



MONTEREY COUNTY  
BEHAVIORAL HEALTH

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

**Third Annual Innovation Project Report – FY 2020/21**



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

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

**Introduction**

The Mental Health Services Oversight and Accountability Commissions (MHSOAC) approved use of Mental Health Services Act Innovation Component funding for Monterey County Behavioral Health (MCBH) to implement the “Micro-Innovation Grant Activities for Increasing Latino Engagement” Innovation Project Plan on August 23, 2018. As required by Title 9 California Code of Regulations – Division 1, Chapter 14, Article 5, Section 3580, MCBH must submit Innovation Project Reports on an annual basis for the duration of the Innovation Plan. These regulations state the first Annual Innovation Project Report must be submitted prior to the December 31<sup>st</sup> following the first fiscal year of implementation, whereas all subsequent Innovation Project Reports shall be submitted as part of the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan or Annual Update. The Innovation Project Report presented in this document is the third Innovation Project Report for this Innovation Project Plan, pertaining to activities taken plan in FY 2020/21, and is submitted as part of the MCBH MHSA FY 2022/23 Annual Update.

The purpose of this Innovation Project Report is to update MCBH stakeholders and the MHSOAC on the implementation status of the Innovation Project Plan. Specifically, as required by the aforementioned regulations, contents of this 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.



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### 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 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 created a grant application. Next, MCBH established 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 additionally includes the Monterey County Behavioral Health Epidemiologist, who ensures all funded projects have a method to measure impact. Once established, the Review Board refined and established 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)



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- 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 was initially anticipated that MCBH would 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 each application window, the review board evaluates all received proposals and invites those who submitted promising concepts to in-person/virtual 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 are then negotiated to include a timeline for completion of each deliverable, and finalize reporting, project evaluation methods and communication requirements. MCBH may 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 has been 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.



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- 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 provides technical assistance, as needed, to assist individual and organizations in recording valid data, including referral and process data. Service data is aggregated and 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 documents the process of implementing this project and provides 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 designate a portion of a Management Analyst and Epidemiologist staff positions for purposes of project coordination, evaluation, and reporting. MCBH has a current contract with a community based organization to act as fiscal agent responsible for distributing mini-grant



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funds in certain cases.. 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 original 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): Formed Micro-Innovation Grant Review Board and establish Micro-Innovation Grant application criteria. Established agreement Action Council of Monterey County for issuing grant payments.
- April 2019 – June 2019 (3 months): Issued announcement requesting first round of Micro-Innovation Grant proposals for in October 2018. Performed review process, awarded grants before end of calendar year.
- July 2019 – June 2020 (1 year): Cohort #1 implemented micro-innovation activities.
- October 2019 – December 2019 (3 months): Issued announcement requesting second round of Micro-Innovation Grant proposals. Performed review process, awarded grants before end of June 2019.
- January 2020 – December 2020 (1 year): Cohort #2 implemented micro-innovation activities.
- April 2020 – June 2020 (3 months): Issued announcement requesting third round of Micro-Innovation Grant proposals. Performed review process, awarded grants before end of December 2019.
- July 2020 – June 2021 (1 year): Cohort #3 implemented micro-innovation activities.
- July 2021 – December 2021 (6 months): Review evaluation findings and hold ‘Exit Summit’ to share results and lessons learned.

To be discussed in the Innovation Project Updates section of this report, the timeline for this Innovation Project has been modified and extended.

### 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        |
| <b>Total</b>                     | <b>\$412,573</b>  | <b>\$413,363</b>  | <b>\$414,064</b>  | <b>\$1,240,000</b> |



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### **Innovation Project Updates: Accomplishments, Challenges and Changes occurring in FY 2020/21**

FY20/21 accomplishments include the opening of two new application periods, and the implementation of three micro-innovation activities. The new application periods featured the new information notice, application, and scoring criteria that were developed in the beginning of FY20/21 in response to the challenges experienced in FY19/20 (Addendums A,B,C). Further discussion of these challenges prompting this change is provided in the FY19/20 evaluation report.

The two application periods occurring in FY20/21 were the fourth and fifth application periods made available, in total, during the implementation of this Innovation Project. The fourth application period ran from January 5, 2021, through January 29, 2022. The application period was announced via email to the MCBH MHSA distribution list, vendor distribution list, on the county Health Department and MCBH websites, and through social media outlets (Addendum D). Seven applications were submitted during the fourth application period, and subsequently reviewed by the review panel that consisted of MCBH personnel, including the Health Equity and Cultural Competency Coordinator, and MCBH Behavioral Health Commission members. The seven proposed micro-innovation activities, and their approval outcomes, are as follows:

1. A local resident proposed facilitating and/or coordinating four culturally relevant mental-health themed performances at various cultural festivals occurring the South County region of Monterey, particularly in the City of Greenfield, where a large migrant farmworker community resides. The cultural programs consist of Oaxacan, Spanish, and English language performances of art, dance, and music productions including meet the author events, peer-to-peer discussions, and culturally relevant meals. Presentations/performances would be recorded and posted on public access television and websites. This project aims to help close the cultural disconnect between the Greenfield farmworker community and service providers. This project, with a proposed budget of \$5,850, was approved for funding and set to begin in FY21/22.
2. A local soccer-league organization proposed a project to help their members receive necessities and mental health resources. The applicant planned to develop a team trained in mental health care services to serve the 6,000 members of the soccer organization. The proposal was focused on first building trust with the members by providing them with basic needs, such as food, water, shelter and clothing. Once the basic needs were met, the plan was to then offer information on mental health services and referral information. The applicant additionally offered to provide transportation to appointments, if needed. The proposed budget for this project was \$50,000. This project





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was not approved as several implementation activities were not consistent with the intent or requirements of the Innovation Plan and associated regulations.

3. A community-based service provider proposed a project to adapt an evidence-based parent education course, as well as provide case management activities, in Spanish and Triqui to the underserved and unserved Migrant farmworkers and Indigenous communities in Seaside, Jolon, Greenfield, King City, San Ardo, San Lucas, San Miguel, Lockwood and Bradley. The intended outcome of the course and project was to promote secure child-parent attachment relationships. This project, with a proposed budget of \$50,000, was approved for funding and set to begin in FY21/22.
4. A local non-profit agency that services youth, primarily Latino, who have been impacted by the juvenile justice system, proposed to provide a culturally relevant mental health supports and practices adapted from indigenous approaches towards community leadership, resiliency and health. This indigenous lens would be applied towards their existing evidenced based curriculum that helps their students mitigate the impacts of colonization, assimilation and acculturation related stress. Referrals to relevant or necessary mental health services are incorporated into this micro-innovation activity. This project, with a proposed budget of \$50,000, was approved for funding and set to begin in FY21/22.
5. A joint application, submitted through a partnership between a local municipality and school district, proposed a to enact a broad spectrum of outreach activities, including painting classes, support groups and calming safe spaces. Outreach would be implemented through phone calls, emails, flyers, goodie bags and social media. The budget request for this project was \$45,572. This project was not approved as several proposed measures were redundant with existing MCBH services, as well as necessary elements related to staffing and implementation not being provided.
6. A local resident proposed the development and implementation of a series of Spanish-language public services announcements (PSAs), to be aired on local Spanish-language television and radio outlets. These PSAs would be aimed at the Latino population of Monterey County. This project, with a proposed budget of \$50,000, was approved for funding and initiated work in June 2021. The work completed for this project in FY20/21 was entirely focused on the development of content and no clients were reached or served during that time. Airing of the media placements is set to occur during FY21/22.



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7. The same applicant that was approved for the PSA project also proposed another project to develop and implement a social media strategy aimed at reaching and engaging the Hispanic/Latino population in Monterey County. The proposed budget for this project was \$50,000. This project was not approved as the Innovation Plan supporting this effort restricts the implementation of one project per applicant at a time, as required to remain consistent with Monterey County Contracts Purchasing procedures and protocols.

The fifth application period was made available from June 10, 2021 through July 9, 2021. The application period was announced via email to the MCBH MHS distribution list, vendor distribution list, on the county Health Department and MCBH websites, and through social media outlets (Addendum E). Five applications were submitted during the fifth application period, and subsequently reviewed by the review panel that consisted of MCBH personnel, including the Health Equity and Cultural Competency Coordinator, and MCBH Behavioral Health Commission (BHC) members. The five proposed micro-innovation activities, and their approval outcomes, are as follows:

1. A student at a local University proposed holding focus groups, facilitated by CSUMB physician's assistant students, for migrant farmworkers in Monterey County's South County region. Focus groups would include offering a curriculum of tools including mindfulness, meditation and decentering. These tools are intended to help farm workers cope with mental health issues until they are able to see their provider. The proposed budget request was \$1,000. This project was not approved for funding as several necessary components to explain the implementation and evaluation plan were not evident.
2. The Monterey County Health Department's Chronic Disease and Injury Prevention Division proposed an education plan to address youth mental health needs at Alisal and Everett Alvarez High Schools in the Salinas Union High School District. The plan includes the training of a minimum 30 peer educators through Mind Matters™ curriculum, hire a public health student intern, and reach 1,000 students through classroom presentations. Education and referrals to local mental health services will be made available over the course of implementation activities. This project, with a proposed budget of \$50,000, was approved for funding and set to begin in early FY21/22.
3. The local Monterey County chapter of a national mental health services non-profit proposed the implementation of a implementing a program to support undocumented Spanish speaking residents in seeking out mental health services. The program includes



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a series of 5 Spanish-only presentations in neighborhood venues. The programs would be presented in Castroville, East Salinas, Gonzales/Soledad, Greenfield and King City. This project, with a proposed budget of \$22,300, was approved for funding. Unfortunately, the applicant withdrew interest prior to entering into agreement with MCBH due to lack of staff capacity.

4. A local community-based mental health service provider proposed a program in which they would collaborate with Monterey County Office of Education’s Migrant Education Program (MCOE-MEP) to market and outreach to the 11,000 Latino migrant children, and their families, enrolled in MCOE-MEP programming. The plan involves creating quarterly culturally relevant and linguistically accurate mental health education materials. These materials will encourage the Latino Migrant Community in taking advantage of the mental health programs and services available to them. This project, with a proposed budget of \$24,060, was approved for funding and set to begin in FY21/22.
5. A local youth-oriented non-profit proposed a plan for a participatory action research pilot program to extend mental health education, prevention, and intervention with high school students, youth counselors, parents and youth serving organizations in Monterey County. The goal of this project would be to engage youth in mental health conversations, build advocacy, raise awareness and educate youth on evidence-based solutions. This project would seek the participation of youth aged 14-18, with an emphasis to serve ESL students and those living in poverty. The total budget request for this project was \$50,000. This project was not approved on the basis that evaluation goals were not consistent with the intent of the Innovation Plan.

In addition to the offering of two new application periods, FY20/21 accomplishments also include the implementation of three micro-innovation activities. Two of these three were approved in prior fiscal years, with the third project being the Spanish-language PSA project that was approved in round 4 of FY20/21.

The first of the two projects approved in a prior fiscal year was the “Culturally Rooted Holistic Health for Womxn” micro-innovation activity implemented by the Building Healthy Communities (BHC) community-based organization. This project consisted of numerous workshops that were 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, in dealing with mental health issues, accessing any necessary services and achieving mental wellness. The series of workshops culminated in a



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women’s retreat in which the practices were utilized. BHC was granted an extension to their project timeline, through December 2020, as the development of the COVID-19 pandemic disrupted their implementation schedule. The final outcome data for this micro-innovation activity is provided in Addendum F.

The second micro-innovation activity approved in a prior fiscal year, but only finally implemented in FY20/21 due to logistical issues, was a project by a local youth-oriented non-profit agency, Baktun 12 Inc., to formulate theatre scripts based on the mental health journeys and recovery of local transitional age youth (TAY) mental health services consumers, and perform the stories to TAY audiences in the Salinas region. Performances would be followed by a dialogue with the audience on mental health and discussion related to available services. Unfortunately, relatively early into the development of this project, the vendor opted to terminate the project due to lack of staffing, and therefore was unable to reach or deliver any service referrals.

In FY20/21, 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>FY2020/21 Budget</b> | <b>FY 2020/21 Estimated Expenditures</b> | <b><i>Estimated Remaining Balance</i></b> |
|----------------------------------|-------------------------|--|---|
| County-Operated Program Expenses | \$67,030                | \$50,126                                 | \$16,904                                  |
| Consultant Costs/Contracts       | \$346,333               | \$64,137                                 | \$282,196                                 |
| <i>Total</i>                     | <i>\$413,363</i>        | <i>\$114,264</i>                         | <i>\$299,100</i>                          |

In total, after three years of implementation, this Innovation Project has underutilized \$991,409 of the total stated budget. To create additional opportunity to support more micro-innovation activities to increase Latinx engagement with these available funds, MCBH successfully applied for an Innovation Plan timeline extension with the MHSOAC (Addendum G). Therefore, a major change to this Innovation project occurring in FY20/21 is the extension of this Innovation Plan for an additional two years, with an updated end date of August 22, 2023.

### **Evaluation Data**

During FY 2020/21, approximately 315 were reached in the single micro-innovation activity that was able to served clients during its implementation, with 223 of these clients being referred to mental health services. In this case, referrals services were specifically for MCBH therapeutic



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services. Unfortunately, despite high levels of interest in receiving services, only 2 individuals ‘followed through’ with a service referral, wherein they called to schedule an appointment. It is unknown whether or not these 2 participants were successful at engaging with actual services. As is the case with this Innovation Project, evaluating the journey of each individual reached is a difficult task. However, BHC did collect surveys from 40 of their project participants, and it was clear that trust of government systems, inclusive of MCBH, remained a barrier that prevented them from pursuing mental health services and treatment. Further in-depth evaluation of this micro-innovation activity by BHC, including feedback gather concerning client perceptions and needs related to mental health symptoms and services, is reported in Addendum F.

### Responding to Learning Goals

Below is a list of the learning goals for this Innovation Project, and the respective learning that was achieved during FY 2020/21:

- 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.
  - Although this data point was not specifically captured by BHC in their micro-innovation evaluation, it is believed that none of their project participants had previously received mental health services.
- For each micro-innovation, identify how many Latino individuals followed through on a referral and received mental health treatment services.
  - Of the estimated 315 individuals reached through micro-innovation activities in FY20/21, only 2 reported instances of following through to attend an appointment.
- Identify if the total count of Latinos served increased during this Innovation project.
  - The total number of Latino clients served by MCBH in FY20/21 was 6,851. This represents a 3% decline from the prior fiscal year, where 7,208 Latino clients were served. Considering that only 315 individuals were reached through this Innovation Project, it is believed this Innovation project had an insignificant impact on increasing or decreasing the number of Latinos served by MCBH.
- Identify if any micro-innovation activities demonstrate capacity for sustainability in impact and/or funding.
  - No micro-innovation activities implemented during FY20/21 demonstrated capacity for sustainability. The “Culturally Rooted Holistic Health for Women” project implemented by BHC did identify culturally specific practices and approaches for building trust and engaging Latina women, however none are perceived to be scalable for widespread implementation at this time.
- Identify if and how cultural barriers were addressed.
  - The project implemented by BHC addressed cultural barriers by emphasizing services to Latino women specifically, and providing them with a culturally responsive space that allowed the opportunity to dismantle the stigmatization that is deeply rooted in the Latino culture. They felt this was the first step in



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accepting and discovering any mental health needs that can then be treated by a clinician or therapist. It was the intent of this work to have participants embrace different culturally-rooted practices involving body self-care, dietary and other culturally-based approaches that can support them in taking care of their mental health whether at the prevention level or when there is a need for intervention. This was an opportunity to create a culture shift in the treatment and attention given to mental and emotional health in the Latino community that then can open the doors to trusting other institutions to provide more in depth support as needed.



