MHSOAC
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 posting Approval Date: March 15th 2021
☐ Completed 30 day public comment period Comment Period: April 19th 2021
☐ BOS approval date Approval Date: _____ If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: ___May 11th 2021_____ *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 27th 2021 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

MHSOAC
Mental Health Services
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County Name: Ventura County

Date submitted: March 15, 2021

Project Title: Mobile Mental Health

Total amount requested: $3,380,986

Duration of project: Four years 2021-2025

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

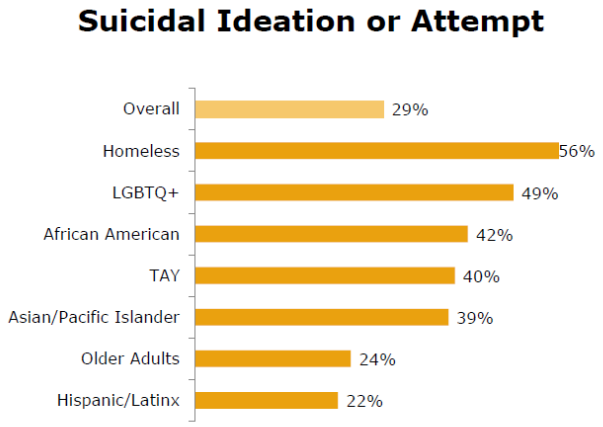
What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you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

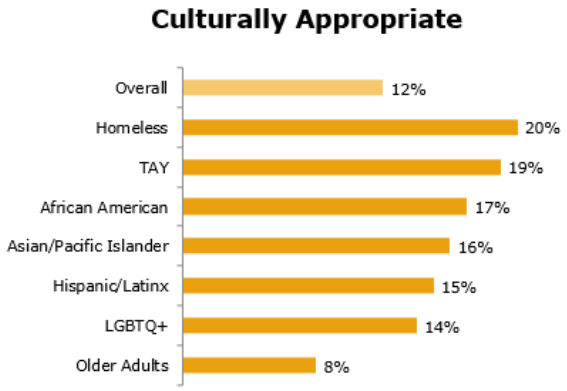
Ventura County has an ongoing focus on how to address several critical issues identified by the 2019 Community Mental Health Needs Assessment (CMHNA) as outlined in the most recent MHSA 2020-2023 MHSA Three-Year Program and Expenditure Plan. Subsequently, with the COVID-19 pandemic these issues have only further demonstrated the increased need for change. Chief amount the findings of the CMHNA was the importance of enhanced services for individuals who are homeless and living with mental illness, access to culturally responsive mental health services, and access in general to mental health services. Alternately but not independently, a need for an augmentation of our crisis team services has been identified. Community stakeholders have flagged the need for a response to crisis calls that do not meet medical necessity for crisis intervention but are still urgent and would be field based or for clients who were served by the crisis team but exceed their time on a hold in the ER but were not hospitalized. The County doesn't have singular ability to respond or solve all of these issues but can be more adaptable in its commitment to respond.

Wider access to mental health professionals being the common thread of these combined issues. Feasibility studies and data review have indicated that separately these areas of concern do not support distinct programing responses. Already in existence are the Whole Person Care and One Stops programs designed to target many of the County's homeless and mentally ill individuals. Programs such as Logrando Bienestar, the Farmworker Partnership program, Healing the Soul, a variety of VCBH PEI programs, have been successful in outreaching to the local Latinx, Mixteco, and temporary workers living in the area. The department has also funded Crisis Intervention Training (CIT) for first responders, Primary Care intervention services, and received two Triage grants from the state to enhance and support our crisis team. Despite these efforts and successes, these needs continue to arise confirmed through community feedback, provider assessments, and client satisfaction surveys.

Community Needs Assessment Findings

POSITIVE RESPONSES TO PAST SUICIDAL IDEATION OR ATTEMPT AND RESPONDING "NO" TO RECEIVING CULTRALLY APPROPRIATE SERVICES WERE HIGHEST AMONG INDIVIDUALS WHO IDENTIFIED THEY WERE HOMELESS.





