Mental Health Services
Oversight & Accountability Commission

INNOVATIVE PROJECT PLAN
RECOMMENDED TEMPLATE

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 approval Approval Date: 5/22/19
☐ Completed 30 day public comment period Comment Period: 4/19/19-5/19/19
☐ BOS approval date Approval Date: 6/25/19 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: As soon as possible ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

County Name: El Dorado County

Date submitted:

Project Title: Community-Based Engagement and Support Services

Total amount requested: $4,918,725[1] (Original Innovation Plan approved $2.76 million)

Duration of project: Extend for 1 year, to end Sept. 18, 2021

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

[1] Due to slower than anticipated implementation and challenges faced during implementation, the actual expenditures have been lower than budgeted. See the last chart in the Budget Narrative for more details.

☐ 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.

The existing Community-Based Engagement and Support Services ("Community Hubs") Innovation project was approved by the MHSOAC in August 2016. The project was implemented on September 19, 2016, and direct services to clients began May 1, 2017. Through the community stakeholder planning process, the Community Hubs continue to be regarded as a valuable community program because not only do the Community Hubs serve as an access point for services, but the Community Hubs are facilitated by Public Health Nurses, who use a trauma-informed approach to build resiliency in our community. Following implementation and with ongoing administration of the Community Hubs, MHSA and the service partners have identified some programmatic challenges, which, if addressed, would enable continued learning, and if not addressed could negatively impact the County's ability to fully analyze the learning objectives from this Innovation program.

Identified challenges include:

- Staffing challenges
- Limited Family Engagement staff

- Infrastructure and Technology

In reviewing the existing Community Hubs project and the challenges presented with effective administration of the project, El Dorado County, in conjunction with stakeholders, prioritized expansion of this project. With limited direct services beginning May 1, 2017, available data is limited due to a short period of time since implementation. However, available data shows the public's interest and participation in the project. MHSA, stakeholders, and the community are interested in addressing the emergent challenges in order to continue learning if promoting interagency and community collaboration results in an increase in mental health care access for families, as well as access to physical health care, education needs, and other assistance families may need, thereby increasing resiliency in our communities.

This request is for an extension of time and funding for this project to allow for adequate implementation and evaluation, as well as to ensure the learning objectives can be evaluated.

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.

El Dorado County MHSA proposes to expand the existing Community Hubs in order to attempt to resolve emergent challenges, and to continue learning if the Community Hubs model of interagency and community collaboration will result in an increase in mental health care access for pregnant women, families, and children ages birth through 18 years, as well as individual adults who may seek to access services through the Community Hubs; resulting in a reduced number of mental health issues, substance use issues, family violence, and high risk pregnancies.

The Community Hubs access funding through several sources and thus while the Community Hubs are not solely focused on mental health needs, the MHSA funds are focused on helping the community access mental health services and preventing challenges that individuals and families may experience that could lead to the need for mental health services in the future.

The Adverse Childhood Experience (ACEs) Study is one of the fundamental foundations of this Innovation project and the subsequent expansion request. While the inspiration of the ACEs was to investigate why individuals participating in a weight loss program eventually dropped out of the program, the information gained from that study can be applied to behavioral health. The ACEs Study is one of the

largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. It showed how childhood trauma is linked to the adult onset of mental illness, substance use, chronic disease, violence and being a victim of violence. In the 1998 ACEs Study, conducted by the Centers for Disease Control and Kaiser Permanente, researchers discovered that of the over 17,000 participants, 64% had an ACEs score of one (1) or more and 12% had an ACEs score of four (4) or more. The researchers also found that the higher a person's ACEs score, the greater the risk of mental illness and chronic disease. For example, compared with someone who has an ACEs score of zero, a person with a score of four (4) is 2 times more likely to be a smoker, 7 times more likely to be an alcoholic, and the person has 1,200% increase risk of attempted suicide. Individuals with an ACEs score of six (6) or higher have shorter lifespans – up to 20 years shorter.

In El Dorado County in 2011-12, results from the ACEs Screening Tool show that parents reported that 18.2% of children in their care had experienced two or more ACEs. An estimated 42.7% of adults in El Dorado households report being exposed to one (1) to three (3) ACEs when they were children and 20.7% report being exposed to four (4) or more ACEs when they were children.

In addition to childhood trauma, there are other types of pervasive toxic stress. A 2013 report by the Family Health Outcomes Project found that El Dorado County exceeds the state average in key precursors to toxic stress. The report notes that compared to the statewide average, El Dorado County has two and a half times greater mental health diagnoses in pregnancy and nearly double the statewide average of substance affected still or live born infants per 1,000.[2] Further, the California Health Interview Survey reports that El Dorado County has 9.6% of adults with likely serious psychological distress, compared to a statewide value of 8.2%.[3]

Knowing that El Dorado County residents have been exposed to ACEs and other forms of toxic stress, this Innovation project seeks continue explore if bringing together a team of health specialists, family engagement specialists, and literacy specialists to offer case management, services, referrals and linkage to services, and activities in a neutral, non-stigmatizing setting, will help build a resilient community.

