Mental Health Services
Oversight & Accountability Commission

INNOVATIVE PROJECT PLAN:
HEALTHY LIVING COMMUNITY

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☒ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
☒ Local Mental Health Board approva Approval Date: 7/17/19
☒ Public comment period for FY18-19 Annual Update (edited Plan) with Innovation project summary (Friends for Health/Weekend Wellness): 1/31 - 3/2/19 ☒ Public comment period for FY19-20 Annual Update with Innovation project summary (Friends for Health/Weekend Wellness): 7/18 - 8/21/19 ☒ Public comment period for Innovation project full proposal (Healthy Living Community): 3/19 - 4/18/20
☒ BOS approval date Approval Date 11/5/19 If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____ *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: May 28, 2020 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

County Name: Mendocino County

Date submitted: October, 2019

Project Title: Healthy Living Community

Total amount requested: $**1,230,000**

Duration of project: Five (5) years

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that "the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports". As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☒ **Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population**
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☒ **Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite**

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ☐ Increases access to mental health services to underserved groups
- ☒ **Increases the quality of mental health services, including measured outcomes**
- ☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☒ **Increases access to mental health services, including but not limited to, services provided through permanent supportive housing**

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Mendocino County has limited housing and high levels of homelessness per capita. Lack of appropriate housing creates additional obstacles for those with serious mental illness as the prioritization for shelter and basic needs often outweighs the needs of connecting with mental health services and developing social support networks. Due to complex and co-occurring needs, housing is often prioritized over mental health services and the development of social support networks within the community which can lead to utilization of high level services, such as crisis contact and acute psychiatric hospitalization. The Supported Full Service Partnership Housing Unit was designed to address the housing needs of people who were homeless or at risk of homelessness who were also navigating a serious mental illness.

Some early residents of the Supported FSP Housing Unit had never previously been housed as adults. As such, many skills surrounding housing, home care, self-hygiene, and other life skills that many people take for granted were underdeveloped in the residents of the Supported FSP Housing Unit. A need for life skills training such as cooking, cleaning, and the development of social networks was identified early by Mendocino County Stakeholders.

Another concern identified by stakeholders and providers with regard to the Supported FSP Housing Unit is the tendency of individuals who had experienced inadequate housing to show a strong reluctance towards leaving the place where they sleep. In Mendocino County, one strategy employed

by homeless individuals is to settle into an area and only leave that spot if they are taking all of their belongings with them. This is due to the high possibility that their necessary belongings, such as blankets, clothes, and backpacks will be stolen or vandalized if they are not present to guard their belongings. This habit, while not necessary for security within an apartment, is a difficult habit to break due to the high stakes of losing access to crucial survival gear. As such, many residents are very reluctant to leave their dwellings regardless of how necessary it might be to accomplish what might seem like relatively small tasks such as going to the grocery store.

Because the Supported FSP Housing Unit prioritized individuals who had recently been stepped down from higher levels of care and had previously been homeless or at risk of homelessness, the residents of the Supported FSP Housing Unit have an additional barrier to building and sustaining a community. Wellness center services would normally be used to reduce crisis contact and establish maintenance level services for individuals who were recently stepped down from higher levels of care. Because wellness centers are typically places a client goes to, separate from their home, it doesn't afford an opportunity to build community with neighbors. With the Supported FSP Housing Unit, there are many residents who are reluctant to leave their homes, have a strong feeling of isolation, and need wellness style services all living in a single housing unit.

Stakeholders have frequently requested MHSA look into resources to help support mental health clients with strategies for finding roommates, friends, and other social supports outside of a service provider relationship. Similarly, stakeholders have stated there is also a gap in services to help recipients build social skills such as peer advocacy and peer relationships outside of provider settings.

The need to develop social skills and life skills, combined with the reluctance of residents to leave their homes to receive maintenance level services adds up to a need within our community that is not currently met. Because the Supported FSP Housing Unit residents are unable or incapable of leaving their residential setting to receive services, the only way to deliver services is to take the wellness center style services and provide them in a residential setting.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

The Healthy Living Community hopes to reduce utilization of high level services, such as crisis contact and acute psychiatric hospitalization, by adapting peer based wellness center concepts to a homebased environment. The Healthy Living Community will engage individuals with chronic specialty mental health conditions who were homeless or

at risk of homelessness in services. By increasing social networks and support, we hope to decrease feelings of isolation within our Healthy Living Community and foster a sense of community and belonging. Through an increased sense of community and social networks, we aim to reduce inpatient psychiatric hospitalization, crisis contacts, utilization of residential care, and reduce severity of mental health symptoms. Healthy social participation should increase involvement in services, improve senses of overall health, and facilitate the development of lasting support networks.

