County of San Luis Obispo Mental Health Services Act

DRAFT PROPOSAL: MHSA INNOVATION PLAN FY 2023-2027

INNOVATION PLAN FY 2023-2027
County of San Luis Obispo
Behavioral Health Department

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County of San Luis Obispo Innovation Plan

Executive Summary

The County of San Luis Obispo's Behavioral Health Department (SLOBHD) is excited to put forth this plan to utilize Mental Health Services Act (MHSA) Innovation (INN) component funds to test new methods to serve and engage the community mental health field. The goal of this proposed Innovation project is to build capacity within the community by learning new and adapted models for promoting positive mental health and reducing the negative impact of mental illness and stigma.

SLOBHD works collaboratively with local community advisors, including consumers and family members, to develop the County's INN Plan. These novel mental health approaches will contribute to informing the County and its stakeholders as to improved methods for addressing mental health disparities.

The County of San Luis Obispo's INN Plan for FY 2023-2027 consists of one project that will be conducted over three years with an optional fourth year dependent on statewide Behavioral Health reform. In this document, the Embracing Mental & Behavioral Health for Residential Adult Care & Education (EMBRACE) project will be presented. The project will be funded through the encumbered funding allocation by California State's MHSA INN component reserved specifically for these projects. MHSA restricts this source to be used for any other program or use. The table below depicts the projected expenditures for the project and its administration from FY 23-24 through FY 26-27.

INN Project Budget	FY 23-24	FY 24-25	FY 25-26	FY 26-27	Total
Project EMBRACE	$192,862	$237,137	$237,137	$192,862	$859,998

MHSA funds will be used to implement the following project, with planning and services expected to begin in October, 2023 after any necessary procurement processes have been completed. The project was selected based on MHSA's required outcomes, general standards, the community's input and priorities, and the feedback from the Mental Health Services Oversight & Accountability Commission (MHSOAC). Innovation represents a significant opportunity to engage new systems and gain knowledge around many difficult mental health system issues. The project listed herein is:

Embracing Mental & Behavioral Health for Residential Adult Care & Education: "EMBRACE"

San Luis Obispo County lacks the proper model of care and intervention to fully engage older adults in physical and mental healthcare facilities. Residential, rehabilitative placement options for all Older Adults are extremely limited and difficult to access. When an older adult has a diagnosed mental illness, those placement options are near non-existent, which makes the combination of these two factors an impediment for access to recovery and proper care. Many Residential Care Facilities for the Elderly (RCFE) administrators are highly reluctant to accept patients with behavioral health symptoms because staff lacks the training, experience, and access to professional resources to manage these symptoms and are unable to provide the necessary level of support. RCFE staff are rarely equipped to treat the physical and medical needs presented by older adults with mental illness. This issue leaves this population with limited housing options, and for some it increases the risk of becoming unhoused.

The EMBRACE Innovation Project will develop and incorporate a multi-disciplinary behavioral health team (MDT) comprised of a Behavioral Health Clinician, Peer Advocate, and Program Coordinator embedded into the culture of participating RCFE's. The EMBRACE team will serve as on-call support, early intervention consultants, system navigators on a case-by-case basis, and educators/trainers on resources and mental health curriculums for RCFE staff. They will build awareness and understanding of available services, provide tools for identification of mental illness, and educate staff on resource availability. They will also establish trust and reduce mental health stigma amongst the Resident Care Facility staff and culture. This will be accomplished by the participating facilities providing time and space for the treatment team to truly work together with RCFE administrators and staff while providing care in an integrative and holistic manner.

The Behavioral Health Clinician will provide mental health services including crisis intervention, assessments, and consultations with facility staff to ensure proper treatment of residents at risk or in early stages of mental illness. The Peer Advocate will work with residents, family members, and facility staff to integrate other community resources and ensure that needs are addressed from a strength-based approach. The EMBRACE team will work closely with the facility staff to identify clients who could benefit from Behavioral Health interventions. Enhanced services will be initiated through a referral process to applicable programs in SLO County. Once a referral is initiated, the team will engage with the facility staff to identify strengths and needs of the resident and provide education and support to the staff. The team will assist with identifying needs and working with facility staff and family members on a care plan for these individuals.

The Program Coordinator will develop and organize a vital component of the project in the form of a training and education catalog. The curriculums will provide appropriate education and consultation to the facility staff to cultivate empowerment (and comfortability with) of mental health such as identifying red flags and triggers; deescalating situations; addressing crisis; recognizing symptoms and reducing their presentation; and promoting an environment of

wellness and recovery. Each facility will have the option to tailor quarterly education and training to the specific needs of their residents. Examples of the curriculum include topics such as identifying signs of depression and anxiety in older adults, and directive trainings such as suicide prevention and Mental Health First Aid.

