Health & Human Services Agency
COUNTY OF TULARE
AGENDA ITEM

AGENDA DATE: May 22, 2018

Public Hearing Required	Yes ☐	N/A ☒
Scheduled Public Hearing w/Clerk	Yes ☐	N/A ☒
Published Notice Required	Yes ☐	N/A ☒
Advertised Published Notice	Yes ☐	N/A ☒
Meet & Confer Required	Yes ☐	N/A ☒
Electronic file(s) has been sent	Yes ☒	N/A ☐
Budget Transfer (Aud 308) attached	Yes ☐	N/A ☒
Personnel Resolution attached	Yes ☐	N/A ☒
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes ☐	N/A ☒

CONTACT PERSON: Michele Cruz PHONE: 624-8000

SUBJECT: Submission of the Tulare County Mental Health Services Act, Connectedness 2 Community, Innovation Component Plan

REQUEST(S):

That the Board of Supervisors:

1. Approve the Mental Health Services Act, Connectedness 2 Community, Innovation Component Plan; and

2. Authorize the Tulare County Director of Mental Health to sign the County Certification and submit the Mental Health Services Act, Connectedness 2 Community, Innovation Component Plan to the Department of Health Care Services and Mental Health Services Oversight and Accountability Commission.

SUMMARY:

California voters approved Proposition 63, the Mental Health Services Act (MHSA) in November 2004. MHSA provides the opportunity for the Department of Health Care Services and Mental Health Services Oversight and Accountability Commission to provide increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children and youth, adults, older adults, and families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that will effectively support the system.

The purpose of the innovation component of the MHSA is to increase access to underserved groups, improve the quality of services and promote interagency

collaboration. Programs must be innovative as defined by the DHCS and MHSOAC including new and creative mental health practices that are expected to contribute to learning and which are developed within communities through a process that is inclusive and representative.

Connectedness 2 Community will explore an innovative approach to foster a partnership between the mental health providers and community leaders and cultural brokers throughout Tulare County. Tulare County seeks to educate mental health professionals, cultural brokers and staff on the importance of incorporating consumer spiritual beliefs into traditional mental health treatment services for a diverse, multi-ethnic population. To begin, the estimated numbers to be served are approximately 90 mental health professionals within the county clinics. The community has expressed via the Community Planning Process feedback that while they feel mental health providers are representative of the various ethnicities within Tulare County, they desire to work with providers who also understand the cultural and spiritual beliefs that impact them. Additionally, this provides an opportunity for community leaders and cultural brokers to become better informed about mental health, diagnoses, and wellness and recovery.

In accordance with the Welfare and Institutions Code §3300, there was a community planning process conducted. From over 800 surveys and 28 focus groups, the community planning process resulted in the following focus areas: homelessness, isolation, resources, substance abuse, suicide, poverty and untreated medical conditions. Based on input received, this project was drafted and posted for a thirty-day public review and comment period (December 8, 2017 through January 8, 2018) during which time the proposed project description was available to the public on the County's Health and Human Services (HHSA) website. A Public Hearing was held on January 9, 2018; there were three public comments. The Tulare County Mental Health Board approved the proposed project on January 9, 2018, and voted to move it forward to the Board of Supervisors requesting approval.

The Local Mental Health Director is required to certify that the MHSA Innovation funds will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant. The MHSA County Compliance Certification is attached.

FISCAL IMPACT/FINANCING:

The Board approved the acceptance of the Fiscal Year 2017/2018 MHSA innovation component funds anticipated from the State Controller's Office through the adoption of the Mental Health Branch budgets submitted fiscal year 2017/2018 budget. There is no additional net cost to the County General Fund.

The anticipated budget for the project is $142,143 for the first year of implementation. The project is anticipated to be a five year project, with funds allocated through MHSA innovation component funds. The total estimated project

cost over the five year period is $765,165.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year plan includes the Quality of Life initiative to promote and encourage the provision of quality supportive services for individuals in Tulare County. The MHSA Connectedness 2 Community innovation program contributes to that initiative by providing mental health services to otherwise underserved and unserved individuals in Tulare County.

ADMINISTRATIVE SIGN-OFF:

Timothy Durick, Psy.D.
Director of Mental Health

cc: Auditor-Controller
County Counsel
County Administrative Office (2)

Attachment(s) Innovative Project Plan-Connectedness 2 Community - Tulare County
MHSA County Compliance Certification

BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA

IN THE MATTER OF SUBMISSION OF THE TULARE COUNTY MENTAL HEALTH SERVICES ACT, CONNECTEDNESS 2 COMMUNITY, INNOVATION PLAN	))))	**Resolution No. _____** **Agreement No. _____**

UPON MOTION OF SUPERVISOR _____, SECONDED BY SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____ _____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: MICHAEL C. SPATA
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

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1. Approved the Mental Health Services Act, Connectedness 2 Community, Innovation Component Plan; and

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County: Tulare **Date Submitted:** _____

Project Name: Connectedness2Community

I. Project Overview

1) Primary Problem

a) 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.