One of the primary goals of Innovations funding is to increase access to mental health services, however, given the County's vastly diverse communities and individual needs, combining these services into one programmatic approach proved challenging. The more the County explored various iterations of a mobile response unit over the past year and half, the more feasible the prospect of combining services began to seem. Findings from a mobile health literature review of 51 articles with evidence found that mobile health care units are successful in reaching vulnerable populations by delivering services directly in communities of need and flexibly adapt their services based on the changing needs of the targeted community [1]. If the County can design a program that provides mobile physical and mental health care to the underserved, it can then also supplement requests with and an expedited curbside appointment in response to crisis calls that did not meet medical necessity for crisis response. This hybrid would allow the County to bill for services on its harder to reach clients and expand outreach efforts for the general public in need of mental health services whose entry point may come during an especially stressful situation.

[1] Yu, S.W.Y., Hill, C., Ricks, M.L. *et al.* The scope and impact of mobile health clinics in the United States: a literature review. *Int J Equity Health* **16,** 178 (2017). https://doi.org/10.1186/s12939-017-0671-2

Barriers to any type of health care include transportation, insurance status, legal status, financial costs, linguistic and cultural barriers, a perceived absence of patient centered care, psychological barriers, intimidation by health care settings, hours of operation, anonymity, and stigma concerns. As Carmack outlines, mobile mental health care can overcome these elements by providing culturally competent trained staff who are easy to talk to and through reliable schedules offered in familiar environments. They can also assist in identifying additional risk factors and chronic disease that can contribute to the overall shorter lifespan of individuals living with serious mental illness[2]. Working to combine focus on mental health and monitoring or screening for chronic physical health conditions such as diabetes, hypertension, and heart disease are prudent as they are some of the highest corresponding side effects of antipsychotics[3]. Baseline and regular follow up screenings are integral to managing these chronic conditions which are challenging schedules to maintain, especially in migrant populations such as individuals experiencing homelessness or living temporarily in farmworker housing[4]. There is also evidence that indicates mobile unit patients demonstrate increased sense of self-efficacy and ability to manage their chronic conditions and navigate the healthcare system – a chief concern for individuals who are homeless[5]. In a 2019 focus group, one resident of Ventura County who self-identified as homeless, described her anxiety in coming to the clinic, "I feel like everyone can tell I don't belong there. Maybe I haven't been able to shower. I don't want to feel that." - Age 39

The Ventura County Community Mental Health Needs Assessment found that homeless individuals reported *worse*

KEY FINDINGS ON LACK OF ACCESS TO CARE

Lack of access to needed mental health services (CMHNA):
26% of community survey respondents who said they had needed mental health services in the past year did not receive them, while 35% of them said the same of a close family member. Respondents cited various barriers to access, including:

- lack of health insurance or limited health insurance; inconvenient timing of services;
- services requiring too much travel;
- fear of provider mistreatment;
- and a lack of culturally or linguistically appropriate services.

[2] Carmack HJ. "What happens on the van, stays on the van": the (re)structuring of privacy and disclosure scripts on an Appalachian mobile health clinic. Qual Health Res. 2010;20(10):1393–405.
[3] Tschoner A, Engl J, Laimer M, Kaser S, Rettenbacher M, Fleischhacker WW, Patsch JR, Ebenbichler CF. Metabolic side effects of antipsychotic medication. Int J Clin Pract. 2007 Aug;61(8):1356-70. doi: 10.1111/j.1742-1241.2007.01416.x. PMID: 17627711.
[4] Health and Economic Burden of Metabolic Comorbidity Among Individuals With Bipolar Disorder
Centorrino, Franca MD[*†]; Mark, Tami L. PhD, MBA[‡]; Talamo, Alessandra MD[*†]; Oh, Kelly MA[‡]; Chang, Jane MPH[§]
Author Information Journal of Clinical Psychopharmacology: December 2009 - Volume 29 - Issue 6 - p 595-600
doi: 10.1097/JCP.0b013e3181bef8a6
[5] Aung K, Hill C, Bennet J, Song Z, Oriol N. The Emerging Business Models and Value Proposition of Mobile Health Clinics. AJMC.com. 2015; http://www.ajmc.com/journals/ajac/2015/2015-vol3-n4/the-emerging-business-models-and-value-proposition-of-mobile-health-clinics. Accessed 26 Mar 2017.

mental health outcomes than every other priority population across several key factors, including: (1) self-rated mental health status, (2) substance use, (3) suicidal ideation or attempts, and receiving mental health services that were either (4) culturally or (5) linguistically inappropriate. Homelessness is also unevenly distributed across Ventura County. The 2018 point-in-time homeless count showed that two thirds of homeless individuals were living in the cities of Oxnard and Ventura, the county's largest urban centers[6].

