



HEALTH, RECOVERY & WELLNESS

**Mental Health Services Act
2012/3 Update – Innovation**

**Health Care Access and Outcomes
Project**

March 5, 2013

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Innovation Planning Workgroup #2

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Community Leadership Committee

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Liz Warren	Consumer
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Anthony Marron	Consumer
Annette McComas	Family Member - TAY
RatanBhavnavi	Family Member – Adults
Nancy Borchard	Family Member – Adults
Sherry Worn	Family Member – Children
Elizabeth Rice	Co-Occurring Disorders Committee
Jacqueline Bradford	TAY - Underrepresented Populations
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Linda Parks	Board of Supervisors - Co-Chair

Barry Zimmerman
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Barry Fisher
Robert Gonzalez
Meloney Roy

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Public Health
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**EXHIBIT B
COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: Ventura **30-day Public Comment period:** July 17, 2012 – Aug. 16, 2012

Date: March 11, 2013 **Date of Public Hearing:** August 20, 2012

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Community Program Planning
<p>1. Description of the Community Program Planning (CPP) Process.</p> <p>Upon approval of the county’s first two Innovation projects, focusing on outreach and engagement to underserved communities, the county’s Mental Health Board directed that future Innovation projects focus on individuals with serious and persistent mental illness (SPMI) who do not currently access services or supports. This directive came from stakeholder feedback that, despite significant transformation of the county’s system of care since the implementation of the Mental Health Services Act (MHSA), there were still individuals with significant needs who have not benefitted from the systems changes.</p> <p>An Innovation Planning Workgroup was established to fulfill this directive, with guidance on membership from the Mental Health Board. As a result, the Innovation Planning Workgroup led the development of a third Innovation project, “Feed Your Soul,” which was approved by the county Board of Supervisors on March 20, 2012.</p> <p>The Planning Workgroup then continued to meet, identifying additional areas of need and potential innovative approaches to addressing those needs. The Workgroup met on 2/29/12, 3/22/12, 3/27/12, 4/16/12 and 6/5/12. Through these meetings, the workgroup determined the project priorities and approach, proposing a project would test Innovative approaches to ensuring health access and outcomes for individuals with SPMI with co-morbid medical conditions. The Workgroup, at its 6/5/12 meeting, approved the proposed project, which will target Older Adults and Adults with serious and persistent mental illness who are currently served in CSS programs.</p> <p>The proposed project was then presented to and approved by the Community Leadership Committee (CLC) on 6/25/12. The CLC is composed of community stakeholders from a variety of sectors. In FY11/12, its oversight role was expanded to now include the approval of MHSA plans for submission to the Mental Health Board for review and approval.</p> <p>Finally, the project was presented to the Mental Health Board on July 16, 2012 for approval to post for 30 day stakeholder review and comment. It was posted for review from July 17 through August 16, 2012. A public hearing occurred on August 20, 2012 at the Mental Health Board meeting, followed by Mental Health Board approval of the plan for submission to the Board of Supervisors for its approval on March 5, 2013.</p>
<p>2. Stakeholder entities involved in the Community Program Planning (CPP) Process.</p> <p><u>Mental Health Board</u> The Mental Health Board provides overall guidance and oversight for the Community Planning Process, including final approval to post the Update for Stakeholder review, overseeing the</p>

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Public Hearing and final approval of the Update prior to sending to the County Board of Supervisors for approval.

Innovation Planning Workgroup

As described above, the Mental Health Board (MHB) also set the overall priorities for the remaining Innovation projects, of which this is the second developed. The Planning Workgroup representation was established by the MHB and included participants from the Mental Health Board, Recovery Innovations, the Client Network, NAMI, and VCBH staff, including the Director, Medical Director and Adult Division Manager. More than half the members of the workgroup were consumers or family members. A full list of members is at the front of this Update.

Community Leadership Committee

The CLC is composed of stakeholders from a variety of sectors. It includes representation from public entities, including the Board of Supervisors, directors of the Health Care Agency, Human Services Agency, Public Health and Probation. Also included are representatives from the mental health board and its committees, the various MHSA components, education, underserved communities and the faith based community. At least half of its members must be consumers and family members, representing the range of ages served by the Department. A full list of members is at the front of this Update.

