



**County of Santa Clara
Behavioral Health Services Department
MHSA Innovation 16:
Addressing Trauma and Stigma in Vietnamese and African American/African Ancestry Communities
Project**

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
<input checked="" type="checkbox"/> Final INN Project Plan
<input checked="" type="checkbox"/> Local Behavioral Health Board Approval Date: December 8, 2020
<input checked="" type="checkbox"/> Completed 30-day public comment period Comment Period: October 17, 2020 to November 24, 2020
<input checked="" type="checkbox"/> BOS Approval Date: December 15, 2020
Desired Presentation Date for Commission: February 25, 2021

County Name: Santa Clara County

Date submitted: December 11, 2020 (Draft Plan)
January 15, 2021 (Final Plan)

Project Title: Innovation 16: Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities

Total amount requested: \$1,753,140 for the lifespan of the three-year MHSO Innovation (INN) project

Duration of project: 36 months

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

Addressing Mental Health and Trauma in Diverse Communities

Since the inception of the Mental Health Services Act (MHSA), Santa Clara County (SCC) has dedicated a substantial amount of MHSA funding towards engaging and serving underserved populations, with a focus on minority communities such as the Vietnamese and African American/African Ancestry communities. Additionally, numerous ethnic-specific agencies in Santa Clara County, through the County and a variety of other funding sources, have developed a vast array of specialty services developed by and for those community members. These efforts by the County and the community have led to significant gains in the accessing of needed services by the Vietnamese and African American/African Ancestry Communities. Still, these residents continue to be highly unrepresented in the behavioral health services system. There is still a long way to go in reaching equity in the accessing of services.

Santa Clara County's African American/African Ancestry population is smaller than that of California's overall, hovering around 2.8% according to census data. However, the challenges faced by the African American/African Ancestry community are in line with the findings of the CRDP:

"African American experiences of endemic intergenerational societal micro-aggressions (especially related to skin color and other physical features) engender discrimination, exclusion, and hostile responses, which perpetuates a "post traumatic slavery disorder." Too often the system itself is rooted in racist, sexist, and homophobic practices. For example, historical trauma has deeply impacted African American and Native American cultures, which has greatly affected mental health. Strengthening cultural identity is a key way to counter this exclusion and discrimination while promoting wellness. Communities should be supported in efforts to revive or sustain cultural traditions/practices, languages, and ceremonies to address the loss of culture and improve wellness," (CRDP).

The County's community members and leaders who participated in MHSA and this Innovation Project Plan attested to their experience and extensive knowledge that a great number of Vietnamese and African American/African Ancestry residents are in acute need of behavioral health, social services, medical services, emergency surveys, and a wide array of other existing resources. However, due to the trauma, stigma, discrimination, and the fear of government and law enforcement involvement still prevalent in Santa Clara County, these individuals are not accessing services that could potentially greatly improve their quality of life and their ability to contribute to Santa Clara County's economy. Furthermore, this causes a great loss in their potential and their children's potential to succeed in life, school, and the pursuit of the American dream.

In contrast, Santa Clara County's northern area (North County), including the cities of Palo Alto, Los Altos, and Mountain View, has a high level of affluence. During the Covid-19 pandemic, beginning in October 2020, Palo Alto and Los Altos School Districts utilized their financial resources to meet regulations for holding in person instruction for students, and had the support of district leadership and many people in the local community. Students began returning in person to their schools through a hybrid model starting in October of 2020. At the same time, some students enrolled in Title I schools in East San Jose and South County reported not having internet access and/or stable housing from which to complete distance learning from. Due to these challenges with technology and housing, they were unable to participate in some or all of their school's distance learning. The result of this gap in education, expected to far surpass that of the annual summer learning loss, is predicted by experts to further disadvantage already struggling students, potentially crippling their ability and potential to perform in school and work for years to come.

The wealth concentrated in North County and the increasing number of new Silicon Valley employees relocating to the area has driven up local housing costs. According to BHSD funded studies of the county's high risk indicators by zip code, including poverty, low birth weight, child removals, etc., as well as exit surveys conducted by school districts for students who have unenrolled, lower income Santa Clara County residents have been displaced from North County (particularly Mountain View) into Sunnyvale and Santa Clara, and from San Jose into South County. As a result, some students have moved into crowded, multi-family apartments, and dangerous housing in high-risk zip codes. Gang activity, crime, Covid-19 outbreaks, and other hardships are concentrated in those zip codes. The challenges facing Santa Clara County's residents residing in impoverished neighborhoods are also in line with the findings of the CRDP:

"These communities are also more likely to live in areas that are unsafe, which can have a negative impact on their mental health. According to the California Health Interview Survey, over half of the youth of color in California do not feel their nearest park or playground is safe.

At night, compared to just 40% of Whites. Many people of color and LGBTQ people feel unsafe in their communities, which is correlated with increased levels of psychological distress. For example, African Americans, Asians and Pacific Islanders, Latinos, and Native Americans who feel unsafe in their neighborhoods are more likely to report psychological distress than those who feel safe.

Unserved, underserved, inappropriately served, and marginalized populations, including LGBTQ and many communities of color, often are not able to participate in the social and economic fabric of society, which can result in negative health outcomes. For example, the life expectancy of individuals who drop out of high school (willingly or unwillingly) is 10 years shorter than those with a college degree," (CRDP).

In the development of this Innovation Plan, BHSD collaborated with numerous community members, local ethnic-specific agencies, and County employees who are bicultural and bilingual and have spent many

years striving to develop new County programs to support the target populations. The expertise and collaboration across these organizations serving the County were instrumental in identifying the landscape and existing wide range of strategies and supports already available locally to residents, as well as generating truly innovative approaches that will enhance engagement efforts of hard-to-reach ethnic-specific individual and families.

