

INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST	
<p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p>	
<p><input checked="" type="checkbox"/> 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.</p>	
<p><input checked="" type="checkbox"/> Local Mental Health Board approval</p>	<p>Approval Date: May 11, 2020</p>
<p><input checked="" type="checkbox"/> Completed 30 day public comment period</p>	
<p>Comment Period: April 11 – May 2020</p>	
<p><input checked="" type="checkbox"/> BOS approval date</p>	<p>Approval Date: June 2, 2020</p>
<p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____</p>	
<p><i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p>	
<p>Desired Presentation Date for Commission: Review by Delegation of Authority</p>	
<p><u>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.</u></p>	

County Name: Santa Clara

Date submitted: First Submission on June 15, 2020, Echo Back Submission: January 15, 2020, Revised Plan Template: February 4, 2021; additional revisions March-April 2021.

Project Title: Independent Living Empowerment Project (previously titled Independent Living Facilities Project)

Total amount requested: \$990,000

Duration of project: 24 months (2 Years)

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation 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 Innovation 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: Innovations 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

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.

Independent living facilities, also referred to as “room and boards,” provide critically needed housing and services for many clients/consumers of the public behavioral health system. Clients/consumers with a severe mental illness (SMI) and can live independently without a need for oversight or medication administration are often residents of these housing rentals. Independent living facilities are privately-owned homes or complexes that provide housing for adults with mental illness and other disabling health conditions. As clients/consumers in the public behavioral health system step down from higher levels of care and into outpatient services, many clients choose to live independently. This independence helps boost recovery and wellness and independent living, just like employment, offer a sense of belonging and value. However, owners and renters of these independent livings often do not understand existing laws and regulations related to the operation of this type of housing, mainly Landlord and Tenant Laws. Without adequate peer supports, independent livings may not be able to address the needs of residents in recovery with a severe mental illness and frequently results in evictions, hospitalizations, or incarceration. This project seeks to connect independent living residents and owners to a voluntary supportive network that would provide education, training and peer supports to help attain and keep independent livings a viable choice as clients/consumers step-down from higher levels of service and into the community.

Independent livings provide room and board only, there is no additional service or care to residents/tenants living in these settings. This approach is fundamentally different from the licensed board and care facilities which provide care and supervision for persons with a severe mental illness,

disability, require supervised medical care and cannot live independently. Board and Care facilities that care for clients/consumers fall under the legal and regulatory oversight of the Department of Social Services/Community Care Licensing as described in Title 22. Room and Board *only* facilities that house clients/consumers that can and choose to live in independent livings, do not fall into the requirements under Title 22.

Pursuant to Title 22, Section 80000, et seq, all facilities that provide more than room and board, that are 4 or more beds, must be licensed by CDSS, CCL: “no adult, firm, partnership, association, corporation, county, city, public agency or other governmental entity shall operate, establish, manage, conduct or maintain a community care facility, or hold out, advertise or represent by any means to do so, without first obtaining a current valid license from the licensing agency (CCR, Title 22, § 80005).” **Unless they are exempt from licensure under CCR, Title 22, § 80007:** (7) Any house, institution, hotel, homeless shelter, or other similar place that supplies board and room only, or room only, or board only, **which provides no element of care and supervision**, as defined in section 80001(c)(2).

The Independent Living Empowerment Project would operate under the exemption provided in CCR, Title 22, § 80007 as highlighted above.¹

This project is fully supported by client/consumers and family members of consumers in the County of Santa Clara. It was first introduced by the Community Living Coalition, a stakeholder group in County of Santa Clara. Their initial idea presentation was given at the Behavioral Health Board in 2018. At that time, the intent was to source the program development the first year at the time when the BHSD expected an increase in Prevention and Early Intervention allocation with the idea to continue to fund project activities in the following years after the establishment of a local peer stakeholder group. However, as the MHSA revenue projections in early spring 2020 seemed catastrophic due to the sheltering in place order caused by the COVID-19 pandemic, using budgetary prudence, all planned projects that had not launched or initiated were removed as a precaution in order to sustain and maintain existing ongoing programming.²

The project was revamped and stakeholders provided additional support and revisions placing it back on the public review for the FY21-23 MHSA Three Year planning process. During that process, community stakeholders validated and approved the development of the Independent Living Empowerment Project as in innovation project that would enhance the peer support experience and create opportunities for leadership within the project’s implementation process. As a result of this community support to include the project in the FY21-23 MHSA Programs and Expenditure Plan, the

¹ [California Code of Regulations, Title 22 § 80007](#)

² County of Santa Clara conducted a combined community program planning process that bundled both the FY2020 MHSA Plan update as well as the FY21-23 MHSA Program and Expenditure Plan under one community program planning process as approved by the MHSOAC in October 2019.

idea of the project as an innovation plan was expanded and applied to the existing county priority within *homelessness prevention* and was supported by the community³.