Since implementation of the Community Hubs, the access point of service has expanded from the library in each of the five supervisorial districts, to other spaces where families naturally meet. This includes schools, apartment complexes, and community events.

[2] http://www.welldorado.org/index.php?module=indicators&controller=index&action=view&indicatorId=6427&localeId=246

[3] http://www.welldorado.org/indicators/index/view?indicatorId=85&localeId=246

Evaluating Community Hubs project data gathered during the evaluation period of May 1, 2017 to June 30, 2017, compared to data gathered during the evaluation period of July 1, 2107 – June 30, 2018, shows an overall increase in the referrals received and client contacts.

Data Measure	Overall count for period of May through June 2017	Overall count for period July 2017 through June 2018	Difference
Hub referrals received and assigned	41	188	+147
Community Health Advocates linkage requests	140	276	+136
Home visits or significant contact with Public Health Nurse (PHN) or Community Health Advocates	168	1,697	+1,529

Referrals made from Public Health Nurse staff to:	Overall count for period of May through June 2017[4]	Overall count for period July 2017 through June 2018[5]	Difference
Mental Health Services	14	48	+31
Services Received	4	17	+13
Primary Care Physician	14	101	+87
Services Received	7	55	+48
Dental Provider	46	232	+186
Services Received	5	170	+165
Insurance Coverage	13	236	+223
Services Received	3	104	+101
Developmental Services	7	12	+5
Services Received	1	2	+1
Other PHN programs	3	19	+16

[4] For "services received" in 2017, this term means that the client completed an appointment with a provider only and does not reflect clients that had an appointment scheduled at the time of discontinued follow-up.
[5] For "services received" in 2018, the client completed an appointment with a provider OR had an appointment scheduled at the time of discontinued follow-up.

Referrals made from Public Health Nurse staff to:	Overall count for period of May through June 2017[4]	Overall count for period July 2017 through June 2018[5]	Difference
Services Received	0	6	+6
Other Community-based Resources	47	176	+129
Services Received	13	60	+47

In summary, the data gathered during the evaluation period of May 1, 2017 to June 30, 2017 compared to July 1, 2107 – June 30, 2018, shows an overall increase in the referrals made and services received. However, it is believed that, overall, the data measures are underrepresented due to staffing challenges, technology challenges, and lack of standardized data dictionaries and protocols.

Addressing these challenges by expanding the MHSA Community Hubs Innovation project is anticipated to resolve the challenges and contribute to greater learning.

Challenge: Staffing Challenges

Having consistent Public Health Nurses available to the community is vital to the mental health of the unserved and underserved members of our community. The Public Health Nurses are intended to serve as a health team lead in Community Hubs, providing direction and guidance to Community Health Advocates and consultation partners.

One of the first challenges faced by this program has been inconsistent staffing. The Public Health Nurse allocations associated with this program were initially deemed “limited-term” allocations, meaning a position is filled to accomplish a specific project that is limited in duration, is not of a recurring nature, and will continue for a period of six months or more.

Hiring and retaining qualified individuals is extremely time-consuming and challenging. Recruiting, interviewing, hiring, and training Public Health Nurses is time-intensive. Candidates who accept the offer of employment, continue to search for more permanent employment and resign from the limited-term Public Health Nurse position in favor of a permanent position. Thus the cycle of recruiting, interviewing, hiring, and training is again initiated. Additionally, because the position is a limited-term allocation, it is difficult to attract and recruit qualified individuals.

Low staffing levels also affects program consistency and staff morale. The fact that staff turn-over has been a recurrent issue means opportunities for job shadowing and mentoring are reduced. Consequently, training time is limited before employees are expected to independently assume the duties expected. Staff morale is then

affected due to the turn-over. Staff morale also is affected when leadership is consumed with training new employees, thus leaving little time for team building, ongoing training, and program oversight. Creativity with programming and problem solving also is hampered when the focus is on training new staff.

Restructuring the Public Health Nursing staffing allocation and staffing budget to accommodate converting positions to permanent status, and changing the allocation for future recruitments to full-time, should alleviate some of the staffing turn-over and result in a consistent workforce that is knowledgeable of local resources, practices and clients.

Additionally, there is a need for a full-time Public Health Nurse Supervisor to provide program oversight and supervision of the public health nurses. The current allocation is 0.20 full-time equivalent (FTE). This allocation is not adequate to perform all the functions of this role, as well as to oversee the outcome reporting required for this program. Changing this allocation to a 1.0 FTE would contribute to greater program oversight and supervision.

Once established and if shown to be successful, long-term sustainability of the Public Health Nurses and Public Health Nurse Supervisor will be funded through other funding, grants, and funding partnerships. It is also anticipated that a natural attrition rate will occur.