Participation of Representatives from Underserved/Unserviced Populations

Ventura County makes significant efforts ensure stakeholder participation by underserved populations of the county. Latinos make up the most significant underserved ethnic population in our county, comprising representing 50% of VCBH consumers with MediCal. Total MediCal penetration of Latinos who are MediCal eligible by VCBH is 3.3%, while overall penetration is 4.9%, highlighting that Latinos continue to be underserved. The Innovation planning workgroup for this project includes representation from Maria Hernandez, a bilingual/bicultural family member who works for VCBH as a transformational liaison, providing a bridge between the Department and underserved communities. She is also a critical member of the Department led Cultural Competency Workgroup, which is comprised of a broad cross section of stakeholders. Laura Flores, of Turning Point, also represents the underserved Latino community, and is the administrator of the Adult Wellness and Recovery Center, centrally located in Oxnard to better serve the highest concentration of those eligible for county services in the county. Other Innovation workgroup members represent agencies that provide significant culturally competent services to underserved communities, including those from VCBH, Turning Point and the Client Network.

Also important in Ventura County is that our stakeholders identified as a critical underserved population those individuals with serious and persistent mental illness with the most intensive needs and who have not benefitted sufficiently from the dramatic system transformation resulting from the MHSA. Therefore, the makeup of the Innovation planning workgroup is entirely comprised of representatives of those adults with SPMI with the most significant of needs – consumers, family members and services providers for this population. Every member of the workgroup is identified with one or more of these groups. A subgroup of this underserved population with SPMI are older adults, whose needs are unique from other adults served by our system. The chair of the Mental Health Board Older Adults subcommittee played a prominent role on the planning workgroup.

The Community Leadership Committee (CLC) representatives also mirror the focus on both underserved ethnic communities and of those with SPMI who have disproportionate and significant needs. By design, at least 50% of CLC members are either consumers or family

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members, which include, but are not limited to, designated membership categories of each group to ensure representation. Additionally, the CLC makes significant efforts to ensure its members represent underserved ethnic populations. This includes a designated representative specific to “Underrepresented Populations,” two of the three consumer representatives who are from the Latino community, and the faith based representative, from a consortium of faith based entities primarily serving the underserved Latino and African American populations of the county.

Reflections in Planning of Cultural, Ethnic, and Racial Diversity of Mental Health Consumers and Family Members

As indicated above, VCBH is continually striving to increase stakeholder participation so that it reflects the diversity of our county, particularly among consumers and family members. There are a number of related efforts underway to achieve this aim. The Cultural Competency Workgroup, referenced above, is developing a number of strategies to reach out to, and engage, a broad cross section of representatives, and in particular consumers and family members from underserved communities. The intent is that representatives from this workgroup will become part of other stakeholder bodies, such as the MHSA planning workgroups and the Mental Health Board. Another example is an Innovation project specifically focused on providing outreach and education while also developing the stakeholder voice of consumers and family members from the Mixteco community in this county. The Mixtecos are an indigenous cultural group from the Oaxaca region of Mexico, who often only speak the Mixtec language and who are generally more culturally isolated than other immigrant groups. Ventura County has approximately 30,000 individuals of Mixtec origin and it is hoped that the Innovation project will increase our ability to serve this community and increase its presence in planning.

Finally, we are attempting to integrate our efforts to better serve individuals from our varied cultural and ethnic communities with an increase in participation by consumers and family members from these communities in planning. As both the County and contract agencies improve their strategies to providing services to underserved communities, we identify consumers and family members who would also be interested in participating in stakeholder planning. A number of our most active consumer and family member representatives, including those from underserved communities, have come from initial participation in County services, through the wellness and recovery centers and through consumer and family member driven entities such as Recovery Innovations, The Client Network, United Parents and NAMI.

