MHSOAC
Mental Health Services
Oversight & Accountability Commission

Glenn County Behavioral Health
PROPOSED MHSA INNOVATIVE PROJECT

COMPLETE APPLICATION CHECKLIST	
Innovative (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:	
❑ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title 9, Sections 3910-3935 for Innovation Regulations and Requirements.)*	
❑ Local Mental Health Board Approval/Public Hearing	Date: April 25, 2019
❑ Completed 30-Day Public Comment Period	Date: March 26, 2019 – April 24, 2019
❑ BOS Approval	Date: May 7, 2019
❑ Desired Presentation Date for Commission:	Date: July 25, 2019
Note: Date requested above is not guaranteed until MHSOAC staff verifies that all requirements have been met.	

MHSOAC
Mental Health Services Oversight & Accountability Commission

Innovation Project Overview

County Name:	Glenn County
Date submitted:	Proposed Plan submitted 05/31/2019 Proposed Plan revised 08/16/2019
Project Title:	Crisis Response and Community Connections (CRCC)
Total amount requested:	$ 787,535
Duration of project:	5 Years

Innovative Project **definition:** As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovative Project is defined as a project that "the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports." As such, an Innovative Project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovation Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:
An Innovative Project must be defined by one of the following general criteria. The proposed project:

☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
☒ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:
An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

☐ Increases access to mental health services to underserved groups
☒ Increases the quality of mental health services, including measured outcomes
☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

A. *What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.*

Glenn County is a small, rural county with a population of 28,094, which covers 1,327 square miles. Resources are limited for all partner agencies. As a result, it is imperative that all agencies collaborate to provide coordinated services for citizens and persons traveling through the county. The ability to respond to crisis situations in the county has many barriers, and it is the goal of Glenn County to learn and develop strategies and coordinate resources to resolve a crisis as quickly as possible. This Innovation Project would provide funding to learn ways to improve how agencies respond to each crisis situation; learn how to work together to meet the needs of each person and their family in the least-restrictive environment; and how to follow up with coordinated services to reduce future crises and psychiatric hospitalizations.

Resources are limited across all agencies involved in responding to a crisis. The Sheriff's department covers the entire county and has three (3) officers available for each shift, which includes three towns and a Native American tribal community. If one officer responds to a person with a mental health crisis, the officer may be involved with the crisis for several hours. The current crisis response includes responding in the community; ensuring the safety of the situation; assessing for 5150; providing transportation to the Emergency Department (ED), when needed; and providing the security supervision in the ED until the crisis is resolved. With one officer involved for several hours with a crisis situation, there are only two (2) officers available to cover the county and respond to all other community needs.

Currently, Glenn County Behavioral Health (GCBH) responds to crisis situations by having on-call crisis workers available 24/7. The crisis worker will speak with the person on the phone to try to de-escalate the crisis and/or respond to a crisis in the ED to assess the person and conduct a 5150 evaluation (danger to self, danger to others, gravely disabled). If the person requires a psychiatric hospitalization, the crisis worker remains at the hospital to find an available bed at a hospital in the region (which is often 60 or more miles away). Currently, the crisis worker does not accompany law enforcement into the community to help assess a crisis in the community.

There is one small hospital in Glenn County with an ED that has only three (3) beds. The ED is staffed with one medical doctor and one nurse. For any major health issue (e.g., trauma from car or race track accident; or heart attack), patients, once stabilized, are immediately transported to the Butte County Hospital in Chico, or to another location, using Life Flight or ambulance.

Each crisis situation can be very traumatic for the person in crisis and their family. It is the goal of GCBH to learn which strategies are most effective to improve crisis services for clients, while reducing the trauma. Some best practice strategies that will be implemented and evaluated

include coordinating services with partner agencies; de-escalating the crisis in the community, whenever possible; and providing follow-up support and services to each person with a crisis and/or ED visit and psychiatric hospitalization.

In FY 2017/18, there were 961 persons who received specialty mental health services from GCBH. Of these individuals, 324 (33.7%) were children; 225 (23.4%) were Transition Age Youth (TAY); 349 (36.3%) were adults; and 63 (6.6%) were older adults.

In FY 2016/17, GCBH received approximately 929 crisis contacts: 365 contacts during business hours and 564 contacts after hours. In FY 2017/18, this number almost doubled: there were approximately 1,730 crisis contacts, with 850 contacts during business hours and 880 contacts after hours (an 86% increase).

Of the 1,730 calls in FY 2017/18, 263 unique persons received 1,006 hours of mental health crisis intervention services, with a cost of $339,827. Over 90% of these crisis intervention services were delivered in the local ED. There were also 63 unique individuals admitted to inpatient services, for a total of 647 bed days and a cost of $512,161. The total cost of crisis intervention and psychiatric inpatient services was $851,988 for the year.

Currently, the crisis intervention team is comprised of staff persons who are on-call during business hours, after hours, and during the weekends. The on-call crisis staff travel to the ED to respond to a crisis and they do not go out into the community to respond to a crisis. Law enforcement may go out into the community to address a crisis and transport the person to the ED. The on-call crisis worker will meet them in the ED to assess the person for lethality, possible 5150, and/or development of a safety plan. If the person in crisis is currently a GCBH client, the person is linked to their clinician, case manager, and/or psychiatrist as appropriate. Many of the individuals seen in the ED are not current clients. These individuals may be referred to the GCBH for ongoing assessment and specialty mental health services. Others are not linked to services and the crisis worker does not routinely follow-up with the individual in the next few days to determine if there are additional needs.

When individuals do not receive timely access to services, and/or do not receive follow-up services after a crisis, psychiatric inpatient stay, or are released from jail, they are more likely to have another crisis or hospitalization. In addition, if the individual does not receive follow-up support with a psychiatrist for a medication refill and/or to understand how to take the medication that was prescribed at the inpatient hospital, the person is more likely to go into crisis or be re-hospitalized after they are discharged from the hospital. Persons who are released from jail may not be given sufficient medications to last until the person is able to schedule an appointment with GCBH for medication management service. These are also situations that need to be addressed in this small, rural county with limited services and resources.

The most recent GCBH Innovation Project, which ends June 2019, developed a System Wide Mental Health Assessment Response Treatment (SMART) Team to respond to threats and crises in the schools. The SMART Team has been highly effective over the past five years in learning how to respond, assess, and de-escalate crisis situations in the schools. The SMART Team received 178 referrals across the project years; and served a total of 93 unique individuals, with

the majority served in the schools. Due to the success of the SMART Team, stakeholders suggested utilizing this model to develop strategies to learn how to respond to crisis situations in the community, and include persons of all ages, not just children and youth.

In addition, in the past two years, there have been several major fires that have greatly impacted people in this region, including Glenn County residents. Most significantly was the Camp Fire (November 8, 2018) in Paradise, Butte County, with 85 fatalities and 18,804 homes/structures destroyed (most within the first four hours), and the CARR fire (July 23, 2018) in Shasta County, with 38,000 evacuated, 8 fatalities, and over 1,000 homes destroyed by the fires. The ongoing stress from these fires has increased the number of crisis calls and crisis situations in the community. In response to the Camp Fire, Glenn County has offered several locations for the placement of both FEMA and private trailers and campers. Countywide, over 100 FEMA trailers are parked. These temporary living sites have increased the number of crisis calls and law enforcement visits. This situation adds to the importance and immediacy of the development of a project to help strengthen the crisis response practices of this small, rural county with limited resources.

