

Mental Health Services Act (MHSA)
Innovation Component of the
Three-Year Program and Expenditure Plan
Fiscal Year 09/10



Santa Barbara County Department of Alcohol,
Drug and Mental Health Services (ADMHS)
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Revised October 7, 2010

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Executive Summary

In March and April 2010 stakeholders from approximately 21 organizations and agencies provided input for the Santa Barbara County proposed Innovation plan. Under the management of the Santa Barbara County Department of Alcohol, Drug and Mental Health Services (ADMHS), the proposed Innovation project will develop and assess an adaptation of an existing mental health practice that introduces several significant enhancements to existing benefits acquisition programs. The Innovation will contribute to learning and improve mental health practices.

Two specialized benefits acquisition teams, one in North County and one in South County, will assist approximately 300 at-risk indigent individuals with severe and persistent mental illness to obtain benefits. Based at the Crisis and Recovery Emergency Services (CARES) Santa Maria facility, the North County team will consist of 2.0 FTE Practitioners, one .25 FTE Psychiatrist, and one 1.0 FTE Peer Specialist. Based at the CARES Santa Barbara facility, the South County team will consist of 2.5 FTE Practitioners, one .25 FTE Psychiatrist, and one 1.0 FTE Peer Specialist. An additional .5 FTE position will link persons with severe mental illness leaving Santa Barbara County jail to benefits acquisition teams.

Although the precise demographics of the target population have not yet been determined, services will be delivered in a culturally competent manner. Bicultural and bilingual staff, interpretation services and bilingual/bicultural support groups will be available as needed.

Peer, clinical and medication support will be available to all enrollees to keep them engaged while they are enrolled in the benefits application process. A focus on wellness, resiliency and recovery will be implemented through a variety of supports, including assistance with the development of Wellness Recovery Action Plans (WRAP), support groups and linkages to client-driven resources like the Recovery Learning Centers (RLCs) in each region of the County. In addition, the benefits acquisition teams will also work closely with family members when authorized and necessary to help ensure the acquisition of benefits.

Learning objectives include 1) determining if proposed specialized benefits acquisition teams prove effective in streamlining the benefits acquisition process and increasing the number of persons in the target population who obtain benefits and 2) measuring the extent to which the project promotes increased interagency collaboration.

No benefits acquisition teams have ever been part of the Santa Barbara County mental health service delivery system before. The proposed Innovation project to be developed and assessed differs from the SOAR model in that it focuses exclusively on persons with severe mental illness and emphasizes providing comprehensive services to clients engaged in the benefits acquisition process. These services include peer-to-peer support, case management and medication support if needed. These supportive services are far more robust than services outlined in the SOAR model.

**EXHIBIT A:
INNOVATION WORK PLAN
COUNTY CERTIFICATION**

County Name: Santa Barbara

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.

	July 13, 2010	Director
_____ Signature (Local Mental Health Director/Designee)	_____ Date	_____ Title

EXHIBIT B
INNOVATION WORK PLAN
Description of Community Program Planning and Local Review Processes

County Name: Santa Barbara
Work Plan Name: Benefits Acquisition Project

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.

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

The Innovation Stakeholder Process began in March of 2010 and included several stakeholder meetings.

Mental Health Commission Meeting, March 19, 2010

The MHS Innovation Component was discussed with Mental Health Commissioners.

Stakeholder Forum, April 1, 2010

Stakeholders were provided an overview of the Innovation guidelines. Additionally, concepts regarding types of interventions and target population were solicited from stakeholders, consumers, family members, community-based organizations (CBOs), partner agencies, and members of underserved and unserved cultural groups, including representatives of the Latino Advisory Committee and El Nuevo Amanecer Latino consumer and family group.

Innovation Stakeholder Questionnaire, April 1, 2010

On April 1 stakeholders were invited to complete a one-page questionnaire designed to elicit Innovation concepts and ideas for projects. The questionnaire was posted to www.admhs.org.

Mental Health Commission Meeting, April 16, 2010

Mental Health Commissioners were briefed on 10 stakeholder ideas for Innovation that were discussed on April 1 or submitted subsequently using the online questionnaire. Four of the 10 Innovation concepts submitted were authored by consumers. A fifth was suggested by a group of stakeholders that included consumers. Commissioners provided the Department direction in focus of service area and target population. The preference was to target high-risk indigent persons with severe mental illness with the goal of helping them to obtain benefits. More than 400 stakeholders were invited to attend the meeting, including consumers, family members, and members of underserved and/or unserved communities including LGBT, Native American and

Latino. Representatives of the Latino Advisory Group and El Nuevo Amanecer participated in the stakeholder process.

