



# GLENN COUNTY BEHAVIORAL HEALTH

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## **Mental Health Services Act Proposed Innovation Plan**

**POSTED FOR PUBLIC COMMENT**

March 26, 2019 through April 24, 2019

The MHSA Proposed Innovation Plan is available for public review and comment from March 26, 2019 through April 24, 2019. We welcome your feedback by phone, in person, or in writing. Comments may also be made during the Public Hearing to be held on Thursday, April 25, 2019.

**Public Hearing Information:**

Thursday, April 25, 2019; 9:00 am-10:00 am  
Community Recovery and Wellness Center (CRWC) Annex  
Conference Room  
1187 E. South Street, Orland, CA 95963

**Comments or Questions? Please contact:**

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*Thank you!*



## Innovation Project Overview

County Name: Glenn County  
Date submitted: Proposed Plan posted 03/26/2019  
Project Title: Access, Response, and Triage Team (ARTT)  
Total amount requested: \$ 787,535  
Duration of project: 5 Years

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

## Section 1: Innovation Regulations Requirement Categories

### CHOOSE A GENERAL REQUIREMENT:

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

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

### CHOOSE A PRIMARY PURPOSE:

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

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

## Section 2: Project Overview

### PRIMARY PROBLEM

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

Glenn County is a small, rural county with a population of 28,122 (2010 U.S. Census). In FY 17/18, there were 961 persons who received specialty mental health services. Of these individuals, 324 (33.7%) were children; 225 (23.4%) were TAY; 349 (36.3%) were adults; and 63 (6.6%) were older adults.

In FY 17/18, there were approximately 850 calls to the crisis line during business hours, and 880 calls to the crisis line after hours. Of these calls, 263 unique persons received 1,006 hours of mental health crisis services, with a cost of \$339,827. There were also 63 unique individuals admitted to inpatient services, for a total of 647 bed days and a cost of \$512,161. The total cost of these two crisis services was \$851,988 for the year.

The majority of our existing crisis services are delivered in the local Emergency Department (ED). Currently, the crisis intervention team is comprised of staff persons who are on-call during the day, during after hours, and during the weekends. The on-call crisis staff travel to the ED to respond to a crisis and do not go out into the community to respond to a crisis. Law enforcement may go out into the community to address a crisis and transport the person to the ED, where the on-call crisis worker will meet them in order to assess the person for lethality and possible 5150 or development of a safety plan.

This traditional on-call crisis response model is effective at responding to people who are in crisis in the ED and need to be evaluated for admission to a psychiatric hospital. However, both the GCBH System Wide Mental Health Assessment Response Team (SMART) and Mobile Crisis Teams (MCTs) in larger counties have found that having a multidisciplinary team available to respond to a crisis in the community can reduce the number of people who need to be transported to the ED; and that immediate, community-based services can be effective at de-escalating the crisis and meet the person's needs in the community. Providing follow-up support for several days, or weeks, after the crisis is resolved can also help the individual remain stable in the community.

Our crisis data illustrates that there is a need to create an innovative model for helping individuals earlier in their crisis cycles, responding quickly to each crisis, de-escalating a crisis whenever possible, and linking each person to ongoing services, to reduce psychiatric inpatient admissions. By identifying situations when a person is likely to have a crisis and providing prevention services whenever feasible, it may be possible to stabilize the person's symptoms early in the cycle. This approach will help individuals stay in the community and receive outpatient services. Providing early intervention to people already in crisis or in inpatient treatment will help return these individuals to the community more quickly and ensure that they receive ongoing mental health services to reduce recidivism.

A high priority for both GCBH stakeholders and staff is timely access to crisis and inpatient services, as well as the development of strategies to help de-escalate the crisis and prevent or reduce the need for hospitalizations. When individuals do not receive timely access to services, and/or do not receive follow-up services after a crisis and/or psychiatric inpatient stay, they are more likely to have another crisis or hospitalization. In addition, if the individual does not receive follow-up support with a psychiatrist for a medication refill and/or to understand how to take the medication that was prescribed at the inpatient hospital, the person is more likely to go into crisis or be re-hospitalized after they are discharged from the hospital.