Attempts to create this plan and work towards solving some of these community concerns have been ongoing since early 2020. Changing needs and fiscal insolvability prevented the project from moving forward. In late 2020, it was submitted as an Innovation idea listing several project goals and overwhelmingly received the most votes to be developed.

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.

Statement of Program Goal: To provide reliable flexible physical health and mental health care to in the community especially focused on unserved and underserved individuals in Ventura County regardless of insurance or legal status

Assumptions of Program Approach: By providing flexible, direct health and mental care in the community, the approach can potentially positively affect stigma, emergency room use, and client engagement for underserved populations living in Ventura County.

Mobile Mental Health Program is designed to deliver quality, brief, potentially consistent, walk-in style mobile mental health therapy to residents who have recently been in crisis, live in underserved areas, or who are apart of underserved communities.

The objectives of Mobile Mental Health and the literature also supports the program aims to include increasing access to care, decreasing mental health symptoms, easing the stigma of mental health, and reducing the toll mental illness takes on local people, organizations, and the social network of the community. A menu of flexible services provided by a diverse multidisciplinary team focused on patient centered care through patient education and empowerment in the community and on-call. Services would be short-term solutions focused mental health sessions, substance use services, peer support, injections or prescription of

[6] https://vcbh.org/images/VCBH_CMHNA_Report_FINAL_-_2019-03-29_for_VCBH.pdf

psychiatric medications, prevention screenings and testing of health factors, wound care, and diabetes and hypertension monitoring.

Program Overview

Ventura County Behavioral Health (VCBH) is proposing the acquisition of a specially outfitted van, staffed with a multidisciplinary team including a mental health clinician, nurse, peer support specialists, and telepsychiatry as needed. The vehicle in part will be utilized to support the crisis team calls that do not meet the threshold for immediate intervention, follow up for client who did meet that threshold but their hold expired in the ER before placement, as well as ongoing preventative and treatment services in vulnerable or disenfranchised communities. The primary focus for this multi-disciplinary team is to provide rapid mental health services and screening that are supportive and strength-based in nature and that assist the individual to remain in the least restrictive level of care possible.

The Mobile Mental Health program will include one specially outfitted van with a full range of behavioral health staff who are trained to respond to crises and provide short term mental health intervention. The intent is to provide services though expedited home visit care by responding to urgent calls that do not meet the crisis threshold or follow up on hospitalizations that did not pass medical clearance phase. The result being a decreasing of the "downstream" need for an emergency response from law enforcement, EMS/ambulance, and local emergency departments. The interventions of a mobile behavioral health clinician, nurse, peer support specialist, and on-call psychiatrist (as needed) will be directed at resolving these urgent situations events wherever they may be most at ease or through pop up events in underserved communities. The objective is to deliver field-based treatment (i.e., de-escalation, medication, temporary placement etc.) to voluntary clients who are able and willing to accept the help, thereby decreasing the need for involuntary treatment. The goal is to deliver appropriate behavioral health services at the least restrictive level of care while also lessening the strain on the providers of other types of emergency services.

The current data does not support a full time non urgent response unit being feasible nor a full-time dedicated unit focused on the County's vulnerable populations. In FY 2019-20, the Crisis team logged 1,146 telephone support-only calls. The average number of noncrisis call per day is 2-3. It is anticipated that approximately 40% of these calls would need the expedited appointment response, Mobile Mental Health program. Given this data, VCBH recommends a pilot program with one Response Vehicle. The data from the crisis team shows that the overnight calls are typically higher acuity and warrant a crisis team response.

The County does not assume that everyone who is homeless or experiencing ongoing stress from working in the agricultural industry during the pandemic or one's legal status would mean mental health services are necessary. However, these communities are at an increased risk and might avoid services or face roadblocks to care as listed in the present problem section of this proposal. The Mobile Mental Health van will be able to decrease service barriers, provide flexible field-based services, and expedited responses to recent crisis calls.

Pop-ups clinics will be used to establish trust through routine outreach and provide engagement opportunities in some of the County's most vulnerable communities. Examples include farmworker housing, , and homeless shelters, as well as cities with high numbers of people who are monolingual, have high poverty rates, or high homeless counts. Pop up events will be coordinated with the Healthcare agency's mobile clinic to provide physical and mental health care clinic services and medication administration.