Innovation Stakeholder Forum, April 28, 2010

Based on the target population recommended by the Mental Health Commission, stakeholders discussed concepts, functions and activities in detail via breakout groups. These suggestions led to the development of the proposed Innovation Project. More than 400 stakeholders were invited, including representatives of unserved and underserved communities. Attendees included five consumers, three family advocates and members of the Latino community, including representatives of El Nuevo Amanecer and the Latino Advisory Committee.

All five of the consumers who attended are in positions of leadership and ably represented the interests of scores of peers countywide in the stakeholder process. They advocated for hiring of consumer staff and for following a recovery-based approach. Consumers constituted a strong and consistent voice in the stakeholder process.

Participating in the Forum were the ADMHS Consumer Empowerment Manager, a representative of the Spanish consumer and family member support group, El Nuevo Amanecer, a member of the Santa Barbara County Mental Health Commission and an alternate member of the Commission. In addition, three of the participating consumers are members of the Consumer and Family Member Advisory Committee.

Similarly, several family advocates affiliated with the Mental Health Association, the Santa Barbara County Mental Health Commission, NAMI, and the Consumer and Family Member Advisory Committee participated in discussions and made recommendations reflecting the family member perspective.

The main concepts suggested by stakeholders on 4-28-10:

- Provide outreach to jail and community settings where indigent persons with severe mental illness are present.
- Hire as many peers as possible as an integral part of the Innovation team.
- Offer case management and linkage to resources while individuals are in the process of obtaining benefits.
- Include bilingual/bicultural capacity.
- Provide training to ensure best practices in the acquisition of benefits.
- Include psychiatrists trained in facilitating the benefits process.
- Build trust and emphasize a recovery approach.

Briefing for Mental Health Commission and Stakeholders, 5-14-10

Mental Health Commissioners and stakeholders were briefed on the Innovation plan and provided input on the draft plan.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

Members of the Consumer and Family Member Advisory Committee, the Latino Advisory Committee, the Consumer Advocacy Coalition and the Santa Barbara Mental Health Commission were invited to all Innovation planning meetings and participated in one or more meetings.

Representatives of the following organizations and agencies participated in a minimum of one of the stakeholder planning meetings:

- Aspiranet
- Bringing our Community Home
- Casa Esperanza Homeless Shelter
- Community Action Commission
- Consumer Advocacy Coalition
- Consumer and Family Member Advisory Committee
- Council on Alcoholism and Drug Abuse
- El Nuevo Amanecer
- Families ACT
- Family Service Agency
- Housing Authority of the City of Santa Barbara
- Latino Advisory Committee
- Mental Health Association in Santa Barbara County
- Mental Health Commission, Santa Barbara County
- NAMI
- Office of the County Supervisor, Third District
- Probation Department, Santa Barbara County
- Recovery Learning Center
- Santa Barbara Neighborhood Clinics
- Sheriff's Department, Santa Barbara County
- Sojourn Services, Inc.
- Transitions Mental Health Association

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The draft Innovation plan and feedback form were posted to www.admhs.org on May 28, 2010. Approximately 725 persons (450 stakeholders and 275 ADMHS internal and contracted staff) were sent emails notifying them of the posting. The emails also included a copy of the plan, a feedback form and a note that hard copies are available on request. The 30-day public comment period ended on June 28, 2010. No public comments were received during the 30-day public comment period.

A public hearing was convened by the Santa Barbara County Mental Health Commission on July 1, 2010. A summary of public comments offered at the public hearing is attached as Exhibit G. The Mental Health Commission met on July 9, 2010 for a final discussion of the Innovation Plan and voted to approve it at that meeting.

**Exhibit C
Innovation Work Plan Narrative**

Date: 5-28-10

County: Santa Barbara County

Work Plan #: 1

Work Plan Name: Benefit Acquisition for High-Risk Indigent Individuals

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).