Participating facilities will benefit from having access to the EMBRACE Call Center, in which the team will be available to staff for situational consultations and general inquiries. The Program Coordinator will establish available "office hours" for the facilities to reach out and consult with a member of the team with little-to-no delay.

The project will examine efficacy using measurement tools designed by the County's contracted evaluation team. The expected outcomes will show improvements in the RCFE system on three levels: 1.) Administration's willingness to place older adults with mental illness; 2.) Staff knowledge and confidence providing care to older adults with mental illness; and, 3.) General wellness of residents in participating facilities.

DRAFT

Community Program: Planning and Local Review Process

County Name: San Luis Obispo

Work Plan Name: County of San Luis Obispo Innovation Plan 2023-2027

Identifying the stakeholder entities involved in the Community Program Planning Process:

The County's Innovation Planning Team is an advisory group consisting of up to 20 representatives of the broad community, including consumers, family members, system providers, subject experts, and underserved cultural communities.

Below is a list of community advisors that have participated in San Luis Obispo County's Innovation Planning Process:

- Behavioral Health Board (BHB) members (including family members and consumers).
- Members of underserved communities, including Promotores Collaborative (representing the Center for Family Strengthening), participants of the County's Cultural Competence Committee which advises the department on how to improve services for underserved ethnic and cultural groups, and the Gay and Lesbian Alliance (GALA).
- Consumers and family members (youth and adult) as well as organizations that represent them such as the Peer Advisory and Advocacy Committee and the National Association of Mental Illness.
- Community mental health system providers, including staff and peer advocates from Transitions Mental Health Association (TMHA), Wilshire Community Services (WCS), California Polytechnic State University, Community Action Partnership of San Luis Obispo (CAPSLO), and Family Care Network.
- Other County agencies, including Sherriff's Department and Jail Medical Services, Probation, Office of Education and local school districts (administrators, teachers, counselors), and the Veterans Services Office.
- Staff and managers, including the Behavioral Health Director, clinicians, case managers, and medical professionals of the SLOBHD representing various divisions, including Drug and Alcohol Services, Justice Services, Patients' Rights, and Prevention & Outreach.

Ethnic representation in the Planning sessions included members of the Latino, Asian, African American, and Native American communities. Providers specializing in cultural-based services are integral in developing Innovation needs and proposals. Cultural groups represented throughout the Planning sessions included LGBTQ, veterans, youth, older adults, spiritual, and individuals experiencing homelessness.

The Community Project Planning Process for development of the Innovation Work Plan:

The original planning for this Innovation round occurred in June 2019. The stakeholder meeting was conducted by Frank Warren, MHSA Coordinator, and Nestor Veloz-Passalacqua, the County's former INN Coordinator. Returning and new stakeholders assembled a committee to review the Innovation regulations, begin a larger conversation about the needs and learning

interests of the community, and begin collaborating on a new round of research and experiment-based projects. Project proposals were presented by local mental health providers and agencies and then ranked by the committee. WCS proposed an idea for prevention and early intervention in which a new model of mental health support would be applied to the RCFE system. The project's design and delivery method would allow to test a modified approach within an RCFE and help determine how to best engage older adults and understand their mental health needs, while providing education opportunities, and reducing stigma for RCFE staff. The previously entitled Mental Health Integration for OA in Residential Facilities project was selected by this committee to begin operations in 2020. Due to the COVID-19 pandemic, and the specific demographic the project sought to engage, the project was postponed.

By 2022, a new round of Innovation was feasible again for SLO County to begin the process of developing new projects. The concept was again presented by Wilshire Community Services (WCS), in collaboration with the Long-Term Care Ombudsman of San Luis Obispo (LTCOSLO), to the current INN Coordinator, Landon King. The problem identified by the 2019 INN Committee had inflated due to pandemic and the three agencies worked together to reimagine and update the project, now referred to as "EMBRACE". In January 2023, a contemporary committee of former and new stakeholders was assembled to discuss the current and future rounds of INN for SLO County. The Administrator for WCS again presented the project and, mirroring the 2019 decision, this second version of the INN committee unanimously agreed to move it forward.

List of key dates for the MHSA INN project approval process:

The Innovation proposal was finalized on June 8, 2023 incorporating the technical assistance provided by the Mental Health Oversight and Accountability Commission (MHSOAC). A draft will be made public for a 30-day review on July 14, 2023. At the conclusion of the 30-day review period, feedback will be made available on the SLO County website.

A public hearing will be held as part of the Behavioral Health Board's (BHB) August 16th, 2023 meeting. Comments and feedback will be made available on the SLO County website. At this time, the SLO County Behavioral Health Department will request approval for the project from the BHB.

The project workplan proposal will be submitted to the MHSOAC for final approval by August 31st, 2023, and will include all public comment and feedback. Once approved, a provider will be selected through SLO County's procurement process, and a contract will be developed for County Board of Supervisor's approval.