**Addendum A: Micro-Innovation Funding Application 2.0**

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# Micro-Innovation Application 2.0

## Application Information

Monterey County Behavioral Health (MCBH) is currently offering a funding opportunity for one-time projects to increase the engagement of Latinx 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 communications and services of MCBH not resonating with the various Hispanic/Latinx ethnicities, languages and dialects, and cultural norms that exist across our large and diverse 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 utilization of mental health services in ways that better reach their Latinx 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 of delivering mental health services.
- Adapt an existing mental health service to better serve an underserved or unserved group of people.
- Adopt a practice or approach from a non-mental health setting and apply it to mental health service delivery.
- Promote better communication and collaboration between agencies/organizations and the community to make services more accessible and/or provide better quality services.

It is not necessary for these projects to demonstrate success (although that is 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 in California on best practices.

### **Micro-Innovation Application Requirements and Restrictions:**

1. Successful applications will be able to demonstrate the following:
  - a. The Hispanic/Latinx population, and preferentially a specific subset of this population, as the population of focus to be served.
  - b. An existing barrier or challenge being experienced in the population of focus, which is resulting in their inability to access or receive mental health services.
  - c. An innovative solution to address the barrier(s) identified above, with the ability to deliver referrals to individuals seeking care within the proposed timeline of the project.
    - i. **Note:** micro-innovation projects must be new and unique in their design. MHSA Innovation funds are dedicated for testing new concepts, and may not be used to supplement existing programs or activities.
  - d. An engagement strategy for communication and connecting with the population of focus.
  - e. An evaluation plan that describes both how referrals to mental health services will be provided as part of this project, and how the results of these referrals will be monitored (i.e. did referred individuals “follow through
  - f. A timeline that does not exceed 12 months. Activities may be a one-time event or continuous activities. Timelines should consider necessary time involved for project planning, implementation and evaluation.
  - g. The total requested budget must not exceed \$50,000.
2. To receive funding, the applicant (or vendor responsible for completing work) must:



- a. Enter into a mental health services agreement with Monterey County and thereby meet Monterey County Insurance Requirements,  
or
  - b. If an individual and organization cannot meet Monterey County insurance requirements, or may otherwise require additional administrative supports, applicants are encouraged to contact the Action Council of Monterey County to evaluate the potential for their fiscal sponsorship of the project.
3. Funds cannot be distributed “up-front”. Payment(s) shall be made upon evidence of completed deliverables, and payment(s) processing can take up to 60 days upon invoice to MCBH. Applicants should plan accordingly when constructing the project scope, timeline and budget, and the vendor(s) responsible for completing work should expect to be without payment/reimbursement for up to 60 past date of invoicing MCBH.
  4. Applications must present distinct stand-alone projects, with proposed projects that are not reliant on the work completed as part of co-occurring micro-innovation activities being implemented by either the applicant or another vendor.
  5. Applicants may only apply for more than one micro-innovation grant if project timelines are successive and do not overlap.

For additional information on this opportunity, 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>):

- ‘Health Equities Summary Report’
- ‘Innovation Plan: Micro-Innovation Grant Activities to Increase Latino Engagement’

Applications will be accepted on a rolling basis through TBD (with proposed projects being completed no later than TBD).

Questions regarding this application may be sent to [MHSaInnovations@co.monterey.ca.us](mailto:MHSaInnovations@co.monterey.ca.us)

## Application Questions (to be posted on Wufoo online form)

### ***Applicant Information***

1. Name
2. Phone Number
3. Email Address
4. Are you applying on behalf of a business/organization? If yes, please identify.

### ***Proposed Micro-Innovation Activity Information***

#### Population of Focus

5. Please describe the population of focus you would like to serve with your proposed micro-innovation activity (e.g. specific /Latinx ethnicity, language, culture, history, neighborhood/city of residence, etc.). In your description, please also describe any prevalent mental health challenges experienced amongst this particular population of focus.

#### Problem to be addressed

6. Please describe the barrier(s) or challenge(s) experienced by the population of focus that is preventing them from accessing mental health services?

#### Proposed micro-innovation activity to address your problem

7. What product/service is your micro-innovation providing to this population of focus to address the barrier(s) described above?
8. How will your product/service promote this population of focus to seek mental health services when the need for mental health services has been identified
9. How is this innovative? Please describe how your project is innovative. For purposes of this application, the term “innovative” includes, but is not limited to: the proposed work to engage the target populations has not been done in Monterey County before; the proposed project presents an entirely new practice or approach, or an adaptation of a successful practice or approach from a non-mental health setting, to improve access to mental health service; the proposed project is unique. Please provide supporting evidence to demonstrate the uniqueness of your proposed project, i.e. nothing like it currently exists in Monterey County.

#### Communication and engagement strategy

10. How will you reach and interact with your identified population of focus to deliver the product/service(s) of your micro-innovation activity?
11. If your activity involves in-person contact, please describe how you will take precautions against the spread of COVID-19 and observe current Shelter-in-Place restrictions.

#### Evaluation Plan

12. How will your micro-innovation activity provide individuals with information and referrals to obtain a clinical appointment? Who, as part of your project, will be responsible monitoring the number of referrals that are provided?
13. How will you gather information from referred individuals to know if they were able to access/attend at least one appointment?
14. In addition to MCBH, will your micro-innovation provide referrals to other agencies for mental health services? If so, please specify.

#### Reach and Referrals

15. How many individuals do you plan to serve with your micro-innovation activity?
16. How many individuals do you plan to refer to mental health services?

#### Timeline

17. Please describe the timeline to complete your proposed micro-innovation activity (not to exceed 12 months).

#### Budget

18. What is your requested budget to complete your micro-innovation activity?
  - a. Total amount
  - b. Labor costs
    - i. Please explain/provide details
  - c. Material costs
    - i. Please explain/provide details
  - d. Other costs
    - i. Please explain/provide details

**Addendum B: Information Notice for Micro-Innovation Application Requirements and Considerations**

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# Information Notice: Application for funding Micro-Innovation Activities to Increase Latinx Engagement

Monterey County Behavioral Health (MCBH) is currently offering a funding opportunity for one-time projects to increase the engagement of Latinx communities with our local mental health services system. For several years, health record data for Monterey County has indicated Latinx communities to be the most underserved in our county. Extensive community feedback has indicated this may be due to current communications and services of MCBH not resonating with the various Hispanic/Latinx ethnicities, languages and dialects, and cultural norms that exist across our large and diverse 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 the use of mental health services in ways that better reach their Latinx 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 of delivering mental health services.
- Adapt an existing mental health service to better serve an underserved or unserved group of people.
- Adopt a practice or approach from a non-mental health setting and apply it to mental health service delivery.
- Promote better communication and collaboration between agencies/organizations and the community to make services more accessible and/or provide better quality services.

Additionally, all Innovation projects must have an evaluation component. This specific Innovation project to support “micro-innovations” has the intended goal of increasing access to mental health services by Latinx individuals, therefore the primary evaluation metric is the number of individuals accessing referred mental health services. The provider of each micro-innovation activity is responsible for providing referrals to mental health services as part of their project, and monitoring the utilization of those referrals.

To apply, please review the Micro-Innovation Application Requirements and Considerations below, and access the application by following this link: <https://montereyqi.wufoo.com/forms/application-for-microinnovation-activities/>

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## **Micro-Innovation Application Requirements and Considerations:**

1. Successful applications will be able to demonstrate the following:
  - a. The Hispanic/Latinx population, and preferentially a specific subset of this population, as the population of focus to be served.
  - b. An existing barrier or challenge being experienced in the population of focus, which is resulting in their inability to access or receive mental health services.
  - c. An innovative solution to address the barrier(s) identified above, with the ability to deliver referrals to individuals seeking care within the proposed timeline of the project.
    - i. **Note:** micro-innovation projects must be new and unique in their design. MHSA Innovation funds are dedicated for testing new concepts, and may not be used to supplement existing programs or activities.
  - d. An engagement strategy for communication and connecting with the population of focus, including a plan to accommodate COVID-19 social restrictions and public health guidelines.

- e. An evaluation plan that describes both how referrals to mental health services will be provided as part of this project, and how the results of these referrals will be monitored.
  - f. A timeline, not to exceed 12 months. Activities may be a one-time event or continuous activities. Timelines should consider necessary time involved for project planning, implementation and evaluation.
  - g. The total requested budget must not exceed \$50,000.
2. To receive funding, the applicant (or vendor responsible for completing work) must:
    - a. Enter into a mental health services agreement with Monterey County and thereby meet [Monterey County Insurance Requirements](#),  
or
    - b. If an individual and organization cannot meet Monterey County insurance requirements, or may otherwise require additional administrative supports, applicants are encouraged to contact the Action Council of Monterey County to evaluate the potential for their fiscal sponsorship of the project.
  3. Funds cannot be distributed “up-front”. Payment(s) shall be made upon evidence of completed deliverables, and payment(s) processing can take up to 60 days upon invoice to MCBH. Applicants should plan accordingly when constructing the project scope, timeline and budget, and the vendor(s) responsible for completing work should expect to be without payment/reimbursement for up to 60 past date of invoicing MCBH.
  4. Applications must present distinct stand-alone projects, with proposed projects that are not reliant on the work completed as part of co-occurring micro-innovation activities being implemented by either the applicant or another vendor.
  5. Applicants may only apply for more than one micro-innovation grant if project timelines are successive and do not overlap.

### **Micro-Innovation Application Scoring and Selection Criteria**

Micro-Innovation applications will be reviewed and scored across the three criteria of Significance, Innovation, and Approach. Further description of these criteria and their maximum scoring potential are as follows:

- **Significance (10 points)**
  - Reviewers of applications will assess whether the proposed micro-innovation activity addresses a significant problem, where both a population of focus and their barrier(s) to accessing care are clearly identified, and it is evident that existing services in Monterey County are currently incapable of addressing these concerns.
- **Innovation (10 points)**
  - Innovative proposals will introduce a new practice or approach, adapt an existing practice, or otherwise aid mental health service providers in communicating and/or delivering services related to mental health. Proposed activities, if innovative and successful, will be capable of transforming and improving the mental health services or system. Reviewers will assess proposed activities for their creativity, novelty, and potential for creating change.
- **Approach (16 points)**
  - The approach of a micro-innovation activity considers the communication/engagement strategy for reaching the population of focus, the ability to navigate COVID-19 restrictions, and evaluation plan to provide and monitor referrals to services. Additionally, the timeline and costs for proposed activities will be assessed within the Approach criteria. Although it is not required for micro-innovation activities to be successful, the approach or implementation plan must be feasible.

## **Additional Resources**

For additional information on this opportunity, the following documents can be referenced on the Monterey County Behavioral Health [MHSAs webpage](#):

- [Health Equities Summary Report](#)
- [Innovation Plan: Micro-Innovation Grant Activities to Increase Latino Engagement](#)

Questions regarding this application may be sent to [MHSAsinnovations@co.monterey.ca.us](mailto:MHSAsinnovations@co.monterey.ca.us)

**Addendum C: Micro-Innovation Funding Application 2.0 Scoring Criteria**

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## Micro-Innovation Application Scoring Criteria

Does the application identify a unique and underserved Hispanic/Latino target population to be served by the micro-innovation activity?

1 – Target population is described in broad terms (no specific features related to ethnicity, language, region of residence, etc.; e.g. only “Latinos in Monterey County”)

3 – Target population is identified by unique characteristics (one or more characteristics are identified; e.g. “Monolingual Spanish speakers”, “Oaxacan farmworker communities”, “LGTBQ Latinos in Salinas”, etc.)

5 – Target Population is identified by unique characteristics and it is apparent this population is not or cannot be adequately served by existing mental health services in Monterey County (supporting research is provided)

Does the application clearly identify a barrier to accessing care, that is unique to the identified target population?

0 – Barrier to accessing care is not unique to Hispanic/Latino populations.

1 – Barrier to accessing care is unique to language / communication challenges (i.e. This barrier is easily overcome by translating materials)

3 – Barrier to accessing care is unique to ethnicity, cultural history and/or trauma, geographic region in Monterey County, or another specific characteristic. It is unclear if, currently, the local mental health services system has no solutions to the identified barrier.

5 – Barrier to accessing care is unique to ethnicity, cultural history and/or trauma, geographic region in Monterey County, or another specific characteristic. It is clear that, currently, the local mental health services system has no solutions to the identified barrier.

Is the proposed solution offered through the micro-innovation unique and innovative?

Note: when using the word ‘solution’, this is in reference to solving the stated barrier to accessing care for the target population. As these micro-innovations are a form of pilot or research project, the ‘solution’ is the intervention being delivered to the target population through some product/service treatment.

0 – The application presents a solution that is not unique and innovative (e.g. “to hire more Spanish-speaking therapists”, providing group therapy or informational sessions, media outreach such radio commercials)

1 – The application presents a solution that is innovative for Monterey County (i.e. it is clear the proposed solution is not currently being offered anywhere in Monterey County).

3 – The application presents a solution that is unique and innovative the community at-large, where it is apparent the proposed product/service has never been tried before.

5 – The application presents a solution that is unique and innovative, and is specific to engaging, connecting, and motivating clearly defined underserved population(s).

Does the project have a clear strategy to engage/connect with its target population?

0 – No, it is unclear how the target population will be reached and/or engaged to participate.



3 – Yes, it is clear how the target population will be reached and/or encouraged to participate.

5 – Yes, it is clear how the target population will be reached and/or encouraged to participate. Additionally, the proposed project can be safely implemented during the current COVID-19 pandemic (e.g. a plan for socially distanced activities is provided, or the project can be implemented virtually).

Does the application have a clear plan for providing and monitoring referrals to mental health services?

0 – The proposal does not include a clear strategy or plan that describes how the 2 following evaluation elements will be recorded: 1) The number of mental health service referrals generated by the micro innovation, and 2) the number of individuals that accessed care (i.e. followed up on a referral) as a result of this micro-innovation.

5 – The proposal does include a clear strategy or plan that describes how the 2 following evaluation elements will be recorded: 1) The number of mental health service referrals generated by the micro innovation, and 2) the number of individuals that accessed care (i.e. followed up on a referral) as a result of this micro-innovation.

Does it appear, through the project description and proposed timeline, that impacts of this micro-innovation (i.e. individuals accessing services) can be observed within 12 months of the start-date?

0 – No

3 – Yes

Are the costs included in the proposed budget justified?

0 – No

3 – Yes

Applications will not be considered if they score any 0 items, if unamenable. Competitive ranking for all scoring applications.

Addendum D: Announcement of Application Period #4

Reply Reply All Forward

Schweikhard, Wesley 755-4856 | MHSAINnovations; info; aascencio@cca-viva.org; aballas@felton.org; + 329 1/5/2021

**Application Period** for funding Micro-Innovation Activities to Increase Latino Engagement is NOW OPEN!

You forwarded this message on 1/12/2021 12:24 PM.

Good Afternoon and Happy New Year!,

Monterey County Behavioral Health is pleased to announce the latest application period for "Micro-Innovation Grant Activities to Increase Latino Engagement" is NOW OPEN!

The goal of this funding opportunity is to identify promising practices for our local mental health system to better serve Latino communities across our county. This effort includes reaching out to the Mixtec, Zapotec, Triqui and other indigenous cultural groups of Mexico and Latin America currently residing in Monterey County. Historically, Hispanic/Latino and Spanish-speaking residents have engaged with our mental health services system disproportionately less than all other demographic groups. For this reason, Monterey County Behavioral Health obtained State approval to support a series of small-scale community-driven projects designed to educate, engage with, and ultimately provide service referrals to Latinos in need of mental health education and services, where existing efforts have been unsuccessful to connect through language, culture or other factors.

