CPEHN
California Pan-Ethnic Health Network

California
Primary Care
ASSOCIATION

#Out4MentalHealth

MHSA Innovation Recommendations

About

The California Pan-Ethnic Health Network and the LGBT Health and Human Services Network have put forward 10 recommendations to improve the development and implementation of the Innovations Component of the Mental Health Services Act (MHSA).
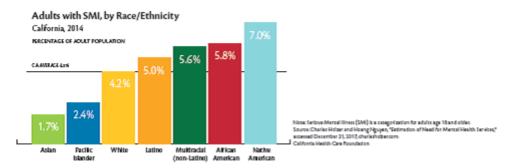
SUMMER 2018

MHSA in California

Communities of color and LGBTQ communities have historically been unserved, under-served, or inappropriately served by California's behavioral health system. Approximately 4% of adult Californians are diagnosed and living with SMI[i]. However, Latino, African American, Native American, and multi-racial adults have rates of SMI above the state average. LGBTQ persons continue to show higher rates of suicide, homelessness, and substance use. Without innovation in local delivery systems, the prevalence of inappropriate treatment or no treatment among communities of color and LGBTQ communities will remain.

Disparities in Mental Health Services

Adults with SMI, by Race/Ethnicity
California, 2014
PERCENTAGE OF ADULT POPULATION

CA AVERAGE 4.1%

Asian	Pacific Islander	White	Latino	Multiracial (non-Latino)	African American	Native American
1.7%	2.4%	4.2%	5.0%	5.6%	5.8%	7.0%

Note: Serious Mental Illness (SMI) is a categorization for adults age 18 and older.
Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services," accessed December 21, 2017, charlesholzer.com
California Health Care Foundation

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In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA) to expand mental health services throughout California.

The Act created the Mental Health Services Oversight and Accountability Commission (MH-SOAC) to provide broad oversight and leadership in the community mental health system statewide, including innovation. The innovation component of the Mental Health Services Act (MHSA) provides California's communities an important opportunity to introduce either new mental health practices or approaches, or changes to existing practices or approaches with the potential to significantly improve mental health services and outcomes.

The Act specifies allocations for county expenditures but permits each county to develop their own plans to address local needs. Of the total MHSA funding provided to each county, five percent (5%) is required to support innovation projects.

The innovation component is the only MHSA program that specifically requires state

approval by the MHSOAC. Local mental health agencies must undergo a multistep process to receive approval for their innovation project from the Commission.

Innovations are designed to do one of the following:

- **Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention (PEI).**

- **Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population.**

- **Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.**

The primary purpose of MHSA's innovation projects is to achieve the following:

- **Increase access to mental health services to underserved groups, including but not limited to, services provided through permanent supportive housing.**

- **Promote interagency and community collaboration related to mental health services.**

- **Increase the quality of mental health services and measurable outcomes, including the reduction of homelessness, incarceration, suicide, unemployment and other mental health related challenges.**

▶ **Why Now?**

Communities of color and LGBTQ communities continue to report varied and inadequate quality of mental health services. Consumers turn to community defined practices to address gaps in care, and mental health professionals apply creative approaches to address gaps in service delivery.

Local mental health agencies have struggled to spend MHSA funds within the required time frames. MHSA legislation requires local counties to revert funds to the state that have not been spent within the required 3-year time frame for the primary MHSA programs. However, the California Department of Health Care Services (DHCS) has not developed a process to recover these funds. One-time legislation (AB 114) was enacted to allow counties to submit a plan by July 1, 2018 for expending their respective funds that are subject to reversion by June 30, 2020[iii].

Innovations funds makes up $146 million—or 63 percent—of the $231 million in MHSA funds subject to reversion as of the end of fiscal year 2015–16. However, innovation funds are only 5 percent of the total MHSA funds that local mental health agencies receive[iv].