Local Review Process

3. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

This plan was posted on the County’s Behavioral Health Department website for 30 day stakeholder review and comment from July 17, 2012 through August 16, 2012. An email announcing the posting was sent to more than 500 community stakeholders. The posting was announced at the Mental Health Board meeting on July 16, 2012. In addition to being available on the Department website, the Update was available upon request by calling or emailing the Department’s MHSA offices. A public hearing was held on August 20, 2012, at which time additional comments were solicited.

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4. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

One public comment was received during the 30 day review period, requesting that the Department consider opening enrollment in health navigation training to others in the community, which the Department will consider. During the public hearing on August 20, 2012, there were several comments in support of the project and no comments that led to any changes to the project. Following the public hearing, the Mental Health Board approved the project for submission to the Board of Supervisors for its approval.

EXHIBIT C4
Innovation Project Summary

County: Ventura

Date: August 20, 2012

Project Name/Number: Health Care Access and Outcomes Project / 4

Project Purpose/Statement of Need:

Innovative programs must address one of the following **primary purposes** (per the Mental Health Services Act):

- To increase access to underserved groups.
- X To increase the quality of services, including better outcomes.**
- To promote interagency collaboration.
- To increase access to services.

An increasing body of research has shown that people with serious and persistent mental illness (SPMI) have health outcomes that are significantly worse than those of the general population. Individuals with SPMI have been found to die on average 25 years earlier than those without SPMI, and are more likely to have high blood pressure, asthma, diabetes, heart disease and stroke. Adults diagnosed with schizophrenia have a life expectancy that is 20-25% shorter than the general population, with 60% of premature deaths due to cardiovascular and pulmonary disease. Specific causes of premature death for people with schizophrenia include low medical follow up, high rates of tobacco use, high rates of alcohol and illicit substance use, poor diet and lack of exercise.

Not surprisingly, health care costs for individuals with mental health and substance abuse disorders who have multiple physical health conditions are significantly higher than that of the general population. These individuals are more likely to use an emergency room and to be hospitalized, yet often have been found to have difficulty accessing regular medical care.

During the planning process for this project, stakeholders affirmed the challenges many individuals with SPMI have in accessing physical health care services, particularly those who have the most serious mental health issues and who are often isolated, have less social interaction and are functionally impaired. Consistent with the research, Stakeholders expressed that these individuals often are not comfortable or are otherwise unable to access even the most basic health care services and that their medical issues may go untreated and become exacerbated. This has a negative impact on both their physical and mental health.

As a result, the Stakeholder Planning Workgroup determined that the project should focus on innovative strategies to promote 1) access to available health care resources for those with SPMI who are not comfortable accessing care; 2) ensuring care coordination between service systems, particularly for those individuals with co-morbid medical conditions; and 3) that consumers are supported to make healthy lifestyle choices, particularly in areas that may negatively impact one's physical and mental health. Obviously, this focus encompasses multiple primary purposes, as defined by the State, above. However, the ultimate aim of this project, and the strategies outlined above, is to increase the quality of services, through the strategies described below, with the goal of improving wellness outcomes for consumers.

EXHIBIT C4
Innovation Project Summary

Project Description:

Project Goal:

This project intends to improve the quality of care for those individuals with SPMI who have difficulty accessing health care, have chronic medical issues or who do not access regular primary health care. It will test whether an innovative, holistic approach to empowering consumers to access health care while ensuring coordinated care between mental health, physical health and other providers leads to improved physical and mental health outcomes for individuals with SPMI.

Target Population:

This project targets individuals with serious and persistent mental illness, who often have other physical health problems and may be reluctant or otherwise unable to accessing health care services in a timely manner. Specifically, these are individuals that have been served by two programs – the Older Adults Program and EPICS (Empowering Partners through Integrative Community Services) Intensive Program. These programs have been full service partnerships under the Community Services and Supports component of the Mental Health Services Act. However, upon approval of the Innovation project, those CSS programs are being terminated, and consumers in these programs will become part of this new Innovative project.

