

Mental Health Services Act: 2016 Innovation Funding and Application Information

Funds are available to improve mental health services and supports in Napa County

This information sheet lists the documents you will need to understand and apply for these funds. If you would like hard copies of the documents, please contact:

Felix Bedolla, MHSa Project Manager: 707.299.1759, Felix.Bedolla@countyofnapa.org

Rocío Canchola, Staff Services Analyst II: 707.299.2119, Rocio.Canchola@countyofnapa.org

Key Information:

- ☑ If you have questions or need technical assistance, your request (to Felix or Rocio) will be accepted until **WEDNESDAY, NOVEMBER 16 at 5pm.**
- ☑ If you decide to apply, the Completed Innovation Plan is **due on WEDNESDAY, NOVEMBER 30th at 12noon** at the Mental Health Division Administration Office (2751 Napa Valley Corporate Drive, Building A, Napa CA 94558). Mailed applications that are postmarked by Monday, November 28 will also be accepted.

Document List and Description

(Electronic versions can be found at <http://tinyurl.com/jh6wvu4>):

- 1. Cover Sheet:** This document. A description of the documents that should be reviewed prior to developing an Innovation Plan.
- 2. Mental Health Services Act: Innovation Component, Overview of Guidelines and Planning Process:** This document covers basic information about the funding.
- 3. Frequently Asked Questions:** Any question received by the staff (Felix and Rocio) that is not covered in the documents will be added to this document. Please check [MHSa Components](#) or <http://tinyurl.com/jh6wvu4> weekly for updates.
- 4. Tasks and Timeline:** A more detailed description of the funding process that includes a timeline.
- 5. Data Resources:** A list of where to find data and information about the needs of Napa County residents. This list may be useful for applicants as they prepare to answer questions 2, 3 and 6 on the Innovation Plan Template. Additional resources may be added as the staff becomes aware of them. Please check the website periodically for updates.
- 6. Innovation Plan Template:** This document includes the questions that need to be addressed for the innovation plan to be reviewed and scored.
- 7. Scoring Criteria:** An explanation of the points that are assigned to the questions in the Innovation Plan Template.
- 8. Questions and Technical Assistance:** Contact information for questions and/or technical assistance.

Document One of Eight: Cover Sheet

For more information see [MHSa Components](#) or <http://tinyurl.com/jh6wvu4>

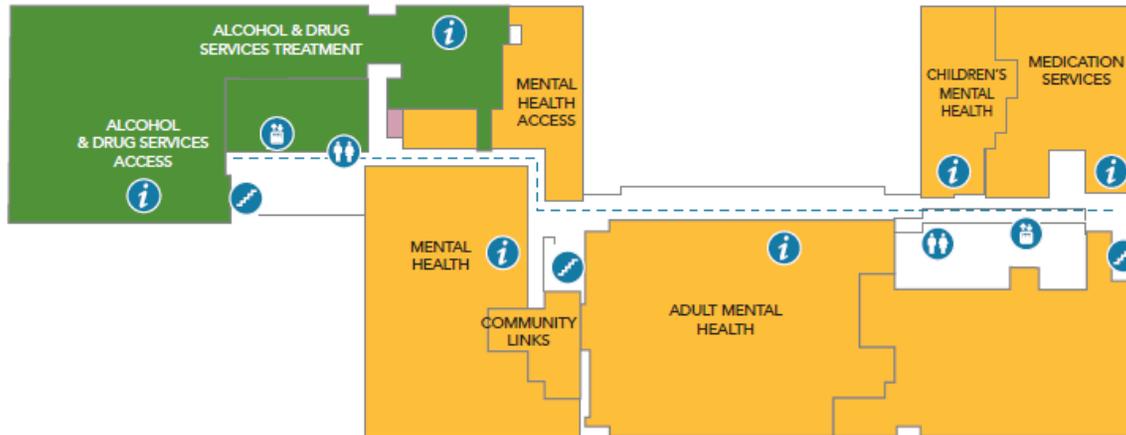


Dropping off Innovations Proposal Materials
Due no later than **November 30th at 12pm.**

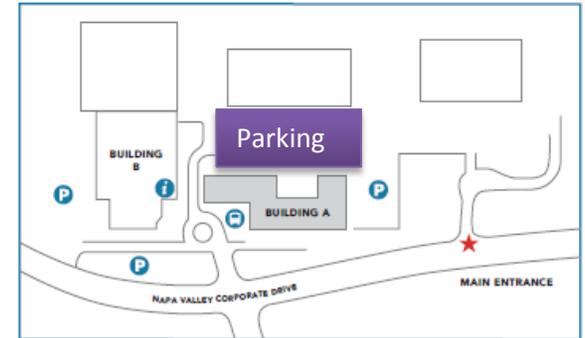
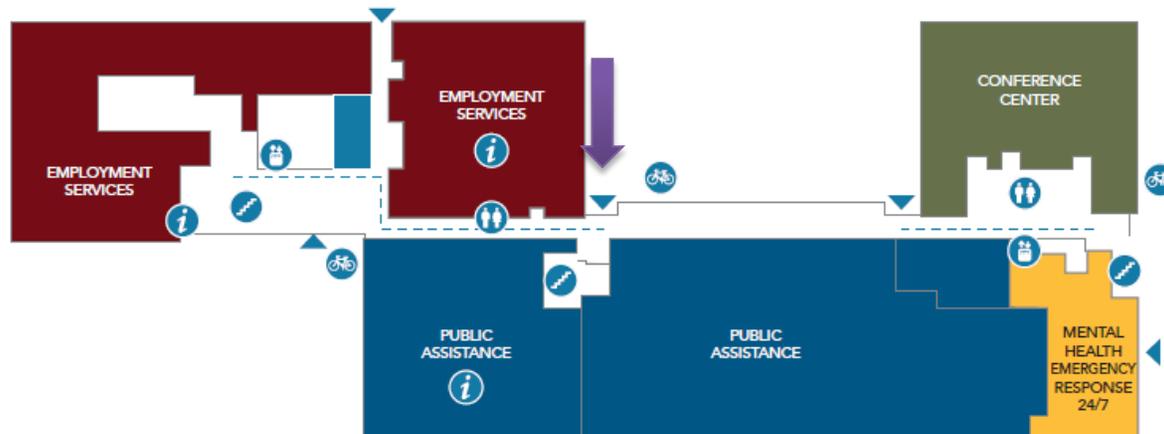
Napa County Health and Human Services

2751 Napa Valley Corporate Drive, Bldg A, Napa, CA. 94558

BUILDING A - LEVEL 2



BUILDING A - LEVEL 1

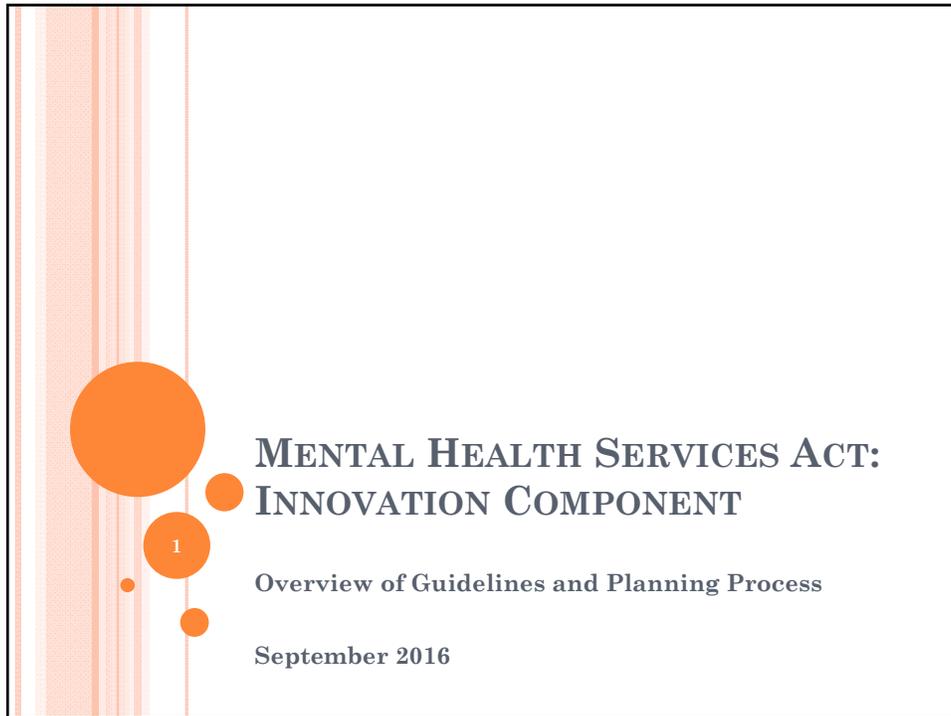


Closest Entrance to Mental Health Division

Park in the **Parking** lot by Building A. Enter the building through the public entrance marked by ↓ and head up the stairs directly in front of the entrance or turn right and walk down the hallway to find the closest elevator.

Once you get to the 2nd floor, follow the signs for Mental Health Services. Mental Health Administration is located directly next to the Mental Health Access waiting area.

- ★ MAIN ENTRANCE
- ▲ PUBLIC ENTRANCE
- - PUBLIC ACCESS

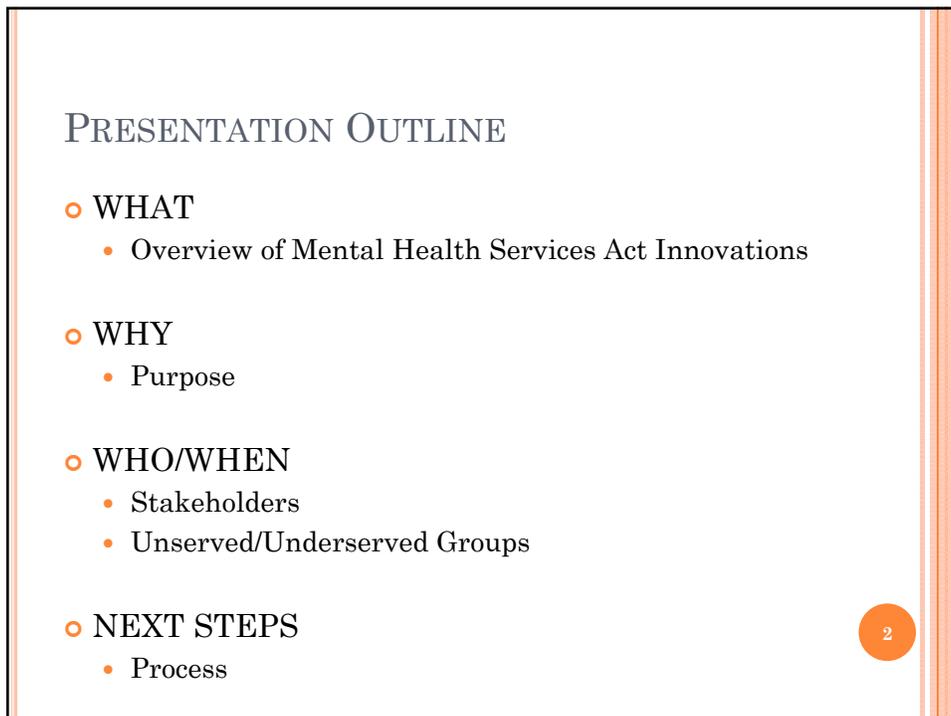


**MENTAL HEALTH SERVICES ACT:
INNOVATION COMPONENT**

1

Overview of Guidelines and Planning Process

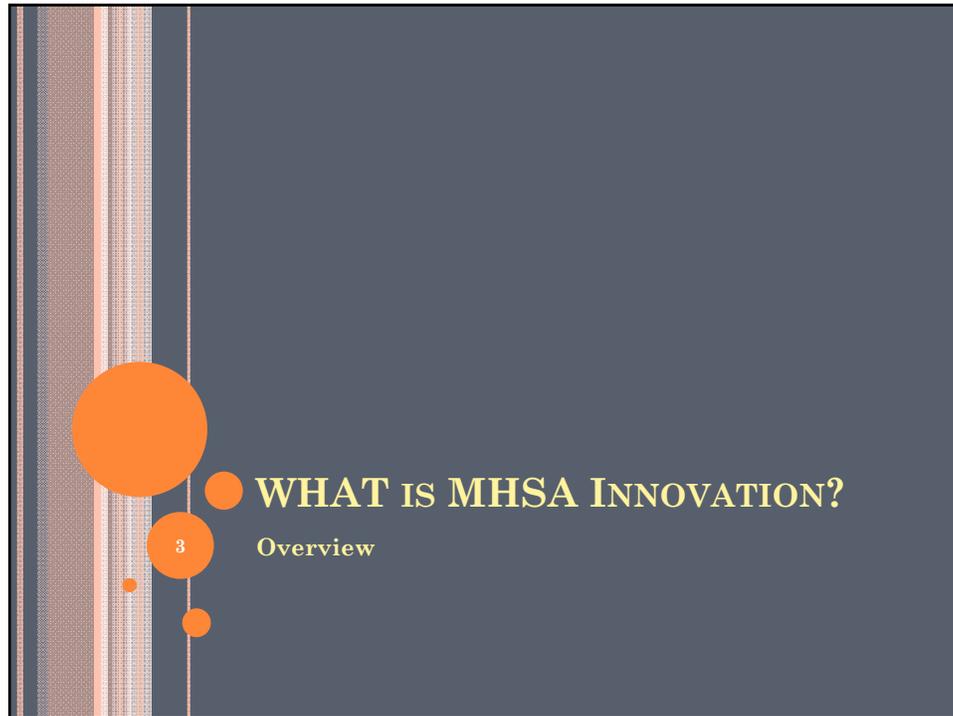
September 2016



PRESENTATION OUTLINE

- **WHAT**
 - Overview of Mental Health Services Act Innovations
- **WHY**
 - Purpose
- **WHO/WHEN**
 - Stakeholders
 - Unserved/Underserved Groups
- **NEXT STEPS**
 - Process

2



INNOVATION PROJECT REQUIREMENTS

- **Introduces a mental health practice or approach that is new to the overall mental health system**, including, but not limited to, prevention and early intervention, or,
- **Makes a change to an existing practice in the field of mental health**, including by not limited to, application to a different population, or,
- **Applies to the mental health system a promising community-driven practice or approach** that has been successful in non-mental health contexts or settings.

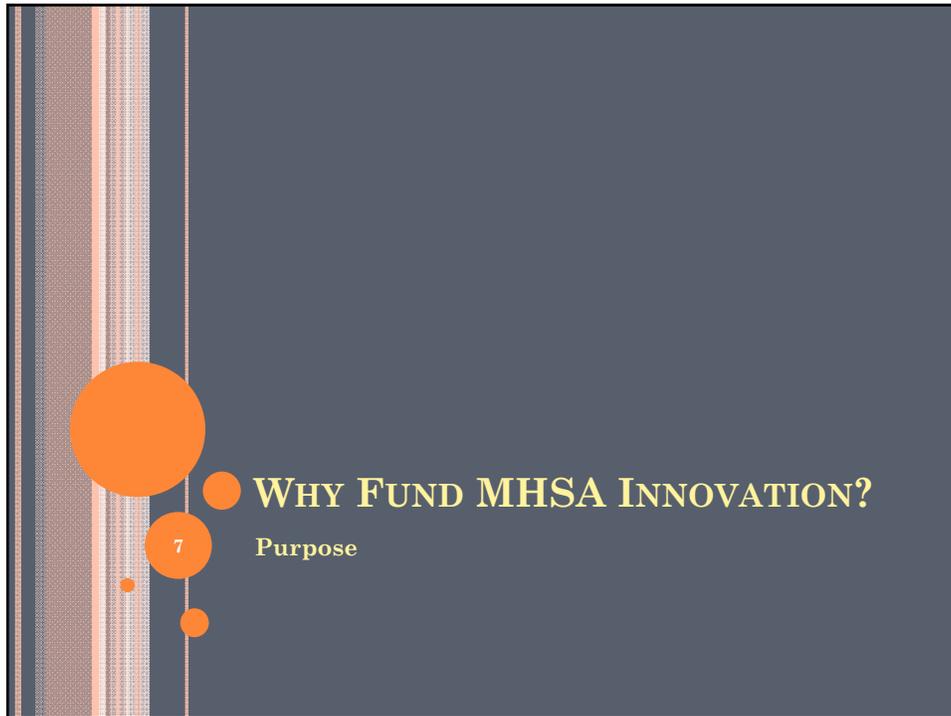
5

INNOVATION PROJECT REQUIREMENTS

A mental health practice or approach
that has already demonstrated its effectiveness
is **NOT**
eligible for funding as
an Innovative Project

“Merely addressing an unmet need is not sufficient to receive funding under this component. By their very nature not all Innovation projects will be successful.” (See page 6 of MHSA Innovation guidelines)

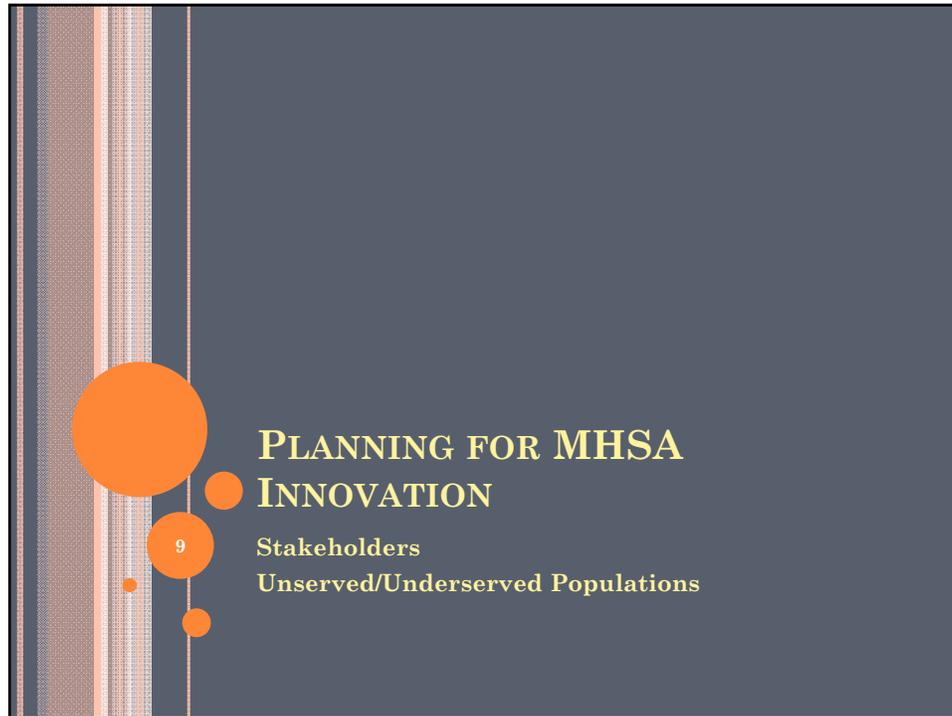
6



PURPOSE

- **Increase access** to mental health services to **unserved groups**
- **Increase the quality** of mental health services, including measurable outcomes
- **Promote interagency and community collaboration** related to mental health services, supports or outcomes
- **Increase access** to mental health services

8



STAKEHOLDERS

- Demonstrates **engagement of the leadership and representatives of the community** potentially affected by the proposed Innovation project
- Culturally and linguistically competent outreach and accessibility that results in the **inclusion of diverse stakeholders:**
 - Current and potential clients, their families and caregivers
 - People who are unserved and underserved by the mental health system and service providers or other representatives of unserved communities

10

UNSERVED AND UNDERSERVED POPULATIONS

- Conducts a fair, inclusive, respectful and effective process to facilitate community input from **unserved, underserved and inappropriately served** individuals of diverse backgrounds:
 - Race
 - Ethnicity
 - Language
 - Age
 - Tribal Affiliations
 - Lesbian/Gay/Bisexual
 - Transgendered
 - Veterans

11

NEXT STEPS

MHSA Innovation Planning

• Process

12

CHANGES TO INNOVATION PLANNING

- Funding Timeline
 - All funds need to be spent by June 2019.
 - Emphasis on ability to implement and evaluate in 18 months.
- Oversight of the Innovation funds
 - Mental Health Services Oversight and Accountability Commission (MHSOAC) developed template to use
 - Focus on continuing services and using learning
- Stakeholder Input
 - Transparency
 - Clear plan to use learning

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PLANNING PROCESS

- Outreach to Community Groups about MHSA INN process (September and October 2016)
- Provide Technical Assistance as requested (October and November 2016)
- Innovation Plans Submitted (November 2016)
- Score submitted Innovation Plans (December 2016 and January 2017)
- Develop Innovation Component Workplan (January and February 2017)
- Seek Public Review and Comment on Innovation Component Plan (March and April 2017)
- Innovation Component Plan is submitted for local and state approval (April to September 2017)
- Contracts Begin (January 2018)

14

FUNDING AVAILABLE

- \$1 million is available for Round 2 Innovation Projects in Napa County.

15

QUESTIONS

- For further information about the Napa County MHSa Innovation planning process contact:
 - Felix Bedolla, MHSa Project Manager
 - 707.299.1759
 - Felix.Bedolla@countyofnapa.org
 - Rocio Canchola, Staff Services Analyst II
 - 707.299.2119
 - Rocio.Canchola@countyofnapa.org
- All documents related to the planning process can be found here: <http://tinyurl.com/jh6wvu4>

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MHSA Innovation Round 2 Planning: Frequently Asked Questions

NOTE: This document will be updated periodically as questions are received. Please check back weekly for updates at [MHSA Components](#) or <http://tinyurl.com/jh6wvu4>. Questions will be accepted until Wednesday, November 16 at 5pm. This document will be final on Friday, November 18, 2016 at 5pm.