Our most recent Innovation Project, which ends June 2019, developed a SMART Team to respond to threats and crises in the schools. The SMART Team has been highly effective over the past five years, and stakeholders want to utilize this successful Innovation Project to address needs of all persons, not just youth. This new Innovative Project will take the model used for the SMART Team and create an Access, Response, and Triage Team (ARTT) that responds to a crisis in the community, in coordination with a Sheriff's Deputy as appropriate, and develops innovative strategies to meet the needs of persons of all ages who are in crisis and/or needing psychiatric hospitalization. Helping individuals in crisis and supporting them after the crisis, and/or after a psychiatric hospitalization, is a high priority to reduce the trauma of multiple crisis and/or inpatient admissions and to wrap services around the person to achieve positive ongoing outcomes. In addition, persons who may be at risk for a crisis, such as persons being released from jail and/or families involved in Child Welfare Services (CWS) and are experiencing stress, may also be served by the ARTT.

The crisis data and our experience with the SMART Team demonstrates that there is a need in Glenn County to improve access to services for persons who are in behavioral health crisis; to respond to crises by providing immediate services in the community; and to link individuals to the ongoing supportive services needed to reduce inpatient hospitalization and remain stable in the community.

## **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.*

The ARTT (Access, Response, and Triage Team) project is an innovative approach to address the needs of persons who are in crisis and/or at-risk of crisis. This Innovative Plan will develop strategies and services to support individuals prior to a crisis, when they are in crisis, and when they are discharged from the ED and/or psychiatric hospital. Achieving the vision of this Innovative Plan requires the development of strong interagency and community collaboration. Strategies will be developed to meet the needs of the community by implementing culturally-competent services and coordinating the ARTT with the support of a Sheriff's Deputy, when needed, to help resolve the crisis, de-escalate the situation, and resolve the crisis in the

community, whenever possible. This interagency collaboration is critical to the success of the project and provide valuable learning opportunities to all BH county systems, especially small, rural communities like Glenn County.

The ARTT is designed for a small rural county with limited resources. The ARTT will utilize a Multi-Disciplinary Team (MDT) that is comprised of 2.0 FTE behavioral health clinicians, with a specialization of working with persons with a dual-diagnosis (mental health and substance use disorder); 2.0 FTE case managers, with a preference for hiring persons with lived experience, or family members with relatives with mental health problems; and a part-time (0.5 FTE) Sheriff's Deputy who will be available to accompany the ARTT in the community to respond to crisis situations. The Sheriff's Deputy time will be partially paid through Innovation funds and partially through contracts with partner agencies to be approximately 0.5 FTE. Whenever possible, persons who are bilingual, bicultural will be hired to support persons in their primary language of Spanish.

The ARTT will work collaboratively to identify individuals who have a mental illness and are in crisis, providing a coordinated system of immediate response, as quickly as possible, and linkage to ongoing services through the MDT. Individuals will be supported by the ARTT until the immediate issue is resolved, the individual is linked to ongoing services, and a family support network is in place, if possible. When the person has been hospitalized, the ARTT will provide ongoing support services to the person to help them transition back into the community. Similarly, persons who are being released from jail or involved in CWS will be linked to services to help prevent a crisis. This support may last several weeks to ensure the person is linked to psychiatric medications and other ongoing services.

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

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

For persons who are newly identified and/or referred to the ARTT project, the ARTT will:

1. Conduct a Brief Wellness and Recovery Screening which includes and identification of the person's strengths and needs, and other support persons.
2. Conduct a Strengths-Based Assessment for persons needing ongoing support.
3. Link individuals to develop a Wellness and Recovery Action Plan (WRAP Plan) either in group or individually.

4. Provide linkage to key outcomes/services, as needed:
  - Ongoing individual and group therapy
  - Assessment and/or adherence with psychiatric medications
  - Substance use disorder treatment, including residential treatment
  - Housing
  - Activities of Daily Living
  - Family support
  - Social support
  - Community support (e.g., AA)
  - Harmony House (adult drop-in center)
  - Transitional Age Youth Center
  - Benefits, including Food Stamps, Medi-Cal and Social Security.