We seek to develop and assess an adaptation of an existing mental health practice that introduces several significant enhancements to existing benefits acquisition programs that will contribute to learning and improve mental health practices. The proposed innovation reflects an intensive and highly collaborative approach to increasing access to mental health and wraparound services for Santa Barbara County's most vulnerable indigent populations with severe and persistent mental illness – persons who currently fall “outside” most systems of social, medical and financial supports. Mental illness is an overwhelming challenge, especially when coupled with indigence, whether brought on by homelessness, long-term poverty, drug felony history or other marginalizing circumstances. An estimated 3,000 people in Santa Barbara County currently live with mental illness combined with no insurance, income and/or housing. An estimated ten percent of these persons, or approximately 300 individuals, experience severe and persistent mental illness. They will serve as the initial target population for this project.

The proposed Innovation will introduce to Santa Barbara County first specialized benefits acquisition teams with a focus on resiliency, wellness and recovery specializing in the acquisition of benefits for high-risk indigent adults with severe and persistent mental illness.

The complex benefits eligibility and application processes pose a major barrier for both the indigent individuals with severe and persistent mental illness and for those advocating on their behalf. The proposed Innovation project:

- ensures immediate access to quality medical care and case management as well as peer support to engage indigent individuals with severe and persistent mental illness while they are in the process of obtaining benefits.

- focuses on wellness, resiliency and recovery by linking individuals to peer-driven resources, including the development of Wellness Recovery Action Plans (WRAP), support groups and Recovery Learning Centers (RLCs).
- successfully enrolls these individuals in benefits programs that will allow access to the complement of medical, financial and social supports critical to their recovery. Emphasis will be placed on collaboration and shared commitment across all sectors that come into contact with this high-risk group – peer support social services, mental health, primary health, housing, law enforcement, immigrant advocacy, workforce development, etc.

Although the precise demographics of the target population has not yet been determined, services will be delivered in a culturally competent manner. Bicultural and bilingual staff, interpretation services and bilingual/bicultural support groups will be available as needed.

Innovation Work Plan Narrative

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)

We seek to develop and assess an adaptation of an existing mental health practice that introduces several significant enhancements to existing benefits acquisition programs that will contribute to learning and improve mental health practices. The focus of the proposed Innovation is on wellness, resilience and recovery to engage high-risk, indigent adults with severe and persistent mental illness while they are assisted in acquiring benefits. The Benefits Acquisition Project will employ an integrated approach to increasing access to income and medical insurance benefits for indigent individuals in Santa Barbara County. The population targeted have experienced severe and persistent mental illness and have no health insurance. Many of these individuals will either be homeless or be at risk of homelessness. Based on these criteria, approximately 300 individuals, who are assumed to need a variety of supports while involved in the benefits acquisition process, will serve as the initial target population for Innovation project.

Although the precise demographics of the target population has not yet been determined, services will be delivered in a culturally competent manner. Bicultural and bilingual staff, interpretation services and bilingual/bicultural support groups will be available as needed.

The project will be composed of four integrated elements in addition to an initial intake assessment: 1) benefits access assistance, 2) immediate care and case management guided by a focus on wellness, resilience and recovery, 3) all necessary medication support and 4) peer support and linkages to peer-driven resources.

Some of the major components of project include:

1. Identify project enrollees based on a) having severe and persistent mental illness and b) lacking benefits, including health insurance.
2. Train all team members in the benefits acquisition process, including how to fill out benefits forms effectively and how to document disability. Effective “medical evidence” documents the connection between an individual’s impairment and his or her inability to work.

3. Focus on obtaining approval at the initial stage of disability determination; conduct a comprehensive evaluation to avoid the need for additional examinations.
4. Obtain relevant information on the client from a large network of collaborating partners; maintain strong collaborative relationships with a variety of community providers and medical records departments.
5. Create a summary report signed by the team's psychiatrist who has met with the individual.
6. Assign a team member to serve as the individual's representative to handle requests from agencies for follow-up information.
7. Obtain presumptive payments, when appropriate, based on the project clinician's evaluation, along with a psychiatrist's evaluation on the forms that address disability criteria.
8. Keep each client engaged during the benefits acquisition process through appropriate clinical, medication and peer supports.
9. Focus on wellness, resiliency and recovery through assistance with the development of Wellness Recovery Action Plans (WRAP) and linkage to peer-driven resources like support groups and Recovery Learning Communities (RLCs), which operate in each region of the County.
10. Maintain ongoing communications with key agencies in the benefits acquisition process.
11. Maintain ongoing communications with family members when authorized and necessary for obtaining benefits.
12. Collect data allowing for the monitoring of key outcomes, including client acquisition of benefits and services and frequency of interagency contacts.
13. Summarize and disseminate lessons learned and useful information acquired to assist other staff working in the local health system both in governmental and nonprofit settings.