How are underserved groups identified in this process?

Each applicant is asked to identify how the project addresses a need in the Mental health system. There is no preference for a certain population.

The scoring for the proposal reflects the need to work with the population that the project will benefit to identify the need, develop an idea and to review the project plan.

Outreach will be done to each of the previously identified underserved groups: Latinos, LGBTQ, Native Americans, and Veterans to ensure that the opportunity to develop a project is shared with potential applicants.

Should we include evaluation in the workplan?

No. Evaluation will be designed after the projects have been scored and the overall Innovation Component Plan is developed. It is the intention of the Mental Health Services Department to centralize the evaluation for all Innovation projects.

The scoring of the proposal reflects the need to demonstrate capacity for evaluation, data collection and reporting. The agency/proposer's capacity to participate in the evaluation is important for innovation projects.

How do I know if my idea has been tried before?

Google the idea to see what else has been tried. The Scoring Committee will be reviewing Google search results as part of the scoring process, and the Mental Health Services Act Oversight and Accountability Committee will be googling the idea prior to state approval.

Document Three of Eight: Frequently Asked Questions

For more information see [MHSA Components](#) or <http://tinyurl.com/jh6wvu4>

MHSA Innovation Round 2 Planning: Tasks and Timeline

Detailed Process for MHSA Innovation Round 2 Funding

Tasks	2016					2017												2018		
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
Preparation for Process <ul style="list-style-type: none"> Finalize Scoring Criteria (50% of score for Innovation, 50% of score for Implementation) Create Template for Project Description Review Tasks, Timeline, Template and Scoring Criteria with MHSA SAC and MH Board Develop Resource List of Data Resources and FAQs 																				
Community Meeting/Pre-Application Meeting <ul style="list-style-type: none"> Outreach to Potential Applicants (Coalition of Non Profits, Innovation Project Participants, Mental Health Providers, etc.) MHSA INN 101 for Potential Applicants to <ul style="list-style-type: none"> Explain innovation funding, Review process, templates and scoring criteria, and Answer questions/offer technical assistance 																				

Tasks	2016					2017												2018
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Idea Submission: Agency and Community Ideas <ul style="list-style-type: none"> Support agencies and/or community representatives with technical assistance as requested Outreach to representatives from the four previously identified unserved/underserved groups if not actively involved in submitting ideas Innovation Project Plans submitted for scoring 																		
Review Plans and Scoring <ul style="list-style-type: none"> Recruit Scoring Committees: Non-conflicted community members and HHSA staff/providers Scoring committees review and score Innovation Project Plans 																		

Tasks	2016					2017												2018	
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
<p>Develop Workplans</p> <ul style="list-style-type: none"> • Innovation Project Plans with high scores for Innovation: <ul style="list-style-type: none"> ○ AND high scores for implementation: <ul style="list-style-type: none"> ▪ Continue to develop Innovation Project into a workplan for Round 2 Funding ▪ Involve individuals who developed the ideas and individuals who will be impacted by the idea. ○ AND low scores for implementation: <ul style="list-style-type: none"> ▪ Develop Workplan to assist stakeholders to further strengthen implementation and prepare for Round 3. This workplan would be about learning how to engage and support underserved communities; <u>it IS NOT A GUARANTEE OF INNOVATION FUNDING.</u> • Innovation Project Plans with low scores for Innovation: <ul style="list-style-type: none"> ○ MH Leadership Team to meet with individuals who submitted Plans and review scoring and innovation guidelines. 																			

Tasks	2016					2017											2018		
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
Send Workplan out for Public Comment and Review Process <ul style="list-style-type: none"> • Public Comment (30 Days) <ul style="list-style-type: none"> ○ Send workplans out for community/agency review and comments (focused on how the idea can fit into other efforts and/or how to use the learning) ○ Revisions as indicated based on comments • Mental Health Services Act Stakeholder Advisory Committee Review 																			
Send Workplan out for Napa County Review and Approval Process <ul style="list-style-type: none"> • MH Board • Board of Supervisors 																			
Send Workplan out for State Review and Approval Process <ul style="list-style-type: none"> • MHSOAC 																			
Napa County HHS Contracting Process																			
Contracts Begin																			

MHSA Innovation Round 2 Planning: Data Resource List

Note: These resources can be used to find more information as you prepare your responses to Questions 2, 3 and 6 on the Innovation Project Plan. This document will be updated periodically as additional resources are identified. Please check back weekly for updates at [MHSA Components](#) or <http://tinyurl.com/jh6wvu4>. This document will be final on Friday, November 18, 2016 at 5pm.

This section includes current information about the mental health needs of individuals and communities in Napa County. It is not complete. You are welcome to use additional and/or alternate sources for your Innovation Project Plan.

Needs Assessment/Data Source	Description	Location	Contact
2013 HHS Live Healthy Napa County Health Assessment	Review of the overall health needs of Napa County residents, including mental health	http://www.countyofnapa.org/lhnc/	Jennifer Palmer (707) 253 - 4297 jennifer.palmer@countyofnapa.org
Public Health GIS Maps	Review of how social determinants of health are distributed by census tract in Napa County.	http://www.countyofnapa.org/publichealth/data/ http://www.livehealthynapacounty.org/data-and-maps.html	Jennifer Henn 707.299.2155 Jennifer.Henn@countyofnapa.org
California Healthy Kids LGBT Student Results and Comparison 2013-14	Review of LGBT student responses to health questions.	www.lgbtqconnection.org (data will be posted by 10/1/16)	Ian Stanley (707) 363-0605 ian@lgbtqconnection.org

Needs Assessment/Data Source	Description	Location	Contact
Napa County LGBTQ Needs Assessment 2012-13	Data about the Needs of the LGBTQ community in Napa County	www.lgbtqconnection.org (data will be posted by 10/1/16)	Ian Stanley (707) 363-0605 ian@lgbtqconnection.org
Napa County School Safety and Climate Survey Findings 2012-13	Data from over 900 individuals in Napa County schools about harassment and safety issues and support for LGBTQ students on campus.	www.lgbtqconnection.org (data will be posted by 10/1/16)	Ian Stanley (707) 363-0605 ian@lgbtqconnection.org
Mental Health System GIS Maps	Maps of Napa County that show how mental health need and services are distributed.	MHSA Components or http://tinyurl.com/jh6wvu4 (Documents 5a1-5a12)	Jim Diel James.Diel@countyofnapa.org
Healthy Kids Survey Data	Periodic survey of students statewide about health habits and risks.	http://chks.wested.org/reports/	
INN survey information from current MHSA planning processes	Provider survey to reflect opinions of how well current mental health services meet current needs for Age Groups, Geographical Groups and Racial/Cultural Groups.	MHSA Components or http://tinyurl.com/jh6wvu4 (Document 5b)	Mechele Small Haggard 707.224.2700 mechele@mechelesmallhaggard.com
Summary of findings from previous INN planning process	Summarized findings about the needs of four underserved groups: Latinos, LGBTQ, Native Americans and Veterans	MHSA Components or http://tinyurl.com/jh6wvu4 (Document 5c)	Mechele Small Haggard 707.224.2700 mechele@mechelesmallhaggard.com
Department of Finance Population Projections	Used to predict the future need for services.	http://www.dof.ca.gov/Forecasting/Demographics/Projections/	

Document Five of Eight: Data ResourcesFor more information see [MHSA Components](#) or <http://tinyurl.com/jh6wvu4>

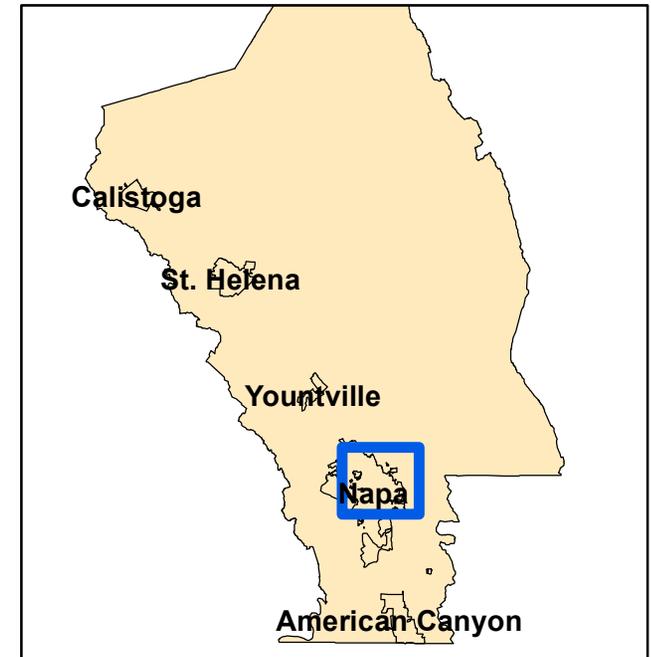
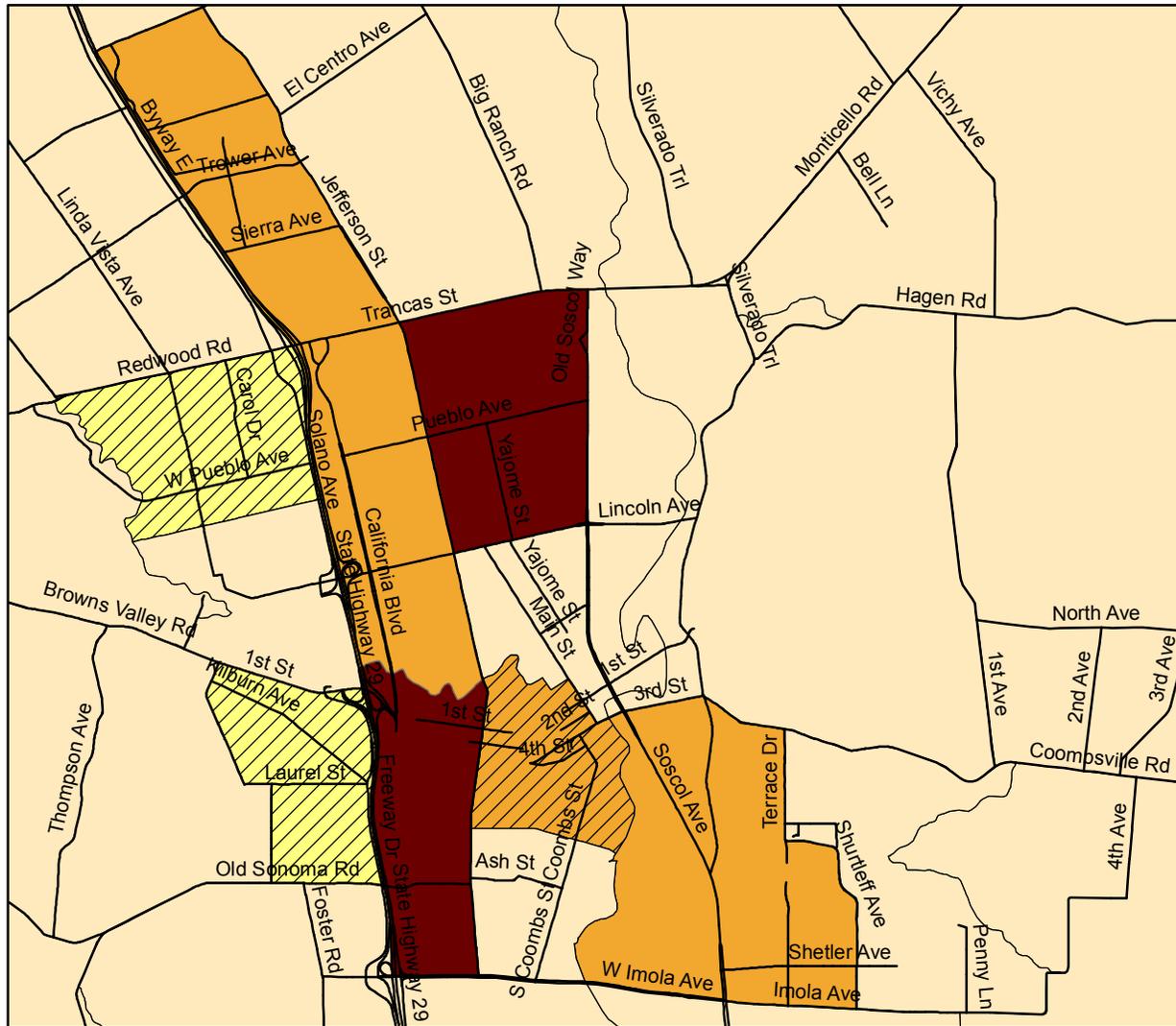
5

This section includes current information about the Mental Health and Community Initiatives in Napa County. It is not complete. You are welcome to use additional and/or alternate sources for your Innovation Project Plan.

Mental Health and Community Initiatives /Data Source	Description	Location	Contact
HHSA Strategic Plan	Recently revised to reflect HHSA’s current priorities.	MHSA Components or http://tinyurl.com/jh6wvu4 <i>(Document 5d)</i>	Howard Himes Howard.Himes@countyofnapa.org
Community Health Improvement Plan 2014-2017	Plan to address identified health needs in Napa County	http://www.countyofnapa.org/lhnc/	Jennifer Palmer (707) 253 - 4297 jennifer.palmer@countyofnapa.org

Rate of Anxiety Disorders Diagnoses, September 1, 2015*

City of Napa



0 5 10 20 Miles



Rate per 10,000

- 8.9 - 11.6
- 11.7 - 17.5
- 17.6 - 23.5
- Data Unstable
- Data suppressed due to small numbers
- Major Road

0 0.5 1 2 Miles

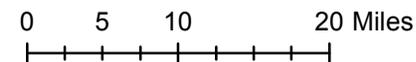
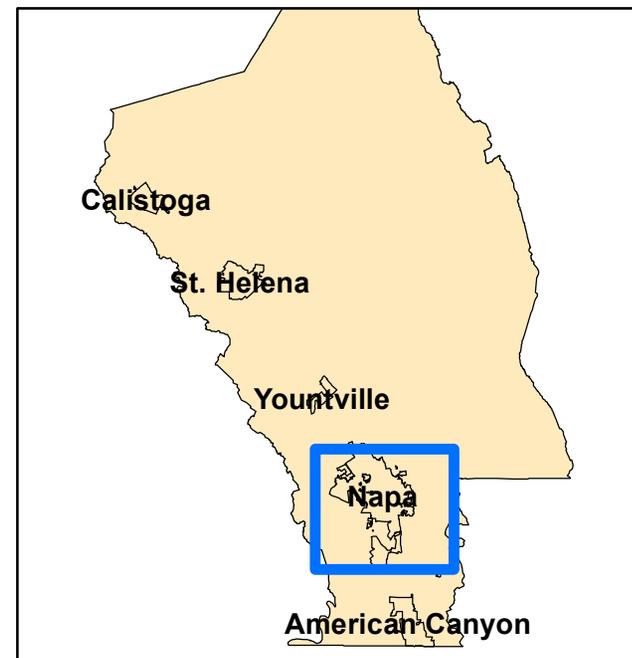
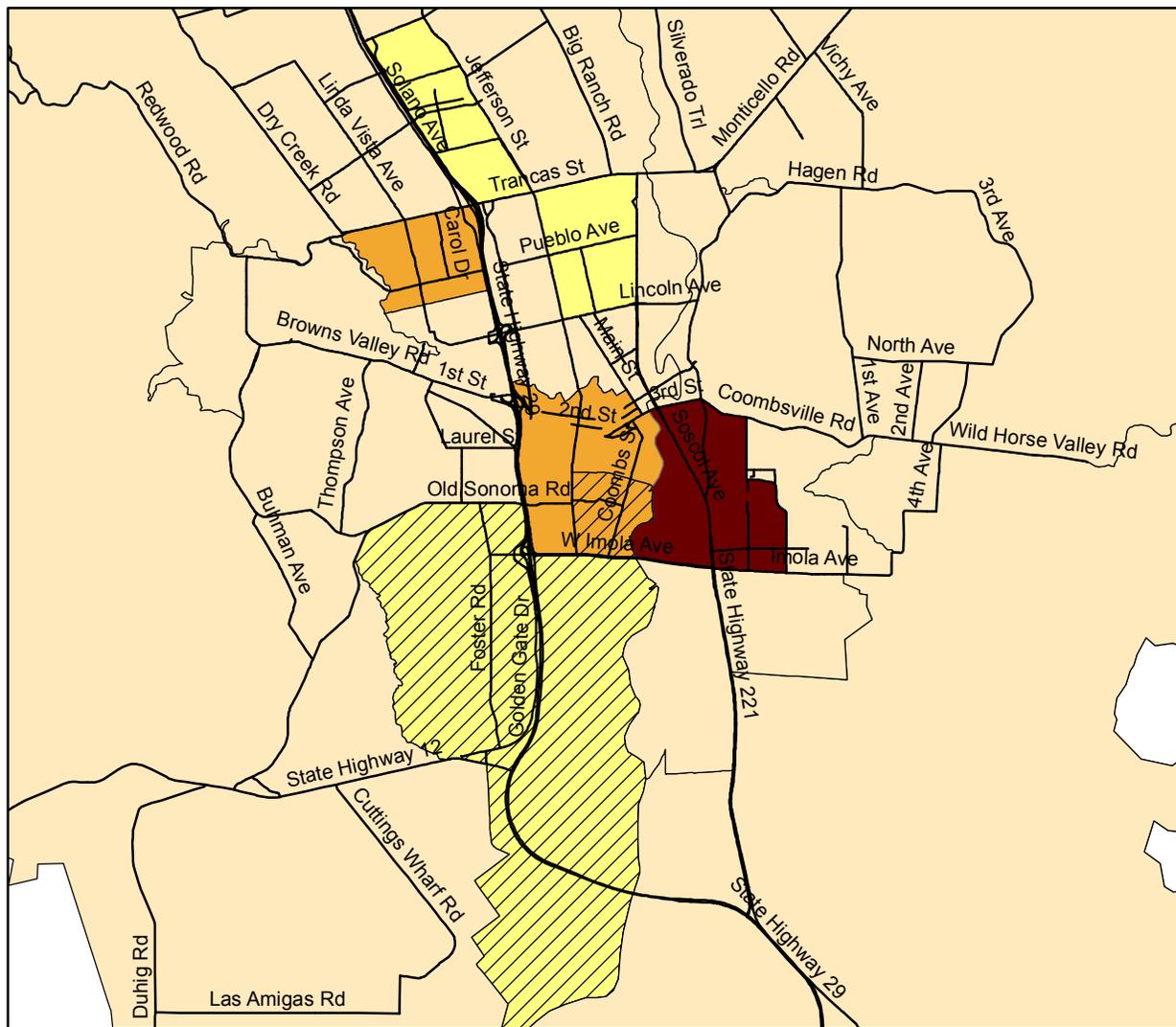
Source: Mental Health Division, September 1, 2015; 2013 ACS 5-year estimates. Diagnoses categorized using DSM-5 and input from Courtney Vallejo, Mental Health Division Utilization Review Coordinator.

Author: Kimberly Foster
Napa County Public Health

*Data refers to all active clients and those receiving services at a single point in time, September 1, 2015.

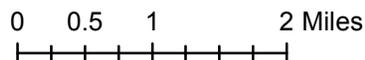
Rate of Bipolar and Related Disorders Diagnoses, September 1, 2015*

City of Napa



Rate per 10,000

- 11.2 - 14.4
- 14.5 - 24.5
- 24.6 - 38.5
- Data Unstable
- Data suppressed due to small numbers
- Major Road

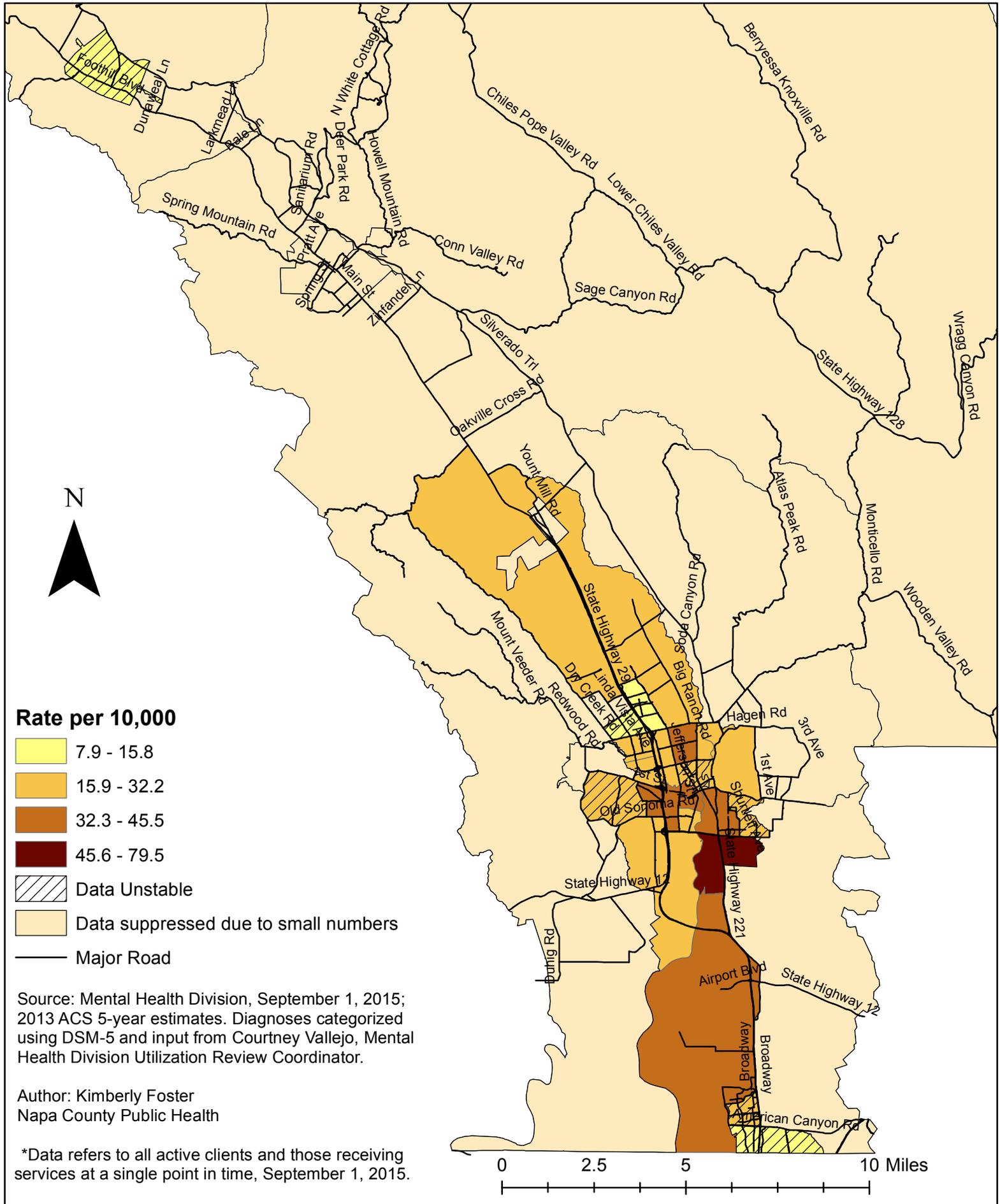


Source: Mental Health Division, September 1, 2015; 2013 ACS 5-year estimates. Diagnoses categorized using DSM-5 and input from Courtney Vallejo, Mental Health Division Utilization Review Coordinator.