INNOVATIVE PROJECT PLAN APPLICATION

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
☐ Local Mental Health Board Approval   Approval Date: 08/16/2023
☐ Completed 30-day public comment period   Comment Period: 07/14/23-08/15/23
☐ BOS approval date   Approval Date: If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____   *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: _____   ***Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.***

County Name: San Luis Obispo County

Date submitted: 08/16/2023.

Project Title: Embracing Mental & Behavioral Health for Residential Adult Care & Education: "EMBRACE".

Total amount requested: $859,996.00.

Duration of project: 4-years

Section 1: Innovations Regulations Requirement Categories

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

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

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

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

Section 2: Project Overview

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

San Luis Obispo County lacks the proper model of care and intervention to fully engage older adults in physical and mental healthcare facilities. Residential, rehabilitative placement options for Older Adults are extremely limited and difficult to access. If an older adult has a diagnosed mental illness, those placement options are near non-existent, which makes the combination of these two factors an impediment for access to recovery and proper care. Many Residential Care Facilities for the Elderly (RCFE) administrators are reluctant to accept patients with behavioral health symptoms because staff lacks the training, experience, and access to professional resources to manage these symptoms and are unable to provide the necessary level of support. RCFE staff are rarely equipped to treat the physical and medical needs presented by older adults with mental illness. This issue leaves this population with limited housing options, and for some it increases the risk of becoming unhoused.

The lack of a behavioral health interventions in RCFEs has been supported by research throughout the country, and locally, the issue is a concern to the Long-Term Care Ombudsman of San Luis Obispo (LTCO of SLO). The necessity to increase access to mental health services can be viewed through the lens of placement rates and early discharge for older adults with mental illness seeking and failing to find housing within the RCFE system or experiencing termination of their current housing agreements. The Steinberg Institute, in collaboration with the County Behavioral Health Directors Association of California (CBHDA), released the following in a report entitled *Loss of Board and Care Facilities is at Crisis Level (2020)*:

Aging Populations More Vulnerable to Fall into Homelessness: California is home to more than seven million people age 60 or older. By 2060, that population is expected to reach 14.7 million, an increase of 88 percent from 2016. In addition, the population of Californians 85 and older is expected to grow from about 600,000 in 2010 to over 2.25 million in 2050. Research by Dr. Margot Kushel, a professor of medicine and Director of the UCSF Center for Vulnerable Populations, found that half of homeless persons are over age 50, and 50 percent of those individuals became homeless after age 50. This percentage of the homeless population older than 65 is expected to triple by 2030.

The report also states "The loss of a Board and Care facility permanently reduces the states and counties' capacity to house vulnerable populations of persons who are aged, disabled or have mental illness."
Loss-of-Board-and-Care-Facilities-is-at-Crisis-Level-2.28.20.pdf (namisantaclara.org) The introduction of a program that provides mental health supports and education for RCFE staff will contribute to increasing and sustaining these necessary placement options and, in turn, contribute to reducing the high-risk of this population becoming unhoused.

This project hypothesizes that by implementing behavioral health training and programming into RCFE's, participating facilities will report greater efficacy and confidence in providing appropriate care for residents with mental health conditions compared to non-participating facilities. As a result of these efforts, participating facilities will also increase placement access for individuals with mental health

needs. Through education and advocacy there will also be a noted reduction in mental health stigma in the RCFE system while supporting the facilities ability to operate in optimal conditions.

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

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

The EMBRACE Innovation Project will develop and incorporate a multi-disciplinary behavioral health team (MDT) comprised of a Behavioral Health Clinician, Peer Advocate, and Program Coordinator embedded into the culture of participating Residential Care Facilities for the Elderly (RCFE). The EMBRACE team will serve as on-call support, early intervention consultants, system navigators on a case-by-case basis, and educators/trainers on resources and mental health curriculums for RCFE staff. They will build awareness and understanding of available services, provide tools for identification of mental illness, and educate staff on resource availability. They will also establish trust and reduce mental health stigma amongst the Resident Care Facility staff and culture. This will be accomplished by the participating facilities providing time and space for the treatment team to truly work together with RCFE administrators and staff while providing care in an integrative and holistic manner.

The Behavioral Health Clinician will provide mental health services including crisis intervention, assessments, and consultations with facility staff to ensure proper treatment of residents at risk or in early stages of mental illness. The Peer Advocate will work with residents, family members, and facility staff to integrate other community resources and ensure that needs are addressed from a strength-based approach. The EMBRACE team will work closely with the facility staff to identify clients who could benefit from Behavioral Health interventions. Enhanced services will be initiated through a referral process to applicable programs in SLO County. Once a referral is initiated, the team will engage with the facility staff to identify strengths and needs of the resident and provide education and support to the staff. The team will assist with identifying needs and working with facility staff and family members on a care plan for these individuals.

