

**MONTEREY COUNTY BEHAVIORAL HEALTH  
MENTAL HEALTH SERVICES ACT  
INNOVATION COMPONENT**

**FY 2018-10**

**EVALUATION REPORTS**

**INN-01: Micro-Innovation Grant Activities for Increasing Latino Engagement**

**INN-02: Screening to Timely Assessment**

**INN-03: Transportation Coaching Project**



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# INN-01: Micro-Innovation Grant Activities for Increasing Latino Engagement

First Annual Innovation Project Report – FY 2018/19



**Program Name: Micro-Innovation Grant Activities for Increasing Latino Engagement**

**Introduction**

This is the First Annual Innovation Project Report for the Monterey County Innovation Project titled “Micro-Innovation Grant Activities for Increasing Latino Engagement”. This report is to be submitted to the Mental Health Services Oversight and Accountability Commissions (MHSOAC) prior to December 31<sup>st</sup> following the conclusion of the first fiscal year of project implementation, in accordance with Title 9 California Code of Regulations – Division 1, Chapter 14, Article 5, Section 3580. The MHSOAC approved use of Mental Health Services Act Innovation Component funding for Monterey County Behavioral Health (MCBH) to implement this Innovation Project on August 23, 2018. Therefore, this report only pertains to activities taken place during FY 2018/19.

The intent of this report is to provide the MHSOAC and Monterey County stakeholders with a status update on this Innovation project. Per Title 9 California Code of Regulations – Division 1, Chapter 14, Article 5, Section 3580, the contents of this First Annual Innovation Report shall include updates on:

- Whether and what changes were made to the Innovation Project during the reporting period and the reasons for changes.
- Available evaluation data, including outcomes of the Innovation Project and information about which elements of the Project are contributing to outcomes.
- Program information collected during the reporting period, including number of participants and demographics of participants served.
- Any other data the County considers relevant.

**Innovation Project Overview**

The purpose of this Innovation Project is to increase access to mental health services to underserved groups by applying promising community driven practices that have been successful in a non-mental health setting to the mental health system. Specifically, by supporting small-scale community-driven innovative projects to address unique challenges and characteristics of certain demographics, languages, neighborhoods, communities, etc., the Micro-Innovation Grant Activities for Increasing Latino Engagement project may uncover effective approaches to improving the outreach for and delivery of mental health services to our most underserved populations in Monterey County.

**The Problem**

The primary problem to be addressed by this Innovation project is the relatively low number of Latinos utilizing Behavioral Health services in Monterey County. MCBH functions as the “safety net” mental health service provider in the county, and therefore sets the demographic profile of the local Medi-Cal eligible population as the benchmark for who mental health services should be designed for and accessed by. In FY 2016/17, Latinos made up 75% of the Medi-Cal eligible population in Monterey County, yet comprised roughly only 53% of MCBH mental health service consumers. This rate has even been on a slight decline over the prior 4 years. Not only has this persistent gap in



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adequate service provision to Latinos and Spanish-speaking communities been observed in Monterey County, but a review of data from other counties suggests this is a statewide challenge.

### The Solution

This Innovation project seeks to increase the number of Latinos receiving mental health services in Monterey County by enabling a diffuse network of micro-innovation activities designed specifically by and for local communities, neighborhoods, niche cultural or ethnic sub-groups, etc. These activities may be a one-time activity, or a sustained activity not to exceed 12 months. To implement this Innovation project, MCBH will first create a grant application. Next, MCBH will establish a Micro-Innovation Grant Review Board comprised of MCBH administrative staff, including staff that support Leadership and Civic Engagement programming and Cultural Competency, and a community stakeholder representative (who will not be applying for a mini-grant). The Review Board will additionally include the Monterey County Behavioral Health Epidemiologist, who will ensure all funded projects have a method to measure impact. Once established, the Review Board will refine and establish the criteria for awarding micro-innovation grants.

Criteria and/or information required of each grant applicant includes:

- How the activity will either a) introduce a new practice or approach to engage Latinos into mental health services, b) make a change to an existing practice in the field of mental health to better apply to Latino populations, or c) apply a promising community driven practice or approach from Latino communities/cultures that has been successful in a non-mental health context or setting to the mental health system.
- The staffing and material needs of the activity
- The budget for implementing and evaluating the activity
- A timeline for the activity
- The characteristics and culture of the community/individuals/neighborhood to be served
- A hypothesis for why the target community may not be engaged and how the activity will address this specific need (i.e. micro-innovation activity learning goals)
- A plan for how this activity can be scaled up to reach a broader population or geographic region
- How participant demographics will be recorded
- How referral to services will be recorded
- How other relevant data will be recorded

It is anticipated that MCBH will award 9 to 15 micro-innovation grants per fiscal year. Micro-innovation grants will range in size from \$1,000 to \$50,000. Portions of the grant may be supplied upfront to initiate the grant activities, with installment payments made upon completion of deliverables/benchmarks as set forth in the agreements with each grantee.

Dissemination of the micro-innovation grant opportunity occurs through several channels, including sharing with Monterey County boards and commissions, and shared across county websites, social media accounts, and email. At the conclusion of the application window, the review board will evaluate all received proposals and invite those who submitted promising concepts to in-



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person interviews prior to awarding grant funds. In-person interviews are to be used for clarifying any additional questions by review board or proposer, and confirm an evaluation plan. Service Agreements will be negotiated to include a timeline for completion of each deliverable, and finalize reporting, project evaluation methods and communication requirements. MCBH will also utilize a local organization that will serve as “fiscal agent” for those individuals/groups who do not meet the County’s insurance requirements, thereby mitigating the potential barrier for applicants not affiliated with an established organization.

Throughout the duration of this project and micro-innovation activities, MCBH Innovation staff is available to provide technical assistance related to documenting learning and outcome data that is required for conducting meaningful evaluation.

### Learning Goals

This Innovation Project aims to increase the number of Latinos served by mental health services in Monterey County. Therefore, the main learning goal of this Innovation Project is to determine if any of these micro-innovation activities are effective in engaging Latino populations with needed mental health services. Specific learning goals of this project are to:

- For each micro-innovation, identify how many Latino individuals that have never engaged with mental health services received a referral for mental health treatment services.
- For each micro-innovation, identify how many Latino individuals followed through on a referral and received mental health treatment services.
- Identify if the total count of Latinos served increased during this Innovation project.
- Identify if any micro-innovation activities demonstrate capacity for sustainability in impact and/or funding.
- Identify if and how cultural barriers were addressed.
- Additional learning goals unique to target populations will be established in the development and approval of micro-innovation activities.

As this Innovation Project will support several diverse small-scale approaches and/or practices to engage specific communities, Latino sub-ethnicities, etc., it is anticipated that a variety of unique and novel learning goals will be developed, and both quantitative and qualitative evaluation methodologies will be used. At a minimum, to evaluate the learning goals stated above, each activity will maintain records on:

- Total Client Count
- Demographics
- Count of individuals that have not previously received mental health services
- Number of referrals
- Type of referrals
- Number of referrals where individuals followed through on an appointment

MCBH will provide technical assistance, as needed, to assist individual and organizations in recording valid data, including referral and process data. Service data will be aggregated and



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evaluated in conjunction with the MCBH electronic medical record system (Avatar) to assess the net impact on service penetration rates by Latinos. In addition to evaluation of activities, MCBH will document the process of implementing this project and provide qualitative assessment of challenges and successes experienced.

At the conclusion of this Innovation project, MCBH plans to hold an exit summit, providing all grantees the opportunity to present and share their results. Additional evaluation will be conducted by MCBH staff to assess the mini-grant project model, and synthesize observed impacts of micro-innovation projects for potential implementation with other sources of funding as may be available.

### Resources

The Micro-Innovation Grant Activities for Increasing Latino Engagement project plan indicates MCBH to assign partial staff time of an Analyst and Epidemiologist for purposes of project coordination, evaluation, and reporting. MCBH will contract with a community based organization to act as fiscal agent responsible for distributing mini-grant funds in certain cases. Given the potential volume and variety of mini-grant applicants (community organizations, members of the public, county staff member, etc.), the burden of County purchasing procedures and requirements presented too significant of a challenge to implementation of this project in a timely manner. Therefore, the partnership with a qualified local agency to serve as fiscal agent is critical. MCBH will solicit and award bids to perform work, and provide administration oversight of this project. The fiscal agent will only be used to distribute funds.

