

Innovation Work Plan Narrative: INN-13

Work Plan Name: Faith Based Initiative
County: San Diego

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

After conducting a year-long stakeholder input process, Behavioral Health Services (BHS) and Faith Based (FB) leaders, pastors and clergy identified key recommendations primarily focusing on the African-American and Latino communities in the Central and North Inland regions of San Diego County. These communities have traditionally been disproportionately served and had limited access to appropriate and culturally relevant BHS services. Recommendations were documented in a compendium that outlined the year-long process which culminated in a Community Breakfast Dialogue where BHS providers, FB leaders, clergy, consumer, family members, advocates as well as community at large members participated. From this process, themes were identified and they are: developing meaningful collaborations and partnerships, increased outreach and engagement within the faith based communities, increased education and training about BHS; ability to partner with BHS contractually; identifying what services are available for individuals with serious mental illness (SMI) and serious emotional disturbance (SED) and where and how to access mental health and alcohol and drug services and other resources.

While there are previous efforts of mental health and the Faith community working together, this adaptation seeks to combine four (4) components into one program. The combined components unique to this adaptation include 1) Collaboration and Partnerships, 2) Community Education, 3) Crisis response and 4) Wellness and Health ministry. These components together will address the needs of the Faith Community as it relates to mental health. During the Innovation (INN) Community Planning Process, stakeholders submitted project ideas aligned with the key themes identified during the stakeholder process.

The main purpose for selecting this Faith Based INN project is to develop long standing collaborations and partnerships with Faith Based leaders/clergy and congregations and to address underserved populations. These services promote collaboration between BHS and various FB leaders and congregations in the identified regions; as well as cross education about each other and what services are provided in the community to reduce the effects of untreated mental illness.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSa and Title 9, CCR, section 3320. (suggested length - one page)

African-Americans and Latinos are disproportionately represented in the jail system (Source BHS Data Book 2012-2013) and are receiving for the first time mental health and AOD services while in detention. Furthermore, the faith based community and its congregations generally does not pursue behavioral health services due to stigma associated with seeking BHS, lack of knowledge about available resources and because many services are not culturally relevant and don't support a mental health model of service that is congruent with a faith-based approach to mental health and well-being. BHS wants to test if the community efforts described below: **facilitate improved collaborations and partnerships, de-stigmatizes the use of BHS, increases knowledge about services and increases access to appropriate community based mental health services thereby impacting the number of individuals with untreated mental illness that are found in the jail system.**

The proposed project has four components (listed below) that address concomitant barriers in developing collaborations and partnerships in behavioral health services and faith communities in the African-American and Latino communities. While none of these four components are new individually to the faith community, the combination of the four components in one program focusing on mental health is the adaptation and therefore new.

- Collaboration and Partnerships - Outreach and engagement to Faith Based congregations – develop collaboration and partnerships with Faith-based congregation/clergy and identify “FB champions” or “FB community leaders” within the clergy/congregations to participate in a “Faith-Based Academy” to develop and increase knowledge about mental illness and wellness, BH services, in the community and in-jail mental health services, faith/spirituality principles and values and community support services. This innovative intensive educational community based training academy increases community collaboration and the development of long standing partnerships. Approximately 50 FB and BHS participants will enroll in the FB Academy from the two regions.
- Community Education – The Faith Based Champions will facilitate community educational series in both regions that focus on mental illness and BHS resources. Approximately 3 community educational presentations will be delivered annually in each of the regions.
- Crisis Response – A community based FB Team that pairs a licensed or master level clinician with a Faith-based clergy to respond to individual/family crisis situations, suicides, homicides, domestic violence on a 24/7 on-call system. Mobile FB Team will provide crisis intervention, counseling, support services and linkages to BH services and other community supports as needed in the home. It is envisioned that the Mobile FB Team will provide services to individuals and families for up to 90 days. Approximately 120 individuals/families will be served annually.
- Wellness and Health Ministry – Develop a Wellness and Health Ministry that focuses on Adults diagnosed with an SMI while in jail that includes: engaging individuals with schizophrenia or bipolar disorders while in jail and providing spiritual support; mental

health and physical health wellness; information and counseling on the impact and effects of untreated mental illness, co-occurring disorders and trauma in adults/older adults that are diagnosed with a SMI and provide linkage and community based resources for re-integration back into the community. The Wellness and Health Ministry will provide support services consistent with pastoral counseling and the individual's faith and information, linkage and education about community based resources. This Ministry will outreach individuals while in detention. Approximately 240 individuals annually will be outreached with an SMI diagnosis while in detention.