ICAN (<http://www.ican2.org/>), a trailblazing organization that supports Vietnamese families in Santa Clara County for the last 20 years, submitted the original proposal that was moved forward by the County's MHSA Stakeholder Leadership Committee (SLC), for development into this full Innovation Project Proposal. Since 2005, the MHSA SLC has been in place to provide input and advise the County BHSD in its MHSA planning and implementation activities. The MHSA SLC serves as the BHSD's primary advisory committee for MHSA activities and consists of representatives of various stakeholder groups, including consumers, family members and underserved cultural communities.

ICAN's mission is to "engage and inspire Vietnamese Americans to make a difference in their lives, families, and communities through culturally competent social programs." They "envision building a Vietnamese American community where everyone is Engaged, Informed, and Inspired to make a difference." ICAN's experience with challenges and barriers in working county-wide with the Vietnamese population catalyzed their proposal for Innovation funding to add innovative strategies to engage difficult to reach Vietnamese families in Santa Clara County. Specifically, they reported the following from their experience working with Vietnamese families over the last 20 years:

"Many Vietnamese struggle with unhealed wounds and trauma from the war and the ensuing persecution by the Vietnamese Communist government, the traumatic exodus and boat people journey, and the acculturation challenges in rebuilding life in the new land. However, many Vietnamese people do not seek help due to language barriers, but mostly cultural and social stigma. Left unresolved, the trauma metastasizes into health conditions (e.g., anxiety, insomnia, nightmare, loss of appetite, pent up anger, depression etc.), identity crisis, the inability to work or maintain daily functioning, family conflicts, intergenerational trauma, and even domestic and intimate partner violence in relationships, family and community."

Extensive research of other Counties' MHSA funded ethnic-specific services, as well as specifically their successful innovation projects, allowed the further identification of potential innovation approaches that were determined to be similar to those existing in other counties and jurisdictions. Programs from other jurisdictions and those privately funded were also researched in the process of identifying the innovative approaches and incorporating and adapting the successful strategies utilized by their programs.

In the fall of 2016, BHSD contracted with Resource Development Associates (RDA) to conduct a review of all existing MHSA services and programs, develop a Needs Assessment to measure progress, identify gaps

and needs, and use the results from the Needs Assessment to serve as the basis for future planning of MHSO services. (Please see Attachment A for the full RDA Needs Assessment document, which include sources.)

The final Needs Assessment report, prepared by RDA, reflected the following summary of findings for the Vietnamese and African American/African Ancestry Communities and their utilization of services in Santa Clara County:

- Within the County's Medi-Cal population, there are higher proportions of Hispanic/Latino and Asian and Pacific Islander individuals in the general Medi-Cal population than in the County's Medi-Cal population receiving mental health services. Within the Medi-Cal population, more white individuals are receiving mental health services than in the general Medi-Cal population. The discrepancy in representation between the general Medi-Cal population and the Medi-Cal population receiving mental health services may indicate that County mental health services are more welcoming to white individuals than to Hispanic/Latino individuals and Asian and Pacific Islanders. This disparity may also speak to higher levels of mental health stigma within these communities.
- Santa Clara County is comprised of approximately 2.8% African American individuals. African Americans have faced a long history of adversity in the United States, including slavery; systemic, race-based exclusion from health, educational, social, and economic resources; police violence and brutality; violent hate crimes; and much more. These historical and contemporary traumas have resulted in disparities experienced by African Americans, including poorer health outcomes, lower socioeconomic status, and higher incarceration rates.
- Of Santa Clara County residents living below the poverty line, approximately 16% are African American. This is higher than the 9% average of the entire County and double the 8% of White individuals living below the poverty line. Individuals who are impoverished, homeless, incarcerated, or have substance abuse problems are at higher risk for poor mental health.
- Although anyone can develop a mental health challenge, African Americans sometimes experience more severe forms of mental health challenges resulting from systemic discrimination. According to the Health and Human Services Office of Minority Health, African Americans are 20% more likely to experience serious mental health problems. Another issue in the African American mental health community is over and misdiagnosis. African Americans are twice as likely as Whites to be diagnosed with schizophrenia.
- While the County's Medi-cal population is comprised of approximately 3% African Americans, 8% of these Medi-cal recipients are engaging in mental health services. While this statistic may

indicate a higher representation of African Americans in County mental health services, other data questions this theory. African Americans had significantly lower utilization of Emergency Psychiatric Services than their White counterparts did (7% and 38%, respectively), as well as lower engagement in Full Service Partnerships than their White counterparts (10% and 34%, respectively). Furthermore, African Americans are overrepresented in AB 109 Full Service Partnerships (15%), which may indicate a higher representation of African Americans in Santa Clara's criminal justice system.

- In Santa Clara County, Asian Pacific Islander (API) residents comprise 32% of the population. Overall, the Vietnamese population in Santa Clara County is 7% of the population. The API population in Santa Clara County is composed of a diverse range of ethnicities. Outside of Spanish, Chinese and Vietnamese are the most common language among non-English Speakers.
- Within the API community, there are high levels of stigma around mental illness. Within many Asian cultures, discussing mental health concerns is considered taboo. As a result, Asian Americans may deny or neglect their symptoms. Asian Americans are three times less likely to seek mental health services than Whites.
- Santa Clara County is designated by the State of California as a "refugee-impacted county" and home to a large population of refugees. Refugees in Santa Clara County come from many regions of the world, including Europe, Africa, the Middle East, and Asia. Refugees have been forced to flee their country because of persecution, war, or violence for reasons of race, religion, nationality, political opinion, or membership in a particular social group.
- Santa Clara County's refugee population include asylees, victims of human trafficking, survivors of torture, unaccompanied undocumented children, and victims of work slavery and sexual and gender-based violence. Refugees have often been deprived of basic human rights, including housing, the freedom of movement, and access to adequate medical care. These individuals are highly susceptible to mental health challenges, particularly trauma. Because of the influx of Asian refugees in the late 1970s through the early 1990s - particularly from Vietnam and Cambodia - mental health providers within Santa Clara County are likely to see residual trauma within these communities.
- Santa Clara County is home to a large population of foreign-born persons, with estimates of 35% to 38% of the total Santa Clara population born outside of the United States. Of the foreign-born population, approximately 64% are of Asian descent and 25% of Latin American descent. According to a 2017 report from the Pew Research Center, 6.5% of the total County population and 16% of the foreign-born population (n=120,000 individuals) are undocumented residents.