Program Details:

This program will operate 8 hours per day (10-7pm), 5 days per week (Tues-Sat) and will provide services throughout the county. Team members who are outgoing, engaging, bicultural, and bilingual will be sought out for hire and supported with additional specialized training in patient centered care. Cultural competence will be paramount in program set-up and structure. Empowerment of the community and of the client is linked to change in preventative behaviors self-efficacy in treatment and self-advocacy[7],[8].

Further, VCBH is working to establish more opportunities for Peer Services and Supports. While this program indicates specific peer positions it intends to include peers at all levels of employment. Research studies demonstrate that peer supports improve client functioning, increase client satisfaction, reduce family burden, alleviate depression and other symptoms, reduce homelessness, reduce hospitalizations and hospital days, increase client activation, and enhance client self-advocacy[9]. This program can be staffed by two full time positions or 4 part time positions depending on contractor and staff agreement of preference.

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 approach of field based mental health services for outreach, prevention, and treatment is not new but combining physical health screening and maintenance for the most common chronic conditions seems to be an innovative approach according to the literature review summarized and cited in the previous sections and performed in Winter of 2021.

[7] Hill C, Zurakowski D, Bennet J, Walker-White R, Osman JL, Quarles A. Oriol. N. Knowledgeable Neighbors: a mobile clinic model for disease prevention and screening in underserved communities. Am J Public Health. 2012;102(3):406–10.

[8] Diaz-Perez Mde J, Farley T, Cabanis CM. A program to improve access to health care among Mexican immigrants in rural Colorado. J Rural Health. 2004;20(3):258–64.

[9] Miyamoto, Y., & Sono, T. (2012). Lessons from peer support among individuals with mental health difficulties: a review of the literature. *Clinical practice and epidemiology in mental health : CP & EMH*, *8*, 22–29. https://doi.org/10.2174/1745017901208010022

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?

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

<u>Learning Goals:</u>

1. Does the mobile services model provide improved access to treatment for the target populations? (i.e. people who are homeless, temporary or year round essential farmworkers)
2. Why have clients sought care with the mobile unit and were they satisfied?
   a. where have they received services previously?
3. Which services were most highly utilized?
   a. and of those were they reimbursable to a degree that makes the model feasible for long term solvency?
4. Examination of care provision including clinical condition of patients diagnosed with a mental illness

Research Question	Indicators	Measure Being Considered
1. Does the mobile services model provide improved access to treatment for the target populations? (i.e. people who are homeless, temporary or year round essential farmworkers)	• Increase in first time clients and/or • SMI clients who are inconsistently engaged in treatment • Retention of either population or successful referral to a primary clinic	• Modified MHSA demographics questionnaire • Treatment adherence and site tracked in Care Manager EHR system.
2. Why have clients sought care with the mobile unit and were they satisfied? a. where have they received services previously?	• Qualitative measure tracked though client focus groups • 80% or above in client satisfaction rate	• 2 question CSS Satisfaction survey • Focus groups to take place minimum of once per year

		• Intake form or EHR history
3. Which of the provided services were most highly utilized? a. and of those were they reimbursable to a degree that makes the model feasible for long term solvency? b. Did the program exceed capacity in any one target area? c. Was it enough to warrant more than one van or service focus?	• EHR service provision log for the mobile site code • Reconciliation of program cost with FFP match annually	• Expenditure reports • General Claims Data • MHSA Annual Revenue and Expenditure Report
4. Examination of care provision including clinical condition of patients diagnosed with a mental illness	• Referrals into clinic services • Improved ratings on mood scale	• General Claims Data • PHQ-9 • GAD-7 • TPS client survey

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.

1. Learning Goal 1: Does the mobile services model provide improved access to treatment for the target populations? (i.e. people who are homeless, temporary or year round essential farmworkers,)
   - Current MHSA demographic forms already ask much of the required information that would assist in identifying target population. Modifications to include occupation or homeless status can be added:
     - Increase in first time clients and/or to understand if there was increased access to services

- SMI clients who are inconsistently engaged in treatment identified by response to homeless status question, or their EHR record of treatment engagement
- Retention of either population or successful referral to a primary clinic this learning goal would be limited to VCBH client care. Individuals who meet medical necessity can be tracked by service site either into clinic care or utilization rates for both clinic and mobile site care.