Two staffing teams will provide a complement of services as described more in detail below – one in Santa Maria for North County residents, and a second team in Santa Barbara for South County residents.

Based at the Santa Maria Crisis and Recovery Emergency Services (CARES) facility, the North County team will consist of a 1.0 FTE Peer Specialist, 2.0 FTE Practitioners or Interns, and a .25 FTE Psychiatrist. Based at the Santa Barbara CARES facility, the

South County team will consist of a 1.0 FTE Peer Specialist, 2.5 FTE Practitioners or Interns, and a .25 Psychiatrist. The program will also support a .5 FTE Jail Liaison position to link indigent individuals with severe and persistent mental illness to benefits acquisition teams as they exit the Santa Barbara County Jail.

The psychiatrist is an essential part of the benefits acquisition teams because success in obtaining benefits requires detailed documentation from a qualified physician. However, the participation of a psychiatrist on each team should not lead to the misperception that the proposed Innovation will be guided by a medical model of care. To the contrary, the Innovation will be guided by a recovery model that emphasizes peer support, self-help, and linkage to peer-run resources. To help ensure a recovery focus, a 1.0 FTE peer specialist will serve on each team.

Immediate care and case management will be available to all participants deemed eligible for program enrollment during initial assessment. Services of each team will include medication support under the consultation of the program psychiatrist, support groups facilitated by the project's Peer Specialist and enrollment in specialized groups as needed such as Double Trouble in Recovery or Seeking Safety trauma-informed care.

Treatment will be guided by a recovery model of care, with an emphasis on linking clients to appropriate consumer-run programs and resources. Examples include support groups, the development of Wellness Recovery Action Plans (WRAP) and participation in peer-run Recovery Learning Centers (RLCs). Located in each region of the County and funded through the MHSA Community Services and Supports (CSS) component, the RLCs offer consumers a wide variety of opportunities for socialization, support, wellness activities and education in a welcoming, recovery-oriented environment.

Benefits access assistance services will occur in conjunction with immediate care, case management and psychiatric services. All members of the team will be trained as "benefits specialists" and focus on helping clients to get approval for enrollment in SSI or SSDI at the initial stage of disability determination. SSI/SSDI Outreach, Access and Recovery (SOAR) training developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) will be provided to project staff. In addition, while SOAR practices will inform the benefits acquisition process, an equal emphasis will be placed on mental health case management to ensure that clients are fully engaged during the benefits acquisition process.

The staff will obtain information about the applicant from a network of collaborating partners, including psychiatrists, medical records departments, homeless services, primary care and housing providers. The team will develop a medical summary report that is signed by the psychiatrist to increase the probability of a favorable and accurate determination of benefits by Disability Determination Services (DDS) and SSI. If required, the benefit acquisition team will also connect clients with legal assistance to be provided by contracted services that specialize in appeals to benefit denials.

The SOAR model has achieved promising results. In 2009, this approach resulted in an allowance rate of 71% in an average of 89 days based on 4,386 total decisions. However, the proposed Innovation differs from the SOAR model in that the Innovation focuses exclusively on persons with severe mental illness. The proposed Innovation includes an emphasis on providing comprehensive services to clients engaged in the benefits acquisition process. These services include peer-to-peer support, case management and medication support if needed. These supportive services are far more robust than services outlined in the SOAR model.

The Innovation project proposed for development and assessment has not existed previously in the Santa Barbara County mental health system.

The project supports and is consistent with the General Standards identified in the MHSA (CCR, Title 9, Section 3320):