The County of Santa Clara project would explore the impact of peers/peer supports in independent living environments. This modification would further explore and validate initial findings from the previously INN-funded Independent Living Facilities Project from San Diego County, as reported on the county's FY15 plan update.⁴ The San Diego County project served as a platform that helped inform the current plan proposed here with significant learner objective differences. This project would also incorporate the lessons learned from Orange County regarding its INN 02-006 Developing Skill Sets for Independent Living. One of importance was a requirement for a client to be referred by their clinician to the skills sets active learning sessions. This created barriers to participation and participants may have interpreted participation in the project as "additional work." In many ways, the County of Santa Clara is a combination of both the learning aspect of living independently as well as have access to healthy living environments. The Independent Living Empowerment Project would let the client/consumer lead this process with the priority to create safe living environments. The peer education element would enhance and be offered as an option to all living independently and a referral is not necessary.

The County of Santa Clara's Independent Living Empowerment Project idea (or INN #14) was posted for its 30-day public comment period from April 11, 2020 – May 10, 2020. It was approved by the Behavioral Health Board on May 11, 2020, and adopted by the County of Santa Clara Board of Supervisors in June 2, 2020.

Additional stakeholder meetings were held after project approval at the local level. During the review process of the current project, BHSD consulted with state and local stakeholders in order to develop the project further, create evaluation revisions and enhance the peer-supports efforts. Project staff also consulted with counties conducting similar efforts in order to gain an understanding of their lessons learned and evaluation tools. These additional discussion, consultations, and guidance have crafted and further refined the approaches taking place in this project submission.

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.

³ Other INN project idea priorities during the FY21-FY23 INN Idea solicitation period included: prevention programs for children and youth and workforce education and training.

⁴ [San Diego County's FY2015 MHSOAC Innovation Annual Report](#)

The Independent Living Empowerment Project (as recently renamed by the community, formerly titled Independent Living Facilities Project) would create supports for independent living facility owners through a voluntary membership. The aim is to promote the highest quality home environment for low-income adults with mental illness in County of Santa Clara. Participant owners will commit to have their homes meet a set of eight (8) quality living standards, as these quality standards were identified as an important component in the San Diego County project. In exchange, the project will connect owners to a variety of supportive resources. The objectives of this project are to 1) expand the number of independent living facilities; 2) decrease the use of emergency services; 2) decrease incarceration; and 3) prevent homelessness for persons in County of Santa Clara.

This project aims to expand the number of high-quality independent living facilities in the County of Santa Clara and develop core quality living facility improvements for low-income, seriously mentally ill (SMI) adult and older-adult residents. This effort will focus on improving health outcomes for residents of independent living facilities through prevention of mental health decline and homelessness due to unstable housing and will also reduce stigma through community education, collaboration, and peer participation. As an Innovation Project, the Independent Living Empowerment Project intends to test out new approaches to improve and increase access to mental health service delivery.

The initial innovation period of the Independent Living Empowerment Project will be 2 years to test out an enhanced peer support model where peers function at all levels of the project, from delivery to implementation and evaluation. Key components of the plan to improve the quality of independent living facilities in County of Santa Clara include:

- a. Creation of a system of supports through annual visits, peer support, multi facility coordination, and ongoing quality improvement for independent living facilities;
- b. Assessment of independent living facilities and offers of owner's assistance to improve the quality of the facility to meet a comprehensive set of best practices recommended for independent livings;
- c. Enrollment of Independent Living Facilities as quality living standards member homes; and
- d. Inclusion of key opinion leaders such as the members of the Community Living Coalition, a volunteer, peer-run advocacy and engagement group focused on improving the living conditions of clients and consumers living in independent living homes in County of Santa Clara.

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

The proposed project 1) seeks to *make a change to an existing practice in the field of mental health, including but not limited to, application to a different population* which would include a comprehensive peer support network (as managers, educators, and evaluators); 2) *apply a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system* and building on the one-tested example from San Diego County

to expand and include a broader peer support base; and to a certain degree, 3) *support participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite* by connecting clients/consumers in a strong peer-support network to all independent living member homes.

- 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.

Currently, County of Santa Clara does not have a comprehensive effort to create and sustain standards or supports for independent living homes. The independent living spaces that do exist function outside of any type of network of support and review. Owners and tenants alike are not connected to supports that can strengthen the owner-tenant relationship in a supportive environment. Furthermore, tenants (clients/consumers) are not systematically connected to peer supports and many exist in these independent living facilities in isolation and disconnected from other peers outside the independent living environment. BHSD seeks to bridge this gap for independent living tenants (clients/consumers) by creating supportive peer connections to help them thrive, problem solve and maintain their independent living goals.

The literature clearly shows that most individuals coming out of intensive mental health services and other debilitating conditions and circumstances, do prefer to live independently while maintaining a shared home environment. Many choose to live independently, but not isolated. This project aims to develop a network of support, connectedness, shared values, and offer strength-based problem-solving for persons with a mental health diagnosis residing in these independent living homes. The County's INN Plan would also look at designing an evidence-based training framework for peer-to-peer support for Independent Livings. Founded on the Wellness and Recovery Action Plan, peers and clients/consumers would develop independent living-informed strategies that are specific to this living environment and the challenges associated with living independently. Centered in this model, gains and milestones would be celebrated and encouraged. Being connected to a network of support is therapeutic and essential for clients/consumers maintain their wellness and independence.