2. Learning Goal 2: Why have clients sought care with the mobile unit and were they satisfied? Where have they received services previously?
   Focus groups and qualitative data will be utilized to track client responses to questions about previous care and purpose of seeking services in order to get depth and clarity on both questions. Surveys will be tracked to identify client satisfaction.
   - A community based response approach will be followed to engage community stakeholders to obtain feedback about the mental health status and flexible service delivery focused on 3 sub populations: (1) individuals who identify as homeless (2) temporary or permanent agricultural workers (3) non urgent crisis response follow ups. Focus group methods will stem from previous literature and the prior experience working with the target population. Focus groups will follow methodology recommended by Kreuger (2008) including the use of focus group facilitators of the same racial/ethnic background as group members, holding the session in an environment that promotes discussion, providing refreshments, audio-tapping the session and following a prescribed set of questions. Focus groups will include 8-10 participants each and will last approximately 90 minutes.

3. Learning Goal 3: Which services were most highly utilized? And of those were they reimbursable to a degree that makes the model feasible for long term solvency? Did the program exceed capacity in any one target area? Was it enough to warrant more than one van or service focus?
   - The above questions may change based on the program implementation and highest utilization of the program based by subpopulations. Annual revenue and expenditure reports claims data and service provision data will be used to understand if the program is providing any one service over other such as crisis response, case management, psychiatric care etc. and most importantly if the resulting program model is feasible without Innovation dollars.

4. Learning Goal 4: Examination of care provision including clinical condition of patients diagnosed with a mental illness.
   - Clinical condition will be measured though a survey administered once per visit for the mobile mental health services. If clients are referred to a primary clinic improved progress can be tracked in more detail though the EHR. Referral rates will also be tracked though the Care Manager application.

Summation of data will be used to determine if the Mobile unit can be an effective and feasible form of mental health treatment. Additional analysis will determine if the Mobile Mental Health service should focus broadly as it was designed or if its more effective for some of the identified target populations.

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?

A Request for Proposals (RFP) will be developed based on the program description and evaluation plan written in this proposal. The County has many partner agencies that already provide field-based services and would be successful in this venture. Ventura County Behavioral Health is committed to supporting the program though in-kind partnerships, ongoing staff training, van or van pool, and facilitation of the collaboration planned with interagency partnerships.

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.

The community planning process for this project has been in the works for the past two years. The idea resulted from a county-wide community needs assessment. The ongoing planning process has helped to determine where to focus resources in order to meet the needs of our highest risk county residents. Many of the findings from the process could be achieved by improving outreach and services to underserved populations.

The community planning process includes participation from the Board of Supervisors, Behavioral Health Advisory Board, providers, law enforcement and community members. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings. The project was shared in the following Behavioral Health Advisory Board subcommittee meetings as a part of the 3-year plan update process as well as on: March 10th, March 15th, April 1st, April 19th all meetings took place in 2021

The Covid-19 pandemic hindered the regular and in person CPP process for the 20/21 Innovation process. However, Ventura County has been building upon its community-wide mental health needs assessment that was completed for the current three-year plan. Results from that effort identified several population and challenges to the mental health services currently being provided in the community. To that end the County advertised for submissions in the following way: The current state

and local priorities for mental health services are our unserved or underserved populations in Ventura County such as:

- Latinx
- Black and African American
- LGBTQIA
- Homeless
- People with dual diagnosis (mental health and substance use disorders)
- People at risk of suicide

Examples of the advertisements that were posted in local newspapers, internet advertisements, and Facebook ads are below:

An MHSA planning committee was gathered from the community which included individuals living with a serious mental illness, family members, Latinx, LGBTQ+, all geographic regions, genders, religious communities, and community-based organizations. The planning committee reviewed twenty-eight Innovation ideas that were submitted though the County website. Committee members had five days to assess the summary proposals and vote for their top three after a brief orientation to Innovation regulation requirements. Mobile Mental Health was the top choice by several votes.

A more detailed proposal was posted publicly for a 30-day comment period beginning on March 15th2021. The Behavioral Health Advisory Board will plan to hold a virtual a public hearing on April 19th, 2021. The proposed plan if approved, will go before the Ventura County Board of Supervisors for review and final approval on or before June 8th, 2021.