Author: Kimberly Foster
Napa County Public Health

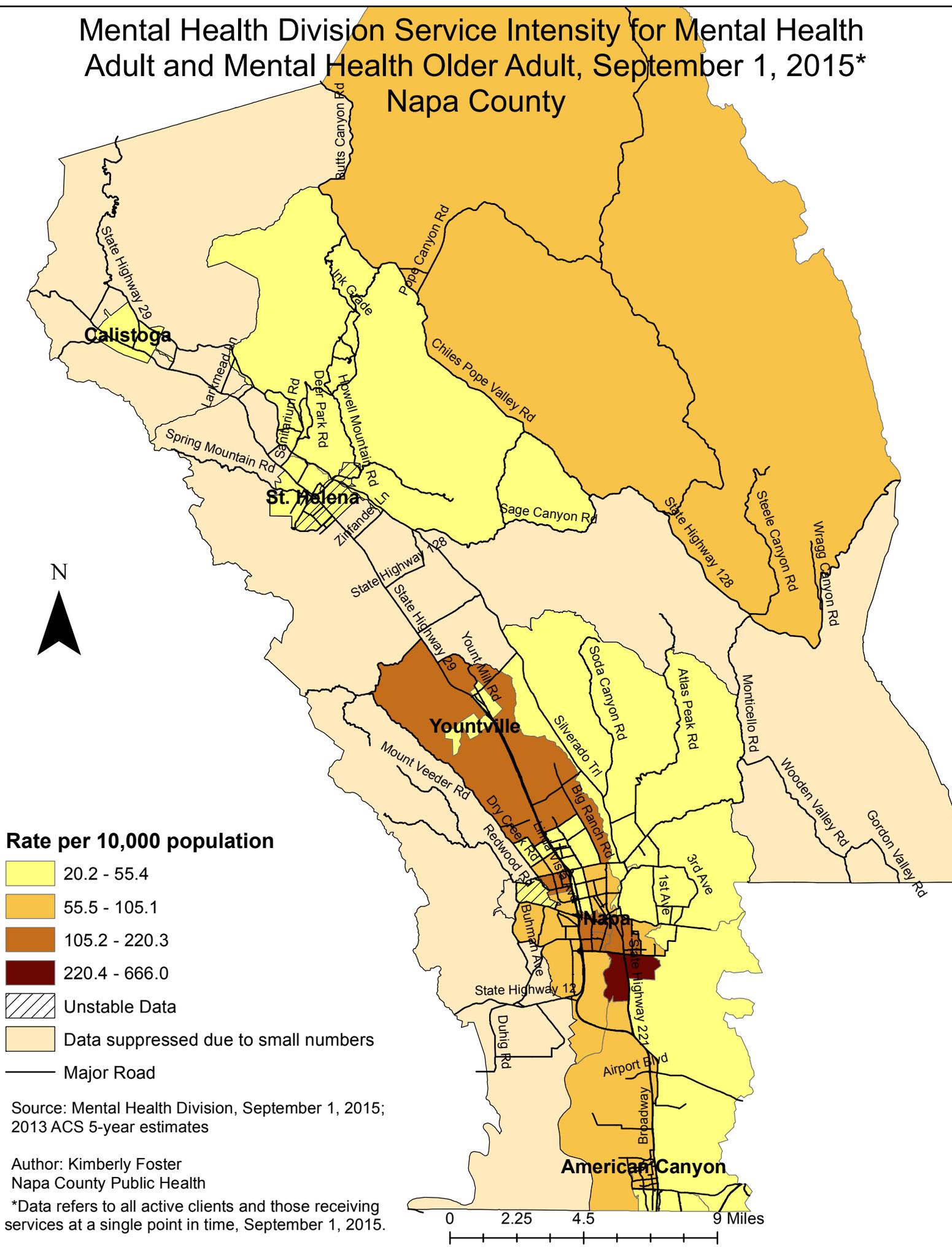
*Data refers to all active clients and those receiving services at a single point in time, September 1, 2015.

Rate of Depressive Disorders Diagnoses, September 1, 2015* Napa County



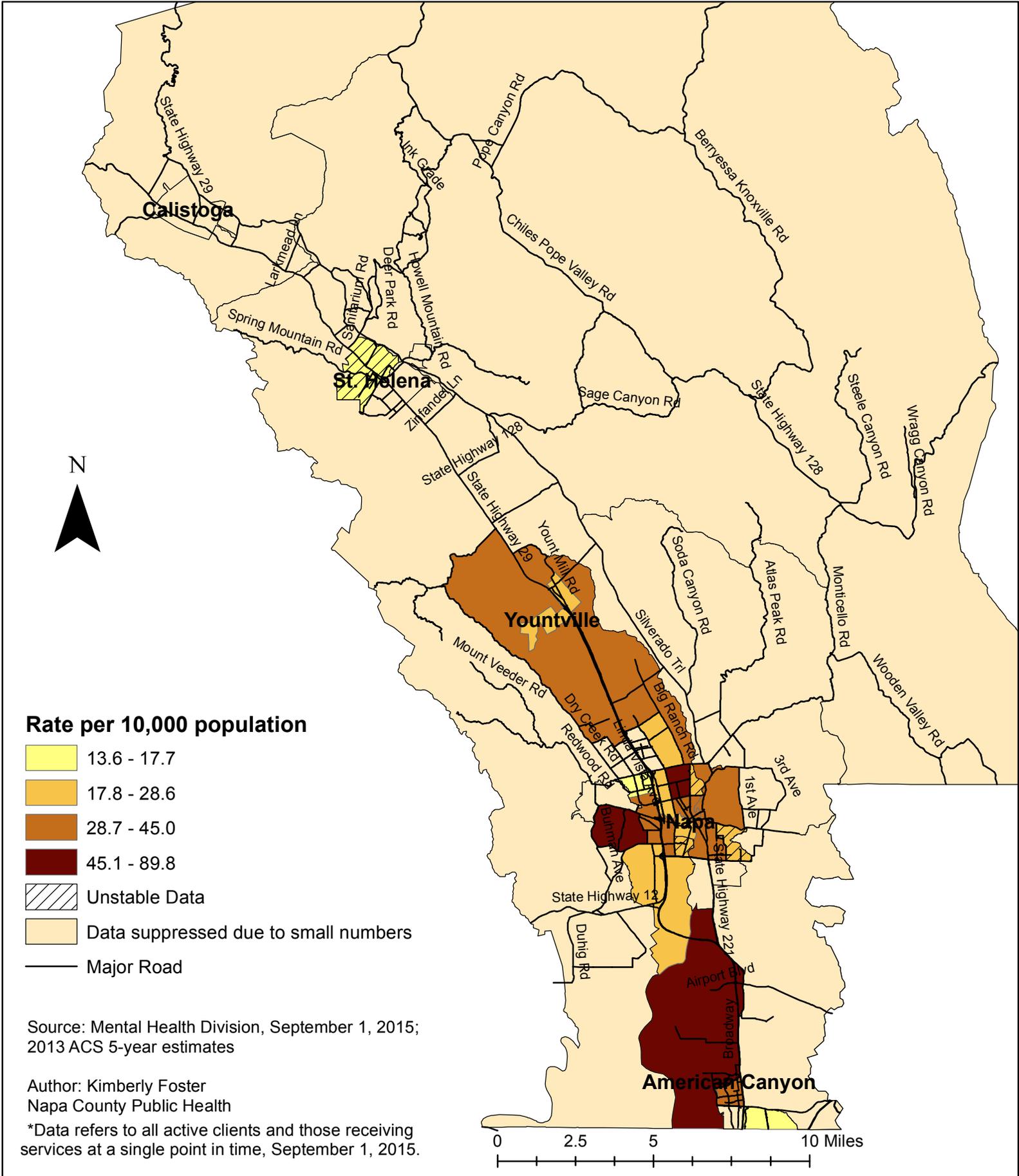
Mental Health Division Service Intensity for Mental Health Adult and Mental Health Older Adult, September 1, 2015*

Napa County



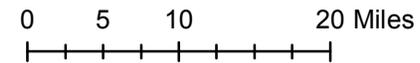
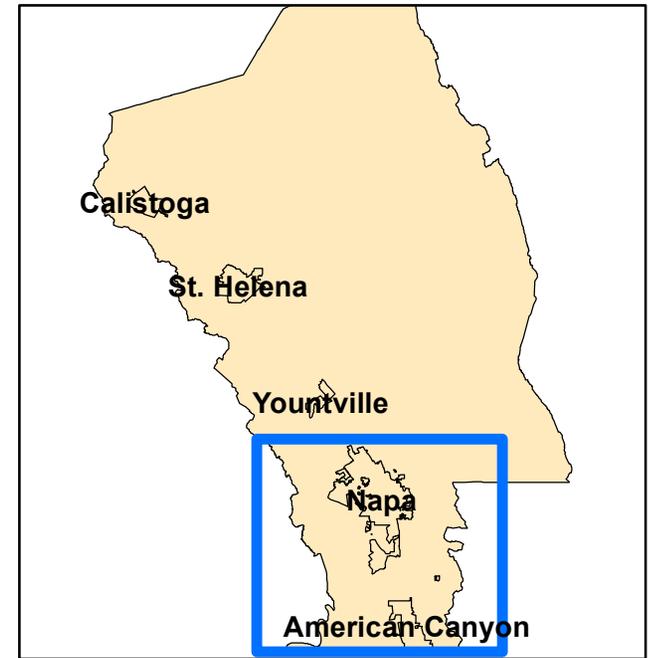
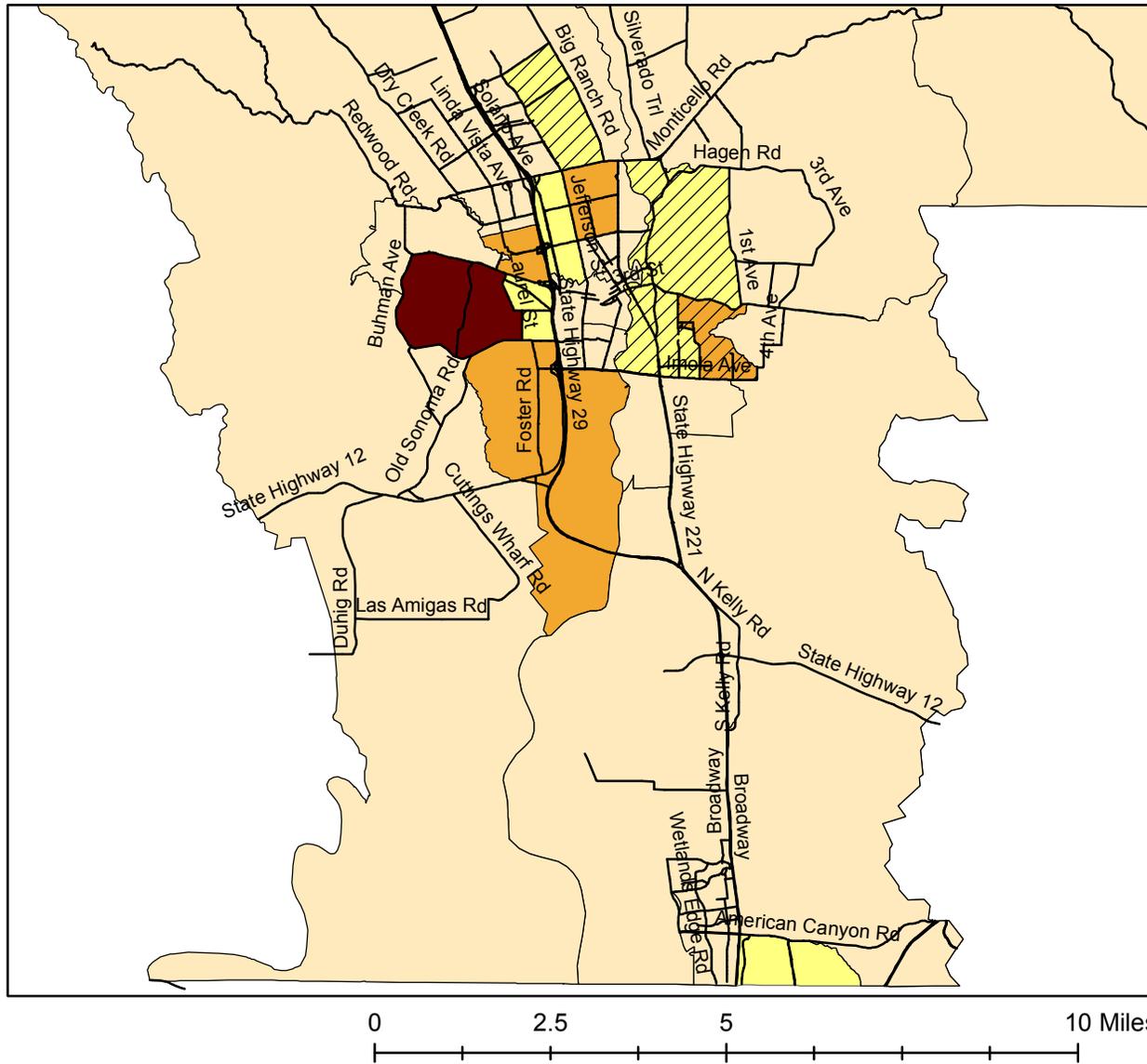
Mental Health Division Service Intensity of Mental Health Children and TBS Units, September 1, 2015*

Napa County



Rate of Neurodevelopmental Disorders Diagnoses, September 1, 2015*

City of Napa and City of American Canyon



Rate per 10,000

- 11.5 - 14.2
- 14.3 - 27.0
- 27.1 - 41.6
- Data Unstable
- Data suppressed due to small numbers
- Major Road

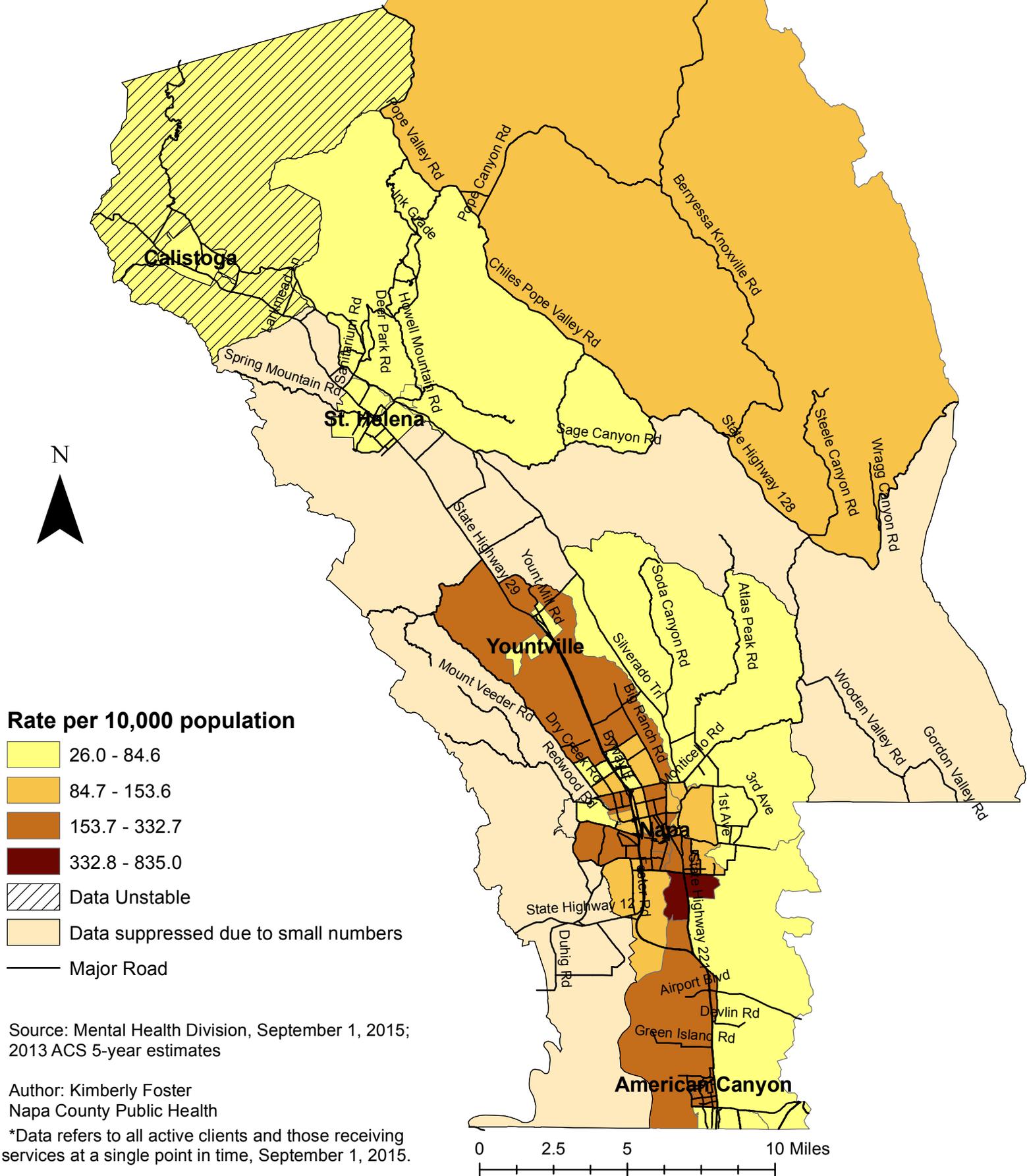
Source: Mental Health Division, September 1, 2015; 2013 ACS 5-year estimates. Diagnoses categorized using DSM-5 and input from Courtney Vallejo, Mental Health Division Utilization Review Coordinator.

Author: Kimberly Foster
Napa County Public Health

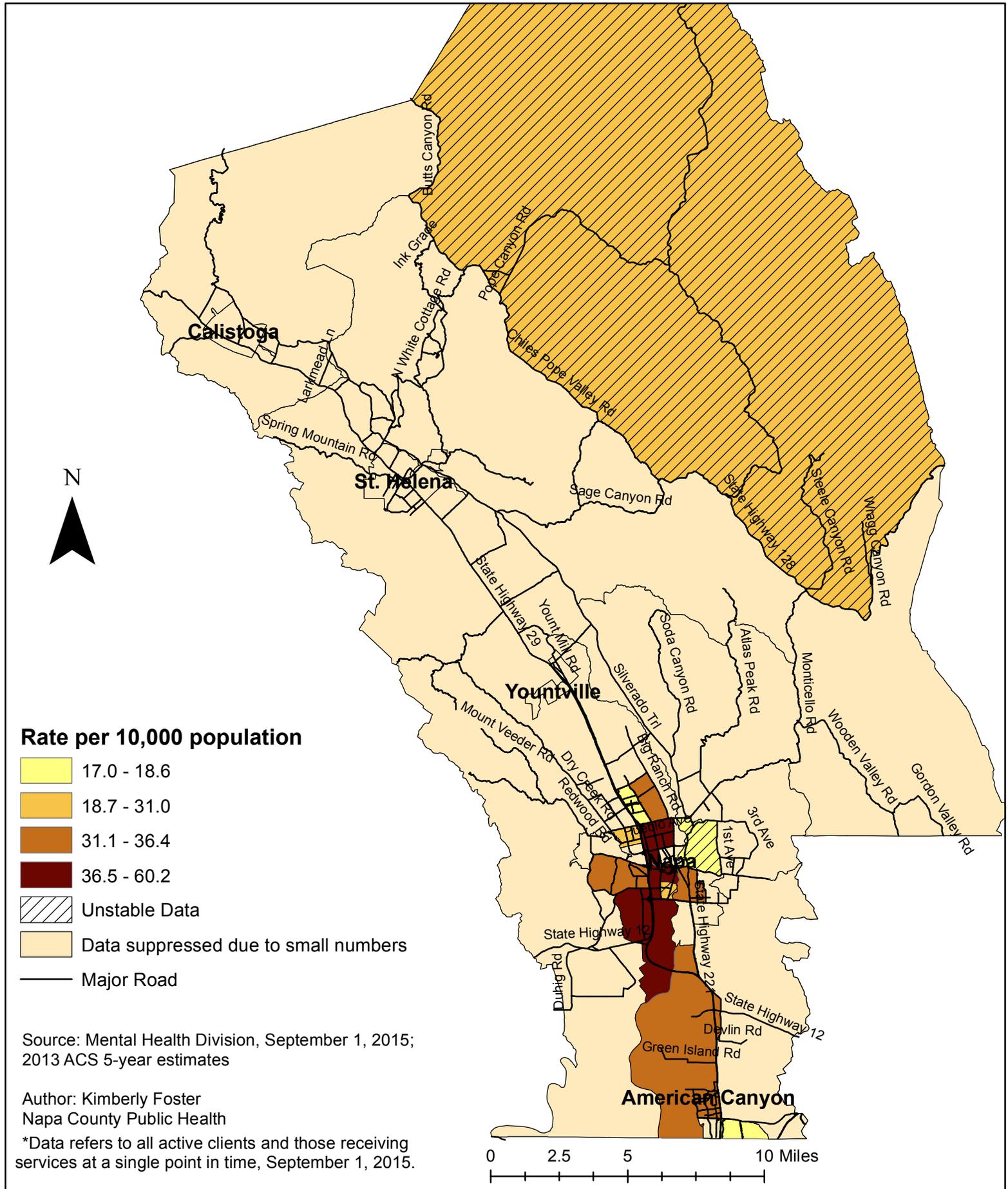
*Data refers to all active clients and those receiving services at a single point in time, September 1, 2015.