- Community Collaboration – The Benefits Acquisition Project emphasizes inter-organizational commitment to coordinate efforts towards a “system without cracks” that connects its most vulnerable residents with ongoing means to access mental health care and related supports. The Innovation recognizes that no single agency or individual provider can succeed in isolation; multiple parties must work collaboratively to assist individuals with true community integration and recovery.
- Cultural Competence – A high priority has been placed on ensuring culturally competent services to eliminate disparities in access to mental health care across racial, ethnic and socioeconomic groups. At least one member of each of the two service teams (North and South County) will be bilingual/bicultural, and all staff will participate in cultural competency training offered annually through the County’s Alcohol Drug and Mental Health Services Department (ADMHS).
- Client and Family-Driven System – The Benefits Acquisition Project has embedded client involvement in the center of the program design through the incorporation of a Peer Support Specialist on each service team. The commitment to client and family-driven service is consistent throughout the planning, implementation and evaluation components of the Innovation project. When authorized by clients, support of family members will be encouraged in facilitating the benefits acquisition process.
- Wellness, Recovery, and Resilience Focused – Innovation program planners in Santa Barbara County have been guided by a conviction that, with proper access to resources and supports, people with mental illness will establish resiliency and recovery. The proposed Innovation encourages linkages to peer-run resources, support groups, and self-help activities to engage individuals in the benefits acquisition process.
- Integrated Service Experience – The Benefits Acquisition Project recognizes that true recovery for the vulnerable target population requires access to an integrated web of supports for clients and their families.

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)

The proposed Innovation Project is a significant and potentially important adaptation of existing approaches, including the well evaluated SOAR model, to benefits counseling both inside and outside of mental health. The approach Santa Barbara is proposing combines benefits counseling with an array of recovery-oriented supports for mental health, as specified in the Project Description.

The use of teams dedicated to helping indigent individuals acquire benefits has been used locally in other domains such as in public health, which addresses the needs of persons with significant physical health problems. However, the Innovation we propose to develop and assess has not existed in the public mental health system in Santa Barbara County.

The difficulty of accessing benefits in a fragmented and often confusing service delivery system can present a roadblock to recovery. By providing greater access to benefits, individuals with severe mental illness are more likely to gain critically needed treatment and supports.

The proposed Innovation project will enable Santa Barbara County to learn to what extent a proactive, guided approach across support networks will improve mental health outcomes for clients with severe mental illness.

Specifically, two principal learning objectives are associated with this project:

1. Will the proposed specialized benefits acquisition teams prove effective in streamlining the benefits acquisition process for high-risk indigent individuals with severe and persistent mental illness?
2. Will the project increase interagency collaboration?

Objective 1: Learning about the efficient acquisition of benefits

As stated in the project narrative, the benefits acquisition process employs a multifaceted approach. The project will test the effectiveness of a variety of components and help determine a formula for success to be used by the Santa Barbara County Department of Alcohol, Drug and Mental Health Services long after the project is concluded. For example, how effective is a specialized team approach in helping persons with serious and persistent mental illness secure benefits? What roles do outreach, engagement of clients, documentation and peer support play in ensuring the acquisition of benefits? The Innovation project will test whether a

multidisciplinary, team approach is effective and determine what blend of components best leads to positive outcomes.

What will be measured specifically is the number of people in the target population who, as a result of the project, are able to obtain benefits. We do not propose to measure a reduction in the severity of mental illness within the target population. However, it is our expectation that as high-risk, indigent adults with severe and persistent mental illness acquire benefits, they will gain a variety of services and supports to assist them with recovery.

Objective 2: Learning about increasing interagency collaboration

The benefits acquisition process requires positive working relationships with staff from a variety of agencies. Will specialized benefits acquisition teams build the necessary relationships that enhance the interagency trust and streamline the benefits acquisition process? Without question, a successful Innovation project will result in improved working relationships that will benefit clients throughout the public mental health system by strengthening access to treatment and services with the following organizations:

- Social Security Administration
- Mental Health Cooperative (partnership between ADMHS and the California State Department of Rehabilitation)
- General Relief
- Department of Social Services
- Public Health
- Linkage with Homeless Discharge Planner at jail
- Social Security Training through MH Coop and/or SSI Fresno Office
- Recovery Learning Centers
- Other MHSA programs and resources

Project Evaluation Team

A project evaluation team composed of diverse stakeholders, including consumers, family members and representatives of ethnic communities, will evaluate the project's success in meeting the learning objectives and assist in the dissemination of the evaluation to stakeholders.

Innovation Work Plan Narrative

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)

Implementation/Completion Dates: Aug. 2010 – Aug. 2013
MM/YY – MM/YY

The project schedule is covers three years from the approval date. The tentative schedule proposed is from August 2010 – August 2013. The timeline will allow sufficient time to effectively implement the project, develop appropriate data collection tools and parameters, and collect data assessing the effectiveness of the project. The final six months of the project will also allow a team to analyze data, and if outcomes are favorable, compile a plan for replication. Additionally, an annual analysis of the project will be conducted to allow for program adjustments or changes to be made.