Glenn County has worked with Butte County to provide assistance in the aftermath of these disasters. This support included providing shelter services for those individuals evacuated due to the Oroville Dam failure as well as for the Camp Fire. Mental Health staff provided immediate mental health crisis response to temporary shelters until the shelter was closed, and/or when the Red Cross took over. This aid included staffing the shelter from 8:00 am to 8:00 pm each day that the shelter was active. During the disaster, it became apparent that there many requirements and activities needed to be done in the area of response for all aspects of shelter duty.

These tragic fires, loss of homes, schools, churches, and business has created an ongoing stressful environment throughout the region. These fires impacted both the availability of homes, and the cost of renting and/or purchasing homes. With so many people in the region (including several Glenn County staff) who were suddenly homeless, with over 10,000 homes lost, real estate and rentals suddenly cost significantly more money. The cost of a single family home rose $100,000 or more within a month of the fire. The cost of rental apartments/homes also rose dramatically. This situation created additional stress for persons with limited incomes and/or with Medi-Cal benefits who cannot afford to pay the increased cost of a small apartment.

Recent crisis data, the experience with the SMART Team, and the impact of the fires have led GCBH to identify the need to create an innovative model for helping individuals earlier in their crisis cycles, responding quickly to each crisis; de-escalating a crisis whenever possible; and creating community connections and supports for each person to link to ongoing services, with the goal of reducing new crisis events and psychiatric inpatient admissions.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

In the past several years, funding for triage services has been available through SB 82 Triage Grants. Glenn County applied for this grant; however, only two small, rural counties (Calaveras and Trinity) were awarded the Triage Grant funding. As a result, small counties were limited in their ability to learn how to respond to crisis situations in the community to reduce the need for an ED 5150 evaluation and psychiatric hospitalization.

Nevada County (population 99,814), while considered a small county, is three times larger than Glenn County. Nevada County received an SB 82 Triage grant in 2014. The grant supported the development of a Respite Center, which is a peer-operated center where individuals may stay for up to 28 days to help them stabilize and reduce the need for hospitalization. The grant also supported Nevada County to pay for additional clinical positions, so that the crisis workers who were on call could be co-located adjacent to the hospital ED to reduce the time needed to respond to a crisis in the ED. The crisis workers do not go out into the community to respond to the crisis in Nevada County.

The traditional on-call crisis response model is effective at responding to people who are in crisis in the ED and need to be evaluated for admission to a psychiatric hospital. However, several larger counties used the SB 82 funding to develop a Mobile Crisis Team (MCT). Many of these counties, such as Santa Clara and Placer, developed MCTs that respond to the crisis in the community, and/or ride along with law enforcement during the day from 8:00 a.m. to 5:00 p.m. (or 8:00 p.m. in some cases). Although no formal data or information has been released to the public by SB 82 counties, anecdotal data suggests that larger counties have found that having a Multi-Disciplinary Team (MDT) available to respond to a crisis in the community can greatly reduce the number of people who need to be transported to the ED. It has been found that immediate, community-based services can be effective at de-escalating the crisis and meet the person's needs in the community. These MCTs have also found that it is effective to provide follow-up support services after the crisis is resolved to help the individual remain stable in the community. However, one of the challenges that these MCTs have experienced is that local dispatch does not always call the MCT when a behavioral health crisis occurs.

The GCBH Innovation Pilot Project will take what was learned with SMART and from MCTs, and apply it to crisis situations across a small county, for persons of all ages. This pilot will provide the opportunity to evaluate if GCBH can improve the response to persons who are in crisis in the community.

This INN project would develop the Crisis Response and Communication Connections (CRCC) program that will utilize an MDT approach to identify situations when a person is likely to have a crisis and providing services whenever feasible. This approach will help de-escalate the crisis and help stabilize the person's symptoms early in the cycle; and it will help individuals stay in

the community, receive supportive services, and be linked to outpatient services, when needed. Providing support to people in crisis to those returning from a psychiatric inpatient treatment will support these individuals to return to the community more quickly and ensure that they receive ongoing mental health services to reduce recidivism.

The CRCC is designed for a small rural county with limited resources. The CRCC will utilize an MDT that is comprised of 2.0 FTE behavioral health clinicians, with a specialization of working with persons with a dual-diagnosis (mental health and substance use disorder); 2.0 FTE case managers, with a preference for hiring persons with lived experience, or family members with relatives with mental health problems; and a part-time (0.5 FTE) Sheriff's Deputy who will be available to accompany the CRCC in the community to respond to crisis situations. By actively involving law enforcement in the MDT, GCBH anticipates avoiding the challenge that other MCTs have experienced when dispatch fails to call the MCT for behavioral health crises. Whenever possible, persons who are bilingual, bicultural will be hired to these positions to be able to offer crisis services to persons in their primary language, either English or Spanish.

The development of the CRCC program that responds to a crisis situation in the community, when appropriate, in coordination with the Sheriff's Deputy, would help reduce the number of people who need to be assessed in the ED and help avoid hospitalization, whenever possible. Each shift, the CRCC will be comprised of a behavioral health clinician, a case manager, and a Sheriff's Deputy. The composition of the CRCC provides the expertise to initially assess the key indicators to determine the safety of the situation and determine which situations can be safely responded to in the community by the CRCC. The Sheriff's Deputy will always assess the crisis situation in the county to determine if it is safe for the clinician and/or case managers to enter the community setting. Once the Sheriff's Deputy assesses the situation and notifies the CRCC that it is clear to come into the home/community setting, the CRCC members will be nearby and able to help de-escalate the situation and begin establishing a therapeutic relationship with the individual and his/her family, as appropriate.

When the CRCC determines that the immediate crisis is resolved, the Sheriff's Deputy may return to routine duties. The CRCC will remain with the individual and family to continue to assess the situation and develop a safety plan, when appropriate. In situations when the crisis situation cannot be resolved, the Sheriff's Deputy will transport the individual to the ED for further evaluation, and 5150 hospitalization, when needed.

Helping individuals in crisis and supporting them after the crisis, and/or after a psychiatric hospitalization, is a high priority to reduce the trauma of multiple crisis and/or inpatient admissions and to wrap services around the person to achieve positive ongoing outcomes. In addition, persons who may be at risk for a crisis, such as persons being released from jail and/or families involved in Child Welfare Services (CWS) and are experiencing stress, may also be served by the CRCC. The CRCC will learn how to expand these support services to provide support and linkage to individuals with a mental illness who are released from the jail and need follow-up mental health treatment services in the community to help the individual to remain stable in the community.

The CRCC will work collaboratively to identify individuals who have a mental illness and are in crisis, providing a coordinated system of immediate response, as quickly as possible, and linkage

to ongoing services through GCBH. Individuals will be supported by the CRCC until the immediate issue is resolved, the individual is linked to ongoing services, and a family support network is in place, when appropriate. When the person has been hospitalized, the CRCC will provide ongoing support services to the person to help them transition back into the community. Similarly, persons who are being released from jail or involved in CWS will be linked to services to help prevent a crisis. This ongoing CRCC support may last several weeks to ensure the person is linked to psychiatric medications, and other ongoing services, as needed.

The CRCC will operate from 8:00 a.m. to 5:00 p.m., Monday through Friday, and will be available to respond to crisis situations in the community. In addition, the CRCC will proactively provide services to individuals across the county who are at-risk of a crisis as well as provide follow-up services to the individual and family.

The CRCC will be located in Willows and Orland and will respond county wide. The CRCC Sheriff's Deputy will be available to work with the CRCC. The CRCC will have morning check-ins to discuss any crisis situations that occurred the previous day, or overnight with the on-call crisis staff. The CCRC will also discuss each person who is being followed by the CCRC, including persons currently hospitalized, those who are in jail and ready to be released, and any persons identified as high-risk. The morning planning meeting will outline priorities for each CRCC staff member, including identifying people who need to be followed, and scheduling appointments and psychiatric services and identifying other needed supports.