The Program Coordinator will develop and organize a vital component of the project in the form of a training and education catalog. The curriculums will provide appropriate education and consultation to the facility staff to cultivate empowerment and comfortability with of mental health such as; identifying red flags and triggers, deescalating situations, addressing crisis, recognizing symptoms and reducing their presentation, and promoting an environment of wellness and recovery. Each facility will have the option to tailor their quarterly education and training to the specific needs of their residents. Examples of the training curriculum include older adult depression, suicide prevention, and Mental Health First Aid.

Lastly, participating facilities will benefit from having access to the EMBRACE Call Center, in which the team will be available to staff for situational consultations and general inquiries. The Program Coordinator will establish available "office hours" for the facilities to reach out and consult with a member of the team with little to no delay.

The project will examine the project's efficacy using measurement tools designed by the County's contracted evaluation team through the local university. The expected outcomes will seek to show improvements in the RCFE system on 3 levels; administration's willingness to place older adults with

mental illness, staff knowledge and confidence providing care to older adults with mental illness, and general wellness of residents in participating facilities.

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

The project will increase access to mental health services for this underserved population, along with seeking to improve their sustainable living situation by providing supportive services onsite. The Long-Term Care Ombudsman of San Luis Obispo County (LTCO of SLO) states that there are significant problems and deficits in mental health resources available to residents living in or rehabilitating in RCFE's. Historically, the expectation has been that facilities provide their own mental health support and/or that residents go without this vital treatment option. The result is often over medicated residents, burnt out staff, and poor health outcomes.

"The EMBRACE project would be a tremendous community benefit as it includes RCFE's in the continuum of mental health services. Examining the impact of instituting these supports and education with staff and administrators, we believe the community would see better outcomes for the residents and more facilities willing to take older adults, who are at present, with a mental health diagnosis." – Karen Jones (LTCO of SLO Executive Director)

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

This project idea was developed by Wilshire Community Services (WCS) and inspired by the success of the school-based model utilizing a multidisciplinary team to approach different angles of mental health services. The team approach to education, access to services, system navigation, and assessments has been a key to reaching the desired population and seeing positive results.

WCS is the largest provider for mental health services for older adults in San Luis Obispo County. According to the WCS Administrator, adequate care, and lack of placement options in the RCFE system for older adults with mental illness is an ongoing concern that currently has no best practices or procedures for improvement at this time.

As referenced in an earlier section of this proposal, the LTCO of SLO was consulted regarding this project. The LTCO Director enthusiastically supports the project and has provided critical insight into how to make it successful. The project has the support of the LTCO as well as several facilities eager to be a home for the project.

Research was conducted through web searches and through consultation with the Ombudsman. The research did not find another program with the elements of this project directed towards older adults with mental illness living or seeking residents in RCFE's. The research produced only facilities with very limited access to behavioral health support. According to WCS and the LTCO of SLO, behavioral health interventions are currently focused on medication management and symptom reduction through psych pharmaceuticals. Therapeutic interventions are currently not the focus of treatment for older adults in Residential Care Facilities. General mental health training for staff is not mandated, nor are there stigma reduction programs currently available in facilities.

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

The project will serve approximately 450 older adults annually, or 20% of the local RCFE population. This is based on the data collected from the LTCO of SLO. Current RCFE capacity is 2,276 people in nearly 100 RCFE's in San Luis Obispo County. The project will aim to serve residents in 20% of the facilities. The LTCO of SLO works with these facilities daily and is confident that outreach efforts will produce at least this proportion of volunteers.

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

This project will ultimately serve older adults aged 60 and older who are currently residing in or meet the criteria to reside in an RCFE by providing supportive services and education to RCFE management and staff. Since the project would aim to be both preventative and treatment based, any level of mental health symptoms would qualify an individual for services. The project will serve all qualifying residents regardless of gender, race, ethnicity, sexual orientation, and ability to pay.

The project will also work collaboratively with facility staff to educate and promote stigma reduction, supportive service accessibility, and mental health education utilizing culturally competent training curriculum for staff from all ethnicities and tailored to the specific needs of individual participating facilities.

RESEARCH ON INN COMPONENT

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

This project is the first mental health intervention designed to create a collaboration between County Behavioral Health services and Residential Care Facilities for the Elderly (RCFE).

The project will test the efficacy and utilization of supportive services and education in a setting that is unique to a population that is not being directly served through any existing program. Programs and services have not been designed to address the unique needs of Residential Care Facilities and their residents. This project seeks to create, test, and implement a model of intervention in a way that can be replicated by facilities across a wider spectrum.