The project is designed for adults with serious mental illness, recently stepped down from, or at risk for, higher levels of institutional care, such as LPS conservatorship, hospitalization, incarceration, and/or homelessness who are living in a Full Service Partnership Supported Housing Program.

Initially staff and a peer advocates will develop weekend social activities, such as "coffee and news," and other activities for residents to engage in. The activities will be developed around a number of social and health related topics. The expectation is that ultimately the residents will participate in the development of the schedule of a week's worth of activities (up to six days a week) and special outings.

The groups and activities will initially be led by the staff and consultants. Ultimately, we propose to support interested consumers to develop skills and receive coaching from peer advocates to develop and lead activities themselves. The Healthy Living Community Project fosters the principles of recovery by allowing residents to self-direct activities, empowering the residents with choices, and centering the idea of whole person wellness. By focusing on social skills and peer relationships, the Healthy Living Community Project will help residents refine the tools they need to rebuild their lives.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

The Healthy Living Community will build on existing service modalities, such as wellness center and peer driven models, and adapt them to a home based environment to foster social supports, whole person wellness, and engagement in meaningful life activities. By reducing barriers to participation in wellness center services, residents of the Supported FSP Housing Unit will engage in activities more regularly. More engagement should translate to stronger peer and social network development, reducing feelings isolation and increasing wellness. By bringing wellness center style services to a home based environment, we expect greater engagement with the maintenance level services necessary for recovery. With increased access to services, we anticipate a reduction in symptoms and risk of severe mental illness. By monitoring FSP outcomes the Healthy Living Community Project will be able to assess the quality of care and determine if home based services yields increased participation and overall wellness.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

Individuals with chronic specialty mental health conditions who are also homeless or at risk of homelessness, have additional barriers to receive services, such as lack of transportation and complex health care needs. The Healthy Living Community brings wellness center style services to a home environment, minimizing some obstacles to engaging in services. While speaking with residents of the Supported FSP Housing Unit, they have spoken about the isolation of not knowing anyone within their immediate community, a habit from homelessness, and not having a vehicle to increase their social activities. Residents who do utilize wellness centers stated that reaching the centers can be difficult, especially when weather is extreme, such as the heat in summer and rain during the winter. When speaking with providers, they have also mentioned that isolation at the Supported FSP Housing Unit is a huge problem because many of the residents do not trust their neighbors, a behavior common in the homeless population. The Healthy Living Community would give many residents a safe environment to interact with their neighbors while engaging in social activities, such as movie night, gardening, trips to the farmer's market, etc., that will decrease their feelings of isolation and increase their sense of community.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

The Healthy Living Community will aim to serve 37-50 individuals per year. We plan to base the services at a newly constructed, recently populated supported housing location, using the community room/kitchen as a gathering place. There are 37 living units, some accommodating more than one occupant. It is likely that most residents will decide to participate, either regularly or occasionally. In addition, the groups will be expanded to allow other individuals with Serious Mental Illness (SMI) to participate and develop peer based skills.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The Healthy Living Community will serve Mendocino County adult specialty mental health recipients, in particular those with histories of chronic homelessness or being inappropriately housed, those stepping down from higher levels of care such as LPS conservatorships. These are the most isolated and least likely to engage in wellness and prevention activities of the Full Service Partners. The Healthy Living Community at the Supported FSP Housing Unit consists of mixed genders, mixed ages, and mixed race (63% Male, 37% Female; 13% TAY, 79% Adult, 8% Older Adult).

