



**Health & Human Services
Agency
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

KUYLER CROCKER
District One
PETE VANDER POEL
District Two
AMY SHUKLIAN
District Three
J. STEVEN WORTHLEY
District Four
MIKE ENNIS
District Five

AGENDA DATE: October 30, 2018 REVISED

Public Hearing Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
County Counsel Sign-Off	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

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 Health and Human Services Agency, 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.

SUBJECT: Submission of the Tulare County Mental Health Services Act, Connectedness 2 Community, Innovation Component Plan
DATE: October 30, 2018

The purpose of the innovation component of the MHSA is to increase access to underserved groups, improve the quality of services and promote inter-agency 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 cultural sensitivity and incorporating consumer cultural practices into traditional mental health treatment services for a diverse, multi-ethnic population. To begin, the estimated numbers to be served are approximately 100 mental health professionals within the county clinics and 100 consumers. 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 are sensitive to their specific culture while also understanding the cultural traditions and manners that impact them. Additionally, this will lead to stigma and discrimination reduction by providing 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. While stakeholders identified the following key community needs from over 800 surveys and 28 focus groups, (homelessness, isolation, resources, substance abuse, suicide, poverty and untreated medical conditions), they also identified the need to deepen cultural awareness within clinical practices. Based on a qualitative review by the focus group consultant, one of the prevailing themes from the 28 focus groups was deeper cultural awareness. Through subsequent stakeholder input received, this project was drafted to address the need for cultural awareness in clinical practices. It was then 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 (HHS) 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.

SUBJECT: Submission of the Tulare County Mental Health Services Act,
Connectedness 2 Community, Innovation Component Plan
DATE: October 30, 2018

FISCAL IMPACT/FINANCING:

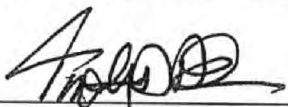
The Board approved the acceptance of the Fiscal Year 2018/2019 MHSA innovation component funds anticipated from the State Controller's Office through the adoption of the Mental Health Branch budgets submitted for fiscal year 2018/2019 budget. There is no additional net cost to the County General Fund.

The anticipated budget for the project is \$169,143 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 \$935,392.

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 Dujick, Psy.D.
Director of Mental Health

cc: County Administrative Office

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) Resolution No. _____
TULARE COUNTY MENTAL HEALTH) Agreement No. _____
SERVICES ACT, CONNECTEDNESS 2)
COMMUNITY, INNOVATION PLAN)

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: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

1. Approved the Mental Health Services Act, Connectedness 2 Community, Innovation Component Plan; and
2. Authorized the Tulare County Health and Human Services Agency, 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.

**INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County**

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 cultural values and 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 are sensitive to their specific culture while also understanding the cultural values and beliefs that impact them. Upon further exploration of this theme during focus groups, consumers expressed they want to feel their cultural beliefs and practices, to include their interests, attitudes and outlook on life, are being respected and intentionally included in their treatment plans.

When examining literature related to incorporation of cultural values, beliefs and practices within mental health treatment, Cornah, D. (2006) found that, for many, clinicians either do not consider an individual's cultural values and beliefs completely or they treat experiences as nothing more than manifestations of psychopathology. Research has shown more positive outcomes occur when mental health providers ask consumers about their cultural values and 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

**INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County**

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. (Aguilar-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. Many felt misunderstood and, as a result, did not continue to seek appropriate treatment. Cultural 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 devotional aspect, 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 are sensitive to their specific culture while also understanding the cultural traditions and manners that impact them. Upon further exploration of this theme during focus groups, consumers expressed they want to feel their cultural beliefs and practices, to include their interest, attitudes and outlook on life, are being respected and intentionally included in their treatment plans.

The incorporation of consumer cultural values and 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 to whom they can relate, as well as someone who will assist in incorporating cultural beliefs and practices into their mental health treatment. A wider voice of consumers have also identified the ways in which traditional cultural practices can contribute to mental health and wellbeing, mental illness and recovery (Mental Health Foundation, 2006). The prevalent community need, ranked at #4 in our

**INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County**

community survey, was access to mental health providers who have discernment and cultural awareness. Competent care through the foundation of basic knowledge about values and beliefs, understanding of how they are interwoven into human behavior, and the skills to assess and address cultural values and 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 and connectedness. (Pargament, 2013).