The MHSOAC has undertaken efforts to provide technical assistance and improve communication with the local mental health agencies regarding the Innovation project approval process. The Governor's 2018-2019 budget includes a proposed $5 million in state funding for an Innovations Incubator to improve how counties use their innovation funds. The incubator will help the counties develop collaborative innovation proposals, provide technical assistance, support enhanced evaluations, and disseminate lessons learned. The MHSOAC has put forth several potential Innovation Incubator "Prototypes"- or models.

[iii] California State Auditor. Mental Health Services Act: The State Could Better Ensure the Effective Use of Mental Health Services Act Funding. February 2018. Retrieved from https://www.auditor.ca.gov/pdfs/reports/2017-117.pdf

[iv] (Same as above)

What is Innovation?

There must be continued efforts to expand the definition of innovation beyond mental health technology programs. Research continues to show that the relationship between a health care professional and a consumer- "the therapeutic alliance"- continues to represent one of the most powerful factors in access and quality in mental health services. Communities of color and LGBTQ communities continue to document their questions and concerns about confidentiality, data collection, and state involvement with regard to existing innovation proposals, including but not limited to the mental health technology suite proposals.

Innovation in access to mental health services should:
- Ensure a greater number of institutions, providers, consumers and programs have the power to facilitate a direct referral to the consumer's treatment of choice.
- Expand and diversify the workforce by training, recruiting, and retaining providers of color and bilingual providers.
- Buffer the impact of long appointment wait times on hard to reach populations through the expansion of relationship-based supports.
- Strive to remove access barriers, especially those created by a bifurcated system of care, by promoting collaboration between all mental health providers, including counties and community based organizations, like health centers.

Innovation in quality of mental health services should:
- Aim to address mental health disparities in low-income communities of color and LGBTQ communities through collection and analysis of demographic data.
- Ensure that mental health providers and services are trauma-informed, community-defined, and culturally and linguistically appropriate for the communities they serve.
- Apply a client-centered approach that builds upon community-defined practices, respects consumer's strengths, and addresses barriers to care.

Innovation in interagency and community collaboration related to mental health services or supports or outcomes should:
- Expand the definition of health care professionals to include the work of public health, community health, and health administration; integrate mental health into all levels of the healthcare system, including primary care.
- Reform information-sharing systems while still adequately addressing low-income communities and LGBTQ communities' questions and concerns about confidentiality and state involvement.
- Equip trusted community partners in natural settings, such as churches, daycares, community centers, and clinics etc. with the assessment tools needed to coordinate mental health care.

What Does Innovation Look Like?

The "Healing the Soul- Curando el Alma - Na Sándaeé Inié " Program of Ventura County: Lead by the Mixteco / Indigenous Community Organizing Project, the Healing the Soul - Curando el Alma - Na Sándaeé Inié Program aims to authenticate, validate and integrate indigenous healing practices traditionally used by Mixteco / indigenous communities in Mexico in Ventura County to improve symptoms of mental health associated with stress, anxiety and depression. The learning will provide insight into the mental health status of the indigenous Mexican Community and evaluate the efficacy of chosen intervention strategies based on traditional healing practices.

"Understanding the Mental Health Needs of the American Canyon Filipino Community" Program of Napa County: Born out of the many barriers to understanding the mental health needs in the Filipino community, this project pilots an intergenerational, community-building approve to understanding the mental health needs of Filipino students and their families in American Canyon. The learning will address changes in screenings and supports for Filipino youth and their families administered by school district staff and mental health providers.

The Community-Designed Integrated Services Management (ISM) Model of Los Angeles County: One of the four models of care, the ISM model was designed to improve the quality of services for underrepresented ethnic populations (UREP). The ISM model teams of specially trained and culturally competent "service integrators" that help specific under-represented ethnic populations use the resources of both formal" (i.e., mental health, health, substance abuse, child welfare, and other formal service providers) and nontraditional" (i.e., community defined healers) networks of providers, who use culturally-effective principles and values. The positive findings of the project has led to ongoing funding of the program by the county.