CCR Title 9, Sect. 3930(c)(2) specifically requires the Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update to describe the reasons that a County's selected primary purpose for a project is "a priority for the County for which there is a need ... to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system." This question asks you to go beyond the selected primary purpose (e.g., "Increase access to mental health services,") to discuss more specifically the nature of the challenge you seek to solve.

Tulare County seeks to educate mental health professionals, cultural brokers and staff on the importance of incorporating consumer spiritual beliefs into traditional mental health treatment services for a diverse, multi-ethnic population. The community has expressed via Mental Health Services Act (MHSA) Community Planning Process (CPP) feedback that while they feel mental health providers are representative of the various ethnicities within Tulare County, they desire to work with providers who truly understand their experience and are reflective of where they are in life. Upon further exploration of this theme during focus groups, consumers expressed they want to feel their cultural beliefs and practices, to include spirituality, are being respected and intentionally included in their treatment plans.

When examining literature related to incorporation of cultural beliefs and practices within mental health treatment, Cornah, D. (2006) found that, for many, clinicians either do not consider an individual's spiritual life completely or treat their spiritual experiences as nothing more than manifestations of psychopathology. Research has shown more positive outcomes occur when mental health providers ask consumers about their cultural, spiritual and religious beliefs upon entry to the program and throughout their care and treatment. With the provider initiating the conversation, they can assist the consumer with identifying those aspects of life that provide them with meaning, hope, connectedness and purpose. For example, in the monolingual Spanish-speaking and Native American cultures, if providers were culturally

informed and open to combining cultural beliefs and modern mental health practices, there would be an increase in consumers receiving effective services. (Maldonado, 2015)

Barriers to mental health treatment exist at the individual level, the community level, and the systemic level. Among the most prevalent behavioral health conditions for Latinos are depression, substance abuse disorders, and anxiety disorders. Few Latinos get the treatment they need, and youth in particular face a number of stressors that may increase their risks, including poor housing, trauma and social exclusion. But even when services are available, as many as 75% of the Latinos who access treatment for the first time, fail to continue with a second session. This signifies a lack of appropriate engagement which most patients need. (Agular-Gaxiola, 2012)

It is important to address the cultural separation between the consumer and the providers. During recent Tulare County focus group discussions, consumers expressed that while providers spoke the same language, they did not understand the culture. Although culture and beliefs can play a part in spirituality, every person has their own unique experience. Many felt misunderstood and, as a result, did not continue to seek appropriate treatment. When a person who is religious or spiritual seeks treatment, sensitivity on the part of the therapist may be beneficial to treatment because it may lead to a broader evaluation of the person seeking treatment and allow the therapist to explore a wider variety of treatment solutions. (Spirituality As A Coping Mechanism, www.goodtherapy.org Feb. 2017) Stress reduction through an appreciation of the spiritual is an effective approach since the spiritual "can enhance inner strength and enable individuals to find meaning in stressful situations, provide people with an optimistic perspective and positive purpose in life, and subsequently reduce anxiety." (Langman, Louise; Chung, Man Cheung, 2012)

b) 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 community has expressed via Mental Health Services Act (MHSA) Community Planning Process (CPP) feedback that while they feel mental health providers are representative of the various ethnicities within Tulare County, they desire to work with providers who truly understand their experience and are reflective of where they are in life. Upon further exploration of this theme during focus groups, consumers expressed they want to feel their cultural beliefs and practices, to include spirituality, are being respected and intentionally included in their treatment plans.

The incorporation of consumer cultural and spiritual beliefs has become a priority project as we seek to meet the needs of our diverse community. We are listening to the community voice. They want assistance but they want the assistance from someone who they can relate to as well as who will assist in incorporating cultural beliefs and practices to include spirituality into

mental health treatment. A wider voice of consumers have also identified the ways in which spiritual activity can contribute to mental health and wellbeing, mental illness and recovery (Mental Health Foundation, 2006). The prevalent community need, ranked at #4 in our community survey, was access to mental health providers who have spiritual and cultural awareness. Competent care through the foundation of basic knowledge about religion and spirituality, understanding of how they are interwoven into human behavior, and the skills to assess and address religious and spirituality beliefs will require a new approach from the traditional training that mental health practitioners receive during graduate and post-graduate education. Competent care also evolves from one's own self-awareness spirituality and connectedness. (Pargament , 2013).

Research has shown that consumers would like to talk about matters of faith during treatment, therefore indicating that spiritually integrated approaches to treatment are as effective as other treatment approaches. (Pargament , 2013). Our proposed program approach is for mental health practitioners unfamiliar with work in this area, "to dip their toes in the water" by simply asking their clients a question or two about their religion and spirituality to help frame the process (Pargament , 2013).