Santa Clara County's Vietnamese and African American/African Ancestry communities have faced historical and contemporary traumas that result in these groups having trouble trusting authority and government. This lack of trust often results in delaying or avoiding accessing treatment. Community-based ethnic-specific providers that attended the MHSA SLC stakeholder meetings on this new project shared that it often takes months or even years to build trust with these groups and that service engagement must be conducted in a culturally relevant way.

The Vietnamese and African American/African Ancestry Communities, especially related to trauma and stigma, are historically underserved in Santa Clara County. This newly proposed program would serve to break down stigma in receiving services for these communities, as well as the number of people in these communities accessing needed mental health services, addressing the trauma they have suffered through historic and current racism.

The following is the CRDP's description of this same primary problem being addressed in Santa Clara County by Innovation 16 and other existing programs:

“Disparities in diagnosis of illness and access to mental health services are found in all races, ethnicities, genders, sexual orientations, gender identities/expressions, and across the lifespan, including transition-age youth, transitional aging adults, and elders. The Population Reports developed by the five SPWs found that the history of racism, bigotry, heterosexism, transphobia, ageism, and other discrimination in the United States is a constant source of stress which can lead to feelings of invalidation, negation, dehumanization, disregard, and disenfranchisement. For some populations, most notably African Americans and Native Americans, laws and policies enacted over the past 400 years have resulted in mental health stressors passing from generation to generation. Discrimination based on language and cultural assimilation adds significant stress in many populations, in particular among Latino and Asian communities...Efforts are needed to increase cultural understanding on the societal level to help create environments where everyone can live with dignity, respect, and equal rights,” (CRDP).

As California's diversity grows, the State has a responsibility to address inequities in both physical health and mental wellbeing. The five CRDP populations – African American, Latino, Native American, Asian and Pacific Islander, and Lesbian, Gay, Bisexual and Transgender – have historically been challenged in obtaining optimal mental health, despite a mental health system that's expected to provide adequate and appropriate services to all persons, regardless of our race, ethnicity, nativity, gender, age, sexual orientation, or gender identity. In addition, other communities remain underserved, such as the homeless, Limited English Proficient, persons with disabilities, immigrants and refugees, and those living in rural areas. This report is a call to action to move us from a one-size-fits-all approach to one that recognizes and embraces our unique characteristics.

For example, Whites are more than twice as likely to receive antidepressant prescription treatment

as are African Americans. In the African American community, members of this population are more likely than Whites to be diagnosed with serious psychological distress. For example, in California in 2005, 6.3% of African Americans were significantly more likely to report symptoms associated with serious psychological distress than Whites (3.3%).

Diagnosis and treatment are issues for African Americans, who are much more likely to receive a diagnosis of a condition with a poorer treatment outcome such as schizophrenia, while treatable conditions such as anxiety and mood disorders often go untreated.

Asians and Pacific Islanders: For adults with serious mental illness, Asians and Pacific Islanders were estimated to have a prevalence rate closer to that of all Californians. These numbers can be misleading, however, because of a disparity between native-born and foreign-born Asians. For example, while Asian mothers in general have similar rates of depressive symptoms compared to the general population, foreign-born Asian mothers had higher rates than U.S.-born mothers. These disparities are even more evident between the various Asian ethnic groups, with Filipinas reporting higher needs than Chinese and Indians, for instance, which highlights the need to disaggregate data to showcase differences between ethnic groups.”

Regarding the disproportionate rates of incarceration facing the African American/African Ancestry community, the following is a further description of the primary problem that Innovation 16 is seeking to address in Santa Clara County, also described in the CDRP, as well as the RDA Needs Assessment:

“Due to a lack of access to appropriate quality care, African Americans are much more likely to have their first mental health treatment in an emergency room, or as the result of incarceration, with inadequate follow-up or referral for continuing care. They are underrepresented in outpatient care,” (CDRP).

As was mentioned in RDA’s report for Santa Clara County, an African American/African Ancestry focus group participant stated: “When the police came they always threw me in jail; I ended up with nine misdemeanors. My friends who weren’t my color were sent to the hospital. That’s not right with what they do. My therapist says that they take blacks to jail and others to the hospital.”

PROPOSED INNOVATION 16 PROJECT

The purpose of the innovation project is to increase knowledge of mental health and access to mental health services in diverse communities: Vietnamese and African American/African Ancestry by destigmatizing mental health services in the context of their culture. The project will focus on prevention and community outreach/education, co-located professional mental health treatment services for children, adults, and families. There will be mental health prevention services for youth and children and psychoeducation targeting parents and grandparents on child/brain development, mental health conditions and services, and improving help-seeking behaviors.