The "Innovation to Activation" Proposal of San Joaquin County: A collaborative of community-based organizations, the Innovation to Activation program aims to provide preventative mental health counseling services for those who have for those who have suffered trauma and are experiencing an escalating mental health crisis. The goal of the innovation proposal is to provide mental health counseling services for those who have experienced trauma and are experiencing an escalating mental health crisis that can still be managed by the county behavioral health system's preventative services.

The Assessment and Respite Center of San Joaquin County: The County's Behavioral Health Services utilization data reveals significant disparities in accessing timely and appropriate mental health services, including low penetration rates amongst Latinos and over utilization of emergency and crisis services by African Americans, and low engagement of individuals experiencing homelessness. To address gaps in access, San Joaquin County partnered with Community Medical Centers, a Federally Qualified Health Center (FQHC), to establish a stand-alone clinic location to screen, assess, and refer individuals for the purposes of providing respite and assessment to those who are unserved and underserved.

Recommendations

01 Assign a technical assistance provider to each county

It is clear that local communities would like greater technical assistance to develop and execute innovation proposals. The Technical Assistance Providers and Statewide Evaluator of the California Reducing Disparities Project Phase II is an excellent model of the state's investments in the local planning and introduction of community-defined practices into the mental health system.

▶ MHSOAC **Action Step**

Sponsor investments in technical assistance providers for every county; ensure any investments in technical assistance bolster local planning and implementation of innovation proposals.

▶ Counties **Action Step**

Invest in a contract for a technical assistance provider.

Opportunities for Technical Assistance in Innovations

- **Ongoing training and tools for better local community engagement/stakeholder involvement**

- **Ongoing training and tools for effective facilitation**

- **Ongoing support with research and development**

- **Ongoing training and support in communications with local approval bodies**

- **Ongoing training and support in communications with the MHSOAC**

- **Coordination of collaboration among local programs, institutions, primary care providers, and departments**

- **Ongoing trainings to identify and transform local community-defined practices into innovation proposals**

- **Collection and dissemination of data and stories**

02 Initiate technical assistance early in the planning stages of an innovation proposal

Currently, technical assistance is formally available to counties once an innovation proposal has entered the state approval process. However, counties have expressed the need for greater technical assistance prior to the state approval process.

▶ MHSOAC **Action Step**

Provide formal technical assistance to counties prior to the local approval process; ensure any investments in technical assistance are targeted in the earliest stages of an innovation proposal.

▶ Counties **Action Step**

Invest technical assistance resources early on in the planning stages of an innovation proposal.

03 Invest technical assistance resources in the evaluation and/or learning plan standards of an innovation proposal

The evaluation and/or learning plan component of innovation proposal is essential the integrity of innovations projects. Innovations offers an important opportunity for new practices including community-defined practices to build and disseminate outcomes. However, the creation of a strong evaluation and/or learning plan is a barrier to the advancement of an innovation proposal.

▶ MHSOAC **Action Step**

Ensure that any technical assistance resources are dedicated to the development of the evaluation and/or learning component of an innovation proposal; develop and disseminate specific models of evaluation and/or methodologies suited to their proposal (e.g. community base participatory research, focus groups, pre/post surveys, etc.).

▶ Counties **Action Step**

Invest technical assistance resources into the development of the evaluation and/or learning component of an innovation proposal.

04 Build upon the findings of the Community Planning Process

Counties should draw upon the community planning process to develop innovation proposals. It is essential that existing stakeholder process are improved or leveraged to establish continuity among existing MHSA requirements.

▶ MHSOAC **Action Steps**

Offer technical assistance and support to counties in the research and transformation of findings from the Community Planning Process into innovation proposals.

Work with DHCS to create standards for the Community Planning Process to increase stakeholder involvement and provide counties a framework for how to successfully conduct community outreach and engagement.

▶ Counties **Action Step**

Build the design and substance of an innovation proposal upon a specific and widespread disparity presented during the annual Community Planning Process.