2) What Has Been Done Elsewhere to Address Your Primary Problem?

"A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach." (CCR, Title 9, Sect. 3910(b))

The Commission expects a County to show evidence that they have made a good-faith effort to establish that the approach contained within their proposed project either has not been demonstrated to be effective in mental health or is meaningfully adapted from an approach that has been demonstrated to be effective. Describe the efforts have you made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

- **Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?**
- **Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstances?**

We have researched numerous published approaches and practices around spiritual connectedness; however, none of them addressed cultural spirituality to connectedness. This may be related to how we define "Spirituality". In 2007, J. Scott Tonigan defined Spirituality as "Gaining knowledge though connected-ness to others". Christina Puchalski, MD, contends that "Spirituality is the aspect of humanity that refers to the way individuals sees and express meaning and purpose and the way that they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred."

A majority of the literature that we have reviewed was based in the Christian religious beliefs and foundations. Scott A. McGreat MSc. in 2013, noted that people, who are spiritual and not religious, have poorer mental health. Because religion and spirituality elicit deep feelings in people and because they speak to peoples' deepest values, we must be careful in how we approach this shift with knowledge, sensitivity and care.

According to a study by King et al. (2013), those who were spiritual but not religious rated the strength of their belief and the importance of the practice of their faith somewhat lower than the religious participants in their study. However, the study did not examine the specific content of the beliefs and practices of the spiritual participants who were not religious. We did not find any published literature on cultural spirituality and connectedness in multi-denominational populations.

Our methodology for identifying existing practices of incorporating spirituality and connectedness with modern day mental health practices began with looking at what existed in other counties or programs around this approach. We found several programs operating nationwide with religious foundations and incorporating mental health practices. The majority of these programs were Christian-based and centered on the doctrine of the bible as the source. There have been studies conducted in the United States and the United Kingdom on the importance of having the therapist bring up the topic of one's spirituality beliefs into the treatment conversation with consumers. Several articles outlined research conducted on spirituality and healing of illnesses including mental health disorder, but sample sizes were so small that they could not be duplicated due to the many variables affecting their subjects. There are no programs operating here in the United States or abroad that are focusing on cultural spirituality and connectedness to multi-denominational populations. We have determined that this "connection" is what Tulare County needs to better serve our mental health consumers by engaging and incorporating their spiritual beliefs into the theory applied treatment plan that will lead to a more resilient consumer.

3) The Proposed Project

Describe the Innovative Project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

- **Provide a brief narrative overview description of the proposed project.**

"Spirituality is that aspect of human existence that gives it its 'humanness'. It concerns the structures of significance that give meaning and direction to a

person's life and helps them deal with the vicissitudes of existence. As such it includes such vital dimensions as the quest for meaning, purpose, self-transcending knowledge, meaningful relationships, love and commitment, as well as [for some] a sense of the Holy amongst us. **(Swinton, J., and S. Pattison, 2001, Spirituality. Come all ye faithful: Health Serv.J., v. 111, no. 5786, p. 24-25.)**

Connectedness 2 Community (C2C) will explore an innovative approach to foster a partnership between the mental health providers and faith based leaders throughout Tulare County. It has long been a debate on the importance of incorporating spiritual beliefs into everyday treatment planning. For this partnership to be effective, the mental health providers must be open to spirituality and faith-based leaders must be better informed about mental health and illness. This will include training modules from both sides of the partnership as well as round table discussions. We want our partners to educate one another on the perspective and wisdom in dealing with spirituality in practice.

United, we hope the approach of collaboration and knowledge will bridge a pathway for our mental health consumers to increase their participation, to build on their spiritual connectedness and seek treatment once again. The support individuals derive from the members, leaders and clergy is widely considered one of the key mediators between spirituality and mental health.

Spiritual coping allows a person to reframe or reinterpret events that are seen as uncontrollable, in such a way as to make them less stressful or more meaningful. Some have argued that certain expressions or elements of spirituality may positively affect various physiological mechanisms involved in health. Emotions are encouraged in many spiritual traditions, including hope, contentment, love and forgiveness. Our project will focus on the incorporation of spirituality in consumer's treatment, compliance and usage of services.