Referral and Admission Processes

Each person who is evaluated for crisis services in the ED will be referred to the CRCC on the same day or the next business day. The crisis worker in the ED will talk with the individual about having the CRCC contact them the same or next day. While the CRCC services are voluntary, each person in crisis will be encouraged to participate with CRCC staff to help resolve the situation which preceded the crisis and receive ongoing support.

The CRCC will also be proactive in reaching out to high-risk and vulnerable persons before a crisis occurs, including individuals who are:

- Seen in the ED the previous evening, but were released back to the community (e.g., did not meet 5150 criteria)
- Admitted to a psychiatric hospital
- Ready to be discharged from a psychiatric hospital and need to be linked to ongoing outpatient services
- Ready to be released from jail
- CWS families in crisis
- Frequent users of crisis and inpatient services
- Homeless
- Frequent callers to the Welcoming Line
- Experiencing their first psychotic break
- Victims of trauma (e.g., students when a classmate's suicide happens; Camp/Carr Fire)
- Returning from SUD residential treatment
- Living in a Group Home or Board and Care

- Dual-diagnosed
- Youth with suicidal thoughts and behaviors
- LGBTQ
- Victims of threats and/or domestic violence

For persons who are newly identified and/or referred to the CRCC project, the CRCC will utilize evidence-based and promising practices to:

1. Conduct a threat assessment using the Mosaic Assessment Tool, when applicable.

2. Conduct a Brief Wellness and Recovery Screening which includes and identification of the person's strengths and needs, and other support persons.

3. Conduct a Strengths-Based Behavioral Health Assessment for persons needing ongoing support.

4. Help to develop a Wellness and Recovery Action Plan (WRAP), either in a group or individually.

5. Provide linkage to key outcomes/services, as needed:
    - Ongoing individual and group therapy
    - Assessment and/or adherence with psychiatric medications
    - Substance use disorder treatment, including residential treatment
    - Housing
    - Activities of Daily Living
    - Family support
    - Social support
    - Community peer support (e.g., Alcoholics Anonymous; Narcotics Anonymous; Cocaine Anonymous; Marijuana Anonymous: AA/NA/CA/MA)
    - Harmony House (an adult wellness and drop-in center)
    - Transitional Age Youth Wellness Center
    - Benefits, including Food Stamps, Medi-Cal and Social Security
    - Employment skills

The CRCC will coordinate discharge activities with the individual and psychiatric hospital staff during the psychiatric hospitalization to begin engaging them in ongoing services in preparation for their discharge. The CRCC will coordinate with the hospital discharge staff regarding the day and time of discharge. On the day of discharge, the CRCC will be available to provide and/or coordinate transportation back to Glenn County. The CRCC will coordinate appointments with the psychiatric hospital and outpatient staff to schedule a follow-up appointment as quickly as possible, to ensure individual's prescriptions are continuous. In the interim, the CRCC will meet with the individual as frequently as needed to provide support to both the individual and their family/significant support persons.

In addition, the CRCC will communicate with jail staff and Probation staff to identify persons with mental health and/or substance use disorders problems who are at an increased risk of crisis

when released from the jail. The jail staff will notify the CRCC the morning of a person's scheduled release and will coordinate with CRCC to arrange transportation to the GCBH office to help the person transition back into the community and be linked to needed services. The CRCC will ensure that if the individual is leaving the jail with psychiatric medications, that there are enough medications to last until the person has an appointment with the psychiatrist. Similarly, CRCC will coordinate services into the community to help the individual transition to a safe living situation and that family/support persons are prepared and ready to welcome the individual home.

For youth in crisis and/or leaving the psychiatric hospital, the CRCC will coordinate services with the Transition Age Youth (TAY) Peer Mentors who are located at the TAY Center, the youth wellness and drop in center in Orland. Together, the CRCC, Peer Mentors, and the treatment team from the youth and family component will coordinate services, including working closely with family and the youth's social support system to help them transition back to school and link to appropriate services in the community. Similarly, adults will be linked to Harmony House, the adult wellness center in Orland, and Coaches will coordinate services with CRCC to identify and address their needs and provide ongoing support. TAY Peer Mentors and HH Coaches are trained to help individuals develop a WRAP and a Post Crisis Plan. The WRAP and Post Crisis Plan is a self-designed prevention and wellness process to help individuals get well and stay well. Following a crisis, the Post Crisis Plan helps an individual identify what they need to do when they return home, what others can do for them, and what can wait until the person feels better. The development of these tools helps each person maintain control over their lives at a time when life feels out of control.

For youth and adults who are LGBTQ, CRCC will offer support and/or link them to LGBTQ services in the county or region, as appropriate. Persons who are LGBTQ are at higher risk of suicide, and it is a goal of the CRCC to ensure that individuals from the LGBTQ community create a safety net and offer a welcoming and supportive environment. Support services will also be available to the families of these individuals to help them create a safe environment when they return.

Persons who are experiencing their first psychotic break are also a high priority for the CRCC. While there are only a few persons each year in this small community, it is essential to provide an extensive support network to the individual and their family to help them understand the symptoms of mental illness as well as the importance of family support and compliance with medication(s) to help address the acuity of their symptoms. Supportive services to family members, and linkage to other families in the county who have a family member who has a serious mental illness, will be available for creating a positive, immediate support network.

Families who have youth or adult relatives who are in placement (juvenile hall; jail; residential treatment; CWS, etc.) also need a strong support network. Often, families are uncomfortable talking about their family member's situation and therefore feel isolated from other parents and family members. CRCC will reach out to these families and help them address current needs, link them to support groups, and help them to develop healthy strategies in preparation for when the family member returns home.

Achieving the vision of this Innovative Plan requires the development of strong interagency and community collaboration. Strategies will be developed to meet the needs of the community by implementing culturally-competent services and coordinating the CRCC with the support of a Sheriff's Deputy, to assess the safety of a crisis in the community, to help resolve the crisis, de-escalate the situation, and resolve the crisis in the community, whenever possible. This interagency collaboration is critical to the success of the project and provide valuable learning opportunities to all BH county systems, especially small, rural communities like Glenn County. This data will provide valuable information regarding key outcomes, as well as create the foundation for law enforcement and partner agencies to apply for other grants to sustain this program over time.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

The CRCC Innovative Project promotes interagency and community collaboration related to mental health and substance use treatment services, supports, and outcomes. The CRCC will enhance collaborative processes across several agencies, including Behavioral Health, the Sheriff, ED and hospital staff, Probation, the county jail, and child welfare in order improve the continuity of care for persons in crisis and/or utilizing intensive services.

CRCC will meet regularly with the Sheriff's Deputy, ED, hospital, and jail staff to discuss client progress toward goals, coordinate services, develop and implement culturally responsive services, and to increase positive outcomes. This MDT will involve other collaborative agencies, which will be determined on an individual basis to meet the needs and support the success of each client. The CRCC will increase interagency and community collaboration through its work with these agencies, by providing and coordinating services to ensure continuity of care for individuals in Glenn County.

While the CRCC will not provide long-term, ongoing treatment, it will provide intensive, timely assessment, treatment, and linkage to needed services to ensure immediate response and coordinated planning to meet the person's needs at a critical time and begin offering timely support.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

This Innovative Project blends the success of the mobile crisis team model implemented in larger counties and what GCBH learned to be effective in responding to school crisis situations through the System Wide Mental Health Assessment Response Treatment (SMART) Team.