Mental Health Division Service Intensity, September 1, 2015*

Napa County

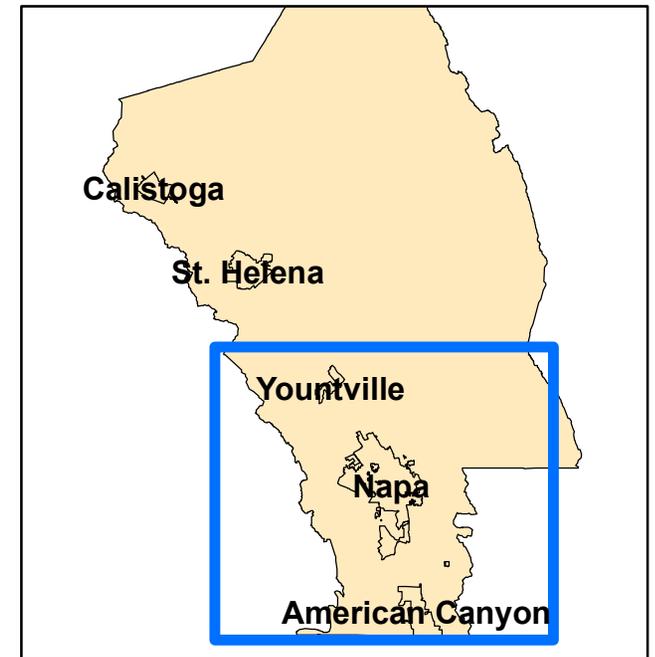
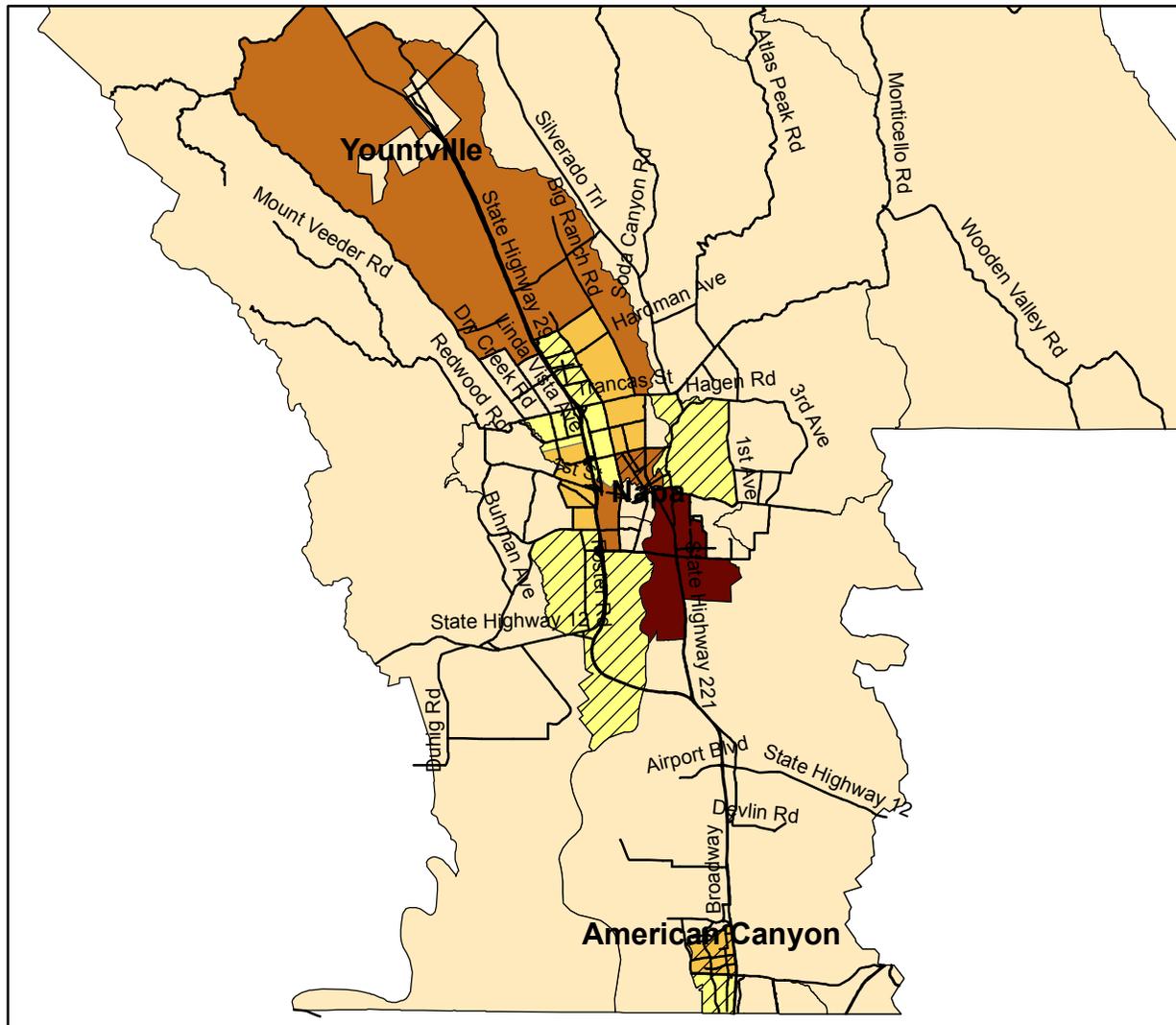


Mental Health Division Service Intensity of Provider Mental Health Children Unit, September 1, 2015* Napa County



Mental Health Division Service Intensity for Provider Mental Health, Provider Mental Health Older Adult and Residential Mental Health Units, September 1, 2015*

Town of Yountville, City of Napa and City of American Canyon



0 5 10 20 Miles



Rate per 10,000 population

- 10.3 - 14.3
- 14.4 - 21.4
- 21.5 - 39.5
- 39.6 - 99.4
- Data suppressed due to small numbers
- Unstable Data
- Major Road

Source: Mental Health Division, September 1, 2015;
2013 ACS 5-year estimates

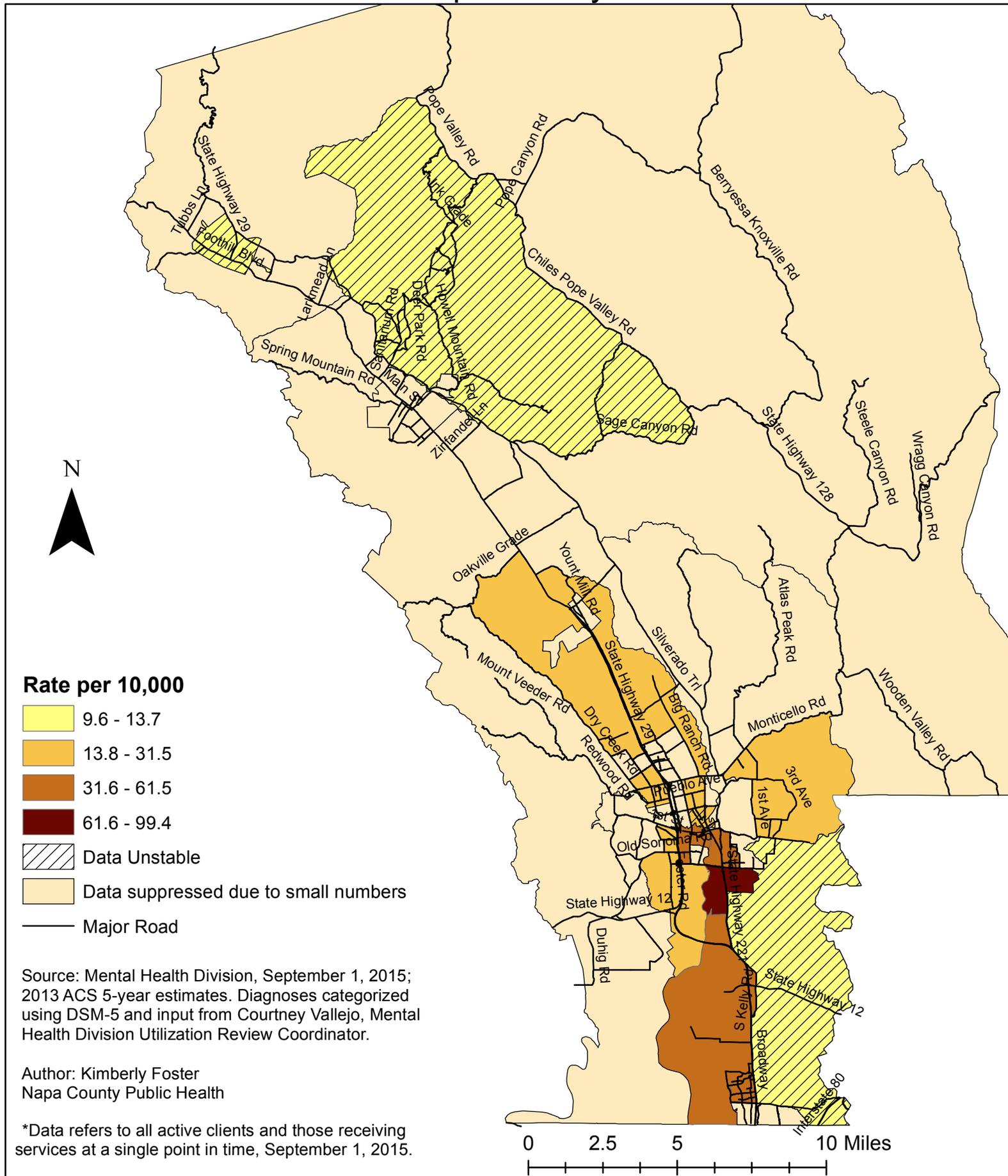
0 2.5 5 10 Miles

Author: Kimberly Foster
Napa County Public Health

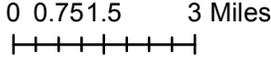
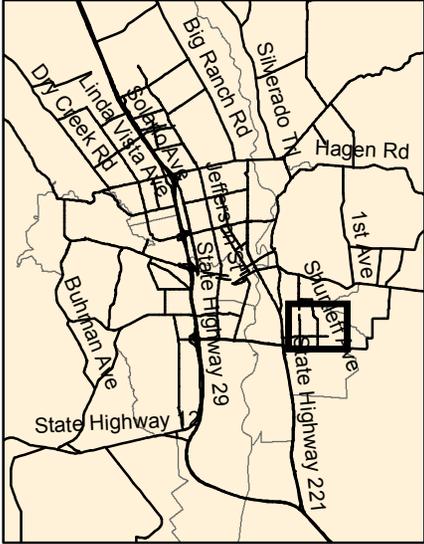
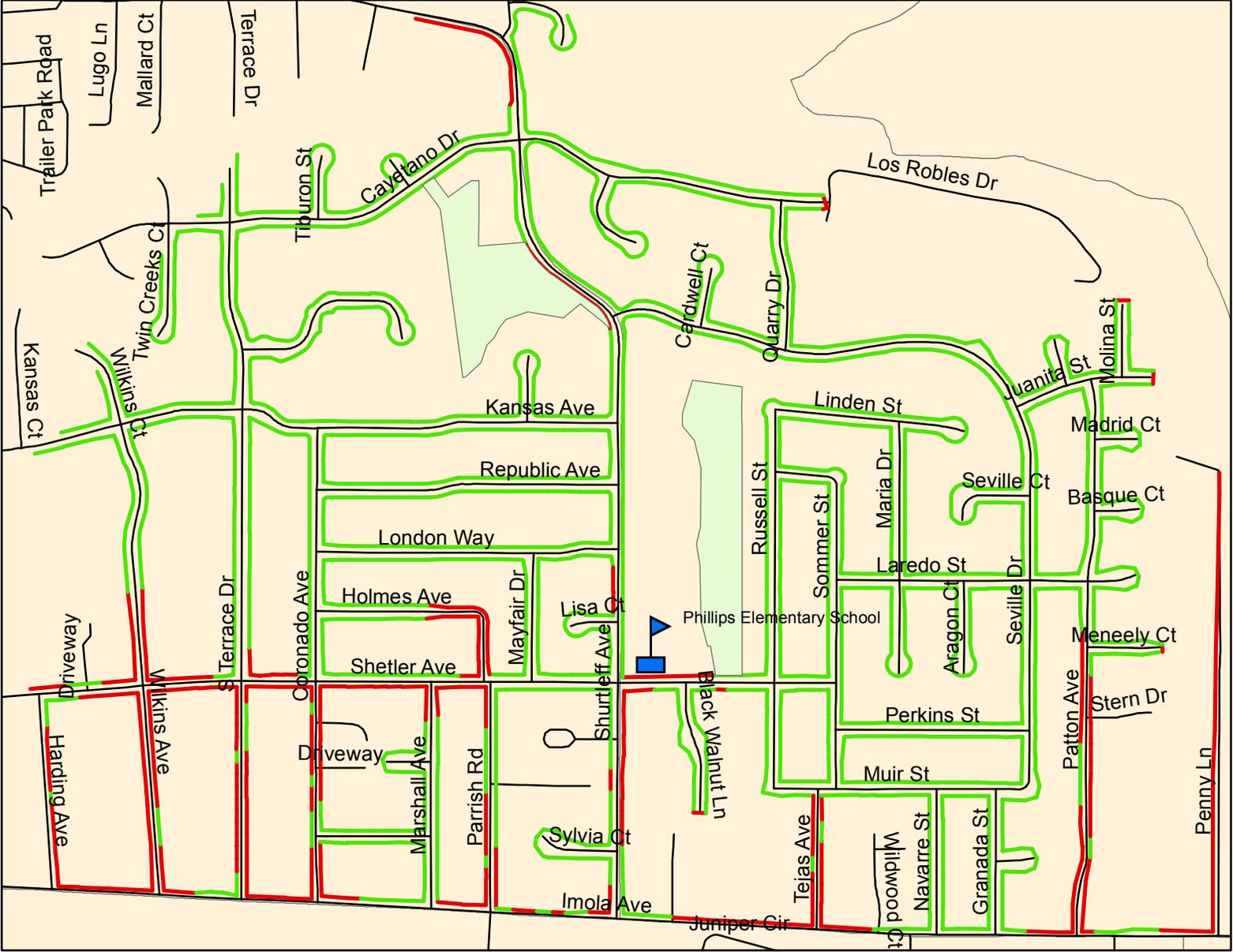
*Data refers to all active clients and those receiving services at a single point in time, September 1, 2015.

Rate of Schizophrenia Spectrum and Other Psychotic Disorders Diagnoses, September 1, 2015*

Napa County



Sidewalks Within a Half Mile Buffer of the Phillips Elementary School Phillips Neighborhood and the City of Napa



Sidewalk Present

— no

— yes

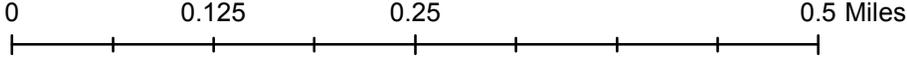


School

■ Park

— Road

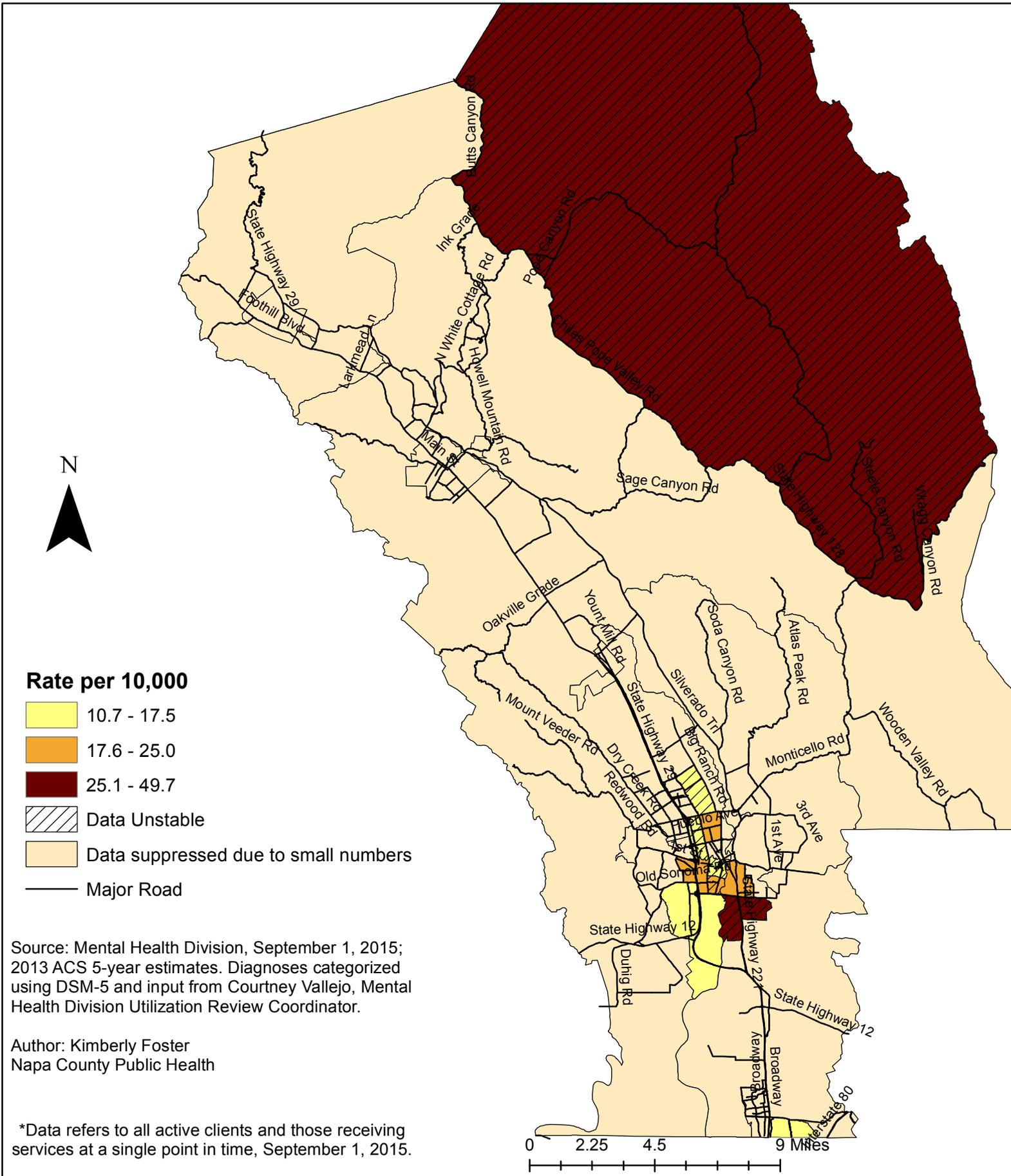
Author: Kimberly Foster
Napa County Public Health



Source: Use of Google Street View to audit for sidewalk presence within a half mile radius of Phillips Elementary School. Sidewalks were defined as paved separation from roads.
NOTE: This does not inform about quality of sidewalks.

Rate of Trauma and Stressor Related Disorders Diagnoses, September 1, 2015*

Napa County



The MHSA Innovation Round 2 Planning Survey was completed by a sample of community mental health providers in May 2016.

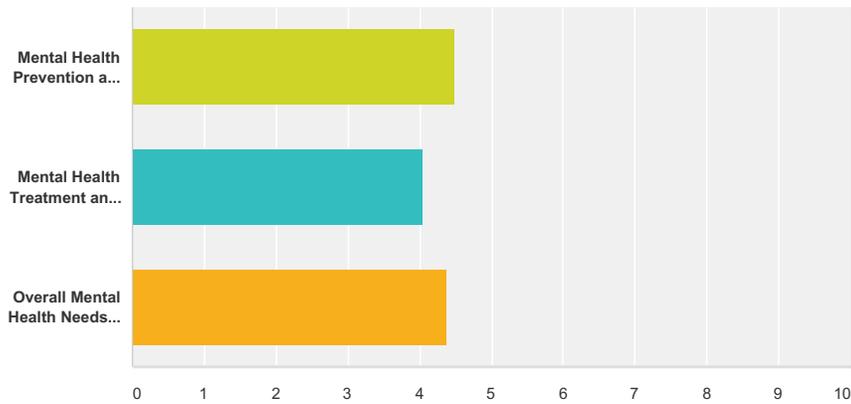
It was designed as a preliminary planning survey to better understand the perceptions of how the current services met the current needs for a variety of demographic groups.