These proposed services integrates FB leaders and clergy with behavioral health providers to support the development of collaborations and partnerships, capacity building, address individuals in detention with SMI, educational practices that are cultural competent and trauma informed and focus on the resilience of communities.

General Standards Requirements

Community Collaboration: The concept for this INN program was developed after a year-long stakeholder input process; i.e., The Faith Based Community Dialogue Planning Committee for the Central Region and North Inland region respectively. Behavioral Health Services (BHS) and Faith Based (FB) leaders, pastors and clergy and community at large representatives identified key recommendations that were memorialized at the end of the planning meetings in a compendium of proceedings and provided at the two BHS and FB Community Dialogue Breakfasts' on December 2013. It is anticipated that the previously identified interventions will facilitate improved collaborations and partnerships to address the effects of untreated mental illness.

Cultural Competence: This program demonstrates cultural competence by focusing on the faith based community in two culturally diverse communities (African-American and Latino) by establishing collaborations and partnerships and by providing culturally competent community interventions that address the effects of untreated mental health illness that are disproportionately found in the adult and juvenile legal system by **increasing awareness and knowledge about mental illness.**

Client Driven Mental Health System: This program will include participation of peers and family members in the program evaluation and review. Participants with lived experience in the Adult Council, TAY Workgroup, Children's Council and Faith Based Councils will provide input and feedback to the bi-annual evaluations for staff to make relevant adjustments to the interventions.

Family Driven Mental Health System: This program focuses on increasing access to underserved groups and promoting interagency collaboration. Engaged family members will be involved in activities including but not limited to development, implementation, evaluation and future dissemination where appropriate. Family members may also provide feedback that may inform different strategies or suggested revisions to the original model.

Wellness, Recovery and Resilience Focus: This program promotes resilience and wellness by developing collaborations and partnerships with the Faith Based culturally diverse leaders and communities to address the effects of untreated mental illness.

Integrated Service Experience: This program model integrates several approaches; i.e., the development of collaborations and partnerships, new innovative educational practices (Faith Based and BHS Academy), congregation and community education on mental illnesses, in-jail intervention by pairing clergy with a behavioral health specialists to increase engagement with outpatient treatment for SMI individuals, increase access to care and BHS resources and crisis response (in-home response with faith based clergy and clinician). These approaches provide needed information and referral and linkage information about the mental health system, AOD services and other needed resources. In addition, it is expected that this program integrates components or interventions in one of the six detention centers in San Diego.

Number of Participants to be Served

Outreach and Engagement: Engagement and partnership with 10 Faith Based congregations in the Central Region and 5 in the North Inland region. These partnerships will be the foundation for the development of the BHS/Faith Based Academy.

Community Education: At a minimum 12 community educational presentations in each region with a minimum 15 to 20 participants each.

Community Crisis Response: Minimum of one team composed of Faith Based leader/Clergy and Clinician to respond to community crisis, and 15 to 20 individuals/families to be provided services in the Central Region.

Wellness and Health Ministries: At a minimum one Health and Wellness Ministry in each region.

Total Funding

Note: The 3rd year of proposed Innovation funding will occur in FY 2017-18, which is outside of the time frame for this Three Year Plan.

Annual Program Cost	\$473,599	3 Year Program Cost	\$1,420,797
Evaluation Cost (5% of Total)	\$24,926	3 Year Evaluation Cost	\$74,778
Total Annual Innovation Funding	\$498,525	3 Year Grand Total	\$1,495,575
Inclusive of estimated MHSA costs only (estimated administrative costs are not included).			

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This innovation program provides multiple diverse community approaches that combined integrate new adaptations in faith based strategies with behavioral health services in two diverse communities to address meaningful collaborations and partnerships and the effects of untreated mental illness.

We hope to learn if the Wellness & Health Ministry by pairing a faith based leader/clergy and a BHS specialist increases engagement of individuals diagnosed with a serious mental illness while in jail in outpatient mental health treatment post discharge. We will compare and contrast success with existing data on this population.

We want to learn if collaborating and partnering with faith based leaders/clergy through outreach and engagement in a culturally relevant approach develops a cadre of “FB champions “ or “ FB Community Workers “ within congregations to assist in the development of trusting and lasting collaborations and partnerships that are culturally relevant and sensitive and are consistent with faith based beliefs.