The GCBH SMART project paired a Sheriff's Deputy with a behavioral health clinician and case manager (person with lived experience) to respond to schools and the community when a child/youth was exhibiting threatening behavior and/or having a crisis at the schools. The SMART Team also enabled Glenn County staff to follow-up with individuals who may pose a threat to the community, and ensure they receive adequate support and linkage to services and

other community resources. The SMART Team has been highly effective over the past five years, but there is a need to expand services to include persons of all ages, have the ability to respond to crises in the community, and provide supportive services to other individuals who are at high-risk of experiencing a crisis (e.g., persons discharged from an inpatient psychiatric facility; persons with a mental illness who are released from jail; persons involved in the child welfare/child protective services system).

MCTs respond to a crisis in the community, meet with a law enforcement officer who responds to the crisis, and work together to de-escalate the situation. In many instances, the law enforcement officer may leave the scene and return to active duty, when the MCT arrives. MCTs have been found to be effective at improving access to mental health treatment for persons with a serious mental illness. They have also been found to be effective at reducing recidivism for high-risk individuals. However, the majority of MCTs have been implemented in larger counties where more resources are available, including staffing at all levels (law enforcement, behavioral health, local hospitals, etc.).

This small county's Innovative Project will combine these two models, adapt the principles found to be effective, and apply them across a small, rural county with limited resources. This new INN project utilizes practices developed by larger counties that have implemented MCTs and paired it with the GCBH success in working collaboratively with the Sheriff's Department to respond to crisis and threat situations in the schools. This INN project will help GCBH learn if it is effective to combine a program comprised of a Sheriff's Deputy, mental health clinician, and case manager/family advocate and have them go out into the community to work to resolve a crisis situation as quickly and effectively as possible. This project will be an opportunity to determine if this model is effective with persons of different ages, genders, race/ethnicity, and sexual orientation. In addition, the follow-up activities and community connections offered by the CRCC will help assess the effectiveness of providing follow-up services for several days or weeks, to help the person to continue to improve and access needed services in a timely manner.

Expanding the CRCC activities to include persons released from the hospital, persons with a mental illness and released from jail, and/or persons involved with child welfare/child protective services, will help utilize the expertise of the CRCC to help respond proactively to potential crisis situations.

Having a program that can respond to a crisis, or other at-risk situation, creates an opportunity to develop a program that helps divert individuals from crisis and inpatient services. It will also coordinate services to help link individuals ready for discharge from inpatient services, to be immediately linked to community services. These services are designed to be culturally-competent and meet the cultural needs of individuals and their families.

This project will utilize culturally-relevant, evidence-informed strategies to engage individuals in the program; utilize strength-based interventions to reduce stigma and create awareness of mental health and substance use issues; address public safety concerns and improve services to this vulnerable, high-need population. This Innovative project will create opportunities to identify additional strategies for improving outcomes for this high-risk population in a rural community, as well as help identify activities that are most effective for achieving positive

results with persons in crisis or at-risk of crisis. This project will also identify ways to include families throughout the program and promote strong cultural connections in the community.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

It is estimated that up to one hundred (100) unique individuals will be served each year. While there are approximately 1,600 calls to the crisis line and 260 receive behavioral health crisis intervention services in the ED each year, CRCC services are voluntary to the consumer, so not all people in crisis will be interested in receiving services. Also, some people in crisis are already receiving ongoing behavioral health services and do not need the enhanced support of the CRCC.

Across the five project years, it is estimated that the CRCC will serve at least three hundred (300) unique individuals, ages 7 and older. It is estimated that CRCC will be involved with each person an average of two (2) weeks, with some only receiving services for 1-2 days, and others receiving CRCC services for four (4) weeks or longer.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The target population for the CRCC is primarily individuals ages 14 and older, but the program may serve children 7 to 13 who are in crisis and/or in out-of-home placement and who can benefit from CRCC collaborative services.

These individuals include, but are not limited to:

- Are ages 7 and older;
- Are current residents of Glenn County;
- May be experiencing mental health symptoms (including crisis, suicidal behavior);
- May have a pattern of substance use that impacts their daily functioning;
- May be dual-diagnosed with a mental illness and substance use disorder;
- May be experiencing their first psychotic break;
- May be of any race/ethnicity;
- May be LGBTQ;
- May be homeless;
- May be persons being released from psychiatric inpatient hospital facility;
- May be persons being released from jail and are at-risk;
- May be involved in the Child Welfare system;
- May be living at the tribal reservation, Grindstone Rancheria.

Services will be available to persons who meet the above criteria, regardless of gender, race, ethnicity, sexual orientation, and language. It is estimated that 30% of the persons served will be Hispanic.

The CRCC will respond to crisis situations and referrals during business hours, and follow up with the person the next business day when seen in the ED. The CRCC will meet with the individual and begin developing a relationship and assess needs for services. This approach will create the opportunity for the CRCC to develop a trusting relationship with the individuals; and will allow the CRCC time to plan and coordinate services in the community, including housing, coordinate prescription and medications between the hospital and behavioral health clinic and/or between the jail and behavioral health clinic, and appointments for other needed services, in a timely manner. This strategy promotes wellness and recovery and reduces recidivism.

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

There were similar projects that were implemented in the past five years. Two small counties received SB 82 Triage grants to help improve their crisis programs. Calaveras County's (population 45,670) project was to provide a crisis support Sheriff Liaison position at the Sheriff's Department to provide immediate crisis stabilization to help individuals, and their families, during a mental health crisis. After searching for 18 months, a case manager was hired for the Sheriff Liaison position,. The Sheriff Liaison was housed at the Sheriff Department and responded to dispatcher's calls from officers throughout the county as well as referrals from National Alliance for the Mentally Ill (NAMI) and other community agencies. This person worked noon to 9 p.m., Tuesday through Saturday. The plan indicated that the Sheriff Liaison would respond with a Sheriff's officer when they receive a potential 5150 call and to help them to determine in the field if the person needs to be placed on a 5150 with the local hospital or to develop a safety plan.

Following a year of implementation, data showed that there were improved relationships between the Sheriff's Office, Police Department, and Highway Patrol, as well as community agencies. Unfortunately, after this one year of implementation, the Sheriff's Department did not routinely contact the Sheriff Liaison prior to transferring residents to the ED for 5150 evaluations. The Triage Program staff requested changes in the second year to contact the Sheriff's Liaison when responding to a potential 5150 crisis call.

Some of the recommendations included establishing and maintaining the confidence of law enforcement to build rapport; ensure case manager is available when calls are highest in frequency; and provide follow-up support services after the crisis. These recommendations have all been addressed in our Innovation project.

Trinity County (population 12,709) project was to assist five Access Point Agencies, which were identified by mental health crisis situations within the community. The goal of the project was to decrease the number of hours ED personnel spend on a mental health crisis as well as decrease the time law enforcement officers are taken out of the field for these situations. Satisfaction surveys, the number of hospital admissions and the number of bed days were reported across time. Satisfaction surveys of the five Access Point agencies found that community members found the Triage Work on-site helpful and that it helped to reduce the number of hospitalizations and bed days. Recommendations included developing a peer Respite Home to expand their

crisis triage program in this small, isolated county. In addition, it was recommended that the county offer a 24-hour wrap solution, to help reduce the need for 5150 placements and/or law enforcement intervention.

The recommendations and lessons learned from these two projects, as well as the success of the GCBH SMART Team and MCTs that have been implemented in other counties, helped to inform and design the CRCC Innovative Project. The CRCC includes a Sheriff's Deputy to respond consistently and as a multi-disciplinary team. MCTs are successful when they have mental health clinicians either travel with law enforcement to respond to a crisis or have law enforcement respond to the crisis and call the MCT when the situation involves a mental health crisis. Neither model work for a small, rural county, where the number of crisis situations are small, and the number of staff are limited. Having a clinician riding along with law enforcement would be inefficient and not utilize the mental health clinician's time in a productive manner. In FY 17/18, there were approximately 850 calls to the crisis line during business hours, and 880 calls to the crisis line after hours. Of these calls, 263 unique persons received GCBH mental health crisis services.

