Frequently Asked Questions

NOTE: This document will be updated periodically as questions are received. Please check back weekly for updates at the Behavioral Health Division’s MHSA Website. Questions will be accepted until September 20 at 5pm. Questions can be emailed to sonomainnovation2020@gmail.com. This document will be final on September 27 at 5pm.

1. How much funding is available?
   Approximately $1 million in Innovation funds are available annually for Innovation 2020 Projects. However, MHSA funding is highly volatile and based on tax revenue, so the amount of available funding may vary annually. The Sonoma County Behavioral Health Division recognizes the multiple populations that are unserved and underserved resulting in gaps in the system of care and envision funding more than one project. Projects that are selected are eligible for up to three years of funding and there is a possibility of a two year extension with approval from Mental Health Services Oversight & Accountability Commission (MHSOAC: https://mhsoac.ca.gov/).

2. How are underserved, unserved and inappropriately served groups identified in this process?
   Each applicant is asked to identify the how the project addresses a need in Sonoma County’s Behavioral Health system. There is no preference for a certain population, however Sonoma County’s Behavioral Health Division recognizes the following populations are unserved or underserved:
   - African American
   - Asian American
   - Latinx (Spanish Speaking)
   - Native American
   - LGBQT+ communities
   - Veterans
   - Older adults
   - Homeless, and at-risk of being homeless
• Maternal Health/children 0-5
• School-aged youth and Transitional Age Youth
• Residents in rural areas of the county
• People with mental health needs that are involved with the Criminal Justice System

Applicants are advised to review local data and reports that support the identification of underserved, unserved or inappropriately served populations. In addition, applicants who demonstrate the involvement of stakeholders to in the identification of the need, the development of the innovation project and engagement in the project evaluation will be reviewed more favorably as noted in the scoring rubric.

Outreach will be conducted to the aforementioned groups to ensure that the opportunity to develop a project is shared with potential applicants.

3. **What is an “inappropriately served” population group?**
   The definition of “inappropriate served” can be found in many instances in the current system of care. The following examples illustrate:
   i. Spanish speaking populations are served through a translator.
   ii. A transgender or gender fluid person is offered services where the intake form and other material has binary gender questions or references to he/him and she/her, but not they/them.
   iii. A program serving older adults is not ADA accessible.

4. **How do I know if my idea has been tried before?**
   Google the idea to see what else has been tried. The Scoring Committee will be reviewing Google search results as part of the scoring process, and the Mental Health Services Act Oversight and Accountability Committee (MHSOAC) will be googling the idea prior to state approval.

5. **What are Learning Goals?**
   The broad objective of the Innovation funding is to develop and implement promising practices to improve or increase access to mental healthcare. These are short-term programs, for three to five years, to “try-out” novel creative and/or ingenious mental health practices/approaches that are expected to contribute to learning rather than a primary focus on providing a service. Innovation Projects contribute to the expansion of effective practices in the mental health system of the county. The Learning Goals are statements that ask the question of whether the proposed innovation project will result in the expected outcomes.

6. **Does the Innovation Project have to be a direct service for consumers?**
   No. An Innovation Project can be a research based effort or improvements to infrastructure. However, all Projects must be able to meet the requirements in the MHSA regulations.

7. **What is the timeline for projects to start? The sample timeline begins in March 2020, does our project need to start in that month?**
   Based upon the required local and state review and approval process for Sonoma County’s Innovation Plan 2020, the earliest contracts may be awarded is March 2020. However, it is
possible that contracts will not be in place until the 2020-21 fiscal year. The requested timeline for Innovation applications is necessary for the County to see how the project allocates time for project planning and development, implementation and evaluation. If necessary, the timeline will be shifted based upon actual progress of the county and state review and approvals.

8. Can an organization submit more than one Innovation application? How many projects will be funded?
Yes. Organizations or collaboratives can submit more than one application. Ideally, Sonoma County’s MHSA Steering Committee would like to fund more than one Innovation Project. If smaller projects ($300,000) are proposed and there is merit to those applications, it is quite possible that multiple contracts will be awarded.

9. What is a Collaborative Innovation Project and what support is offered to counties who are interested in developing and implementing a Collaborative Innovation Project?
Sonoma County organizations are encouraged to examine the list of six MHSOAC (Mental Health Services Oversight and Accountability Commission) Collaborative Innovation Projects that are supported by the Commission. An application to develop and implement MHSOAC Collaborative Innovation Project is encouraged if the identified population is aligned with the need in Sonoma County.