It is intended to be used as a supplement to other data sources.

If you have questions about the data in this document, please contact Mechele Small Haggard at mechele@mechelesmallhaggard.com or 707.224.2700.

Q1 Please rate how well mental health needs are met with the available services in Napa County.

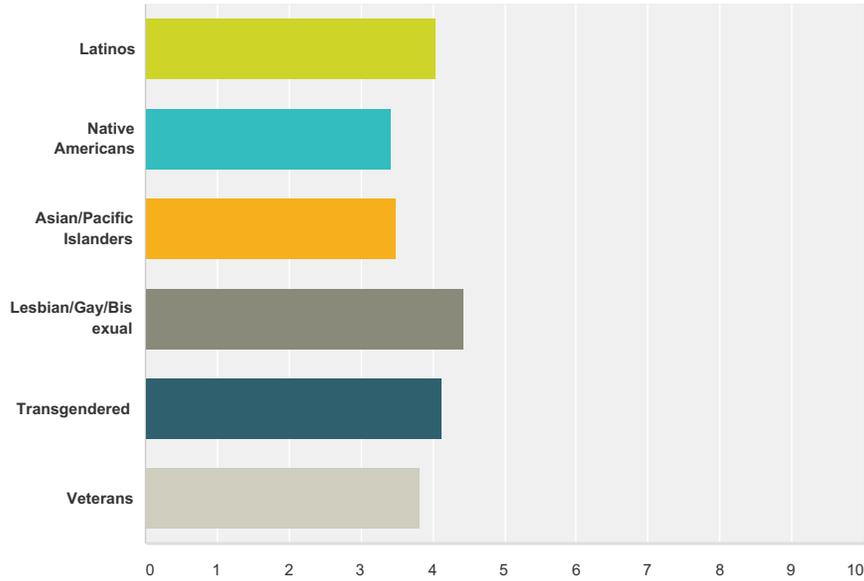
Answered: 49 Skipped: 3



	ALL Needs UNMET, 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ALL Needs MET, 100%	Don't Know	Total
Mental Health Prevention and Early Intervention Needs in Napa County	0.00% 0	10.20% 5	8.16% 4	8.16% 4	24.49% 12	16.33% 8	10.20% 5	16.33% 8	4.08% 2	0.00% 0	0.00% 0	2.04% 1	49
Mental Health Treatment and Recovery Needs in Napa County	0.00% 0	12.24% 6	6.12% 3	20.41% 10	18.37% 9	16.33% 8	10.20% 5	10.20% 5	2.04% 1	0.00% 0	0.00% 0	4.08% 2	49
Overall Mental Health Needs in Napa County	0.00% 0	10.20% 5	6.12% 3	18.37% 9	16.33% 8	12.24% 6	22.45% 11	8.16% 4	4.08% 2	0.00% 0	0.00% 0	2.04% 1	49

Q2 Thinking about your experiences working in Napa County, please rate how well the currently available mental health PREVENTION AND EARLY INTERVENTION services are addressing the needs of the following groups of people:

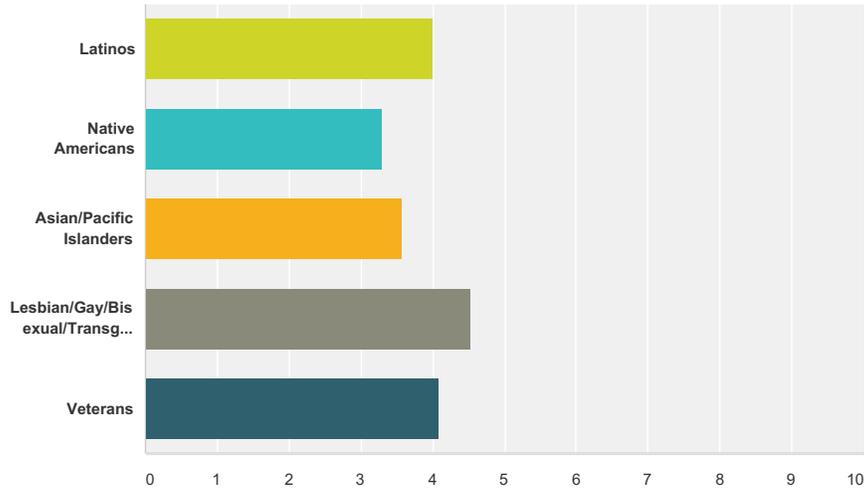
Answered: 41 Skipped: 11



	ALL Needs UNMET, 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ALL Needs MET, 100%	Don't Know	Total
Latinos	0.00% 0	7.32% 3	14.63% 6	17.07% 7	29.27% 12	4.88% 2	4.88% 2	9.76% 4	7.32% 3	0.00% 0	0.00% 0	4.88% 2	41
Native Americans	4.88% 2	7.32% 3	12.20% 5	4.88% 2	12.20% 5	7.32% 3	2.44% 1	4.88% 2	2.44% 1	0.00% 0	0.00% 0	41.46% 17	41
Asian/Pacific Islanders	2.50% 1	10.00% 4	7.50% 3	10.00% 4	15.00% 6	5.00% 2	10.00% 4	2.50% 1	0.00% 0	0.00% 0	0.00% 0	37.50% 15	40
Lesbian/Gay/Bisexual	0.00% 0	12.50% 5	5.00% 2	17.50% 7	10.00% 4	10.00% 4	7.50% 3	5.00% 2	15.00% 6	0.00% 0	0.00% 0	17.50% 7	40
Transgendered	2.44% 1	14.63% 6	7.32% 3	9.76% 4	12.20% 5	4.88% 2	9.76% 4	4.88% 2	12.20% 5	0.00% 0	0.00% 0	21.95% 9	41
Veterans	0.00% 0	12.50% 5	7.50% 3	5.00% 2	20.00% 8	12.50% 5	7.50% 3	2.50% 1	2.50% 1	0.00% 0	0.00% 0	30.00% 12	40

Q3 Thinking about your experiences working in Napa County, please rate how well the currently available mental health TREATMENT and RECOVERY services are addressing the needs of the following groups of people:

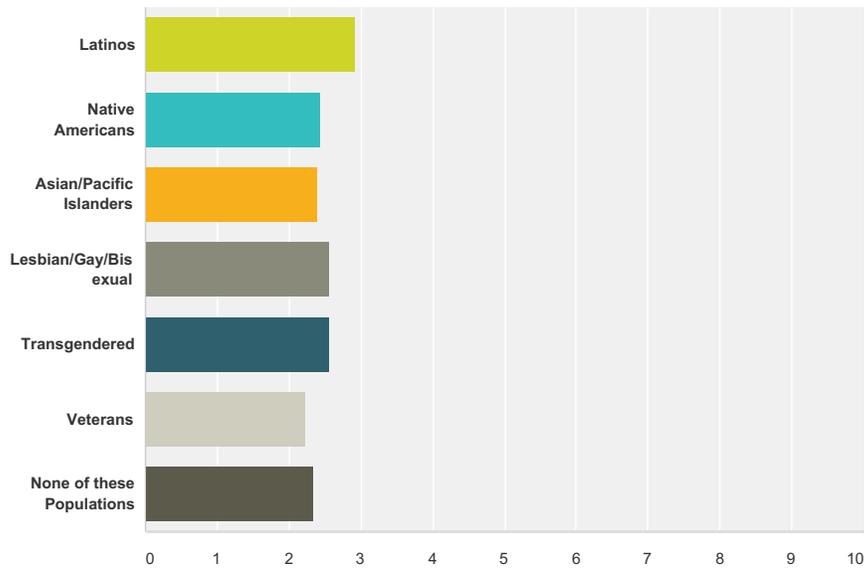
Answered: 40 Skipped: 12



	ALL Needs UNMET, 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ALL Needs MET, 100%	Don't Know	Total
Latinos	0.00% 0	10.00% 4	20.00% 8	7.50% 3	27.50% 11	5.00% 2	7.50% 3	12.50% 5	5.00% 2	0.00% 0	0.00% 0	5.00% 2	40
Native Americans	5.00% 2	12.50% 5	10.00% 4	7.50% 3	5.00% 2	5.00% 2	10.00% 4	2.50% 1	2.50% 1	0.00% 0	0.00% 0	40.00% 16	40
Asian/Pacific Islanders	0.00% 0	20.51% 8	5.13% 2	2.56% 1	10.26% 4	5.13% 2	10.26% 4	7.69% 3	0.00% 0	0.00% 0	0.00% 0	38.46% 15	39
Lesbian/Gay/Bisexual/Transgendered community	2.50% 1	12.50% 5	5.00% 2	7.50% 3	10.00% 4	10.00% 4	20.00% 8	5.00% 2	7.50% 3	2.50% 1	0.00% 0	17.50% 7	40
Veterans	0.00% 0	10.00% 4	10.00% 4	5.00% 2	20.00% 8	10.00% 4	12.50% 5	2.50% 1	5.00% 2	0.00% 0	0.00% 0	25.00% 10	40

Q4 Which of the following groups of people does your organization currently serve? How? (Check all that apply.)

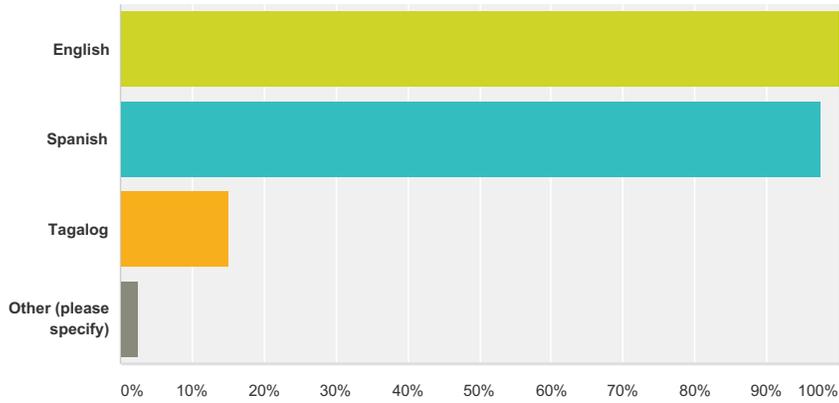
Answered: 42 Skipped: 10



	My organization DOES NOT serve people from this group	My organization serves people from this group as part of the GENERAL POPULATION	My organization does OUTREACH TO ENCOURAGE this group to use services	My organization provides SERVICES that are INCLUSIVE of this group	My organization provides SERVICES that are SPECIFIC to this group	Total	
Latinos	0.00% 0	14.29% 6	21.43% 9	35.71% 15	28.57% 12	42	
Native Americans	2.44% 1	43.90% 18	14.63% 6	31.71% 13	7.32% 3	41	
Asian/Pacific Islanders	2.44% 1	46.34% 19	12.20% 5	34.15% 14	4.88% 2	41	
Lesbian/Gay/Bisexual	0.00% 0	41.46% 17	14.63% 6	31.71% 13	12.20% 5	41	
Transgendered	0.00% 0	41.03% 16	15.38% 6	30.77% 12	12.82% 5	39	
Veterans	17.50% 7	35.00% 14	12.50% 5	30.00% 12	5.00% 2	40	
None of these Populations	0.00% 0	50.00% 3	33.33% 2	0.00% 0	16.67% 1	6	

Q5 At your organization, which of the following languages are used to provide services? (Check all that apply.)

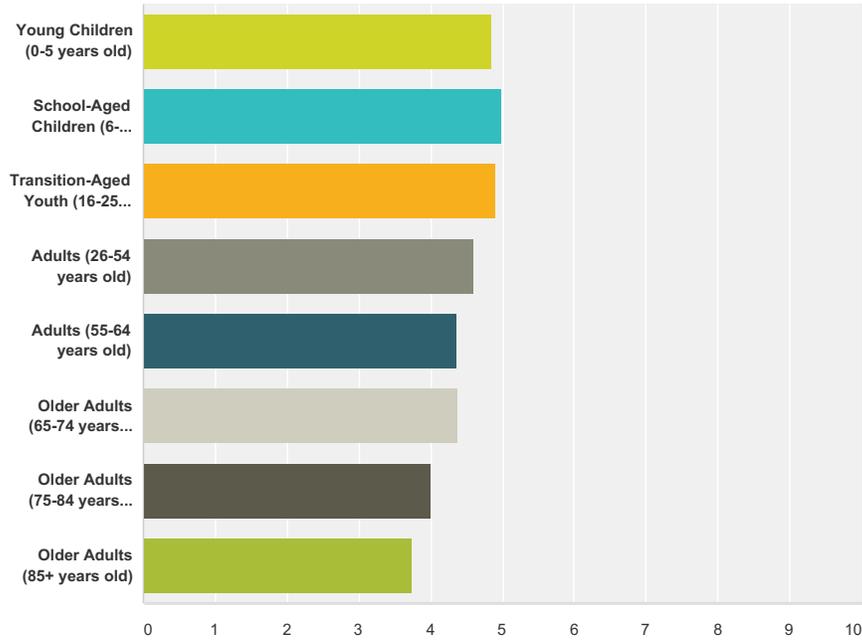
Answered: 40 Skipped: 12



Answer Choices	Responses
English	100.00% 40
Spanish	97.50% 39
Tagalog	15.00% 6
Other (please specify)	2.50% 1
Total Respondents: 40	

Q6 Thinking about your experiences working in Napa County, please rate how well the currently available mental health PREVENTION AND EARLY INTERVENTION services are addressing the following age groups:

Answered: 38 Skipped: 14



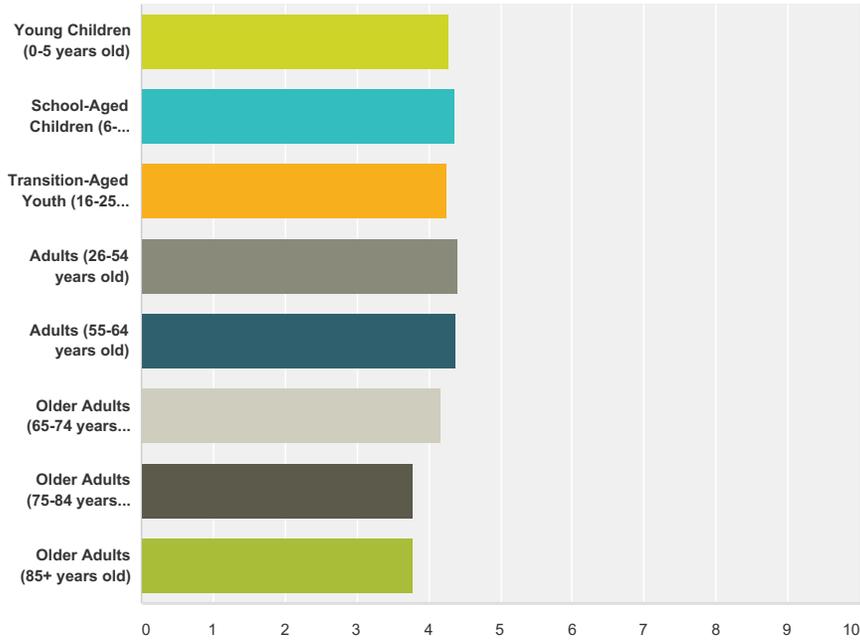
	ALL Needs UNMET, 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ALL Needs MET, 100%	Don't Know	Total
Young Children (0-5 years old)	2.63% 1	13.16% 5	2.63% 1	2.63% 1	5.26% 2	10.53% 4	10.53% 4	10.53% 4	10.53% 4	2.63% 1	0.00% 0	28.95% 11	38
School-Aged Children (6-15 years old)	2.63% 1	10.53% 4	7.89% 3	5.26% 2	7.89% 3	10.53% 4	7.89% 3	18.42% 7	10.53% 4	5.26% 2	0.00% 0	13.16% 5	38
Transition-Aged Youth (16-25 years old)	0.00% 0	7.89% 3	7.89% 3	7.89% 3	18.42% 7	7.89% 3	10.53% 4	7.89% 3	18.42% 7	0.00% 0	0.00% 0	13.16% 5	38
Adults (26-54 years old)	0.00% 0	5.26% 2	15.79% 6	5.26% 2	15.79% 6	13.16% 5	15.79% 6	13.16% 5	5.26% 2	0.00% 0	0.00% 0	10.53% 4	38
Adults (55-64 years old)	0.00% 0	7.89% 3	15.79% 6	10.53% 4	15.79% 6	2.63% 1	15.79% 6	10.53% 4	7.89% 3	0.00% 0	0.00% 0	13.16% 5	38
Older Adults (65-74 years old)	2.63% 1	10.53% 4	10.53% 4	7.89% 3	7.89% 3	2.63% 1	15.79% 6	7.89% 3	10.53% 4	0.00% 0	0.00% 0	23.68% 9	38

MHSA Innovation Planning Survey, May 2016

Older Adults (75-84 years old)	2.63% 1	13.16% 5	10.53% 4	7.89% 3	7.89% 3	5.26% 2	7.89% 3	5.26% 2	10.53% 4	0.00% 0	0.00% 0	28.95% 11	38	
Older Adults (85+ years old)	5.26% 2	13.16% 5	10.53% 4	7.89% 3	5.26% 2	5.26% 2	7.89% 3	2.63% 1	10.53% 4	0.00% 0	0.00% 0	31.58% 12	38	

Q7 Thinking about your experiences working in Napa County, please rate how well the currently available mental health TREATMENT, WELLNESS AND RECOVERY services are addressing the following age groups:

Answered: 38 Skipped: 14



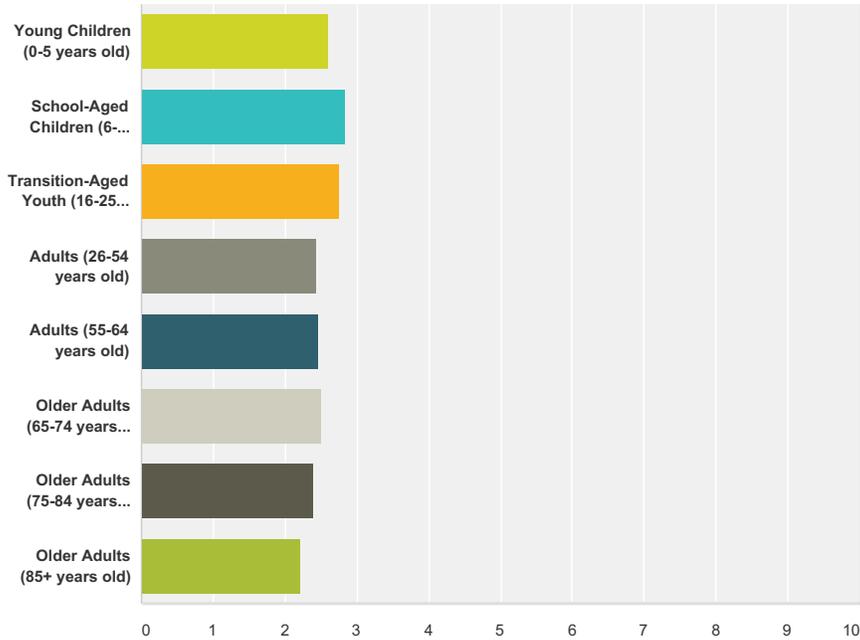
	ALL Needs UNMET, 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ALL Needs MET, 100%	Don't Know	Total
Young Children (0-5 years old)	2.70% 1	8.11% 3	5.41% 2	10.81% 4	5.41% 2	10.81% 4	5.41% 2	10.81% 4	5.41% 2	0.00% 0	0.00% 0	35.14% 13	37
School-Aged Children (6-15 years old)	2.70% 1	13.51% 5	5.41% 2	13.51% 5	5.41% 2	8.11% 3	8.11% 3	16.22% 6	8.11% 3	0.00% 0	0.00% 0	18.92% 7	37
Transition-Aged Youth (16-25 years old)	2.70% 1	10.81% 4	5.41% 2	18.92% 7	8.11% 3	8.11% 3	5.41% 2	21.62% 8	2.70% 1	0.00% 0	0.00% 0	16.22% 6	37
Adults (26-54 years old)	0.00% 0	5.26% 2	15.79% 6	2.63% 1	21.05% 8	10.53% 4	15.79% 6	10.53% 4	2.63% 1	0.00% 0	0.00% 0	15.79% 6	38
Adults (55-64 years old)	0.00% 0	7.89% 3	10.53% 4	5.26% 2	15.79% 6	15.79% 6	15.79% 6	7.89% 3	2.63% 1	0.00% 0	0.00% 0	18.42% 7	38
Older Adults (65-74 years old)	2.63% 1	7.89% 3	10.53% 4	7.89% 3	5.26% 2	13.16% 5	18.42% 7	5.26% 2	2.63% 1	0.00% 0	0.00% 0	26.32% 10	38

MHSA Innovation Planning Survey, May 2016

Older Adults (75-84 years old)	2.63% 1	10.53% 4	10.53% 4	10.53% 4	7.89% 3	10.53% 4	7.89% 3	0.00% 0	7.89% 3	0.00% 0	0.00% 0	31.58% 12	38	
Older Adults (85+ years old)	2.70% 1	10.81% 4	10.81% 4	10.81% 4	10.81% 4	8.11% 3	8.11% 3	0.00% 0	5.41% 2	2.70% 1	0.00% 0	29.73% 11	37	

Q8 Which of the following groups of people does your organization currently serve? How? (Check all that apply.)