- **Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).**

We have selected to introduce a new approach to the overall mental health system, by building a path that will best allow our consumers to actively participate in how mental health therapies are incorporated into their treatment plan. Studies have shown that consumers who have a strong spiritual belief are more likely to lean towards those beliefs when considering assistance from medical and mental health providers. Spirituality can

affect mental health in a positive way and creates an environment conducive for personal well-being. In an Australian survey, a large majority of patients with psychiatric illness wanted their therapists to be aware of their spiritual beliefs and needs, and believed that their spiritual practices helped them cope better. (D'Souza RF 2002)

- **Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.**

C2C will dive into defining what Spirituality and Connectedness means to the community of Tulare County. Spirituality traditionally had a narrow definition centered on belief in supernatural spirits such as God. However, mental health services have been increasingly interested in addressing the "spiritual" needs of consumers in recent times, and as a result attempts have been made to redefine the term in a way that would be maximally inclusive, so as to apply to people from diverse religious backgrounds and to those with no religious affiliation (Koenig, 2008). Many studies have broadened the term to incorporate a wide range of positive psychological concepts, such as purpose in life, hopefulness, social connectedness, peacefulness and well-being in general. This becomes problematic for research attempting to assess the relationship between "spirituality" and mental health because by most definitions good mental health implies that a person has some purpose in life, is hopeful, socially connected and has peace and well-being (Lindeman & Aarnio, 2007). For the purposes of C2C, we have adopted the later definition to broaden our approach, to address the diverse needs of consumers of multi-denominational faiths and those who have no spiritual connectedness to any culture.

4) Innovative Component

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

- **If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.**
- **If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?**

Key aspects of the program are:

- Examine the dual nature of religion and spirituality, as vital resources for health and well-being
- Training professional/licensed providers to approach the processes of incorporating spirituality with knowledge, sensitivity and care
- Recruit subject matter experts and/or spiritual leaders who represent different religious and spiritual traditions and different professional traditions
- Utilize a spiritual assessment to assist providers with ways to initiate the conversation when addressing spirituality in practice
- Establish goals and objectives that cut across a range of demographic variables, religious traditions while preserving their distinctive and substantive characteristics
- Explore the impact of mental health on the different expressions of spirituality
- Logic Model attached in Exhibit 1

5) Learning Goals / Project Aims

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

- **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?**

There is no maximum *number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.*

According to Goodtherapy.org, spirituality is defined as a search for transcendent meaning or the belief in some sort of greater existence outside of human kind, can be linked to religion, but the practice of spirituality is generally considered to go beyond religion and link individuals with something larger, such as the universe itself. Our goal is to meet the needs of the mental health community by exploring "Spirituality as an Evidence Based Practice". This program will allow us to re-examine our approach to engaging our clients when they seek assistance. Literature has shown us the importance of spirituality in mental health but research suggests that inclusion of a person's spiritual beliefs may assist in therapy and the healing process. Our learning goals are three-fold: 1) To train our community therapists on the sensitivity of addressing spirituality to multiple cultures, 2) To lead to a wider variety of treatment solutions, and 3) To create an established protocol incorporating spiritual beliefs and cultures as part of our mental health therapeutic strategies.

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

Since a person's spirituality beliefs can affect their mental health, our goal is to bring the sacred realm of spirituality into the concept of modern therapy. Through the process of training ourselves, broadening our treatment solutions, and creating new protocols, we can better meet the needs of those who seek services. For example, our approach of initiating a spiritual assessment at the beginning of the intake process, we believe, will allow for the client to volunteer more information on what they believe and how those beliefs can add to their wellness and health. Another unique approach is to address spirituality in many cultures that are underserved in Tulare County. Whereas another approach will be to create an outlet where clients can practice spirituality through many forms of expression such as dance, yoga, meditation, and group counseling. While we understand different cultures have different belief systems, spirituality is the one constant denominator in them all.

6) 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. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

- **Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?**

The project will target:

- Consumers
- Clinical providers
- Cultural Brokers

Across the target population, the approach for recruitment and survey will be tailored for the audience. We anticipate casting a wide net, capturing feedback along the way, and focusing on capturing not only the data that measures impact and change, but the stories which describe the journey.

- **What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.**

Cultural considerations include, but are not limited to: ethnicity, race, age, gender identity, primary language, English proficiency, sexual orientation, immigration status, acculturation factors, spiritual beliefs and practices, physical abilities and limitations, family roles, community networks, limited literacy, employment, and/or socioeconomic factors. Stability in housing,

education and employment; criminal justice status; perception of care; social connectedness; services received; status at reassessment; and clinical discharge.

Tools and resources could include:

- DSM-IV Appendix I: Cultural Formulations and Glossary of Culture-Bound Syndromes
- Cultural considerations and guiding questions
- Community specific information sources, e.g., census data
- Culturally and Linguistically Appropriate Services Standards (CLAS standards 4 – 7)
- Cultural competence fact sheets
- SAHLSA (Short Assessment of Health Literacy for Spanish-speaking Adults)
- REALM (Rapid Estimate of Adult Literacy in Medicine, English version)
- Test of Functional Health Literacy in Adults (English & Spanish versions, as well as a short version for screening)
- Surgeon General's Report: Mental Health: Culture, Race and Ethnicity, (DHHS, 2001)

Measures and performance indicators would be based upon data such as adherence to treatment plan, demonstrated new competencies of trained therapists, reflection of new populations served, perception of care, and status at reassessment of targeted clients. Additionally, we anticipate collection of the narrative – the stories that emerge from the connectedness work.