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

The relevant information has been gathered through consultations with the San Luis Obispo County Long Term Care Ombudsman and Wilshire Community Services (the largest provider for mental health services for older adults in SLO County). The Ombudsman is an attendee of state-wide meetings and is responsible for policy, advocacy, knowledge, and communication of resources available in the RCFE system. According to the local organization, there is no service or program locally or statewide using a hybrid intervention model at a residential care facility.

Karen Jones, the Executive Director of the LTCO of SLO, provided the following statement of advocacy and support for this project:

"Mental health is a critical challenge for RCFE staff. The challenges include staff who have not been properly trained to provide care and assistance for residents in regard to their mental health symptoms. This creates frustration on the part of the staff and can result in treatment that is not always dignified or beneficial to the resident. Lack of access to appropriate mental health treatment has led to residents being mistreated and symptoms unattended, leading to threats of eviction and/or inappropriate levels of medication. This environment contributes to poor staff retention and avoidable emergency room intervention. The housing of residents is also jeopardized by behaviors that could be addressed through therapeutic support. Often, an older adult who presents with severe mental health symptoms struggles to maintain their housing and cannot fully benefit from the care provided by these facilities. The lack of knowledge and preparedness from RCFE staff feeds mental health stigma within the climate of these facilities which also contributes to admission barriers. With proper mental health support and education embedded into the RCFE system, unnecessary resident suffering can be avoided. The mental health system in RCFE's is lacking and older Adults are suffering tremendously from inadequate care and the lack of a model that addresses their needs best. The EMBRACE project would aim to undue this terrible condition and potentially establish a model for long-term improvements."

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

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

The aim of this project is to embed mental health services into a system that has historically been neglected by mental health programming. The goal would be to learn the efficacy of providing mental health support and education and the impact on the confidence of management and staff to intake and provide appropriate care to older adults with mental illness, as well as the effect of the project on the overall health outcomes of residents. The learning goals are outlined in detail below:

1. The County and its community advisors hope to learn whether providing a multi-disciplinary team-based approach to mental health assessment, support, and education in Residential Care Facilities for the Elderly will promote better health and wellness outcomes for the participants.
2. The County and its community advisors hope to learn whether increasing community collaboration and access to mental health care increase the number of placement options available to older adults with a mental illness.
3. The County and its community advisors hope to learn whether providing a multi-disciplinary team-based approach to mental health assessment, support, and education in Residential Care Facilities for the Elderly creates more sustainable housing and treatment options for older adults with a mental illness.
4. The County and its community advisors hope to learn whether testing this model of support has an impact on RCFE staff and administration as it pertains to stigma reduction and improved confidence in providing care for residents with mental illness.

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

Currently, there is no mental health program embedded into the RCFE system. The entire approach of this model will be new, considering that the test relies on intervention that has not been implemented before with this population and in a residential setting. Results will provide

information as to whether the residents show better health outcomes, if RCFE's report feeling more prepared to treat an older adult with a mental illness, and whether or not this approach expands housing options for older adults.

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

The County and its community advisors hope to learn the extent of change when providing a multi-disciplinary team-based approach to mental health assessment, support, and education in Residential Care Facilities for the Elderly will promote better health and wellness outcomes for the residents.

- Metrics for this learning outcome include pre and post mental health assessments of residents to study wellness outcomes, quality of care from staff, and the overall impact of quality of life from this program.
- Metrics for this learning outcome include historical data to compare "before the program" and "after the program".

The County and its community advisors hope to learn the extent of change when providing a multi-disciplinary team-based approach to mental health assessment, support, and education on the improvement on the number of placement options available to older adults with a mental illness.

- Metrics for this learning outcome include comparing historical data such as the number of residents with diagnosed mental illness were admitted to RCFE's with a mental health diagnosis before and during the program.

The County and its community advisors hope to learn whether testing this model of support has an impact on RCFE staff and administration as it pertains to stigma reduction and improved confidence in providing care for residents with mental illness.

- Metrics for this learning outcome involve survey data completed by RCFE administrators that assess their level of confidence with staff to provide appropriate care to an older adults with a mental illness before, during, and after the project.
- Metrics for this learning outcome will examine the efficacy of the tailored education and training application through surveying participating facility staff on levels of education and preparedness.

Section 3: Additional Information for Regulatory Requirements

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

The County plans to select a contract provider who will best execute the project. The County has outstanding contractual partnerships across the community mental health system, as well as strong relational partnerships with many community schools, colleges, health providers, and law enforcement agencies. The Behavioral Health Department, including the MHSA Administrative Team, is well-equipped to conduct a fair and successful procurement process in partnership with SLO County Purchasing, and expedite a contract to be sure INN Project timelines presented herein are met.