The project will focus on the disabling barriers and challenges present and emerging within independent living homes in order to develop evidence-based processes for supporting and protecting independent living for clients/consumers. A core principle of the project is not only to evidence the experiences of peers as being able to live independently, but to use that evidence to take action to facilitate true independence, self-determination, and consequently change the socio-ecological perceptions and policies that create obstacles or limit the availability of independent livings for clients/consumers across cities in County of Santa Clara.

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

In County of Santa Clara, there are at least 60 independent living facilities that account for at least 200 clients/consumers of the public behavioral health system, according to data received from the Behavioral Health Services Department Adult/Older Adult System of Care, 24-hour Care Program. Therefore, at least 200 individuals would be reached potentially with independent living peer supports and over 60 independent living homeowners would benefit from training, education and other supports that improve tenant behavior and harmony in shared environments where adults live. For the two-year project, the aim is to create a 30-member voluntary list at a minimum (50% of existing independent livings). Based on lessons learned from San Diego as well as Fresno, it would be critical to engage room and board owners early in the process and for members of this group to be part of the voluntary steering committee providing stakeholder guidance to the project leads.

- 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 Independent Living Empowerment Project would serve owners of independent living homes and low-income adults and older adults in the public behavioral health system. The clients/consumers would be individuals who are seeking quality independent living to support their wellness. The tenants/residents of these independent living facilities do not need medication oversight, are able to function without supervision, and live independently, but many times in isolation. In accordance with race and social equity goals, project efforts would include peers supports that are representative of the diverse County of Santa Clara communities and inclusive of language, adult/older adult focused, gender identity, ethnicity, immigrant communities, sexual orientation and gender identity.

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?

The County of Santa Clara has reached out to the counties mentioned in the plan to better understand the lessons learned as well as the challenges. Most of the robust information and lessons learned have come from San Diego County's experience, which has been the most extensive of all three. The San Diego County Independent Living Facilities Project is the most advanced and established of the three described above. Some of the lessons learned from the INN Report during the duration of the project include:

- Completion and utilization of the online directory according to its design. Website traffic continuing over time with a 48 percent increase in website traffic by the end of the Innovation Project completion of June 30, 2015.
- Independent Living owners worked to successfully collaborate with other community organizations, law enforcement partners, hospitals, and behavioral health partners.
- Owners universally commented on the increased number of referrals as a result of joining the Independent Living Association (ILA), which they attributed to being a member.

- The ILA quality standards (developed by the ILA work team) developed a foundation for ensuring transparency and consistency in the process of determining which Independent Living homes qualify to be ILA members.
- The Peer Review and Accountability Team (PRAT) was made up of owners and residents, and served to ensure that all ILA members adhered to the quality standards and provided ongoing feedback. In Fiscal Year 2014-2015, there were 54 PRAT home visits (including follow-up visits). Of these 54 home visits, 22 homes met the quality standards on the first home visit and 24 homes were advised and coached on changes needed to be made to meet ILA Quality Standards. PRAT was able to provide support to the homes that did not meet the standards. Constant review and comparison of home visits helped PRAT standardize home visits and make improvements on the current home visit process.
- The training programs were designed to increase knowledge about IL homes, ILA Quality Standards, and other topics that contributed to increasing the quality of IL operations for owners and residents.
- In Fiscal Year 2014-2015, the ILA conducted 17 formal training courses for participants, which included 321 owners, 122 residents, and 319 community members. Results from the pre- and post-tests indicated positive results and exceeded the contract's outcome objectives. Based on evaluations, training participants indicated that they were very satisfied with the course content and trainers.

The County of Santa Clara model, in addition to working with owners of independent living facilities, would focus primarily is the supports and networks for clients/consumers as a form to create connectivity, serve as role models and develop a set of tools specifically designed to address the needs of clients/consumers living independently. Both the Alameda and Fresno projects are replicas of the San Diego model which focuses primarily in the independent living facility owner supports.