If you have an idea for ways to increase levels of engagement between these underserved populations and local mental health services, we want to hear about it! As we are all affected by the current health pandemic, the need for innovative approaches to educate, connect and engage, has never been greater.

The following links will guide you to the application and supporting documents:

- [Application](#)
- [Information Notice explaining Application Requirements, Considerations and Scoring Criteria](#)
- [Monterey County Behavioral Health, Health Equities Report](#)
- [Master Plan for innovation Project: Micro-innovation Grant Activities to Increase Latino Engagement](#)

These documents may also be found on the [Monterey County MHSa webpage](#) under the "Innovations" sub-heading.


This current application period will remain open until January 29, 2021. The next application period will occur in Spring 2021.

For more information, please contact [MHSAINnovations@co.monterey.ca.us](mailto:MHSAINnovations@co.monterey.ca.us). And please forward this email to those who may be interested in applying!

We look forward to hearing from you!

Take care,

*Wesley Schweikhard*  
Management Analyst II



**MONTEREY COUNTY  
BEHAVIORAL HEALTH**



Addendum E: Announcement of Application Period #5

Reply Reply All Forward

Schweikhard, Wesley 755-4856 MHSAINnovations; info@namimonterey.org; aascencio@cca-viva.org; + 325 6/10/2021

**Application Period** for funding Micro-Innovation Activities to Increase Latino Engagement is NOW OPEN!

Good Afternoon,

Monterey County Behavioral Health is pleased to announce the latest application period for "Micro-Innovation Grant Activities to Increase Latino Engagement" is NOW OPEN!

The goal of this funding opportunity is to identify promising practices for our local mental health system to better serve Latino communities across our county. This effort includes reaching out to the Mixtec, Zapotec, Triqui and other indigenous cultural groups of Mexico and Latin America currently residing in Monterey County. Historically, Hispanic/Latino and Spanish-speaking residents have engaged with our mental health services system disproportionately less than all other demographic groups. For this reason, Monterey County Behavioral Health obtained State approval to support a series of small-scale community-driven projects designed to educate, engage with, and ultimately provide service referrals to Latinos in need of mental health education and services, where existing efforts have been unsuccessful to connect through language, culture or other factors.

If you have an idea for ways to increase levels of engagement between these underserved populations and local mental health services, we want to hear about it!

The following links will guide you to the application and supporting documents:

- [Application](#)
- [Information Notice explaining Application Requirements, Considerations and Scoring Criteria](#)
- [Monterey County Behavioral Health, Health Equities Report](#)
- [Master Plan for Innovation Project: Micro-Innovation Grant Activities to Increase Latino Engagement](#)

These documents may also be found on the [Monterey County MHSa webpage](#) under the "Innovations" sub-heading.


This current application period will remain open until July 9, 2021. The next application period will occur in Fall 2021.

For more information, please contact [MHSAINnovations@co.monterey.ca.us](mailto:MHSAINnovations@co.monterey.ca.us). And please forward this email to those who may be interested in applying!

We look forward to hearing from you!

Take care,

*Wesley Schweikhard*  
Monterey County MHSa Innovations Coordinator



**Addendum F: Final Summary Report – Culturally Rooted Holistic Health for Women**

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**Action/Building Healthy Communities**  
**Micro-Innovations Project: Culturally Rooted Holistic Health for Women**  
Evaluation Report  
July 3, 2019 - December 18, 2020

Goal of the project

The goal of this project was to provide a culturally responsive space that allowed the opportunity to dismantle the stigmatization that is deeply rooted in the Latino culture. This was the first step in accepting and discovering any mental health needs that can then be treated by a clinician or therapist within the Behavioral Health Department. It was the intent of this work to have participants embrace different practices that can support them in taking care of their mental health whether at the prevention level or when there is a need for intervention. This was an opportunity to create a culture shift in the treatment and attention given to mental and emotional health in the Latino community that then can open the doors to trusting other institutions to provide more in depth support as needed.

This idea had a particular emphasis on women because traditionally in Latino culture the mother is the caretaker of the family and is aware of the family needs. The mother, grandmother and/or aunt is the first to know if family members are suffering and in need of services. For this same reason the woman is usually the last one to take care of her own mental health. The mother needs to be taken care of and brought into these spaces so that there can be more influence on the family as a whole. Reaching women allows us to reach the entire family. The project focused on culturally rooted holistic practices. There was an emphasis on tapping into nature and using traditions in the Latino culture to create a space to embrace mental and social emotional support.

Wellness workshops

This project was built off of previous healing-informed work for girls and women of color. As part of previously funded work the Healing-informed Practices Coordinator had a cohort of young women that she connected with regularly around healing-informed practices. These young women were involved in determining the types of workshops to offer the community. The success of this project was contingent upon the diverse experiences and intergenerational focus. Four young women between the ages of 16 - early 20s were engaged in this planning process.

Organizing efforts of Building Healthy Communities has a healing-centered approach, and as a result this process also engaged the women involved in Padres Unidos. There was a focus group with the women in Padres Unidos to identify the types of workshops they needed for their social-emotional and mental health. The workshops transformed

throughout the process in order to adapt to the pandemic environment and the availability of speakers and facilitators.

Below are the name of each workshop and their focus.

1. Peri-Steam Self-Care Workshop

Peri-Steam Self-care Workshop was focused on teaching women how to support their womb/vaginal health naturally. The workshop brought together women in a safe space to discover different herbal blends and remedies which have over thousands of years in history supported women's reproductive health. The history of steaming in different cultures and traditions was shared and women learned about the different plant properties and recommended usage. All attendees were able to create their own personalized Peri- Steam products, including herbal blends and womb healing affirmations to compliment their Steam journey. There were 10 participants in attendance and 10 referrals made.

2. Dia de Los Muertos Traditional Altar Building Workshop

The culturally-based Day of the Dead altar-building intergenerational workshop was based on the Aztec/Mexica tradition. Participants learned the meaning and importance of each item that is placed on the altar and they were able to participate in building a community Day of the Dead altar. There were 14 participants in attendance and 14 referrals made.

3. Mujeres en Acción Circle

Mujeres en Acción is an independent women's leadership group that requested a circle from the organization to hold a space to have a conversation around safety. The women had a troubling experience and were struggling with their mental and emotional health. There were 10 participants in attendance and 6 referrals were provided.

4. Singing Bowl Workshop

The workshop was designed to bring healing and to support others with stress relief, rest, and relaxation through the use of chakra crystal singing bowls. There were 23 participants in attendance and 23 referrals given.

5. Fire Cider Workshop

The workshop was designed to teach participants how to make fire cider, which is believed to help boost the immune system. Fire cider is a traditional recipe that uses common items such as vegetables, herbs, citrus, and apple cider vinegar. Each

participant made their own fire cider tonic. There were 49 participants in attendance and 49 referrals given.

6. Womxn and Water Workshop

The workshop was focused on women and their relationship to water. Participants took part in connecting to the water element and its healing energies. There were 23 participants in attendance and 23 referrals were given.

7. Tea Infusion - Calming Herbs Workshop

The workshop was focused on natural herbs that are known to be beneficial to the central nervous system. Participants learned how to work with tea leaves, learned the difference between teas and infusions. They also learned how to infuse teas and were provided with the supplies to do so from home. There were 33 participants in attendance and 33 referrals were given.

8. Food and Mood Workshop

The workshop emphasized the connection between food and emotions by a certified integrative nutritionist. They were given vegan recipes as well as vegan snacks. Participants were introduced to different ways certain foods impact their overall health, including their mental and emotional health. There were 20 participants in attendance and 20 referrals were given

### Virtual Three Day Retreat

Due to the pandemic it was decided to host a virtual 3-day healing event facilitated by two well known traditional Mexican healers also known as curanderas, Estella Roman and Angelina. These healers went over the uses of traditional plants of Mexico, had an opportunity for the women to ask questions and get answers from their expertise, they also shared how to self-massage. This three-day event focused on women and the healing of selves and their families.

On day one the traditional healers introduced the concept of curanderismo, a traditional form of Mexican ancestral healing that cures not only physical but also spiritual ailments. The participants were introduced to the following plants: california pepper tree, mugwort, aloe, mullein, rue, and others. They were taught how to prepare each plant/herb, apply, and create baths with these plants. The women were also taught how to energetically clean their homes with these plants.

The second day consisted of questions, answers, and share outs. It was an open forum to spark dialogue and trust among the women. The Mexican healers and project lead created a

safe space for women to share. Participants utilized this time to share with one another some of their own home remedies, as well as to ask the facilitators questions regarding plant use for themselves and their children. The conversation was fluid topics ranging from how to manage stress, lack of sleep, emotional baggage, hair loss, headaches, and overall internal organ health.

On the last day of the virtual retreat, the women were taught how to massage their hands using salves and oils. They were then taught how to massage their abdomens using oils, stones, and their hands. The healers also talked more extensively about energetic blockages and cleanses. They were all shown how to do their own limpia (energetic cleanse) using maiz (grains of corn) and a gourd.

There were 45 participants for day one, 43 participants for day two and 45 participants for day 3. Referrals were only given on the first day with a total of 45 referrals for the entire Three Day Retreat.

After the retreat it was clear that women are interested in doing holistic healing and using plants to support their health. Women shared a sense of validation when hearing about the remedies from the curanderas and the remedies they have in their own home. It gave a sense of connection to their native land and reaffirmed that healing is a part of their cultura, they only need a way to access it. However, it was also clear that there continues to be a lack of accessibility to healthcare professionals. There are multiple contributing factors that were shared among the women including: lack of accessibility due to status or economic level and also a level of mistrust in healthcare professionals. There is a greater level of trust in people that reflect and understand their culture and tradition.

### Referral Overview

At each workshop referrals were given for mental health therapy resources via the Monterey County Behavioral Health. Most of the women attending the workshop needed mental and emotional support systems. However, even with a high level of interest there was a lack of follow through after receiving information on the referral. For clarity purposes when mentioning referrals it is meant to describe giving specific information on how to reach a professional in the County. Follow through of referral refers to participants actually calling County for support. The referrals were specifically for therapists.

Community members do not have an immense amount of trust for county services and public services for that matter. The first step for getting individuals to be open to seeking county mental health services was to give information on the services that the county provides. There was a short presentation given at each workshop around the services, and there was a specific referral given to attendees on mental health services. Staff conducted



follow-up phone calls to participants to determine whether or not they had sought out the support from the county and/or received services. We did not hear of anyone actually using any of the services. There continues to be a lack of connection and trust with county services. The purpose of this project was to destigmatize seeking mental health. There is still more work to be done to have individuals trusting and using county mental health services.

### Participants and Referrals

| Workshop/Activity                                      | Attendees  | Referrals  | Follow through of referral |
|--|------------|------------|----------------------------|
| Peri-Steam Self-Care Workshop                          | 10         | 10         | 0                          |
| Dia de Los Muertos Traditional Altar building workshop | 14         | 14         | 0                          |
| Mujeres en Acción Circle                               | 10         | 6          | 0                          |
| Singing Bowl Workshop                                  | 23         | 23         | 0                          |
| Fire Cider Workshop                                    | 49         | 49         |                            |
| Womxn and Water Workshop                               | 23         | 23         | 2                          |
| Tea Infusion - Calming Herbs Workshops                 | 33         | 33         | 0                          |
| Food and Mood Workshop                                 | 20         | 20         | 0                          |
| 3-day Virtual Retreat - Day 1                          | 45         | 45         | 0                          |
| 3-day Virtual Retreat - Day 2                          | 43         | 0          | 0                          |
| 3-day Virtual Retreat - Day 3                          | 45         | 0          | 0                          |
| <b>Total</b> (includes duplication of participants)    | <b>315</b> | <b>223</b> | <b>2</b>                   |

### Quantitative Assessment

Participants were called and interviewed to give an assessment following the workshops and the overall project. Of the participants called there were 40 unduplicated participants that responded to the evaluation questions. While there was a greater number of women that participated in the workshops and retreat some participants chose not to be interviewed or were unreachable. The participants were asked whether they would take advantage of the County services by using a range answer. The range of the answer included: likely, possible and unlikely. Of the 40 unduplicated participants that responded

to the interview questions, 38 responded that they would likely take advantage of the County services. One participant responded possible and one declined to answer.

Using the same range of responses, participants were asked if they would recommend the County services to others. The participants responded the same as the previous question with 38 likely to recommend the services, 1 possible recommendation of services and one declining to answer.

### Qualitative Assessment of the project by participants

As part of the assessment for the project participants were asked to share what motivated them to participate in the workshops, what they gained from the workshops, and any recommendations to improve.

The most common answer among participants shared about being motivated to attend the workshops was the opportunity to get to know people, build a sense of community with women, learn about cultural traditions that are getting lost over time and to find ways to destress. They also mentioned having a space that made the participants feel welcome, gave trust and were inclusive in the programs. Other participants attended because they like to be able to get information to simply learn and to support the community. Some participated because they were curious about finding different ways to have mental peace. Some participated for their own learning to support their family members, friends and acquaintances, while others wanted to learn more about traditional remedies and plants to support their family members with disabilities. Some participants wanted to take advantage of the free space that was provided to them and others were motivated to find equilibrium in their bodies with the workshops. Friends also recommended the workshops to some of the participants because they realized they were closed indoors and needed support. Overall participants wanted to improve their well-being and quality of life.

Internal support was one of the most common responses from the women. Participants experienced a greater sense of confidence, increased self-esteem, a decrease of stress and increased emotional health. Some women were able to deal with traumas through this process and pay more attention to the needs of their body, both physically and mentally. This was due to the peer to peer support they experienced among the women. This project expanded their connection with their spirituality and connection with other women. The second highest response was directly related to the cultural teachings around plants and herbs in the workshops. Participants gained knowledge and opened their mind about other ways to support their mental health. This also gave participants tools to deal with their mental health in ways they hadn't imagined. Many women also learned about nutrition as part of cultivating overall well being and health. The workshops increased a sense of motivation for some women.

The highest recommendation given by the participants was to improve the logistics. When the workshops were done in person it was requested to have a bigger space to accommodate the number of participants which speaks to the level of demand in the community. There were also recommendations to have the same session at different times

so more people could participate and the ability to record them so participants could see them later. Also, because most of the workshops were done virtually they requested having more interactive pieces to the section. Along with the theme of logistics there was also a request to support the organizers more so that participants had materials to read beforehand and to have everyone able to participate in the workshops. This speaks to the level of desire to be inclusive in the space and to ensure everyone is well taken care of, even if the role of the staff is to focus on logistics. The second highest request was to hold more workshops and to increase the reach to South County. Many participants requested having at least 2 workshops a month and as high as workshops 2-3 times a week. There was also a request among more workshops to develop some that focused more on how to prevent illnesses. Lastly, participants were pleased with the workshops and wanted them to continue.

### Qualitative Assessment of the project by staff

In addition to the qualitative assessment from the participants the project lead provided a qualitative assessment of the project, including what worked well, identified the challenges and how the project could have been improved. The project was clearly a needed support for the community and in particular for women. There was a deep interest from participants to prioritize self-care and healing. The spaces provided were free and were designed to remove all barriers for the women to participate. Before the pandemic the women had childcare and food which made it easier for them to destress and be fully engaged in the space. When the pandemic hit there was still in effort from the staff to remove as many barriers as possible. The women were supported in learning how to use Zoom and supplies that were needed for the workshops were delivered to the participants' homes safely following CDC guidelines.

There was such a high demand for the workshops and the welcoming, loving space that was provided. Registration was required for each workshop and each time they filled up quickly. When the participants were notified of the availability of the workshops or the information was posted on social media, the workshops were filled between 24 hours - 48 hours. This space created such an impact on the women that story was shared from one of the participants to demonstrate the level of demand. During the pandemic one of the participants did not want to miss the workshop and decided to go to a McDonald's where she knew teens were usually around to help her sign on to zoom. She did not want to miss the workshops that supported her mental and emotional health so she sought creative ways to ensure she was able to attend.