The project proposes unique strategies to reach and engage difficult to reach populations who have historically had low levels of access to needed mental health services. Stigma prevents many from these communities from accessing mental health services needed due to trauma experienced and other mental health challenges.:

Innovation 16's innovative strategies address many of the priority challenges facing ethnic and minority communities, as described in the CRDP. Santa Clara County seeks to, or already utilizes, the below CDRP italicized strategies, which are incorporated in the Innovation 16 plan:

- 1. Increase Opportunities for Co-Location of Services and Integration: Locating mental health services in community facilities, faith-based organizations, cultural centers, and other entities where people are comfortable will increase access and combat stigma.*
- 2. It is essential that network members have experience in mental health and are culturally and linguistically competent to work with the community being served. In particular, these places (including churches and faith-based organizations) must be affirming of LGBTQ individuals to foster a welcoming place for all who seek mental health treatment. In addition, the physical location of these services must be easily accessible to the community and the hours of operation should be based on convenience for the clients.*

Innovation 16 will collaborate, support, and when possible provide funding for the below partner organizations, which are also recommended by the CRDP as partners that should be included. In line with CRDP recommendations: *"We should ensure that community entities may enter into contracts with the county department of behavioral health and the State, and we should build their capacity to do so."*

- Churches and other faith-based organizations
- Community colleges, four-year colleges, and universities
- Community centers and senior centers
- Community organizations, specifically those that primarily serve racial, ethnic, and LGBTQ communities
- Elementary and secondary schools
- Foster care agencies
- Hospitals and emergency rooms
- Juvenile justice agencies
- LGBTQ community centers and other gathering places for the LGBTQ community, such as coffee

houses and bookstores

- Local businesses
- Local law enforcement agencies and the adult criminal justice system
- Non-traditional organizations (e.g., sports clubs, cultural arts sponsors, youth development programs) and new indigenous venues that are deeply rooted in the community
- Organizations working with the homeless and homeless youth
- WIC and other county social services offices
- Workplaces
- YMCA, YWCA, and Boys and Girls Clubs

To provide a mechanism for consumers to remain engaged with services and providers with whom they have developed relationships, the project plan includes developing intergenerational, cultural-specific services for Vietnamese and African American/African Ancestry communities based on input received from stakeholders at the MHSA SLC stakeholder meetings, which was open to the public, for the Innovation 16 Project. Also, Innovation 16 allows for traditional and culturally responsive healing practices, with the transfer of cultural knowledge and healing across generations and a way to remain connected without requiring participation in or authorization of formal specialty mental health services.

Proposed innovative approaches for Innovation 16:

- **Community outreach stipend program, including recruitment of community members that are uniquely qualified and effective at reaching the target population** – Door to door outreach and outreach at faith-based gatherings and medical clinics, and utilization of other unconventional community liaisons.
- **Outreach to African American focused fraternities and clubs at local Santa Clara County universities and community colleges.** Additional ideas for innovative and effective communities for outreach opportunities will be continually added.
- **Proposed physician and faith-based leader strategic planning committees,** comprised of a diverse group of faith-based and physician community leaders and other advisory groups to develop outreach and promotion strategies/plans.

- **Development of new ethnic-cultural sensitivity trainings** (For example, developing a new curriculum addressing the unique needs and challenges faced by multi-ethnic individuals, such as half African American - half White, and half African American-half Asian individuals).
1. This proposed project makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.
 2. Estimated numbers served:
 - At least 480 families served through parent cafes.
 - At least 500 families served through healing circles.
 - Numerous families to receive referrals to other community-based organizations for ongoing or other services.
 - Number families to receive anti-stigma outreach materials through the mail.
 - Countless families to receive anti-stigma outreach materials through social media.
 - 400 clients who attend community outreach events will visit tables with materials for this program.
 3. Target population: Members of the Vietnamese and African American/African Ancestry Communities of all ages (intergenerational approach).

RESEARCH ON INN COMPONENT

- A) This project plan is based upon an original project plan submitted by the organization ICAN and selected by the MHSA SLC to move forward for development into a proposed Innovation Project. During the MHSA SLC community planning process/stakeholder meetings, participants recommended expanding the target population and it was decided to adjust the target population from ICAN's original proposal to serve the Vietnamese community and to also serve the African American/African Ancestry community.

Founded in 2000, ICAN's mission is to Engage, Inform, and Inspire Vietnamese Americans to raise the next generation of leaders. All of ICAN's programs are prevention and early intervention in nature. ICAN's community outreach and education is a two-prong approach: while the GOING WIDE component (such as radio, media, social media, etc.) aims at raising awareness, the GOING DEEP component (like healing circles, parenting workshops, women support group, community learning opportunities, parent cafe, etc.) is designed to offer Vietnamese parents and grandparents a safe space in which to reflect on their journey and hopefully adopt appropriate parenting skills and behaviors.

- B) Research to date on similar models:

- In October 2020, BHSD reached out to the MHSOAC and requested all counties' project plans that included similar ideas to that being proposed by Santa Clara County.
- Next, BHSD conducted an exhaustive online search. There are gaps in the existing literature available online regarding outreach strategies to increase access for Vietnamese people of multiple generations to mental health services. For example, Vietcare.org in Los Angeles provides these services, but does not document how they outreach and what strategies they use to bring these intergenerational Vietnamese families into services.
- BHSD then contacted and discussed the proposed projects with experts from Santa Clara County in ethnic services. The resulting ideas were presented at multiple MHSA SLC meetings in fall of 2020, which were open to the public. At the MHSA SLC meetings, BHSD was able to gather additional information about what local community based organizations were currently providing that were similar to the proposed project plan.
- Resource Development Associates: In the fall of 2016, BHSD hired Resource Development Associates (RDA) to assess the effectiveness, structure, quality, and impact of their MHSA-funded Continuum of Care. This MHSA Needs Assessment was commissioned by BHSD approximately ten years post MHSA implementation and assisted in the development of the County's MHSA Fiscal Year (FY) 2018 – 2020 MHSA Plan. One of the goals of the project was to conduct a retrospective exploration to determine what had been accomplished with regard to MHSA implementation. BHSD was also interested in documenting the current landscape of MHSA-funded services and what additional needs remain in order to target future efforts. The RDA Needs Assessment provided much of the background on the needs of Santa Clara County for this proposed plan document.

Information from the CDRP:

LEARNING GOALS/PROJECT AIMS

1. What are the cultural and spiritual nuances, beliefs, practices, and norms specific to the Vietnamese and African American community that should be incorporated into the planning, delivery, and outcomes of mental health and services for this community?
2. How can the mission, services, and purpose of partnerships with Vietnamese and African American faith-based and medical communities as cultural institutions and natural places for client's families to receive supports in their community?