Alameda's project⁵ has been in operation since 2017 as part of their Whole Person Care initiative (AC Care Connect). In collaboration with Community Health Improvement Partners (CHIP), Alameda County has been able to establish independent living facilities with the support of CHIP staff. Since Alameda County did not have a local community advocacy group at the beginning of the launch, County of Santa Clara's Community Living Coalition volunteer members have been time-generous in providing needed support with peer development as well as educational materials to their peers in Alameda. Since the program's inception, 21 independent living facilities, categorized as private housing market, providing more than 30 rooms for independent livings, have voluntarily signed up to make independent living a healthy and safe choice for clients and consumers ready and prepared to live unassisted and independently. This means at least 30 living spaces where clients/consumers live in Alameda County follow the 8 attributes of quality independent living:

- Clean, safe and well-maintained housing
- A clear statement of policies is explained and made available to tenants prior to lease signing
- Clear grievance procedures and opportunities for tenants to positively influence their environment and remove unhealthy influences
- An environment that respects the privacy of the tenants

⁵ <https://ilacalifornia.org/alameda-county/membership/ila-quality-standards/>
<https://ilacalifornia.org/alameda-county/>

- An environment free of any type of abuse or discrimination that requires all tenants to be treated with dignity, consideration and respect at all times
- Concerned and competent Operators and Tenant Liaisons
- Clearly outlined amenities that are consistently and fairly made available to all tenants
- A tenant focused living environment

Fresno County's Project⁶ formalized its efforts in late 2019, recruiting and forming the Peer Review and Accountability Team (PRAT) occurred before the COVID-19 pandemic. Training efforts and coordination of the project continue virtually. Despite the pandemic, the County's efforts have resulted in:

- Completion and utilization of the online directory listing. There are currently 7-member independent livings in the directory.
- Ongoing development of the Peer Review and Accountability Team (PRAT).
- Moving all education and training efforts for both IL owners and residents to a virtual platform.

Orange County's INN 02-006 Developing Skill Sets for Independent Living did not focus on the actual living environment, but it did address the needs of clients/consumers living independently. The challenges shared (final report in development) included low participation and it involved participants still living in Board and Care settings, homeless, and severe and persistent mental illness, homeless or are at risk of homelessness to provide them with an opportunity to learn independent living skills *prior* to being placed in independent living environments. It was an important implementation lesson to learn that as clients/consumers juggle mastering the management of their mental health illness as well as managing independent living, the combination puts the client/consumer in a complex and many times, difficult setting to navigate on their own with light supports (increased intensity of supports was needed). The project focused on teaching independent living skills with a focus on improving participant's ability to manage their mental health while mastering daily living skills. The aim was to ultimately increase their ability to successfully retain stable housing for longer periods of time. The project ended and the County decided not to pursue its placement into their System of Care. However, the mutual conversation sparked interest in exploring the new approach presented in this project and a potential collaboration.

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.

Peer support is far-reaching, extensive, therapeutic, recovery-focused, yet not enough has been researched about its effectiveness in supporting the maintenance of independent living for individuals with behavioral health conditions. Peer support is defined as a helping relationship

⁶ [ILA Fresno County Promotional Video](#)
[PRAT Recruitment Flyer](#)
[Fresno County FY2017-2018 MHSA Annual Plan Update](#)

between an individual who has experience living under certain conditions assisting another person to cope with and adapt to similar circumstances. Since its early adoption in Alcoholics Anonymous (AA), peer supports have been used widely, and with good effect, with people experiencing a variety of both physical and mental health conditions (Ravesloot & Liston, 2011)⁷.

But there is much more to learn about the elements and components that can support the maintenance of independent livings:

- 1) What training is necessary for an independent living peer support?
- 2) What elements of the therapeutic alliance between peer advocate and peer participant can help establish independent living in the long-term?
- 3) While all of the independent living projects reviewed and in implementation to date do include elements of peer support to help create safe and healthy living environments, none of these projects address the effectiveness of the peer-to-peer alliance that helps maintain or support independent living for the long-term.⁸

Now with Covid-19, as a new feature of the peer experience, it has greatly emphasized the need to address social isolation digitally. Like so many others, when the pandemic struck, service providers and peer advocates became very aware that many clients and consumers felt their voices were being lost in the noise or worse simply ignored in the confusion and panic that was unfolding.

Most of the independent livings' literature focuses on senior independent living or clients coming out of hospital rehabilitation units following disabling injuries. Perhaps due to stigma and social isolation, the literature is void of evidence-based tools to sustain independent livings for behavioral health clients and consumers coming out of homelessness or stepping down into lower levels of care and can live independently.⁹

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 following represent the goals for this project along with proposed activities/deliverables to assess project progress and impact:

⁷ https://scholarworks.umt.edu/cgi/viewcontent.cgi?article=1005&context=ruralinst_health_wellness

⁸ <https://www.disabilityaction.org/news/independent-living-research-network-emma-oneill>

⁹ https://www.ilru.org/sites/default/files/training/webcasts/handouts/2019/08132019_CIL_NET/08132019_presentation.pdf

1. Establish a Community Living Coalition Steering Committee (formed by local, peer supports with lived-experience in independent livings).
2. Create residential facility supports for owners and residents with comprehensive information, training and resources about independent livings.
3. Develop a directory and website with high-quality information independent living options for consumers, family members, and community members.
4. Design and implement education and training plans for owners, residents, and community members.
5. Build a Peer Review and Accountability Team (PRAT) to conduct initial and ongoing annual visits and to assess quality standards.
6. Engage peer providers, consumers and ensure their participation at all levels of the Independent Living Empowerment Project, including management, steering committee leadership, training, site reviews, ethnic community outreach and support, data analysis/program evaluation, and peer-to-peer supports.
7. Develop a policy and education agenda to bring awareness to issues with independent living facilities and the unique issues of residents and how to support them.
8. Conduct a comprehensive data and evaluation/return on investment analysis to assess program goals and impact.