- **What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?**
- **How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?**

Information can be obtained through the use of comprehensive intake assessment tools, culturally tailored engagement strategies, and ongoing documentation of culturally relevant information from consumers.

- Surveys will be given before and after each training session with subject matter experts (SME).
- Therapist will be asked to return for future groups.
- Interviews will be held with therapist, at least 6-months after initial training is completed. Can be held earlier if necessary.
- Clients will be asked to complete surveys on the services they receive pre and post treatment

Most data will be collected at the time of encounter. Some instruments may be administered digitally (Survey Monkey, etc.)

- **What is the *preliminary* plan for how the data will be entered and analyzed?**

All data will be entered into a database by a program analyst and reviewed by INN Coordinator.

7) 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?

Independent contractors will be hired to conduct subject matter expert (SME) training.

An external project evaluator will be hired for this program. The project evaluator will work closely with the INN coordinator to evaluate all data collection instruments and materials.

I. Additional Information for Regulatory Requirements

Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation.

1) Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

a) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.

b) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA). Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements."

c) Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act."

Of particular concern to the Commission is evidence that the County has satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.

2) Community Program Planning

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

We have held 4 INN CPP stakeholder meetings, the first being the overview training. Subsequent meetings included the stakeholders brainstorming project ideas, weighing the pro's and con's of each program, and narrowing those suggestions to two possible program ideas. The proposed project was selected from the stakeholder planning sessions.

3) Primary Purpose

Select **one** of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

a) **Increase access to mental health services to underserved groups**
b) Increase the quality of mental health services, including measurable outcomes
c) Promote interagency collaboration related to mental health services, supports, or outcomes
d) Increase access to mental health services

Which MHSA Innovation definition best applies to your new INN Project (select one):

4) MHSA Innovative Project Category

a) Introduces a new mental health practice or approach.

b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.

c) **Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.**

5) Population (if applicable)

a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?

The primary target are the professional staff who provide treatment, with a secondary target, or "customer" as the clients who receive treatment and the members of their family and/or community support system. It is difficult to estimate numbers at this time.

b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.

When addressing the need for fusing spirituality and mental health practice, we find that it does not affect any specific demographic in our community; however, it affects all of them at a different level. Spirituality crosses all races, ethnicities, age groups and sexual orientation. Although culture and beliefs can play a part in spirituality, every person has their own unique experience of spirituality.

c) Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

The focal population or "primary customer" will be the mental health professionals who desire to provide therapy through a more intentional spiritual/connected manner, and the secondary customer as the client who seeks and receives these services and their family/community support system.

6) MHSA General Standards

Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards 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 standard could not apply to your INN Project, please explain why.

a) Community Collaboration - The project selection process has involved community collaboration from the beginning. The project was birthed from the community's input, and tailored by their voices.
b) Cultural Competency - Tulare County has an established mental health cultural competency committee which meets monthly and is made up of peer specialists, community organizations, clinicians and county staff.
c) Client-Driven - The primary approach for the project is to obtain the client's input from the very start on what their beliefs are and how to they connect to their well-being. The spiritual assessment tools will assist with meeting this goal.
d) Family-Driven - We understand that sometimes individuals need the support of family in their journey to well-being. The project embraces strengthening the clients system by including family involvement in the overall treatment plan.
e) Wellness, Recovery, and Resilience-Focused - The project design focuses on non-traditional practices that connect the body and mind to the soul.
f) Integrated Service Experience for Clients and Families - By design we are integrating a person's spirituality into traditional mental health practices. This may allow to the person seeking treatment and the therapist to explore a wide variety of treatment solutions.

7) Continuity of Care for Individuals with Serious Mental Illness

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 when the project ends.

This project will provide services to individuals with serious mental illness as previously mentioned related to the target population.

When Innovation funds for this project are no longer available, and if the evaluation outcomes are sufficiently strong to warrant it, we plan to continue to support it with Community Services and Supports (CSS) funds.

If no funds for this project are available, some elements of it will continue within the Wellness & Recovery activities, and continued discussions within the Mental Health Cultural Competency Committee.

8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

a) Explain how you plan to ensure that the Project evaluation is culturally competent.
Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.

The project evaluation methodology and design will be discussed as it is being developed with our Mental Health Cultural Competency Committee (MHCCC), which meets on a monthly basis. Once the project is approved, this will be a standing agenda item to be discussed monthly.

b) Explain how you plan to ensure meaningful stakeholder participation in the evaluation.

Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.

The MHCCC is made up of peers, community members, clinical professionals and county staff. We are confident that we will have meaningful stakeholder participation with much discussion and recommendations being made from this group of diverse stakeholders.