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 The proposal was introduced to the community though it's robust Community Program Planning Process. VCBH works closely with a variety of CBOs, hospitals, and partner agencies to draft and submit this plan. It will continue these discussions in order to implement the plan according to this proposal.

b) Cultural Competency: VCBH has implemented strategies to ensure all services are culturally competent. Targeted hiring for this program will prioritize bilingual bicultural staff. In-kind support has been dedicated by the Logrando Bienestar Program to outreach and provide a warm handoff for our threshold population living in underserved areas into clinic services.

c) Client-Driven: Person centered care would be a primary program approach empowering participants to act, engage, and navigate the healthcare system. The curbside service design located in familiar environments has been demonstrated to build trust and will offer clients the ability and to be treated in the community where they are most comfortable as often as they choose. Service can be in conjunction with traditional clinic care or as an entry point into services, or as a steppingstone to other specialty providers.

d) Family-Driven: Family members are encouraged and included when appropriate in client care. They can also follow the website of the van to find where the unit is scheduled to be and bring their child or loved one as a less intimidating entry point to services or supplementation to clinic care. Expedited appointment response option also ensures that a partner who has called the crisis team due to a mental health emergency and did not meet the threshold or exceed the hold in the ER can be sure and get a follow up appointment at their home within 24-72 hours.

e) Wellness, Recovery, and Resilience-Focused: Based on the previously approved Innovation Data Exchange plan VCBH will be utilizing Netsmart Care Manager software. Multiple agencies will be able to access the same service plan if permission has been granted by the client and will be aware of when and where a client needs assistance. Clients experiencing difficulty getting to their weekly injection appointment at a clinic location could be served by the Mobile Mental Health team who could provide the medication and document the service in real time to keep the client on their path to recovery.

f) Integrated Service Experience for Clients and Families: The County has been working towards implementing a shared data system and a broader client consent form. Currently VCBH has access to both the physical and mental health EHR databases to chart and track and overlapping or co-occurring disorders or risk factors in treatment in the field. This proposal also intends to integrate the service experience for the client to treat mental health and health care at special events and targeted neighborhood pop-up events with the Healthcare Agency.

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.

A foundation of the mobile service must be on enhancing and expanding culturally competent care. The broad considerations to include a person's race, ethnicity, religion, sex, identity, housing situation, or any other cultural lens that might be needed to improve the client's comfortability with services. This effort will be established though intensive and specialized staff training. The effort will be monitored though client focus groups and the participant satisfaction survey. In the survey, participants are asked about their service experience including satisfaction with the primary care received, physical health services, and cultural sensitivity. This survey will be a part of the data used to evaluate the program as a whole and its specific success at delivering culturally competent care.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Projecting program revenue is challenging without further data to support the type of service provided in that it may be Substance Use, Psychiatric care, Case Management, Peer Support, or Crisis Management. Each of these modes have a different level of reimbursement rates. Therefore, we are projecting a conservative level of reimbursement until sufficient data and billing history are available to project further.

Once sufficient data are available to provide insight into the volume of mental health calls and those that can be law enforcement versus behavioral health response and visa versa, protocols can be implemented to further support the level of response. At that that time, it may be warranted to expand to provide an additional vehicle and team for response once Innovation funded has concluded.

VCBH is prepared to support the ongoing program costs in future years if the program demonstrates its ability to reach its target populations. The program could continue through other county funds or through MHSA PEI or CSS funding depending on which area the program has success.

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.

The project would be a continuation of care in a more flexible format for its SMI participants. These individuals would be open to care though a clinic or though the RISE program, which helps to build bridges to treatment if someone has or appears to have mental health problems and is unable or unwilling to access help. The Mobile Mental Health van would just be an extension of those efforts and or services depending on where the client is comfortable.

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?

- Quarterly reports will be collected from contracted agency. Annual updates will include a program data summary and annual reporting measures. A final report will conclude the effort. All reports will be distributed throughout our Community Program Planning Process and at BHAB meetings. Updates and lessons learned would be communicated through county to county meetings and website posting.

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

- Mobile mental health, homeless, van, farmworkers, crisis continuum

TIMELINE

A) Specify the expected start date and end date of your INN Project: July 2021 projection depending on COVID-19 relief process and RFP conclusion program end date June 2025.