### Timeline

The total timeframe (duration) of this Innovation project is 3 years. The timeline for key phases / deliverables is as follows:

- January 2019 – March 2019 (3 months): Form Micro-Innovation Grant Review Board and establish Micro-Innovation Grant application criteria. Establish agreement with county purchasing department and Action Council of Monterey County for issuing grant payments.
- April 2019 – June 2019 (3 months): Issue announcement requesting first round of Micro-Innovation Grant proposals for in October 2018. Perform review process, awarding grants before end of calendar year.
- July 2019 – June 2020 (1 year): Cohort #1 implements micro-innovation activities.
- October 2019 – December 2019 (3 months): Issue announcement requesting second round of Micro-Innovation Grant proposals. Perform review process, awarding grants before end of June 2019.
- January 2020 – December 2020 (1 year): Cohort #2 implements micro-innovation activities.
- April 2020 – June 2020 (3 months): Issue announcement requesting third round of Micro-Innovation Grant proposals. Perform review process, awarding grants before end of December 2019.
- July 2020 – June 2021 (1 year): Cohort #3 implements micro-innovation activities.
- July 2021 – December 2021 (6 months): Review evaluation findings and hold 'Exit Summit' to share results and lessons learned.



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### Budget

This Innovation Project has a total approved budget of \$1,240,000.

The budget allocates funding accordingly:

<b>Budget Category</b>	<b>FY 2018/19</b>	<b>FY 2019/20</b>	<b>FY 2020/21</b>	<b>Total</b>
County-Operated Program Expenses	\$66,239	\$67,030	\$67,731	\$201,000
Consultant Costs/Contracts	\$346,334	\$346,333	\$346,333	\$1,039,000
<i>Total</i>	\$412,573	\$413,363	\$414,064	\$1,240,000

### **Innovation Project Updates and Changes in FY 2018/19**

This Innovation is currently on track with the activities and timeline as specified in the project plan. A micro-innovation grant application was developed by MCBH staff and disseminated/posted to the public from March 8, 2018 to April 15, 2018. The application was available in both Spanish and English (Appendix A). This was the first application period. The announcement was made via email to county staff and community partners, the county MHSA and Public Health websites, social media accounts, and by presentation at the County Behavioral Health Commission.

A Review Board was also assembled during this period. The Review Board included: MCBH staff, including the Prevention and Early Intervention Coordinator, Quality Improvement Manager, Cultural Competency Coordinator, and Chronic Disease Health Coordinator (Civic Leadership Manager); and, members of the Monterey County Behavioral Health Commission. An application scoring criteria and score sheet was created and provided to Review Board members (Appendix B).

MCBH received a total of six (6) applications during the first application period. Applicants included one (1) county staff member, one (1) community member, and four (4) local community service providers. All six (6) projects were approved for funding by the Review Board. Two (2) applicants subsequently postponed their projects, resulting in four (4) applicants moving forward towards funding and implementation. The four (4) applicants that received agreements to proceed with their micro-innovation activity planned to implement the following projects:

1. Working with a local homeless resource clinic, a community member planned to host culturally significant meals and artistic performances by individuals with lived experience. This applicant expressed the need to provide culturally significant Mexican food to the homeless clientele, that is predominately of Hispanic/Latino descent, in order to build foundational trust. The artistic performances consisted poetry and painting performed live to the audience. The performers are all individuals with lived experience dealing with homelessness and mental health disorders. An open dialogue on mental health would follow the meal and performances, with the opportunity for service referrals to be provided by an attending Social Worker.
2. A local community advocacy group proposed to hold ten (1) hour-long radio programs on a local Spanish language radio station, covering a variety of mental health topics. Following





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each radio show, the applicant would then host a community workshop on the topic presented during the show, with the ability to provide resource referrals as needed.

3. A local community-based service provider proposed to host numerous mental health workshops throughout the county, particularly in more remote areas of the county, with the ability to provide triage and referral services. Of note, these workshops will be provided in Spanish-language.
4. A local community-based service provider proposed to facilitate a sequence of events focused on serving Latino women. The project will consist of numerous workshops open to Latino women, with the intent to develop a resource guide that includes a variety of culturally relevant, indigenously based and/or alternative mental health care practices and approaches to aid women; particularly mothers. The series of workshops will culminate in a women's retreat in which the practices will be utilized.

To aid each applicant in providing referrals and to track clients, MCBH staff provided them with a referral sheet and formatted Excel workbook (Appendix C). Applicants were directed to use these documents as needed, or otherwise test their own methods. Applicants were also directed to provide their lessons learned on the efficacy of their micro-innovation to generate completed referrals at the conclusion of their project.

All four(4) projects currently moving forward with funding and implementation have a start date of July 1, 2019. Expenditures to be incurred by the four projects will not be processed for reimbursement until FY 2019/20.

In FY 2018/19, the total expenditures for the Micro-Innovation Grant Activities for Increasing Latino Engagement project fell below the anticipated budget presented in the approved plan, as reflected here:

<b>Funding Category</b>	<b>FY 2018/19 Budget</b>	<b>FY 2018/19 Estimated Expenditures</b>	<b><i>Estimated Remaining Balance</i></b>
County-Operated Program Expenses	\$66,239	\$16,865	\$47,363
Consultant Costs/Contracts	\$346,334	\$0	\$346,334
<i>Total</i>	\$412,573	\$16,865	\$393,697

The large discrepancy between budget projections and expenditures is primarily due to the delay in receiving funding approval by the MHSOAC. The budget table included in the approved project plan reflects an anticipated start date of July 1, 2018. However, delays in the inclusion of Monterey County's proposed Innovation project on the MHSOAC meeting agenda set back the Micro-Innovation Grant Activities for Increasing Latino Engagement project start date to January 1, 2019.



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### **Evaluation Data**

No Micro-Innovation Grant Activities for Increasing Latino Engagement projects were implemented during FY 2018/19, in accordance with the approved workplan, and therefore no evaluation data is available for this review period.



## Appendix A: Micro-Innovation Grant Application

### Application for Micro-Innovation Grant Activities to Increase Latino Engagement

Monterey County Behavioral Health (MCBH) is currently offering a funding opportunity for one-time projects that may increase the engagement of Latino communities with our local mental health services system. For several years, health record data for Monterey County has indicated Latino communities to be the most underserved in our county. Extensive community feedback has indicated this may be due to current services not resonating with the various Latino ethnicities, languages and dialects, and cultural norms that exist across our large county. In response to this feedback, MCBH has obtained Mental Health Services Act (MHSA) Innovation funding to support individuals and organizations across Monterey County to try out their own unique approach to promoting mental health services in ways that better reach their Latino ethnicity, culture, language, city, neighborhood, etc. As a result, it is hoped that more culturally appropriate and impactful mental health service delivery and communication methods will be uncovered.

MHSA Innovation funding is intended for testing out new “out-of-the-box” ideas that can improve our mental health system. These projects can test out a new practice or approach the delivering mental health services, adapt an existing mental health service to better serve a group of people, or promote better communication and collaboration between agencies and organizations to make services more accessible and/or provide better quality services. It is not necessary for these projects to demonstrate success (although that’s desirable!); but rather, it is most important to learn from the successes and failures of the ideas to better inform the mental health services community on best practices.

#### Micro-Innovation Application Requirements:

1. All activities must be new! Innovation funds are dedicated for testing new and novel concepts, and may not be used to supplement existing programs or activities.
2. Eligibility: All members of our community are encouraged to apply, including members of the public, past and current clients, affected family members, students, community partners and service providers.
3. Budget: Activities may be small or large in scope, with budgets ranging from \$500 to \$50,000. Please note that funds received must be reported to the IRS as personal income and recipients will receive a 1099 tax form at the end of the year to assist in tax preparation.
4. Timeline: Activities may be a one-time event or a continuous activity lasting up to one year. Timelines should account for planning for the activity, implementing the activity, and organizing activity information for evaluation efforts.

#### Applications Rating Criteria:

- A. Level of Innovation – Creativity and unique solutions to address community-specific needs is encouraged.
- B. Evaluability – Being able to articulate the work to be done and the anticipated results of that work is very important, as it allows evaluation to occur on impact and cost-effectiveness.
- C. Scalability – It is desirable for projects to be able to support an increased number of clients/participants
- D. Population to be served – Projects will be awarded additional points for serving communities identified as most in-need, including zip codes with the majority of residents being Latino, Spanish-speaking individuals, and Latino adults and older adults.

To assist in developing a strong application, the following documents can be referenced on the Monterey County Behavioral Health MHSA webpage ( <http://www.co.monterey.ca.us/government/departments-a-h/health/behavioral-health/mental-health-services-act> ):



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- 'Scoring criteria'
- 'Monterey County Behavioral Health Bureau Health Equity Report FY17/18'
- 'Innovation Plan: Micro-Innovation Grant Activities to Increase Latino Engagement'

Successful applicants will be contacted by MCBH and scheduled to meet with the Micro-Innovation Grant Review Board to refine project details as needed, prior to approval of funding.