COVID 19 has manifested in different ways across our county and across the nation. The pandemic greatly impacted the success of this project. While the organization was able to adapt and still hold spaces virtually there are connections that are lost due to the lack of in-person interactions. Many conversations that can lead to a deeper connection and understanding happen before an event starts or after it includes. In person workshops also provide an opportunity to build a deeper connection and trust that can lead to more targeted support. Despite the challenges the pandemic brought it was clear participants wanted more workshops. One workshop a month was not enough for women, however the

need might have been further increased with the emotional distress the pandemic brought. Participants expressed interest in wanting as many as 2-3 workshops a week. While there were existing challenges families were dealing with the pandemic further exacerbated those issues. The workshops were an invaluable space for the women that attended and there continues to be great interest to continue providing workshops at no cost and with increased accessibility.

### Overall Evaluation of County Services

Through the 40 unduplicated interviews conducted with the participants there was also a section focused on county services. The staff asked for recommendations they have for Monterey County Behavioral Health to improve how people access their services.

The participants identified many areas to improve county services. The highest response of participants was around the way county staff treat community members. Participants noted that staff should have enough capacity and knowledge to know how to treat community members with respect, empathy and in an empathetic manner. They would like to see staff that engages in a conversation and treats the community with humanity and especially in the native language those seeking support. It was also mentioned to have creative ways to connect to community members such as developing a text number where residents could receive information and there was a particular emphasis on wanting the communication to be in indigenous languages as well. There could also be an opportunity for county staff to conduct one on one calls to community members with available services and reminders on the resources available. The hours of services also need to shift to be more culturally responsive to the population the county is serving.

The second highest response was around sharing information to the community. Participants noted that information needed to be shared more creatively, and in the Spanish, in places where people frequented the most. While social media was mentioned as a place that needed to distribute information it was also mentioned that the information of available resources/services should be shared via tv, radio, community calendars, supermarkets, clinics, banks, schools and transit locations. Another creative way to get information shared was to create videos via YouTube so that community members could access the information at a later time. The videos should have tools that community members could implement. Related to sharing information it was important to participants that the information shared be understandable and digestible for the community. The sharing of information would help residents because most community members do not know the services that are available until they have sufficient information to ask. This should be done proactively in the community so that the services are more widely accessible. The availability and accessibility of resources across the county, especially in North and South County was noted as a point for improvement.

The next recommendation the participants noted was an increase in workshops like the ones given during this project. There needed to be specific workshops around social-emotional support for children and also a greater emphasis on natural options

versus medication. They knew there was a need for professionals to give therapy to the people in crises in the community. Because these workshops happened in the middle of the pandemic there was a call for workshops that related to COVID 19 to better understand the risk and how it is spread. With the increase of workshops there also needs to be a support to have more accessible internet for those wanting to join the workshops. It was evident that there is no equity in broadband access.

Lastly, the county staff need to do a better job in communicating processes and protocols when someone calls for services. It needs to be clear to those calling that if they get too agitated on the call that they will have to call the police. The lack of communication around this leads to decrease in trust to seek out services by the county. This was an experience shared by one of the participants but may also be what other members of the community have experienced as well.

In conclusion, there is still a tremendous amount of work that needs to be done for community members to increase their trust in county services. This project made strides in destigmatizing mental health for some Latina women and embracing the support from their peers. This was done by focusing on holistic, culturally-rooted practices. It was taking participants back to teachings and knowledge of their ancestors and seeing the importance of prioritizing self-care and mental health. However, this project did not increase the number of people viewing the county as a trusted partner in providing mental health services.

**Addendum G: Timeline Extension Approval Letter from MHSOAC**

*(Remainder of page left intentionally blank)*





LYNNE ASHBECK

Chair

MARA MADRIGAL-WEISS

Vice Chair

TOBY EWING

Executive Director

September 14, 2020

Wesley Schweikhard  
Management Analyst / Innovation Coordinator  
Monterey County  
1270 Natividad Rd.,  
Salinas, CA 93906

Dear Mr. Schweikhard,

Thank you for your notification dated September 11, 2020, for the time extension of **Two Years** for Micro-innovation Grant Activities for Increasing the Latino Engagement, which received Commission Approval on August 23, 2018.

Per your letter, you have informed us that the start date for this project was on **August 23, 2018**. With this time extension of **two years** the end date for this project will be **August 22, 2023**.

On behalf of the Commission, I would like to thank you for all the work you do in your community.

If you have additional questions or need further assistance, feel free to contact me [sharmil.shah@mhsoc.ca.gov](mailto:sharmil.shah@mhsoc.ca.gov) or your county liaison Vicque Kimmel, Psy.D at [Vicque.Kimmel@MHSOAC.CA.GOV](mailto:Vicque.Kimmel@MHSOAC.CA.GOV).

Sincerely,

A handwritten signature in black ink, appearing to read "Sharmil Shah".

Sharmil Shah, Psy.D  
Chief-Program Operations

Copy: Alica Hendricks, Deputy Director HHSA, Monterey County



MONTEREY COUNTY  
BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

# INN-02: Screening to Timely Assessment

Third Annual Innovation Project Report – FY 2020/21





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

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

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

#### **Introduction**

The Mental Health Services Oversight and Accountability Commissions (MHSOAC) approved use of Mental Health Service Act Component funding for Monterey County Behavioral Health (MCBH) to implement the “Screening to Timely Access” Innovation Project Plan on August 23, 2018. As required by Title 9 California Code of Regulations – Division 1, Chapter 14, Article 5, Section 3580, MCBH must submit Innovation Project Reports on an annual basis for the duration of the Innovation Plan. These regulations state the first Annual Innovation Project Report must be submitted prior to the December 31<sup>st</sup> following the first fiscal year of implementation, whereas all subsequent Innovation Project Reports shall be submitted as part of the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan or Annual Update. The Innovation Project Report presented in this document is the third Innovation Project Report for this Innovation Project Plan, pertaining to activities taken plan in FY 2020/21, and is submitted as part of the MCBH MHSA FY 2022/23 Annual Update.

The purpose of this Innovation Project Report is to update MCBH stakeholders and the MHSOAC on the implementation status of the Innovation Project Plan. Specifically, as required by the aforementioned regulations, contents of this 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 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.



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

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 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 is developing a comprehensive web-based mental health assessment application to screen individuals for a broad spectrum of mental health disorders and refer them 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 is being 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 is being 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 is occurring in several phases:

1. MCBH has engaged 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 has also partnered with other interested counties to ensure this meets the needs of many diverse populations.



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

2. A prototype of the application is being developed and a cohort of MCBH staff and community based service providers will be trained in its use. These trained individuals will pilot 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 supports MCBH in assigning partial staff time of an Analyst and Epidemiologist for purposes of project coordination, evaluation, and reporting. Implementation



## INN-02: Screening for Timely Assessment

of the Screening to Timely Access project, including facilitation of the vendor procurement process, product development and testing, and marketing and evaluation services, is to be performed by CalMHSA and contracted service providers.

### Timeline

The total original timeframe of this Innovation project was 3 years, but has been revised to extend 5 years (discussed in FY 2019/20 Evaluation Report). The original timeline for key phases / deliverables was 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 original 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 2020/21**

As reported in the evaluation reports for FY's 2018/19 and 2019/20, the Screening to Timely Access project has experienced significant delays in implementation. In summary, CalMHSA incurred several significant delays to support the process for releasing a Request for Proposal (RFP) to acquire the necessary vendors to develop the screening assessment and technology components. Additionally, MCBH partnered with Los Angeles County Department of Mental Health (LACDMH) on this Innovation project. The formation of this partnership resulted in additional significant project delays as a result of negotiations and on-board LACDMH. Lastly, a determination was made by all parties to first facilitate a Request for Information (RFI) in order to support the refinement of elements and expectations associated with the eventual RFP process. At the conclusion of FY2019/20, the RFP document was under review by CalMHSA, MCBH and LACDMH administrative leadership personnel, prior to its planned release in early FY2020/21.

On January 11, 2021, the RFP to procure the necessary vendor(s) to develop and implement the digital screening and referral tool was released via the Bonfire public purchasing web-based platform (Addendum A). The closing date for the RFP submission period was February 18, 2021. In



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

total, 10 firms responded to the RFP, with the agency CredibleMind Inc. being awarded the contract to research, develop and evaluate all necessary components of the web-based screening and referral tool. Contract negotiations and processing activities between CalMHSA and CredibleMind took place through the remainder of FY2020/21, prior to an agreement becoming effective on August 2, 2021. The development of the screening and referral tool will commence in FY21/22, with the expectation that clients will be engaged with the tool in beta testing in the beginning of FY22/23.

In FY 2020/21, the expenditures for the Screening to Timely Access project were \$19,085 for County-Operated Program expenses and \$132,852 for Consultant/Contracts expenses, for a total of \$151,937 in expenditures during FY 2020/21.

### **Evaluation Data**

No clients participated in the Screening to Timely Access Project in FY 2020/21, in accordance with the approved workplan, and therefore no evaluation data is available for this report.

CalMHSA has produced an FY2020/21 Evaluation of the Help@Hand Collaborative Project, which is inclusive of this MCBH Innovation Plan (Addendum B).



*INN-02: Screening for Timely Assessment*

**Addendum A: Request for Proposals**

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# Request for Proposal

## Help@Hand Screening Tool Project



MONTEREY COUNTY  
BEHAVIORAL HEALTH

Avanzando Juntos Forward Together



LOS ANGELES COUNTY  
DEPARTMENT OF  
MENTAL HEALTH  
hope. recovery. wellbeing.



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## 1 Project Background [EN1]

The California Mental Health Services Authority (CalMHSa) is an independent administrative and fiscal government agency focused on the efficient delivery of California mental health projects. CalMHSa was established by California counties in June 2009, as a Joint Powers Authority (JPA). CalMHSa's member counties work together to develop, fund, and implement mental health services, projects, and educational programs; and implement these services at state, regional, and local levels. CalMHSa is headed by a separate Board of Directors composed of representatives of Member Counties and an Executive Committee comprised of officers and Statewide Regional Representatives. CalMHSa operates within the statutes governing JPA entities and complies with the Brown Act open meeting requirements.

CalMHSa, with the support of 15 participating counties has implemented a project called the Innovation Technology Suite (Inn Tech Suite), which aims to build a complementary support system that offers a bridge to care, helps identify early signs of mental health changes, offers timely support, removes barriers, and seeks to include new avenues of care for communities not connected to conventional county services. Monterey County Behavioral Health (MCBH) and Los Angeles County Department of Mental Health (LACDMH) are two of the 15 participating counties. CalMHSa, MCBH and LACDMH are working collaboratively to solicit responses to meet a need specifically for Monterey County and Los Angeles County.

This Request for Proposal is intended to solicit interested parties with the ability and capacity to perform the services requested, with the intent to award a contract to the selected entity. However, there is no guarantee of a contract as we are facing unprecedented times which could dictate otherwise for CalMHSa's participating members.

### **Primary Problem**

The primary problem being addressed by this project is the demand for mental health services outpacing the capacity of the mental health services system to appropriately screen and refer these individuals to treatment. MCBH, who is the originator of this project, organizes its "Systems of Care" in three areas: Adult services, Children's services and ACCESS services. Their ACCESS System of Care includes gateway early intervention services, including assessment and referrals, for individuals expressing symptoms of mental illness. The demand for services in ACCESS programs has seen a significant increase in recent years, with the number of clients served over the three-year period from FY2015-17 increasing by more than 100%, from 2,521 to 5,087. Meanwhile, the level of staff capable of responding to these community needs has remained unchanged. The MCBH community planning processes have also revealed both a lack of knowledge in the community about available mental health services and a persistent stigma associated with mental health issues, particularly among Latino communities. Therefore, MCBH believes demand for these ACCESS services will only continue to


increase over time. Additional counties, including Los Angeles County, have experienced similar challenges.

Several mobile applications that promote mental health and wellness have entered the market space in recent years. However, a thorough scan of available products has only found two varieties of application functionality. The first is to provide guided meditations. The second is to provide the user an ability to log and rate their emotional state. No applications were discovered that have the functionality to screen for a broad spectrum of mental health disorders ranging from depression to schizophrenia, nor are any capable of providing MCBH or LACDMH referral resources. To better meet the increased demand for services, MCBH and LACDMH have proposed the development of 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 local mental health system.

### User Scenarios

The following user scenarios highlight the general user profile (including type of user and technical competency), the need or purpose of that user, and their desired result. These user scenarios are intended to highlight the end user characteristics and desires to be positively influenced by the target solution.

| User Profile  | Need   | Desired Result   |
|---|--|--|
| <div data-bbox="337 1222 423 1320" data-label="Image"> </div> <p><b>Description:</b> Family Member / Friend of an Individual that Experiences a Mental Health Disorder</p> <p><b>Technical Competency:</b> Medium (Difficulty in navigating new applications, but has good smartphone, tablet, and laptop navigation capabilities).</p> | <p>A family member/friend of an individual experiencing symptoms of a mental health disorder can pull up this application on their phone or computer and guide their loved one through the screening tool.</p> | <p>The individual (and their family member / friend) will be educated on the symptoms they are experiencing, associated risks and treatment options, and local resource information.</p> |

|  |   |   |
|--|---|---|
|  <p><b>Description:</b> Individual entering Mental Health Clinic</p> <p><b>Technical Competency:</b> Low (Difficulty in navigating new applications and lack of experience in smartphone, tablet, and laptop navigation capabilities).</p>  | <p>An individual is entering a County mental health clinic for the first time. As part of the check-in procedures, the individual is asked to complete the web-based screening tool on their phone (or provided tablet) to expedite and/or inform the clinical in-person intake/assessment.</p> | <p>The individual is “warmed up” to the clinical assessment process with exposure to mental health screening questions and subsequent results. Additionally, the clinician and individual can review the results in order to expedite the treatment plan by reducing redundancy with clinician intake procedures.</p> |
|  <p><b>Description:</b> Community Service Provider conducting outreach activities</p> <p><b>Technical Competency:</b> High (Fully capable in navigating new applications and in the use of smartphone, tablet, and laptop navigation).</p> | <p>A community service provider performing education and outreach activities can utilize this screening tool with clients/participants expressing urgent needs for services for themselves or their loved ones.</p>   | <p>The community service provider is equipped with an education and referral tool to assist individuals in need, while the individual is educated on symptoms and local resources.</p>  |

## 2 Purpose of RFI for Services

To better meet the increased demand for services, MCBH and LACDMH have proposed the development of 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 local mental health services system. MCBH and LACDMH are soliciting responses to identify and select a vendor to design and develop an evidence-based assessment tool comprising a series of questions that provide the user with an assessment score in a variety of mental health categories. Following the assessment, the type and severity of mental health symptoms will be identified along with the

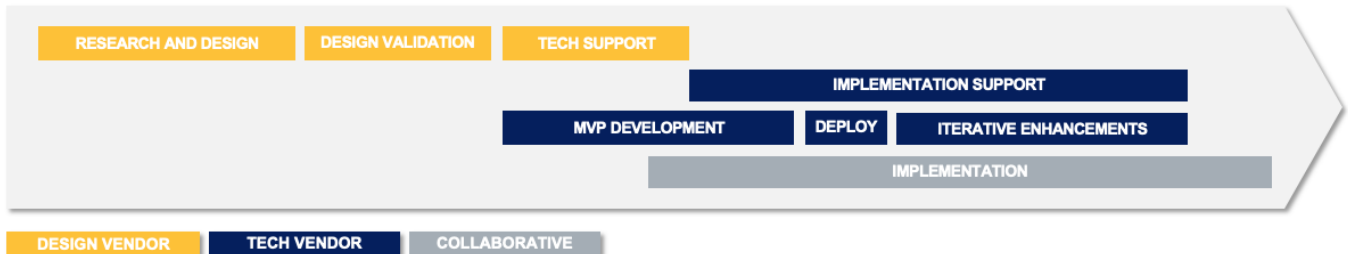
corresponding treatment program that best fits their needs. The tool will be developed around the core criteria of:

- ▶ 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 acquire treatment.
- ▶ Maintaining confidentiality standards.
- ▶ Working fluidly in Spanish.
- ▶ Build upon current evidence-based screening tools with proven validity and utilize item response theory to minimize the number of questions involved in the assessment.