9) Deciding Whether and How to Continue the Project Without INN Funds
Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

At the conclusion of this INN project, should the evaluation indicate that the project or elements of it are successful; the project will be incorporated into CSS.

10) 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?

All project results will be presented in a public forum setting during our mental health board's general meeting. After the initial presentation, copies of results will be available upon request.

b) How will program participants or other stakeholders be involved in communication efforts?

Program participants, family members, and stakeholders will be encouraged to participate in the public meeting. Shared experiences on the projects impact in the lives of our community will be welcomed.

c) 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.

- Connectedness
- Spirituality
- Self –Care
- Wholeness
- Harmony

11) Timeline

a) Specify the total timeframe (duration) of the INN Project: 5 Years , 0 Months

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

Note: Please allow processing time for approval following official submission of the INN Project Description.

Start Date: July 2018

End Date: June 2023

c) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for

i. **Development and refinement of the new or changed approach;**
ii. **Evaluation of the INN Project;**
iii. **Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;**
iv. **Communication of results and lessons learned.**

(1) Program Development Design/Contracting (Years 1 and 2)

- Identify Cultural Brokers, Spiritual Leaders
- Develop program structure
- Create curriculum /modules for discussions
- Establish stakeholder steering committee
- Develop pre and post surveys
- Foster community partnerships and collaborations
- Identify possible training locations
- Create benchmark calendar
- Incorporate webinar access to trainings
- Create and disseminate event flyers

(2) Program Implementation (Year 3)

- Establish online registration portal
- Market and recruit clinical professionals to attend trainings
- Implement training modules
- Organize bi-annual best practices conference
- Schedule bi-monthly steering committee meetings
- Conduct feedback interviews of all subject matter experts (SME) following their training sessions

- Provide written and verbal update to MHB on program progress

(3) Program Implementation Continued (Year 4)

- Input survey data for analysis
- Collect survey data from:
- Clients
- Cultural Brokers
- Clinical Professionals
- Family Members and Community
- Organize family and caregivers feedback sessions (bi-annual)
- Provide written and verbal update to MHB on program progress

(4) Results & Recommendations (Year 5)

- Hold quarterly cultural roundtable
- Foster collaboration with community to continue program by locating sustainable funding
- Submit evaluator report and final program report to executive management
- Revise & finalize program report
- Present final report to Mental Health Board (MHB)
- Submit final report to OAC

(5) Final Decision-Making Phase

- Decide whether to continue the project with another funding source or sources, such as Community Services and Supports funds, based on the evaluation outcomes. Include stakeholder input, including that of program participants and family members, in the process.

12) 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)**

BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources)

A. 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.

A. New Innovative Project Budget By FISCAL YEAR (FY)*						
EXPENDITURES						
PERSONNEL COSTs (salaries, wages, benefits)	**FY 2018-19**	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**	**Total**
1. Salaries	56,191	59,001	61,951	65,049	68,301	251,551
2. Direct Costs						
3. Indirect Costs	20,376	21,395	22,465	23,588	24,767	112,591
4. Total Personnel Costs	76,567	80,396	84,416	88,637	93,068	364,142
OPERATING COSTs	**FY 2018-19**	**FY2019-20**	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**	**Total**
5. Direct Costs	20,376	21,395	22,465	23,588	24,767	112,591
6. Indirect Costs	5,000	5,000	5,000	5,000	5,000	25,000
7. Total Operating Costs	25,376	26,395	27,465	28,588	29,767	137,591

NON RECURRING COSTS (equipment, technology)	**FY 2018-19**	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**	**Total**
8. **Jabber License Fees**	500			500		1,000
9. **Laptop, Projector, Screen**		5,000				5,000
10. Total Non-recurring costs	500	5,000		500		6,000
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)	**FY 2018-19**	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**	**Total**
11. Direct Costs	35,000	35,000	35,000	35,000	35,000	175,000
12. Indirect Costs	5,000	5,000	5,000	5,000	5,000	25,000
13. Total Consultant Costs	40,000	40,000	40,000	40,000	40,000	200,000

OTHER EXPENDITURES (please explain in budget narrative)	**FY 2018-19**	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**	**Total**
14.Printing Costs	1,500	1,500	1,500	1,500	1,500	7,500
15.Cell Phones	200	200	200	200	200	1,000

16. Location & Meeting Rentals	500	500	500	500	500	2,500
17. Travel & Mileage	500	500	500	500	500	2,500
18. Meeting Supplies	1,000	1,000	1,000	1,000	1,000	5,000
19.Office Supplies	1,000	1,000	1,000	1,000	1,000	5,000
20. Total Other expenditures	4,700	4,700	4,700	4,700	4,700	23,500

BUDGET TOTALS						
Personnel (line 1)	76,567	80,396	84,416	88,637	93,068	364,142
Direct Costs (add lines 2, 5 and 11 from above)	35,000	35,000	35,000	35,000	35,000	175,000
Indirect Costs (add lines 3, 6 and 12 from above)	25,376	26,395	27,465	28,588	29,767	137,591
Non-recurring costs (line 10)	500	5,000	0	500	0	6,000
Other Expenditures (line 20)	4,700	4,700	4,700	4,700	4,700	23,500
TOTAL INNOVATION BUDGET	142,143	151,491	151,581	157,425	162,535	765,175

*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.