August 2010

- Develop the model for the Innovation project

September 2010

- Initiate preliminary contract negotiations with Community Based Organization Partners
- Develop draft contracts for community-based organization partners
- Establish training timelines for staff
- Receive MHSOAC approval of Innovation Plan

September-October 2010

- Develop training guidelines and program handbook
- Develop outcome/evaluation tools and process
- Recruit and hire personnel
- Initiate program implementation
- Train program staff on best practices in benefits acquisition

November, 2010

- Initiate interventions

November 2010 – August 2013

- Continue Providing Services
- Collect data

March 2013 – August 2013

- Identify members of project evaluation team composed of diverse stakeholders including consumer, family members and representation from ethnic communities.
- Develop Evaluation Report and disseminate to all stakeholders. The report will include an analysis of success in achieving the learning objectives.

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.

Four project areas will be measured involving (1) success of the project in meeting target enrollment goals for benefits acquisitions; (2) characteristics of the target population; (3) relative effectiveness of each project component in securing positive outcomes; and (4) improved interagency collaboration.

Benefits acquisition targets

The project seeks to assist approximately 300 high-risk indigent persons with severe mental illness obtain benefits by the end of the first 12 months of operation. As each benefits team gains experience and expertise and builds key interagency collaborations, the number of clients who acquire benefits will be expected to rise following the initial startup period. The following targets will be established.

Quarter	Number of individuals who have acquired benefits	
	North County	South County
1	20	20
2	35	35
3	45	45
4	50	50
Total	150	150

Consequently, the first area of measurement, reviewed on a quarterly basis, will be a determination of whether the targets for client enrollment in benefits are met.

Objective 1: Effectiveness of benefits acquisition

This learning objective concerns the effectiveness of the project in helping clients obtain benefits. It will be measured, in part, by determining if the project is meeting its target enrollment goals. In addition, on a quarterly basis, all staff members will review recent caseloads and rank each programmatic component for its relative importance to the acquisition of benefits. Data compiled will suggest program adjustments that can be applied to the entire public mental health system after the project has ended.

Objective 2 : Learning about interagency collaboration.

At the beginning of the project, each benefits acquisition team member will complete a questionnaire designed to measure the level of interagency collaboration. Items included will measure the frequency of the team members' contacts with staff of other agencies; the team members' familiarity of specific agencies associated with the benefits acquisition; and team members' overall comfort level in helping clients with the benefits acquisition process. At the end of the first 12 months of operation, the team members will complete the survey again. Expected outcomes will include a greater number of interagency contacts, a better knowledge of the workings of other agencies, and increased confidence when engaging clients in the benefits acquisition process.

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

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

The Innovation project intends to work closely with multiple partners and agencies as outlined under learning objective 2. Our partnerships will allow us to leverage services to clients, increase our access to information, and provide training to staff. The services to the program and client will be important components to the success of the project. Furthermore, partnerships with ADMHS Recovery Learning Centers will allow clients to access additional peer-to-peer support services. Our goal is to partner with the three Recovery Learning Centers that are established throughout Santa Barbara County to ensure that clients have access to services and resources provided at those sites, including opportunities for socialization, peer support and education.

Exhibit D

Innovation Work Plan Description (For Posting on DMH Website)

County Name	Annual Number of Clients to Be Served (If Applicable)
<u>Santa Barbara County</u>	<u>300</u> Total
Work Plan Name	
<u>Benefits Acquisition Project</u>	

Population to Be Served (if applicable):

High-risk indigent persons with severe and persistent mental illness who are uninsured.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

Santa Barbara County proposes an Innovation project will develop and assess an adaptation of an existing mental health practice that introduces several significant enhancements to existing benefits acquisition programs that will contribute to learning and improve mental health practices.

This project will develop and assess the use of two benefits acquisition teams. One team will provide services in North County, and a second team will be located in South County. Based in Santa Maria, the North County team will include 1.0 FTE Peer Specialist, 2.0 FTE Practitioners or Interns and a .25 FTE Psychiatrist. Based in Santa Barbara, the South County team will include 1.0 FTE Peer Specialist, 2.5 Practitioners or Interns, and a .25 Psychiatrist. Team members will receive training in SSI/SSDI Outreach, Access and Recovery (SOARS) developed by the SAMHSA. An additional .5 FTE position will assist persons with severe mental illness leaving Santa Barbara County jail to obtain benefits.