Another staffing challenge has been identified with the Family Engagement staff. Current funding supports 0.5 FTE Family Engagement staff at each Community Hub. The Family Engagement staff work with parents, guardians, families, and community agencies to support practices and approaches which meet the developmental needs of children age birth to 18 years old. The expansion to 1.0 FTE Family Engagement staff at each Community Hub will facilitate building stronger partnerships and relationships within the Community Hub communities, including local schools. The school partnerships will reach more families with children who are experiencing psycho-social and parenting challenges that impacts childhood health, development, and literacy, as well as school attendance and engagement, all of which can impact a child's resiliency. This early intervention with families helps to build resiliency by connecting families to Hub services and supportive community relationships.

Challenge: Infrastructure and Technology

As identified in the Fiscal Year 2016/17 Innovation outcomes report, technology has been a challenge for this project. Several factors have contributed to this issue, including lack of strong wireless signals in areas of the County; the vast amount of data that is required to be collected; and the use of separate, and very manual, record keeping systems.

Internet connectivity is an issue at some of the Community Hubs. The internet connection is unreliable or non-existent. For example, some staff experienced loss

of data related to entries made using Wi-Fi at the library locations that had lost the connection to the secure County network. Additionally, staff use tablets, which have proven to be too small for the amount of information required to be collected, or, in some cases, the tablets do not work in the libraries. If the tablets were replaced with laptops, it is believed that laptops would be more reliable and practical, and minimally allow staff to enter data into Microsoft Office products installed on the laptop rather than a cloud-based system.

Challenge: Standardized Data Dictionaries and Protocols

The Community Hubs program requires capturing and reporting a significant amount of data and reporting outcomes. Currently, employees within each funding stream capture and report data relative to their funding requirement. This leads to some duplicative data collection, as well as inconsistencies in the way data is collected and/or interpreted.

Health and Human Services, Public Health Division currently uses proprietary software called "Patagonia Health, Inc." (Patagonia) to maintain patient electronic medical records (EMR) and practice management with Patagonia's secure network.

Client information from the Public Health Nurses for the Community Hubs is captured through a separate process. Integrating the Community Hubs Public Health data into Patagonia will increase the ability to provide case management services to clients, provide health-related referrals through the EMR, reduce the amount of double entry that is needed (and thereby reduce errors in data entry and analysis), and develop reports to provide the needed data to further evaluate the program. Migration to sole use of Patagonia will result in increased use of Patagonia's software, so there would be an additional maintenance cost.

Additionally the function of data analysis has largely been placed upon the individual Public Health Nurses and Public Health Nurse Supervisor, taking valuable time away from program operations and staffing supervision. This function could be more effectively managed by a Senior Analyst, who requires less supervision and instruction, or by an Analyst, who requires some supervision and instruction.[6] Assigning data input and interpretation to one individual with higher level analytical skills, also would increase the reliability of the data. Additionally, an analyst could build charting templates, which would further aid in capturing consistent data.

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

[6] The exact County job classification name has not yet been determined pending the outcome of the County's Compensation and Classification Study which may result in the renaming/reclassification of certain positions. Therefore, the duties of this position would be equivalent to those of a Senior Department Analyst or Department Analyst as they exist under current County job classifications.

The expansion of this program does not change the original general requirement of this project, which introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

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.

As with the initial Innovation project, this expansion request incorporates the concept of a "hub". The term "Hub" is used in the Oregon Early Learning Model, but it does not have the same definition we are using in this project. In 2011, the Oregon Legislature approved the Governor's vision to create a "seamless education system from birth through college".[7]

Built into the Oregon Model are the principles that all children are school ready, and families are healthy and stable. Each area of the state is able to develop their "system" based on the community need and the identified primary partner. The model does not have a one-stop shop, but instead relies on the partnership of schools and primary care clinics to complete assessments for school readiness, developmental milestones, and overall health.

El Dorado MHSA's connection to the Oregon Model is in the collaboration between agencies, through a "Community Hub." By definition, the Community Hub mission is to "build resiliency with families through collaborative, community-based prevention and early intervention services".[8] Built into the concept of the Community Hub is community – people get together to work, learn, and grow through supportive relationships. Foundational to a community must be a belief and understanding that people can help and serve one another in both formal and informal ways. They can help strengthen and connect a community by providing opportunities for people to work together and support each other in new ways. El Dorado County Community Hubs are designed to offer services to build resiliency by offering opportunities for active skill building, connection to resources, and case management.

Community Hubs have been established at libraries located in the five (5) supervisorial districts within El Dorado County. Since implementation of this Innovation project, the Community Hubs have expanded from merely offering services at the libraries, to offering services at schools, apartment complexes, and at community events in response to stakeholder and client input that greater access to the Hubs staff be available.

[7] https://oregonearlylearning.com/administration/about-us/what-we-do/#history.
[8] https://docs.wixstatic.com/ugd/ee4161_5232d895bf2e47e39dc46766346931d5.pdf

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

In Fiscal Year 2017/18, the Hubs served 646 total individuals. It is estimated that the Hubs will continue to serve approximately the same number of individuals on an annual basis, however it would be hopeful to have the number increase. The data is derived from the data collection at each Hub site. The number of referrals and linkage to mental health services is identified above.