### 3 Project Scope Overview

This project will be executed across two (2) key phases. There is a Scope of Work for each phase. A proposing firm must propose for the Scope of Work for both phases. for may propose for one or more Scope of Work.

*Exhibit 1: Project Scope*



#### 3.1 Design Scope of Work

This Scope of Work will rely on best practice knowledge of research-based tools for mental health diagnosis. The goal of this phase is to design a sound and effective self-assessment that an individual can take on

their own, that will direct the consumer to additional resources and options based on the conclusions drawn from the assessment. This screening tool must contain business rules and question trees, guiding



the user to answer questions relevant to them based on indicators. The vendor will include clinical and design subject matter experts.

The screening tool must meet the following requirements:

1. Screening tool with questions and answers drawn from existing best-practice and standard behavioral health assessment tools
2. Leverage non-proprietary open source tools in combination with adjustments as needed
3. Avoid duplicate questions if multiple tools are leveraged
4. Lead to possible condition of at minimum the following areas:
  - a. Depression
  - b. Bipolar Disorder
  - c. Schizophrenia
  - d. Psychosis
  - e. PTSD
  - f. Anxiety Disorders
5. Be written in English and Spanish
6. Result in recommendations for appropriate local mental health resource information.
7. Result in descriptions of the possible condition with informative information
8. Require a User Agreement to be acknowledged by end users

The services under this Scope of Work must include the following components of developing this tool:

1. Research
2. Design
3. Evaluation and Refinement

## Deliverables

| # | Deliverable  |
|---|--|
| 1 | Project Plan & Schedule                              |
| 2 | Research Plan  |
| 3 | Conduct Research                                     |
| 4 | Functional Design Document                           |
| 5 | Testing Plan, User Acceptance Testing and Validation |
| 6 | Training Materials                                   |

The scope of services is to design a screening tool that allows individuals to take self-assessment, that will lead to a possible condition and make soft referrals to supporting agencies within Monterey County and Los Angeles County. The Scope of Services is to involve the following key tasks:

1. Develop Project Plan & Schedule – Phase 1
  - a. Plan should include plan for each design key project task, phase, and deliverable
  - b. Plan should include a design phase project schedule, work breakdown structure, resources, risk management plan, quality plan, change management plan, and project escalation path for the design phase of the project.
2. Conduct Research
  - a. Research should include research of existing tools, studies of self-assessments, as well as research and interviews of Monterey and Los Angeles staff and Stakeholders
  - b. Monterey and Los Angeles will ensure staff are available for collaboration
3. Design
  - a. Create a design document in collaboration with the Technology Services Provider to outline relationships between functionality and design requirements including workflows through the screening process

Once the assessment tool is designed the evaluation process for effectiveness and receptiveness will take place. A cohort of MCBH staff and community-based service providers, such as Promotors de Salud, will be trained in the use of the tool. Similar user-testing may take place in Los Angeles as well. These trained individuals will then pilot screenings in the field, using the application with a small number of clients to ensure its applicability in their local communities, and assess functionality and user experience. The goals of the Evaluation Phase will include:

- ▶ Determine if this screening tool accurately gauges type and severity of mental illness.
- ▶ Determine if this application provides meaningful and accurate referral connections to the appropriate service / resource as efficiently as possible.
- ▶ Assess whether this screening tool reduces the hours and cost associated with in-person assessments.
- ▶ 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.
- ▶ Assess the impact the implementation of this application has on the total volume of clients entering services (to be identified), including its effect on the demographics of clients served.

The evaluation phase will include both steps for validation and refinement as identified below:

1. Validation
  - a. Validation of the tool should involve dissemination of the screening tool to Monterey and Los Angeles residents and staff

- b. Monterey and Los Angeles engages with local Community Based Organization to assist with the dissemination of the screener
- c. The vendor shall create the validation plan
- 2. Refinement
  - a. Work collaboratively with CalMHSA, Monterey and Los Angeles Counties
  - b. The vendor shall participate and facilitate the assessment plan

### 3.2 Technology Scope of Work

This phase will rely on a team of developers to build a mobile compatible web-based questionnaire screening tool which results in a possible condition and soft referrals based on business rules and information as developed in Phase 1.



Vendors should describe the delivery model along with the advantages. Delivery models considered for the required solution may include:

- ▶ Commercial off-the-shelf (COTS) software
- ▶ Custom built application
- ▶ Open-source software (all models)
- ▶ Managed services/hosted

The output of this scope of work must include a solution that:

1. Is a responsive web design with the ability to adapt easily across all devices (i.e. desktop, laptop, mobile, etc.)
2. Is on cloud-based infrastructure within government instances
3. Is compliant with HIPAA and other security standards to be defined
4. Provides the ability to function consistently across multiple browsers (i.e. Edge, Chrome, Safari)
5. Uses business requirements and business-rules to drive functionality as defined by the Design Scope of Services
6. Captures all assessments and any other required data as identified from the section above (Design Scope of Work)
7. Supports multiple languages (i.e. Spanish and English) as identified by participating counties
8. Is intuitive and user friendly
9. Identifies possible condition as defined by the Design Scope of Services



10. Provides the capability to enter, maintain and display local service providers as defined by the Design Scope of Services
11. Complies with ADA and WGAG v2.x or latest
12. Seamlessly scalable to accommodate future growth
13. Supports standard APIs, interfaces, and communication protocols for enterprise application integration systems and/or web services integration to other applications (integration not in scope of this contract). This Scope of Work will not be used to capture consumer health data or to submit claims.
14. Allows individual counties to easily access their respective data for reporting and other business purposes
15. Supports administration of application (i.e. user access control, define user roles, security, maintain lookup tables, etc.)
16. Supports business intelligence and analytical tools

## Deliverables

The services executed in this phase should be conducted in an Agile methodology. This phase will initiate before the screening tool has been developed and will require a team to implement screens and business rules. Development efforts in this phase will also require working closely with CaIMHSA, in collaboration with Monterey County and Los Angeles County to validate the look and feel of screens, needs for data security and management, and build a platform that could in the future integrate with Monterey and Los Angeles internal systems.

| # | Technology Deliverables            |
|---|------------------------------------|
| 2 | Technical Documents                |
| 3 | Application Landscape/Environments |
| 4 | Application Prototype              |
| 5 | Test Strategy and Documents        |
| 6 | Training Strategy and Documents    |
| 7 | Production Deployment              |
| 8 | Post-Go Live Support               |
| 9 | Data Extracts                      |

|    |  |
|----|--|
| 10 | Status Reporting                       |
| 11 | System M&O                             |
| 12 | Service Level Agreement                |
| 13 | Continuous Resolution of Major Defects |

### 3.2.1 Application Development Scope of Work

Development of the application in a Cloud environment using iterative development practices.

### 3.2.2 Deliverable 1 – Technical Documents

Technical documentation including architecture and code base referenced directly to functional requirements, as well as any hosting or maintenance needs.

Technical documents must include the following:

- Functional Design Document
- Technical Design Document
- Technical Design Document
- Application/System Architecture Document
- Entity Relationship Diagram (ERD)
- Application Workflow
- Data Dictionary

Vendor team shall provide a technical design document, which includes the above listed documents.

#### *Acceptance Criteria*

The CaIMHSA will accept the completion of the Technical Document per the following acceptance criteria:

1. Business Requirements Document should list all the user stories and requirements and business rules in detail along with any future state requirements
2. Technical Requirements document that comprehensively lists the technical details i.e. screen names, field names, data types (numeric vs alphanumeric), etc. This document should also list all the security requirements to comply with various County, state and Federal security policies.



3. Technical Design document that includes user interfaces, wire frames, data flow diagrams, etc.
4. Application System Architecture document that includes Conceptual, Logical Architecture
5. Entity Relationship Diagram should include the table structures and their relationships and dependencies
6. Application workflow should include a detailed flow diagram of the various functions
7. Data Dictionary document that lists all the data fields and their attributes
8. The design document should also include any designs for features not-yet developed.

### 3.2.3 Deliverable 2 - Application Landscape/Environments

The project should provide the standard application code development/maintenance landscape i.e. Development, Test and Production environments.

Note on Test Environment: Vendor shall provide a test environment specific to the County so that county staff and Peers can test configurations and feature development in a manner that reflects their Production Environment.

#### *Acceptance Criteria*

1. A Test Environment that mirrors the Production Environment, but also includes county specific configurations that is accessible through a County Code.
2. The Test Environment should be completely separate from the Production Environment. There should be no way for a user in the Test Environment to be transferred to the Production Environment and vice versa.

### 3.2.4 Deliverable 3- Application Prototype

The vendor shall develop a working functional prototype of the end state application.

### 3.2.5 Deliverable 4 - Test Strategy and Documents

The vendor shall provide an overall test strategy document along with the following documents:

- Functional Testing Document and test scripts
- Technical testing document and test scripts
- User Acceptance testing document and test scripts
- Integration testing document (if needed)
- Regression testing document (if needed)

The Vendor team shall conduct testing on all developed features, bug fixes, and configurations, and resolve all issues, before code changes are deployed to County test environment. The Vendor team shall report to the CalMHSA Project Manager findings from testing on a regular basis.

#### *UAT Entry Criteria*

1. Vendor notifies CalMHSA of any development work performed outside of the Tech Suite that affects county configured environments. (During Sprint Planning).
2. Automated and Manual testing report provided by Vendor.
3. Release notes have been provided to CalMHSA by Vendor.
4. New features and defect fixes have been migrated to the Test Environment.

#### *Acceptance Criteria*

1. Any feature development in the Test Environment pass Regression Testing and User Acceptance Testing prior to being able to deploy into the Production Environment.
2. All identified bugs are shared with CalMHSA.
3. CalMHSA and County Sign-Off on items that pass User Acceptance Testing prior to deployment to the Production Environment.

### **3.2.6 Deliverable 5 - Training Strategy and Documents**

The vendor shall provide a detailed training strategy document (i.e. train the trainer, on-site/classroom training, etc.) along with the necessary training materials - Administrator Guides, User Guides, Cheat Sheet, etc. The vendor shall conduct the necessary training as outlined in the training strategy document.

### **3.2.7 Deliverable 6 - Production Deployment**

The vendor shall deploy and configure the application with agreed upon functionality (including any major bug fixes and enhancements) in production environment and make it available for production use.

#### *Acceptance Criteria*

The CalMHSA will accept the completion of this deliverable with the completion of the following conditions:

1. Working and stable Production Environment is accessible by County with county code.
2. Vendor will not push changes to Production that also affect County configured environments without prior approval.
3. Production Environment contains all code approved by CalMHSA from Testing Environment for MVP & Configuration needs.

4. Production Environment reflects approved Configuration.
5. CalMHSA Sign-Off on Production Environment.

### 3.2.8 Deliverable 7 - Post Go-Live Support

The vendor shall provide technical and functional support for 90 days after full production rollout of the application.

### 3.2.9 Deliverable 8 - Data Extracts

Vendor shall provide the county with periodic data extracts which can be used to support the evaluation of the effectiveness and accuracy of the tool. Data extracts must be part of the product used for testing so that the Design Vendor can assess the effectiveness of the solution. Data extracts must also be available post testing phase and during Go Live so that the system can be continuously evaluated.

#### *Acceptance Criteria*

1. Reports will be accessible to CalMHSA, County and Design Vendor for evaluation purposes.

### 3.2.10 Deliverable 9 – Status Reporting

Vendor shall provide the following deliverables per contract requirements:

1. Mechanism for clients to obtain accounting of disclosures of Personally Identifiable Information (PII).
2. Outcome dashboard\*
3. Quarterly Status of Deliverables report\*
4. Annual Status of Deliverables report\*

*\*These items are to be maintained and reviewed on an ongoing basis.*

### 3.2.11 Deliverable 10 – Maintenance & Operations

This section outlines expectations of the Vendor team to support and maintain a working environment for Vendor users. All features must be maintained to continue meeting acceptance criteria.

Vendor team shall also provide a license fee structure for ongoing rollout after MVP (e.g. by bands of users; by number of growth paths completed, etc.).

## 4 Agreement Terms

The Agreement is subject to fund availability. If it is determined funds are no longer available, the Agreement may be terminated without cause or penalties.

The Agreement is intended to commence on March 1, 2019 or upon CalMHSA approval and expire on September 1, 2020.<sup>[EN2]</sup>

The Agreement shall reflect a deliverable based payment structure not to exceed \$XX,XXX. <sup>[EN3]</sup> Respondents are asked to provide a detailed estimate of scope and cost necessary to achieve the goals detailed in the Scope of Work of the Technology development component.

The resulting Agreement will not take effect until fully executed by all parties and all insurance requirements have been met.

The Agreement term may change if CalMHSA makes an award earlier or later than expected, or if CalMHSA cannot execute the Agreement due to unforeseen delays.

## 5 Response Contents

The following response components are required for each Scope of Work. If a single firm is responding to multiple SOW's, then Sections 5.2(Design) and 5.3(Technology) can be responded to in one response. CalMHSA is not responsible for costs associated with the development of proposals nor shipping or delivery of such.

### 5.1 Response Contents - General

Please submit the following components as part of your response:

1. Background of organization

- a. Describe how your organization is equipped to meet the needs as identified in this Scope of Work in section 4
  - b. Provide examples of prior work that is similar in scope and complexity to the items outlined in this Scope of Work
  - c. Must provide the above information for prime contractors as well as any subs
2. The vendor must propose a project management tool that will be accessible by CalMHSA and County staff

## 5.2 Response Contents - Design

1. Proposed Team
  - a. Identify qualifications of resources for the following key roles
    - i. Project Manager
    - ii. Lead Researchers
    - iii. Identify any additional roles as necessary to complete the Scope of Work
    - iv. Include resumes for each proposed team member
2. Approach to Scope of Work
  - a. Outline approach for conducting all activities related to the Scope of Work
  - b. For each task, identify key activities, milestones, deliverables, and work plan
  - c. Describe process for maintaining quality of deliverables
3. Cost Proposal
  - a. Outline each proposed resource, estimated hours per task, and rate used to calculate estimated cost
  - b. Define total proposed cost
  - c. Contract shall be paid on deliverables

## 5.3 Response Contents - Technology

1. Proposed Team
  - a. Identify qualifications of resources for the following key roles
    - i. Development Manager / Scrum Master
    - ii. Lead Developer
    - iii. Developer
2. Approach to Scope of Work
  - a. Outline Agile development approach for conducting all activities related to the Scope of Work
  - b. For each task, identify key activities, milestones, deliverables, assumptions, and work plan not to exceed 12 months [EN4] for the Design and Development phases
  - c. Describe process for maintaining quality of deliverables
3. Cost Proposal - Services

- d. Outline each proposed resource, per the Cost Worksheet provided in Exhibit X.[ENS]
- e. Define total proposed cost
4. Cost Proposal - Materials
  - f. Outline the cost to CalMHSA for the environment and other development costs
5. Cost Proposal – Maintenance and Operations – 1 year
  - g. Outline the approach to Maintenance and Operations for 1 year to begin directly after implementation of the system on the first day that the system goes live
  - h. 1 year of Maintenance and Operations to be included in the overall project and cost
  - i. Include details of staff, services, and materials and licensing costs

NOTE: Contract shall be paid based on deliverables completed.