The project will provide benefits access assistance to participants and will also provide case management and psychiatric care to engage them while they await approval for benefits. Services will include peer supports such as participation in support groups and assistance in accessing other services or resources. Case management and access to medication support will be available. Psychiatrist will also assist in the effective documentation of disabilities required for successful benefit applications.

Principal learning objectives include (1) determining if a focused benefits acquisition team is effective in a public mental health setting and (2) learning whether a benefits acquisition team can substantially enhance interagency collaboration.

Exhibit E
Mental Health Services Act
Innovation Funding Request

County: Santa Barbara County

Date: 28-May-10

Innovation Work Plans			8-10-to 8-13 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name			Children, Youth,	Transition Age Youth	Adult	Older Adult
1	Benefits Acquisition Project		\$2,628,500				
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26	Subtotal: Work Plans		\$2,628,500	\$0	\$0	\$0	\$0
27	Plus County Administration		\$319,500				
28	Plus Optional 10% Operating Reserve						
29	Total MHSA Funds Required for Innovation		\$2,948,000				

**Exhibit F
Innovation Projected Revenues and Expenditures**

County: Santa Barbara Fiscal Year: 10-11, 11-12, 12-13
 Work Plan #: 1
 Work Plan Name: Benef. Acquisition
 New Work Plan
 Expansion
 Months of Operation: 8-10 to 8-13
 MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	1,691,000		489,000	\$2,180,000
2. Operating Expenditures	291,000			\$291,000
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts	45,000			\$45,000
5. Work Plan Management	112,500			\$112,500
6. Administration	319,500			\$319,500
7. Total Proposed Work Plan Expenditures	\$2,459,000	\$0	\$489,000	\$2,948,000
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$2,459,000	\$0	\$489,000	\$2,948,000

Prepared by: Cuco Rodriguez
 Telephone Number: 805-681-4505

Date: 8/13/2010

General

- We are requesting three-year funding for the proposed Innovation of \$2,948,000. (The annual cost is \$916,000 for year one and \$1,016,000 for years two and three.) The following budget narrative is based on the annual cost; however, the budget Exhibits are based on a three-year request. The \$100,000 already received in Program Planning funding is for year-one Personnel expenditures. We are requesting \$916,000 for the first year of the project.
- We hope that the timeline we have established will allow for sufficient time to develop and assess the Innovation project. Our three-year costs are \$3,048,000 including the \$100,000 in Program Planning Funding already received. This is only an estimate that it may change as we plan, develop and assess this project. Although our projected annual costs are the same for each year, we anticipate that the first year startup costs may increase the first-year costs over those in subsequent years. Furthermore, during the first year, the assessment results must be presented to stakeholders and to the Mental Health Commission to ensure that they are apprised of lessons learned from the project. Also, stakeholder feedback must be collected. These processes increase costs during the first year.

Annual Expenditures

<i>Personnel Salaries & Benefits</i>	
.5 FTE Psychiatrist (provide medication support disability documentation)	
4.5 FTE Practitioner (will provide clinical support and services as needed; develop benefits acquisition planning)	
2.0 Peer Specialists (conduct groups, provide peer support and linkages)	
.5 FTE Jail Liaison (link persons leaving jail to benefits acquisition teams)	
Total personnel (Year-one request is \$660,000 due to receipt of \$100,000 in Program Planning funds)	(\$660,000 in Year-one) \$760,000
<i>Operating Expenditures</i>	
Pharmaceuticals necessary for client support while awaiting acquisition of benefits	\$50,000
Legal Fees to assist clients whose benefits requests are initially denied	\$22,000
Training and Travel, training for staff to improve benefits acquisition processes and for travel involved in working with clients and helping clients access services, client outreach, transportation costs	\$25,000
Total Operating Expenses	\$97,000
Training Consultant Contracts; costs related to additional trainings required to develop and assess the program	\$15,000
Workplan management – planning, development and oversight of project and coordination of assessment/stakeholder feedback processes	\$37,500
Administration Costs	\$106,500
Total Expenditures	\$1,016,000
Total Expenditures for Year One	\$916,000

Exhibit G

Proposed MHSA Innovation Plan Summary of Public Comments from Public Hearing July 1, 2010

- The departing head of a community-based organization advocating for homeless people stated that his board had been briefed about the Innovation project and he is excited about it, particularly because it will support the population that cycles through jail the most often.
- A retired psychiatrist recommends using acupuncture to support clinical services. It will help clients gain greater focus, reduce symptoms and lessen the amount of medications
- needed, saving money. Volunteers would be able to offer these services at no cost.
- The jail liaison with a community-based organization serving homeless people supports the program because it will assist unserved and underserved individuals.
- A Mental Health Commissioner is pleased with the synchronicity of the Innovation project.