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 target population is geographically isolated families, pregnant women, and children age birth through 18 years old, however single individuals age 18 and above will not be turned away. (Approximately 49% of the population of El Dorado County is under age 45.) Most of El Dorado County is Caucasian (78%) and 13% is Latino. English is the primary language, but services will be provided in Spanish as needed, with Spanish being the County's only threshold language. Approximately 40% of the Community Hubs staff is bilingual. Services will be provided without regard to sexual orientation, gender, or other demographic characteristics.

All services will be provided in a culturally competent manner based upon the needs and preferences identified by those being served. Bilingual/bicultural staff provide services.

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?

The Community Hubs project promotes integration of successful service delivery models in the early childhood, health, and community building systems to provide a local continuum of care for pregnant women, families, and children birth through eighteen, including increasing access to mental health services. Key elements of the Community Hubs include:

Community-Based Access: The Oregon Model relies on a partnership of schools and primary care clinics to complete assessments to ensure school readiness for children. El Dorado County's model is similar with regards to community collaboration, but unlike the Oregon Model, El Dorado County's project establishes "hubs" – a one-stop-shop type of approach. Community Hubs are located in the libraries in each of the five (5) supervisorial districts in El Dorado County. Since the Community Hubs program was implemented, service locations have expanded beyond the libraries and now include places

such as apartment complexes, schools, and community events. By offering assessments and services at places where individuals and families naturally gather, we are able to provide an array of services while reducing the stigma associated with seeking mental health services.

Outreach to Isolated Communities: The Community Hubs engage pregnant women, families, and children, primarily age birth through 18, in isolated regions of the county using the Community Health Works Model. Community Health Advocates (CHAs) assist community members to increase access to care by using best public health practices in performing a variety of community outreach and education functions. As a trusted community partner, CHAs can offer linguistic and cultural translation; provide linkage and access to services; and develop relationships in a community setting, including communities in geographically isolated areas of the County. The CHAs act as a liaison between the community and the Public Health Department for improved service delivery.

Continuum of Care: The Community Hub partners develop trusted relationships to assist community members in assessing and developing an individualized plan, and in case management. Each Community Hub partner plays a vital role in the continuum of care, with the Public Health Nurses focusing on populations at risk needing interventions to address the prevention or amelioration of high risk conditions, whether it is chronic illness or mental health needs. The Public Health Nurses use a trauma-informed approach to provide services including, but not limited to, case management; health screenings; mental health screenings; and alcohol and drug screenings.

Community Assessments: Ongoing, local assessments promote continuous quality improvement in service delivery by engaging community members in determining successful implementation.

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.

This project is seeking an expansion of the previously approved Innovation program to address challenges that have been a barrier to learning.

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?

The initial question was, "will a library-based access point for services, different than the multi-access point of the Oregon Learning Model, facilitated by a Public Health Nurse using trauma-informed approach, be successful in the rural areas of the County?" This Innovation project has been operational for about two years. Despite the staffing and infrastructure challenges previously discussed, anecdotal reports and some data analysis conclude that individuals are willing to access services in the libraries, however the impact to mental health services is not yet fully understood.

For example, the Public Health Nurses made 48 mental health referrals during fiscal year 2017/18. Further, client satisfaction surveys indicated that 23 percent of participants experienced gains relative to parental resilience, 28 percent of participants experienced gains relative to the child's social and emotional security, both of which demonstrate growth in protective factors that may prevent the future need for mental health treatment.

There also is an increase in interagency collaboration. With multiple funding partners, employees are able to build relationships with other community agencies. Consequently, there is a sharing of knowledge and resources. Additionally, visitors to the Community Hubs receive a soft handoff to other programs and services, thus helping to ensure that the visitors receive the services and support needed.

With limited data availability due to a short period of implementation as well as staffing and infrastructure challenges previously discussed, we propose that addressing these challenges will enable this project to have stability and will have a greater positive impact in increasing access to mental health services by underserved groups.

Additional questions from the original Community Hubs project:

- Does providing services at the library reduce stigma?
- Does increasing access to prevention and early intervention reduce long-term mental health costs?
- Does improving coordination and integration of physical and behavioral health services increase the number of clients accessing mental health services?
- Does case management by a Public Health Nurse, increase client screening and treatment for mental health services?
- Does a trauma-informed approach assist in reaching the hardest to serve mental health clients?

- Can Community Hubs be sustained through local planning and leveraging of resources?

Due to the multiple community partners and the fact that the Community Hubs are geographically spread throughout El Dorado County, these goals were prioritized to examine both the effectiveness and the sustainability of this project.

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

The learning goals directly relate to the unique aspect of providing mental and physical health services in a "one-stop shop" community setting where individuals and families naturally congregate.

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.

Client level data will be collected via Community Health Advocates and Public Health Nurses. The number of clients served will be recorded, type and amount of screenings performed, specialty health referrals made and to whom, as well as the number of clients who accessed these services.