EPICS Intensive serves approximately 80 adults with SPMI and high utilization of IMDs, inpatient care and emergency rooms. These are individuals with very significant needs, coming from or at high risk of homelessness, and who have difficulty accessing traditional services. Of these, 93% are diagnosed with psychosis, 51% are also dually diagnosed with a substance use disorder, and at least 15% have endocrinology related conditions. More than half of the consumers in the EPICS program live in board and care facilities, 14% in room and boards and 9% are either homeless or live in a motel.

The Older Adult program serves approximately 90 individuals over the age of 60, who have serious and persistent mental illness and who have significant needs. These are individuals with reduced personal or community functioning, who are often homebound and have difficulty accessing traditional services. Approximately one fourth live in board and care facilities. Half of Older Adult consumers are diagnosed with mood disorders and 44% with a dual diagnosis. A recent analysis of the program found that ALL consumers served in the Older Adult program had at least one serious medical condition. Most common conditions include:

Hypertension	63%
Arthritis	43%
Heart Condition	39%
ChronicPain	38%
GI problems	32%
Diabetes	31%
Obesity	23%

Many of these consumers have difficulty or are reluctant to access regular care for these chronic medical conditions, which, if not treated appropriately, can lead to poor physical health outcomes, often resulting in decreased mental health status and quality of life.

EXHIBIT C4
Innovation Project Summary

Description of Activities:

Summary:

- a. This project will transform the current treatment teams for each program to an integrated, holistic care model which support consumers in accessing their own healthcare and will ensure coordination of care between mental health, physical health and other providers providing a range of supports to address “whole person.”
- b. It will incorporate health navigation, to achieve the primary goal of supporting and empowering consumers to access health care through traditional means. Entire treatment teams will be trained in health navigation.
- c. Additional training will support the treatment teams in providing a fully holistic approach to care, supporting multiple domains of an individual’s well-being as well as ensuring coordination of care.
- d. We will examine whether these strategies increase the quality of services for consumers, resulting in measurable improvement in well-being, including both mental health and physical health outcomes.

Project Elements:

Health Navigation: The entire multidisciplinary treatment team of both the Older Adult and the EPICS Intensive programs will be trained in “Health Navigation.” Through health navigation, the treatment team will support consumers in accessing and navigating physical health care and in ensuring treatment and management of physical health conditions. This will provide a strong link and increased coordination between the consumer, the treatment team and medical providers. Health navigation and its principles will become integral to the foundation of the entire treatment team approach.

The goal of health navigation is to help individuals with serious and persistent mental illness gain the confidence, skills, tools, knowledge and self-empowerment to access and navigate the healthcare system on their own in order to maintain their health and wellness goals and improve their overall physical and mental well-being.

As health navigators, treatment team members will have several functions:

- Identify consumers who could benefit from health navigation;
- Conduct initial and follow up assessments of consumers’ health and wellness status as well as his/her experience accessing health care;
- Collaborate with the consumer, family members and treatment team to establish health and wellness goals that are consistent with the consumer’s treatment and WRAP goals;
- Coach the consumer in achieving these goals;
- Assist the consumer in communicating health care needs and progress to the entire team;
- Assist the consumer in navigating the healthcare system, which may include:
 - assisting the consumer in obtaining public benefits,
 - making and attending medical appointments, and
 - following up on treatment recommendations, labs, further specialty care, etc.

Key to this process will be supporting the consumer to become empowered to navigate the healthcare system, which will include communicating his/her needs to medical professionals and overcoming discomfort or fear of the experience of going to the doctor. Peers will be

EXHIBIT C4
Innovation Project Summary

integral to the model and will take a lead role in providing health navigation, which will include accompanying consumers to medical appointments.

An initial pilot in a nearby county, which used a peer staff in a dedicated health navigator role, demonstrated positive outcomes, though the sample size was small. The pilot found consumers participating had a decrease in current health problems and symptoms, and reduced use of the emergency room with increased outpatient service utilization. It is hoped that the approach being tested in this project will demonstrate positive outcomes as well, while building the foundation in the county for the full integration of physical health and behavioral health care as a result health care reform.