3. What are effective ways for the Vietnamese and African American faith-based and medical communities to welcome and integrate mental health clients/ consumers into their community and to support social inclusion, decrease stigma and discrimination and provide a safe place for people to receive services and support, outside of the behavioral health care system?
4. How might evidence-based practices and community-defined strategies of trauma-informed care for Vietnamese and African American/African Ancestry clients and families address the Vietnamese/African American community's historical trauma and trauma-related to social issues, like stigma, discrimination, violence, and poverty?

EVALUATION OR LEARNING PLAN

An independent evaluator will be contracted to conduct a comprehensive process and outcome evaluation of the project with an emphasis on outcomes and the number and frequency of the targeted populations' access to needed mental health services.

A variety of measurements will be in place to assess and understand the lessons learned (e.g., process evaluation) during the ramp-up phase of this new Innovation project. The overarching goal of the project is to increase access to services. The project intends to reach marginalized populations, as well as those that may be stigmatized by institutionalized services already in place.

This project will add an outreach and marketing campaign, direct to potential clients as well as families. Baseline measures will be in place at the end of the ramp-up phase to help with pre/post-implementation comparisons and the success of this outreach.

The final integrated infrastructure and sustainability analysis will include, but not limited to, the following overarching components:

1. Service activity
2. Client profile
3. Program/Service Outcomes/Effectiveness
4. Program/Service Awareness
5. Services Integration
6. Accessibility
7. Cost/Financial Sustainability

BHSD's Learning Collaboratives and Collaboration with other Counties and Jurisdictions:

BHSD has been meeting with other counties to discuss Innovation Projects on an ongoing basis and plans to do so extensively for Innovation 16 as well. BHSD is very interested in joining and contributing to any learning collaboratives for projects similar to Innovation 16, as well as any collaboratives focusing on

reducing disparities in access to services, social inequities, health disparities, and any other injustices that continue to plague the County of Santa Clara, the state, country, and beyond.

In terms of BHSD's ongoing participation and commitment to Learning Collaboratives, for the allcove (formerly headspace) Innovation Project, numerous meetings were held with the Stanford allcove team and counties across the state, as well as with other interested jurisdictions. BHSD staff visited in person similar program sites in Canada, and had frequent consultation calls with Australia to collaborate and learn from their headspace program, which was already thriving and served as a model for the allcove Innovation Project.

Similarly, for the newly proposed Innovation 15 Community Mobile Response Program, BHSD has been meeting with other counties to discuss, collaborate, and learn from their mobile response programs. The MHSOAC provided proposals from San Diego, Los Angeles, and San Bernardino Counties for their approved mobile response Innovation Projects. Additionally, BHSD researched other programs through information available online, such as Alameda County's mobile response program, which is funded by MHSA Innovation, the City of San Francisco's, which is funded by the city and a bond measure, and others. BHSD has already reached out to request consultations and collaborative meetings with those programs' leaders, after also extensively researching their program design and implementation strategies.

As BHSD believes strongly that learning from other counties and jurisdictions is one of the best ways to expedite, develop, and improve programs, teams across BHSD routinely participate in collaboratives beyond MHSA funded program. For example, for the Clinical High Risk for Psychosis (CHR-P) Grant, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), BHSD managers meet monthly with other grantees and discuss progress, barriers, strategies, and all other types of useful information. For BHSD's recently awarded Mental Health Student Services Act (MHSSA) Grant from the MHSOAC, the December 2020 report to the MHSOAC includes a suggestion to launch monthly collaborative meetings for all grantees as a learning collaborative.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

For Innovation 16, program services will be contracted out to a Community Based Organization (CBO) through the Request for Proposal (RFP) process. Evaluation services will be contracted out to a professional evaluator, through a separate Informal Competitive Process (ICP). Both the contractor(s) selected to provide direct services and the contracted evaluator will work closely with each other and BHSD to ensure the evaluation plan, data collection, and all technical processes are completed successfully for a robust evaluation. This will also enable BHSD to make a data-driven decision on whether the Innovation 16 program services should be sustained after the three years of the Innovation Project are completed.

As part of the RFP that will be released to procure a CBO provider to serve each target population, and the ongoing standards of contract monitoring for all Santa Clara County contractors, BHSD will review all

contractor audit and financial information. The BHSD Contracts Unit, in collaboration with the BHSD Program Management team, will ensure quality as well as regulatory compliance. The independent evaluator contracted specifically for this Innovation Project will also be tasked with evaluating the quality of services.

COMMUNITY PROGRAM PLANNING

In June 2020, the County of Santa Clara Board of Supervisors approved Santa Clara County's Mental Health Services Act (MHSA) fiscal year (FY) 2021-2023 Three-Year Program and Expenditure Plan (FY21- 23 MHSA Three-Year Plan). The plan was written and compiled after countless hours of stakeholder meetings, community input, and departmental reviews.

This year, BHSD also commenced an Innovations (INN) planning process. The MHSA SLC membership endorsed to move forward two INN draft ideas: Community Mobile Response Program and Addressing Trauma and Stigma in Vietnamese and African American/African Ancestry Communities. Here are the dates related to Innovation specific MHSA SLC meetings for the two new proposed projects.

1. INN Planning Launch at MHSA Forum January 21, 2020: INN Workshop with facilitated breakouts to brainstorm and discuss ideas
2. The INN Idea Submission Due Date was February 7, 2020. There were 23 ideas submitted - Youth Prevention (9), Homelessness Prevention (8), Workforce, Education, and Training (6), CBO (10), County/BHSD (11), School District (1), Resident (1)
3. MHSA team meets with BHSD leadership and program managers to review ideas meeting INN requirements, and to review alignment with COVID-19 services, and racial equity (April-June 2020)
4. INN notification letters drafted and sent to idea submitters in August 2020
5. Six INN ideas asked to present at SLC Kickoff meeting, highlight COVID19 and racial equity

The following is the timeline of the MHSA SLC planning meetings and their focus. All meetings were open to the public and the meeting information was also available on .