The current deadline for submitting applications is April 15, 2019. Applications received after this date may be considered for the next application period to be held in Fall 2019

Questions may be sent to [MHSInnovation@co.monterey.ca.us](mailto:MHSInnovation@co.monterey.ca.us)

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## 1. Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## 2. Population of Interest

a. Who do you plan to serve? (i.e. specific Latino/Hispanic ethnicity, language, culture, neighborhood, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. What issue do you hope to address?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. How many individuals to you expect to serve?

\_\_\_\_\_  
\_\_\_\_\_



**3. Project Methodology**

d. What idea do you want to test?

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e. How will you do this? (i.e. what work will be involved, who will do it, where and when will it happen, etc.)

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**4. Evaluation**

f. What would it look like if your project was successful? How will you know?

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**5. Budget**

Please list the costs and explanation of costs associated with this project:

	Cost (\$)	Explanation of Costs
Estimated Labor Costs		
Estimated Materials Costs		
Other costs		
<i>Total Request</i>		

**6. Timeline**

g. What is the timeline for carrying out this project ?

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## Appendix B: Scoring Criteria

### Scoring Criteria

#### for Applications for Micro-Innovation Grant Activities to Increase Latino Engagement

Applications will be scored across four criteria. The first three criteria will be scored by the review board on a scale of 1 – 9, where a higher score signals a stronger application. The fourth criteria will receive a set number of points (5) for satisfying that criterions' requirement.

The first three criteria will be scored on a scale of 1-9, where 1 = poor and 9 = exceptional (See Table1).

Table 1: Criteria Scoring Guide

Overall Impact or Criterion Strength	Score	Descriptor
Low	1	Poor
	2	Marginal
	3	Fair
Medium	4	Satisfactory
	5	Good
	6	Very Good
High	7	Excellent
	8	Outstanding
	9	Exceptional

1. Level of Innovation

- a. MCBH is looking for new, unique, and truly innovative ideas to address gaps in the mental health system that may be preventing Latino populations from being adequately served. As current services are falling short, MCBH is not looking for more of the same. Instead, it will be the "out of the box" ideas that have not been seen or tried in Monterey County

2. Evaluability

- a. As a requirement of receiving MHS Innovation funding, activities must be evaluated for some outcome. This means that applications must identify what the activity will do to address a problem, and what factor will be tracked to determine if an impact was made. For example, an activity where a video on signs and symptoms of mental illness is shown, with the goal of increasing viewers' awareness and knowledge of mental illness, the impact of this activity can be measured by asking the viewers if they better understand mental illness and its signs and symptoms after they have viewed the video. Evaluating an activity for impact is critical for helping that activity turn into a more permanent program.

3. Scalability



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- a. Scalability means that an activity has the ability to be replicated in another setting or environment, and/or can grow in response to meeting additional demand. For example, an activity that involves a single person going door-to-door to inform the public about mental health programs may be effective, but is limited in its potential impact. One person going door-to-door is not scalable, as that person can only contact a single household at a time. A more scalable approach to reaching households with this information is to have a team of individuals going door-to-door, or having a resource phone line available to call and promoting that phone number through flyers or social media. These approaches are more scalable because they can make a bigger impact with only a bit more efforts and materials, and those methods can be applied in multiple areas at the same time.

The fourth criterion will receive a score of 5 points if satisfied:

4. Population To Be Served
  - a. While this focus of this funding opportunity is to improve access to, and quality of, services to Latino populations, there remain subsets of this population that are even more underserved. The MCBH Health Equities report highlights data that indicates the following Latino population subsets being underserved:
    - i. Women
    - ii. Older Adults
    - iii. Disabled
    - iv. South County and North CountyProjects that aim to serve at least one of the above groups will receive an additional 5 points in their application score.





## Appendix C: Referral Sheet

**Micro-Innovation Referral Form**

Client Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

<b>What racial/ethnic categories do they identify with?:</b>	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Hispanic or Latino <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Multiracial <input type="radio"/> Another race/ethnicity: _____
<b>What language do you speak at home?:</b>	<input type="radio"/> English <input type="radio"/> Spanish Another language: _____

Please list name of agency/programs referred to: <i>(if more than one, list all)</i>	Did this person participate at least once in the services of the agency/program that you referred them to? <i>(mark 'X' on applicable response)</i>		
	Yes	No	Unable to Determine
1.			
2.			
3.			
4.			

*Tear off below line for client:*

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**Behavioral Health Resource Referrals**

Agency/Program	Contact Information





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# INN-02: Screening to Timely Assessment

First Annual Innovation Project Report – FY 2018/19



## *INN-02: Screening for Timely Assessment*

### **Program Name: Screening to Timely Access**

#### **Introduction**

This is the First Annual Innovation Project Report for the Monterey County Innovation Project titled “Screening to Timely Access”. This report is to be submitted to the Mental Health Services Oversight and Accountability Commissions (MHSOAC) prior to December 31<sup>st</sup> following the conclusion of the first fiscal year of project implementation, in accordance with Title 9 California Code of Regulations – Division 1, Chapter 14, Article 5, Section 3580. The MHSOAC approved use of Mental Health Services Act Innovation Component funding for Monterey County Behavioral Health (MCBH) to implement this Innovation Project on September 27, 2018. Therefore, this report only pertains to activities taken place during FY 2018/19.

The intent of this report is to provide the MHSOAC and Monterey County stakeholders with a status update on this Innovation project. Per Title 9 California Code of Regulations – Division 1, Chapter 14, Article 5, Section 3580, the contents of this First Annual Innovation Report shall include updates on:

- Whether and what changes were made to the Innovation Project during the reporting period and the reasons for changes.
- Available evaluation data, including outcomes of the Innovation Project and information about which elements of the Project are contributing to outcomes.
- Program information collected during the reporting period, including number of participants and demographics of participants served.
- Any other data the County considers relevant.

#### **Innovation Project Overview**

The Screening to Timely Access project aims to increase access to mental health services by introducing a new practice into the mental health system. This practice includes developing a web-based screening tool that will assess users for a wide spectrum of potential mental health disorders and that will provide education resources and linkage to the appropriate local mental health service.

#### **The Problem**

The primary problem addressed by this Innovation project is demand for mental health services outpacing the capacity of the mental health services system to appropriately screen and refer individuals to treatment. The demand for services at MCBH open access mental health clinics has seen a significant increase in recent years, with the number of clients served over the three-year period (FY2015-17) increasing by more than 100% (2,521 to 5,087). Meanwhile, the level of staff capable of responding to these community needs remained unchanged. The result is a bottleneck occurring at the client assessment entry point, with less clinical staff time being available for more intensive therapy services.

The MCBH community planning processes also revealed both a lack of knowledge in the community about mental health, available mental health services, and a persistent stigma associated with



## *INN-02: Screening for Timely Assessment*

mental health issues, particularly among Latino communities. Therefore, MCBH believes demand for services will only continue to increase over time.

### The Solution

To better meet the increased demand for services, the Screening to Timely Access project will develop a comprehensive web-based mental health assessment application that can screen for a broad spectrum of mental health disorders and refer individuals to the appropriate level of care within the MCBH system. This tool will have additional benefits of educating individuals on their potential condition(s), expediting client assessments in clinical settings, and minimizing the detrimental effects of stigma towards seeking information and help for mental health issues.

To build this tool, MCBH successfully applied for Innovation funding under the multi-county Technology Suite Collaborative (Help@Hand). This collaborative is facilitated by the California Mental Health Services Authority (CalMHSA), whereby CalMHSA serves as the agent for procuring technology, marketing and evaluation vendors to assist participating counties in incubating technology-based Innovation Projects. The Screening to Timely Access tool will be built independently of any existing MCBH or Technology Suite applications, only potentially linking with Technology Suite applications at a future date where feasible and applicable.

The tool will be developed around the core criteria of:

- Being able to screen for a broad range of disorders, from low-risk with mild need to severe with urgent need.
- Being easily accessible for use by community based providers to help individuals understand the need for treatment.
- Maintaining confidentiality standards.
- Interfacing with MCBH's Avatar electronic medical record system to provide more seamless transitions into care.
- Working fluidly in Spanish. The Screening tool will incorporate perspectives from the Latino community and will include cultural nuances that reflect how Latinos understand and relate to mental health.
- Build upon current evidence based screening tools with proven validity and utilize item response theory to minimize the number of questions required in the assessment.