## 6 Roles and Responsibilities

This outlines the roles and responsibilities for each phase of the project.

### 6.1 Design Services

1. Provide overall project management and oversight to the project
2. Create and delivery monthly status reports
3. Facilitate weekly Status meetings and Daily Standups
4. Provide a path for escalation for issues
5. Facilitate and organize meetings with MCBH and LACDMH
6. Review deliverables for quality before submission to MCBH and LACDMH
7. Create and document survey questions and business rules
8. Document and identify source and rationale for specific questions and logic implemented
9. Work collaboratively with MCHB and Technology Vendor throughout the design and validation process
10. Communicate any schedule delays, risks, and mitigation strategies throughout the project
11. Report to the CalMHSA project manager and the MCBH and LACDMH project managers
12. Maintain compliance with research process regulations and engagement with people for the evaluation phase
13. Work collaboratively with all teams
14. The vendor must propose an actively licensed psychiatrist as part of the Design team

### 6.2 Technology Services

1. Communication of anticipated or unanticipated risks, delays to the CalMHSA Project Manager.



2. Engaging in meetings with CalMHSA and County staff including Daily Standups for the purposes of presenting product demos, validating requirements, assist with design decisions, and general project coordination.
3. Establishing clear validation of product and configuration requests.
4. Execution of all testing and regression testing to ensure product changes, enhancements, bug fixes, and configurations are developed in accordance with acceptance criteria and do not create new defects.
5. Communication of major bugs identified in Production.
6. Communication of down time, blocking issues, and incidents.
7. Monitoring of application performance.
8. Application security and HIPAA compliance.
9. Accessibility and ADA Compliance.
10. Spanish and English Language processing
11. Monitoring and maintenance of SLAs.
12. Completion of all deliverables identified in the above section.
13. Coordinate meetings and requests through CalMHSA Project Manager.
14. Responsive to CalMHSA requests in a timely manner.
15. Provide data as needed to Evaluator as related to assessment of product use.
16. Provide a solution to support assessment of different types of users; users who were marketed to in different areas, with different materials, or different target populations

### 6.3 Counties of Monterey (MCBH) and Los Angeles (LACDMH)

1. Identify a stakeholder / sponsor individual who can provide “Sign-Off” and make key project decisions
2. Provide a staff who will fill the role of the Product Owner (Voice of the Customer), provide acceptance criteria and accept deliverables.
3. Identify a project working team to provide feedback and work with vendor teams
4. Participate in daily standup meetings
5. Coordinate through CalMHSA for vendor requests
6. Participate in testing and provide staff to conduct testing when code is deployed to the Test environment
7. Review deliverables and provide feedback in a timely manner

### 6.4 CalMHSA

The CalMHSA as the contract holder, takes responsibility for the following key components:

1. Identify a Project Manager and primary point of contact for the project
2. Provide overall management of Scope, Timeline and Deliverables

3. Coordinate meetings, work sessions, risks, and documentation
4. Facilitate project decisions with County
5. Provide an escalation path for MCBH and LACDMH
6. Participate in daily standup meetings

*INN-02: Screening for Timely Assessment*

**Addendum B: FY2020/21 Help@Hand Collaborative Evaluation Report**

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## **CalMHSA Support for *City and County's* MHSAs Annual Report**

The summary below outlines CalMHSA guidance in response to the Innovation Regulations 9 CCR § 3930 Innovation Component of the Three-Year Program and Expenditure Plan and Annual Update. This summary is intended to support Counties in providing responses to the annual report and represent CalMHSA's suggestions as it relates to the overall Help@Hand Collaborative effort. Cities and Counties should consider whether CalMHSA's guidance is an accurate reflection of how the Help@Hand project is being deployed within their jurisdiction and use or update the guidance accordingly for their respective reports.

Collaborative Response could serve as intro to the section, followed by local response to focus on City/County-specific efforts.

## **FY 20/20 (July 2020 – June 2021):**

### **Overview**

Help@Hand is a statewide Collaborative project that began in 2018 with fourteen Counties and Cities leveraging interactive technology-based mental health solutions to help shape the future and improve accessibility and outcomes to connect people with care across the state. Technology has many benefits, but there are also many challenges and questions. The participating Cities/Counties are at the forefront of innovation to understand how technology is introduced and works, within the public behavioral health system of care. This means Help@Hand is not one project, but many projects across multiple Cities and Counties. The Collaborative offers the benefit of a shared learning experience that increases choices for Counties/Cities, accelerates learning, and adds in cost sharing. The focus of Help@Hand remains on pursuing a shared vision and common goals. Change at the scale of this project necessitates a robust readiness and change management approach. The project team has focused on building in activities to address these areas for both the project team and the community.

The Help@Hand project leads innovation efforts through factors such as:

- Peer Engagement - integrating those with lived experience of mental health issues/co-occurring issues throughout the project,
- Safety & Security - making sure we prioritize the safety and security of the users and their data,
- Incorporating Stakeholder Feedback - the project has a lot of stakeholders with different priorities. Help@Hand tries to find ways to meet the needs of most, but understanding with conflicting feedback it is not possible to meet the needs of everyone,
- Innovative Technology - always exploring if and how technology fits in the behavioral health system of care,
- Lessons Learned - applying the learnings and incorporating lessons learned as we continue and demonstrating progress and responsible use of resources.

Typically, we consider projects successful based on whether consumer welfare was directly improved because of what a project has done. However, the test of success in an innovation project is more nuanced. Innovation is about transforming the system itself and therefore additional determinations of success include two questions:

1. Did participating Cities/Counties learn something proportionate to the investment they made in the project?
2. Have other Cities/Counties learned from what participants have done and implemented the elements that are valuable to that City/County?

## Products Launched

### Part 1 – Summary of Products Launched as a pilot or full implementation

| Product    | City/County   | Date           |
|------------|---|----------------|
| Mindstrong | Modoc – September 2018<br>Kern – September 2018<br>Orange – Q2 2020<br>LA (UCLA Harbor) December 2018 | 2018 - 2020    |
| Headspace  | Los Angeles   | April 2020     |
| TakeMyHand | Riverside   | April 2020     |
| Mindstrong | Orange  | May 2020       |
| Headspace  | San Mateo   | September 2020 |
| MyStrength | Marin   | March 2021     |
| Headspace  | San Francisco   | March 2021     |
| Prevail    | Los Angeles   | June 2021      |

Additionally, Kern wrapped up their Help@Hand project in October 2020 and Modoc concluded theirs in April 2021.

### Part 2 –

The Help@Hand project has also opened new opportunities for Cities and Counties to provide products that meet the needs and interests of their local stakeholder community. This includes the opportunity to work with vendors outside of RFSQ when the vendors currently available do not meet the city/county needs.

One example of this innovation is Monterey and Los Angeles counties' work to build a digital screening tool that will help users identify potential mental health needs. The counties have completed a rigorous procurement, including a Request for Information (RFI) and a Request for Proposal (RFP) and has selected a vendor to build the tool.

Cities and Counties are also using various approaches to outreach and engagement to get products into the hands of users. This includes leveraging community-based organizations (CBO) and Peers, as well as traditional marketing and advertising techniques.

## COVID-19 Impact

The COVID-19 pandemic played a significant role in cities and counties work on Help@Hand in 2020 and 2021. With the evolving nature of the pandemic and thus needs of statewide communities, Help@Hand collaborative members experienced changing capacity and shifting priorities, particularly in mid-2020 when the future of COVID was uncertain. All participating cities and counties had to rapidly shift to virtual engagement for the project but more challenging, virtual engagement with their community members and stakeholders. Implementation planning and product launches were impacted by cities and counties reduced or shifted capacity and many outreach and engagement plans had to be revised to reach communities through virtual engagement strategies. It was challenging for cities and counties to balance meeting the immediate needs of their local communities while determining how Help@Hand work could be leveraged to provide support, although many collaborative members did report an increased in perceived usefulness of using technology (apps) to engage communities on mental health issues and expand outreach opportunities.

## Shift from Statewide Focus to Locally Driven Emphasis with Collaborative Learning

With the expansion of products available to the Help@Hand Collaborative through the 2019 RFSQ and cities and counties continually exploring and learning about the products that would best meet their community's needs, in 2020 and 2021 Help@Hand began to shift from having a statewide focus to locally driven city and county projects with an emphasis on shared learnings throughout the Collaborative. The Collaborative serves the purpose of sharing learnings, best practices and challenges as cities and counties work through processes locally and encounter different experiences with vendors, local stakeholders and plan development.

### Product Exploration & Selection

Cities and counties explored products and made selections based on local needs, project goals and local capacity to support. A critical part of city and county's planning is gathering stakeholder feedback. Many collaborative members found the process to review available technology products and make an app selection took longer than expected as counties developed and deployed processes to engage local stakeholders in the review and selection of the products. While this often led to app selections that were closely aligned with stakeholders needs and interests, it sometimes led to delayed launch timelines.

### Local Outreach

As Help@Hand cities and counties plan to reach their communities with mental health technologies each county is taking different approaches towards outreach and engagement. Some counties are engaging local community-based organizations to support localized and individual outreach methods, others are coordinating with community colleges, drafting billboard and radio campaigns and creating posters to put on buses while others are working with providers and Peers to refer community members to Help@Hand technologies. Each city and county is tailoring outreach and engagement plans based on their capacity, stakeholder needs, target populations and product type.

### Peers Support DMHL with Local Implementations

Peers provide support to city and county Help@Hand work in different ways, depending on city/county product selection, implementation plans, and local stakeholder needs. During the last fiscal year peers played a large role in Santa Barbara, Marin, Riverside, San Mateo and San Francisco in supporting local stakeholders and community members to engage in the project and the use of technology.

### Evaluation

#### Quantitative

The University of California, Irvine (UCI) evaluation team provides the evaluation component of the Help@Hand project. UCI works in conjunction with the CalMHSA project management team and the Help@Hand Cities/Counties to provide a formative evaluation, meaning findings and recommendations are provided throughout the project, rather than waiting until the end of the project to provide results. Several evaluation reports are generated to meet this need, including:

- Learning briefs – focused documentation of learnings around a specific topic
- Quarterly reports – summary of evaluation activity throughout the quarter
- Annual reports – summary of evaluation activity throughout the year
- Pilot evaluation – summary of evaluation activity related to a city/county pilot, usually integrated into the pilot report

#### Integration of Recommendations

Evaluation reports include suggestions and recommendations all project participants. The integration of these recommendations has occurred throughout the project. The following highlights some of the collaborative-wide recommendations made and/or integrated during this reporting period. Recommendations for cities/counties are addressed by each location respectively.

| Recommendation  | Action  | Date                 |
|---|---|----------------------|
| Engage necessary County departments early and identify areas where cross-County | CalMHSA developed organizational change management (OCM) templates and resources for counties, provided | Year 1 Annual Report |



|   |  |                      |
|---|--|----------------------|
| collaboration can promote efficiency (i.e., creating shared processes and documents)  | training, provided follow up training and individual coaching for counties on an ad-hoc basis.   |                      |
| Staff requirements at the county level for a project of this nature were underestimated. In addition to requiring full-time project staff, additional compensated time should be considered for other critical County employees.  | CalMHSA created a staffing needs guide to outline the minimum staffing needs for Help@Hand counties/cities.  | Year 1 Annual Report |
| Create or update materials that explain to potential technology Vendors how Counties define their special populations and what counties need to best serve these populations  | CalMHSA created a vendor onboarding packet to assist new vendors in understanding the project and county needs.  | Year 1 Annual Report |
| Vendor collected data is likely to give decision-makers the most consistent information on project performance.   | CalMHSA revised the contracting template and negotiation process to integrate data needs early in the discussion.  | Year 1 Annual Report |
| Continue to build a collaborative and cooperative culture that fosters relationships, trust and respect across the collaborative: <ul style="list-style-type: none"> <li>Facilitate more cross-collaboration</li> <li>Facilitate use of SharePoint as a resource</li> </ul> | Help@Hand website updates, improved SharePoint site and updated Collaborative communication strategy approach (communication artifact).                                      | Year 2 Annual Report |
| Continue to refine and streamline project processes: <ul style="list-style-type: none"> <li>Leverage streamlined processes</li> <li>Adapt project management support and documentation materials</li> </ul>   | CalMHSA adapted collaborative processes, such as the Hybrid Implementation Process, and information sharing to streamline and keep the collaborative informed of key issues. | Year 2 Annual Report |
| Continue to integrate DMHL training into county/city implementations  | CalMHSA developed and implemented DMHL Planning Guide. Adapted DMHL courses and supplemented Facilitator Guides for virtual delivery.  | Year 2 Annual Report |

## Success Stories

### Digital Support During COVID

#### Rapid Response

During the last reporting cycle, Help@Hand reported several counties pivoting to use Help@Hand innovations to quickly meet the needs of communities during the COVID-19 pandemic. Throughout 2020 and 2021, the project and cities/counties have continued to explore use of innovative products and learning from the Help@Hand project to continue supporting communities during the ongoing pandemic. Multiple counties (Los Angeles, San Mateo, San Francisco) leveraged an opportunity to work with Headspace to quickly deploy the product during COVID and provide the product as a resource to their entire county.

One significant aspect of the pandemic and the associated quarantine and remote work is the accelerated worldwide adoption of digital tools. Society became more familiar with tools such as virtual meetings, data dashboards and apps. Help@Hand continues to consider how to leverage this project to meet the extensive need in communities as a result of the COVID-19 pandemic.

#### Innovative Ways to Reach Older Adults During COVID

The onset of COVID-19 meant that in person events and meetings were no longer an option across the state. In person events provided opportunities to understand the needs among older adults and when in person events were no longer an option counties like San Mateo began hosting their events online. Older adults are a unique target population for this project because they aren't as familiar with technology or as comfortable using new devices. This meant reaching out to older adults via email and other online platforms wasn't as easy. San Mateo was able to reach out to housing organizations directly and asked them to spread the word among their community members and to distribute flyers. At their virtual events each session is centered on a specific topic and serves as an opportunity for people to share resources, make announcements, and get connected with others. San Mateo wanted to ensure that community members are comfortable using technology so that they can benefit from using mental health apps and these new ways to reach older adults fosters that initiative.

#### Peers

##### Peer Guide to Behavioral Health Apps

The Kern App Guide represents one concrete output of Help@Hand that has been disseminated both within Kern and has been adapted for other Counties/Cities within the Help@Hand Collaborative to share with their community. The development of this guide was led by Peers in Kern County. Each app included in the guide was reviewed and approved by Peers based on predetermined criterion. In addition, this process included community stakeholder feedback. The guide also includes various community supports, such as information for a warmline hotline and recovery resources. The development process of this

guide exemplifies the Help@Hand vision to incorporate Peer input, expertise, knowledge, and lived experience at all levels of the project. This is important because it provides transparency around basic cautions, clarity about consumer choice, and highlights that technology does not replace in-person mental health services offered.

#### Peer Presence and Participation at Tech Lead Calls

Peers are also playing a growing role during weekly collaborative Tech Lead meetings (virtual). More county teams now include Peers and these teams have opened the Tech lead calls to all of their project team participants. This allows Peers the opportunity to hear and provide updates on city/county progress, ask questions and provide input and feedback during discussions, small group breakout sessions and cross-collaborative information-sharing.

Help@Hand Learnings applied to other statewide projects

As an Innovation project, one of the long-term goals of Help@Hand is to inform future mental health practices. Help@Hand has seen early success as some learnings from the Collaborative are already being leveraged by other statewide mental health projects.