We will seek to learn if this key collaborative program will increase the access to underserved groups to mental health care and reduce stigma in this community.

We also want to learn if the proposed outreach and engagement approaches increases awareness, knowledge and de-stigmatizes seeking mental health, alcohol and other drug and support services and how to access them.

At a practice level we want to learn if a community/home based mobile BH and FB crisis response team is a strategy that is effective in assisting FB leaders and clergy in their response to emergencies by providing support, consultation and resources to address untreated mental illness or mental health conditions, trauma, bereavement and other needed relevant resources for the individual or family.

At a systems level we want to learn if culturally competent collaborations and partnerships are formed, developed and sustained with faith-based congregations/clergy and community leaders to address unmet mental health needs and increase access to appropriate services in the community. It is envisioned that community and individuals, and families will be better informed to address the complex issues of untreated health issues.

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

NOTE: Program design to be developed from competitive process. The dates identified below are a projection of implementation, actual datelines to be determined by winning proposal.

**Implementation/
Completion Dates:**

- 8/15-12/15 Services begin as per the Statement of Work including but not limited to outreach, marketing and collaboration with the Faith community in the Central and North Inland Regions.
- 1/30/16 A semi-annual report will be due 30 days after the second quarter of the project. This report will include all data elements year to date and detail an analysis of any barriers, successes and recommendations based on the first 6 months.
- 07/16 through 2018 Annual evaluations completed and reviewed by Behavioral Health Services to review effectiveness of program specific to target population and planned interventions. (Annual evaluations of program to be provided annually for the 3 years of the program)
- 05/18-08/18 Evaluation by Behavioral Health Services to determine, results and feasibility of integrating into existing programs or replication. Results to be disseminated at the conclusion of the evaluation.

Project Review and Evaluation

Monthly program monitor meetings will be held with contractor(s) to ensure that program requirements are adhered to and to provide support and consultation to contractor regarding implementation and challenges encountered.

Year 1 through Year 3 of contract – a six month and yearly report of services and outcomes will be required for each of the 3 years of the program. Bi-annual and yearly reports will provide results that include: community participants that were provided services via the BHS/FB Team and outcomes, BHS and FB participants in the FB Academy, the development and the participation rate of the Wellness and Health Ministry and the outreach and engagement activities that were conducted to enlist participants for the FB Academy; and the development of collaborations and partnerships with BHS providers.

Pre and Post tests for the Community Education component and the FB Academy will be provided to participants to assess level of knowledge gained about mental illness, wellness and resources. FB focus groups, congregation focus groups, FB Champions and leads for Wellness and Health ministries will complete a survey to assess level of knowledge gain and how they utilize information.

Project Measurement:

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

Results from the six month and yearly reports will be presented to the Central and North Inland Faith Based Councils for review and input. In addition report results will be presented to the Behavioral Health Services, Children's, TAY Workgroup, Adult and Older Adult Councils and the Cultural Competence Resource Team (CCRT) whose members include consumers, family members, advocates, and community at large members and BHS providers. These Councils and Workgroups by policy report directly to the BHS Director and provide recommendations on the BHS system of Care and they are the conduit for MHSA planning and review.

Each of the engagement strategies will be evaluated independently of each other as they are distinct in the services provided. The Collaboration and partnership and community education components will have pre and posttest measures and will also be evaluated by stakeholder feedback. The Crisis response will be evaluated by both a post service measure in addition to stakeholder feedback. The Wellness and Health Ministry will be evaluated by recidivism rate compared to norm group. For all components we will compare improved access to care based on general access to service.

Specific data collected includes but is not limited to the following:

- Increased access to care- we will evaluate if access of care to this underserved population has been increased by client report and/or staff documentation.
- Interagency Collaboration- We will measure how many mental health, substance abuse agencies and faith communities are collaborating. Tracking of this will be reported on a monthly report to the County.
- Collaboration and Partnerships: Outreach and Engagement of FB leaders/clergy - Outreach and engagement strategies are to be developed and implemented by FB leaders/clergy and contractor at the onset of the program to ensure cultural relevance and alignment with work plan goals. We will track the number of FB congregations/clergy outreached, engaged and partnerships developed, and key elements that contributed to its success in identifying "FB Champions" that volunteered to participate in the FB Academy. Based on the data gathered, we will identify which of the above mentioned engagement strategies are most successful.
- FB Academy: We will collect the number and demographics of participants; level of knowledge gained about mental health and substance abuse recovery; Behavioral Health services; reduced stigma, their comfort to seek BHS for themselves or others. Participants will be asked to identify how they will use this new information to enhance collaborations, partnerships and how the increase in knowledge will otherwise be utilized.
- Wellness and Health Ministry: we will evaluate if this intervention increases engagement in BHS services for individuals outreached and engaged while in detention in outpatient treatment by comparing elements such as pre and post incarceration mental health services and length of time in services. Level of recovery measures will also be sought from treating professionals and client self-report.
- Crisis Response - We will evaluate effectiveness of this intervention with participants and family members as assessed by satisfaction surveys to measure increased knowledge about mental health wellness; Behavioral Health Services, reduction of stigma; and reduction of suffering. We will also identify successful linkages to BHS services and community supports, number of individuals and families that were provided services by the mobile BHS/Faith Team; and if any individuals were diverted from incarceration or juvenile detention due to this intervention.

- Other outcomes as indicated by stakeholders during review and evaluation process.

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

We will work very closely with existing faith based leaders, clergy and congregations in both the Central and North Inland regions to implement components of this program. In addition we will work with the Sheriff's Department to implement the Wellness and Health Ministry in to be determined jail setting.

NOTE: Actual budget to be determined by winning proposal from competitive process. The following are proposed guidelines:

NEW ANNUAL PROGRAM BUDGET – YEAR 1					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/ CBO's	Total
1.	Personnel			\$142,080	\$142,080
2.	Operating Expenditures			\$142,080	\$142,080
3.	Non-recurring Expenditures			\$47,360	\$47,360
4.	Contracts (Evaluation Consultant Contracts)			\$24,926	\$24,926
5.	Work Plan Management				
6.	Other Expenditures			\$142,079	\$142,079
	Total Proposed Expenditures			\$498,525	\$498,525
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			\$0	\$0
C. TOTAL FUNDING REQUESTED					
				\$498,525	\$498,525

BUDGET NARRATIVE

Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.
1- Personnel: Staffing positions determined by winning proposal through competitive process. Expenses cover salaries & benefits for direct service (direct) and administrative staffing (indirect) positions.
2- Operating Expenditures: Expenses determined by winning proposal through competitive process. Expenses include items such as subcontracts , rent, utilities, office supplies, insurance (auto, liability, etc) , travel , and other aspects associated with program operations.
4- Contract (Evaluation Consultant Contracts): \$24,926 for consultant to provide data analysis and dissemination for evaluation purposes.
6- Other Expenditures: Expenses to be determined by winning proposal through competitive process. Expenses will cover client support services including but not limited to transportation support and work related items.

NEW ANNUAL PROGRAM BUDGET – YEAR 2					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/ CBO's	Total
1.	Personnel			\$142,080	\$142,080
2.	Operating Expenditures			\$142,080	\$142,080
3.	Non-recurring Expenditures				
4.	Contracts (Evaluation Consultant Contracts)			\$24,926	\$24,926
5.	Work Plan Management				
6.	Other Expenditures			\$189,439	\$189,439
	Total Proposed Expenditures			\$498,525	\$498,525
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			\$0	\$0
C. TOTAL FUNDING REQUESTED					
				\$498,525	\$498,525

BUDGET NARRATIVE

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4- Contract (Evaluation Consultant Contracts): \$24,926 for consultant to provide data analysis and dissemination for evaluation purposes.
6- Other Expenditures: Expenses to be determined by winning proposal through competitive process. Expenses will cover client support services including but not limited to transportation support and work related items.

NEW ANNUAL PROGRAM BUDGET – YEAR 3					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/ CBO's	Total
1.	Personnel			\$142,080	\$142,080
2.	Operating Expenditures			\$142,080	\$142,080
3.	Non-recurring Expenditures				
4.	Contracts (Evaluation Consultant Contracts)			\$24,926	\$24,926
5.	Work Plan Management				
6.	Other Expenditures			\$189,439	\$189,439
	Total Proposed Expenditures				
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			\$0	\$0
C. TOTAL FUNDING REQUESTED					
				\$498,525	\$498,525

BUDGET NARRATIVE

Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.
1- Personnel: Staffing positions determined by winning proposal through competitive process. Expenses cover salaries & benefits for direct service (direct) and administrative staffing (indirect) positions.
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