By using the web-based screening tool, the type and severity of mental health concerns will be identified along with the corresponding MCBH treatment program that best fits the individual's needs. The user will be provided the option to view the appropriate referral contact information or transmit health information to MCBH for review and a callback by MCBH staff.

The deployment of this application will occur in several phases:

1. MCBH will engage CalMHSA to identify an appropriate vendor(s) with experience to develop the screening tool and application, comply with all information security regulations and concerns, and support evaluation efforts. MCBH will also partner with other interested counties to ensure this meets the needs of many diverse populations.
2. A prototype of the application will be developed and a cohort of MCBH staff and community based service providers will be trained in its use. These trained individuals will pilot



## *INN-02: Screening for Timely Assessment*

screenings in the field, using the application with a small number of clients to ensure its applicability within our local communities, and assess functionality and user experience.

3. After testing indicates the application is capable of accurately determining the level of care and services needed by the user, MCBH will make the application available for download on the MCBH website (or online “app store”) and enlist additional participation by staff and community partners in using the application. This application will be tested in batches of 100 clients at a time as we conduct initial user acceptance testing and make modifications. During this Innovation project, we anticipate at least 5,000 screenings will be conducted.

### Learning Goals

This program aims to increase access to mental health treatment services in Monterey County. To assess the relationship between use of this application and greater accessibility to services, and its value to consumers/users more generally, the following learning goals will be evaluated:

1. Determine if this screening tool accurately gauges type and severity of mental illness.
2. Determine if this application provides meaningful and accurate referral connections to the appropriate service / resource as efficiently as possible.
3. Assess whether this web-based screening tool reduces the hours and cost associated with in-person assessments.
4. Assess the impact the implementation of this application has on the total volume of clients entering ACCESS services, including its effect on the demographics of clients served.
5. Assess whether individuals (staff, community provider, peer, etc.) using this application to assist a person in need find this application useful for connecting that person to resources. Many local agencies expressed interest in testing this, including local law enforcement who hope to use this to link community members to care.

To evaluate the impact and value of the application proposed in this project, quantitative and qualitative methodologies will be used. Through evaluation efforts, application data on user demographics, assessment data and referral data will be assessed and utilized for various evaluation strategies. To measure if the application accurately gauges type and severity of mental illness, follow-up surveys and/or cross-reference with Avatar service data will be conducted. A similar methodology will be used to assess the efficacy of referral/linkage functions of the application. To measure for any reduction in staff hours spent on assessment/evaluation of clients, the corresponding staff hours spent on these service activities as reflected in Avatar data will be analyzed. Avatar data will also be referenced to assess the aggregate impact that use of this application may have on increasing total number of clients served. Finally, qualitative information will be gathered to assess user experience. This information will be requested from the spectrum of users, including clinical and law enforcement staff, community providers, consumers, peers and family members.

### Resources

The Screening to Timely Access project plan indicates MCBH to assign partial staff time of an Analyst and Epidemiologist for purposes of project coordination, evaluation, and reporting. Implementation of the Screening to Timely Access project, including facilitation of the vendor



## INN-02: Screening for Timely Assessment

procurement process, product development and testing, and marketing and evaluation services, is to be performed by CalMHSA and contracted service providers.

### Timeline

The total timeframe (duration) of this Innovation project is 3 years. The timeline for key phases / deliverables is as follows:

- January 2019 – June 2019 (6 months): Work with CalMHSA to identify and enter contracts with web developers.
- July 2019 – December 2019 (6 months): Establish specifications and develop application.
- October 2019 – December 2019 (3 months): Beta test application with community partner.
- January 2020 – December 2021 (2 years): Support countywide access and use of applications.
- October 2021 – December 2021 (3 months): Perform evaluation activities

### Budget

The Screening to Timely Access project has a total approved budget of \$2,526,00.

The budget allocates funding accordingly:

<b>Budget Category</b>	<b>FY 2018/19</b>	<b>FY 2019/20</b>	<b>FY 2020/21</b>	<b>Total</b>
County-Operated Program Expenses	\$64,228	\$65,046	\$65,725	\$195,000
Consultant Costs/Contracts	\$806,000	\$760,000	\$760,000	\$2,326,000
<b>Total</b>	<b>\$875,227</b>	<b>\$825,047</b>	<b>\$825,726</b>	<b>\$2,526,000</b>

### **Innovation Project Updates and Changes in FY 2018/19**

The Screening to Timely Access project has experienced significant delays in implementation and is currently behind the anticipated timeline. It was expected by the end of FY 2018/19, CalMHSA would have entered into agreements with appropriate vendors to develop both the assessment survey and technology components of the project. However, as of this writing, the RFP document still under development and not yet made publicly available.

There are two primary reasons for the delay in project implementation. CalMHSA was delayed in assigning contract procurement specialists to assist MCBH staff in creating an RFP document to procure vendors. CalMHSA eventually contracted with Cambria Solutions to facilitate vendor procurement processes. The project implementation was further delayed while MCBH made efforts to recruit additional counties into this project. MCBH perceives value in the addition of other county partners to increase the available funding and validate the eventual product in other environments and languages in addition to what Monterey County can offer. The effort to obtain a commitment from additional counties has led to delays in drafting language in the RFP document, as the participation of such partners in this phase of the process is highly-desired.



## INN-02: Screening for Timely Assessment

In FY 2018/19, the total expenditures for the Screening to Timely Access project fell below the anticipated budget presented in the approved plan, as reflected here:

<b>Funding Category</b>	<b>FY 2018/19 Budget</b>	<b>FY 2018/19 Estimated Expenditures</b>	<b><i>Estimated Remaining Balance</i></b>
County-Operated Program Expenses	\$64,228	\$16,865	\$47,363
Consultant Costs/Contracts	\$806,000	\$387,506	\$418,494
<b><i>Total</i></b>	<b>\$875,227</b>	<b>\$404,371</b>	<b>\$470,856</b>

The large discrepancy between budget projections and expenditures is primarily due to the delay in receiving funding approval by the MHSOAC. The budget table included in the approved project plan reflects an anticipated start date of July 1, 2018. However, delays in the inclusion of Monterey County's proposed Innovation project on the MHSOAC meeting agenda set back the Screening to Timely Access project start date to January 1, 2019.

### **Evaluation Data**

No clients participated in the Screening to Timely Access Project in FY 2018/19, in accordance with the approved workplan, and therefore no evaluation data is available for this report.





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# INN-03: Transportation Coaching by Wellness Navigators

First Annual Innovation Project Report – FY 2018/19





**Program Name: Transportation Coaching Project (formerly Transportation Coaching by Wellness Navigators)**

**Introduction**

This is the First Annual Innovation Project Report for the Monterey County Innovation Project titled “Transportation Coaching Project” (TCP). This report is to be submitted to the Mental Health Services Oversight and Accountability Commissions (MHSOAC) prior to December 31<sup>st</sup> following the conclusion of the first fiscal year of project implementation, in accordance with Title 9 California Code of Regulations – Division 1, Chapter 14, Article 5, Section 3580. The MHSOAC approved use of Mental Health Services Act Innovation Component funding for Monterey County Behavioral Health (MCBH) to implement the TCP (under the original title “Transportation Coaching by Wellness Navigators”) on August 23, 2018. Therefore, this report only pertains to activities taken place during FY 2018/19.

The intent of this report is to provide the MHSOAC and Monterey County stakeholders with a status update on this Innovation project. Per Title 9 California Code of Regulations – Division 1, Chapter 14, Article 5, Section 3580, the contents of this First Annual Innovation Report shall include updates on:

- Whether and what changes were made to the Innovation Project during the reporting period and the reasons for changes.
- Available evaluation data, including outcomes of the Innovation Project and information about which elements of the Project are contributing to outcomes.
- Program information collected during the reporting period, including number of participants and demographics of participants served.
- Any other data the County considers relevant.

**Innovation Project Overview**

The TCP aims to increase access to mental health services by introducing a new practice into the mental health system. This practice includes the development and use of a Transportation Needs Assessment Tool (TNAT) to inform and guide the transportation coaching activities of peers who function as Wellness Navigators (WN’s). The intended result of the coaching activities prescribed by TNAT results is to promote greater independence and capability of consumers to participate in both clinical and non-clinical activities that support their wellness and recovery.

**The Problem**

The TCP was developed in response to consistent community and consumer feedback citing transportation challenges as a major barrier to receiving the mental healthcare they or their loved ones need. Some of the cited transportation challenges include a consumers’ inability to obtain a license and/or vehicle, limited or no driving experience, timely access to transportation via family and friends, and inexperience navigating public transit and rideshare systems. MCBH has previously responded to meet some of these challenges by allocating staff resources to provide transportation. However, demand for transportation services continually exceeded the capacity MCBH.