The six Collaborative Innovation Projects are as follows:

1. Statewide Early Psychosis Learning Collaborative
2. allcove: a one-stop shop for Integrated Youth Mental Health Support
3. Incompetent to Stand Trial Population-Criminal Justice
4. Full Service Partnership (FSP) Innovation Project
5. Youth Innovation Project
6. Schools and Mental Health

Support provided includes:
- Strategic Guidance
- Technical Assistance and Training
- Enhanced Evaluation
- Disseminating Information

See the attached memo for more detailed information and resources to contact on the Collaborative Innovation Projects and the MHSOAC Tool Kit: https://mhsoac.ca.gov/sites/default/files/documents/2018-05/INN_Toolkit_Full.pdf
MEMORANDUM

Date: March 20, 2019

To: MHSA COORDINATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS

From: Toby Ewing, Executive Director

Subject: Multi-County Opportunities for Collaborative Innovation Projects

Thank you for the opportunity to meet with you on February 27, 2019 to provide an update on Senate Bill 1004 and the Collaborative Innovation projects supported by the Commission. This memo provides a description and contact information for the six Multi-County opportunities for Collaborative Innovation Projects the Commission is currently supporting. The Innovation Component of the Mental Health Services Act (MHSA) provides an opportunity to explore new ways to organize and deliver mental health services. To support those goals, the Commission is working to do the following:

1. Provide Strategic Guidance. To support innovation investments that target high-priority needs, facilitate multi-county collaboration to address shared challenges and build the evidence base to support systemic improvements in care.

2. Support Technical Assistance and Training. To support the ability of counties to successfully plan, design and implement mental health innovations that have the potential to significantly improve mental health outcomes.

3. Enhance Evaluation. To support the design and delivery of evaluations that can help counties and other stakeholders understand the impact of individual innovations and the broad innovation component.

4. Disseminate Information. For innovations to lead to transformational change, the lessons learned need to extend beyond the individual counties that invested in the initial innovation, and support changes statewide, including changes in State operations.

The Commission is currently supporting the following six Collaborative Innovation Projects with planning grants and welcomes additional county participation.
1. Statewide Early Psychosis Learning Collaborative

California currently has 30 active programs providing Early Psychosis (EP) services across 26 counties. However, there is no uniformity across the state in EP service implementation: treatment models and outcomes measurement differ county by county. To address this challenge, this project aims to make an innovative change to an existing practice in the field of mental health that will increase the quality of services, including measurable outcomes. The project will create a unified network of CA early psychosis programs to standardize practice and support knowledge-sharing, harmonize EP evaluation across core outcomes to enable large scale evaluation and program development, and achieve measurement-based care via EP-focused technology platform, enabling participation for consumers and families. Los Angeles, San Diego, Orange, Solano, and Napa Counties, in collaboration with the UC Davis Behavioral Health Center of Excellence, UCSF and UCSD, have signed on to develop the infrastructure for a sustainable learning health care network for EP programs. This infrastructure will enable us to bring consumer-level data across a variety of recovery-oriented measures to clinician’s fingertips and empower consumers to use their own data in care decisions. This project will also allow programs to learn from each other through a training and technical assistance collaborative and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the US.

**OPPORTUNITY FOR COUNTIES:** Collaboration from counties across the state will allow us to develop a sustainable learning health care network for California’s EP programs, allowing consumers, families and the state to benefit from data and improve the quality of services across diverse communities. If your county is interested in transforming California’s approach to EP care, please contact us if you would like to learn more about the project or you are interested in participating.

Contact: Valerie Tryon, PhD. Email: vltryon@ucdavis.edu Phone: 916-734-3247

2. allcove: a one-stop shop for Integrated Youth Mental Health Support

Research suggests half of all mental illnesses start by age 14, yet the public mental health system in California has not developed a strategy to provide young people the early intervention support they need. To address this challenge, Santa Clara County is working to expand its continuum of early identification and intervention by creating community based integrated youth mental health programs for young people that are based on the successful “headspace” model from Australia and the Foundry Program in British Columbia. These international programs have developed successful community access points for young people and their families to get early mental health care, primary care, early substance use treatment,
supported education/employment, and peer support all in one youth friendly center. In 2015, the Stanford Psychiatry Center for Youth Mental Health and Wellbeing (the Center) with the Robert Wood Johnson Foundation and “headspace” Australia completed an initial feasibility study to consider bringing this model to the US. Based on this study, Santa Clara County, in partnership with the Center, is utilizing MHSA Innovation funds to open the first two US integrated youth mental health programs. These new sites, named allcove (after a year-long design process with a county youth advisory group), will fill the early intervention gap between school mental health and early psychosis services in creating community based early intervention sites which will appeal to young people to come in for integrated health care.

**OPPORTUNITY FOR COUNTIES:** With the support from the MHSOAC, the Sand Hill Foundation, the McKenzie Foundation of San Francisco, the Packard Foundation, and the California Health Care Foundation, the Center is pleased to offer technical support to work with county and local partners to collaborate on the development of the allcove model within communities across California. For additional information, please see www.allcove.org

Contact: stanfordyouthmh@stanford.edu or call 650-725-3772.