By the end of the two-year project, we hope to answer the following questions to help expand and contribute to statewide learning:

1. How can local efforts engage peer providers and consumers to ensure their participation at all levels of the Independent Living environment in order to maintain and sustain the recovery?
 - This includes management, steering committee leadership, training, site reviews, ethnic community outreach and support, data analysis/program evaluation, and peer-to-peer supports
2. What types of peer development or training is needed in order to develop a policy and education agenda to bring awareness to issues with independent living facilities while addressing the unique issues of residents and supporting long-term independent living goals?
3. What would a return-on-investment analysis reveal as a result of a comprehensive evaluation plan and what would be the overall impact in the independent livings community at the end of the project cycle?

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

In summary, the Independent Living Empowerment Project in County of Santa Clara would provide a venue for clients and consumers to access supportive services to help them thrive in independent living homes. This project will also aim to capture participants' experiences within key categories, as it is possible many clients and consumers in independent livings may experience multiple challenges

at the same time.¹⁰ These challenges and the current circumstances highlight the sudden and substantial impact COVID-19 has had on clients'/consumers' independent lives. In collaboration with our community partners, the Community Living Coalition, County of Santa Clara would aim to create the same supportive environments proven to show success and explore the elements that sustain independent livings in the long term. As part of the County's focus on prevention of homelessness, the ILEP is an integral component in this effort.

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.

BHSD believes in the strength of this project and the promise it carries: to provide a safe and healthy place for recovery and wellness where clients and consumers thrive, are respected and their dignity is preserved.

The following aims would drive and provide clear benchmarks for success for this project:

- Reduced hospitalizations of residents, complaints, justice involvement provided compared to those not provided education and support. (A similar project in Alameda County reduced re-hospitalizations by 73%.)⁷
 - *Track hospitalizations (within a specified time frame) of two groups of similar residents – one having received peer support and education and the other group who have not received these services. (We anticipate being able the first year to provide services to residents of only a few independent living homes, so we expect to have a control group.)*
 - *These metrics would help demonstrate a positive return on investment analysis to justify continuation of project services and activities with a focus on sustainability.*
- Increased satisfaction in living environment of residents provided peer support and education.
 - *Face to face interviews or surveys (within a specified time frame) with residents who have received self-advocacy and residents' rights training, and/or participated in independent resident groups.*
- Increased resident engagement in activities both in and outside the home.
 - *As indicated by self-reports.*
 - *Clients/consumers living in independent living facilities will demonstrate improvement in their wellness and recovery*
- Reported improvements in staff/resident relations.
 - *Survey residents and staff (within a specified time frame) after residents have received self-advocacy training and residents' rights education, and/or participated in independent resident councils.*

¹⁰ https://scholarworks.umt.edu/ruralinst_health_wellness/6/

- Increased knowledge and understanding of staff and owners of independent living facilities of client culture and how to support residents with mental illness.
 - *Survey after completing Client Culture and/or Mental Health First Aid. A second survey after six months.*
- Increase the number and percentage of quality independent living members.
 - *A roster of independent living homes would be created and posted as part of the project deliverable. Clinicians and other independently living supports would share these opportunities with clients/consumers seeking these living opportunities.*
 - *Demonstrate a percentage increase in membership each quarter.*
- Create a policy advocacy/education agenda to raise awareness about independent living facilities
 - *Peer-driven policy advocacy/education efforts would engage the steering committee, consumers, and supportive community members. Clients/consumers would present at their local City Hall or Town Hall meetings.*

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?

The Behavioral Health Services Department (BHSD) will contract with a county contracted provider with knowledge and experience in independent living facilities standards and supports as well as an independent evaluator (consultant). The project will be housed in the Office of Consumer and Family Affairs that is managed by a trained licensed clinical social worker with a team of over 10+ peer support workers. In addition, the Innovation Manager from BHSD will be assigned to the project to oversee the contract development and ensure that deliverables are being met on a quarterly basis.

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.

During the FY21-23 MHSA Three Year Plan Community Program Planning process, which began in September 2019, stakeholders expressed a need for improved housing conditions for clients/consumers with a severe mental illness. The Community Program Planning process included listening sessions, clients/consumers and family members of consumers surveys, an all-day MHSA Planning Forum, as well as Stakeholder Leadership Committee (SLC) meetings. The BHSD contracted with Palo Alto University to conduct an intensive analysis and report of the qualitative and quantitative elements of the community input process across various communities. During the 30-

day public comment period which opened on April 11, 2020 and closed on May 10, 2020, several stakeholders commented on the need for the ILFP project.¹¹

This is a short collection of these comments:

“... With COVID-19 shelter-in-place, the people living with mental illness and residing in unlicensed Board and Care¹² homes are particularly vulnerable due to isolation.” *Uday Kapoor, NAMI Santa Clara County*