#### Referral and Admission Processes

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

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

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

The ARTT will coordinate discharge activities with the individual and psychiatric hospital staff the during the psychiatric hospitalization to begin engaging them in ongoing services in preparation for their discharge. The ARTT will coordinate with the hospital discharge staff

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

The ARTT will communicate with jail staff and Probation staff to identify persons with mental health and/or substance use disorders problems who are at an increased risk of crisis when released from the jail. The jail staff will notify the ARTT the morning of scheduled release and will coordinate with ARTT to arrange transportation to the MH office to assess and have linkage into the community. ARTT will ensure that if the individual is leaving the jail with psychiatric medications, that there are enough medications to last until the person has an appointment with the psychiatrist. Similarly, ARTT will coordinate services into the community to help the individual transition to a safe living situation and that family/support persons are prepared and ready to welcome the individual home.

For youth in crisis and/or leaving the psychiatric hospital, the ARTT will coordinate services with the TAY Peer Mentors who are stationed at the TAY Center in Orland. Together, the ARTT, Peer Mentors and the treatment team from the youth and family component will coordinate services, including working closely with family and their social support system to help them transition back to school and link to appropriate services in the community. Similarly, adults will be linked to Harmony House, the adult wellness center in Orland, and Coaches will coordinate services with ARTT to address their needs and provide ongoing support.

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

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

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

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

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

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

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

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

This Innovative Project blends the success of the GCBH SMART Team with the MCT model implemented in larger counties.

The GCBH SMART project paired a Sheriff's Deputy with a behavioral health clinician and case manager (person with lived experience) to respond to schools and the community when a child/youth was exhibiting threatening behavior and/or having a crisis at the schools. The SMART Team has been highly effective over the past five years, but there is a need to expand services to include persons of all ages and provide crisis response in the community.

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

This small county's Innovative Project will combine these two models, adapt the principles found to be effective, and apply them across a small, rural county with limited resources.

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

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

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

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

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

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

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

These individuals:

- Are ages 7 and older;
- Are current residents of Glenn County;
- May be experiencing mental health symptoms (including crisis, suicidal behavior);
- May have a pattern of substance use that impacts their daily functioning;
- May be dual-diagnosed with a mental illness and substance use disorder;

- May be experiencing their first psychotic break;
- May be LGBTQ;
- May be homeless;
- May be persons being released from jail and are at-risk;
- May be involved in the CWS system.

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

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

## **RESEARCH ON INN COMPONENT**

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

This Innovative Project utilizes the success of the GCBH SMART Team and Mobile Crisis Teams (in other counties) that have been implemented in other counties to create the ARTT. ARTT utilizes some funds to partially pay for a Sheriff's Deputy to work closely with the ARTT to respond consistently and as a multi-disciplinary team. Mobile Crisis Teams are successful when they have mental health clinicians either travel with law enforcement to respond to a crisis or have law enforcement respond to the crisis and call the MCT when the situation involves a mental health crisis. Neither model work for a small, rural county, where the number of crisis situations are small, and the number of staff are limited. Having a clinician riding along with law enforcement would be inefficient and not utilize the mental health clinician's time in a productive manner. In FY 17/18, there were approximately 850 calls to the crisis line during business hours, and 880 calls to the crisis line after hours. Of these calls, 263 unique persons received GCBH mental health crisis services.

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

The ARTT will test the effectiveness of having a multi-disciplinary team that includes mental health staff, case management, and a part-time Sheriff's Deputy working together to respond to

crisis situations during the day as well as provide support and follow-up after a crisis, psychiatric hospitalization, release from jail, and/or child welfare involvement. This timely response, as well as support and linkage to services that may last up to a month, is a different model from the traditional Mobile Crisis Teams that only responds to the crisis and occasionally follows up on the individual with a phone call. Also, many Mobile Crisis Teams do not pay for the law enforcement officer, only the mental health staff. Helping pay for the salary of the Sheriff's Deputy greatly enhances the Team and ensures active participation by the Deputy, but also helps to support local law enforcement that has limited funding. The effectiveness of this model in a small, rural county will be a valuable learning opportunity that could easily be replicated in other small counties.