Web references:
Feasibility Study:
https://med.stanford.edu/content/dam/sm/psychiatry/images/about_us/RWJheadspacefeasibilityreport.pdf
www.headspace.org.au
www.foundrybc.ca
www.frayme.ca

3. Incompetent to Stand Trial Population-Criminal Justice
The Commission highlighted the increasing number of people found to be incompetent to stand trial due to an unmet mental health need in its criminal justice and mental health report adopted in November 2017. The Commission emphasized in its report the role of diversion to reduce the number of people with mental health needs facing criminal charges, specifically those found incompetent to stand trial awaiting Department of State Hospitals services.

**OPPORTUNITY FOR COUNTIES:** The Commission has funding available to support counties seeking to collaborate on innovations to reduce criminal justice involvement of people with mental health needs.

Contact: Sharmil Shah, Psy.D. Email: Sharmil.shah@mhsoac.ca.gov Phone: 916-445-8722

4. Full Service Partnership (FSP) Innovation Project
Twelve years into the launch of MHSA, California counties have an opportunity to step back and evaluate the way that data is used state-wide to understand the linkage between service delivery and outcomes achievement. This topic is especially relevant for adult FSP Providers, which help California’s most vulnerable individuals avoid hospitalization, homelessness, and
incarceration, and ultimately increase their overall wellbeing and independence. We envision a multi-county collaboration effort, spearheaded by Ventura, Orange, and LA Counties alongside Third Sector (a nonprofit consulting firm) to develop a specific vision and a plan to improving the approach to using adult FSP data, with the ultimate goal of giving counties the tools to continuously improve adult FSP outcomes.

**OPPORTUNITY FOR COUNTIES:** From May - July 2019, Third Sector hopes to lead interested counties through a process to: (1) identify the current state of their respective FSP data systems, (2) develop a shared understanding of how data can be used to build an outcomes orientation, (3) envision a plan for adult FSP data outcomes in the future, and (4) build and write a collective Innovation plan to submit to the MHSOAC in August 2019 for approval. The MHSOAC hopes to support Third Sector in this process to develop a collective innovation plan, building on their existing work with LA County to transform adult FSP, as well as the current MHSOAC FSP survey and any previously published FSP evaluation documents.

For further details or questions, please contact Aurelle Amram at Third Sector (aamram@thirdsectorcap.org), Kiran Sahota at Ventura County (kiran.sahota@ventura.org), Sharon Ishikawa at Orange County (sishikawa@ochca.com), and Debbie Innes-Gomberg at LA County (DIGomberg@dmh.lacounty.gov).

**5. Youth Innovation Project**
The Commission launched a Youth Innovation Project to engage youth throughout the state to support the design of youth-oriented mental health innovations. The Youth Innovation Project is led by a 15-member Youth Innovation Committee comprised of youth ages 15-25, representing 11 California Counties. The committee will review information gathered from four youth focus groups and a statewide survey on youth mental wellness in order to identify key challenges affecting their understanding of mental health, access to care, the quality and appropriateness of that care, the outcomes achieved or other mental health related challenge raised by youth.

Once identified, the project will support one or more opportunities to explore, design and plan innovations that would respond to those challenges. The proposed innovations will be presented to county mental health leaders for potential funding.

**OPPORTUNITY FOR COUNTIES:** Collaboration from counties across the state will allow us to maximize the project opportunity of realizing the vision and strengths of young California leaders. This project offers a platform to amplify the voice and choice of youth leaders to create innovative solutions to the barriers they face in their pursuit of emotional wellbeing. If your county is interested in being a part of this exciting youth-driven opportunity, please contact us.

Contact: Shannon Tarter. Email: Shannon.tarter@mhsoac.ca.gov Phone: 916-445-8725

**6. Schools and Mental Health**
Under the terms of SB 82, the Mental Health Wellness Act of 2012, the Commission receives funding to provide local assistance to counties through a competitive process to support improved outcomes to prevent and respond to mental health crises. In 2018 the Commission
dedicated half of these funds to support children’s services, including setting aside approximately one-fourth of the available funds to incentivize school-county mental health partnerships. Through this competitive grant program, four counties, out of sixteen applicants, received $20 million over four years to support school-county partnerships intended to address or prevent mental health crises.

Due to limited funding, the Commission was able to fund only four of the 16 county-school partnerships that applied for the SB 82/Triage funding. Recognizing this broader need for and interest in school-county mental health partnership projects, the Commission has partnered with the California Department of Education to support a multi-county/school learning community collaborative.

**OPPORTUNITY FOR COUNTIES:**
This Collaborative will provide Counties the opportunity to explore potential mechanisms for delivering school-based mental health services or related approaches to meeting the mental health needs of children and youth. The intent of this work is to engage and support a range of counties and schools and offer them planning support to develop projects that could be funded with county mental health and local school funds.

Contact: Dawnte Early, Ph.D. Email: Dawnte.early@mhsoac.ca.gov Phone: 916-445-8721

We look forward to working with you on and appreciate your collective support of the transformation of our mental health system through these Innovation opportunities. If you have any questions, please contact me at toby.ewing@mhsoac.ca.gov or Sharmil Shah at sharmil.shah@mhsoac.ca.gov.