B) Specify the total timeframe (duration) of the INN Project: Four years

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

Timeline	Milestones

Year 1 Quarters 2-4	RFP process to award the Mobile Mental Health program as a contract. Purchase of van and augmented as needed.
Year 2 Quarter 1-2	Planning Phase: Staff hired planning with Healthcare Agency mobile services unit
Year 2 Quarter 3	Staff training and program finalized advertisement and dissemination plan and partnership schedule protocols written
Year 2 Quarter 4	Program Launch
Year 3 Quarter 1 -2	First client focus groups
Year 3 Quarter 3-4	Year one of services wrap up evaluation data pulled and learning goals evaluated for interim data report.
Year 4 Quarter 1-2	Client focus groups take place
Year 4 Quarter 3-4	Final data collection and key stakeholder interviews Evaluator drafts final report parameters in partnership with VCBH.

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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.

The County is requesting authorization to spend up to $3,080,986 in MHSA Innovation funding for this project over a period of four (4) years. The County is also estimating that it will use $300,000 of FFP for this project. The total project is estimated to cost $3,380,986.

Consulting Contractor costs

Costs are expected to change. Program is expected to be contracted and exact staffing, operation, and subcontractor costs will depend on the awardee.

According to the proposal all costs, except county administration and purchase of the van (totaling $563,420), are for the contractor to pay for the costs related to the implementation of the plan:

Personnel costs, including employee benefits, direct and indirect costs for a .5 FTE Program Director, 1.0 FTE Mental Health Nurse, 1.0 FTE for a Clinician, 2.0 FTE for Mental Health Associate/Peers, 1.0 FTE Office Assistant, evaluation, vehicle maintenance, staff training, Psychiatrist (at .125 FTE), supplies, including computers and web page advertising are all costs to be covered by the contractor in the $2,817,741 represent 83.3 % of the total budget and Ventura county costs represent 16.6% of the budget.

Non-Recurring Costs (county cost)
Estimate Vehicle Cost: $175,000

Indirect Costs
Flat Rate of 15% County overhead allocation cost to administer and allocate the contract: $388,245

Estimated total: $3,380,986

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*
EXPENDITURES

PERSONNEL COSTS (salaries, wages, benefits)		FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
1.	Salaries					
2.	Direct Costs					
3.	Indirect Costs					
4.	Total Personnel Costs					
OPERATING COSTS		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
5.	Direct Costs					
6.	Indirect Costs		**$111,134**	**$113,357**	**$115,624**	**$340,115**
7.	Total Operating Costs		**$111,134**	**$113,357**	**$115,624**	**$340,115**
NON-RECURRING COSTS (equipment, technology)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
8.	**Vehicle Cost**	**$175,000**				**$175,000**
9.						
10.	Total Non-recurring costs	**$175,000**				**$175,000**
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
11.	Direct Costs		**$854,874**	**$879,462**	**$905,980**	**$2,640,316**
12.	Indirect Costs		**$72,974**	**$75,163**	**$77,418**	**$225,555**
13.	Total Consultant/Contractor Costs		**$927,848**	**$954,625**	**$983,398**	**$2,865,871**
OTHER EXPENDITURES (please explain in budget narrative)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
14.						
15.						
16.	Total Other Expenditures					
BUDGET TOTALS		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
Personnel (line 1)						

Direct Costs (add lines 2, 5 and 11 from above)		**$854,874**	**$879,462**	**$905,980**	**$2,640,316**
Indirect Costs (add lines 3, 6 and 12 from above)		**$184,108**	**$188,520**	**$193,042**	**$565,670**
Non-recurring costs (line 10)	**$175,000**				**$175,000**
Other Expenditures (line 16)					
TOTAL INNOVATION BUDGET	**$175,000**	**$1,038,982**	**$1,067,982**	**$1,099,022**	**$3,380,986**

*Numbers have been rounded

*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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds	**$175,000**	**$878,982**	**$906,182**	**$935,368**	**$2,895,532**
2.	Federal Financial Participation		**$100,000**	**$100,000**	**$100,000**	**$300,000**
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	**Total Proposed Administration**	**$175,000**	**$978,982**	**$1,006,182**	**$1,035,368**	**$3,195,532**
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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds		**$60,000**	**$61,800**	**$63,654**	**$185,454**
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	**Total Proposed Evaluation**		**$60,000**	**$61,800**	**$63,654**	**$185,454**
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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds	**$175,000**	**$938,982**	**$967,982**	**$999,022**	**$3,080,986**
2.	Federal Financial Participation		**$100,000**	**$100,000**	**$100,000**	**$300,000**
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	**Total Proposed Expenditures**	**$175,000**	**$1,038,982**	**$1,067,982**	**$1,099,022**	**$3,380,986**

*Numbers have been rounded

Additional References Used

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