Care Coordination: Treatment teams will also be trained in coordinated care, with a focus on ensuring that consumers access appropriate medical care, that medical care is coordinated with behavioral health care, and that the holistic needs of consumers are met. Particular emphasis will be placed on individuals with significant physical health issues and those with high health care utilization, including the use of emergency or urgent care services. This training will guide the treatment team in working with health care providers to ensure consumers receive the full range of needed services, through person centered, recovery based approaches which are complementary to health navigation goals of consumer empowerment.

Health Promotion and Education: As part of the shift to a holistic approach to consumers' wellness, the project will include health promotion and education in order to encourage a healthy lifestyle of consumers. Often, social and behavioral factors related to an individual's mental health condition contribute to his/her physical health status. For example, low energy and apathy from depression may lead to social isolation, lack of exercise and poor nutrition, all of which are associated with greater risk of illness and shorter life span. Smoking is another example, as 44% of all cigarettes consumed nationally are smoked by people with SPMI. This project will partner with existing community partners to provide health education and promotion and to promote wellness activities on topics such as smoking cessation, nutrition, exercise, stress management, etc.

Existing services provided under CSS by each program will be integrated into the new Innovation project. For consumers, this will be a seamless transition, as they will be served by the same treatment team, with services that will be augmented to better address their full range of needs. As full service partnership programs, both the Older Adult Program and EPICS Intensive already provide comprehensive, "whatever it takes" services that are primarily community based. Both programs are staffed by multidisciplinary treatment teams which include "recovery coaches," individuals whose lived experience and specialized training provide a valuable support to consumers. The EPICS team has further training in Assertive Community Treatment (ACT), which emphasizes wellness and recovery based treatment planning and intervention, ensuring the appropriate, least restrictive level of care that promotes maximum independence for consumers. ACT incorporates a team approach to supporting consumers, which is synergistic to this Innovation project's team based, integrated approach to supporting health needs. Staff in both programs has also been trained in techniques of motivational interviewing, which will support them in the use of health navigation strategies.

Type of Innovative Approach: New, Adaption, Adoption:

This project will be an adaptation of existing models for health navigation and coordinated care. Peer supported models for health navigation in mental health have recently been implemented in various settings and are supported as a strategy promoting integrated mental health and

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Innovation Project Summary

health care systems. However, these models generally have a specific individual – case manager or peer staff, serving in a specialist role as the health navigator. This project adapts that approach by including the entire multidisciplinary treatment team in the health navigation role. Our hypothesis is that this will support a fully integrated approach to ensuring the mental health team supports the physical health needs of consumers. We anticipate that the shared caseload will provide for individual and team flexibility in proactive intervention and response to consumer needs. Additionally, our research did not find evidence that this coordinated approach has been adapted specifically to full service partnership type treatment approaches, as this project will do, particularly providing predominantly community based services addressing the full spectrum of an individual's well-being.

Furthermore, this project will be an adaptation of the full service partnership (FSP) program design that is the foundation of both of the current programs. Although these FSPs utilize a “whatever it takes” team approach, are recovery based, and have peer staff as part of the treatment teams, this approach has not been sufficient to address the full spectrum of needs of individuals served by the EPICS and Older Adults teams. As a result, the stakeholder planning workgroup felt that a fundamentally new approach was needed. The FSP model will therefore be adapted in this project to adopt a holistic approach to treatment, with physical health at the forefront in order to achieve mental wellness. This is in recognition that, for mental health recovery to be promoted, attention to the physical wellness must be fully integrated into treatment. We have found that with the current FSP model, mental wellness, though the ultimate objective, cannot occur until health access and issues are first addressed. As currently structured, the FSP model does not go far enough in supporting an integrated health care approach or in addressing the complex health needs that are common among individuals with serious and persistent mental health issues. The adaption of our FSP model includes elements of healthcare integration and will hopefully guide Ventura and other counties in determining how the FSP model can best function in a health care reform environment.

Adherence to MHSA General Standards (Title 9, CCR, Section 3320).