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

This project is distinguished from other projects in that it advances social rehabilitative wellness models and peer based models. The Healthy Living Community will test strategies that further peer based social development beyond engagement of social activities in service venues and move social supports toward independent development of lasting friendships and relationships. By bringing strategies into the home setting, we expect to increase utilization of social supports, decreasing negative outcomes of serious mental illness, and increasing social supports beyond service venues.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

Even in situations with assisted living projects, the majority of social supports created for an individual at risk of homelessness, tend to be providers (O'Connell et al., 2017). Increasing peer supports can increase access to recovery-oriented services, suggesting that the more peer interaction, the higher the utilization of wellness services (Myrick and Vecchio, 2016). While peer support is shown to have benefits with regards to mental health, these relationships can take up to a year or more to form in a meaningful way (McCorkle et al., 2008). With peer support being shown to have benefits and timeframes of up to a year to build social supports, it is clear that fostering whole person wellness requires more than just a few volunteer meetings to "jump start" friendships and peer support.

Access to social supports has been identified as a need among individuals recently housed at the Supported FSP Housing Unit. Residents have stated that they are lonely, isolated, and bored, and many have habits of isolation stemming from homelessness. One major barrier between residents and access to peer support is transportation. Bringing the wellness center style services to a home based environment will eliminate the major barrier of transportation and give residents a low risk opportunity to participate. They can see the services being provided before participating, if need be.

The Healthy Living Community will also foster peer social networks and potentially organic friendships by providing useful activities the residents are both in need of and have indicated they are excited to engage in. By bringing activities and services the residents are excited to participate in, the Healthy Living Community intends to engage more individuals increasing the opportunities for community development to

become peer driven within the Supported FSP Housing Unit. By developing a five year project, the Healthy Living Community will have enough time to be a stabilizing feature among the residents of the Supported FSP Housing Unit, providing a reliable social activity residents can count on, and if successful, sustain. The County hopes to use the successes of the Healthy Living Community in other Supported Housing units not yet built.

O'Connell, M. J., Kasprow, W.J., Rosenheck, R. A., (2017). Impact of Supported Housing on Social Relationships Amon Homeless Veterans. *Psychiatric Services* Vol. 68, No. 2. 203-206

Myrick, K., Vecchio, P.d., (2016). Peer Support Services in the Behavioral Healthcare Workforce: State of the Field. *Psychiatric Rehabilitation J.* Vol. 39, No. 3, 197-203

McCorkle, B. H., Rogers, E. S., Dunn E. C., Lyass, A., Wan, Y. M., (2008). Increasing Social Support for Individuals with Serious Mental Illness: Evaluating the Compeer Model of Intentional Friendship. *Community Ment Health J*. Vol. 44, No. 5, 359-366

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

Mendocino County has identified three specific learning goals for The Healthy Living Community project:

1) Does providing whole person wellness activities in a home based environment increase consumer utilization of services?
2) Does providing in-home whole person wellness activities can decrease negative impacts of SMI?
3) Do home based whole person wellness activities improve social supports beyond "provider" relationships for specialty mental health clients?

The Healthy Living Community has prioritized these goals because consumer feedback has identified ongoing social supports as a gap in the services provided to those receiving mental health treatment and at risk of homelessness. Social supports are an organic outcome of engagement in the community and wellness center style services. Providing prevention and health maintenance services to a population who have experienced homelessness or are at risk of homelessness and have little or no access to transportation traps people in a cycle of utilizing high level/crisis level services because they are unable to access the services of a wellness center due to their lack of transportation. By brining whole person wellness activities to a group who have a history of homelessness could be the difference between long term housing and an endless cycle of high level care followed by terms of homelessness. The Healthy Living Community Project aims to reduce the cycle and teach residents of the Supported FSP Housing Unit how to have and

keep a home while providing an opportunity to turn an apartment building into a community.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The learning goals for The Healthy Living Community Project are integral to the adaptations of services that make this project innovative. In our community we have a need to decrease homelessness within the community of people utilizing mental health services. Within our population there tends to be a correlation between homelessness and a high utilization of high level services and complex needs. The homeless community typically has difficulty engaging in non-crisis level services due to a lack of transportation among other factors. The Healthy Living Community Project will bring wellness center style activities to a Supported FSP Housing Unit. This greatly reduces the barrier to engagement due to lack of transportation, unfamiliarity with the area/providers, and weather. By focusing on peer driven and chosen activities, more residents should engage in the activities that will in turn reduce utilization of crisis level services.

Learning goal number one is to determine if residents will engage in activities and wellness activities if the barriers associated with location are removed. The Healthy Living Community Project intends to provide services and social activities at the community room within the Supported FSP Housing Unit living facility.