The County Innovation Component Coordinator, Landon King (Administrative Services Officer II), is the community liaison for all Innovation projects and evaluation. Landon coordinates the stakeholder planning process and will be the one to develop any Requests for Proposal (RFP) to select providers. The MHSA Administrative Team also includes Frank Warren (Division Manager), the County MHSA Coordinator, who manages all aspects of MHSA, including contracts and plan monitoring. Jalpa Shinglot (Accountant III) is the fiscal lead and works with each provider to develop accurate budgeting and spending plans. Karina Silva Garcia, the CSS Coordinator (Program Manager II), also provides contract management and oversight. The MHSA Team contracts with California Polytechnic State University Master of Public Policy (Cal Poly MPP) program to assist in data collection, technical assistance for providers, analysis of methodologies utilized, and the final project evaluation.

All INN project providers will meet regularly with Landon and the Cal Poly MPP team before and during the start-up phase to finalize plans, conduct data collection tests, and develop tools. If plans need to be adjusted (based on hiring, procurement of materials, etc.), Landon will work with each contractor to provide support and guidance to keep the projects on time. After the launch of each project, Landon will work with the contractors and Cal Poly MPP to provide quarterly reports and data collection. The MHSA Administrative Team will conduct spot checks, review project materials, and review quarterly reports to ensure quality and regulatory compliance.

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

After a new round of Innovation projects was launched in January 2023, an Innovation Stakeholder meeting took place involving new and current Innovation Stakeholders to review the innovation guidelines and begin a larger engagement and collaboration process for outreach and testing innovative and meaningful ideas in our community. At the January 11, 2023 meeting, community members including individuals with lived experience, educators, and community collaborators were present, as well as mental health providers and mental health services partners. The County made available information containing steps to successfully submit an innovation idea, along with providing technical assistance in developing the narrative piece of the proposal.

In 2019, the San Luis Obispo Behavioral Health Department (SLOBHD) was approached by Wilshire Community Services (WCS), a local non-profit organization focused on mental health for older adults. WCS presented an idea for prevention and early intervention in which a new model of mental health

support would be applied to the RCFE system. The project's design and delivery method would allow to test a modified approach within an RCFE and help determine how to best engage older adults and understand their mental health needs, while providing education opportunities, and reducing stigma for RCFE staff. The original project design is the result of continuous community engagement, refinement, and expert collaboration between WCS, LTCO of SLO, community members, and SLO County staff. The project was approved by the Innovation Stakeholder committee in early 2020 but was forced into a long-term delay due to the pandemic.

The project was presented again to the current Innovation Committee in January 2023, gaining support of a second unique community committee. Additionally, the SLOBHD has provided technical assistance to refine and coordinate efforts to make the proposal a creative and innovative priority in reference to what the community needs are. Key stakeholders on the current Innovation committee will continue to provide feedback to the design, development, implementation, and evaluation. SLOBHD is committed to ensure adaptability and engagement process throughout the four-years of innovation testing.

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

A) Community Collaboration
The Project is designed to facilitate a strong collaboration that includes, community participation and feedback, County Behavioral Health Department, the Long-Term Care Ombudsman of SLO, and the Innovation Advisory Committee. The Project fosters and maintains community collaboration through a process of consistent stakeholder advisory group interaction and by representing diverse racial/ethnic, cultural, and linguistic communities. The Project works with individuals with lived experience, mental and medical health providers, families, parents/primary caregivers, and other professionals to enhance and develop a cohesive and comprehensive project.

B) Cultural Competency
The Project is designed to impact diverse participants from across the County. The project will employ culturally and linguistically appropriate staff who will engage clients through service delivery that fosters equal access to services without disparities. The training component of the project will deploy a culturally competent curriculum in consideration of diverse backgrounds of RCFE staff. Additionally, through the project design, the stakeholder advisory group incorporates culturally and linguistically appropriate guidance in the administration, implementation, delivery, and evaluation processes. Cultural competency will be achieved by providing participants with the opportunity to participate in the project in which all interventions will be delivered in the participant's primary language. Services will engage and retain diverse individuals through recruitment by a trusted source. The stakeholder advisory group will monitor the project for disparities using process data and community data provided by the project data analyst.

C) Client-Driven
The Project is designed to engage staff who work primarily with the older adult population living in an RCFE. Individual experiences and individualized information will provide guidance and lead to a better participant understanding of the intervention, the impact, and continued fine-tuning of the model necessary to identify and engage with those participants.

D) Family-Driven

The Project is designed to engage participants and their direct support network as the primary agents of information. Their involvement will shape program decision-making and determine which elements of the project and approach are essential to assist the older adult population living in RCFEs.

E) Wellness, Recovery, and Resilience-Focused

Prevention and Early Intervention prevents or mitigates behavioral and social problems; therefore, early referrals and connection to mental health resources and supports are a focus of the project. Participants, the RCFE staff, and their loved ones' empowerment and social connections are critical to the wellbeing and impact of the recovery process. Participants are also supported by the project offering information on accessing services in the community.