“Anecdotally, as someone who has lived experience and who has worked at the Zephyr Self Help Center for almost eleven years, I have a good understanding of how things really are for people living this way. Very often, those living in Independent Living homes pay their entire disability check for the month in order to depend on their home for shelter and food. The power differential is enormous. The food they are dependent on is up to the landlord to determine what is provided. To save money, the meals there are often reduced to substandard quantity and quality. There is a strong incentive for those who live this way to not complain, although some opt to vote with their feet and choose the tragic option of living on the streets.” *BHSD Employee and mental health consumer.*

“If we want to help solve the homeless situation in our county, the abysmal living conditions in these (room and) boarding homes need to be addressed.” *Jenifer Jones, Office of Consumer Affairs Manager.*

“Particularly with COVID-19 sheltering in place, the people living with mental illness and residing in (room and board) homes are particularly vulnerable due to isolation. At the same time, the pandemic makes the jobs of those working in the (room and board) homes even more challenging. Under these circumstances, it is particularly important to *add* this project which has been successful in other jurisdictions.” *Elisa Koff-Ginsborg, Behavioral Health Contractors’ Association.*

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

ILEP will focus on improving health outcomes for residents of independent living facilities through prevention of mental health decline and homelessness due to unstable housing and will also reduce

¹¹ Comments can be retrieved here: <https://www.sccgov.org/sites/bhd/AboutUs/MHSA/Documents/2020/30-Day-PublicComments-and-BHSD-Response.pdf>

¹² *Unlicensed board and care homes* is another term the community uses to describe Independent Living Facilities (however, these facilities do not offer *care* in the medical term as defined by the Community Care Licensing laws).

stigma through community education, collaboration, and peer participation. The steering committee for this project will be a collaboration with community organizations, including BHSD (24-Hour Care, Permanent Supportive Housing Services Division, and Adult/Older Adult Division), the Community Living Coalition, client/consumer law advocacy groups and other client/consumer supportive agencies. It will involve peers at all levels of the project.

B) Cultural Competency

Staff will be required to be culturally competent/bilingual and educational resources will be developed in the County's threshold languages. Information provided on the website will be designed in a format that is accessible and understandable to the public, will reflect the cultural and language needs of the community, and will link information from existing databases and using current web-based portals.

C) Client-Driven

Peer providers and consumers will participate at all levels of the ILEP, including management, steering committee leadership, training, site reviews, ethnic/cultural community outreach and support, data analysis/project evaluation, direct peer support, system navigation, advocacy and residents' rights training, collaboration with executive management, operators, agencies, and clients/consumers will advise program planning and implementation.

D) Family-Driven

Family members and clients/consumers will be involved in the development of the directory and website and site visits/PRAT activities. In addition, due to the existing connections with the local National Alliance on Mental Illness (NAMI) chapter, families and care givers from this network will be integrated and, when appropriate, advise program planning and implementation.

E) Wellness, Recovery, and Resilience-Focused

Inherently, this project would function within a secondary prevention model that would bolster protective factors for peers stepping down from higher levels of care and into independent living environments. With the strong peer support systems in place, the project is designed to ensure there are support systems to help clients / consumers transition into independent living and remain there. Additionally, the project objectives are aimed at peers assisting other peers in independent livings by designing wellness and recovery plans that emphasize personal needs and preferences.

F) Integrated Service Experience for Clients and Families

Training and technical assistance provided to operators will aim to increase knowledge of resources and services in the community for clients and family members and how to access these resources in the necessary client languages, so that they can assist clients in maintaining their wellness goals. The project will seek to partner with the existing county programs and community partners such as NAMI Santa Clara, 24-Hour Care, Supportive Housing Services Division, Adult/Older Adult Division, Community Living Coalition and the MHSOAC Stakeholder Leadership Committee (SLC).

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.

The BHSD is committed to incorporating best practices in all planning and evaluation processes that allow consumer and stakeholder partners to participate in meaningful discussion around critical behavioral health issues that impact diverse communities across the lifespan. An essential part of all community planning and evaluation for MHSA programs and services involves working with the MHSA Stakeholder Leadership Committee. In County of Santa Clara, the BHSD works in collaboration with the Stakeholder Leadership Committee (SLC), a 30-member local representative community stakeholder group that provides input and review for all MHSA program recommendations and innovative program ideas. This process ensures that stakeholders reflect the diversity of the County, including but not limited to, geographic location, age, gender, and race/ethnicity. All MHSA SLC members are required to attend an initial orientation regardless of previous experience with organizations, committees, workgroups, service providers, etc. (California Code of Regulations § 3300(b)). Additionally, they are actively engaged in the implementation discussions and role outs of new projects, including Innovation Projects. This would not be an exception.