Program level data will be gathered by funding partner First 5. As previously mentioned, this data will be gathered through the Family Strengthening Protective Factors Parent Survey.

Community level reporting will be facilitated in partnership with El Dorado Community Foundation to better understand local needs and inform strategy implementation. Hub communities will be convened on a regular basis to better understand service impact, access and barriers to services. This will include weekly team meetings to better coordinate care and services at each of the Community Hubs. Additionally, members from each of the collaborating agencies will meet on a monthly basis to strategize quality improvement changes, if necessary, based on successes and challenges identified at the team meetings. This qualitative data will be combined with county quantitative data to provide a better understanding of community need and provide a continuous quality improvement process. These data profiles will guide program implementation.

Learning objective #1 - Does providing services at the library reduce stigma? The following indicators will be measured:

- Tracking referrals received and client contacts.
- Linkage by type and source (e.g., mental health/dental/physical health/insurance/community resources).

- Referrals made (e.g., mental health services, primary care physicians, dental providers, insurance, developmental services, other Public Health Nurse programs, and other community-based resource).

Learning objective #2 - Does increasing access to prevention and early intervention reduce long-term mental health costs? The following indicators will be measured:

- The Family Strengthening Protective Factors Survey will be used to assess an adult's resilience by measuring isolation, education, developmental understanding, and support. It also will measure the impact of services on wellness for children birth through five, and their parents/guardians.
- The project also will investigate, to the extent possible, if there is a reduction in the prolonged suffering that may result from untreated mental illness by measuring reduced symptoms and/or improved mental, emotional, and relational functioning, as reported on client satisfaction or other surveys.

Learning objective #3 - Does improving coordination and integration of physical and behavioral health services increase the number of clients accessing mental health services?

- Tracking referrals received and client contacts.
- Linkage by type and source (e.g., mental health/dental/physical health).
- Referrals made (e.g., mental health services, primary care physicians, dental providers, etc.).

Learning objective #4 - Does case management by a Public Health Nurse increase client screening and treatment for mental health services?

- Public Health Nurses administer a variety of screening tools, including screening for postpartum depression and ACEs.

Learning objective #5 - Does a trauma-informed approach assist in reaching the hardest to serve mental health clients?

- Tracking of referrals received and client contacts, including data gathering relative to clients being unserved or underserved.

Learning objective #6 – Can Community Hubs be sustained through local planning and leveraging of resources?

- One of the positive outcomes of this identified challenge is that the partnering agencies have been creative with looking at how funding between their programs and potential funding from other sources can be coordinated to maximize benefits to the community and avoid duplication of efforts.
- The funding partners to this program are continually examining how to sustain this project in the long-term. At the conclusion of the Innovation funding period, MHSA would consider transferring funding to the Prevention and Early Intervention component.

Additional data points may be collected based upon general number of contacts made and demographics, as well as future identified data points that would aid in project evaluation (i.e., future stakeholder input may identify additional data points that would aid in evaluation).

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 services provided in Community Hubs are not contracted. All services are provided by County employees or employees of partner funding sources.

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.

Throughout El Dorado's MHSA Community Program Planning Process (CPPP), the general public and stakeholders were invited to provide input in or host MHSA planning opportunities and to provide comments to contribute to the development of the MHSA Annual Update and the Innovation plans. Community meetings were held county-wide, both during the day and at night. A total of 121 individuals attended the meetings. MHSA also participated in the County of El Dorado's Health and Human Services Agency's Community Open Houses. Approximately 250 community members stopped by the MHSA booth. MHSA staff was available to answer questions regarding MHSA programs and Innovation proposals.

Additionally, MHSA also distributed surveys, soliciting input on the FY 2019/20 Annual Update and this Innovation expansion. MHSA received a total of 302 surveys (185 online via SurveyMonkey® and 117 paper surveys, which included 29 Spanish responses)

The County's Behavioral Health Commission invited Community Hubs leadership to present an overview and progress to date of the project at their April, 2018 and April 2019 meetings. The community also was in attendance at that meeting and provided additional input.

Finally, community members, Hub partner agencies and MHSA staff participated in a "Strengths, Weaknesses, Opportunities, and Threats" (SWOT) workshop/assessment of

the Community Hubs. The SWOT workshop was facilitated by trained facilitators who are external to the Community Hubs projects.

Through the Community Program Planning Process, the Behavioral Health Commission meetings, and the SWOT assessment, it was discovered that the Community Hubs are highly regarded as a valuable resource and asset to El Dorado County. Expansion and continuation of the Community Hubs project is supported by the community and stakeholders.

The proposed Expansion was published for Public Comment on April 19, 2019. Public Comment ended April 19, 2019 and the Public Hearing was May 22, 2019. The County of El Dorado Board of Supervisors adopted the proposed Innovation expansion on June 25, 2019.

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.

This project will meet the following General Standards:

A) Community Collaboration through multiple partners working together in the Community Hubs, providing referral and linkage to services as necessary.