Learning goal number two is to determine if providing whole person wellness activities reduces negative impacts of SMI. The Healthy Living Community intends to offer wellness activities with opportunities for growing social support networks and developing healthy habits in a home based setting. By putting these activities closer to home, we hope to increase engagement and hopefully decrease the negative impacts of SMI such as incarceration, conservatorship, broken relationships/isolation, substance use, and hospitalization.

Learning goal number three is to determine if home based wellness center style services increase social networks beyond service providers. Peer advocates will play a key role in the Healthy Living Community by creating a system largely led by peers. Increasing the number of peer based activities on the premises of the Supported FSP Housing Unit, The Healthy Living Community Project will increase the opportunities to organically form friendships, which can take upwards of a year (McCorckle et al., 2008). The key for creating social supports beyond providers is opportunity to socialize with peers and engagement in activities. Initial activities will be drawn from those recommended by the residents. By starting with activities they suggested, it gives residents a sense of buy in, and provides them with an opportunity to feel their input matters. Increased engagement should naturally lead to more peer driven and peer led

activities. One goal of The Healthy Living Community Project is to shift to peer driven as time goes on so the residents of the Supported FSP Housing Unit can feel they have built their community.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

To determine if our learning goals are being met, we will collect both qualitative and quantitative pre/post service data from the residents as well as quarterly. For learning goal number one, does bringing whole person wellness activities to the home increase consumer utilization of the service we will collect sign in sheets for the activities. This will give us numbers as well as provide secondary information that we can cross reference against serious mental health utilizations to change direction with activities should engagement waiver due to lack of interest. We will also conduct short interviews with consumers that will include questions such as "would you have participated in today's events if they had been at a different facility?" To eliminate potential bias in self-reporting, we will also have consumer family satisfaction surveys.

Metrics for learning goal number two are both more straight forward and more nuanced. The County will have access to the information to determine if whole person wellness reduces utilization of crisis and other high level services because the County is working in partnership with the Supported FSP Housing Unit and will be able to evaluate the utilization of higher level services, such as crisis services or hospitalizations. For FSPs housed in the Supported FSP Housing Unit, DCR data will include hospitalizations, incarceration, days of homelessness, education, employment, and emergency services for those who remain in FSP. Additionally for learning goal number 2 we will look into biometric data such as smoking cessation, reduced blood pressure over time, reduced or more controlled blood sugar, BMI indicators to show positive health outcomes, etc.

For learning goal number three, do increased opportunities to build social networks foster social relationships beyond "provider" relationships, we will measure this with engagement of resident activities, such as sign in sheets for activities and increased peer facilitated activities. Self-reporting will also play a key role in determining if residents feel less isolated. Such questions could be "Do you know the name of your neighbors?" or "Have you planned any social activities with your neighbors that weren't part of The Healthy Living Community Project." We can then analyze responses for evidence of social supports beyond provider based relationships. We will track the number of activities facilitated by peers.

1) Does providing whole person wellness activities in the home improve consumer utilization of services.
    a. As evidenced by an increase in consumer satisfaction and self-report of engagement.
    b. As evidenced by increase in utilization of outpatient services and utilization of activities.
    c. As evidenced by increase in consumer family member satisfaction.

2) Does providing in home whole person wellness activities can decrease negative impacts of SMI.
    a. As evidenced by a decrease in crisis contacts.
    b. As evidenced by a decrease in psychiatric hospitalizations.
    c. As evidenced by a decrease in medical hospitalization and incarceration.
    d. As evidenced by a reduction in utilization of higher levels of care (LPS).
    e. As evidenced by positive changes in health biomarkers such as blood pressure, blood sugar, and smoking cessation.
3) Do home based whole person wellness activities improve social supports beyond "provider" relationships for specialty mental health clients.
    a. As evidenced by a decrease in self-reported loneliness.
    b. As evidenced by positive responses to satisfaction surveys/interviews from clients and family members.
    c. As evidenced by interview responses indicating social relationships have formed.
    d. As evidenced by increased consumer led activities.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

The County will utilize contractors for the Healthy Living Community Project. The County will conduct a competitive process to assign the contract to the most capable provider in the area. The contract between the County and the Provider will include reporting requirements for quarterly reporting, monthly invoices, and Annual Revenue and Expenditure Reports.

