two-year project. Following the County's local stakeholder process, including the 30-day public/comment review process, public hearing of the project and the approval and adoption of the INN project by the County Board of Supervisors, the County plans to seek State-Mental Health Services Oversight and Accountability Commission (MHSOAC) approval of this project in October 2017.

The County plans to procure and release a request for proposal (RFP) for services related to the Faith Based Training and Supports Project. The RFP development, release, and final selection of the proposal typically takes about six months based on current Santa Clara County procurement guidelines and workflow for new contract services. Provided the County obtains MHSOAC approval in October 2017, the RFP development can commence soon after. The aim is to complete the procurement process by June 2018 with the awarding of new contract services with a start date of July 1, 2018.

October 2017: Obtain State-MHSOAC approval of the new INN project.

November 2017 – June 2018: Pre-planning activities, BHSD RFP Development, and Award Phase

- Develop the scope of work based on the approved INN project described in this exhibit.
- Release RFP for Faith Based Training and Supports INN project.
- Conduct an evaluation of bidder proposals.
- Select and award RFP contract with a project service contract start date of July 1, 2018.

July 2018 – June 2020: Project Implementation Phase of the Two-Year INN Project

The estimated implementation dates of the project is July 1, 2018 – June 30, 2020 and will be completed by selected vendor(s). Below is an estimated timeline based on a July 1, 2018 contract service start date:

July 2018 – August 2018 (two months):

- Selected contract provider(s) to hold focus groups to assess behavioral health knowledge of faith/spiritual leader participants from the five target areas.

September 2018 – October 2018 (two months):

- Selected contract provider(s) to create customized "101" BH training plan(s) to Faith/Spiritual Leaders based on assessment results.

November 2018 – December 2018 (two months):

- Selected contract provider(s) to conduct customized "101 trainings" to the five target communities.

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January 2018 – June 30, 2020 (18-months):

- Faith Leaders identified as representatives from each of the five target communities will:
 - Conduct outreach activities and provide necessary referrals directly to their specific congregation.
 - Provide technical assistance trainings to BHSD staff and contract service providers about the role of spirituality in wellness and recovery and have the trainings eligible for continuing education units (CEUs).
- Selected contract provider(s) will track outcomes data and provide a monthly report to BHSD.
- An outside evaluator will evaluate program's progress during the two year term of the project and generate an initial annual report and a final evaluation report due at the end of the project duration.
- Throughout the term of the project, BHSD will designate a contract/project monitor who will continually assess the status of the project.

**Initially, as reflected in the Draft Plan for the new Innovation (INN) projects, BHSD estimated to present the new INN projects to the MHSOAC in October 2017. Recently, the MHSOAC Technical Assistance Team notified BHSD that most likely based on scheduling that the County's new INN projects is now tentatively scheduled for the MHSOAC's November 16, 2017 meeting.*

6. Describe how you plan to measure the results, impact, and lessons learned from your Innovation Program. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.

The primary intended outcome of this project is to increase access to services by implementing a customized behavioral health (BH) "101" training plan(s) that will be provided to faith and spiritual leaders which help them respond appropriately to individuals seeking their help and assist with linkage and referrals to County behavioral health services. At the start of the project's implementation, focus groups will be administered to conduct a pre-test assessment to gauge the knowledge and understanding of faith/spiritual leaders in regards to mental health and substance issues. Based on focus group results, create a customized Behavioral Health "101" Training plan(s) to meet the needs determined by the pre-test. After the trainings are completed, a couple months afterwards, a post-test assessment will be conducted to gauge the present knowledge of behavioral health issues of the participating faith/spiritual leaders and also determine if they were able to do a better job at providing the necessary behavioral health resources to their congregants seeking their help. As part of the evaluation, all participants will be tracked for completion of the new customized behavioral health 101 training program. In addition, referrals provided by the participants-faith and spiritual leaders will be tracked by referral service type including demographic information. The data gathered through this process will be compiled, prepared and reported on a monthly basis by the contract service provider.

As part of the learning and evaluation, there is also a plan to create a faith and spiritual advisory group. In an advisory capacity, the group will review real-life stories and case studies and provide feedback to the

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selected contracted provider of this new INN project about how to address and handle certain situations in culturally responsive manner. In addition, service referrals will be tracked by each participating faith/spiritual community. The expectation is that service referrals to County behavioral health services will increase overtime as well as increase knowledge of behavioral health issues and services by the project participants.