- September 2, 2020: SLC Meeting including Innovation project prioritization
- September 9, 2020: SLC Meeting including Innovation project prioritization
- October 2, 2020: SLC Innovation Incubator Kick-Off Meeting
- October 17-November 24, 2020: Public comment period
- October 26, 2020: SLC Subcommittee Meeting - Innovation Project Refinement
- November 2, 2020: SLC Subcommittee Meeting - Innovation Project Refinement
- November 6, 2020: SLC Subcommittee Meeting - Innovation Project Refinement

- November 17, 2020: SLC Subcommittee Meeting - Innovation Project Refinement.
- November 18, 2020: BHSD to post the updates to the draft plans for the two new INN projects, including INN-16, on the BHSD MHSOAC site www.sccbhsd.org/mhsa.

On October 17, 2020, BHSD initiated the public comment period, which was slated to end on November 16, 2020, but BHSD extended the public review comment period through November 24, 2020 to provide the public the latest update to the INN project based on the input received from the MHSOAC SLC meetings conducted in October 2020 to November 2020 and also allow time for the community and stakeholders to share additional input and feedback on the two new INN projects. On November 30, 2020, BHSD presented a summary of changes based on input at an MHSOAC SLC meeting that will also be open to the public.

No additional requests for changes or revisions were received for the Innovation 16 project during the public comment period, which ended on November 24, 2020.

The summary of feedback during the public comment period was presented at the December 8, 2020 Behavioral Health Board (BHB) Innovation 16 proposed project plan public hearing, and there were no additional requests for revisions or feedback that necessitated additional changes. The BHB unanimously voted and approved for the Innovation 16 project to move forward, which advanced the project for review and approval at the December 15, 2020 County of Santa Clara (County) Board of Supervisors meeting.

On December 15, 2020, the County Board of Supervisors unanimously approved the Innovation 16 project to move forward for implementation. The BHSD is requesting to present the Innovation 16 project for review and approval at the February 25, 2021 MHSOAC Commission Meeting.

As part of the MHSOAC Innovation 16 Planning Process, the following organizations and community members participated in program development, feedback, and through public comments:

- Asian Americans for Community Involvement (AACI.org): AACI was founded by 12 community advocates to support and advocate for Southeast Asian refugees.
- ICAN (<http://www.ican2.org>): Provides Vietnamese specialty services.
- Asian American Recovery Services (AARS)/HealthRight 360 (healthright360.org): Provides an array of culturally competent services to the Asian and Pacific Islander and other ethnically diverse communities of the San Francisco Bay Area.
- SLC Members representing the Vietnamese Community.
- Participants at SLC Meetings from the Vietnamese Community.
- Ujima Adult and Family Services (<https://www.smc-connect.org/locations/ujima-adult-and-family-services>): Provides culturally proficient mental health services to African youth, their families, and adults.
- SLC Members representing the African American/African Ancestry Community.
- Participants at SLC Meetings from the African/American Ancestry Community.

Based on the focus groups' feedbacks, survey data, demographics, and additional information, RDA's Needs Assessment made the following conclusions related to the African American/African Ancestry and Vietnamese Communities:

- Due to difficulty in trusting government and authority, specialty populations often delay or avoid treatment until they are in crisis. What this means is that groups who have historical trauma with institutions and authority are now engaging with services that are inherently traumatic. Being involuntarily detained, either at the hands of law enforcements or as pathway to hospitalization, removes an individual's autonomy. For groups with history of traumatic experiences with authority, this can be an incredibly re-traumatizing experience.
- Additionally, In Santa Clara County there may also be discrepancy in treatment between racial and ethnic groups. African American consumers identified a disparity in the level of treatment they receive from law enforcement when experiencing crisis compared to other racial groups. One individual shared that African American consumers experiencing crises are taken to jail, whereas their White counterparts are taken to emergency care.

Alignment with MHSA General Standards

This project meets the MHSA General Standards as described here and set forth in Title 9 California Code of Regulations, Section 3320:

- **Community Collaboration:** In January 2020, BHSD launched an INN planning process for the County's next round of innovation projects. This new INN project is a result of that extensive community planning process, which included holding informational stakeholder meetings and initiating an input submission window period to provide stakeholders and the public an opportunity to submit potential new INN ideas for consideration for the County's INN plan. The public/stakeholders were requested to utilize an INN Idea Form to submit potential INN ideas. Through that process, 23 ideas were received. BHSD conducted a review of all the submitted ideas and selected project ideas that would be developed into an INN project. Ultimately, BHSD selected two new project ideas and one of those projects is the Addressing Trauma and Stigma in Vietnamese and African American/African Ancestry Communities Project. BHSD held an informational stakeholder/public meeting regarding the County's review and selection of the projects and provided opportunities for community members to give input via email and an online survey.
- **Cultural Competence:** The goal of this project will be to develop and augment practices that are capable of reaching two communities in Santa Clara County that historically do not access needed mental health services at the rate that would be expected according to demographics and statistics around trauma and mental health illness. The staff hired to provide these services will reflect the target population in ethnicity, background, and language capabilities.

Additionally, the SLC has emphasized that focusing on race and ethnicity is insufficient and that every family has their own culture impacting their mental health and well-being and their own barriers to access. Every family must be understood at all levels of dynamics, including LGBTQ differences, generational differences, etc. Training provided to staff serving this program will include strategies for understanding the individual, unique family, and not generalize information about the tendencies of one particular race or ethnicity. Every service provided to an individual family will be tailored to serve that family.