F) Integrated Service Experience for Clients and Families

The Project involves an integrated community approach and resource knowledge experience among stakeholders involved. Project partners and staff work on increasing knowledge about stigma, recognition of signs, and how to best engage with the older adult population, leading into appropriate intervention and community referral resources available to participants in order to create a larger system of mental health care coordination.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION
Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

Each participant will be given time to complete pre- and post-assessments to determine the follow up interaction/intervention best suited to their experience and needs as it relates to their mental health wellbeing. In addition, participants will be asked to complete surveys designed to gather feedback regarding their perceptions of the engagement quality and intervention, and their reflections on effectiveness, preparedness, and sensitivity to the participants' needs, their recommendations for changes or improvements, and their overall satisfaction with the project intervention.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE
Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep elements of the INN project without utilizing INN Funds following project completion. **Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.**

The cost associated are the development, coordination, hiring of staff, and implementation of the model in RFCEs. If the evaluation indicates the intervention model in place is effective, the County will work collaboratively with RFCEs to offer guidelines and internal practices that would allow their staff to be trained and informed in mental health practices relevant to older adults and their needs. Additionally, RFCEs could potentially identify and determine other funding sources to continue the intervention.

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

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

The following explains some of the potential ways in which SLOBHD plans to disseminate information to stakeholders. These include holding a final report presentation to the community and the Behavioral Health Board, and updates on the MHSA Annual Report and highlights on the County's MHSA webpage. Stakeholders will be involved through the planning, implementation, and evaluation of the project. Community members will be invited to provide feedback regarding the findings, allowing for a more comprehensive approach to the findings of the project.

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

EMBRACE, Residential Care Facilities for the Elderly, Board and Care, Older Adult Mental Health Services, RCFE mental health support, RCFE mental health education.

TIMELINE
   A) *Specify the expected start date and end date of your INN Project:* *10/01/2023.*
   B) *Specify the total timeframe (duration) of the INN Project:* *4 years.*

- FY 2023-24 Q1-Q2 (Project ramp-up)
   o RCFE outreach to identify participants.
   o RCFE administration pre-project survey conducted for volunteering facilities.
   o Facilitate project participant focus groups to prioritize areas of need for training and education.
   o Establish and compile training and education catalog.
   o Schedule training modules with participating facilities for first year of project.
   o Staff recruitment, selection, and training.
   o Collaborate with California Polytechnical University's Innovation Evaluation (CIE) team to establish measurement tools and reporting protocol.

- FY 2023-24 Q3-Q4 (Project begins operations).
   o Launch operations.
      ▪ Activate call center once hours are established.
      ▪ Begin training and education sessions.
      ▪ Deploy site visits and spot assessments.

- FY 2024-25 Q1-Q2
   o Integrate bi-annual review of data with evaluation team.
   o Annual project review with SLOBHD.
   o RCFE administration and staff post survey (1).

- FY 2024-25 Q3 – FY 2025-26 Q2
   o Continue operations and data collection.
   o RCFE administration and staff post survey (2).

- FY 2025-26 Q3 – FY 26-27 Q2 (Project operations conclude).
   o Continue operations and data collection.
   o RCFE administration and staff post survey (3).

- FY 2026-27 Q3-Q4: Project Evaluation.

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES
The next three sections identify how the MHSA funds are being utilized:

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

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

Personnel Costs:

1.0 FTE Program Coordinator: The Program Coordinator will be a Licensed Professional in the Healing Arts (LPHA) and will be hired as soon as the program begins. The coordinator will be responsible for building and implementing elements of the program. The coordinator will also work with RCFE's to build relationships and to collaborate on the structure of the program. The Program Coordinator will design, write, and implement policies and procedures and design the curriculum for RCFE staff trainings. The coordinator will be responsible, long-term, for oversight of the program as well as data collection, reporting, and analysis.

1.0 FTE Behavioral Health Clinician: The clinician will provide: quarterly RCFE staff trainings, be available for crisis intervention and consultation, and provide collateral services as needed. The Clinician is included in the budget for the three years that services will be provided and necessary training and preparation during the ramp-up stage.

Volunteer Peer Advocate(s): The advocate will provide resources for facilities and residents, serve as a liaison between facility staff and family members, participate in the quarterly RCFE staff trainings, and other services as deemed necessary by the service team and/or the RCFE. The Peer Advocates are included in the budget for the three years that services will be provided and necessary training and preparation during the ramp-up stage.

The Indirect expenses are employee benefits, payroll tax, and Worker's Compensation. Expenses also include travel costs, including mileage reimbursement. Employees will utilize their own vehicles to travel to the RCFE's.

Direct Operating Costs:
These expenses include office supplies and postage. Postage will include any items related to the program that are sent to clients, family members, general community members, RCFE's, etc.