Research has shown that consumers would like to talk about matters of cultural values and belief during treatment, therefore indicating that 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 cultural practices, values and beliefs 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?**

[The responses to a) and b) are combined.]

INNOVATIVE PROJECT PLAN Connectedness 2 Community – Tulare County

We have researched numerous published approaches and practices around inner self-connectedness; however, none of them addressed cultural beliefs to connectedness. This may be related to how we define the relational formation of cultural values and beliefs to connectedness. In 2007, J. Scott Tonigan defined Spirituality as "Gaining knowledge through connectedness to others". Christina Puchalski, MD, contends that "Spirituality is the aspect of humanity that refers to the way individuals see 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."

Our methodology for identifying existing practices of incorporating 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 faith-based foundations and incorporating mental health practices. 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 sacred beliefs into the treatment conversation with consumers. Several articles outlined research conducted on faith 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 values and beliefs and connectedness. We have determined that this "connection" is what Tulare County needs to better serve our mental health consumers by incorporating their cultural traditions and/or practices 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.**

**INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County**

“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 cultural brokers/leaders throughout Tulare County. It has long been a debate on the importance of incorporating cultural beliefs into everyday treatment planning. For this partnership to be effective, the mental health providers must be open to relating to one’s inner beliefs and cultural brokers/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 cultural values and beliefs in practice.

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

Cultural connectedness 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 culture, values and beliefs may positively affect various physiological mechanisms involved in health. Emotions are encouraged in many cultural traditions, including hope, contentment, love and forgiveness. Our project will focus on the incorporation of cultural values and beliefs 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).**

INNOVATIVE PROJECT PLAN Connectedness 2 Community – Tulare County

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 their cultural values, practices and beliefs are incorporated into their treatment plan. Studies have shown that consumers who have strong cultural values and beliefs are more likely to lean towards those beliefs when considering assistance from medical and mental health providers. 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) Cultural values and beliefs can affect mental health in a positive way and creates an environment conducive for personal well-being.

- **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 cultural values and beliefs and connectedness means to the community of Tulare County. Cultural values and beliefs traditionally had a narrow definition centered on belief in supernatural spirits such as God. However, mental health service providers have been increasingly interested in addressing the physical and emotional needs of consumers in recent times, treating the “whole person”, and as a result attempts have been made to redefine the term “connectedness” in a way that would be maximally inclusive, so as to apply to people from diverse backgrounds (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 cultural values and beliefs 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 many backgrounds, ethnicities, and cultures.

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

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

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

5) Learning Goals / Project Aims

The broad objective of the Innovative Component of the MHS 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.

Our goal is to meet the needs of the mental health community by exploring “Connectedness 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 connectedness in mental health and research suggests that inclusion of a person’s cultural 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 multiple cultures, 2) To lead to a wider variety of treatment solutions, and 3) To create an established protocol incorporating different cultural values, practices and beliefs 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 beliefs can affect their mental health, our goal is to bring the idea of connectedness 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 an inner self assessment at the beginning of the intake process, will allow for the consumer 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 the meaning of connectedness in many cultures that are underserved in Tulare County. Another approach will be to create an outlet where consumers can practice connectedness through many forms of expression such as dance, yoga, meditation, and group counseling. While we understand different cultures have different belief systems, connectedness is the one constant denominator in them all.

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

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/Community Leaders

Across the target population, the approach for recruitment and survey will be tailored for the audience, including the cultures of those who have lived with mental health issues. 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, sacred beliefs and practices, physical abilities and limitations, family roles, community networks, limited literacy, employment, and/or socioeconomic factors. Additional data includes

INNOVATIVE PROJECT PLAN Connectedness 2 Community – Tulare County

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-V 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 through the diverse partnerships established through this initiative.

- **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 SME’s.
- 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.
- Consumers and participants 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.)

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

- 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.

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

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.

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

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 5 INN CPP stakeholder meetings, the first being the overview training. Subsequent meetings included the stakeholders brainstorming project ideas, weighing the pros and cons of each program, and narrowing those suggestions to two possible program ideas. The proposed project was selected from the stakeholder planning sessions, and includes a wide array of partnerships that represent the County of Tulare.