A. ***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 2018-19**	**FY 2019-20**	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**	Total
1.	Innovative MHSA Funds	132,143	141,491	141,581	147,425	162,535	715,175
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Administration**	132,143	141,491	141,581	147,425	162,535	715,175
Evaluation:							

B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	Total
1.	Innovative MHSA Funds	10,000	10,000	10,000	10,000	10,000	50,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	10,000	10,000	10,000	10,000	10,000	50,000
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 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	Total
1.	Innovative MHSA Funds	142,143	151,491	151,581	157,425	162,535	765,175
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Expenditures**	142,143	151,491	151,581	157,425	162,535	765,175

*If "Other funding" is included, please explain.

Budget Narrative – Connectedness 2 Community

Total 2018-2019 Year 1 Budget: $ 142,143

Personnel (Includes Salaries, Wages, Benefits, Direct Costs)

1. Administrative Specialist, .50 FTE: $ 56,191
   Administrative Specialist responsibilities include:
   a. Acting INN Coordinator
   b. Oversee program development
   c. Organize stakeholder meetings
   d. Consults with evaluator on program design and data collection methods
   e. Schedules training sessions
   f. Prepares training materials
   g. Arrange schedules for subject matter experts to conduct training
   h. Collect program survey data
   i. Analyze program data
   j. Prepare bi-annual program updates
   k. Prepare annual program reports
2. Indirect Costs, $ 20,376

Operating (Direct Costs) Costs –$ 25,376

Subject matter materials development and production for each topic. Also includes speaker fees.

Non-Recurring Costs - Software license, computer equipment $ 500

a. Jabber license fees, $500

Consultant Costs/Contracts – Program Consultant and Evaluator - $ 40,000

a. Program Consultant, $ 35,000
b. Evaluator, $ 5,000

Other Expenditures: $4,700

Printing, $1,500
Meeting and Training Venue Fees, $ 500
Cell Phones, $,200
Travel and Mileage, $500
Training and Meeting Supplies, $1,000
Office Supplies, $ 1,000

Total Five Year (FY 2018 – FY 2023) Costs by category:

Personnel (Includes 5% annual percent increase for personnel costs): $364,142
FY 18/19: $ 76,567
FY 19/20: $ 80,396
FY 20/21: $ 84,416
FY 21/22: $ 88,637
FY 22/23: $ 93,068

Operating Costs: $137,591
FY 18/19: $ 25,376
FY 19/20: $ 26,395
FY 20/21: $ 27,465
FY 21/22: $ 28,588
FY 22/23: $ 29,767

Non-Recurring Costs: $ 6000
FY 18/19: $ 500
FY 19/20: $ 5,000
FY 20/21: $ 0.00
FY 21/22: $ 500
FY 22/23: $ 0.00