- **Client-Driven and Family-Driven:** BHSD has engaged in extensive discussions with consumers, family members, providers, and other local community stakeholders to identify the greatest barriers and challenges to accessing and engaging in needed care within the current systems and potential solutions. Every step of the process has been informed by the MHSA SLC and any community member who wished to attend the meetings and participate in the discussion forums. Additionally, there were options to email the BHSD MHSA team directly or to provide input via SurveyMonkey. All input was taken into consideration for incorporation in the problem plan through its many iterations.
- **Wellness, Recovery, and Resilience Focused:** The project design encourages wellness and recovery by increasing access to services by underserved populations, decreasing the stigma that causes barriers to access, and by providing trauma-informed services to encourage resilience. Services are focused on assisted individuals and families in achieving their potential and goals for living their life, by overcoming their mental health challenges through the client-driven and family-driven, culturally competent services.
- **Integrated Service Experience for Clients and Families:** By virtue of providing all services at locations where the target populations already access, there will be a more integrated service experience. By leveraging the new Vietnamese American Service Center (VASC) location, patients at the ambulatory care clinic and dentists' offices can receive referrals from their physicians and literally walk over with their providers to the offices of the behavioral health services providers within the same suites. For the African American/African Ancestry community, the proposal currently outlines plans to co-locate with Roots Wellness Center in San Jose if possible, to allow the same co-location access planned for the VASC. The Roots Clinic (rootsclinic.org) services include primary care, preventive health screenings and maintenance, continuity of care, chronic illness management and more. The facility is co-located with Ujima Adult & Family Services, a behavioral health clinic to truly offer complete whole person care.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

This project is focused on servicing minority communities, specifically the Vietnamese and African American/African Ancestry communities. Per the community planning process described in this plan document, every step of the design of the program involved stakeholder input through MHSA SLC stakeholder

meetings that were open to the public. Additionally, the original proposal that this project was developed from was from a community-based organization that focuses on Vietnamese specialty services.

California Reducing Disparities Project (CRDP Recommendations):

It was noted in the CRDP Appendix 1: Disparities in Accessing Mental Health Services, that multiracial individuals show some of the highest rate of inadequate treatment: “African Americans, Asians, Latinos, and Native Americans are more likely to have unmet needs compared to other subgroups, with Native Hawaiians, Pacific Islanders, and multiracial groups showing the highest rate of inadequate treatment,” Appendix 1, page 53.

One of Innovation 16’s key innovative components is to develop new trainings that support the efforts to reach these underserved populations, as well as multi-racial individuals with African American/African Ancestry heritage. SLC members discussed and supported the idea of unique trainings for staff on providing services to bi-racial and multi-racial community members.

It is well documented that African American/African Ancestry bi-racial and multiracial people face different challenges from other minorities. High profile bi-racial African American/African Ancestry individuals, such as Barack Obama and Kamala Harris, have written and spoken extensively regarding the unique discrimination they faced from African Americans, as well from people of other races and ethnicities, due to their bi-racial heritage. As there is a comparatively small population of biracial and multi-racial people compared to other racial and ethnic groups in Santa Clara County and the country, there can be added pressures, stress, and unique challenges. It is also important to note that the population of bi-racial and multi-racial people in the County, state, and country continues to increase as more people intermarry.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Based on the results of the independent evaluation of the Innovation Project, and the availability of other identified funding sources, the County will determine whether to continue the project as is or to keep particularly successful elements by integrating them into existing programs.

BHSD is actively exploring increasing the sustainability of all programs, including existing MHPA funded programs like allcove, by increasing collaboration with private insurance companies to move towards consistent reimbursement for services provided by BHSD to their beneficiaries. Meetings have been held with Kaiser, among others. Similarly, to allcove, BHSD plans to seek reimbursement through formal agreements with private insurance companies for services provided through Innovation 16 that would be eligible. Until those agreements can be solidified, the services provided will be at no cost to those private insurance beneficiaries and will be paid for out of the approved Innovation funding.

Currently, there has been much progress in increasing county-wide primary care physicians’ options, and in some case requirements, to screen for Adverse Childhood Experiences (ACES), trauma, behavioral health needs, and other challenges facing their patients which result in referrals into BHSD’s system of care, as well as referrals to services for privately insured individuals through their insurance. Training is being funded by the state on utilizing these assessment and referral services, as well as for the processes for billing for them.

The County has formed a learning collaborative with other County medical groups, such as the Foothill Community Health Center, Kaiser, other health plans, etc., in order to work on trainings and assisting each other in complying with the new state regulations. This will also be the practice with the physician collaboration planned for Innovation 16, in partnership with the contracted provider and BHSD.

Continuity of care: Individuals with serious mental illness who receive services from the proposed project. Well in advance to project completion, clients in the Innovation Funded programs will be assessed for transfer to other programs. If the Innovation Project is to be sustained and moved to a different funding source, clients will be notified of any changes that may impact them, such as a shift in what types of personal information or assessment data is being collected.

COMMUNICATION AND DISSEMINATION PLAN

- A. Information on the results of the Innovation Project evaluation will be posted online www.sccbhsd.org/mhsa, distributed via email, and reviewed at community meetings via MHSA SLC meetings (open to the public).
- B. BHSD will also engage other counties to share ideas, learnings, and to collaborate.
- C. Keywords for search:
 - 1. Vietnamese specialty services
 - 2. African Americans/African Ancestry services
 - 3. Increasing access for ethnic services
 - 4. Strategies to engage difficult to reach populations / underserved populations
 - 5. How to get Vietnamese/African Americans to access needed mental health services despite the stigma

TIMELINE

- A) July 1, 2021 to June 30, 2024
- B) Duration 36 months
 - 1. Planning and Contracting Phase: March 2021 – June 30, 2021. During this time, the planning and refinement of the program will occur. The Request for Proposals will be drafted and released, with the goal of selecting the Community Based Provider(s) for the project to start implementation on July 1, 2021. The program is intended to have a specific community based organization (CBO) contracted provider to serve each of the target population of the project: Vietnamese community and African American/African Ancestry community. Concurrently, the Informal Competitive Process for selecting the independent evaluator will be conducted. Evaluation will be launched concurrently with the program start.