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

4) MHSA Innovative Project Category

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

- 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.**

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

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 being the "customer", the consumers who receive treatment and the members of their family and/or community support system. We estimate that this program will reach approximately 200 consumers and professional clinicians per year.

- 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 cultural values and beliefs 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. Cultural values and beliefs crosses all races, ethnicities, age groups and sexual orientation. Although cultural values and beliefs can play a part in connectedness, every person has their own unique experience.

- 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 inner/connected manner, and the secondary customer as the consumer who seeks and receives these services and their family/community support system.

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

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, tailored by their voices, and continues to be deepened with each engagement of stakeholders.
- 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 consumer's input from the very start on what their beliefs are and how they connect to their well-being. The 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 honors families by embracing the strengthening of 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 (whole person).
- f) Integrated Service Experience for Clients and Families - By design we are integrating a person's cultural values and beliefs 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.

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

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.

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

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 project's 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
- Cultural values and beliefs
- Self –Care
- Wholeness

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

- 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 2019

End Date: June 2024

- 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, Subject Matter Expert 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 for trainings
- Market and recruit clinical professionals to attend trainings
- Implement training modules
- Organize bi-annual best practices conference

INNOVATIVE PROJECT PLAN Connectedness 2 Community – Tulare County

- 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.

**INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County**

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.

Budget Narrative – Connectedness 2 Community

Total 2018-2019 Year 1 Budget: \$ 169,143

Personnel (Includes Salary, Benefits)

- 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

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

2. Benefits: \$ 20,376
 - a. Employee benefits to include but not limited to: Medical, Vision, Dental, Retirement, Life insurance.

Operating Costs –\$ 25,376

1. Direct Cost- \$20,376
 - a. Subject matter material provided to the beneficiary. Resources provided to the beneficiary to include but not limited to: Handouts, booklets, pamphlets, and cards.
2. Indirect Cost- \$5,000
 - a. Contracted speaker fees for meetings, trainings and other events. Conference room reservation cost.

Technology - \$ 5,500

- a. Jabber license fees, \$500 renewal every three (3) years.
- b. Laptop, Projector, and Screen - \$5,000

Contractors –\$489,000

1. Program Consultant – \$50,000
 - a. Five (5%) increase each year of program.
2. Evaluator - \$11,840
 - a. Ten (10%) percent of program cost each year.
3. Subject Matter Experts (SME)- \$60,000
 - a. Five (5) SME will be contracted at \$12,000 for the first year, with a five (5%) percent increase each program year.

Other Expenditures: \$4,700

1. Printing, \$1,500
 - a. Cost of printing materials for community outreach to include but not limited to: fliers, handouts and information cards.
2. Meeting and Training Venue Fees, \$ 500
 - a. Rental cost of additional equipment, table, chairs, and audio services.
3. Cell Phones, \$200
 - a. Annual cost for county cell phone use by administrative staff.
4. Travel and Mileage, \$500
 - a. Reimbursement for personal car mileage and cost for overnight stay, and per diem pay.
5. Training and Meeting Supplies, \$1,000

**INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County**

- a. Registration cost for additional training, and/or conferences. Cost of training/meeting specific material to include but not limited to: poster boards, Easel pads, white boards.
- 6. Office Supplies, \$ 1,000
 - a. Cost of general office supplies to include but no limited to: paper, pens, notebooks, tissue, folders, hand sanitizer.