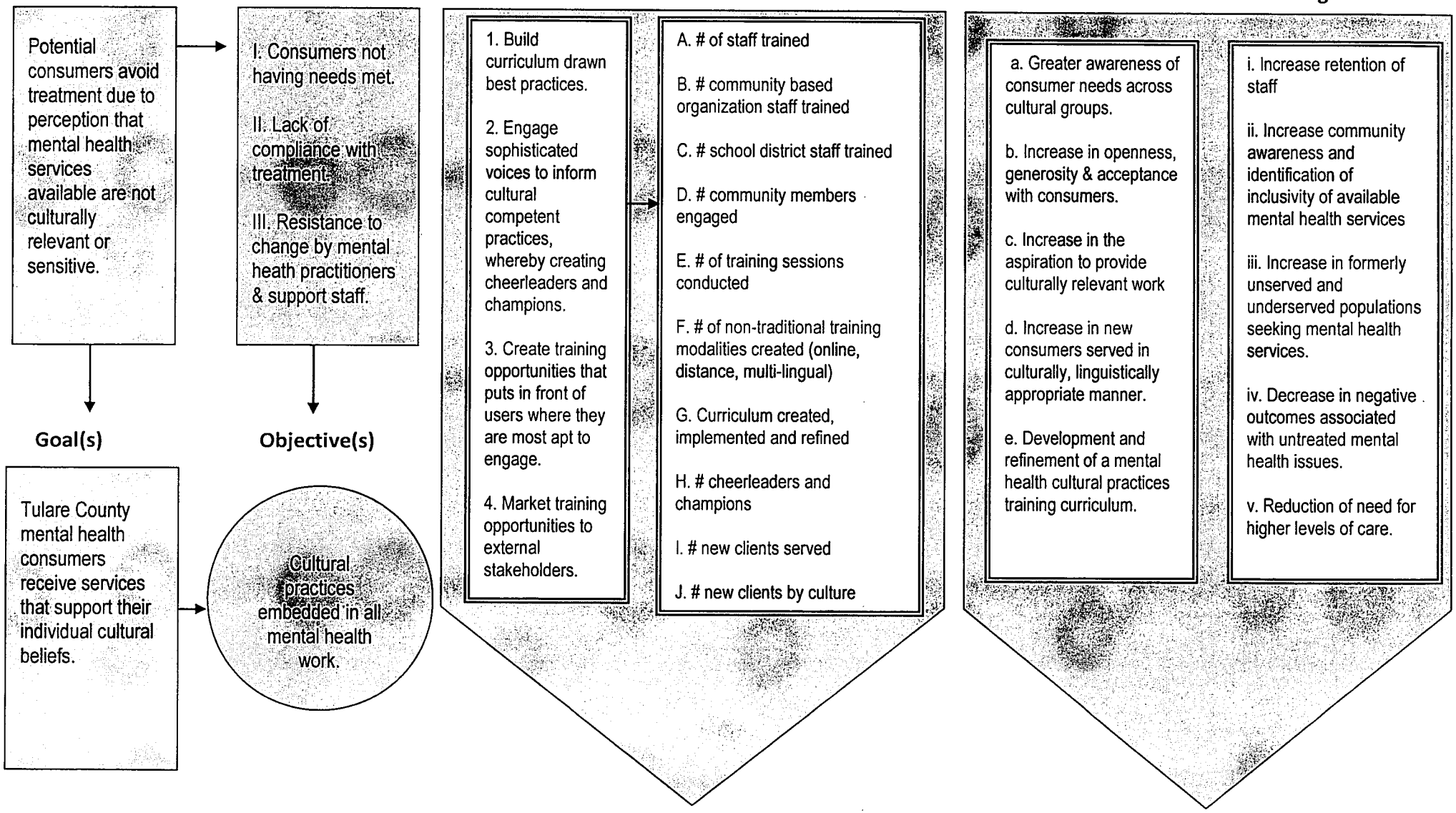
Consultant Costs/Contracts: $ 200,000
FY 18/19: $ 40,000
FY 19/20: $ 40,000
FY 20/21: $ 40,000
FY 21/22: $ 40,000
FY 22/23: $ 40,000

Other Expenditures: $ 23,500
FY 18/19: $ 4,700
FY 19/20: $ 4,700
FY 20/21: $ 4,700
FY 21/22: $ 4,700
FY 22/23: $ 4,700

Total Five Year Program Budget: $765,175

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

LOGIC MODEL



A spiritual assessment

This should be considered as part of every mental health assessment. Depression or substance misuse, for example, can sometimes reflect a spiritual void in a person's life. Mental health professionals also need to be able to distinguish between a spiritual crisis and a mental illness, particularly when these overlap.

A helpful way to begin is to be asked "Would you say you are spiritual or religious in any way? Please tell me how." Another useful question is, "What gives you hope?" or "What keeps you going in difficult times?" The answer to this will usually reveal a person's main spiritual concerns and practices.

Sometimes, a professional may want to use a questionnaire. They will want to find out:

- what helpful knowledge or strengths do you have that can be encouraged?
- what support can your faith community offer?

A gentle, unhurried approach is important – at its best, exploring spiritual issues can be therapeutic in itself.

- **Setting the scene**

What is your life all about? Is there something that gives you a sense of meaning or purpose?

- **The past**

Emotional stress is often caused by a loss, or the threat of loss. Have you had any major losses or bereavements or suffered abuse? How has this affected you?

- **The present**

Do you feel that you belong and that you are valued? Do you feel safe and respected? Are you and other people able to communicate clearly and freely?

Do you feel that there is a spiritual aspect to your current situation? Would it help to involve a chaplain, or someone from your faith community? What needs to be understood about your religious background?

- **The future**

What do the next few weeks hold for you? What about the next few months or years? Are you worried about death and dying, or about the possibility of an afterlife? Would you want to discuss this more? What are your main fears about the future? Do you feel the need for forgiveness about anything? What, if anything, gives you hope?

- **The next step**

What kind of support would work for you? How could you best be helped to get it? Is there someone caring for you with whom you can explore your concerns?

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MHSA COUNTY COMPLIANCE CERTIFICATION

County: _____

Local Mental Health Director	Program Lead
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
County Mental Health Mailing Address:	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

_____ _____

Local Mental Health Director/Designee (PRINT) Signature Date

County:_____

Date:_____