Similarly, there are only a few law enforcement officers in the county and their time is stretched too thin to attend routine meetings to discuss complex situations and plan strategies on an ongoing basis to support individuals before they have a crisis and/or following the crisis/hospitalization. The Sheriff's Deputy is dedicated to the CRCC Team each week. As an integrated member of the CRCC Team, the Deputy is well trained and knowledgeable about how the team works collaboratively with the behavioral health staff and case managers, as well as getting to know many of the most at-risk clients.

The CRCC Innovation Project will test the effectiveness of having an MDT that includes mental health staff, case management, and a part-time Sheriff's Deputy working together to respond to crisis situations during the day as well as provide support and follow-up after a crisis, psychiatric hospitalization, release from jail, and/or child welfare involvement. This timely response, as well as support services that may last up to a month, explores a different model from the traditional MCTs that only responds to the crisis and occasionally follows up on the individual with a phone call. Also, many MCTs do not pay for the law enforcement officer, only the mental health staff. Helping to pay for the salary of the Sheriff's Deputy greatly enhances the CRCC and ensures active participation by the Deputy, but also helps to support local law enforcement that has limited funding. The effectiveness of this model in a small, rural county will be a valuable learning opportunity that could easily be replicated in other small counites.

The CRCC will coordinate training for law enforcement and behavioral health staff to deliver evidence informed strategies, including Motivational Interviewing and Trauma-Informed CBT. Training will include delivering culturally-responsive services and to respect different cultures; to understand mental illness and substance use behaviors; to respect family diversity and facilitate family engagement. These activities will also create the opportunity to identify and document strategies for working with different age groups, to de-escalate the crisis, reduce recidivism, and enhanced strategies to involve families in supporting the person to achieve positive outcomes.

B) *Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.*

The Crisis Intervention Teams model (CIT) was originally developed as an urban model for police officers responding to calls about persons experiencing a mental illness crisis. Skubby, Bonfine, Novisky, Munetz, and Ritter (2012) found that literature suggests that there are unique challenges to adapting this model in rural settings. This study identified the unique challenges through focus group interviews and found that there were both external and internal barriers to developing CIT in rural communities. These barriers were a result of working in small communities and working within small police departments. It was recommended that law enforcement and Behavioral Health working closely together could provide the best outcomes through collaboration and coordinated services. The CRCC is designed to develop and enhance the collaboration between the sheriff and the behavioral health crisis team to respond in one, coordinated and collaborative team to reduce barriers and improve outcomes in this rural community.

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) *What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?*

The CRCC will learn the key strategies for coordinating services between behavioral health, the Sheriff's Deputy and partner agencies, including ED staff, hospital discharge staff, jail staff, and CWS. These partner agencies will screen, identify, and refer persons eligible for services. The key learning will be to identify how to respond to a crisis in the community in a timely manner, with a focus on utilizing wellness and strength-based prevention services to help de-escalate each crisis and reduce the need for repeat crisis services and/or hospitalization. The CRCC will provide each person with a wellness toolbox that will help support their recovery and resiliency prior to and during a crisis. This strategy will document how the CRCC can respond in a manner to support each person's recovery.

Learning goals include:

1. Can the Crisis Response and Community Connections (CRCC) multidisciplinary team, comprised of a Sheriff's Deputy, clinician, and a Peer/Family Advocate, respond to the crisis in the community, de-escalate the person in crisis, reduce the frequency of transporting people to the ED, as well as reduce the amount of time the officer needs to be at the scene?

2. Can the CRCC de-escalate the crisis in the community and therefore reduce the number of crisis evaluations in the ED, which will help keep the three (3) ED beds open for persons with injuries and other health concerns?

3. Can the CRCC respond to and de-escalate the crisis in the community, thereby reducing the amount of time law enforcement needs to remain at the scene of the crisis?

4. Can the CRCC help reduce the number of people with repeat crisis and psychiatric hospitalizations by providing follow-up services, including WRAP Plans, after the crisis? This would include working with psychiatric hospital staff to coordinate discharge planning, medications, and link to Mental Health and Substance Use Disorder (SUD) services and other community resources.

5. Can the CRCC help reduce the number of people who have repeat crisis and psychiatric hospitalizations, by providing support to the family and significant persons, during the crisis, and through follow-up and linkage to community resources?

Ultimately, this Innovation funding will provide the opportunity to learn how to create a CRCC that is effective at:

- de-escalating a crisis in the community;
- reducing the amount of time law enforcement needs to remain at the scene of the crisis;
- reducing the volume of persons in crisis in the ED; and
- providing support to the family members to help create a positive social support system.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

These goals are consistent with the key elements outlined in this plan to develop and implement a culturally relevant CRCC Team that supports each individual to resolve their crisis in the least restrictive environment possible, and to develop skills to utilize wellness and strength-based prevention services to help decrease crisis calls, ED visits, and psychiatric hospitalizations.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

The successful implementation of this five-year Innovation Project will have a strong evaluation component to document the positive outcomes of this innovative program. This data will provide valuable information regarding key outcomes, as well as create the foundation for law enforcement and partner agencies to apply for other grants to sustain this program over time.

The evaluation will include several components:

a) Individuals will be surveyed periodically to obtain their input to improving services. Staff and client perceptions of access to services, timeliness, and quality of services will be measured.

b) Service-level data will be collected to measure the:
   - Number of crisis calls;
   - Timely response by the sheriff and/or CRCC Team;
   - Length of time for sheriff to stay at the crisis;
   - Number of persons linked to ongoing services;
   - Other referrals and linkages to services;
   - Number of contacts and duration of services;
   - Location of services;
   - Number of persons hospitalized;
   - Length of hospitalization;
   - Follow-up after hospitalization; and
   - Recidivism to hospitalization.

   Services will be evaluated to assess the timeliness of services, duration of services, outcomes over time, and community connections. A brief screening tool to assess the individual's level of risk and needs, as well as provide a risk assessment for identifying the goals for services, will be developed and utilized.

c) Client and family perception of services and outcomes will be measured at least annually to determine if services are helping to improve outcomes. These outcomes will include mental health, substance use, wellness, and other key elements.

d) Periodic surveys of staff, clients, and partner agency staff will help to inform the progress of the Innovative Project on collaboration, communication, successes, and barriers to services. Review of these surveys will help continually inform staff from each organization, as well as stakeholders, of the success of the project.

e) A Collaboration survey will be collected at least annually across partner agency staff to help identify levels of collaboration, and improvement in collaboration across the five years of this project.

f) A Participant Survey and a Family Survey will be collected at least every six months to identify level of involvement with family and other support persons in each aspect of service.

Please see the Evaluation Chart on the following pages for key learning questions, outcomes, measures, and data sources.