Exhibit H:
Mental Health Commission Agenda for Public Hearing



County of Santa Barbara
MENTAL HEALTH COMMISSION

300 North San Antonio Road, Bldg. 3, Santa Barbara, CA 93110
TEL: (805) 681-4742 FAX: (805) 681-5262

As authorized by the Welfare & Institutions Code 5604 of the State of California, the Mental Health Commission shall review and evaluate the mental health services and contractual agreements of the Department of Alcohol, Drug & Mental Health Services which benefit the residents of Santa Barbara County.

**Mental Health Commission
Public Hearing
AGENDA**

The Santa Barbara County Mental Health Commission will conduct a Public Hearing on the MHSA Innovation Plan from 2:00 p.m. to 4:00 p.m. on Thursday, July 1, 2010, in the Holiday Inn Express Solvang, 1455 Mission Drive, Solvang, CA.

No action will be taken on this agenda

I. Welcome and Introductions

II. Roll Call

III. Public Hearing

MHSA Innovation Plan

Ann Detrick, Ph.D., ADMHS Director

Marianne Garrity, Deputy Director

Refujio Rodriguez, MHSA Division Chief

A. Public Comment on the Plan

(Up to 5 minute time limit per speaker. Submit Request to Speak form to chairperson prior to start of meeting)

IV. Adjournment

Board of Supervisors
Salud Carbajal-1st District
Janet Wolf-2nd District
Doreen Farr-3rd District
Joni Gray-4th District
Joseph Centeno-5th District

Officers

Margie Lopez -5th District
Chairperson
James Rohde-3rd District
Vice Chairperson

Members

Manny Casas-1st District
Louis Weider-1st District
Michelle Brenner - 2nd District
District
Belinda Zola-2nd District
Roger Thompson-3rd District
James Rohde-3rd District
Ann Eldridge - 4th District
Chhиту Patel - 4th District
Charles Huffines-5th District

Alternates

Jan Winter-1st District
Vacant-2nd District
John Mudie, PhD-3rd District
Lisa Morinini - 4th District
Teresa Menchaca - 5th District

Commission Staff

Maria Xique

Advisory Board on Drug & Alcohol Problems (ABDAP)

Liaison
James M. Rohde

Latino Advisory Committee

Liaison
Manny Casas

Governing Board

Joe Centeno-Member
5th District Supervisor

Janet Wolf-Alternate
2nd District Supervisor

Web site:
www.admhs.org

The Mental Health Commission is committed to ensuring access to meeting rooms and anyone needing special accommodations due to a functional disability may request assistance prior to the meeting date by calling Maria Xique at 681-5232. We are dedicated to fostering a positive meeting environment for our clients and the people with whom we share a common goal. When speaking before the Mental Health Commission, personal attacks and other disruptive language and/or behavior are not permitted. 1

Exhibit I:
Mental Health Commission Approval Letter



County of Santa Barbara
MENTAL HEALTH COMMISSION
300 North San Antonio Road, Bldg. 3, Santa Barbara, CA 93110
TEL: (805) 681-4742 FAX: (805) 681-5262

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3rd District Supervisor

Web site:
www.admhs.org

July 13, 2010

Department of Mental Health
ATTN: Innovation Plan Review
Joseph Kim, Team Lead
1600 - 9th Street, Room 100
Sacramento, CA 95814

Dear Mr. Kim:

The County of Santa Barbara Mental Health Commission met Friday, July 9, 2010 and approved the Mental Health Services Act (MHSA) Innovation Component of the Three-Year Program and Expenditure Plan Fiscal Year 2009/10.

Sincerely,

James Rohde for
Margie Lopez, Chairperson
ML:mx

cc: Ann Detrick, Ph.D., Director, Santa Barbara County Department of Alcohol, Drug and Mental Health Services

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