A final evaluation report will be published at the end of the project which will be prepared by an outside contractor and will be shared with Santa Clara County MHSAs stakeholders and the public.

7. Describe how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds. Specify how stakeholders will contribute to this decision.

It is estimated the project will be completed by end of June 2020. As part of the County's FY2021-2023 MHSAs three-year planning process, BHSD will review the evaluation report on the INN project and develop recommendations regarding the future of the project. The evaluation report and BHSD's recommendations will be shared with local stakeholders and the public as part of Santa Clara County's three year community planning process.

8. If applicable, provide a list of resources to be leveraged.

Not applicable.

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9. Provide an estimated annual and total budget for this Innovation Program, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovation Program.

NEW ANNUAL PROGRAM BUDGET – BUDGET ADJUSTMENT 11/06/2017				
A. EXPENDITURES				
Type of Expenditure	FY2019 (12 Months)	FY2020 (12 Months)	Total (24 Months)	
Contract Operated Program Expense				
1	Personnel expenditures, including salaries, wages, and 15% fringe benefits Staff will include: <ul style="list-style-type: none"> Five 0.50 FTE coordinators: one coordinator for each target population. One 0.25 FTE position to manage/oversee coordination efforts of the five coordinators. 	\$439,874 \$192,625	\$586,500 \$198,885	\$1,026,375 \$391,510
2	Operating expenditures at 15% of personnel/benefits costs as listed for expense item #1.	\$65,981 \$28,894	\$87,975 \$29,833	\$153,956 \$58,727
3	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovation Program	N/A	N/A	N/A
4	Overhead expenses 15% of personnel/benefits costs as listed for expense item #1.	\$65,981 \$28,894	\$87,975 \$29,833	\$153,956 \$58,727
Subtotal of Contract Operated Program Expense		\$571,838 \$250,413	\$762,450 \$258,551	\$1,334,288 \$508,964
5	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative <ul style="list-style-type: none"> INN project evaluation contract 	\$50,000	\$50,000	\$100,000
Total Proposed Expenditures		\$621,838 \$300,413	\$812,450 \$308,551	\$1,434,288 \$608,964
B. REVENUES				
1	MHSA Innovation Funds	\$621,838 \$300,413	\$812,450 \$308,551	\$1,434,288 \$608,964
2	Medi-Cal Federal Financial Participation			
3	1991 Realignment			
4	Behavioral Health Subaccount			
5	Any other funding (specify)			
Total Revenues		\$621,838 \$300,413	\$812,450 \$308,551	\$1,434,288 \$608,964

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<p>C. TOTAL REQUESTED FUNDING (TOTAL AMOUNT OF MHSA INNOVATION FUNDS YOU ARE REQUESTING THAT MHSOAC APPROVE)</p>	<p style="text-align: center;">\$621,838 \$300,413</p>	<p style="text-align: center;">\$812,450 \$308,551</p>	<p style="text-align: center;">\$1,434,288 \$608,964</p>
<p>D. BUDGET NARRATIVE</p> <p>Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget.</p>			
<p>Regarding expense items 1-4: The project’s budget will include half-time faith/spiritual coordinators with one designated for each target population: African-American, Chinese, Filipino, Latino, and Vietnamese who will help conduct outreach activities with the faith/spiritual communities, monthly data reporting activities, and other program related activities. The five coordinators will also work with one part-time faith/spiritual leader who will oversee and help strategize the coordination efforts of the five faith/spiritual coordinators and trainings in the various communities and will work with established groups in Santa Clara County such as the Ethnic Cultural Community Advisory Committees (ECCACs) comprised of seven ethnic groups, Santa Clara County’s Faith Based Collaborative, BSHD ethnic contract service providers and NAMI of Santa Clara County to help reach out to the faith/spiritual leaders in the five target populations. In addition, the service contract operated program expense will cover:</p> <ul style="list-style-type: none"> • Activities related to the assessment phase of the behavioral health knowledge of the faith/spiritual leaders including conducting focus groups as well as the development and implementation of customized behavioral health training plan(s) to the various religious/spiritual communities amongst the five target populations; • Language translation related expenses; • Behavioral health technical assistance component of the project which will be facilitated by faith and spiritual leaders and provided to County behavioral health staff and service providers; and • Any other cost related to the implementation of the project. 			