Indirect Operating Costs:
These expenses include rent, technology (laptops, cell phones, and tech support), Office Phones, marketing/presentation material, and training material.

The marketing/presentation material includes anything that is disseminated to the public to build awareness around the project, mental health, and/or older adults. It also includes any brochures or other materials that are developed so that they may be provided to clients, family members, RCFE's or the community at large.

Training materials are those items that are necessary to conduct trainings to RCFE staff that may require certification (eg. Mental Health First Aid). This could include PowerPoint printouts, training booklets, supplies necessary for activities, etc.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1. Salaries	$126,348	$172,422	$172,422	$126,348	$597,540
2. Direct Costs (wages)	$107,069	$150,790	$150,790	$107,069	$515,718
3. Indirect Costs (benefits, travel expense)	$19,279	$21,632	$21,632	$19,279	$81,822
4. Total Personnel Costs	$126,348	$172,422	$172,422	$126,348	$597,540
OPERATING COSTS	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
5. Direct Costs	$1,500	$1,500	$1,500	$1,500	$6,000
6. Indirect Costs	$50,014	$48,215	$48,215	$50,014	$196,458
7. Total Operating Costs	$51,514	$49,715	$49,715	$51,514	$202,458
NON RECURRING COSTS (equipment, technology)	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
8.					
9.					
10. Total Non-recurring costs					
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
11. Direct Costs					
12. Indirect Costs					
13. Total Consultant Costs					
OTHER EXPENDITURES (please explain in budget narrative)	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1981 4.					
15.					
16. Total Other Expenditures					
BUDGET TOTALS					
Personnel (line 1)	$126,348	$172,422	$172,422	$126,348	$597,540
Direct Costs (add lines 2, 5 and 11 from above)	$1,500	$1,500	$1,500	$1,500	$6,000
Indirect Costs (add lines 3, 6 and 12 from above)	$50,015	$48,215	$48,215	$50,015	$196,460
Non-recurring costs (line 10)					
Other Expenditures (line 16)					
TOTAL INNOVATION BUDGET	**$177,862**	**$222,137**	**$222,137**	**$177,862**	**$799,998**

BUDGET CONTEXT - 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:**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1. Innovative MHSA Funds	$177,862	$222,137	$222,137	$177,862	**$799,996**
2. Federal Financial Participation					
3. 1991 Realignment					
4. Behavioral Health Subaccount					
5. Other funding*					
6. Total Proposed Administration					**$799,996**
EVALUATION:					
B. **Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1. Innovative MHSA Funds	$15,000	$15,000	$15,000	$15,000	$60,000
2. Federal Financial Participation					
3. 1991 Realignment					
4. Behavioral Health Subaccount					
5. Other funding*					
6. Total Proposed Evaluation	$15,000	$15,000	$15,000	$15,000	$60,000
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 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1. Innovative MHSA Funds	$192,862	$237,137	$237,137	$192,862	**$859,996**
2. Federal Financial Participation					
3. 1991 Realignment					
4. Behavioral Health Subaccount					
5. Other funding*					
6. Total Proposed Expenditures	$192,862	$237,137	$237,137	$192,862	**$859,996**
*If "Other funding" is included, please explain.					

Attachment A: 30 Day Review Notice

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT
                                         and
NOTICE OF PUBLIC HEARING

County of San Luis Obispo
Behavioral Health Department
Mental Health Services Act

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW

WHO: County of San Luis Obispo Behavioral Health Department
WHAT: The MHSA Innovation Project for Fiscal Years 2023-27 is available for a 30-day public
                 review and comment from June 14th, 2023 through August 16th, 2023.
HOW: To review the proposed plan, visit the link below:
                 Mental Health Services Act (MHSA) - County of San Luis Obispo (ca.gov)
                 To submit comments or questions:
                 FY 2023-27 MHSA Innovation Project: Public Comment Survey (surveymonkey.com)

                 Comments must be received no later than August 14th, 2023.

NOTICE OF PUBLIC HEARING

WHO: County of San Luis Obispo Behavioral Health Advisory Board
WHAT: A public hearing to receive comments regarding the Mental Health Services Act
                 Innovation Plan for FY 2023-20247
WHEN: Wednesday, August 16th, 2023, at 3:00 p.m.
WHERE: Ag Auditorium @2156 Sierra Way, San Luis Obispo

VIRTUAL:
https://slohealth.zoom.us/j/98094701982?pwd=RGJxWHp3QXFaVUgyZ2VlMW53a1FIdz09

Meeting ID: 980 9470 1982   Passcode: 005998

                 Dial by your location: +1 669 444 9171 (US)
                 Find your local number: https://slohealth.zoom.us/u/adeXtJxKp5

FOR FURTHER INFORMATION:

Please contact Landon King, (805) 781-4064
lking@co.slo.ca.us