Reporting requirements contained within this contract(s) will include reporting language similar to Innovation regulation 3510.020 for annual reporting as follows:

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

Similarly, the County will collect demographic information quarterly from contract provider(s) similar to the language from Innovations regulations Section 3580.010 as follows:

(a) The Quarterly Innovative Project Report shall include:

(1) Name of the Innovative Project

(2) Whether and what changes were made to the Innovative Project during the reporting period and the reasons for the changes.

(3) Available evaluation data, including outcomes of the Innovative Project and information about which elements of the Project are contributing to outcomes.

(4) Program information collected during the reporting period, including for applicable Innovative Projects that serve individuals, number of participants served by:

(A) Age by the following categories:

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

(B) Race by the following categories:

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

(C) Ethnicity by the following categories:

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

j. Middle Eastern
k. Vietnamese
l. Other
m. Number of respondents who declined to answer the question

3. More than one ethnicity
4. Number of respondents who declined to answer the question

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

(E) Sexual orientation,

1. Gay or Lesbian
2. Heterosexual or Straight
3. Bisexual
4. Questioning or unsure of sexual orientation
5. Queer
6. Another sexual orientation
7. Number of respondents who declined to answer the question

(F) A Disability, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.

1. Yes, report the number that apply in each domain of disability(ies)
   a. Communication domain separately by each of the following
      (i) Difficulty seeing
      (ii) Difficulty hearing, or having speech understood
      (iii) Other (specify)
   b. Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
   c. Physical/mobility domain
   d. Chronic health condition (including but not limited to chronic pain)
   e. Other (specify)
2. No
3. Number of respondents who declined to answer the question

(G) Veteran status,

1. Yes
2. No
3. Number of respondents who declined to answer the question

(H) Gender

1. Assigned sex at birth
   a. Male
   b. Female
   c. Number of respondents who declined to answer the question
2. Current gender identity
   a. Male
   b. Female

c. Transgender
d. Genderqueer
e. Questioning or unsure of gender identity
f. Another gender identity
g. Number of respondents who declined to answer the question

To ensure contractors provide appropriate information, invoices shall not be paid until all reporting is up to date and accurate. These terms shall be noted in the contract(s) with providers.

Administration of the contracted providers will be maintained by the MHSA unit within Mendocino County. The MHSA unit will be responsible for reporting all information to the state as well as sending annual reports and making copies of annual reports available on the County website.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Mendocino County collects stakeholder input on MHSA projects at various stakeholder activities including bimonthly stakeholder Forums, biannual consumer events, monthly Behavioral Health Advisory Board meetings, and other stakeholder feedback events. In addition we sought targeted stakeholder feedback from residents of the Supported FSP Housing Unit as well as local providers of wellness center services.

At a meeting with residents on 07/18/2019, they expressed their desires for the following activities: Cooking lessons, Barbeques (both lessons on how to use and having the opportunity to socialize), Movie Nights, Football watching in the community room, Aerobics classes in the mornings, Group walks where residents can learn more about the city and where things are, AA and NA meetings they could actually get to, Buses to Sunday's in the park (local free concerts), Trips to the farmer's market, Gardening classes/demonstrations, Informal coffee hour with newspapers and local publications.

Key informant Wynd Novotny of Manzanita Services stated in a conversation 07/18/2019:

"The residents … are experiencing a lot of isolation. They don't know their neighbors and they're not sure of them."

"The biggest challenge is participation. How do you sustain interest when they have other symptoms and diagnoses going on? How do you keep them going when they are dealing with the fallout of having to take care of everything else?"

"You need a couple people who are really into it, who can really drive it. If they are looking forward to it, and talking about it, they can drive enthusiasm for it."

Key informant Apartment Manager, Ashley Hathaway:

"There is a high request for AA or NA classes. Being able to have them here would be a big help."

"Healthy Living classes, cooking, how to clean house, how to take care of and how to make routines. Those kinds of classes would be a big help."

"Any investment towards the garden."

Key informant Rebecca Neilson:

"The whole garden area could be used, but it needs someone to lead it and facilitate it."

"Substance abuse class could be useful to the residents."

"Mindfulness classes would be very useful for the residents, as well as any kind of creative classes."

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

A) Community Collaboration

One of the ideas that contributed to the Healthy Living Community builds from a community stakeholders idea and request for additional social connectivity options for supports such as friendship and finding roommates. The innovative project actually builds community among specialty mental health clients with a history of being isolated.