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Glenn County Behavioral Health
Innovation Plan – Crisis Response and Community Connections (CRCC)
Evaluation Chart

Learning Question	Outcome(s)	Measurement Metric	Data Source(s)
1. To what extent does CRCC lead to improved outcomes?	- Increased utilization of mental health services - Culturally relevant, individualized services - Reduced crisis calls - Linkage to services - Reduced mental health symptoms - Reduced substance use - Reduced time spent in jail or diversion from jail - Reduced recidivism	- Mental health service utilization - Case management - WRAP plan developed - Post Crisis Plan developed - Participation in CRCC - Participation in TAY or Harmony House Center - Adherence with prescribed medication(s)	- Anasazi (Cerner) - CRCC Tracking Forms - Jail Census Report - Participant Perception of Care Survey
2. What are the key components of responding effectively to crises in the community for persons of all ages?	- Timeliness of CRCC responding to crisis in the community - Timeliness of Sheriff Deputy responding to crisis in the community - CRCC working with individual in community - CRCC working with family in community - CRCC follow-up services after crisis - CRCC Coordination with inpatient staff on release date - CRCC Coordination with jail staff on release date	- Time between crisis call and Sheriff response - Time between crisis call and CRCC response - Follow-up services after crisis - Calls to Crisis after CRCC - Hospitalizations after CRCC - Timely services following inpatient discharge - Timely services following jail release	- Anasazi (Cerner) - CRCC Tracking Forms - Participant Perception of Care Survey - Family member questionnaire
3. What follow-up services and supports are most effective at improving outcomes and reducing crisis and hospitalizations in the future?	- Increased utilization of mental health services - Culturally relevant, individualized services - Reduced crisis calls - Linkage to services - Reduced mental health symptoms - Reduced substance use - Reduced time spent in jail or diversion from jail - Reduced recidivism	- Mental health service utilization - Case management - WRAP plan developed - Post Crisis Plan developed - Participation in CRCC - Participation in TAY or Harmony House Center - Adherence with prescribed medication(s)	- Anasazi (Cerner) - CRCC Tracking Forms - Jail Census Report - Participant Perception of Care Survey - Family member questionnaire

Learning Question	Outcome(s)	Measurement Metric	Data Source(s)
4. To what extent does implementation of the CRCC contribute to improved collaboration between a.) GCBH, the Sheriff, Courts, ED, and Probation; and b.) consumers and their families?	-Improved coordination and communication among GCBH, the Sherriff, ED and hospital staff, and jail -Timely response to crisis calls in community -Timely follow-up services and community connections -Reduced recidivism, crisis, and hospitalizations -Shared reports to track outcomes and improve services over time -Family members are involved in support services	-Interagency Collaboration Activities Scale (IACAS) -Length of time at crisis; in ED	-Anasazi (Cerner) -IACAS Collaboration Survey -Participant Perception of Care Survey -Family member questionnaire
5. How effective are WRAP and Post Crisis Plans in helping prevent a crisis in the future?	-Improved communication between individual; staff; family regarding crisis -Reduced calls to crisis line -Reduced visits to ED -Reduced hospitalizations -Improved communication with family/support persons -Family members are involved in support services	- Participation in mental health services - Participation in case management services - WRAP plan developed - Post Crisis Plan developed -Participation in TAY or Harmony House Center -Adherence with prescribed medication(s)	-Anasazi (Cerner) -CRCC Tracking Forms -Participant Perception of Care Survey -Family member questionnaire
6. To what extent was the program implemented as planned?	-Program implemented -Eligible participants referred / receive CRCC Services -Strengthened and increased support for individuals who have a mental illness -Reduced use of crisis line; crisis services; hospitalizations	-Staff hired or designated to the CRCC -program -Number of individuals referred to the CRCC -Number of individuals enrolled in the CRCC -Number of crisis calls -Number of ED visits -Number of hospitalizations	-Anasazi (Cerner) -CRCC Tracking Forms -IACAS Collaboration Survey -Participant Perception of Care Surveys -Family member questionnaire

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

This project will be an GCBH program with a MOU with the Sheriff's Department. The evaluation component of this Innovative Plan will be contracted out to IDEA Consulting. IDEA Consulting has been providing exemplary consultation and evaluation services to GCBH for the past 29 years, and works closely with the Behavioral Health Director, Deputy Director, and management team. This established relationship ensures quality and compliance with regulations.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Stakeholders have been and will continue to be actively involved in all components of the CRCC Innovative Project. For the planning process, GCBH obtained input from several different stakeholder groups, including clients; Adults; Older Adults; TAY; consumers who utilize the TAY Center and Harmony House; Probation; Glenn County Office of Education, Sheriff's Office and ED staff. With input and planning meetings with stakeholders, GCBH was able to identify the unique needs of its community and an Innovative Project that is well designed for the county.

There has been significant diversity in stakeholders involved in the development of the Innovative Project. A Stakeholder Mental Health Services Act (MHSA) Innovative Project Survey was distributed in Fall 2018. There were 31 respondents to the survey. Results fully supported the development of the CRCC. For the question: Please choose the services that you think may be helpful to the community (check all that apply). The percent of persons selecting each response is shown below:

Service	Percent of Respondents
Crisis Response and Prevention Services	81%
Inpatient Discharge Support	55%
Jail Discharge Support	58%
Crisis Support for CPS Families	52%
Bridge Medications between hospital/jail and Outpatient	58%
Expanded post-crisis services	52%
Safety Check ins	65%
Services for families with youth in placement	65%
Community connections for at-risk populations	58%

Of the 31 persons responding to this survey, 45% were Hispanic, 35% Caucasian, 10% Native American; 3% were Asian; and 7% were more than one race. There were 14% that reported Spanish as their primary language, 4% reported Lao; and 82% reported English. Of the 28 persons responding to age, 7% were 16-25; 61% were 26-45; 25% were 46-59; and 7% were 60+. There were 45% who reported having a disability.

In addition to the survey, focus groups were held at the TAY center and Harmony House drop-in center in the Fall 2018, in preparation for planning for the Innovative Project. At the TAY center, youth recommended that there was 1) an increase in preventive care before a crisis in the community; 2) an increase in check-ins post crisis; 3) an increased partnerships with other agencies to increase TAY opportunities; 4) increased housing support for TAY and families. Persons attending the consumer Voice Stakeholders meeting at Harmony House recommended: 1) more support before going / prevention services to a high level of care with immediate support; 2) increased linkage and follow-up that supports with daily life needs; 3) more outreach to meet the needs of this time: post CAMP Fire; 4) a local homeless shelter; 5) support to individual with post-crisis with access to services immediately; and 6) support to individuals with follow-up after crisis.

Stakeholder diversity is always valued and includes participants of various ages (16 and older), gender, LGBTQ, veteran status, and consumer status. This broad diversity in stakeholders provides important input and feedback throughout the planning and evaluation activities. The proposed Innovative Plan integrated stakeholder input, results from a community survey, and input from planning meetings with the Sheriff's Office, Probation, and ED staff to identify needs and develop a CRCC that will be successful in this small county. The planning process also involved discussions at the Behavioral Health Board; System Improvement Committee; Quality Improvement Committee; Cultural Competence Committee meetings; and at staff meetings, to obtain input and strategies for designing a CRCC process that will be successful in this small community. All stakeholder groups and boards are in full support of this MHSA Innovative Plan. These stakeholders provided meaningful involvement in the areas of mental health policy; program planning; implementation; monitoring; quality Improvement; evaluation; and budget. Note: Interpreters are always available during stakeholder events to provide translation services for mono-lingual Spanish speaking clients. Surveys were available in English and Spanish.

In addition to the comprehensive planning process and developing the CRCC model to meet the needs of this county, stakeholders will continue to be involved by providing ongoing input into planning and design of the program; prioritizing services for those in crisis and at-risk of crisis; developing creative methods for engaging, assessing, and meeting the needs of these high-risk individuals; designing the implementation; and participating in evaluation design and review of outcomes.

The MHSA Innovative Plan Stakeholder planning process included a wide representation from the community, social service agencies, law enforcement, probation, education, and persons with lived experience and family members. Interpreters were available to provide translation services for mono-lingual Spanish speaking clients. GCBH conducted focus groups and stakeholder meetings at both the adult wellness center (Harmony House) and the Transition Age Youth

(TAY) Center. In addition to the focus groups, GCBH incorporated surveys during drop-in center events and stakeholder meetings for those who could not attend the focus groups.