Answered: 38 Skipped: 14



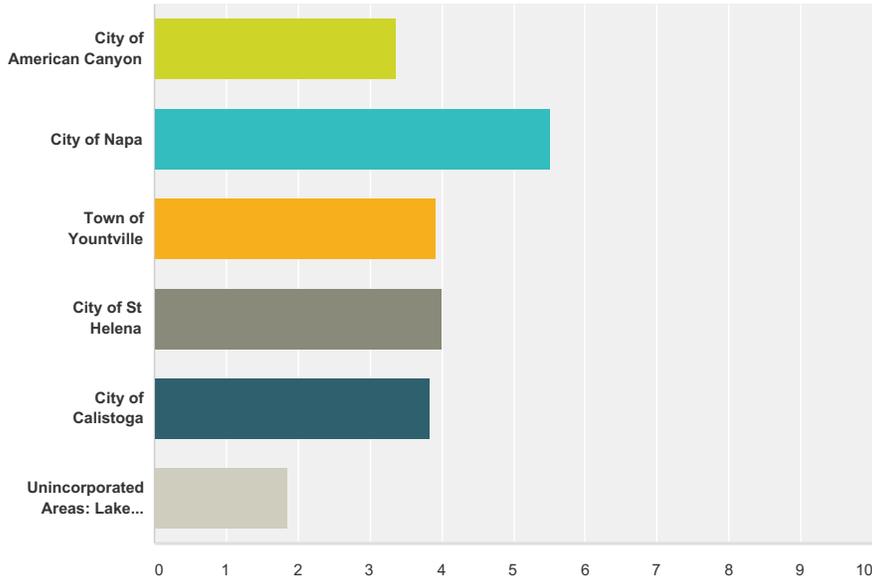
	My organization DOES NOT serve people from this age group	My organization serves people from this age group as part of the GENERAL POPULATION	My organization does OUTREACH TO ENCOURAGE this age group to use services	My organization provides SERVICES that are INCLUSIVE of this age group	My organization provides SERVICES that are SPECIFIC to this age group	Total	
Young Children (0-5 years old)	25.00% 9	22.22% 8	0.00% 0	19.44% 7	33.33% 12	36	
School-Aged Children (6-15 years old)	13.51% 5	18.92% 7	5.41% 2	27.03% 10	35.14% 13	37	
Transition-Aged Youth (16-25 years old)	13.51% 5	24.32% 9	5.41% 2	24.32% 9	32.43% 12	37	
Adults (26-54 years old)	22.22% 8	25.00% 9	5.56% 2	27.78% 10	19.44% 7	36	
Adults (55-64 years old)	18.92% 7	27.03% 10	8.11% 3	27.03% 10	18.92% 7	37	
Older Adults (65-74 years old)	21.62% 8	29.73% 11	2.70% 1	18.92% 7	27.03% 10	37	
Older Adults (75-84 years old)	27.03% 10	29.73% 11	0.00% 0	18.92% 7	24.32% 9	37	

MHSA Innovation Planning Survey, May 2016

Older Adults (85+ years old)	34.48% 10	31.03% 9	0.00% 0	13.79% 4	20.69% 6	29	
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Q9 Thinking about your experiences working in Napa County, please rate how well the currently available mental health PREVENTION AND EARLY INTERVENTION services serve the following communities:

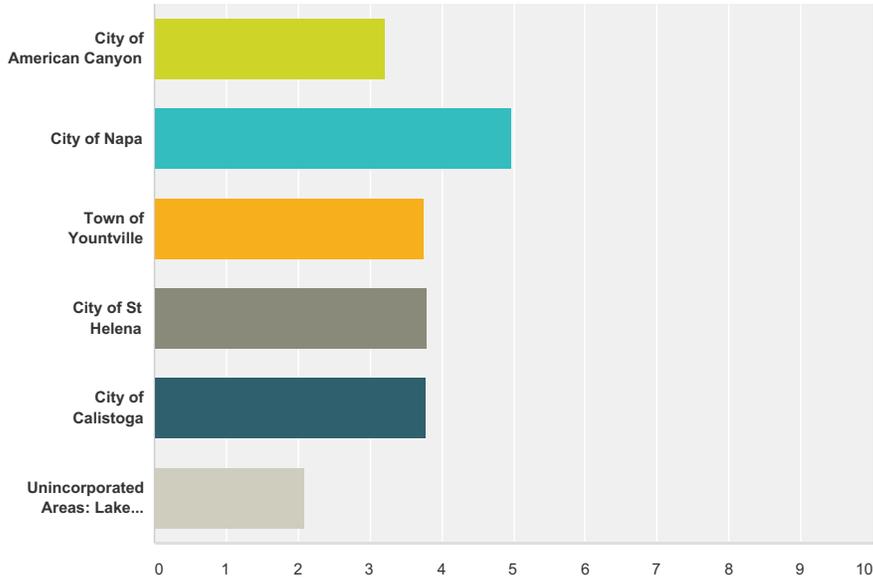
Answered: 35 Skipped: 17



	ALL Needs UNMET, 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ALL Needs MET, 100%	Don't Know	Total
City of American Canyon	0.00% 0	17.65% 6	14.71% 5	8.82% 3	17.65% 6	11.76% 4	8.82% 3	2.94% 1	0.00% 0	0.00% 0	0.00% 0	17.65% 6	34
City of Napa	0.00% 0	6.06% 2	9.09% 3	6.06% 2	6.06% 2	18.18% 6	6.06% 2	18.18% 6	21.21% 7	3.03% 1	0.00% 0	6.06% 2	33
Town of Yountville	2.86% 1	14.29% 5	5.71% 2	8.57% 3	5.71% 2	17.14% 6	2.86% 1	0.00% 0	11.43% 4	0.00% 0	0.00% 0	31.43% 11	35
City of St Helena	0.00% 0	17.14% 6	5.71% 2	2.86% 1	11.43% 4	17.14% 6	11.43% 4	0.00% 0	2.86% 1	2.86% 1	0.00% 0	28.57% 10	35
City of Calistoga	2.86% 1	17.14% 6	2.86% 1	11.43% 4	8.57% 3	17.14% 6	8.57% 3	2.86% 1	2.86% 1	2.86% 1	0.00% 0	22.86% 8	35
Unincorporated Areas: Lake Berryessa, Angwin, Pope Valley, etc.	14.29% 5	22.86% 8	14.29% 5	14.29% 5	2.86% 1	2.86% 1	2.86% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	25.71% 9	35

Q10 Thinking about your experiences working in Napa County, please rate how well the currently available mental health TREATMENT, WELLNESS AND RECOVERY services serve the following communities:

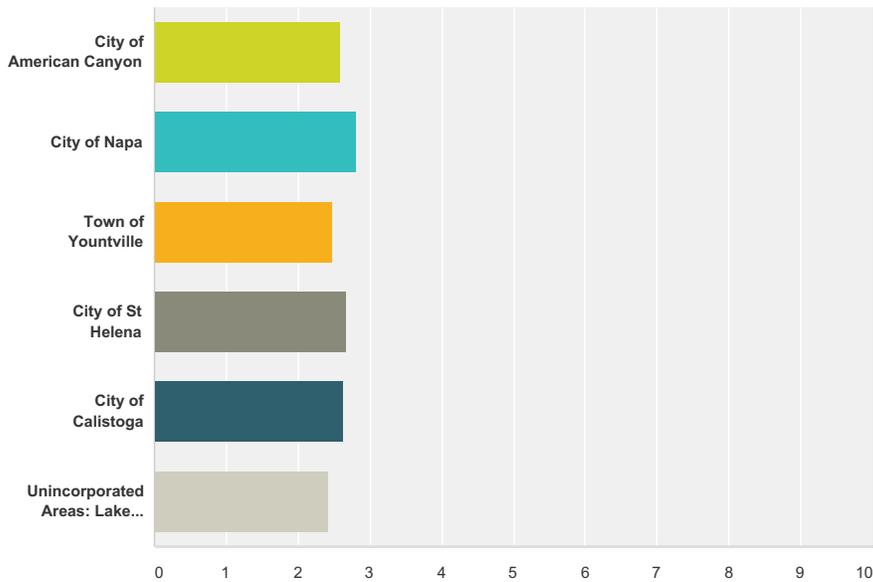
Answered: 35 Skipped: 17



	ALL Needs UNMET, 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ALL Needs MET, 100%	Don't Know	Total	
City of American Canyon	2.94% 1	26.47% 9	2.94% 1	11.76% 4	8.82% 3	17.65% 6	8.82% 3	2.94% 1	0.00% 0	0.00% 0	0.00% 0	17.65% 6	34	
City of Napa	0.00% 0	15.15% 5	6.06% 2	6.06% 2	6.06% 2	15.15% 5	12.12% 4	18.18% 6	15.15% 5	0.00% 0	0.00% 0	6.06% 2	33	
Town of Yountville	5.71% 2	14.29% 5	8.57% 3	5.71% 2	5.71% 2	14.29% 5	5.71% 2	2.86% 1	5.71% 2	2.86% 1	0.00% 0	28.57% 10	35	
City of St Helena	0.00% 0	20.00% 7	5.71% 2	2.86% 1	17.14% 6	11.43% 4	11.43% 4	0.00% 0	2.86% 1	2.86% 1	0.00% 0	25.71% 9	35	
City of Calistoga	2.86% 1	17.14% 6	2.86% 1	8.57% 3	17.14% 6	14.29% 5	5.71% 2	2.86% 1	2.86% 1	2.86% 1	0.00% 0	22.86% 8	35	
Unincorporated Areas: Lake Berryessa, Angwin, Pope Valley, etc.	14.29% 5	20.00% 7	11.43% 4	11.43% 4	11.43% 4	2.86% 1	2.86% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	25.71% 9	35	

Q11 Which of the following areas does your organization currently serve? How? (Check all that apply.)

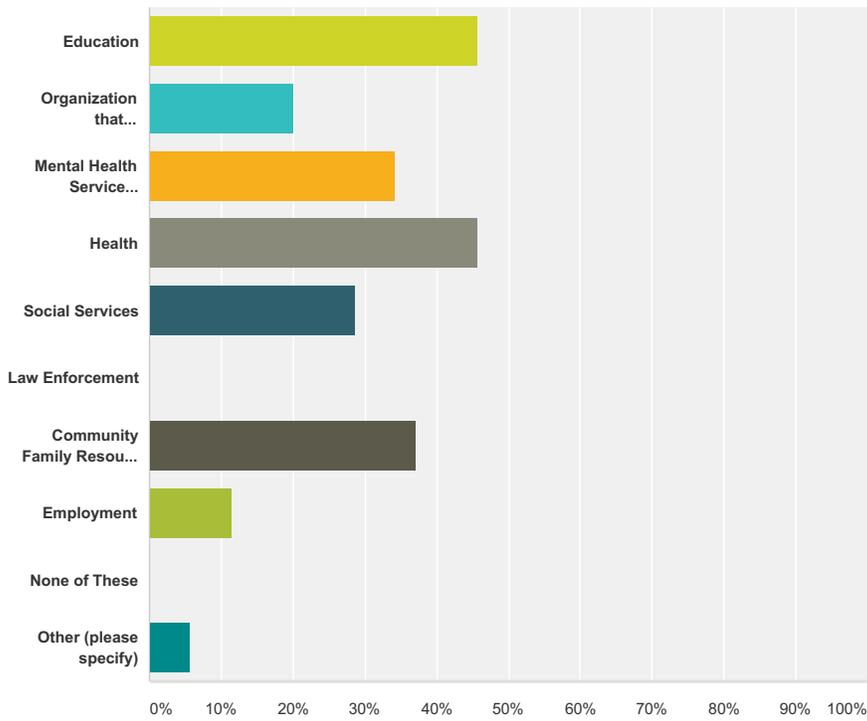
Answered: 35 Skipped: 17



	My organization DOES NOT serve people from this area	My organization serves people from this area as part of the GENERAL POPULATION	My organization does OUTREACH TO ENCOURAGE people from this area to use services	My organization provides SERVICES that are INCLUSIVE of people from this area	My organization provides SERVICES that are SPECIFIC to people from this area	Total	
City of American Canyon	6.25% 2	31.25% 10	9.38% 3	40.63% 13	12.50% 4	32	
City of Napa	2.94% 1	29.41% 10	5.88% 2	38.24% 13	23.53% 8	34	
Town of Yountville	3.03% 1	48.48% 16	3.03% 1	39.39% 13	6.06% 2	33	
City of St Helena	9.09% 3	30.30% 10	3.03% 1	39.39% 13	18.18% 6	33	
City of Calistoga	9.38% 3	28.13% 9	6.25% 2	40.63% 13	15.63% 5	32	
Unincorporated Areas: Lake Berryessa, Angwin, Pope Valley, etc.	9.68% 3	35.48% 11	6.45% 2	45.16% 14	3.23% 1	31	

Q12 Which of the following categories best describe your organization? (Check all that apply.)

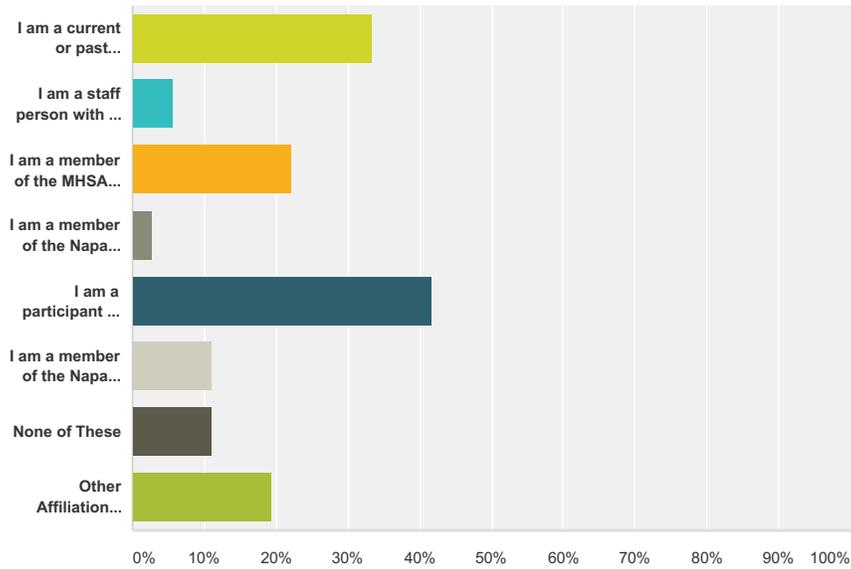
Answered: 35 Skipped: 17



Answer Choices	Responses
Education	45.71% 16
Organization that specifically serves individuals with serious mental illness and/or their families	20.00% 7
Mental Health Service Provider	34.29% 12
Health	45.71% 16
Social Services	28.57% 10
Law Enforcement	0.00% 0
Community Family Resource Center	37.14% 13
Employment	11.43% 4
None of These	0.00% 0
Other (please specify)	5.71% 2
Total Respondents: 35	

Q13 Do any of the following apply to you? (Check all that apply.)

Answered: 36 Skipped: 16



Answer Choices	Responses
I am a current or past participant in the Innovation Project with On the Verge	33.33% 12
I am a staff person with the Napa County Mental Health Division	5.56% 2
I am a member of the MHSA Stakeholder Advisory Committee	22.22% 8
I am a member of the Napa County Mental Health Board	2.78% 1
I am a participant in Live Healthy Napa County	41.67% 15
I am a member of the Napa County Coalition of Non Profit's Behavioral Health Committee	11.11% 4
None of These	11.11% 4
Other Affiliation (please specify)	19.44% 7
Total Respondents: 36	

MHSA Round One Innovation Planning

2010 Summary of Focus Groups and Interviews with Unserved and Underserved Populations

Executive Summary and Recommendations

Focus groups and interviews were conducted with unserved/underserved groups in Napa County as part of the Community Planning Process for the Innovation component of the Mental Health Services Act.

The majority of issues identified by the participants related to the **need to improve access to mental health services for unserved and underserved populations.**

- The most frequently noted barriers to accessing mental health services varied by population. The most common barrier discussed across all the groups was that **providers are not informed about the needs of the unserved/underserved population.**
 - Latinos commented on the lack of providers/staff in the mental health system that connects to Latinos (30%).
 - LGBTQ participants spoke about being invisible to service providers and decision makers (45%).
 - Native Americans also talked about being invisible and often being mistaken for Latinos (19%) and noted that many Native Americans do not trust of the government and its systems (19%).
 - Veterans shared that mental health providers are not informed about veterans (33%).
- When asked to describe the learning goal for the mental health innovation, the most common goal for each of the four unserved and underserved groups was for **providers to learn “to be more compassionate, know the struggle and know the stories” of the population.**
- When asked about potential approaches, the most common area of discussion was **changing outreach to culturally-appropriate methods.** The priorities for each group varied:
 - Latinos commented on the need to create more informal relationships between providers and the community and to change outreach to more appropriate methods. (53%)
 - LGBTQ participants spoke frequently of educating providers about needs of LGBTQ individuals (53%).
 - Native Americans recommended building trust by hiring Native American individuals into the mental health system (35%).
 - Veterans suggested changing how outreach for mental health services is provided for veterans (54%).

Methods

After speaking with Debora Lee, a representative of the Mental Health Oversight and Accountability Commission, the focus groups were designed to be very specific to the unserved/underserved groups previously identified: Latinos, LGBTQ, Native Americans and Veterans. The MHSA Community Supports and Services (CSS) and Prevention and Early Intervention (PEI) Community Planning processes had varied success reaching these groups.

Several methods were used to recruit participants. Emails were sent and phone calls were made to (1) public mental health providers, (2) community groups that were associated with or represented the population, and (3) individuals. In addition, flyers were developed and distributed by contacts. Participants were sought who represented an unserved/underserved population and had some experience with the current mental health system in Napa County (consumer, family member, and/or provider). Consumer and family member experience ranged from those who sought services and were not served, to those who were receiving services.

This very specific recruitment led to well-informed participants. Everyone who expressed an interest in participating was accommodated. Some were interviewed (in person or by phone) and some participated in focus groups. Stipends were offered to agencies who set up a focus group and to individuals who participated.

Issues

Unserved/Underserved Groups

The issues identified in the previous community planning processes were presented to the unserved/underserved groups at the beginning of the interview or focus group.

- The need to include consumers and family members in the system of services in a way that is meaningful and respected.
- The need to increase access to services for unserved and underserved populations:
 - Latinos
 - LGBTQ
 - Native Americans
 - Veterans

The groups were then asked if there were additional issues they would like addressed. After reviewing the responses, most of the comments generated during this portion addressed barriers to accessing services and were included as barriers for analysis.

Barriers

When asked what the barriers were for resolving the issue, the responses fell into three general categories:

- Cultural barriers,
- Lack of connection between uninsured/underserved populations and providers, and
- How mental health services are currently delivered.

Uninsured/Underserved Groups

Across all of the uninsured/underserved populations, the **most common concern was that mental health providers are not informed about the uninsured/underserved population**. On average, this concern represented 28% of the groups' comments about barriers.

The most frequently noted barriers varied by group:

- Latinos commented on the lack of providers/staff in the mental health system that connect to Latinos (30%).
- LGBTQ participants spoke about being invisible to service providers and decision makers (45%).
- Native Americans also talked about being invisible and often being mistaken for Latinos (19%) and noted that many Native Americans do not trust of the government and its systems (19%).
- Veterans shared that mental health providers are not informed about veterans (33%).

Table 1: Barriers to accessing mental health services identified by focus group and interview participants

Barriers to Accessing Mental Health Services	Uninsured/Underserved Populations				
	Latinos	LGBTQ	Native Americans	Veterans	Average
Cultural Barriers					
Stigma of mental illness in culture	11%	18%	8%	13%	13%
Cultural beliefs about how to address mental illness	11%	0%	14%	7%	8%
Attitude of self-sufficiency prevents individuals from seeking services	5%	0%	5%	20%	8%
Fear/distrust of systems and government	0%	0%	19%	7%	6%
Fear/ distrust of mental health system	0%	0%	8%	0%	2%
Isolation from other people in the population/group	0%	9%	11%	7%	13%
Providers not informed about population	24%	36%	16%	33%	28%

	Unserved/Underserved Populations				
	Latinos	LGBTQ	Native Americans	Veterans	Average
Barriers to Accessing Mental Health Services					
Population is invisible	0%	45%	19%	7%	18%
Few mental health providers/staff in Napa County who represent/connect with population.	30%	27%	3%	0%	15%
Mental health providers lack knowledge about diversity/ cultural competency	11%	27%	8%	0%	12%
Lack of informal relationships with providers	14%	0%	3%	0%	7%
Outreach/Intake/Treatment Methods					
Lack of action by systems to reach out to unserved/underserved populations	5%	9%	8%	27%	12%
Lack of coordination of other systems with mental health system	0%	0%	0%	13%	3%
Access barriers to entering system (paperwork, transportation, etc.)	14%	0%	8%	13%	9%
Crisis services instead of services to address long term mental health needs	0%	0%	0%	20%	5%
Language/marketing of mental health outreach and information	11%	9%	0%	0%	5%
Services focus on the individual and do not involve or support families.	8%	0%	8%	0%	4%
Lack of information about signs of mental illness	3%	0%	0%	13%	4%
Focus on mental health only, rather than the whole person	3%	0%	8%	0%	3%
Lack of peer support	0%	0%	3%	0%	1%
Total responses	37	11	37	18	

Other Barriers

Barriers that were noted less frequently are below:

Unserved/Underserved Groups:

Latinos

- “Grass roots changes to happen locally: Example: Building relationships with the police department and the Latino community with a menudo and chili cook off. Providers are out of typical role and in a more relaxed community setting, building familiarity. Mental health providers could participate in this event. Meet people and explain where they are coming from.”
- “Majority of people in underserved areas (and come to live/ work in Napa’s ag. business) are first generation Latinos, have very little formal education –county needs to find other ways to reach this population that doesn’t rely on reading complex material, attending public or ‘government’ meetings, or requiring personal disclosures.”
- “There are many barriers to Latinos getting into an Admin/Decision Making role [in the mental health field], some of the reasons are personal things, employers need to be intentional about looking to see who is there and what they need to put in to get to the next level. Provide coaching and take chances. “
- “There are a few more bilingual staff at the county but there’s still a need for more personnel who speak Spanish “
- “Awareness; lack of understanding of how county services work, who is eligible, income requirements.”
- “Eligibility rejection (based on one factor such as income) can turn away a family from ever approaching or asking for assistance.”
- “County serves certain people with qualifying issues or diagnosis, others who don’t fit in may not have health insurance and that means they have limited access to information about the signs /symptoms of mental illness. “
- “Latina women in abusive situations will not leave their husbands or partners, only until he leaves or is not present will they consider escape from a dangerous situation. “
- “Introductory events, for providers to get to know the community. Ask ‘how can we engage the community better?’ Leaving office and meeting people outside. Community events are much more casual, not threatening. “
- “Achievement gap in high schools (and lower levels)à Huge, Huge difference between White and Latino students. “

Native Americans

- “[A mental health diagnosis is a] pre-existing condition, don’t want the system to know you have a pre-existing condition or may never get health insurance”
- “Native ceremonies work—access to traditional healing “
- “Past experiences [between Native Americans and service providers]affect how relationships

work now.”