B) Cultural Competency

The Healthy Living Community will be responsive to the cultural needs of the individuals residing in the community. Groups and activities will be culturally appropriate to the composition of the group. Since activities are suggested by the consumers, and later will be led by the consumers, the project naturally includes peer based culture.

C) Client-Driven

The Healthy Living Community will include a peer advocate role, which will facilitate some of the social activities, and will provide guidance and mentorship for residents that are interested to develop peer leadership roles. Healthy Living activities will be selected based on consumer interest.

D) Family-Driven

One of the original ideas for the Healthy Living Community came from a family member suggesting additional social connectivity options are needed for mental health clients. Groups and activities may be coordinated with family members. The Healthy Living Community will include family member input and will measure improvement in relationships with family members.

E) Wellness, Recovery, and Resilience-Focused

The Healthy Living Community builds on wellness center and peer driven models. The activities will seek to build resilience through social connection and skills building. The project addresses whole person wellness. Peer led activities will develop leadership, advocacy, and employable skill sets.

F) Integrated Service Experience for Clients and Families

The Healthy Living Community will integrate whole person skills development as currently exists in wellness centers and peer support integrated into the home environment to increase access to support services. Specialty Mental Health Services, health activities, and social activities will all be available through the collaboration of Healthy Living Community.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

Mendocino County has a highly diverse population. According to the 2000 Census, our population is 80% white, 22.2% Hispanic or Latino, 4.8% American Native, 1.7% Asian, 0.7% African American, and 0.1% Pacific Islander (the 2000 Census allowed people to choose more than one race, leading to a total of greater than 100%). To address the issue of how to best serve our diverse population, we will gauge the needs of the tenets to consider bilingual contractors. The demographic diversity of our residents will also play a role when considering who we hire for our peer advocates. For instance, if our resident population has a higher Native American population than is seen in our community, we will make efforts to tailor our events to be more culturally appropriate. For Healthy Living Communities, we will need to monitor the makeup of the residents within the Supported FSP Housing unit to make sure we continue to offer culturally sensitive and divers activities.
As for the training of our contractors, we will ensure the providers of the services for The Healthy Living Community Project include individuals trained in cultural sensitivity appropriate for our

population. This is a contractual requirement for all service providers in Mendocino County with a requirement to participate in ongoing trainings at least twice a year.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

If successful, the project can be sustained through CSS funding (if approved by stakeholders) as the housing unit prioritizes Full Service Partnerships. If successful, the program will build its own staffing through the peer support model, collaborating with non-SMH provider entities for the social/ medical components. If successful, we may have peer advocates willing and able to maintain social activities and/or expand to other housing projects.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

Individuals served through this project will receive wellness and peer based services similar to those offered in the wellness centers. If the innovation project is unsuccessful, participants will be transitioned to similar services in wellness centers. FSP funds may be used to assist clients in getting to those services, and overcoming other identified barriers to access.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

Outcomes of the project will be reported to stakeholders through a variety of stakeholder communication venues such as MHSA Forums, Consumer Events, and Behavioral Health Advisory Board Meetings. An annual Project review and project evaluation which will go before stakeholders at Behavioral Health Advisory Board Meetings.
We also plan to present our findings at regional meetings to help other counties with similar issues as Mendocino County, such as high homelessness, high hospitalization rates, and high levels of crisis care, in finding ways to engage their clients in wellness center style services to reduce the amount of emergency contacts with those with serious mental illness. We plan to present at statewide meetings as well as to the OAC. Because our work is heavily reliant on the work of peers and peer advocacy, we plan to present to at a CAMHPRO (California Association of Mental Health Peer Run Organizations) meeting.

B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

Home based, peer driven, social, whole person health, wellness.

TIMELINE

A) Specify the expected start date and end date of your INN Project

July 2020 – July 2025

B) Specify the total timeframe (duration) of the INN Project

Five Years (60 months)