## *INN-03: Transportation Coaching by Wellness Navigators*

The negative consequences of this strained system are then two-fold. First, transportation needs of existing and potential consumers of mental health services going unmet means they are experiencing prolonged suffering and/or delayed progress in their recovery. Second, to alleviate these transportation barriers and promote accessibility to services, qualified mental health professionals traditionally spend an inordinate amount of time in providing transportation services instead of providing more meaningful therapeutic services.

### The Solution

To support and promote the independent transportation skills of mental healthcare consumers, the TCP introduced a TNAT protocol to standardize a review of transportation-related barriers and consumer goals. TNAT results are then used to prescribe targeted WN coaching activities. The intended result of the project is to support enhanced consumer independence as part of their wellness and recovery plan, as well as aid in the efficient use of clinical resources.

The TCP plan identified the following five (5) phases for project implementation:

1. Develop the transportation needs assessment tool
2. Hire and train Wellness Navigators
3. Enroll consumers in the program
4. Implement transportation coaching activities
5. Evaluate program impacts

### Learning Goals

This Innovation project aims to increase the independent transportation skills of MCBH consumers by employing a transportation coaching program that is informed by a new TNAT. While the service goals in the project are to increase access to services and improve rates of recovery, the primary Innovation learning goals of this project are focused on measuring the impact and value of the TNAT. By creating a valuable tool and identifying best practices for promoting consumer independence, this Innovation project may offer valuable knowledge to the broader mental health services community. Specifically, the lessons learned through the TCP may aid mental health service agencies to more effectively plan and implement wellness navigation and transportation coaching services.

Specific learning goals of this project are to:

1. Assess whether the use of the transportation needs assessment tool and subsequent transportation coaching lead to greater levels of independence and recovery reported by participating consumers.
2. Identify which transportation coaching activities correspond to improved levels of independence and recovery.
3. Quantify the staffing costs/investment associated with improving a consumer's level of independence (i.e. observe a "step-down" in level of transportation coaching needs).

The scores observed on the TNAT are central to evaluating the learning goals of this project. The level of change between pre- and post-intervention TNAT scores indicates the level of improvement a consumer has experienced, and aids in identifying coaching activities that may have contributed to that success. Additionally, analysis of staff time allocated towards activities and consumers demonstrating success is used to evaluate TCP learning goals.



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### Resources

The TCP project plan indicates MCBH to assign partial staff time of an Analyst and Epidemiologist for purposes of project coordination, evaluation, and reporting. Implementation of the TCP, including hiring and management of WN's, and administration of the TNAT, WN coaching activities and data collection, is performed by a contracted service provider.

### Timeline

The total timeframe (duration) of this Innovation project is 3 years. The timeline for key phases / deliverables is as follows:

- January 2019 – March 2019 (3 months): MCBH will develop Transportation Needs Assessment Tool, and sequence vetting and approval of a final product through the Behavioral Health Commission, Cultural Relevancy and Humility Committee and Recovery Task Force.
- January 2019 – March 2019 (3 months): Source vendor, negotiate contract terms, and process contract through county purchasing procedures.
- April 2019 – June 2019 (3 months): Develop transportation coaching curriculum for Wellness Navigators. Complete trainings before end of calendar year.
- July 2019 – June 2021 (2 years): Begin assessments of new and existing consumers in Adult System of Care programs. Continue providing assessment and re-assessments through June 2021. Collect assessment data and provide technical assistance throughout implementation timeline.
- July 2021 – December 2021 (6 months): Conduct evaluation, including evaluation of assessment data and gathering qualitative data from staff and participants

### Budget

The TCP has a total approved budget of \$1,234,000.

The budget allocates funding accordingly:

<b>Budget Category</b>	<b>FY 2018/19</b>	<b>FY 2019/20</b>	<b>FY 2020/21</b>	<b>Total</b>
County- Operated Program Expenses	\$64,228	\$65,046	\$65,725	<b>\$195,000</b>
Consultant Costs/Contracts	\$346,334	\$346,333	\$346,333	<b>\$1,039,000</b>
<b>Total</b>	<b>\$410,562</b>	<b>\$411,379</b>	<b>\$412,058</b>	<b>\$1,234,000</b>

### **Innovation Project Updates and Changes in FY 2018/19**

The TCP is currently on-track with the activities and timeline proposed in the Innovation Project Plan. Throughout the winter and spring of 2019, the following accomplishments and changes were made:

1. MCBH entered into an agreement with Interim, Inc. as the contracted provider of TCP related services, including hiring and management of WN's, and administration of the TNAT, WN coaching activities, and data collection.



### *INN-03: Transportation Coaching by Wellness Navigators*

- a. Service provisions within the contract include hiring four (4) WN's (to be stationed out of MCBH clinical facilities in each region of the county). All four (4) WN's were hired prior to FY 2019/20.
  - b. The 4 WN's have a combined goal of serving eighty (80) consumers in the TCP (twenty (20) per region), with all consumers completing the TNAT a minimum of two (2) times.
    - i. The original plan states re-assessments every three (3) months. This change to a focus on a minimum of two (2) assessments was primarily made due to the reality that consumers may participate in the TCP for weeks to years, and it is most critical to have at least one (1) assessment in the beginning and end of their participation.
  - c. In preparation of launching the TCP, MCBH and Interim, Inc. staff conducted several meetings to establish a referral workflow from MCBH clinical staff to WN's, review TCP related documents such as the TNAT and coaching activities guide and identify strategies for data collection.
  - d. Additionally, it was determined that WN's would log consumer TCP activities into Monterey County's Avatar electronic medical record system to allow for an easier transition to potential Medi-Cal billing in future iterations of this project, should the TCP project be determined as successful.
    - i. A change resulting from these meetings was the renaming of the project from "Transportation Coaching by Wellness Navigators" to "Transportation Coaching Project." The reason for this change was to support easier communication between MCBH, Interim Inc., and stakeholders with more simple terminology.
2. The TNAT was developed (Appendix A).
    - a. The TNAT was developed in draft form by MCBH staff and subsequently reviewed and refined staff of Interim Inc. and a total of 18 current consumers in Adult System of Care programs.
  3. A TCP Intervention Guide (coaching curriculum) was created for use by WN's in determining appropriate activities to use in response to a consumer's TNAT results, along with resources to deal with Critical Incidents and De-escalation Techniques (Appendix B).
  4. A TCP Client Handbook was created to provide consumers with information (Appendix C).
  5. A TCP Client Referral Form was created, to be provided by clinical staff to the TCP Coordinator (Appendix D).
  6. A formatted Excel workbook was created to assist TCP staff in maintaining records of TNAT scores.
  7. New service codes were created in Avatar to reflect the operation performed out of each of the four (4) MCBH clinical facilities.

Per the TCP plan, enrollment and participation of consumers in the project is planned to begin at the beginning of FY 2019/20. At the conclusion of FY 2018/19, WN's were hired, trained and located in MCBH clinical facilities, and MCBH staff was oriented to the referral process in order to begin referring consumers in July 2019.

In FY 2018/19, the total expenditures for the TCP fell below the anticipated budget, as reflected here:



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<b>Funding Category</b>	<b>FY 2018/19 Budget</b>	<b>FY 2018/19 Estimated Expenditures</b>	<b><i>Estimated Remaining Balance</i></b>
MCBH Personnel	\$64,228	\$16,865	\$47,363
Consultant Costs/Contracts	\$346,334	\$103,900	\$242,434
<i>Total</i>	\$410,562	\$120,765	\$289,797

The large discrepancy between budget projections and expenditures is primarily due to the delay in receiving funding approval by the MHSOAC. The budget table included in the approved project plan reflects an anticipated start date of July 1, 2018. However, delays in the inclusion of Monterey County's proposed Innovation project on the MHSOAC meeting agenda set back the TCP start date to January 1, 2019.

#### **Evaluation Data**

No consumers were enrolled in the TCP in FY 2018/19, in accordance with the approved workplan, and therefore no evaluation data is available for this period.