Consumers comprised the majority of the focus group participants. These discussions centered on housing and homeless support for youth, families and adults; living skills group ideas for both the drop-in centers; increased immediate support for individuals to prevent higher levels of care (psychiatric inpatient services; crisis services); increase support for individuals following crisis services and hospitalization; assistance in navigating through system hoops; increased coordination with partner agencies to increase TAY opportunities, and overall satisfaction with the current MHSA services. The ideas presented by consumers will be used to enhance MHSA services in the coming year.

PUBLIC REVIEW AND COMMENT PERIOD

This proposed INN project was posted for a 30-day public review and comment period from March 26, 2019 through April 24, 2019. An electronic copy was also posted on the County website, with an announcement of the public review and comment period, as well as the public hearing information. The posting provided contact information to allow input on the proposed project in person, by phone, written and sent by mail, or through e-mail. A hard copy of the proposed project was distributed to all members of the Mental Health, Alcohol and Drug Commission; System Improvement Committee; consumer groups; and staff. Copies of the proposed project were available at the clinics in Willows and Orland; at Harmony House (the Adult Wellness Center); at the TAY Center (the youth wellness center); with partner agencies; and at the local libraries. The proposed project was also available to clients and family members at all of these sites, on the County website, and upon request.

A public hearing was held on Thursday, April 25, 2019, at 9:00 am, at the Community Recovery and Wellness Center (CRWC) Annex Conference Room, 1167 Road 200, Orland, CA 95963. 11 individuals participated in the public hearing, including Glenn County Health and Human Services staff, individuals with lived experience, and community stakeholders. Participants included TAY, Adults, and Older Adults; and LGBTQ individuals. The race/ethnicity of the participants included Asian, Hispanic, Native American, and Caucasian. The majority of the participants were female.

Public discussion included clarification on the CRCC Team's coordination with CWS and group homes; and about the state review and approval process. Comments included an appreciation for the LGBTQ elements throughout the proposed plan. There were no substantive recommendations for changes from stakeholders.

The proposed INN CRCC plan was submitted to the County Board of Supervisors for approval during the May 7, 2019 meeting. The County Board of Supervisors approved the proposed plan unanimously.

Upon BOS approval, the proposed plan was submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) for review. Edits to the plan were made

under the guidance of MHSOAC staff, and the document has been submitted to the MHSOAC for approval.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

- *a) Community Collaboration*
- *b) Cultural Competency*
- *c) Client-Driven*
- *d) Family-Driven*
- *e) Wellness, Recovery, and Resilience-Focused*
- *f) Integrated Service Experience for Clients and Families*

The CRCC services will reflect and be consistent with all the MHSA General Standards. Enhanced community collaboration and coordination of culturally-competent services across county agency partners is one of the primary goals of this Innovative Project. These activities closely align with the General Standards. The CRCC will be multi-disciplinary and foster collaboration and communication across the several agencies involved in this Innovative Project. As a component of the evaluation, a Collaboration Survey will be utilized to demonstrate improvements in communication and collaboration across the various agencies involved in the project.

All services will be culturally and linguistically competent. It is the goal of GCBH to hire bilingual, bicultural clinicians and case managers, whenever possible, to meet the needs of all persons who are in crisis. In addition, GCBH will strive to provide culturally-responsive services to the various cultural groups served, including but not limited to persons who are Hispanic, the LGBTQ community, TAY, adults and older adults, consumers, and family members, to support optimal outcomes. Wellness, recovery, and resilience will be the foundation for all services to deliver culturally responsive services. Beginning with the Brief Wellness and Recovery Screening and Assessment, each person will help identify their strengths and needs, and identify other support persons who can support them during and after a crisis. This process helps each person, and family, to identify goals and strategies to support wellness and recovery. Each person will also be supported in developing a Wellness and Recovery Action Plan (WRAP) to help support their individual resiliency skills to achieve positive outcomes. A Post Crisis Plan will also be utilized to help the individual document key strategies and support persons who can help the individual during and after the crisis.

Families, and other support persons, will also be integrated into all components of the program to provide encouragement, strengthen relationships, and support the individual’s goals. Services will be client and family driven, and follow the principles of recovery, wellness, and resilience. The CRCC will strive to provide appropriate, individualized services to each unique person promoting hope, empowerment, and recovery. Through collaboration across agencies, the CRCC will provide an integrated service experience for individuals and their families. The

CRCC will collaborate and communicate across the several agencies involved in this Innovative Project, facilitating community connections to the continuum of care for the individual and their family.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

It is the goal of GCBH to hire bilingual, bicultural clinicians and case managers, whenever possible, to meet the needs of all persons who are in crisis. GCBH will strive to provide culturally-sensitive services to the LGBTQ community, TAY, adults and older adults, consumers, and family members, to support optimal outcomes. The CRCC will facilitate training for law enforcement and behavioral health staff to deliver culturally-relevant services and to respect different cultures; to understand mental illness and substance use behaviors; to learn de-escalation strategies; and to respect family diversity and facilitate family engagement.

Stakeholders have been and will continue to be actively involved in all components of the CRCC Innovative Project. This involvement includes ongoing input into planning; prioritizing services for those in crisis or just released from the ED/hospital/jail; developing creative methods for engaging, assessing, and meeting the needs of these high-risk individuals; designing the implementation and evaluation activities; and through ongoing funding. Meetings will be held at least quarterly with stakeholders and organizations to discuss implementation strategies, identify opportunities to strengthen services, and celebrate CRCC Team successes. Data on timely response to crisis events, linkages to services, service utilization, and client outcomes will also be reviewed with stakeholders to provide input on the success of the project and the sustainability and/or expansion of services throughout the five years and beyond.

The successful implementation of the CRCC will be self-sustaining. If all components of the CRCC are successful, clients will receive services in a timely manner, at the most appropriate level of care. Key outcomes will show improvement over time and services will be accessible to at-risk individuals in crisis.

INNOVATIVE PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep particular elements of the INN project without utilizing INN Funds following project completion. Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

The CRCC will create the opportunity to develop and strengthen services to individuals who are in crisis or pre-crisis and have a mental health and/or substance use issue. The CRCC will assess each person's health, mental health, and/or substance use needs. Promoting mental health and recovery will be a high priority, as well as the ongoing support necessary to help the individual to resolve the crisis and remain stable in their mental wellness and recovery over time. The

opportunity to learn how to address and reduce crisis situations as well as link individuals to services will also help to identify how to sustain these services after the five-year funding cycle for this project. Services will continue to be available through MHSA funds, county realignment and Medi-Cal funding, so that high-risk individuals in crisis will continue to receive services to meet their needs.

This project will also identify and highlight key components of the program that were effective at meeting the needs of individuals and family members who are Hispanic and, potentially, monolingual Spanish speakers. Levels of engagement and services delivered, reduced recidivism to the ED and psychiatric hospital, coordination with law enforcement, engagement with families, and other elements will be analyzed to improve and sustain services over time.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) *How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?*

Meetings will be held at least quarterly with stakeholders and organizations to discuss implementation strategies, identify opportunities to strengthen services, and celebrate the CRCC Team's successes.

Data on access to services, service utilization, and client outcomes will also be reviewed with the CRCC and various stakeholders to provide input on the success of the project and the sustainability and/or expansion of services throughout the five years and beyond.