2. Ramp-Up Phase: July 1, 2021 - December 31, 2021 (6 months). The contracted CBOs will hire staff, ramp up, and begin all contracted activities. The evaluation plan and data collection will be in place. Marketing will have commenced at the launch of the project, with evaluation baseline data pre- and post-launch of the marketing campaign.
3. Ongoing implementation and program quality improvement: January 1, 2022 – June 20, 2024. The program will continuously improve through the incorporation of community feedback and evaluation results.

Section 4: INN Project Budget and Source of Expenditures

BUDGET NARRATIVE

There will be one team for the Vietnamese Community and another team for the African American/African Ancestry Community, with a CBO selected by RFP for each team with the following staffing allocation:

- 1.0 FTE Program Manager
- 1.0 FTE Outreach Specialist/Program Analyst
- 0.1 FTE Management Oversight Staff

The total for the 2 teams with 2.1 FTEs each will be 4.2 FTEs.

The budget will also include specific allocations for the following:

- Flex funds, with allowable expenses including childcare for caregivers to attend groups or other services, food for groups, transportation to and from services when needed, and supplies, such as any special therapeutic supplies needed for healing circles.
- There will be a line item for marketing and outreach materials, which will be further defined after needs in these categories are identified.
- Staff development and training funds allocated specifically for this project.
- A maximum allocation of 15% of the total RFP budget for overhead and 15% of the total RFP budget for operating expenses.
- Evaluation services will be through a separate contract with the selected independent contractor. The evaluation will be allocated \$50,000 annually for a total of \$150,000 for the three years of the project.
- Stipends for Community Outreach team members: Based on the SLC and community feedback, providing stipends for outreach workers will make the outreach jobs more appealing to those who do not want or need fulltime work, and will be more cost effective overall. This will allow for a broader reach, more team members, and a more diverse group of outreach workers. BHSD is considering modeling Innovation 16's stipend system after the program for the State of Georgia's

voter registration and outreach workers, who engaged in door-to-door outreach in minority communities and were part-time and paid hourly. Please see the following article for more information regarding the extremely effective strategies Georgia employed with their voter outreach teams, which also utilized people from local faith based communities, ethnic specific grass roots organizations, and others: <https://www.nytimes.com/2021/01/05/us/politics/stacey-abrams-georgia.html>.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*

EXPENDITURES – Contractor Operated Program for two sites: Vietnamese and African American/African Ancestry

	PERSONNEL COSTS (salaries, wages, benefits)	FY2022 (12 Months)	FY2023 (12 Months)	FY2023 (12 Months)	TOTAL
1.	Personnel expenditures, including salaries, wages, and benefits Staff will include: <ul style="list-style-type: none"> • 0.20 FTE management oversight • 2.0 FTE Program/Case Manager • 2.0 FTE Outreach Specialist/Program Analyst 	\$320,600	\$320,600	\$320,600	\$961,800
2.	Direct Costs				
3.	Indirect Costs				
4.	Total Personnel Costs	\$320,600	\$320,600	\$320,600	\$961,800
	OPERATING COSTS*				
5.	Direct Costs: program direct costs: <ul style="list-style-type: none"> • Training / Staff Development • Outreach and Marketing • Stipends • Flex Fund – Childcare & Food supplies 	\$117,600	\$117,600	\$117,600	\$352,800
6.	Indirect Costs – Operating expenditures at 15% of personnel costs and G&A overhead 15% of personnel costs listed above	\$96,180	\$96,180	\$96,180	\$288,540
7.	Total Operating Costs	\$213,780	\$213,780	\$213,780	\$641,340
	NON-RECURRING COSTS (equipment, technology)				
10.	Total non-recurring costs				\$
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)				
11.	Direct Costs - Evaluation	\$50,000	\$50,000	\$50,000	\$150,000
12.	Indirect Costs				
13.	Total Consultant Costs	\$50,000	\$50,000	\$50,000	\$150,000
	OTHER EXPENDITURES (please explain in budget narrative)				
16.	Total Other Expenditures				\$
	BUDGET TOTALS				
	Personnel (total of line 1)	\$320,600	\$320,600	\$320,600	\$961,800
	Direct Costs (add lines 2, 5, and 11 from above)	\$167,600	\$167,600	\$167,600	\$502,800

	Indirect Costs (add lines 3, 6, and 12 from above)	\$96,180	\$96,180	\$96,180	\$288,540
	Non-recurring costs (total of line 10)				\$
	Other Expenditures (total of line 16)				\$
	TOTAL INNOVATION BUDGET	\$584,380	\$584,380	\$584,380	\$1,753,140

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)					
ADMINISTRATION:					
A.	Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:	FY2022 (12 Months)	FY2023 (12 Months)	FY2023 (12 Months)	TOTAL
1.	Innovative MHSAs Funds				
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding				
6.	Total Proposed Administration				
EVALUATION:					
B.	Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY2022 (12 Months)	FY2023 (12 Months)	FY2023 (12 Months)	TOTAL
1.	Innovative MHSAs Funds	\$50,000	\$50,000	\$50,000	\$150,000
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding				
6.	Total Proposed Evaluation				\$
TOTALS:					
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY2022 (12 Months)	FY2023 (12 Months)	FY2023 (12 Months)	TOTAL
1.	Innovative MHSAs Funds	\$584,380	\$584,380	\$584,380	\$1,753,140
2.	Federal Financial Participation				\$
3.	1991 Realignment				\$

4.	Behavioral Health Subaccount				\$
5.	Other funding				\$
6.	Total Proposed Expenditures	\$584,380	\$584,380	\$584,380	\$1,753,140