## Appendix A: Transportation Needs Assessment Tool

<b>Transportation Needs Assessment Survey</b> MHSA Innovations Project	
<b>Avatar#:</b> _____	<b>Date:</b> _____
<b>1. How often do you miss your health appointments due to transportation issues?</b> <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	
<b>2. How often do you get to your appointment on your own, without the help of another person?</b> <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	
<b>3. How often do you go out for other activities that support your wellness and recovery?</b> <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never  <b>3a. Which types of activities would you like to do/attend on your own? (select all that apply)</b> <input type="checkbox"/> Errands/Shopping (grocery store, bank, etc.) <input type="checkbox"/> Religious <input type="checkbox"/> School <input type="checkbox"/> Work/Volunteering <input type="checkbox"/> Sports/Leisure Activities <input type="checkbox"/> Social Outings <input type="checkbox"/> Other (Please specify: _____)	
<b>4. How do you currently get around?</b> <i>(select all that apply)</i> <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Drive myself <input type="checkbox"/> Driven by friend/family <input type="checkbox"/> Driven by mental healthcare worker <input type="checkbox"/> MST <input type="checkbox"/> MST Rides <input type="checkbox"/> CCAH (Medi-Cal Transportation Benefit) <input type="checkbox"/> Taxi <input type="checkbox"/> Rideshare app (Uber, Lyft) <input type="checkbox"/> Other (Please specify: _____)	<b>5. How would you like to get around?</b> <i>(select all that apply)</i> <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Drive myself <input type="checkbox"/> Driven by friend/family <input type="checkbox"/> Driven by mental healthcare worker <input type="checkbox"/> MST <input type="checkbox"/> MST Rides <input type="checkbox"/> CCAH (Medi-Cal Transportation Benefit) <input type="checkbox"/> Taxi <input type="checkbox"/> Rideshare app (Uber, Lyft) <input type="checkbox"/> Other (Please specify: _____)
<b>6. What prevents you from traveling, or makes travel difficult for you?</b> <i>(select all that apply)</i> <input type="checkbox"/> Motivation to get out of the house <input type="checkbox"/> Physical Limitations <input type="checkbox"/> Keeping a schedule for myself <input type="checkbox"/> Safety concerns (Please specify: _____) <input type="checkbox"/> Understanding public transit system (schedules, routes) <input type="checkbox"/> Cost of bus and/or taxi fares <input type="checkbox"/> Availability/Accessibility of public transportation <input type="checkbox"/> Mental health symptoms (Please specify: _____) <input type="checkbox"/> Other (Please specify: _____)	
<b>7. Are you aware of low or no-cost rideshare programs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify: _____)	
<b>8. Are you interested in using low- or no-cost rideshare programs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	



## *INN-03: Transportation Coaching by Wellness Navigators*

### **Scoring questions:**

- Potential scores from summing scores from questions 1,2,3,5,6 and 7 ranges from 0 – 37, with 37 being most severe need.

### **Evaluation:**

- A t-test of pre- and post-test scores can measure for statistical significance in this project / coaching activities being effective in promoting client independence.
- For clients that demonstrate significant improvement (for example, drop from 20 to 10), a review of coaching activities they received will inform us of promising practices – especially if found across several client experiences.
- Separate evaluation can be made for #4 and #5, where we can see if post test score for #4 corresponds to pre-test score for #5.
- Separate evaluation can be made for #6, where we can see if average number of barriers dropped from pre- to post-test.
- Separate evaluation can be made for question #7, to see if number of client aware of rideshare programs increased as a result of project.

### **Requirements for Evaluation:**

- Maintain paper copies of all TNAT's
- Maintain records of coaching activities used with each client

### **Use of TNAT to inform coaching curriculum:**

- Use questions 1 – 3 to understand if client needs help attending health and/or non-health appointments. 3a helps understand which non-health activities clients want to do.
- Use question 5 to determine which transportation methods to focus on. Curriculum would have prescribed activities for each.
- Use question 6 to determine which barriers to address. Curriculum would have prescribed activities for each.
- Use question 8 to determine whether client wants to learn of or use rideshare programs. Curriculum would have prescribed activities for each.





## Appendix B: Coaching Guides

### Sample Interventions for Transportation Coaching Program

#### What prevents me from traveling:

- Obstacle: No motivation to get out of the house
  - Wellness Navigator will:
    - Utilize a strengths-based assessment process to determine the client's strengths and needs to encourage participation in out-of-home activities.
    - Build in rewarding opportunities for travel training; such as seeing a friend or family member, attending social events with peers, rewarding self for completing a task.
    - Reduce the effort needed to complete a traveling task by breaking tasks down, creating to-do-list, setting reminders, etc.
    - Offer clients meaningful choice wherever possible.
- Obstacle: Keeping a schedule for myself
  - Wellness Navigator will:
    - Collaborate with client in developing reminders (i.e. on phone, in calendar) in order to leave house on time for health care appointments, social events, etc.
    - Assist client in creating a calendar in order to help client remember to attend appointments.
    - Work with client to determine barriers to scheduling including identifying mental health symptoms that may be interfering with client's ability to make and keep a schedule.
- Obstacle Symptoms: Depression
  - Wellness Navigator will:
    - Develop with client positive affirmations, in order to reduce symptoms of depression so that client may attend outside events/activities.
    - Teach mindfulness techniques (i.e. self-compassion, meditation, five senses exercise, etc.) to support clients in managing depressive symptoms.
    - Assist client in establishing a routine, by incorporating activities such as increasing physical activity outside of the home, attending healthcare





## INN-03: Transportation Coaching by Wellness Navigators

appointments, signing up for educational classes, attending social events, attending support groups, socializing with peers in a public setting.

- Teach and practice using Opposite Action with clients to support clients in “acting opposite” to the thoughts and behaviors that are leading to isolation (i.e. lack of self-care, focus on negative thinking, inactivity, etc.).
- Obstacle Symptoms: Anxiety
  - Wellness Navigator will:
    - Provide support and empathy to encourage the client to feel safe in expressing his/her symptoms.
    - Ask the client to describe his/her past experiences of anxiety and their impact on functioning with day-to-day tasks.
    - Support clients in listing specific behaviors they would need to practice in order to overcome anxiety with completing tasks and encourage clients to take action on those behaviors.
    - Practice grounding techniques (i.e. reality checking, breathing techniques, focus on texture, focus on environment).
    - Expand positive coping skills (i.e. practice relaxation strategies, listening to music, state the emotion, recite positive affirmations, check in with a friend, review travel plan).
- Obstacle Symptoms: Auditory/Visual hallucinations
  - Wellness Navigator will:
    - Engage the client by showing interest in the voices. Ask questions such as the following: “When did the voices start? Where are they coming from? Can you bring them on or stop them?”
    - Normalize the hallucination. List scientifically plausible “reasons for hearing voices,” including sleep deprivation, isolation, dehydration and/or starvation, extreme stress, strong thoughts or emotions, fever and illness, and drug/alcohol use.
    - Ask which methods worked previously and have clients build on that list, if possible.
    - Suggest coping strategies, such as: humming or singing a song several times, listening to music, utilizing distraction techniques such as reading (reading forward starting at the beginning of a page and reading



## INN-03: Transportation Coaching by Wellness Navigators

backwards starting with the last word on a page), talking with others, and medication compliance (important to discuss).

- Use “in-session voices” to teach coping strategies. Ask the client to hum a song with you. Reading a paragraph together forwards or backwards. Have the client practice exercises at home and notice if the voices stop for longer periods.
  - Provide client with Hearing Voices handbook to support their own self-study in coping and living with voices.
- Obstacle Symptoms: Paranoia
    - Wellness Navigator will:
      - Lead client to recognize symptoms by identifying red flags and triggers to address onset of symptoms by practicing positive coping skills.
      - Assist client in examining his/her worries by reviewing probability of the negative events occurring, the real consequences of it occurring, his/her ability to control the outcome, the worst possible outcome, and his/her ability to accept it.
      - Teach clients about perspective taking and support clients in seeing other perspectives and the middle ground in between perspectives in order to support clients in reality-testing paranoid thoughts.
- Obstacle Symptoms: Mania
    - Wellness Navigator will:
      - Develop with client a written behavioral plan that clearly states behavior limits they want to set for themselves.
      - Identify with client what are possible warning signs for manic episode in order to use grounding techniques before onset (i.e. describe your environment, how many windows on the bus, 5 senses exercise).
      - Teach and practice distress tolerance and emotional regulation skills to learn ways to manage symptoms before, during, and after a manic episode in order to support client to remain engaged in services and supports.