In 2021 CalMHSA began working with organizations across the state to administer the federal COVID-19 Crisis Counseling Program (CCP) funded by FEMA. The platform, CalHOPE Connects, provides Peer supported conversations to Californians looking for support during the COVID-19 pandemic. CalHOPE Connect was able to leverage learnings from Riverside County's development and implementation of Take My Hand while developing and deploying the platform.

In 2019 CalMHSA developed a series of digital mental health literacy videos to support cities and counties in their outreach and engagement of community members with mental health technologies. There are many learnings documented in the Help@Hand evaluation reports regarding the importance of digital literacy in engaging community members in the use of technology. Recently, the California Department of Health Care Services announced that digital literacy would be a core competency for the statewide Peer Certification work underway.

#### Providing Access

##### Language Translation of Documents

One of Help@Hand's principles for collaboration is to "Maintain accountability and transparency with all stakeholders." Included in this initiative is ensuring language access. Spanish is the most common threshold language across all the Collaborative Counties and Cities. So, in the Spring of 2020 during a Tech Lead Collaboration Meeting the members decided to solicit a vendor to translate major stakeholder update materials from English to Spanish. Collaborative members shared their requirements to assess language translation vendors with the CalMHSA team during Tech Lead calls. These requirements informed

CalMHSA's approach to solicit vendors and communicate the project needs with potential vendors. Now the Help@Hand.org website is available in Spanish; the Stakeholder Report is available in Spanish and the transcripts for the Digital Mental Health Literacy Videos are available in Spanish.

## ADA

Ensuring the accessibility to public facing materials developed by the Help@Hand Collaborative was outlined under the same principle for accountability and transparency. The Collaborative works to meet standards of accessibility with the Help@Hand website, videos, and digital materials. The Help@Handca.org website uses an embedded tool for accessibility assessments and each of the Digital Mental Health Literacy videos have captions and transcripts available with alt text for images. Lastly the digital materials are developed with accessibility standards in mind including font sizing, and appropriate color contrast.

## Device Access

One of the core components of the Help@Hand project is seeking technology-based mental health solutions. While securing access to devices wasn't a specific goal outlined by the Collaborative it has become a prevalent issue that a few counties have worked to address. Riverside and Santa Barbara were able to work with their local departments and community partners to support device access to their target populations. Riverside was able to purchase digital kiosks to place in their high traffic clinic areas to reach their three different regions and they also purchased smart devices to distribute to consumers. Alternatively, Santa Barbara located a Lifeline vendor (smart phone vendors) and trained vendors to become Lifeline providers. The Lifeline program provides phones and phone services to low-income consumers to support their Help@Hand efforts. This allowed community members to receive phones on the spot so that Santa Barbara staff could support community members in accessing documents or registering for documents if needed to receive these devices.

## How Policies and Procedures Support Innovation

### Collaborative Processes are Working

The Help@Hand Collaborative is made up of 14 Counties and Cities who have several different goals for this project at their local levels. CalMHSA has evolved Collaborative wide practices of communication and processes to reach consensus amongst the differing needs of the counties and cities. Additionally, these processes have enabled Help@Hand Cities/Counties to respond when problems arise.

Recent examples highlight how Collaborative communication process changes throughout the project are working well: the Help@Hand website updates, updated Collaborative communication strategy approach, and two instances of mitigation and resolution of undesirable activity.

Two instances of undesirable behavior include the unauthorized use of technology licenses and invalid 3<sup>rd</sup> party links on a vendor site. In both instances the collaboration, communication and processes established allowed for a prompt and thorough response and mitigation steps to remedy the issues. Both issues were documented and shared with the collaborative for immediate learning and captured in evaluation spotlight articles.

#### Creation of Collaborative Grievance Policy

In 2020 CalMHSA developed a grievance policy. CalMHSA accepts grievances on behalf of the Help@Hand collaborative related to Help@Hand collaborative initiatives, CalMHSA hosted events and meetings, reports provided by CalMHSA, Help@Hand legal questions or matters related to the use of technology in mental health systems (not specific to a city or county's specific implementation). The grievance policy and submission form can be found on the Help@Hand website.

#### Maintaining Project Management Momentum During Organizational Change

##### New Executive Leadership at CalMHSA

CalMHSA welcomed new Executive Director, Amie Miller, Psy.D., LMFT in July 2020. As the former Behavioral Health Director in Monterey County, Dr. Miller brings a practical understanding of local needs and constraints and the importance of engaging local stakeholders.

##### Administrative Changes

Also during this period, CalMHSA underwent a transformation as the organization transitioned administrative responsibility of the JPA from a contractor and became a self-administered organization. With this administrative change, CalMHSA was able to implement several new tools and processes including the creation of a [Help@Hand website](#), SharePoint resource pages for project participants. The transition also included many administrative changes, including the transition of all contracts, staffing agreements and other logistical considerations. This change represented a positive move for those served by CalMHSA as it allows the organization to continue building capabilities as the awareness and understanding of mental health services need grows throughout the states.

##### Streamlined Communications (Communication Artifact, SharePoint)

On May 17<sup>th</sup> CalMHSA implemented a rollout for the new Help@Hand SharePoint site. This included meeting updates, email reminders, and office hours dedicated to ensuring that all collaborative members had access and were acclimated to the new site. The site works as a repository of resources, templates and additional materials for the Collaborative to reference, use and contribute to as a collaboration project. Sharing digital files can place an unnecessary burden on each member in the project so the project management team worked diligently to ensure the access and function of the Help@Hand SharePoint. This site contributes to the ease of sharing learnings and transferable developments like resources that can be shared across counties/cities.

08/19/2021

In the latter part of 2020, the Help@Hand management team noticed a pattern of clarifying questions from Collaborative members when new materials were shared. These questions were specific to the use and alignment of the materials with their project work and planning. Understanding communication best practices, CalMHSA saw an opportunity to update collaborative communication documents to include best practices such as outlining goals, and action items to ensure adoption of any new materials. As a result, CalMHSA developed a template to accompany new project artifacts moving forward so that the purpose, goal(s), and objectives of each new item (i.e. report, template, resource) are clear and align across workstreams. The use of this template now adds clear direction for both the CalMHSA team and the Collaborative on what to do with new materials and/or how to utilize each new tool or resource that CalMHSA shares with the Collaborative moving forward.

## Challenges

### Vacancy in Peer Engagement Manager Role for FY 20/21

One of the challenges faced by Help@Hand was the vacancy of the Peer and Community Engagement Manager role. CalMHSA continued to support the Peer work across the collaborative but recognizes there were gaps in project management support to Peers in individual cities and counties and a lack of the Peer perspective and support to collaborative wide activities in the absence of the position being filled. The Peer Manager role was filled in July, 2021.

### Evaluation SOW

The collaborative has elected to revisit the evaluation scope of work to better align it with the direction and budget of the project. The original scope of work was written to support the five cohort 1 counties, this scope of work will include work for all 14 participating cities and counties. The evaluation scope of work update is currently being discussed between CalMHSA and UCI. Conversations continued into the new fiscal year.

### County Capacity and Other Variances Amongst Collaborative

#### Tech Lead Calls

The project established a weekly Tech Lead Collaboration meeting that provides time and space for members to convene each week. This time is dedicated to information updates and fostering collaboration among the Counties and Cities to share and learn from each other's progress. Over the past year finding relevant topics became challenging due to attendance variations and varied progress among the collaborative. Many members were navigating through different priorities to respond to their community specific needs and COVID-19 response. Understandably having fruitful conversations became less organic and the project management team had to find creative ways to pull together the learnings that the diversity of the group had to offer.

### Adoption of Organizational Change Management in Local Implementations

Organizational change management (OCM) is an established discipline involving the human side of change. Though the practice has been in place for more than 20 years, among the OCM community it is well known that adoption of OCM practices is a challenge. OCM relates to a less tangible and often overlooked aspect of a transformation – the people.

OCM has been integrated in the project from the early stages, still counties struggle to conduct OCM activities or create/execute OCM plans as these activities are often viewed as process for process sake. However, during collaborative sharing, cities/counties indicate they experience roadblocks (often from other departments or divisions who were not well-informed about the project) when rolling out a pilot/implementation.

Understanding OCM theories and approaches, and individuals' and team capacity to work on OCM activities have been significant challenges for cities and counties to adopt OCM best practices into their Help@Hand work.





MONTEREY COUNTY  
BEHAVIORAL HEALTH

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# INN-03: Transportation Coaching by Wellness Navigators

Third Annual Innovation Project Report – FY2020/21





*INN-03: Transportation Coaching by Wellness Navigators*

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

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

#### **Introduction**

The Mental Health Services Oversight and Accountability Commissions (MHSOAC) approved use of Mental Health Services Act Innovation Component funding for Monterey County Behavioral Health (MCBH) to implement the “Transportation Coaching Project” (TCP), under the original title “Transportation Coaching by Wellness Navigators”, on August 23, 2018. As required by Title 9 California Code of Regulations – Division 1, Chapter 14, Article 5, Section 3580, MCBH must submit Innovation Project Reports on an annual basis for the duration of the Innovation Plan. These regulations state the first Annual Innovation Project Report must be submitted prior to the December 31<sup>st</sup> following the first fiscal year of implementation, whereas all subsequent Innovation Project Reports shall be submitted as part of the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan or Annual Update. The Innovation Project Report presented in this document is the third Innovation Project Report for the TCP, pertaining to activities taken plan in FY2020/21, and is submitted as part of the MCBH MHSA FY2022/23 Annual Update.

The purpose of this Innovation Project Report is to update MCBH stakeholders and the MHSOAC on the implementation status of the Innovation Project Plan. Specifically, as required by the aforementioned regulations, contents of this 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 peer support staff Wellness Navigators (WN’s). The intended result of the coaching activities prescribed by TNAT results is to promote greater independence and capability of clients 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, drive, receive timely transportation via family and friends, and afford and/or navigate the public transit system. MCBH has previously responded to meet some of these



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challenges by allowing staff to provide transportation services. However, demand for transportation services continually exceeded the capacity MCBH.

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 recovery. Second, to alleviate these transportation barriers and promote accessibility to services, qualified mental health professionals are now spending 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 the TNAT to standardize a review of transportation-related barriers and client goals. TNAT results are used to prescribe targeted WN coaching activities. The intended result of the project is to support client independence as part of their wellness and recovery plan, as well as aid in the efficient use of clinical resources.

The TCP plan identified 5 phases by which the project will be carried out:

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 clients 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 TNAT. By creating a valuable tool and identifying best practices for promoting client 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 more effectively plan and implement wellness navigation and transportation coaching services.

Specific learning goals of this project are to:

1. Assess whether or not the use of the transportation needs assessment tool and subsequent transportation coaching lead to greater levels of independence and recovery reported by participating clients.
2. Identify which transportation coaching activities correspond to improved levels of independence and recovery.
3. Quantify the staffing costs/investment associated with improving a clients' level of independence (i.e. "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 client has experienced, and also aids in identifying coaching activities that may have contributed



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to that success. Additionally, analysis of staff time allocated towards activities and clients demonstrating success is used to evaluate TCP learning goals.

### 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 original timeframe (duration) of this Innovation project is 3 years, but has been revised to extend to 4 years (discussed in FY 2019/20 Updates below). The original 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 Mental 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 clients 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. This funding was awarded to MCBH by the MHSOAC on August 23, 2018.

The original budget allocates funding accordingly:

| <b>Budget Category</b>     | <b>FY2018/19</b> | <b>FY2019/20</b> | <b>FY2020/21</b> | <b>Total</b> |
|----------------------------|------------------|------------------|------------------|--------------|
| MCBH Personnel             | \$64,228         | \$65,046         | \$65,725         | \$195,000    |
| Consultant Costs/Contracts | \$346,334        | \$346,333        | \$346,333        | \$1,039,000  |
| <i>Total</i>               | \$410,562        | \$411,379        | \$412,058        | \$1,234,000  |

## **Innovation Project Updates: Accomplishments, Challenges and Changes occurring in FY2020/21**

The TCP is currently on-track with activities and timeline proposed in the Innovation Project Plan. In FY 2020/21, the following accomplishments and changes were made:



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

- MCBH maintained their 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.
  - Interim maintained a staff of 3-4 Wellness Navigators as at all times.
  - Referral challenges in the South County region that were experienced in the prior year were resolved.
  - Interim successfully engaged 55 TCP participants.
- On February 19, 2021, the Mental Health Services Oversight and Accountability Commission granted MCBH a 2-year extension to continue and complete the TCP Innovation project, through August 22, 2023 (Appendix A). The timeline extension will allow MCBH to fully utilize the original approved budget of \$1,234,000.

In FY2020/21, the total expenditures for the TCP fell below the anticipated budget, as reflected here:

| <b>Funding Category</b>       | <b>FY2020/21<br/>Budget</b> | <b>FY2020/21<br/>Expenditures</b> | <b>Remaining<br/>Balance</b> |
|-------------------------------|-----------------------------|-----------------------------------|------------------------------|
| MCBH Personnel                | \$65,046                    | \$17,263                          | \$47,783                     |
| Consultant<br>Costs/Contracts | \$346,333                   | \$254,630                         | \$91,703                     |
| <i>Total</i>                  | \$411,379                   | \$271,893                         | \$139,486                    |

In total, after three years of implementation, the TCP has utilized \$729,643 of the stated budget. Therefore, there remains an outstanding budget of \$504,356 in Innovation funds available to be applied towards the TCP in future fiscal years, within the allowable term limits of the Innovation Plan.

### **Evaluation Data**

#### Demographics

FY2020/21 was the second year in which the TCP served clients. A total of 55 clients were served, with the following demographics:

- Gender:
  - Male: 24 (44%)
  - Female: 31 (56%)
- Age:
  - 18-25: 1 (2%)
  - 26-35: 10 (18%)
  - 36-45: 12 (22%)
  - 46-55: 11 (20%)
  - 56-65: 14 (25%)
  - 66-75: 6 (11%)
  - 75+: 1 (2%)
- Race:
  - Black/African-American: 7 (13%)



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- White: 21 (38%)
- Vietnamese: 1 (2%)
- Filipino: 1 (2%)
- Other Asian: 1 (2%)
- Other Race: 24 (44%)
- Ethnicity:
  - Hispanic: 23 (42%)
    - Mexican/Mexican-American: 14 (25%)
    - Puerto Rican: 1 (2%)
    - Other Hispanic/Latino: 8 (15%)
  - Not Hispanic: 24 (44%)
  - Unknown: 8 (15%)
- City of Residence:
  - Peninsula/Coastal Region: 14 (26%)
    - Seaside: 6 (11%)
    - Marina: 5 (9%)
    - Monterey: 3 (6%)
  - Salinas Region: 20 (28%)
    - Salinas: 20 (38%)
  - North County Region: 0 (0%)
  - South County Region: 11 (21%)
    - Gonzales: 2 (4%)
    - Greenfield: 5 (9%)
    - King City: 4 (8%)

### Outcomes

All 55 clients completed a TNAT upon enrolling in the program. This initial test is considered the pre-test to be used as a baseline for analyzing impact of coaching services received during their participation in the TCP. Of those participants, 26 individuals completed a second TNAT after receiving TNAT services for a range of 3-6 months. These second TNAT results are considered the “post-test” to create the data points from which any change from the “pre-test” can be measured. Having approximately half of the participants complete a post-test is an improvement over the previous [first] year of evaluation, where only 13 of 55 participants were able to complete the second TNAT due to COVID-19 disruptions.