   Staff members working within the Hubs model provide referrals and linkage to services as necessary based on individual needs. Please see the list of referral types under "Proposed Project" above.

B) Cultural Competence – all services are provided in a culturally and linguistically manner.

   In areas of the County where threshold languages are English and Spanish, the Community Hubs ensure that bilingual staff is available.

C) Client-Driven – all services are client-driven.

   Individuals who visit the Community Hubs can access multiple programs and they can engage in the programs they are most interested in.

D) Family-Driven – the Community Hubs offer services for individuals and families.

   Families can engage in programs they are most interested in. Services may be provided to the entire family, or specific members of the family, as may be appropriate. For example, the Hubs teams have noticed an

increase in families where the grandparents are raising their grandchildren. The needs of the grandparents as "parents" may be addressed separately than the needs of the grandchildren, but the benefit of these services is for the family.

E) Wellness, Recovery, and Resilience-Focused –

The First 5 survey focuses on resiliency. In FY 2017/18, survey results yielded 25% of the Community Hub participants experienced growth in protective factors, including gains relative to social connections, parental resilience, children social and emotional security, and knowledge of parenting and child development.

F) Integrated Service Experience for Clients and Families –

The Community Hubs are comprised of a collaboration of agencies. By virtue of this design, clients and families are able to engage in services provided my multiple community partners, including First 5, Education, Public Health, Behavioral Health, and Libraries, who through referrals and linkage connect participants with any number of community or governmental-based services, such as primary care, dental, Social Services, Veterans services, and any number of other organizations to address the individual needs of the participants.

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.

The Learning Objectives and Outcomes are written with consideration of being culturally competent, and reflective of stakeholder participation. Stakeholders have expressed their desire for hard numbers related to the services (e.g., number and type of referrals, number of linkages). This input is reflected in the evaluation process developed.

Services are provided without regard to gender identity, race, ethnicity, sexual orientation, and/or language used to communicate; and services will be provided in a culturally competent manner, appropriate to the needs of each individual client.

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.

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.

Based upon the outcomes of the "Learning Objectives," the County will decide whether to continue with the entirety of this Innovation project or whether to only maintain portions of the project. It is anticipated that most of the participants will benefit from some level of service, whether it is prevention and early intervention mental health services, or access and linkage to other community health providers. If this project demonstrates value in maintaining the program, it will be converted to a Prevention and Early Intervention project, and if needed, the funding level will be adjusted to be commensurate with the benefit found for accessing mental health services.

In the event individuals referred to Specialty Mental Health Services meet the medical necessity criteria, they will receive services through both traditional and MHSA funding, as is the current model in place.

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?

Historically, throughout the MHSA Community Program Planning Process, El Dorado County MHSA reviews and explains the various existing approved MHSA projects to stakeholders and community members. This provides MHSA with an opportunity to share developments and discoveries acquired in the implementation of projects, as well as to seek feedback from the community.

In development of this Innovation Project expansion, many stakeholders demonstrated significant knowledge of the project and they provided input on the learning objectives. Additional data and interim outcomes will be communicated at the Community Program Planning Process meetings and they will be discussed in the Fiscal Year 2019/20 Annual Update. Presentations have been made to the Behavioral Health Commission in FY 17/18 and FY 18/19 with updates on how the project implementation is progressing and interim evaluation information, such as the number of contacts made and the number of referrals made.

Additionally, MHSA also will keep stakeholders informed via the County of El Dorado's Health and Human Services Agency Facebook pages and our County Behavioral Health/MHSA internet webpages.

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.

1. Community Hubs
2. Mental Health screening in libraries
3. Community Health Advocates in libraries
4. Adverse Childhood Experience Study and Community Hubs
5. Mental health screening in rural communities

TIMELINE

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

This Innovation project was first approved by the MHSOAC on August 15, 2016 and implementation (start date) of the project began on September 19, 2016 with limited direct services beginning on May 1, 2017. This expansion request includes extending the end date to September 18, 2021 (five years total), largely due to initial challenges in staffing and implementation and evaluation needs.

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

The total timeframe for this Innovation project is five (5) years.

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

The anticipated timeline, inclusive of this expansion, with quarters based on a starting quarter of July – September, to coincide with the County's Fiscal Year:

Timeframe	Key Activity/Milestones/Deliverables
Quarter 1 (July – Sept 2017)	• Continue operating the Community Hubs • Preliminary evaluation of the project and identification of barriers and challenges
Quarter 2 (Oct – Dec 2017)	• Continue operating the Community Hubs • Community Program Planning Process • Discussions regarding the need for the expanded Innovation Program
Quarter 3 (Jan – Mar 2018)	• Continue operating the Community Hubs • Publication of the Draft Innovation Program as part of the FY 2018-19 MHSA Annual Update for a 30-day comment period