## *INN-03: Transportation Coaching by Wellness Navigators*

- Obstacle: Safety concerns
  - Wellness Navigator will:
    - Develop a travel plan with client that incorporates clients concerns for safety in order to support client's individualized needs.
    - Support client in developing a plan that includes alternative routes to take in case one becomes unavailable.
    - Work with client to develop a list of safe people to call if needed to reinforce sense of safety and support.
    - Assist the client in identifying and scheduling travel during times in which they feel safer in order to not put self at risk.
    - Assist client with identifying which seat on public transportation vehicle would be the safest to them and why (i.e. sitting at the back of the bus, sitting near the driver, sitting near the aisle, etc.).
    - Review safe travel procedure with clients (i.e. be cautious when getting on and off the bus, use grounding techniques when feeling symptomatic, communicate with the vehicle driver to establish safe connection).
- Obstacle: Understanding Public Transit system (Schedule routes)
  - Wellness Navigator will:
    - Create detailed guide for specific routes for clients (i.e. identify arrival location, time to leave the house, scheduling transportation in a timely manner ahead of time if needed, identify correct transportation vehicle, recognize landmarks to associate with correct destination).
    - Teach clients to access resources via phone or online for new route information and/or scheduling new rides.
    - Develop with client a travel plan to carry as a reference and reduce risk of getting lost or overwhelmed.
    - Provide in-person assistance to clients utilizing the public transportation system by accompanying clients on routes they will need to utilize to get to appointments and other important places in their lives.



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- Obstacle: Cost of Bus and taxi fares
  - Wellness Navigator will:
    - Assist client by linking to traveling resources to help with options that are more affordable.
    - Help client with obtaining courtesy card for additional discounts.
    - Link client to transportation assistance through insurance companies that are free of charge.
    - Connect client to rideshare services that offer affordable rates.
    - Support client in identifying and applying for all benefits they may be eligible for to ensure they are receiving all available resources.
- Obstacle: Other
  - Wellness Navigator will:
    - Identify possible challenges such as accessibility and work towards possible solutions with client in their area (i.e. linking to MST RIDES, connecting with Support Network, identifying a travel plan).
    - Develop organizational skills (i.e. calendar, phone reminders) that will assist in meeting travel training goals.
    - Teach and model appropriate communication skills for client to communicate with transportation staff (i.e. communicating with driver if you are lost, confirm with driver if it is correct route, or confirming destination before boarding transportation vehicle).





## Transportation Coaching Program De-escalation Techniques

When a potentially violent situation threatens to erupt on the spot and no weapon is present, verbal de-escalation techniques are an appropriate strategy. Reasoning with an enraged person is not possible. The first and only objective in de-escalation is to reduce the level of arousal so that discussion becomes possible.

De-escalation techniques are abnormal in these situations. We are adrenally driven to fight, flight or freeze when scared or threatened. However, to effectively de-escalate a situation, we can do none of these. We must appear centered and calm even when we are scared. Therefore, these techniques must be practiced before they are needed so that they can become 'second nature.'

### The staff members are in control of themselves

1. Appear calm, centered and self-assured even though you don't feel it. Anxiety can make the client feel anxious and unsafe which can escalate aggression.
2. Use a modulated, low monotonous tone of voice (our normal tendency is to have a high pitched, tight voice when scared).
3. Do not be defensive-even if the comments or insults are directed at you, they are not about you.
4. Do not defend yourself or anyone else from insults, curses or misconceptions about their roles.
5. Be aware of any resources available for back up. Know that you can always leave, or seek additional support as needed, should de-escalation not be effective.
6. Be very respectful even when firmly setting limits or calling for help. The agitated individual is very sensitive to feeling shamed and disrespected. We want him/her to know that it is not necessary to show us that they should be respected. We automatically treat them with dignity and respect.

### The physical stance

1. Never turn your back for any reason.
2. Always be at the same eye level. Encourage the client to be seated, but if he/she needs to stand, you stand up also.
3. Allow extra physical space between you – about four times your usual distance. Anger and agitation fill the extra space between you and the client.



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4. Do not maintain constant eye contact. Allow the client to break his/her gaze and look away.
5. Do not point or shake your finger.
6. Do not touch –Cognitive disorders in agitated people allow for easy misinterpretation of physical contact as hostile or threatening.
7. Keep hands out of your pockets, up and available to protect yourself. It also demonstrates a non-verbal ally, that you do not have a concealed weapon.

### The de-escalation discussion

1. Remember that there is no content except trying to calmly bring the level of arousal down to a safer place.
2. Do not get loud or try to yell over a screaming person. Wait until he/she takes a breath; then talk. Speak calmly at an average volume.
3. Respond selectively; answer only informational questions no matter how rudely asked, e.g. "Why do I have to follow these stupid rules anyway?" This is a real information-seeking question). DO NOT answer abusive questions (e.g. "Why are all you counselors such jerks?") This question should get no response whatsoever.
4. Explain limits and rules in an authoritative, firm, but always respectful tone. Give choices where possible in which both alternatives are safe ones (e.g. Would you like to continue this discussion calmly now or would you prefer to stop now and we'll discuss this at another day when things can be more relaxed?).
5. Empathize with feelings but not with the behavior (e.g. "I understand that you have every right to feel angry, and it is not okay for you to threaten me or other clients.)
6. Do not solicit how a person is feeling or interpret feelings in an analytic way.
7. Wherever possible, tap into the client's cognitive mode: DO NOT ask "Tell me how you feel." But instead: "Help me to understand what you are saying to me." People are not attacking you while they are explaining to you what they want you to know.
8. Do not argue or try to convince the individual.
9. Suggest alternative behaviors where appropriate e.g. "Would you like to take a break from this assignment now and work on your resume instead?"
10. Give the consequences of inappropriate behavior without threats or anger.
11. Represent external controls as institutional rather than personal.

*Adapted from Verbal De-Escalation Techniques for Defusing or Talking Down an Explosive Situation; prepared by National Association of Social Worker's Committee for the Study and Prevention of Violence Against Social Workers.*





## Transportation Coaching Program Critical Incidents Procedures

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### **Mental Health Crises: Hospitalization or immediate crisis team evaluation is assessed as not immediately necessary**

Wellness Navigators contact clients' MCBHB or Interim, Inc. Case Coordinators to coordinator, provide information, and obtain consultation, as necessary. Staff members assist clients with problem solving and consult with clients and case coordinators or other support person designated by the client related to referral in efforts to assist clients with other services. In a non-crisis situation, staff members consult with support persons or referral sources for which the client has provided written release of information in accordance with HIPAA.

### **Mental Health Crisis Protocol**

Clients are assessed for safety, by MCBHB or Interim, Inc. Case Coordinators as needed. If a client reports ideation, intention or plan to self-harm or harm others, staff member will initiate a risk safety assessment, consult with supervisory staff, call and speak to the client's Case Coordinator or Officer of the Day at Behavioral Health offices, provide necessary crisis support for the client, and refer to appropriate services as needed.

Risk Assessment will include asking the client if they feel safe. If having suicidal ideations, if they have a plan, if they have the means to carry their plan, and help them connect with the crisis team at (831) 755-1111 (ask to be connected to the Crisis Tam at Hospital). Stay with the client until additional assistance arrives, if there is a need for hospitalization.

- Staff will consult with supervisors MCBHB or Interim Case Coordinators, as needed, during all mental health crisis.
- Staff members will call 9-1-1 and request public safety and ambulance assistance for clients, initiating assessment and transportation by ambulance to emergency rooms. Request a CIT trained officer, if possible.
- After the client is safety with police or ambulance personnel, staff will contact the crisis teams and provide any "need to know" information about the client's condition and situation or provide the necessary "need to know" client information to police/ambulance upon arrival.
- Staff will call MCBHB or Interim, Inc. Case Coordinator and provide information about the incident.





## Appendix C: Client Handbook

### INDIVIDUAL AGREEMENTS

The key to the success of your treatment is your willingness to participate in all aspects of the program. We hope you will partner with us in doing the following:

**Be Engaged** and learn from the treatment program we designed for your benefit. Utilize all of the resources that are made available to you. We ask that you will be open-minded about the information presented to you and seek a positive attitude about your treatment.

**Be Solution Oriented.** We encourage people to set reasonable goals and to work on reaching them. If you have questions or concerns about your treatment, talk with your Transportation Coach and Case Coordinator, the staff want to be a source of support. Open communication benefits everyone.

- I agree meet with my Transportation Coach as scheduled
- I agree to participate in the program to the best of my ability.
- I agree to be sober when I am in the program.
- I agree to be on time for all meetings
- I agree to be respectful of everyone, and their gender, race, ethnicity, age, religion, sexual orientation, geographic area of origin, physical size or ability, political affiliation and profession.
- I agree to inform my Transportation Coach of any problems that may interfere with services being provided by the Transportation Coaching Program.