The following observations were made as part of the pre-test for the clients served in FY2020/21. When asked if they were missing appointments due to transportation issues, approximately 56% of client replied with “Never” or “Rarely”, indicating the majority of them were indeed not having issues with transportation. Conversely, 44% of clients indicated that transportation issues resulted in their missing appointments. This observation runs somewhat contrary to the results observed when clients were asked if they are able to get to appointments on their own, without the help of others. When asked this question, only 29% of clients responded with “Always” or “Most of the time”, while approximately 53% responded with “Rarely” and “Never”, and 18% responded with



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“Sometimes”. Taken together, the pre-test responses to questions #1 and #2 of the TNAT would indicate that although the majority of clients are not having a significant issue with transportation as a barrier to accessing care, there remains a significant portion (44%) of the group that are experiencing transportation as a barrier to care, and an even larger percentage (71%) are not independent when it comes to accessing care.

Additionally, as part of the TNAT, clients are asked if they can access other non-clinical activities that contribute to their wellness and recovery. For most clients, such activities include attending Social, Errands/Shopping, and Work/Volunteering opportunities, as well as Sports/Leisure and Religious activities and events. Approximately 71% of clients indicated they were frequently unable to access these activities, with 35% noting they are rarely or never able to do so.

The TNAT also asks clients about the transportation methods they are currently using, as well as transportation methods they would prefer to use. The pre-test results (Figure 1) for this question revealed that walking, getting a ride with family or friends, or using the local public system (MST) are the most prevalent transportation methods, with utilization rates for these being at 65%, 39% and 31%, respectively. Meanwhile, the data on consumer preference indicates at least some of those using the above modes of transportation would prefer using an alternative. Conversely, driving oneself, biking, and utilizing other public specialized transportation programs for the disabled (MST Rides, CCAH), as well as taking taxis, are the most frequently noted transportation methods that participants would like to use, but are unable to.

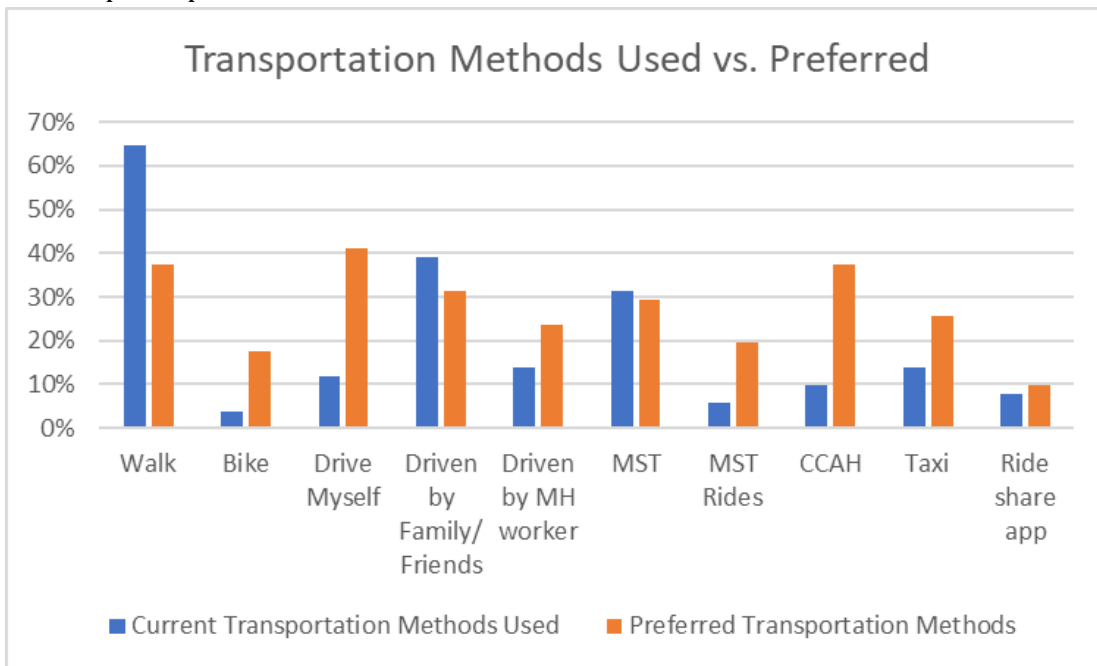


Figure 1

The TNAT also evaluates which transportation barriers clients experience (Figure 2). The pre-test results indicated there are several common transportation barriers being experienced. Physical limitations were the most commonly noted, with safety concerns and costs being close behind.



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Maintaining a schedule, access to public transit stops and motivation were also frequently noted. The ‘Other’ category, which was also selected by many, included many comments relating to physical limitations as well, and other challenges such as language barriers and concern about the pandemic. Perhaps surprisingly, mental health symptoms did not appear to be a large factor in preventing participants from accessing care.

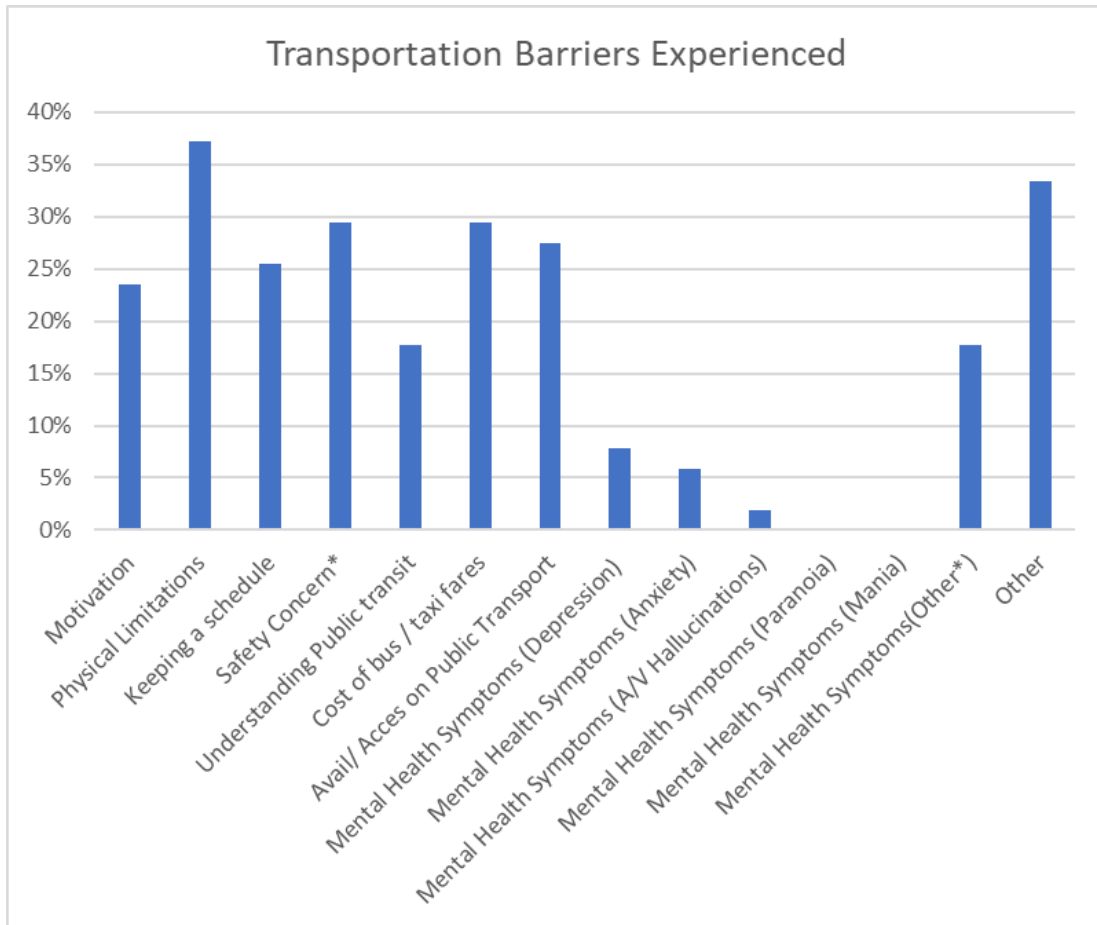


Figure 2

After reviewing the post-test data from 26 of the 55 clients in FY2020/21, there is continued confidence in the TCP showing promise as a beneficial practice for consumers. The average total TNAT ‘independence score’ improved for 81% of the post-test cohort, meaning strong improvements were experienced by clients in becoming more motivated, independent, and achieving transportation goals. Within this measure, the following impacts were observed:

- 44% of clients improved their attendance on appointments
- 32% of clients improved in their ability to travel to appointments on their own
- 36% of clients reported participating in more wellness and recovery activities
- 50% of clients achieved 1 transportation goal
- 13% of clients achieved 2 transportation goals
- 0% of clients achieved 3 or more transportation goals





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

Additionally, deeper analysis of the post-test data revealed some intriguing results related to transportation barriers experienced by the post-test cohort (Figure 3). The most prominent barrier of 'Physical Limitations' saw a modest reduction, while the barriers of difficult maintaining a schedule and access public transit stops saw the most significant improvement. However, barriers related to motivation, safety concerns, understanding public transit and mental health symptoms impeding access all saw an increase.

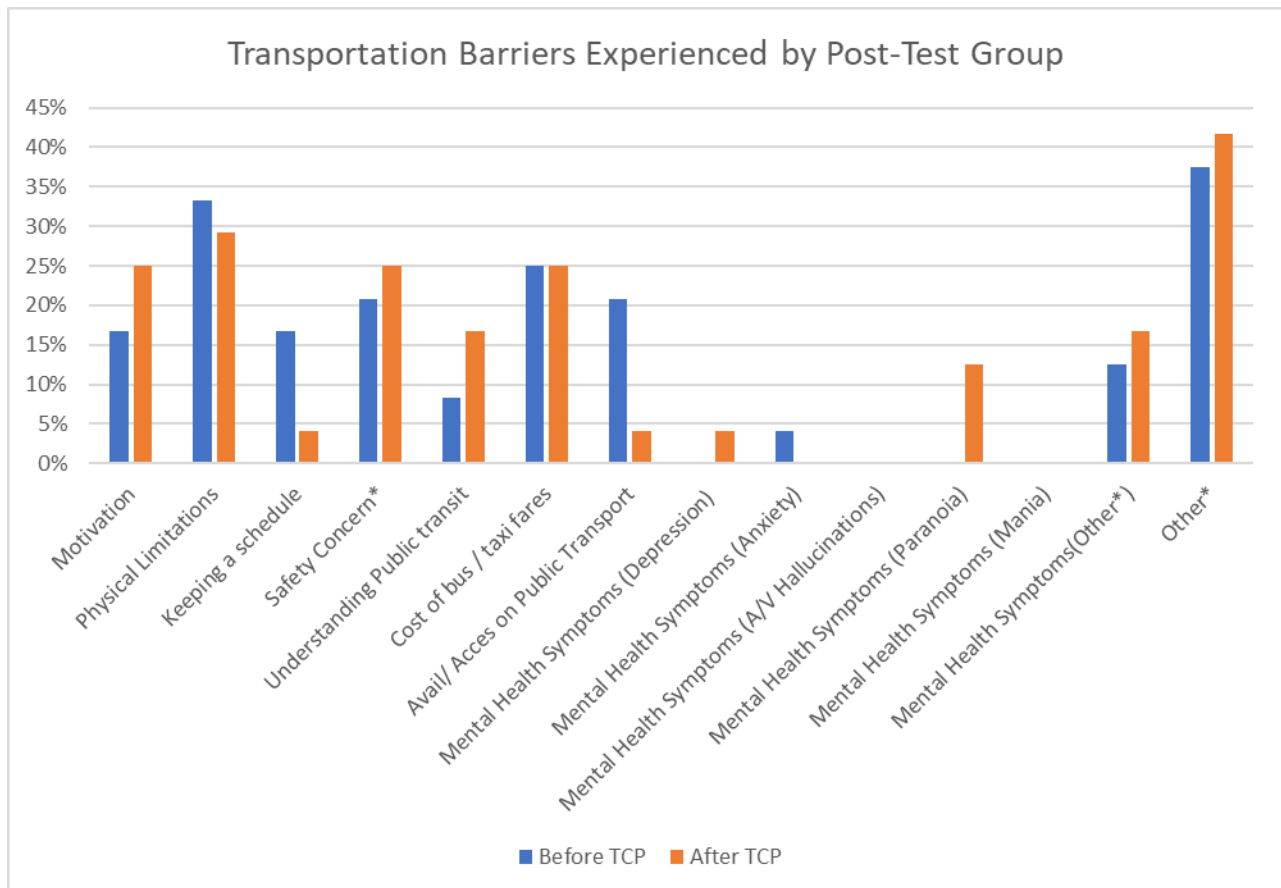


Figure 3

#### Responding to Learning Goals

As noted in the Innovation Project Overview, the 3 learning goals established in the Innovation Plan for the TCP are:

1. Assess whether or not the use of the transportation needs assessment tool and subsequent transportation coaching lead to greater levels of independence and recovery reported by participating clients.
2. Identify which transportation coaching activities correspond to improved levels of independence and recovery.
3. Quantify the staffing costs/investment associated with improving a clients' level of independence (i.e. "step-down" in level of transportation coaching needs).



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

To date, through FY2020/21, only the first learning goal can be adequately addressed with partial implementation of the TCP completed. As evidenced in the above evaluation data, it appears the TNAT and transportation coaching activities do indeed help guide and lead clients to greater levels of independence. This has only been evaluated by the TNAT results. As the third and final year of implementation concludes in FY2021/22 and a final evaluation report is completed, both qualitative data (i.e. client progress notes, service codes) and quantitative data (i.e. WN hours) will be evaluated to assess learning goals #2 and #3.



## INN-03: Transportation Coaching by Wellness Navigators

### Appendix A: Approval Letter for Innovation Plan Timeline Extension



ADMINISTRATION  
1270 Natividad Rd., Salinas, CA 93908  
t: 831.755.4858

To: Dr. Toby Ewing, Executive Director - MHSOAC

From: Wesley Schwelkhard, Management Analyst – Monterey County

Date: 2/18/2021

Subject: Request to Extend Innovation Project Timeline [Transportation Coaching by Wellness Navigators]

Hello Dr. Ewing,

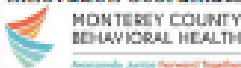
I am writing on behalf of the Monterey County Behavioral Health Bureau (MCBHB) to request a time extension to our "Transportation Coaching by Wellness Navigators" Innovation Plan. This Innovation Plan was approved on August 23, 2018 for a period of three years and a total funding amount of \$1,234,000. For reference, the approved Project Plan and MHSOAC Approval Letter will accompany this letter.

MCBHB would like to extend the timeline of this project by an additional year; to be completed no later than August 22, 2022. No request is being made for additional funding.

Additional time is needed to complete this Innovation Plan as the impacts of the current COVID-19 pandemic, such as physical distancing requirements and stay-at-home orders, forced a break in the project implementation, altered the allowable scope of services provided, and created an additional evaluation goal. The original implementation of this project was centered on in-person interaction between peer Wellness Navigators working with clients; helping them navigate public and private modes of transportation to attend services. As COVID-19 restrictions set in, this disrupted much of the original implementation efforts, including the loss of peer Wellness Navigator staff, the loss of many clientele that were acquired over the previous fiscal year, and adjusting to assist clients access and participate in tele-health opportunities. A corresponding adjustment to the evaluation tool and goals related to this project were made to capture data related to accessing tele-health opportunities. Additionally, adjustments to the vendor agreement supplying peer Wellness Navigators were also necessary to accommodate these changes. As such, we are seeking a no-cost one-year extension to the timeline, utilizing the existing approved budget, to continue implementation and gather the additional data related to assisting individuals access tele-health as part of this Innovation project that aims to promote client independence and access to services.

Thank you for your time and consideration,

Wesley Schwelkhard  
Innovation Coordinator



MONTEREY COUNTY HEALTH DEPARTMENT BEHAVIORAL HEALTH BUREAU | DIVISIÓN DE SALUD MENTAL | 1270 NATIVIDAD ROAD, SALINAS, CA 93908