This project is entirely consistent with and supports the MHSA principles in the following manner:

- *Community Collaboration* –The project is based on partnership and collaboration, specifically between the treatment teams for those served and health care and other related providers.
- *Cultural Competence* – The project will ensure cultural competence of staff in supporting the varied cultures of those participating, including ethnicity, language and age. To achieve this objective with this and all programs, VCBH has identified and adopted the Culturally and Linguistic Appropriate Services (CLAS) standards developed by the Office of Minority Health, U.S. Department of Health and Human Services as a guiding document that recognizes the importance of cultural competence as a practice that provides a way for the department to increase its connection and understanding of the communities that it serves in order to put into practice services that meet the needs of the County's diverse population. The following five-goals are aims that the department seeks to realize over a five-year period, as important initiatives that seek to improve access to ethnic/racial and other cultural groups that have historically and presently remain un-served, as well as, equitable quality of care outcomes across the spectrum of Ventura County Behavioral Health services and programs:

Goal 1 – Planning, Practice and Policy Formulation: Participate in department-wide strategic stakeholder planning and policy formulation processes;

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Innovation Project Summary

Goal 2 - Workforce, Recruitment & Retention: Create a sustainable mental health workforce system that is responsive, dynamic, effective, ethnically, culturally and linguistically competent and diverse;

Goal 3 – Cultural & Linguistic Training: A system-wide training component that serves to equip workforce the necessary skills and competencies for effective and responsive services to culturally diverse consumers and families;

Goal 4 – Language Assistance Services: An integrated language assistance service program to increase the capacity of the mental health system continuum to meet the linguistic and cultural needs of consumers and families;

Goal 5 – Access to Care: A comprehensive behavioral health system that incorporates a continuum of prevention, early intervention, treatment, and recovery programs and services to meet the cultural and diverse needs of the community.

For the EPICS and Older Adults programs, specifically, there are two staff in each program that are bilingual/bicultural (Spanish/Latino), one of whom is a peer staff. Additional staff represents the African American and Asian/Pacific Islander communities. General clinical training of staff in each program emphasizes ensuring staff recognize and are sensitive to the unique ethnic and cultural orientation of consumers and family members. The Health Navigation training pays particular attention to this issue in the context of the understanding of physical and mental health across cultures, particularly as it relates to stigma in accessing services. Training of the Older Adult team has had a particular emphasis of developmental stages in older adults and how this relates to both physical and mental health.

- *Client and family driven* – Both treatment teams that will be part of this project are based on a consumer and family driven treatment approach. This will remain the foundation of the new, innovative approaches which will be tested during the project. Recovery Coaches – peer staff who are members of the treatment teams – will play a critical role in supporting and empowering consumers and will ensure that participation is individualized, driven by the consumer and focused on each individual's wellness goals.
- *Wellness, resiliency and recovery focus* – The fundamental purpose of the project is to further promote wellness and recovery among those consumers who participate. The project recognizes that physical and mental health are interlinked, and it will promote consumer well-being across both domains. Peer staff will reinforce this message, promoting a recovery orientated environment, reducing stigma and increasing the likelihood of participation by consumers in the project.
- *Integrated service experience* – At its foundation, this project supports the integration of mental health and physical health care for participants, supporting a holistic approach to wellness and service delivery.

Timeline:

Year 1

- Months 1-3: Implementation Planning and Start Up:
 - Ensure project is fully staffed; complete any necessary provider contract modifications
 - Identify and contract with trainer of healthcare navigation and health coordination
 - Training of staff

EXHIBIT C4
Innovation Project Summary

- Development of specific measureable project goals and objectives, evaluation framework, indicators, measurement tools and data collection protocols
 - Development of service delivery protocols and procedures
 - Identification of implementation partners who will support project activities.
- Months 4-12: Early implementation (program ramp up)
 - Implementation of project activities
 - Initial data collection (“pre” measures)
 - Gradual increase in number and types of activities during this period
 - Data collection of process measures

Year 2 - 4

- Project Operations: - In order to allow sufficient time to fully implement and evaluate the project, project activities will continue through Year 4. This will ensure participation by a statistically meaningful number of consumers and time for measurable changes in wellness outcomes.
- Initially the project activities, and corresponding measurement, will focus on the introduction of the integrated health navigation approach into the treatment team. Over the duration of the project, additional strategies will be tested, including training of staff to incorporate broader wellness approaches into treatment and increased coordination with health care providers. Phasing these activities into the project will hopefully allow for intermediate measurement and to determine which project aspects result in what level of change.
- During this timeframe, intermediate outcome data will be collected and analyzed and reported to project participants and stakeholders. This data will be used to drive project changes.