GCBH will share results, successful practices, and lessons learned to other counties, small and large, through county forums, such as CBHDA, small counties meetings, and NorQIC. GCBH will disseminate information to other counties on the crisis response of a CRCC in supporting persons to resolve their crisis in the community, whenever possible. In addition, GCBH will provide information on the effectiveness of early intervention on reducing the length of stay in the hospital. GCBH will also share concepts for reducing the amount of time law enforcement spends at the scene and in the ED, so that an officer is available to respond to other community emergencies.

GCBH is committed to disseminating lessons learned from the CRCC project to help increase the success of similar projects implemented in other counties in the future.

B) *KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.*

Crisis response; de-escalation; mental health; substance use; serious mental illness.

TIMELINE

A) Specify the expected start date and end date of your INN Project

GCBH anticipates that the CRCC will begin engaging eligible individuals by July 1, 2019. This date will allow time for MHSOAC approval; MOU development and execution; staff hiring and training; and collaborative implementation of the policies, forms, and protocols necessary to the project. Innovation funding for this project will end on June 30, 2024. (Dates may vary depending upon the date of MHSOAC approval.)

B) Specify the total timeframe (duration) of the INN Project

It is anticipated that the CRCC Team will be funded through MHSOAC Innovation funds for five (5) years to help us learn how to effectively deliver crisis response and community connects to improve outcomes for clients and family members.

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Please refer to the timeline, included on the next pages. Please note that the following timeline shows the order of the implementation of the various activities. The actual start date will be based upon the date the Innovative Plan is approved by the MHSOAC.

Bibliography

Skubby, D., Bonfine, N., Novisky, M. Munetz, MR; Ritter, C. Community Mental Health Journal (2013) 49: 756. https://bit.ly/2HI5wFb

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Glenn County Community Response and Community Connections Team
Timeline of Key Implementation Activities

KEY IMPLEMENTATION ACTIVITIES	YEAR 1 2018-2019				YEARS 2-5 2019-2023			
	1	2	3	4	1	2	3	4
Staffing and Pre-Implementation Activities								
Hire/identify CRCC Clinicians, Case Managers; MOU for Sheriff's Deputy	●							
Contract with Evaluator	●							
Purchase materials for selected evidence-based practice(s), if needed	●							
Meet with the CRCC Team to discuss step-by-step process	●							
Training and Supervision								
Train new CRCC members on recovery, wellness, crisis response, Motivational Interviewing, Trauma-Informed CBT, community resources, evidence-based practices (EBPs), de-escalation techniques, WRAP, Post Crisis Plans, documentation standards, and HIPAA regulations	●	●						
Train new CRCC members to implement the core elements of the CRCC mission and vision	●	●						
Provide ongoing supervision of the CRCC model (principles, techniques, outcomes)	●→	→	→	→	→	→	→	→
The CRCC Team develops process for engaging, motivating, and implementing program	●→	→	→	→	→	→	→	→
Engage Clients								
Identify individuals who are in crisis or in pre-crisis and have a mental health and/or co-occurring substance use issue that impacts their daily functioning	●→	→	→	→	→	→	→	→
Hospital staff identify persons who are ready to be discharged from the psychiatric inpatient hospital and refer the person to the CRCC Team	●→	→	→	→	→	→	→	→
Jail staff identify persons with a mental illness who are ready to be released from jail and refer the person to the CRCC Team	●→	→	→	→	→	→	→	→

KEY IMPLEMENTATION ACTIVITIES	YEAR 1 2018-2019				YEARS 2-5 2019-2023			
	1	2	3	4	1	2	3	4
CWS staff identify persons who are in crisis and refer the person to the CRCC	●							→
Enroll clients in the CRCC	●							→
Assess each person's mental health and substance use status	●							→
Engage family members in program (as feasible)			●					→
Deliver Services								
Deliver the CRCC person-centered behavioral health services, including co-occurring substance use services	●							→
Deliver the CRCC services in the community to help de-escalate the crisis and reduce the need for ED and hospitalization	●							→
The CRCC Team coordinates with hospital discharge staff and jail staff to coordinate services on the day of release into the community	●							→
Collect baseline data on key indicators; periodically track progress	●							→
Link clients to other community services, as needed	●							→
Involve family members in services, when appropriate	●							→
Provide service coordination and ensure continuity of care to improve outcomes	●							→
Deliver culturally-appropriate services and services in the client's preferred language, whenever feasible	●							→
Offer trainings and workshops to clients and family members on health, wellness, and recovery	●							→
Collaboration and Information-Sharing Between Agencies								
Develop an MOU between key agencies to provide coordinated, collaborative services to CRCC clients	●							

KEY IMPLEMENTATION ACTIVITIES	YEAR 1 2018-2019				YEARS 2-5 2019-2023			
	1	2	3	4	1	2	3	4
Develop Releases of Information and Consent for Treatment forms to share information between appropriate CRCC staff members, and implement procedures for collecting forms	● →	→	→	→	→	→	→	→
Hold quarterly CRCC meetings, with key partners to identify and improve continuity of care	● →	→	→	→	→	→	→	→
Create and maintain the capacity to coordinate services with community partners to improve outcomes	● →	→	→	→	→	→	→	→
Data Collection, Evaluation, and Reporting								
Develop evaluation data collection forms to collect evaluation data	●							
Train the CRCC staff to reliably collect data and submit it in a timely manner	●	●						
Develop summary data reports on service delivery, recovery and wellness, and client outcomes to the CRCC and other stakeholder groups.		● →	→	→	→	→	→	→
Share summary data reports with the CRCC consortium, county Quality Improvement Committee, clients, and family members		● →	→	→	→	→	→	→
Submit required reports to MHSOAC		●		●		●		●

Section 4: INN Project Budget

Glenn County CRCC Project Budget

1. All Funding Sources – by Category and Fiscal Year

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	Total
	Year 1	Year 2	Year 3	Year 4	Year 5	
Personnel	389,053	423,330	436,478	450,347	450,347	2,149,556
Operating	69,500	69,500	69,500	69,500	70,023	348,023
Contracts	27,500	27,500	27,500	27,500	27,500	137,500
Evaluation	12,000	12,000	12,000	12,000	12,000	60,000
Administration	28,500	28,500	28,500	28,500	28,500	142,500
Total	**526,553**	**560,830**	**573,978**	**587,847**	**588,370**	**2,837,579**

2. Funding – by Funding Source and Fiscal Year

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	Total
	Year 1	Year 2	Year 3	Year 4	Year 5	
Medi-Cal	302,101	302,101	302,101	302,101	302,101	1,510,507
2011 Realignment	22,075	22,075	22,075	22,075	22,075	110,375
Other Revenues	57,500	57,500	57,500	57,500	57,500	287,500
Innovation	144,877	165,292	159,122	159,122	159,122	787,535
Rollover		13,862	33,179	47,049	47,572	141,662
Total	**526,553**	**560,830**	**573,977**	**587,847**	**588,370**	**2,837,579**

Budget Narrative

1. Personnel Costs – This line items includes salaries and benefits for the GCBH members of the project team, including clinicians (2.0 FTE) and case Managers (2.0 FTE). Staff are bilingual and bicultural, when available. Expenditures in this category are based on current County Personnel Salary tables.

2. Operating Costs – This category includes support staff time; project-related facility costs, such as rent; and other operating expenses including communications, office supplies, utilities, IT, and janitorial services. Expenditures are based on historical costs.

3. Consultant Costs/Contracts – This category covers the expenses associated with the Sheriff's Deputy (0.5 FTE) assigned to the project.

4. Evaluation – This line items covers project evaluation, which will provide an assessment of project access and effectiveness as well as client-level outcomes achieved.

5. Administration – This category includes administration costs, including A-87, associated with the project.