Timeframe	Key Activity/Milestones/Deliverables
Quarter 4 (April – June 2018)	• Continue operating the Community Hubs • Public Hearing on the FY 2018-19 MHSA Annual Update and Innovation project • MHSOAC advised the County that the County was required to utilize the newly released Innovation Template and could not proceed for MHSOAC approval with only the information presented in the FY 2018-19 MHSA Annual Update
Quarter 1 (July – Sept 2018)	• Continue operating the Community Hubs • Board of Supervisors adoption of the FY 2018-19 MHSA Annual Update, inclusive of this Innovation Program • Research and drafting of MHSOAC Innovation template • Community Program Planning Process
Quarter 2 (Oct – Dec 2018)	• Continue operating the Community Hubs • Research and drafting of MHSOAC Innovation template • Community Program Planning Process
Quarter 3 (Jan – Mar 2019)	• Continue operating the Community Hubs • Community Program Planning Process • Drafting of the FY 2019-20 MHSA Annual Update
Quarter 4 (April – June 2019)	• Continue operating the Community Hubs • Publication of the Draft Innovation Program as part of the FY 2019-20 MHSA Annual Update for a 30-day comment period. • Public Hearing on the FY 2019-20 MHSA Annual Update and Innovation project • Board of Supervisors adoption of the FY 2019-20 MHSA Annual Update, inclusive of this Innovation Program
Quarter 1 (July – Sept 2019)	• If necessary, recruit/interview/hire new staff and purchase equipment • Continue operating the Community Hubs • Present the Community Hubs Innovation Extension to the MHSOAC for review and approval

Timeframe	Key Activity/Milestones/Deliverables
Quarter 2 (Oct – Dec 2019) Quarter 3 (Jan – Mar 2020) Quarter 4 (April – June 2020) Quarter 1 (July – Sept 2020) Quarter 2 (Oct 2020 – Dec 2020) Quarter 3 (Jan – Mar 2021) Quarter 4 (April – June 2021)	• Continue operating the Community Hubs • Quarter 2 from Oct. – Dec 2019 - Evaluate continuing the Community Hubs program through the Community Program Planning Process for the 3-Year MHSA Program and Expenditure Plan covering Fiscal Years 2020 - 2023, including evaluating transferring the project to PEI after conclusion of the Innovation funding period of Sept. 2021
Quarter 1 (July – Sept. 2021)	• Continue operating the Community Hubs, and if appropriate, transfer to PEI at the conclusion of the Innovation funding period.

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.

Please see budget from initial approved MHSA Innovation Project.

Additionally, this proposal is appropriate for the Innovation component because it promotes interagency collaboration related to mental health services in a promising and community-driven. This project received support from many agencies in El Dorado County. The proposal includes not only Innovation funds, but other funds from HHSA Public Health MCAH funds and First 5 Commission funds, along with in-kind support from HHSA Public Health and the First 5 Commission. The proposal includes funding for one additional year of operations due to the limited staffing and delay in implementation of the project, as well as additional supports to ensure that the learning objectives of this project may be met.

Due to a change in the MHSOAC's budget structure from 2016 to 2019, the original Innovation project budget does not directly translate into the new format. Therefore, only the totals are included for the initial project period for project expenditures. Additionally, the format of the reporting changed, and expenditures that were formerly reported as "Administration" are now split between Indirect Costs and Administration and therefore the cost of Administration has decreased while the Personnel costs have increased.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		**FY 16-17**	**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY 20-21**	**TOTAL**
1.	Salaries	Detail not available			$462,010	$500,000	$962,011
2.	Direct Costs				$283,872	$307,214	$591,085
3.	Indirect Costs				$171,959	$186,099	$358,058
4.	Total Personnel Costs[9]	$279,176	$293,135	$307,792	$917,841	$993,313	$2,791,257
OPERATING COSTS		**FY 16-17**	**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY 20-21**	**TOTAL**
5.	Direct Costs	Detail not available			$7,045	$7,624	$14,668
6.	Indirect Costs				$105,966	$114,679	$220,646
7.	Total Operating Costs	$54,700	$57,435	$60,305	$113,011	$122,303	$407,754
NON RECURRING COSTS (equipment, technology)		**FY 16-17**	**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY 20-21**	**TOTAL**
8.	Technology Upgrades				$100,000	$0	$100,000
9.	Laptops, Docking Stations, Wireless Cards				$20,000		$20,000

[9] As discussed during the August 2016 MHSOAC meeting, El Dorado County separates the spread of County and Department administrative costs from the direct cost of the program. Salaries and benefits reflect only the costs of the staff performing the direct work and do not include administrative County and Department costs.