### TRANSPORTATION COACHING PROGRAM

### CLIENT HANDBOOK



#### DAYS AND HOURS OF OPERATION Monday – Friday 8:00 AM – 5:00 PM

#### Transportation Coaching Program Staff

##### Donna Gonzales

**Location:** Monterey County Behavioral Health  
1441 Constitution Blvd. Salinas Ca. 93906 Building 400  
**Cell:** (831)

##### Tatyana Hardy

**Location:** Monterey County Behavioral Health  
IHC Building - 299 Twelfth St. Marina Ca. 93933  
**Cell:** (831)

##### Joseph Ruiz

**Location:** Monterey County Behavioral Health  
200 Broadway, Suite 88 King City, Ca. 93930  
**Cell:** (831)

##### Wellness Navigator Name

**Location:** Monterey County Behavioral Health  
359 Gabilan Dr. Soledad, Ca. 93960  
**Cell:** (831)

##### Sandra Peña B.A.

WE&T Program Coordinator  
[speña@interiminc.org](mailto:speña@interiminc.org)

##### Idalia Matthews, B.A., CPRP

Program Director  
Supported Education & Employment Services  
[imatthews@interiminc.org](mailto:imatthews@interiminc.org)

**CLIENT COMPLAINT PROCEDURE:** Interim is committed to providing you with services of the highest possible quality. To insure this, it is our policy you have the right to state and seek assistance in resolving complaints associated with our services, policies or other practices that may affect you while you are receiving agency services. Interim, Inc. guarantees there will be no negative consequences/retaliation as a result of your filing a complaint/grievance.

In order to provide you with assistance in resolving your specific problems or complaints about services received and to ensure proper handling of your request for assistance please follow these instructions. It is important to know that you may ask a friend to assist you during your complaint process.

**Step 1.** You may discuss your complaint/grievance with one of Interim staff. After meeting with Interim staff if you are not happy with the outcome you can ask to meet with the Program Director.

**Step 2.** Schedule a meeting to discuss your complaint/grievance. The Program Director shall arrange a time to meet with you and try to resolve the problem that led to your complaint. If you are not satisfied with Step 2 resolution (or no resolution is reached), then you may arrange to meet with Interim's Deputy Director.

**Step 3.** Call or write the Deputy Director, Jane Odegard, P.O. Box 3222, Monterey, CA 93942; telephone no. 831/646-2220 x304. The Deputy Director shall arrange to meet with you and try to find a solution to your complaint/grievance that is satisfactory to you. The decision of the Deputy Director is final and shall be in writing. In informing you about the final decision, the Deputy Director will also inform you of your right to appeal the decision to:

Monterey County Patient's Rights Advocate  
Perla Calvario  
1270 Natividad Road, Room 140  
Salinas, CA 93906  
(831) 755-4518

Modified 5/10/2019





## INN-03: Transportation Coaching by Wellness Navigators

### PERSONAL RIGHTS

It is the policy of INTERIM to promote the rights of clients. Clients are informed of their rights upon entering a program.

All clients are entitled to:

- Respectful treatment by Interim staff
- Services provided in a safe environment
- Informed consent for services
- Confidential care and record keeping
- Change of Interim service provider when requested
- Participation in planning their services
- Access to their file
- Authorize a person to act on their behalf during the grievance process
- Patient's Rights Advocate available to assist with grievance, appeal on request
- Be free of discrimination or any other penalty for filing a grievance or appeal
- Acknowledgement and inclusion of their cultural beliefs and values in planning and delivery of their services
- Freedom from abuse, financial or other exploitation, retaliation, humiliation, and neglect

### Welcome to The Transportation Coaching Program (TCP).

We hope you will have a successful and rewarding experience while working with our staff. We are providing you with this handbook to give you information about the program and how it works. Together, you and your Transportation coach, will review and identify your goals to provide you with ongoing support to ensure success in reaching established goals. Transportation coaches are stationed at Monterey County Behavioral Health (MCBH) Adult System of Care (ASOC) Clinics in order to create a welcoming & recovery-oriented environment where individuals accessing services at the outpatient clinics can feel welcomed & supported by someone who may have a similar experience.

Your opinion about the services that you receive is important to us. If you have any suggestions or comments, please share them with your Transportation coach. Your Transportation coach will ensure that your comments are directed to the Program Coordinator.

### Our Mission:

Transportation Coaching Program provides one-on-one support to individuals working with MCBH. Clients will work hand-in-hand with a Transportation Coach in order to complete goals established by the client and their Case Coordinator.

Modified 5/10/2019

### HOW WE CAN HELP YOU

Transportation Coaching Program (TCP) is a program developed to assist individuals in gaining their independence by learning how to utilize public transit system.

Individuals work one-on-one with a Transportation Coach to develop a customized plan to better assist individuals in learning these skills.

Your Transportation Coach can assist with:

- Providing peer support services to encourage increased recovery activities and connections to community resources.
- Education on how public transit works and assistance in reducing fears associated with using the public system.
- Assisting clients in articulating personal goals for recovery and whole health through the use of one-on-one meetings
- Assist clients in working with their case worker and/or psychiatrist to determine steps to take in order to achieve goals.
- Wellness Navigators provide client-centered services, that are trauma informed, focusing on the present.


### REFERRAL

Clients receiving TCP services must be eligible to receive or receiving services from Monterey County Behavioral Health/ Adult Services Division (MCBH). Clients must be at least 18-years-old and must want our services. Referrals are submitted by client's MCBH Case Coordinator. Clients are opened to services and are contacted by their Transportation Coach to schedule an intake appointment to review and establish personal goals.



Modified 5/10/2019

## Appendix D: Referral Form

		<b>Transportation Coaching Program - Wellness Navigator Referral</b> <b>Completed referrals provided to Senior PSW for linkage to services.</b>	
CLIENT'S NAME:		PHONE #	MEDICAL RECORD #
ADDRESS:		CITY:	
Is the client conserved? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, NAME:	PHONE #:
Case Coordinator:		PHONE #:	
Describe the reason for referral:			
<input type="checkbox"/> Teach how to utilize public transportation/travel training: <ul style="list-style-type: none"> <li><input type="checkbox"/> Link to MST public transit</li> <li><input type="checkbox"/> Assist with learning Taxi Voucher procedure</li> <li><input type="checkbox"/> Assist with mobility barriers - Please indicate barriers: _____</li> <li><input type="checkbox"/> Link to Ride Share - Please indicate the name of ride share: _____</li> </ul>			
<input type="checkbox"/> Provide Peer Counseling and coaching to assist with: _____			
<input type="checkbox"/> Other Travel Training Needs: _____			
Estimated Completion/End Date: _____			
Does client have any natural supports participating in their recovery? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name:		Relationship:	Phone Number:
Name:		Relationship:	Phone Number:
Psychiatrist Name:		Phone Number:	
Does client <i>currently or in the past</i> has the client abused drugs/substances? Yes <input type="checkbox"/> No <input type="checkbox"/>			
List Active Substance/s:			
1.	2.	3.	
Does client have active suicidal ideations? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe plan, intent, means: _____			
History of suicide attempts? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe plan, intent, means: _____			
Does the client currently have thoughts of harming others? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____			
Does client have a history of anger control problems or striking out? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____			
Is client on parole/probation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of PO:	Phone Number:
Treatment Plan Intervention:   Special Client Considerations:			
Case Coordinator: _____		Authorizes services beginning: _____	
Signature		Date	
CONFIDENTIAL CLIENT INFORMATION SEE CALIFORNIA WELFARE & INSTITUTIONS CODE SECTION 5328			





## Transportation Coaching Program Client Information

Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Admit Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Release of Information obtained for Emergency Contact

1. What are your strengths?

\_\_\_\_\_

2. What are some of your challenges?

\_\_\_\_\_

3. What are your long-term goals?

\_\_\_\_\_

4. What, if anything, worries you about transportation?

\_\_\_\_\_

5. What are some signs that you are not doing well?

\_\_\_\_\_

6. What are some coping skills that have worked for you in the past?

\_\_\_\_\_



## INN-03: Transportation Coaching by Wellness Navigators

### CULTURAL BACKGROUND

1. What is important to you in terms of your cultural background (i.e. race, ethnicity, color, gender, economic status, etc.)?

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2. What different languages do you speak?

---

3. What special events or holidays do you celebrate? Are there family traditions that you still practice?

---

### MENTAL HEALTH

1. How do your symptoms affect you?

---

2. What are the first signs that you may be experiencing a symptom flare-up (Example: Feeling depressed, unmotivated, hearing voices, drinking or using substances, feeling stressed)?

---

3. How do you cope with your symptoms?

---

### INTERPERSONAL SKILLS

1. How well do you get along with other people?

---

2. Who do you spend time with? How often do you see or talk to them?

---