- “There is no trust between government and Native people (From the local to the federal level) Native American culture is fractured due to treatment in 1800s and beyond—massacres”
- “Profiling on the part of the police department. Reasons for doing it may be valid, but it is still wrong. Not going to change even though it’s better than it was 20 years ago.”
- “Assumed that Native Americans are like Hispanics and are being served by the same services. Often times those services have a preference on individuals who are Spanish-speaking. For example, getting an appointment at Clinic Ole.”
- “Many are in the middle place: The cost of care is too high and the services are not available. Much of the assistance is income-based, and many don’t qualify, but can’t afford care.”
- “There are services for those Native Americans with good insurance and money. There are good doctors available. For those in the middle, there are minimal services and the cost is often too high, for those who qualify for Medi-Cal, there is a long waiting list to get into services. For those who are outside the system and don’t have income or medical, the care is hit and miss, many just give up.”
- “Need to appeal to public at large to get enough support to change the system. Cultural events”
- “Many times the mental health condition is not identified until the person is on their own (young adult/adult) [and family cannot help them or advocate for their care.]”

Veterans

- “Providers assumptions or lack of information about what VA and VA hospitals do for veteran’s health needs.”
- “Veterans are reluctant to go to County Mental Health for many reasons; stigma, it can end up being an obstacle to your next career path, it’s seen as a liability.”
- “If a veteran or active duty member of armed forces has a bad initial experience in accessing services, they’ll never go back –the trust is broken, they won’t feel understood. “

Learning Goals

Unserved/Underserved Groups

When unserved/underserved groups were asked to describe what they want the public mental health system to learn as a result of the innovation, the respondents described learning how to connect with the cultural community and learning how to provide culturally-appropriate mental health services.

On average, over half of the unserved/underserved groups comments were about the desire for providers **to learn “to be more compassionate, know the struggle and know the stories” of the population (52%)**. Respondents also wanted providers to learn about their cultural point of view and the diversity within the unserved/underserved community. For example:

- “The coming out process is different for everyone and affected by many factors (age, gender, culture, transgender, sexual orientation, HIV sero-status). Bisexuals get overlooked a lot.”

- “Know about Native traditions (birth to death). Example: Upon the death of a child, parent asked to have the clothes. The coroner had already discarded them. Coroner said: ‘There are too many tribes, can’t take care of them all.’”
- “Understand that not all veterans assimilate in the same way, for some veterans it’s no easier to live here today than it was to be on active duty under extraordinary stress.”

Table 2: Learning goals for mental health innovations identified by focus group and interview participants

Learning goals for mental health innovations	Unserved/Underserved Populations				
	Latinos	LGBTQ	Native Americans	Veterans	Average
Providers Understand and Connect with Cultural Community					
"Know who we are" know the stories, struggle and history	25%	50%	63%	69%	52%
Understand cultural point of view	17%	20%	47%	62%	36%
Understand diversity within community	25%	40%	21%	31%	29%
Know there is a demand for services for the underserved group	0%	20%	21%	8%	12%
Understand the discrimination/risks the population experiences	8%	30%	5%	0%	11%
"Know how to find us"	0%	20%	5%	8%	8%
Learn language (of culture)	0%	0%	11%	8%	5%
Learn to be genuine	8%	0%	0%	8%	4%
Learn How to Provide Culturally-Appropriate Mental Health Outreach, Intake and Treatment Services					
Understand and connect to other systems	17%	0%	0%	46%	16%
Learn to treat consumers as individuals	17%	20%	21%	23%	20%
Understand and connect to other mental health resources	17%	0%	0%	23%	10%
Learn how to alter how therapy is offered	0%	30%	11%	0%	10%
Learn to provide services that support consumers' families	25%	0%	0%	8%	4%
Learn how to normalize mental health needs and care	8%	0%	0%	0%	8%
Total responses	12	10	19	13	

Other Learning Goals

Other learning goals that were noted less frequently include:

Unserved/Underserved Groups

LGBTQ

- “Providers need to [learn to] be more proactive to make up for [individuals’] reluctance to identify, make it safer.”
- Learn to serve the LGBTQ population well: “not just talking about it, actually DOING something” and stopping the attitude of “We only have a few, do we have to do this?”

Latinos

- “More Latinos in leadership roles: Community at large, children need to see people who look like them making decisions and having a positive impact on the community. The current mirror shows involvement with the law, gangs, violence, crime and teen pregnancy. Need to shift the mirror to see a healthier reflection and positive role models.”
- “Make the eligibility requirements clear; don’t make people go through a long process only to be told they aren’t eligible. There are lots of brochures but they don’t get to the point about who is eligible.”

Potential Approaches

Unserved/Underserved Groups

Finally, participants were asked what they would do to address the issues, the barriers and the learning goals they had discussed. The comments addressed the previous categories of provider-community relationships and how services are delivered and also included community education.

On average, 38% of each group's comments were focused on **changing outreach to incorporate culturally-appropriate methods**.

The specific priorities for each group varied:

- Latinos commented on the need to create more informal relationships between providers and the community and to change outreach to more appropriate methods (53%).
- LGBTQ participants spoke frequently of educating providers about needs of LGBTQ individuals (53%).
- Native Americans recommended building trust by hiring Native American individuals into the mental health system (35%).
- Veterans suggested changing how outreach for mental health services is provided for veterans (54%).

Table 3: Potential approaches to mental health innovations identified by focus group and interview participants

Potential Approaches	Unserved/Underserved Populations				
	Latinos	LGBTQ	Native Americans	Veterans	Average
Change relationships between mental health providers and community					
Improve informal relationships between mental health providers and community	53%	35%	0%	21%	27%
Build trust by hiring peers	27%	18%	35%	8%	22%
Educate providers about unserved/underserved population	0%	53%	9%	13%	19%
Build alliances with families	33%	0%	4%	8%	12%
Change mental health services					
Change outreach, culturally appropriate methods	53%	35%	9%	54%	38%
Change how treatment services are offered	33%	12%	22%	38%	26%

Potential Approaches	Unserved/Underserved Populations				
	Latinos	LGBTQ	Native Americans	Veterans	Average
Work with other agencies / groups	13%	12%	22%	42%	22%
Host events	27%	24%	0%	25%	19%
Community Education					
Educate community about unserved/underserved populations	20%	12%	26%	13%	18%
Total Responses	15	17	23	24	

Other Potential Approaches

Approaches that were noted less frequently are below:

Unserved/Underserved Groups

Latinos

- “Pay attention to kids who reach college age, but don’t have good support system. They have hard time adjusting, drop out, disconnect with family and can become suicidal.”

LGBTQ

- “Present mental health topics and information in an informal setting”
- “Conduct a needs assessment to understand the mental health needs of the LGBTQ community”
- “Change the environment where services are delivered--posters, magazines, etc. Purchase subscriptions to gay and lesbian magazines and distributes them free of charge to providers (Curve, Advocate) Create a ‘lavender seal of approval.’”

Native Americans

- Create “downtown murals that depict history [of Native Americans]. Current murals start with Hispanics.”
- Establish a “commemorative site in Napa proper to recognize what was here before”
- “Need a place where we can all meet. Cultural Center that brings a connection to the community.”
- “ Cultural center for many cultures/ education”
- “PAID Provider education for providers like COPE including posters and outreach”

- “Posters of Natives in waiting rooms (like Indian Health) of employment agencies, county offices and Clinic Ole. Tour Indian Health for ideas.”
- “Ceremony of public reconciliation/apology”
- “Advocates, Native American hotline alerted to when someone enters the system.”

Veterans

- “Create online information and networking sources for veterans – especially to links for employment. GI Bill for returning to college is good – but many returning veterans can’t handle being on a campus.”
- “Internet-based resources, online chats, online forums, and text messaging campaigns are very popular.”

HHSA Final Strategic Plan
April 29, 2016

[Mission]

*We are on a **MISSION** to serve our community and support its health and well-being.*

[Vision]

*Our **VISION** is a community in which ALL people have the opportunity to experience fulfilling lives.*

[Values]

We will serve with:

- **COMMITMENT** to our community
- **COLLABORATION** with our community and
- **COMPASSION** for our community

[Note: The headings in brackets are for information only and will not appear in the official presentation.]

Goals and Strategies

1. Improve health equity in our community

- Provide services when, where and how the community needs them, i.e., placed-based services
- Continue to participate as an agency in *Live Healthy Napa County* (LHNC) as an effective community framework for improving health and wellbeing, and address these LHNC component plans:
 - Trauma and Behavioral Health
 - Poverty Reduction
 - Obesity Prevention
 - Older Adults
- Participate in redesigning the community's existing system to address homelessness and housing
- Implement integrated and division-specific prevention and early intervention services, such as services for children 0-5 years of age
- Continue to develop holistic service models including the "The Hub" and the primary care/mental health/substance abuse partnership
- Anticipate and prepare for a rapidly growing older and disabled adult population and its impact across the agency and community

2. Innovate to drive positive change in our services and systems

- Design a system to manage, analyze and safeguard client data effectively on an agency wide basis
- Pursue continuous quality improvement through Agency efforts such as QuEST, Results Based Accountability and evidence-informed practices
- Support community wide implementation of the Positive Parenting Program ("Triple P")
- Implement a robust agency contract monitoring process to ensure high-quality services

3. Attract, retain, support and develop staff

- Support culture change and practice teamwork through Collaborative Management Ambassadors, Diversity and Inclusion Steering Committee, Race Equity Cohort, LGBTQ training and rollout of Mutual Learning agency wide
- Participate in developing a new County performance management system
- Support agency wide training and organizational development efforts including training that addresses specific staff needs and the skill sets needed for agency culture and practice changes
- Provide opportunities for leadership development through the County leadership academies, a countywide mentorship program, Individual Development Plans and collaborative staff efforts throughout the Agency

4. Improve internal and external communications

- Design and implement a plan for prioritizing, communicating and executing agency wide initiatives
- Redesign and simplify HHS's Internet and Intranet sites
- Create a centralized location where staff and community can easily monitor progress of agency wide efforts
- Utilize Mutual Learning to improve the effectiveness of communication among all levels of staff
- Develop a marketing strategy to effectively convey our story to the community

Guiding Principles

[will not appear in the formal Strategic Plan but will be available as additional information]

- ❖ **Health** encompasses all of the Social Determinants of Health—the conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.
- ❖ Improving **health equity** means reducing or eliminating disparities in health that are avoidable, unfair and unjust.
- ❖ **Well-being** includes a range of physical, emotional, economic and social conditions that contribute to an optimal state of living.
- ❖ **Fulfilling** lives are those in which people have the opportunity to achieve an optimal state of health and well-being.
- ❖ Our **community** includes all of the people, neighborhoods, organizations, institutions, towns and cities in our County as well as all Napa County staff.

MHSA Innovation Round 2 Planning: Project Plan¹

The Innovation Project Plan is due on **Wednesday, November 30, 2016 at 5pm.**

A hard copy of the plan can be delivered to the Mental Health Division Administration Office (2751 Napa Valley Corporate Drive, Building A, Napa CA 94558). Mailed plans that are postmarked by Monday, November 28, will also be accepted.

Scoring Criteria are in a separate document (Document 7). See [MHSA Components](#) or <http://tinyurl.com/jh6wvu4> for more information.

Innovation Project Plan Overview	
1) Innovation Project Planning	Please describe the planning process for the Innovation Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.
2) Primary Problem	<ul style="list-style-type: none"> a) What primary problem or challenge are you trying to address? b) Describe what led to the development of the idea for your Innovation project and the reasons that your project is a priority for Napa County.
3) What Has Been Done Elsewhere To Address the Primary Problem?	<p>"A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach... (CCR, Title 9, Sect. 3910(b)).</p> <p>Describe the efforts have you made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?</p>
4) The Proposed Project	Describe the Innovation Project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or

¹ All Project Plan categories in black text are taken directly from the "Innovative Project Plan Description" provided by the Mental Health Services Accountability and Oversight Committee (MHSOAC). All blue text is specific to Napa County's Round 2 Planning Process.

outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

5) Innovative Component

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

6) Learning Goals / Project Aims

Describe your learning goals/specific aims. What is it that you want to learn or better understand over the course of the INN Project? How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.

Furthermore, describe how the learning can be used in the Napa County mental health system and how the learning connects to other community or mental health initiatives that are currently underway or planned.

Innovation Project Timeline

7) Timeline

➤ *Note: The project funding is expected to be available in January 2018 and will end on June 30, 2019.*

- a) Specify the expected start date and end date of your INN Project:
- b) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for
 - i Development and refinement of the new or changed approach;
 - ii Evaluation of the Innovation Project;
 - iii Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Innovation Project;
 - iv Communication of results and lessons learned.

Innovation Project Budget by Fiscal Year				
8) INN Project Budget				
a) Expenditures				
Personnel (list staff involved in the project)	FTE	FY 17-18	FY 18-19	In-Kind/Other
Employee Benefits (%)				
Total Personnel Costs				
Operating Expenses (e.g. Project costs including training, supplies/materials, IT, mileage, etc.)				
Total Operating Expenses				
Subtotal (Personnel and Operating)				
Administrative Costs X%				
Total Program Expenses				
Other Expenses (Subcontracts) Please include detailed budget for subcontractors as well.				
Anticipated Revenues				
1. Medi-Cal (FFP only)				
2. Other Revenue (MAA/UR)				
3. In-Kind/Other (Total of column 5)				
Total Revenue				
Total Innovation Funding Requested				

Total Funding Requested*(Total amount of MHSA INN funds you are requesting)***b) Narrative**

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "\$5000 for annual involvement stipends for stakeholder representatives, for 1.5 years: Total \$7,500,") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time..."). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project.

9) Agency Infrastructure

Describe agency/organization's previous contracting experience with similar size contract, including: Ability to meet reporting deadlines, ability to collect data and undertake evaluation, and ability to track funding within your organization. If you are partnering with an agency to implement this project, please describe the agency's infrastructure.

Additional Information for Regulatory Requirements

REQUIRED, BUT NOT SCORED

10) Primary Purpose

Select **one** of the following as the primary purpose of your project. What is the overarching purpose that most closely aligns with the need or challenge described in Item 2: Primary Problem?

- Increase access to mental health services to underserved groups
- Increase the quality of mental health services, including measurable outcomes
- Promote interagency collaboration related to mental health services, supports, or outcomes
- Increase access to mental health services

11) MHSA Innovative Project Category

Which MHSA Innovation definition best applies to your new INN Project (select **one**):

- Introduces a new mental health practice or approach
- Makes 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
- Introduces 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.

12) Population (if applicable)

- a. If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?
- b. Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.
- c. Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

MHSA Innovation Round 2 Planning: Scoring Criteria

The scoring criteria include two categories: Innovation and Implementation. The Innovation Project Plan will need to score high in both categories to be funded in the current Innovation Planning Process.

Scoring Criteria	Maximum Score (100)		Description
	Innovation (50)	Implementation (50)	
<p>1) Innovation Project Planning</p> <p>The idea is developed with direct input from individuals who will be impacted by the idea.</p>	10		Points will be awarded to the extent that the target population was included in (1) identifying the need, (2) developing the idea and (3) reviewing the idea before it was submitted for review.
<p>2) Primary Problem 3) What Has Been Done Elsewhere To Address the Primary Problem?</p> <p>The project identifies an area where the mental health needs of unserved/underserved populations in Napa County are not met with currently available services and innovation is needed.</p>	10		<p>Need can be demonstrated with input from the target population, the agency's own statistics, data generated by other local agencies, and publicly available data about residents of Napa County from city, county, state, and national sources.</p> <p>Points will be awarded for areas of need where there is no currently available evidence-based practice and for populations who are not currently receiving services that reflect their needs.</p>

	Maximum Score (100)		
Scoring Criteria	Innovation (50)	Implementation (50)	Description
<p>4) The Proposed Project 5) Innovative Component</p> <p>The idea reflects the input of the target population and directly responds to the identified need and MHSA INN criteria.</p> <p>See MHSA INN criteria for more detail.</p>	20		<p>Points based on how well the innovation (1) incorporates the input from the target population, (2) addresses the identified need and (3) meets the MHSA INN criteria.</p> <p>See MHSA INN criteria for more detail.</p>
<p>6) Learning Goals / Project Aims</p> <p>The project has up to two clear and logical learning goals that can be shared within the mental health system and/or community.</p>	10		<p>Scoring will be based on how well the project's learning goals (1) address the primary problem and the innovative component (2) demonstrate how the learning can be used in the mental health system and (3) connects to other community or mental health initiatives that are currently underway or planned.</p>
<p>7) Timeline</p> <p>The idea will result in learning by June 2019</p>		15	<p>Points will be awarded for projects that can be implemented in January 2018 and result in learning by June 2019.</p>
<p>8) INN Project Budget a) Expenditures b) Narrative</p> <p>The project budget is reasonable to implement the project as described.</p>		15	<p>Points will be awarded based on how well the expenditures support the proposed project.</p>

Scoring Criteria	Maximum Score (100)		Description
	Innovation (50)	Implementation (50)	
<p>9) Agency Infrastructure</p> <p>The applicant will have the ability to meet contract requirements including reporting, data collection and evaluation.</p>		20	<p>Points will be based on the agency/community member's previous contracting experience with similar size contract, including: Ability to meet reporting deadlines, ability to collect data, undertake evaluation, ability to track funding appropriately within their organization.</p> <p>Individuals may choose an agency partner to provide this expertise. Agency partner's ability to support contract/funding would be scored.</p>

Innovation Project Plans with **high scores for Innovation**:

- AND **high** scores for implementation:
 - Will be developed into the Innovation Component plan for Round 2 Funding
 - Individuals who developed the ideas and individuals who will be impacted by the idea will be involved in the development of the Component plan.
- AND **low** scores for implementation:
 - Will be included in a workplan to assist stakeholders to further strengthen implementation and prepare for Round 3. This work plan would be about learning how to engage and support underserved communities; it IS NOT A GUARANTEE OF INNOVATION FUNDING.

Innovation Project Plans with **low scores for Innovation**:

- Mental Health Division staff will meet with individuals who submitted Innovation Project Plans to review scoring and innovation guidelines.

MHSA Innovation Round 2 Planning: Information and Technical Assistance

Contact information for getting further information and support

If you have questions about MHSA Innovation Planning or if you need Technical Assistance, please contact:

Felix Bedolla, MHSA Project Manager: 707.299.1759, Felix.Bedolla@countyofnapa.org

Rocío Canchola, Staff Services Analyst II: 707.299.2119, Rocio.Canchola@countyofnapa.org

Information

Questions

If you have a question that cannot be answered using the currently available documents, the question will be brought to the Mental Health Leadership Team for inclusion in the FAQ (Document Three). The FAQs will be updated periodically, please check back weekly for additional information.

Presentations

If you would like a presentation about MHSA Innovation funding for your agency, board, community group or another group, it can be arranged by contacting Felix or Rocio. These presentations may include an overview of MHSA Innovation and/or a detailed description of any of the documents depending on your request.

Support

Technical Assistance

Technical Assistance is available to help you before you write your Innovation Plan. MHSA staff and consultants can help you plan a focus group, develop a focus group protocol, search for data, review data, clarify your project idea, or similar tasks at the discretion of MHSA staff.

Technical Assistance does not include doing the research necessary for the project plan, writing the project plan or reviewing written versions of your project plan.

Document Eight of Eight: Information and Support

For More Information see [MHSA Components](#) or <http://tinyurl.com/jh6wvu4>

Innovative Project Regulations Issued July 2015 (Effective October 1, 2015)

Article 2. Definitions

Adopt Section 3200.182 as follows:

Section 3200.182. Innovation Component.

- (a) “Innovation Component” means the section of the Three-year Program and Expenditure Plan that consists of one or more Innovative Projects.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5830 and 5847, Welfare and Institutions Code.

Adopt Section 3200.183 as follows:

Section 3200.183. Innovation Funds.

- (a) “Innovation Funds” means the Mental Health Services Fund distributed to the County pursuant to Welfare and Institutions Code Section 5892, subdivision (a)(6).

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5892, Welfare and Institutions Code.

Adopt Section 3200.184 as follows:

Section 3200.184. Innovative Project.

- (a) “Innovative Project” means a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5830(b) and (c), Welfare and Institutions Code.

Article 5. Reporting Requirements

Adopt Section 3510.020 as follows:

Section 3510.020. Innovative Project Annual Revenue and Expenditure Report.