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

Personnel (Includes 5% annual percent increase for personnel costs): \$423,084

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: \$140,219

FY 18/19: \$ 25,376

FY 19/20: \$ 26,645

FY 20/21: \$ 27,978

FY 21/22: \$ 29,376

FY 22/23: \$ 30,845

Technology 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

Contractors Cost: \$ 436,128

FY 18/19: \$ 78,914

FY 19/20: \$ 83,284

FY 20/21: \$ 86,900

FY 21/22: \$ 91,271

FY 22/23: \$ 95,759

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: \$935,392

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

A. New Innovative Project Budget By FISCAL YEAR (FY)*							
EXPENDITURES							
PERSONNEL COSTS		2018-19	2019-20	2020-21	2021-22	2022-23	Total
1.	Personnel Salary	\$56,191	\$59,001	\$61,951	\$65,049	\$68,301	\$310,493
2.	Personnel Benefits	20,376	21,395	22,465	23,588	24,767	112,591
3.	Total Personnel Costs	<u>\$76,567</u>	<u>\$80,396</u>	<u>\$84,416</u>	<u>\$88,637</u>	<u>\$93,068</u>	<u>\$423,084</u>
OPERATING COSTS		2018-19	2019-20	2020-21	2021-22	2022-23	Total
4.	Direct Costs	\$20,376	\$21,395	\$22,465	\$23,588	\$24,767	\$112,591
5.	Indirect Costs	5,000	5,250	5,513	5,788	6,078	27,628
6.	Total Operating Costs	<u>\$25,376</u>	<u>\$26,645</u>	<u>\$27,978</u>	<u>\$29,376</u>	<u>\$30,845</u>	<u>\$140,219</u>

TECHNOLOGY COSTS		2018-19	2019-20	2020-21	2021-22	2022-23	Total
7.	Jabber License Fees	\$500			\$500		\$1,000
8.	Laptop, Projector, Screen		5,000				5,000
9.	Total Technology costs	<u>\$500</u>	<u>\$5,000</u>		<u>\$500</u>		<u>\$6,000</u>
CONTRACTORS COST		2018-19	2019-20	2020-21	2021-22	2022-23	Total
10.	Program Consultant	\$50,000	\$52,500	\$55,125	\$57,881	\$60,775	\$276,282
11.	Subject Matter Experts	16,914	18,184	18,545	19,499	20,397	93,539
12.	Evaluator	12,000	12,600	13,230	13,892	14,586	66,308
13.	Total Consultant Costs	<u>\$78,914</u>	<u>\$83,284</u>	<u>\$86,900</u>	<u>\$91,271</u>	<u>\$95,759</u>	<u>\$436,128</u>

OTHER EXPENDITURES		2018-19	2019-20	2020-21	2021-22	2022-23	Total
14.	Printing Costs	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$7,500

**INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County**

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	<u>\$4,700</u>	<u>\$4,700</u>	<u>\$4,700</u>	<u>\$4,700</u>	<u>\$4,700</u>	<u>\$23,500</u>

BUDGET TOTALS	2018-19	2019-20	2020-21	2021-22	2022-23	2018-19
Personnel (line 1)	\$56,191	\$59,001	\$61,951	\$65,049	\$68,301	\$310,493
Direct Costs (add lines 5 and 11 from above)	70,376	73,895	77,590	81,469	85,542	388,873
Indirect Costs (add lines 2, 5 and 12 from above)	37,376	39,245	41,208	43,268	45,431	206,527
Technology Costs (line 9)	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	<u>\$169,143</u>	<u>\$181,841</u>	<u>\$185,449</u>	<u>\$194,986</u>	<u>\$203,974</u>	<u>\$935,392</u>

A. Expenditures By Funding Source and FISCAL YEAR (FY)

Administration:							
A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	2018-19	2019-20	2020-21	2021-22	2022-23	Total
1.	Innovative MHSA Funds	\$163,943	\$172,141	\$180,749	\$189,786	\$199,274	\$905,892
2.	Federal Financial Participation						

**INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County**

3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Administration	<u>\$163,943</u>	<u>\$172,141</u>	<u>\$180,749</u>	<u>\$189,786</u>	<u>\$199,274</u>	<u>\$905,892</u>

Evaluation:

B.	Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	2018-19	2019-20	2020-21	2021-22	2022-23	Total
1.	Innovative MHSA Funds	\$66,914	\$70,684	\$73,670	\$77,380	\$81,173	\$369,821
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation	<u>\$66,914</u>	<u>\$70,684</u>	<u>\$73,670</u>	<u>\$77,380</u>	<u>\$81,173</u>	<u>\$369,821</u>

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:	2018-19	2019-20	2020-21	2021-22	2022-23	Total
1.	Innovative MHSA Funds	\$169,143	\$181,841	\$185,449	\$194,986	\$203,974	\$935,392
2.	Federal Financial Participation						

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Expenditures	<u>\$169,143</u>	<u>\$181,841</u>	<u>\$185,449</u>	<u>\$194,986</u>	<u>\$203,974</u>	<u>\$935,392</u>
*If "Other funding" is included, please explain.							

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

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INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

EXHIBIT 2

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**

INNOVATIVE PROJECT PLAN
Connectedness 2 Community – Tulare County

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?

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: _____