Final 6 months of Year 4

Evaluation of impact– A thorough project evaluation will be completed, the results analyzed by the project’s workgroup, and recommendations made to the Department about whether and/or how to incorporate this project as an ongoing program, likely funded through the MHSA Community Services and Supports component. The workgroup will also examine what aspects of the project were not successful in order to assess the potential impact on future Innovation projects or current VCBH programming. These results will be disseminated to the stakeholder community. This is expected to begin in Year 4 and will likely continue into Year 5, as we work with the OAC, CMHDA and others to determine how best to communicate project results to other counties.

Project Measurement, Dissemination of Results

This project will include both process evaluation and outcome evaluation components intended to assess overall success of the activities being proposed.

Process Indicators will examine the use of appropriate medical care, including:

- Improved access to primary health care
- Use of primary health care provider for general medical issues and for management of chronic medical conditions
- Effective consumer collaboration with medical treatment
- Level of emergency room use and medical hospitalization
- Preventative health care utilization
- Level of independence of consumers in seeking medical treatment

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Innovation Project Summary

- Any associated change in type or frequency of utilization of mental health services

The project will also look at project outcomes - examining whether physical and mental well-being has improved for those served by the project. Measures being considered to assess this include:

- Level of enjoyment or hopefulness, or satisfaction
- Pre/Post assessment of mental health outcomes – e.g. BASIS 24, including change in clinical symptoms, Global Assessment of Functioning, and inpatient psychiatric hospitalization and use of crisis services.
- Pre/post measures of physical health outcomes including measures of weight, height, or body mass index, blood pressure, glucose, hemoglobin A1C, and lipids.
- Health related behaviors such as tobacco or drug use, exercise and nutrition.
- Other measures including consumer satisfaction, homelessness or incarceration, etc.

Additionally, the project will assess the level of benefit of the project versus its cost, and whether access to regular and appropriate medical treatment leads to reduced physical and mental health related costs. This will be a critical variable in determining, at project's end, whether the project is sustainable.

Finally, the project will assess the level of professional functioning of the multidisciplinary treatment team, gauging whether the integrated approach, with the entire team participating in health navigation activities, provided a more comprehensive service experience for consumers. This will likely be a qualitative assessment of both consumer and treatment team perceptions of this approach.

As the FSP model is already well known and researched, this project will focus on measuring the impact of the program elements unique to this project. Most of the well-being indicators listed above are already being collected by the EPICS and Older Adults teams. Therefore, we will be able to determine if the new program elements lead to a different relative change than with solely a traditional FSP approach by utilizing the prior data as “pre” measures.

Intermediate outcomes will be consolidated and presented to stakeholders at regular intervals throughout the project. As indicated above, by phasing in the various project elements (health navigation, care coordination, health promotion), we hope to be able to determine the relative effectiveness of each element in achieving positive outcomes. We will allow sufficient time between each element to assess the impact and our measurement approach and pre/post timing of measurement will be tied to each program element. We also will be developing measures specific to each element. For example, the health navigation approach has specific indicators related to health care utilization which we will be measuring. At the project's conclusion, the results will be presented to stakeholders, including the Planning Workgroup, to assess the success of each project element as well as whether the project was successful overall and to solicit stakeholder feedback about whether any of the project activities should be continued using other funding. In understanding the level of success of each project element, we will be able to then recommend those successful elements to other counties as they determine how to adapt their FSP and other treatment models to a health care reform environment.