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

- 0-6 months contract Request For Proposal process, selection, and contract development
- 4-8 months Recruit staffing, seek additional Supported FSP Housing Unit Resident input on project, collect preliminary measurements.
- 6-12 months initial group activities one day a week with planning for expansion), 6 month and 12 month measures can be used to inform additional changes and refinements.
- 6 months, information collection through the BHIS Data Collection & Reporting tool (DCR)
- 12 months collect DCR information, Annual review, consumer survey collection
- 12-24 months expand to 6 day a week activities measures every six months and quarterly feedback from stakeholders
- 18 months collect DCR information
- 24 months collect DCR information, Annual review, consumer survey collection
- 24-60 months adapt project based on outcomes and stakeholder input, consider expansion (non WT housing, non WT residents, other cities)
- 30 months collect DCR information, consumer survey collection
- 36 months collect DCR information, Annual review, consumer survey collection
- 42 months collect DCR information, consumer survey collection
- 48 months collect DCR information, Annual review, consumer survey collection
- 48-60 months Evaluation of data and Sustainability planning for successful outcomes, or transition planning for unsuccessful outcomes.
- 54 months collect DCR information, consumer survey collection
- 60 months collect DCR information, Annual review, consumer survey collection

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

Budget Narrative

Personnel

Our project calls for the following:
To organize and lead activities: 1 Full time Peer Advocate to conduct wellness center style services: 1 0.3 FTE Clinician, 0.3 FTE Mental Health Rehabilitation Specialist, and 1 0.2 FTE Health Nurse. To oversee the running of the Innovation project, we project that the County costs in administration will be ~10% of the other salaries in County employee time and evaluation to administer the project. Additionally, the benefits packages for employees is estimated at ~30% of the total for salaries. A 5% increase has been applied to the budget for subsequent years to allow for cost of living and inflation adjustments.

Operating Costs

The Healthy Living Community expects the following operating costs:

Admission to events (3 to 4 per year) for 20 people, meals for activities, transportation to activities, gas, rent and utilities on facilities, insurance and maintenance of vehicles, licensing fees.

Non Recurring Costs:

Startup costs for the Healthy Living Community includes the following:
One van for transportation to events, grocery store/farmers markets, appointments, etc., 1 car for transportation needs; computers and office equipment for administration, business needs employment, and education; projectors, screens, and locking equipment for entertainment (movie night/game day activities); Gardening tools and supplies (shovels, pots, soil, hoses, etc.), art supplies, Music instruments and equipment for activities; Health supplies such as cessation equipment, blood pressure cuffs, scales, lung capacity monitors, first aid kits, and smoking cessation products; exercise equipment, large coffee maker, blender/mixer and other kitchen supplies (cups, spoons, pots, pans, small appliances) for cooking classes and activities. Vehicles and supplies to be repurchased in Grant Year 3 (FY 22/23) are also budgeted.

Consultation Costs/Contracts (clinical, training, facilitator, evaluation)

Consultation costs for the grant and contracts, monthly steering committee meetings, indirect cost in County Employee salaries.

Other Expenditures

Other Expenditures for the Healthy Community Living project include the following:
Flex funds, incentives for participation, speaker's fees for classes, peer trainings for meeting facilitation and activity leadership; food for Coffee and News and cooking classes, newspaper subscriptions for Coffee and News.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Salaries	**$89,390**	**$93,860**	**$98,552**	**$103,480**	**$108,654**	**$493,936**
2.	Direct Costs	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
3.	Indirect Costs	**$35,756**	**$37,544**	**$39,421**	**$41,392**	**$43,462**	**$197,575**
4.	Total Personnel Costs	**$125,146**	**$131,403**	**$137,973**	**$144,872**	**$152,116**	**$691,511**
OPERATING COSTS		**FY 19/20**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
5.	Direct Costs	**$16,300**	**$17,115**	**$17,971**	**$18,869**	**$19,831**	**$90,068**
6.	Indirect Costs	**$10,515**	**$11,041**	**$11,593**	**$12,172**	**$12,781**	**$58,102**
7.	Total Operating Costs	**$26,815**	**$28,156**	**$29,564**	**$31,042**	**$32,594**	**$148,170**
NON RECURRING COSTS (equipment, technology)		**FY 19/20**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
8.	**Vehicles**	**$70,000**	**$0**	**$77,000**	**$0**	**$0**	**$147,000**