- (a) As part of the Mental Health Services Act Annual Revenue and Expenditure Report the County shall report the following:
- (1) The total dollar amount expended during the reporting period on each Innovative Project by the following funding sources:
 - (A) Innovation Funds
 - (B) Medi-Cal Federal Financial Participation
 - (C) 1991 Realignment
 - (D) Behavioral Health Subaccount
 - (E) Any other funding
 - (2) Total dollar amount expended during the reporting period for the administration of each Innovative Project by the following funding sources:

Innovative Project Regulations Issued July 2015 (Effective October 1, 2015)

- (A) Innovation Funds
 - (B) Medi-Cal Federal Financial Participation
 - (C) 1991 Realignment
 - (D) Behavioral Health Subaccount
 - (E) Any other funding
- (3) Total dollar amount expended during the reporting period for the evaluation of each Innovative Project by the following funding sources:
- (A) Innovation Funds
 - (B) Medi-Cal Federal Financial Participation
 - (C) 1991 Realignment
 - (D) Behavioral Health Subaccount
 - (E) Any other funding
- (b) The County shall within 30 days of submitting to the state the Mental Health Services Act Annual Revenue and Expenditure Report:
- (1) Post a copy on the County's website; and
 - (2) Provide a copy to the County's Mental Health Board

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5830, 5845(d)(6), and 5847, Welfare and Institutions Code.

Adopt Section 3580 as follows:

Section 3580. Innovative Project Reports.

- (a) For each approved Innovative Project, the County shall submit to the Mental Health Services Oversight and Accountability Commission the following reports, as applicable.
- (1) For a continuing Innovative Project, an Annual Innovative Project Report as specified in Section 3580.010.
 - (A) The Annual Innovative Project Report is due no later than December 31 following the end of the fiscal year for which the County is reporting. The County may submit the Annual Innovative Project Report as part of the Three-Year Program and Expenditure Plan or Annual Update as long as the documents are submitted no later than December 31 pursuant to this subdivision.
 - (B) The County shall exclude from the Annual Innovative Project Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.
1. When the County has excluded information pursuant to subdivision (B) above, the County shall submit to the Mental Health Services Oversight and Accountability Commission one of the following:

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- a. A supplemental Annual Innovative Project Report that contains all of the information including the information that was excluded pursuant to subdivision (B). This supplemental report shall be marked “confidential”.
 - b. A supplement to the Annual Innovative Project Report that contains the information that was excluded pursuant to subdivision (B). This supplement to the report shall be marked “confidential”.
- (2) Upon completion of an Innovative Project, a Final Innovative Project Report as specified in Section 3580.020.
- (A) The County may submit the Final Innovative Project Report as part of the Three-Year Program and Expenditure Plan, Annual Update, or within six months from completion of the Innovative Project whichever is closest in time to the completion of the Innovative Project.
 - (B) The County shall exclude from the Final Innovative Project Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.
1. When the County has excluded information pursuant to subdivision (B) above, the County shall submit to the Mental Health Services Oversight and Accountability Commission one of the following:
- a. A supplemental Final Innovative Project Report that contains all of the information including the information that was excluded pursuant to subdivision (B). This supplemental report shall be marked “confidential”.
 - b. A supplement to the Final Innovative Project Report that contains the information that was excluded pursuant to subdivision (B). This supplement to the report shall be marked “confidential”.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5830 and 5847, Welfare and Institutions Code.

Adopt Section 3580.010 as follows:

Section 3580.010. Annual Innovative Project Report.

- (a) The Annual Innovative Project Report shall include:
- (1) Name of the Innovative Project
 - (2) Whether and what changes were made to the Innovative Project during the reporting period and the reasons for the changes.
 - (3) Available evaluation data, including outcomes of the Innovative Project and information about which elements of the Project are contributing to outcomes.
 - (4) Program information collected during the reporting period, including for applicable Innovative Projects that serve individuals, number of participants served by:

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(A) Age by the following categories:

1. 0-15 (children/youth)
2. 16-25 (transition age youth)
3. 26-59 (adult)
4. ages 60+ (older adults)
5. Number of respondents who declined to answer the question

(B) Race by the following categories:

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. White
6. Other
7. More than one race
8. Number of respondents who declined to answer the question

(C) Ethnicity by the following categories:

1. Hispanic or Latino as follows
 - a. Caribbean
 - b. Central American
 - c. Mexican/Mexican-American/Chicano
 - d. Puerto Rican
 - e. South American
 - f. Other
 - g. Number of respondents who declined to answer the question
2. Non-Hispanic or Non-Latino as follows
 - a. African
 - b. Asian Indian/South Asian
 - c. Cambodian
 - d. Chinese
 - e. Eastern European
 - f. European
 - g. Filipino
 - h. Japanese
 - i. Korean
 - j. Middle Eastern
 - k. Vietnamese
 - l. Other
 - m. Number of respondents who declined to answer the question
3. More than one ethnicity
4. Number of respondents who declined to answer the question

(D) Primary language used by threshold languages for the individual county

(E) Sexual orientation,

1. Gay or Lesbian

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2. Heterosexual or Straight
 3. Bisexual
 4. Questioning or unsure of sexual orientation
 5. Queer
 6. Another sexual orientation
 7. Number of respondents who declined to answer the question
- (F) A Disability, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.
1. Yes, report the number that apply in each domain of disability(ies)
 - a. Communication domain separately by each of the following
 - (i) Difficulty seeing
 - (ii) Difficulty hearing, or having speech understood
 - (iii) Other (specify)
 - b. Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
 - c. Physical/mobility domain
 - d. Chronic health condition (including but not limited to chronic pain)
 - e. Other (specify)
 2. No
 3. Number of respondents who declined to answer the question
- (G) Veteran status,
1. Yes
 2. No
 3. Number of respondents who declined to answer the question
- (H) Gender
1. Assigned sex at birth
 - a. Male
 - b. Female
 - c. Number of respondents who declined to answer the question
 2. Current gender identity
 - a. Male
 - b. Female
 - c. Transgender
 - d. Genderqueer
 - e. Questioning or unsure of gender identity
 - f. Another gender identity
 - g. Number of respondents who declined to answer the question
- (5) Any other data the County considers relevant.

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NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5830, 5845(d)(6), and 5847, Welfare and Institutions Code.

Adopt Section 3580.020 as follows:

Section 3580.020. Final Innovative Project Report.

- (a) The Final Innovative Project Report shall include:
- (1) Name of the Innovative Project
 - (2) Brief summary of the priority issue related to mental illness or to an aspect of the mental health service system for which the County chose to design and test the Innovative Project.
 - (3) Description of any changes that the County made to the Innovative Project during the course of its implementation and evaluation and the reasons for and impact of the changes, including any changes in the timeline.
 - (4) Program information collected during the reporting period as specified in Section 3580.010, subdivision (a)(4).
 - (5) Final evaluation results, including but not limited to:
 - (A) Description of the evaluation methodology;
 - (B) Outcomes of the Innovative Project including those related to the selected primary purpose, with a focus on whatever was new or changed compared to established mental health practices;
 - (C) Any variation in outcomes based on demographics of participants, if applicable;
 - (D) Assessment of which activities or elements of the Innovative Project contributed to successful outcomes;
 - (E) Explanation of how the evaluation was culturally competent;
 - (F) Explanation of how stakeholders contributed to the evaluation.
 - (6) Whether and how the County will continue the Innovative Project, the source of ongoing funding, if applicable, the reason for the decision, and how the County involved stakeholders in the decision.
 - (7) Whether the Innovative Project achieved its intended outcomes and a summary of what was learned.
 - (8) Description of how the County disseminated the results of the Innovative Project to stakeholders, and if applicable to other counties (e.g. as the County determined that the information would be of benefit to other counties).
 - (9) Any other data or information the County considers relevant.
- (b) The County shall include a copy of any presentations, reports, articles, manuals, CDs, DVDs, videos, or any other materials developed to communicate successful new or changed mental health practices, lessons learned and evaluation results of the Innovative Project.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5830, 5845(d)(6), and 5847, Welfare and Institutions Code.

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Article 9. Innovation

Adopt Section 3900 as follows:

Section 3900. Rule of General Application.

- (a) The use of Innovation Funds shall be governed by the provisions specified in this Article and Articles 1 through 5, unless otherwise specified.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5830, and 5892(a)(6), Welfare and Institutions Code.

Adopt Section 3905 as follows:

Section 3905. Required Approval.

- (a) The County shall expend Innovation Funds for a specific Innovative Project only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project.
- (b) The County shall expend Innovation Funds only to implement one or more Innovative Projects.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5830(e), and 5892(a)(6), Welfare and Institutions Code.

Adopt Section 3910 as follows:

Section 3910. Innovative Project General Requirements.

- (a) The County shall design and implement an Innovative Project to do one of the following:
- (1) Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.
 - (2) Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population.
 - (3) Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.
- (b) A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach, consistent with subdivision (a)(2) above and with section 3930(c)(3). For example, the change can include specific adaptation(s) to respond to unique characteristics of the County or a community within the County such as an adaptation for a rural setting of a mental health practice that has demonstrated its effectiveness in an urban setting, or vice versa.
- (1) For purposes of this section, a mental health practice is deemed to have demonstrated its effectiveness if there is documentation in mental health literature of the effectiveness of the practice.

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- (A) “Mental health literature” refers to any report, published or online, including, but not limited to, peer-reviewed articles, nationally circulated (online or print) articles, reports of conference proceedings, program evaluation reports, and published training manuals.
- (c) Primary Purpose: The County shall select one of the following as its primary purpose for developing and evaluating the new or changed mental health practice referenced in subdivision (a) of this section.
- (1) Increase access to mental health services to underserved groups as defined in Title 9 California Code of Regulations, Section 3200.300,
 - (2) Increase the quality of mental health services, including measurable outcomes,
 - (3) Promote interagency and community collaboration related to mental health services or supports or outcomes,
 - (4) Increase access to mental health services.
- (d) Focus on Mental Health and Mental Illness: An Innovative Project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solve persistent mental health challenges, including but not limited to, administrative, governance, and organizational practices, processes, or procedures; advocacy; education and training for services providers, including nontraditional mental health practitioners; outreach, capacity building, and community development; system development; public education efforts; research; services and interventions, including prevention, early intervention, and treatment.
- (1) “Persistent mental health challenge” means a priority issue related to mental illness or to an aspect of the mental health service system that the County, with meaningful stakeholder involvement, decides to address by designing and evaluating an applicable Innovative Project.
 - (2) The challenge addressed must be consistent with the selected primary purpose for Innovative Projects referenced in subdivision (c) of this section.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5830, Welfare and Institutions Code.

Adopt Section 3910.010 as follows:

Section 3910.010. Time-Limited Pilot Project.

- (a) An Innovative Project shall have an end date that is not more than five years from the start date of the Innovative Project.
- (1) “Start date” means the date the County begins the implementation of the Innovative Project.
 - (2) “End date” means the date the County finalizes the decision whether to continue the Innovative Project.
- (b) The County designates the timeframe to complete the Innovative Project based on the complexity of the evaluation and the approach to be evaluated.
- (1) If, after the Innovative Project has been approved by the Mental Health Services Oversight and Accountability Commission, the County determines a need to extend the length of the Innovative Project, the County shall, within 30 days of the decision, notify the Mental Health

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Services Oversight and Accountability Commission of the new start date and/or end date of the Innovative Project. In no case shall the Innovative Project last longer than five years.

- (c) The County shall have a preliminary plan, from the outset, about how it will decide whether to continue an Innovative Project.
- (d) If applicable, the County shall have a plan about how to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project at the conclusion of implementation with Innovation Funds.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5830(d), Welfare and Institutions Code.

Adopt Section 3910.015 as follows:

Section 3910.015. Continuation of an Innovative Project.

- (a) After completion of the evaluation pursuant to section 3915 (i.e. when the evaluation questions are answered), the County, with meaningful involvement of stakeholders, shall decide whether and how Innovative Projects or elements of Innovative Projects, will be continued and incorporated into the local mental health delivery system and with what other funding sources, if funding is required.
- (b) An Innovative Project proven to be successful that the County, with meaningful stakeholder involvement, chooses to continue, in whole or in part, shall not be funded with Innovation Funds.
- (c) To continue a successful Innovative Project, the County shall transition the Project, or successful elements of the Project, if funding is required, to another category of funding. In some instances, the County may be able to incorporate successful practices demonstrated through an Innovative Project into existing mental health programs or services without the need for additional funds.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5830(d) and 5848, Welfare and Institutions Code.

Adopt Section 3910.020 as follows:

Section 3910.020. Early Termination of an Innovative Project.

- (a) The County, with meaningful involvement from stakeholders, may terminate an Innovative Project prior to the planned end date.
 - (1) The County shall notify stakeholders and the Mental Health Services Oversight and Accountability Commission within 30 days of the County's decision to terminate an Innovative Project prior to the planned end date, including the reasons for the decision.
 - (A) If the Innovative Project provides services for individuals with serious mental illness, the notification shall include a description of the steps the County took to protect and provide continuity of services for those individuals with serious mental illness who were being served.
 - (2) If applicable, the County, prior to terminating an Innovative Project, shall take all reasonably necessary steps to protect and provide continuity of services for individuals with serious mental illness.

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- (b) The County may, without involvement of stakeholders, terminate an Innovative Project prior to the planned end date, due to unforeseen legal, ethical or other risk-related reasons.
 - (1) The County shall inform stakeholders and the Mental Health Services Oversight Accountability Commission as soon as possible but in no case more than 30 days after the decision to terminate, including the reasons for the termination
 - (A) If the Innovative Project provides services to individuals with serious mental illness, the notification shall include a description of the steps the County took to protect and provide continuity of services for those individuals who were being served.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5848, Welfare and Institutions Code.

Adopt Section 3915 as follows:

Section 3915. Innovative Project Evaluation.

- (a) The County shall design a method for evaluating the effectiveness and feasibility of the Innovative Project and shall conduct the evaluation according to the method designed.
- (b) The evaluation shall measure intended mental health outcomes selected by the County that are relevant to the risk of, manifestation of, and /or recovery from mental illness or to the improvement of the mental health system.
 - (1) The County shall select appropriate indicators to measure the intended mental health outcomes.
- (c) The evaluation shall include a measurement related to the selected primary purpose. For example, if the primary purpose is to increase access to mental health services, the evaluation must include a measurement of access.
- (d) The evaluation shall assess the impact of whatever element(s) of the Innovative Project are new and /or changed, compared to established practices in the field of mental health.
- (e) The evaluation shall use quantitative and/or qualitative evaluation methods to determine which elements of the Innovative Project contributed to successful outcomes in order to support data-driven decisions about incorporating new and/or revised mental health practices into the County's existing systems and services and disseminating successful practices.
- (f) The County shall collect and analyze necessary data to complete the evaluation.
- (g) The evaluation shall be culturally competent and must include meaningful involvement by diverse community stakeholders.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5830 and 5848, Welfare and Institutions Code; MHSA, uncodified Sections 2 and 3 of Proposition 63.

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Adopt Section 3925 as follows:

Section 3925. Changed Innovative Project.

- (a) If the County determines a need to change an Innovative Project that was approved by the Mental Health Services Oversight and Accountability Commission in one of the following ways, the County shall submit the Innovative Project Change Request pursuant to Section 3935 to the Mental Health Services Oversight and Accountability Commission and receive approval from the Mental Health Services Oversight and Accountability Commission before the change may be made.
- (1) Change the primary purpose.
 - (2) Change the basic practice or approach that the County is piloting and evaluating. Minor changes in how the approach is being implemented are expected and do not require prior approval from the Mental Health Services Oversight and Accountability Commission.
 - (A) Examples of minor changes that do not require submission of an Innovative Project Change Request and Commission approval include, but are not limited to, (a) changes in the design of the evaluation, including adding intended outcomes to be measured, (b) adding intended beneficiaries (e.g. population, demographics), (c) changing the methods to disseminate results of the Innovative Project, and (d) refining program methods based on interim evaluation results.
 - (3) Expend more Innovation Funds than previously approved.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5830, Welfare and Institutions Code.

Adopt Section 3930 as follows:

Section 3930. Innovation Component of the Three-Year Program and Expenditure Plan and Annual Update.

- (a) To request approval to use Innovation Funds for a specific Innovative Project, the County shall submit to the Mental Health Services Oversight and Accountability Commission an Innovative Project Plan for each new Innovative Project to be funded.
- (b) The Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update shall include an Innovative Project Plan with the following general information for each new Innovative Project:
- (1) A description of how the County ensured that staff and stakeholders involved in the Community Program Planning process required by Title 9 California Code of Regulations, Section 3300 were informed about and understood the purpose and requirements of the Mental Health Services Act Innovation Component
 - (2) A description of the County's plan to involve community stakeholders meaningfully in all phases of Innovative Projects, including evaluation of the Innovative Project and decision-making regarding whether to continue the Innovative Project, or elements of the Project, without Innovation Funds.

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- (c) The Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update shall include an Innovative Project Plan which shall include a description of the Innovative Project including but not limited to the following information:
- (1) Name of the Innovative Project
 - (2) The selected primary purpose as described in Section 3910, subdivision (c) and the reasons that this purpose is a priority for the County for which there is a need for the County to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system.
 - (3) Whether and how the Innovative Project introduces a new mental health practice or approach; makes 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 introduces 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.
 - (A) The description shall include the key activities of the Innovative Project. Key activities are the activities the County plans to implement as part of the Innovative Project with the expectation that the activities will contribute to bringing about change and achieving the intended outcomes of the Innovative Project.
 - (B) The description shall address specifically how the Innovative Project is expected to contribute to the development and evaluation of a new or changed practice within the field of mental health.
 - (4) Description of the new or changed mental health approach the County will develop, pilot, and evaluate.
 - (A) Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.
 - (B) If applicable, describe the population to be served, including demographic information such as age, gender identity, race, ethnicity, sexual orientation, and language used if relevant to the specific Project.
 - (C) If applicable, describe the estimated number of clients expected to be served annually.
 - (D) Describe briefly, with specific examples, how the Innovative Project will reflect and be consistent with all relevant Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320.
 - (5) Description of the method the County will use to evaluate the effectiveness of the Innovative Project including:
 - (A) Intended outcomes, including at least one outcome relevant to the selected primary purpose, and how those outcomes will be measured, including specific indicators for each intended outcome.
 - (B) Methods the County will use to assess the project elements that contributed to the outcomes.

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- (C) How the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to existing practice in mental health.
- (6) Description of how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds pursuant to the preliminary plan specified in section 3910.010(c).
- (7) If applicable, description of how the County plans 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.
- (8) Specify the total length of the Innovative Project.
 - (A) Provide a brief explanation of how this time period will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results, including new effective practices and lessons learned.
 - (B) Include a timeline that specifies key milestones for development and refinement of the approach; ongoing assessment and final evaluation of the Innovative Project; decision-making, including meaningful involvement of stakeholders, about whether and how to continue a successful Innovative Project or parts of the project; and communication of the results and lessons learned with a focus of dissemination of successful Innovative Projects.
- (d) The Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update shall include an Innovative Project Plan which shall include a budget which shall include but not be limited to the following information:
 - (1) The total Innovation Funds requested for each Innovative Project
 - (2) Estimated total mental health expenditures for the entire duration of each Innovative Project by fiscal year and the following funding sources:
 - (A) Innovation Funds
 - (B) Medi-Cal Federal Financial Participation
 - (C) 1991 Realignment
 - (D) Behavioral Health Subaccount
 - (E) Any other funding
 - (3) The County shall include a brief narrative to explain how the estimated total budget
 - (A) Is consistent with the time-limited, evaluation focus of the project
 - (B) Includes sufficient funds for the development, refinement, piloting, and evaluation; the decision-making process of determining whether to continue the Innovative Project without Innovation Funds; and dissemination of the Innovative Project results
 - (4) Estimated total mental health expenditures for evaluation for the entire duration of each Innovative Project by fiscal year and the following funding sources.
 - (A) Innovation Funds
 - (B) Medi-Cal Federal Financial Participation
 - (C) 1991 Realignment
 - (D) Behavioral Health Subaccount

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- (E) Any other funding
- (5) Estimated total mental health expenditures for the administration for the entire duration of each Innovative Project by fiscal year and the following sources of funding.
 - (A) Innovation Funds
 - (B) Medi-Cal Federal Financial Participation
 - (C) 1991 Realignment
 - (D) Behavioral Health Subaccount
 - (E) Any other funding
- (6) Total projected expenditures of Innovation Funds for each Innovative Project by fiscal year for
 - (A) Personnel expenditure, including salaries, wages and benefits
 - (B) Operating expenditure
 - (C) Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovative Project
 - (D) Training consultant contracts
 - (E) Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures
- (7) Document that the source of Innovation Funds is 5 percent of the County's PEI allocation and 5 percent of the CSS allocation.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5830, 5845, and 5847, Welfare and Institutions Code.

Adopt Section 3935 as follows:

Section 3935. Innovative Project Change Request.

- (a) If, after the Innovative Project has been approved by the Mental Health Services Oversight and Accountability Commission, the County determines the need to change the Innovative Project as described in 3925, the County shall submit a Change Request for approval by the Mental Health Services Oversight and Accountability Commission. The Change Request shall describe the change, the reasons for the change, and stakeholder involvement in the decision.
- (b) The County may submit the Innovative Project Change Request to the Mental Health Services Oversight and Accountability Commission as part of a Three-Year Program and Expenditure Plan, Annual Update, or as a separate request.
 - (1) If the County submits the Innovative Project Change Request as a separate request and not part of a Three-Year Program and Expenditure Plan or Annual Update, the County shall document how it complied with the community planning and the local review requirements in Title 9 California Code of Regulations sections 3300 and 3315.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5830, 5845(d)(6), and 5847, Welfare and Institutions Code.