Innovation Program Budget

Innovation Projected Revenues and Expenditures

County: Ventura

Fiscal Year: 2012/13

Work Plan #: _____

Work Plan Name: Healthcare Project

New Work Plan

Expansion

Months of Operation: Apr'13 - Jun'13
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	404,468			\$404,468
2. Operating Expenditures	203,741		53,932	\$257,672
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts	30,433			\$30,433
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$638,642	\$0	\$53,932	\$692,574
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. SDMC FFP	\$157,250			\$157,250
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$157,250	\$0	\$0	\$157,250
4. Total Revenues	\$157,250	\$0	\$0	\$157,250
C. Total Funding Requirements	\$481,392	\$0	\$53,932	\$535,324
Administration @ 15% of \$481,392 - \$30,433 = \$450,959				\$67,644
Net Funding Requirement				\$602,968

Prepared by: La Valda R. Marshall

Date: 2/21/13

Telephone Number: 805.981.6440

Innovation Program Budget

Notes on Budget:

The budget on the preceding page is for FY12/13 only, which will be the project ramp up period. The project is then expected to continue for four years, with the FY13/14 budget estimated at \$2,819,915, of which \$841,831 will be funded with MediCal, and the remainder with MHSA. Budgets for years 2 through 4 are expected to be similar, with a total project cost of approximately \$8.5M. MediCal will fund the direct services portion of the program that is already known to be effective. MHSA funding will be used to pilot the innovative demonstration activities we are testing with this project. As we enter planning for the final year of the project, we will address with stakeholders how best to disseminate project results, both locally and statewide. It is expected that there may be additional, yet to be determined, costs for the final phase of program evaluation and dissemination.

Public Comments

From: "karyn bates" <tapdancer805@yahoo.com>
To: "David Hollinger" <David.Hollinger@ventura.org>
Date: 7/24/2012 9:51 AM
Subject: Re: MHSA FY12-13 MHSA Update – Innovation - 30 day posting

hello dear master david --- regarding the Health Navigator training for the Epics Team and the Older Adult Team put forth in this plan....under PUBLIC COMMENTS:

Please make this training accessible to as many peers, clinical staff, case managers and contract providers as possible --- if not for the first class, then by having future classes scheduled with facilitators/instructors who are trained at the first class. This way our clients' primary care concerns can be ascertained and addressed more effectively and from the same vantagepoint county-wide.

--- On Tue, 7/17/12, David Hollinger <David.Hollinger@ventura.org> wrote:

From: David Hollinger <David.Hollinger@ventura.org>
Subject: MHSA FY12-13 MHSA Update – Innovation - 30 day posting
To:
Date: Tuesday, July 17, 2012, 1:47 PM

The Ventura County Behavioral Health Department is pleased announce the 30 day posting for public comment of our Mental Health Services Act 2012-13 Update – Innovation – Health Care Access and Outcomes Project. This Update is posted for 30-day review and comment period beginning Tuesday, July 17, 2012 through Thursday, August 16, 2012 on our website:

[http://www.vchca.org/behavioral-health/mental-health-services-act-\(mhsa\)](http://www.vchca.org/behavioral-health/mental-health-services-act-(mhsa))

To receive a copy of the Update and/or comment card, you may contact Gloria McCoy at Gloria.McCoy@ventura.org or 805-981-4294.

Comments can be sent by email to or mailed to Gloria.McCoy@ventura.org: MHSA, Ventura County Behavioral Health Department, 1911 Williams Drive, Suite 200, Oxnard, CA 93036. Comments are due on or before August 16, 2012.

A Public Hearing will be held to review the Proposal on:

Monday, August 20, 2012 1:00 p.m.
Ventura County Behavioral Health Department
1911 Williams Drive, Training Room
Oxnard, CA 93036

The Public Hearing will be conducted by the Mental Health Board

Thank you.
David Swanson Hollinger, MSW, MPH
MHSA Manager
Ventura County Behavioral Health
1911 Williams Drive - Suite 200
Oxnard, CA 93036
(805) 981-8496
david.hollinger@ventura.org

If your matter requires the emergency response of the crisis team, please call 866-998-2243.