Furthermore, BHSD has a commitment to cultural competency and racial equity, ensuring that these MHSA core principles are incorporated into all aspects of BHSD policy, programming, and services, including planning, implementing, and evaluating programs (CCR § 3200.100). To ensure cultural competency in each of these areas, BHSD has established the Cultural Communities Wellness Program (CCWP) which reports to the new Division Director of Consumer, Family Affairs and Cultural Wellness. This new Division also oversees the Offices of Consumer and Family Affairs. These consumer-drive, peer-run services are an essential part of the stakeholder process including the use of the community connections and stakeholder linkages that allow the Department to obtain feedback and input on services and programs funded by the MHSA. Additionally, the new Program Manager in Cultural Competency, funded by the MHSA, takes the efforts a step further in ensuring cultural competency at all system levels within the public mental health system and within community partners. BHSD is highly committed to including consumers, family members, and other stakeholders within all levels of our organizational structure. It has been and continues to be the Department's mission to include consumers and family members into an active system of stakeholders. The Division Director of Consumer and Family Affairs oversees the Department's Cultural Communities Wellness Program (CCWP). The CCWP provides linguistic and cultural competent outreach and education, advocacy and peer support to ethnic communities. The program's goals are to reduce the stigma associated with behavioral health conditions, increase understanding of behavioral health issues, increase willingness to seek help, and increase access to behavioral health services. CCWP staff is multicultural and multilingual, representing at least 10 cultural communities, and speaking at least 12 languages. There are seven CCWP teams: African Heritage, African Immigrant (Eritrean, Ethiopian, and Somali), Chinese, Filipino, Latino, Native American and Vietnamese. CCWP services include outreach and education, consumer and family

support and education, individual support, and advocacy. With the CCWP's support in evaluation (from language needs to reaching out to clients/consumers), this will be at the center of the evaluation activities. This team's involvement ensures that consumer voice and representation is present throughout the review, evaluation, and quality improvement efforts for MHSA funded services. Evaluation support will not be limited to the CCWP staff, but also to Consumer Affairs staff, the majority of whom are consumers with direct lived mental health experience.

INNOVATION 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.

Working closely with evaluation experts as well as lead project staff, close attention will be placed in process evaluation. Utilizing the indicators of success described earlier, program leads will assess completion of project benchmarks quarterly and annually in order to gauge the project benefits in the target populations as well as the lessons learned (including barriers to success). During the start of the second year, a thorough review of Year 1 objective completions will be applied to guide Year 2's remaining goals and objectives. If the project is successful in reaching positive outcomes for clients/consumers, it would be recommended for sustainability funding into one of the MHSA components after a thorough and well-vetted community program planning process with direct oversight by the MHSA Stakeholder Leadership Committee and BHSD leadership staff. Integration into the BHSD Adult System of Care will be assessed based on available MHSA component funding and approvals as defined by the community program planning process.

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.

In collaboration with BHSD's Cultural Communities Wellness Program (CCWP) and the Offices of Consumer and Family Affairs along with the Community Living Coalition, individuals with serious mental illness will receive services from the proposed project. In order to ensure continuity of care for these individuals upon project completion, and if proven effective, the Department would recommend the project to continue with available funds. In addition, this project would benefit from exploring the newly approved Senate Bill (SB) 803 which supports statewide standards for behavioral health Peer Support Specialists and adds these services as an option in Medi-Cal. Peer Support Specialists are people with lived experience with mental health and/or substance use disorders and are in a unique position to earn trust and build bridges for people on the path to recovery. Statewide standards will ensure consistency and quality of service while offering a level of validity and respect to the position, while satisfying a federal requirement to allow Medi-Cal billing.

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?

BHSD values and encourages community involvement in outreach, engagement, and education activities as a way to disseminate MHSA programs and services. In an effort to limit hardships and barriers caused by travel, in the past, free transportation services to the client/consumer have been provided as well as translation services to anyone requesting this support in order to attend meetings or participate at conferences. During the current COVID-19 pandemic, the Department started using technology to remotely interact with our stakeholder communities in the dissemination of program announcements and as part of the community program planning process. BHSD uses Zoom software in order to have webinar style meetings with the public. This type of technology has the benefit of face-to-face interaction and presentation of materials, as well as having the ability to collect feedback from the participants in real time and through recording capabilities. During the most current stakeholder activities Town Halls meetings and other listening sessions were offered via Zoom. The Zoom platform also offers call-in options for individuals that do not have access to a computer or a tablet. Dissemination of information to clients/consumers will continue to be announced via email to list-serves and participants from previous meetings, as well as current and former SLC members and in collaboration with the Behavioral Health Board. Meeting announcements will be sent to all BHSD staff and Department Managers to share broadly with community service providers and the public. All community activities will be included in organized timelines and shared calendars to be distributed at meetings, via email and posted on the MHSA website (www.sccbhsd.org/mhsa). Furthermore, the Department will continue to use virtual technology solutions for all upcoming MHSA SLC programs and services announcements. In addition Facebook Live and YouTube technologies continue to be an integral part of dissemination of services and project success locally and beyond.

- 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.

Independent Living Facilities, Adults with Severe Mental Illness Living Independently, Peer Supports for Independent Living Homes.