10.	Total Non-recurring costs	$0	$0	$0	$120,000	$0	$120,000
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		**FY 16-17**	**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY 20-21**	**TOTAL**
11.	Direct Costs				$265,493	$295,551	$561,044
12.	Indirect Costs				$23,655	$26,333	$49,989
13.	Total Consultant Costs	$0	$0	$0	$289,148	$321,885	$611,033
OTHER EXPENDITURES (please explain in budget narrative)		**FY 16-17**	**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY 20-21**	**TOTAL**
14.							
15.							
16.	Total Other Expenditures	$0	$0	$0	$0	$0	$0
BUDGET TOTALS		**FY 16-17**	**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY 20-21**	**TOTAL**
Personnel (line 1)		Detail not available			$462,010	$500,000	$962,011
Direct Costs (add lines 2, 5 and 11 from above)					$556,409	$610,389	$1,166,798
Indirect Costs (add lines 3, 6 and 12 from above)					$301,581	$327,111	$628,692
Non-recurring costs (line 10)					$120,000	$0	$120,000
Other Expenditures (line 16)					$0	$0	$0
TOTAL INNOVATION BUDGET**		$333,876	$350,570	$368,097	$1,440,000	$1,437,500	$3,930,044

*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.

** Excludes budgeted expenditures funded through non-MHSA funding sources.

This Innovation project is a partnership between several entities, including Behavioral Health MHSA, Public Health, First 5 El Dorado and El Dorado County Libraries. The information reflected above for reflects funding from MHSA only.

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 16-17**	**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY 20-21**	**TOTAL**

1.	Innovative MHSA Funds[10]	$306,481	$321,805	$337,895	$1,700	$2,500	$970,381
2.	Federal Financial Participation	$0	$0	$0	$0	$0	$0
3.	1991 Realignment	$0	$0	$0	$0	$0	$0
4.	Behavioral Health Subaccount	$0	$0	$0	$0	$0	$0
5.	Other funding*	$0	$0	$0	$0	$0	$0
6.	**Total Proposed Administration**	$306,481	$321,805	$337,895	$1,700	$2,500	$970,381
EVALUATION:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 16-17**	**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY 20-21**	**TOTAL**
1.	Innovative MHSA Funds	$0	$0	$0	$8,300	$10,000	$18,300
2.	Federal Financial Participation	$0	$0	$0	$0	$0	$0
3.	1991 Realignment	$0	$0	$0	$0	$0	$0
4.	Behavioral Health Subaccount	$0	$0	$0	$0	$0	$0
5.	Other funding*	$10,279	$10,820	$11,125	$11,491	$11,869	$55,584
6.	**Total Proposed Evaluation**	$10,279	$10,820	$11,125	$19,791	$21,869	$73,884
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 16-17**	**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY 20-21**	**TOTAL**
1.	Innovative MHSA Funds	$306,481	$321,805	$337,895	$10,000	$12,500	$988,681
2.	Federal Financial Participation	$0	$0	$0	$0	$0	$0
3.	1991 Realignment	$0	$0	$0	$0	$0	$0
4.	Behavioral Health Subaccount	$0	$0	$0	$0	$0	$0
5.	Other funding*	$10,279	$10,820	$11,125	$11,491	$11,869	$55,584
6.	**Total Proposed Expenditures**[11]	$316,760	$332,625	$349,020	$21,491	$24,369	$1,044,265
*If "Other funding" is included, please explain.							

This Innovation project is a partnership between several entities, including Behavioral Health MHSA, Public Health, First 5 El Dorado and El Dorado County Libraries. The information reflected above for Administration and Evaluation reflects funding from MHSA and First 5 El Dorado only.

[10] As discussed during the August 2016 MHSOAC meeting, El Dorado County separates the spread of County and Department administrative costs from the direct cost of the program. Salaries and benefits reflect only the costs of the staff performing the direct work and do not include administrative County and Department costs.

[11] As discussed during the August 2016 MHSOAC meeting, El Dorado County separates the spread of County and Department administrative costs from the direct cost of the program. Salaries and benefits reflect only the costs of the staff performing the direct work and do not include administrative County and Department costs.

The total costs below reflect only MHSA funding. As noted in Footnote 1 on page 2, actual expenditures have come in well below budgeted expenditures due to staffing challenges.

	Program Services, Administrative, Evaluation	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21	TOTAL
1.	Innovative MHSA Funds	$640,357	$672,375	$705,992	$1,450,000	$1,450,000	$4,918,725
2.	Federal Financial Participation	$0	$0	$0	$0	$0	$0
3.	1991 Realignment	$0	$0	$0	$0	$0	$0
4.	Behavioral Health Subaccount	$0	$0	$0	$0	$0	$0
5.	Other funding*	$640,357	$672,375	$705,992	$1,450,000	$1,450,000	$4,918,725
6.	**Total Proposed Expenditures****[12]	$650,636	$683,195	$717,117	$1,450,000	$1,450,000	$4,950,949
	Actual Expenditures per ARER[13]	$134,501	$428,353	TBD	TBD	TBD	TBD
	Underspent / (Overspent)	$505,856	$244,022	TBD	TBD	TBD	TBD

[12] As discussed during the August 2016 MHSOAC meeting, El Dorado County separates the spread of County and Department administrative costs from the direct cost of the program. Salaries and benefits reflect only the costs of the staff performing the direct work and do not include administrative County and Department costs.
[13] Annual Revenue and Expenditure Report (ARER)