05 Establish equitable and adequately resourced county innovation committees

Counties should continue to work with stakeholders to develop innovation proposals. However, there is a lack of innovation workgroups across the state similarly charged with the development of innovation proposals. It is essential that every community invests equitable representation of stakeholders, including licensed mental health professionals and community based organizations.

▶ MHSOAC **Action Step**

Provide ongoing technical assistance to communities on the purpose of county innovation committees, including the discovery and incorporation of community defined practices into innovation proposals.

▶ Counties **Action Step**

Target investments in the formation of county innovation committees with equitable representation from directly operated facilities, community based organizations, primary care and mental health providers and consumers.

06 Prioritize the discovery and incorporation of community-defined evidence practices

The Innovations component represents a unique opportunity for community-based organizations serving communities of color and LGBTQ communities to expand access, build evidence, and improve the service delivery of community-defined evidence practices. It is unclear if CBOs have the opportunity to initiate innovation proposals. CBOs often represent cultural brokers of hard to reach populations and community-defined evidence practices. CBOs including mental health sub-contractors and primary care providers have extensive experience in the development and implementation of creative approaches to service delivery.

▶ MHSOAC **Action Step**

Equip counties with essential tools to discover and incorporate community-defined practices, including trainings on effective facilitation, community asset mapping, and strategies to expand community engagement of new partners beyond the "usual suspects."

▶ Counties **Action Step**

Conduct targeted outreach to community-based organizations to advise and evaluate innovation proposals.

Community Defined Evidence Practice

A set of practices that communities have used and determined to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community." *Source: National Network Eliminate Disparities.*

07 Ensure a cross-county innovation proposal is based upon a shared needs assessment

The state has recommended counties collaborate to disseminate learning and implement shared innovation projects. The current trend of cross-county adoption of one innovation project must demonstrate the value of a shared innovation project. The opportunity to test and evaluate a practice in one community before adoption in another is essential to the integrity of the innovation component's learning standards.

▶ MHSOAC **Action Step**

Ensure counties who adopt the same innovation proposal provide a shared needs assessment and clear rationale for the shared project, including but not limited to regional similarities.

▶ Counties **Action Step**

Assess and put forth a shared needs assessment and rationale behind the adoption of a cross-county innovation proposal.

08 Enhance MHSOAC's consultation role to counties

Communication pathways between the state and counties regarding innovation proposals is essential to the successful introduction of potential new mental health practices into local communities. The state must outline the key milestones of an innovation proposal's progress towards state approval and implementation. Milestones may include the establishment of the partnerships, contracts, and the state report backs.

▶ MHSOAC **Action Step**

Advise counties on the status and progress of an innovation proposal before the state approval process.

09 Ensure the evaluation of disparities

A number of innovation proposals include an evaluation of the differences in effects of the project by demographic, ethnographic, condition, intervention, strategy, and/or delay in receiving interventions. All counties should include a disparities evaluation.

▶ MHSOAC **Action Step**

Ensure the inclusion of disparities assessment as part of the evaluation component of an innovation proposal; provide technical assistance and research and development support to counties on the development and evaluation of a disparities assessment.

▶ Counties **Action Step**

Establish a timeline of a disparities assessment as part of its evaluation and/or learning standards to address potential disparities found during the implementation stage of an innovation project.

10 Identify opportunities for policy and regulations change

Potential ideas for innovation proposals may face the constraints of existing state and local policies. There is a recognition of the need to work directly with the MHSOAC and legislature to identify systemic needs, policy/regulation change, and capitol flow adjustments. The opportunity to test and evaluate innovations presents a unique opportunity to identify opportunities for policy and regulations change.

▶ MHSOAC **Action Step**

Issue guidance to the Innovations Incubator on a timeline to present policy/regulation change; Work directly with counties to identify opportunities for policy change presented during the innovations process.

▶ Counties **Action Step**

Provide recommendations for policy change during the presentation of an Innovation proposal to the MHSOAC and at the conclusion of an innovations project.

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