9.	**Technology and supplies**	**$17,000**	**$0**	**$18,700**	**$0**	**$0**	**$35,700**
10.	Total Non-recurring costs	**$87,000**	**$0**	**$95,700**	**$0**	**$0**	**$182,700**
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
11.	Direct Costs	**$16,500**	**$17,325**	**$18,191**	**$19,101**	**$20,056**	**$93,936**
12.	Indirect Costs	**$1,650**	**$1,733**	**$1,19**	**$1,910**	**$2,006**	**$9,394**
13.	Total Consultant Costs	**$18,150**	**$19,058**	**$20,010**	**$21,011**	**$22,061**	**$103,329**
OTHER EXPENDITURES (please explain in budget narrative)		**FY 19/20**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
14.	**Speakers fees/training**	**$4,200**	**$4,410**	**$4,631**	**$4,862**	**$5,105**	**$23,208**
15.	**Flex funds and incentives**	**$15,225**	**$15,986**	**$16,786**	**$17,625**	**$18,500**	**$84,122**
16.	Total Other Expenditures	**$19,425**	**$20,396**	**$21,416**	**$22,487**	**$23,605**	**$107,329**
BUDGET TOTALS							
Personnel (line 1)		**$89,390**	**$93,860**	**$98,552**	**$103,480**	**$108,654**	**$493,936**
Direct Costs (add lines 2, 5 and 11 from above)		**$32,800**	**$34,440**	**$36,162**	**$37,970**	**$39,869**	**$181,241**
Indirect Costs (add lines 3, 6 and 12 from above)		**$47,921**	**$50,317**	**$111,302**	**$55,475**	**$58,248**	**$264,794**
Non-recurring costs (line 10)		**$87,000**	**$0**	**$149,380**	**$0**	**$0**	**$182,700**
Other Expenditures (line 16)		**$19,425**	**$20,396**	**$92,830**	**$22,487**	**$23,605**	**$107,329**
TOTAL INNOVATION BUDGET		**$276,536**	**$199,013**	**$304,663**	**$219,412**	**$230,376**	**$1,230,000**

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	**Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds	**$20,451**	**$21,473**	**$22,547**	**$23,674**	**$24,858**	**$113,004**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Administration**	**$20,450**	**$21,473**	**$22,547**	**$23,674**	**$24,858**	**$113,004**
EVALUATION:							
B.	**Estimated total mental health**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**

	expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:						
1.	Innovative MHSA Funds	**$16,500**	**$17,325**	**$17,971**	**$18,869**	**$19,813**	**$90,068**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	**$16,500**	**$17,325**	**$17,971**	**$18,869**	**$19,813**	**$90,068**

TOTAL:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds	**$276,536**	**$199,013**	**$304,663**	**$219,412**	**$230,376**	**$1,230,000**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Expenditures**	**$276,536**	**$199,013**	**$304,663**	**$219,412**	**$230,376**	**$1,230,000**
*If “Other funding” is included, please explain.							

Appendix A: Public Comments

Public Comment received during Public Comment Period for 18-19 Annual Update

Public Comment Period: 01/31/2019 – 03/02/2019

Comment:

1. Regarding Innovation Plans, I really like the number two plan that talks about social aspects of those in the services but are not part of anything. I like making strides in social interaction that might involve friends to hang out with. That's all you need, but it's harder as you get older to build those friendships.

Innovation Public Comment Hearing 4-15-20

Public Comment Period 3-19-20 through 4-18-20

Comments:

1. Director of Manzanita Services. Comment: I am in support of the Innovation project and I look forward to the deliverables, and am extremely excited about the possibilities for severe and persistent mental health clients.
2. I tried to absorb the proposal. In regards to co-occurring and substance use, can we add something that addresses exposure to domestic violence and childhood trauma?
3. Intergenerational trauma is so evident in our community.
4. Expanding wellness with the innovation project, should train families to understand that their families need to be loved no matter what happens. Behavioral Health people need to be encouraged every day of their lives. Behavioral health people just want to come home and be loved, it's such a strong message; we reach out for our mothers.
5. Alcohol and drugs help blot out the pain. Wellness should expand to include self improvement classes, advocating for self esteem, advocacy for people in the criminal justice system to let them know we're with them all the way. It's not that we don't love them, it's that their behavior pattern is just so far from what we understand.
6. Programs need to walk along with someone, and basically hold their hand when they go through their problems.
7. Help family understand the illness.
8. Have Adult education classes.
9. Have Family nights, barbecue nights. Ways to show that the community loves them. Ways to have inner healing for the fractures they have within themselves. That's what this innovation project is all about, to renew people.

Question:

1. Can comments be delivered/dropped off?

   Yes! All comments received before the end of the Public comment period will be added to the final document.