TIMELINE

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

Start Date: July 1, 2021

End Date: June 30, 2023

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

The project is planned for a 24-month duration (2 years).

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

	Year One (July 1, 2021 – June 30, 2022)	Year Two (July 1, 2022 – June 30, 2023)
Q1	<ul style="list-style-type: none"> Establish a Community Living Coalition Steering Committee (formed by local, peer supports with lived experience in independent livings). Build a Peer Review and Accountability Team (PRAT) to conduct initial and ongoing annual visits and to assess quality standards. 	<ul style="list-style-type: none"> Begin development of the project’s sustainability plan Engage the MHSOAC Stakeholder Leadership Committee in the continuing conversation to explore options Ongoing identification and training of peer support leaders and providers dedicated to this project. Assess project impact during the first year Disseminate findings Continue outreach, workshops/activities and engaging more independent living homes Continue evaluation activities and quarterly reports
Q2	<ul style="list-style-type: none"> Engage peer providers, consumers and ensure their participation at all levels of the Independent Living Empowerment Project, including management, steering committee leadership, training, site reviews, ethnic community outreach and support, data analysis/program evaluation, and peer-to-peer supports. Design and implement education and training plans for owners, residents, and community members. 	<ul style="list-style-type: none"> Continue outreach, workshops/trainings and peer supportive tools development Continue evaluation activities and quarterly reports

Q3	<ul style="list-style-type: none"> • Create residential facility supports for owners and residents with comprehensive information, training and resources about independent livings. • Develop a directory and website with high-quality information independent living options for consumers, family members, and community members. 	<ul style="list-style-type: none"> • Finalize sustainability plan • Develop recommendations for MHSA component placement • Finalize residential facility supports for owners and residents with comprehensive information, training and resources about independent livings.
Q4	<ul style="list-style-type: none"> • Develop a policy and education agenda to bring awareness to issues with independent living facilities and the unique issues of residents and how to support them • Conduct a comprehensive data and evaluation/return on investment analysis to assess program goals and impact. 	<ul style="list-style-type: none"> • Complete evaluation analysis and report • Disseminate final findings and evaluation report that includes a tools guide for supporting clients/consumers in their independent living settings

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “\$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total \$15,000”) and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, “Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time...”). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts

associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

As of March 2021, County of Santa Clara has funds subject to reversion in the following years for the following amounts:

Date of Reversion 6/30/2021: **\$ 254,719**
Date of Reversion 6/30/2022: **\$4,929,150**
Date of Reversion 6/30/2023: **\$5,568,909**

The County plans to procure and release a request for proposal (RFP) for services related to the Independent Living Empowerment Project, a two-year term project. Expense items 11,12 & 14 noted in section Consultant Costs/Contracts section of this exhibit reflects the service contract operated program related expenses while item 13 reflects the expense related to the evaluation of the INN project that will also be contracted out. Regarding expense items 11-14. The project’s service contract operated program expense reflects specific staffing requirements. The project includes one full-time project coordinator, three-five full-time/part-time peer support workers. These salaries will be commensurate with experience and training. In addition, the requested funding covers evaluation related expenses at \$22,000 annually for two years and other indirect ongoing expenses needed for the implementation of the project. There is no anticipated Federal Financial Participation (FFP).

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*				
EXPENDITURES				
	PERSONNEL COSTS (salaries, wages, benefits)	FY 2022 (7/1/2021-6/30/22)	FY2023 (7/1/22-6/30/23)	TOTAL
1.	Salaries			-
2.	Direct Costs			-
3.	Indirect Costs			-
4.	Total Personnel Costs			\$ 0
	OPERATING COSTS*			
5.	Direct Costs			-
6.	Indirect Costs			-
7.	Total Operating Costs			\$ 0
	NON-RECURRING COSTS (equipment, technology)			
8.				
9.				-
10.	Total non-recurring costs			\$ 0
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)			
11.	Direct Costs – County Contracted Provider (1 FTE Project Coordinator, 3-5 FTE Peer Support Workers)	\$345,000	\$345,000	\$690,000

12.	Indirect Costs – CCP operating expenses (website development, communication, etc)	\$87,000	\$87,000	\$174,000
13.	Direct Costs – Project Evaluation	\$22,500	\$22,500	\$45,000
14.	Indirect Costs	\$40,500	\$40,500	\$81,000
15.	Total Consultant Costs	\$495,000	\$495,000	\$990,000
	OTHER EXPENDITURES (please explain in budget narrative)			
16.				-
17.				-
18.	Total Other Expenditures			\$ 0
	BUDGET TOTALS			
	Personnel (total of line 11)			-
	Direct Costs (add lines 2, 5, and 11 from above)			\$909,000
	Indirect Costs (add lines 3, 6, and 12 from above)			\$81,000
	Non-recurring costs (total of line 10)			\$ 0
	Other Expenditures (total of line 16)			\$ 0
	TOTAL INNOVATION BUDGET			\$990,000

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.