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

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

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

## **LEARNING GOALS/PROJECT AIMS**

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

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

The ARTT will learn the key strategies for coordinating services between behavioral health, the Sheriff's Deputy, ED, and hospital staff to screen, identify, and refer persons eligible for services. The key learning will be to identify how to deliver services utilizing wellness and strength-based prevention services to decrease hospitalizations and night time crisis. The ARTT will provide each person with a wellness tool box that will help support their recovery and resiliency prior to and during a crisis. This strategy will create an opportunity to utilize a crisis as a part of treatment and how the ARTT can respond in a manner to support each person's recovery.

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

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

### **EVALUATION OR LEARNING PLAN**

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

The evaluation will have several components:

- a) Service-level data will be collected to measure the number of crisis calls, timely response by the sheriff and/or ARTT, length of time for sheriff to stay at crisis, number of persons linked to ongoing services, other referrals and linkages to services, number of contacts and duration of services, and location of services. Number of persons hospitalized; length of hospitalization; follow-up to hospitalization; and recidivism to hospitalization will also be evaluated. Services will be evaluated to assess the timeliness of services, duration of services, and outcomes over time. We will also develop a brief screening tool to assess the individual's level of risk and needs, as well as provide a risk assessment for identifying the goals for services.
- b) Client and family perception of services and outcomes will be measured at least annually to determine if services are helping to improve outcomes. These outcomes will include mental health, substance use, wellness, and other key elements.
- c) Periodic surveys of staff, clients, and partner agency staff will help to inform the progress of the Innovative Project on collaboration, communication, successes, and barriers to services. Review of these surveys will help continually inform staff from each organization, as well as stakeholders, of the success of the project.
- d) Collect a Collaboration Survey at least annually across partner agency staff to help identify levels of collaboration, and improvement in collaboration across the five years of this project.

## Section 3: Additional Information for Regulatory Requirements

### CONTRACTING

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

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

### COMMUNITY PROGRAM PLANNING

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

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

There has been significant diversity in stakeholders involved in the development of the Innovative Project. Approximately 30% of stakeholders are Hispanic. Stakeholder diversity also includes participants of various ages (16 and older), gender, LGBTQ, veteran status, and consumer status. This broad diversity in stakeholders provides important input and feedback throughout the planning and evaluation activities. The proposed Innovative Plan integrates stakeholder input, results from a community survey, and input from planning meetings with the Sheriff's Office, Probation, and ED staff to identify needs and develop an ARTT that will be successful in this small county. The planning process also involved discussions at the Behavioral Health Board; System Improvement Committee; Quality Improvement Committee; Cultural Competence Committee meetings; and at staff meetings, to obtain input and strategies for designing an ARTT process that will be successful in our small community. All stakeholder groups and boards are in full support of this MHSO Innovative Plan. These stakeholders provided meaningful involvement in the areas of mental health policy; program planning; implementation; monitoring; quality Improvement; evaluation; and budget.

In addition to the comprehensive planning process and developing the ARTT model to meet our needs, stakeholders will continue to be involved by providing ongoing input into planning and

design of the program; prioritizing services for those in crisis and at-risk of crisis; developing creative methods for engaging, assessing, and meeting the needs of these high-risk individuals; designing the implementation; and participating in evaluation design and review of outcomes.

The MHSA Innovation Stake holder planning process included a wide representation from the community, social service agencies, law enforcement, probation, education, and persons with lived experience and family members. Interpreters were available to provide translation services for mono-lingual Spanish speaking clients. We conducted focus groups and stakeholder meetings at both our adult wellness center (Harmony House) and the Transition Age Youth (TAY) Center. Besides our focus group, we incorporated surveys during Drop-in Center events and stakeholder meetings for those who could not attend the focus groups.

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

## **MHSA GENERAL STANDARDS**

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

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

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

All services will be culturally and linguistically competent. It is our goal to hire bilingual, bicultural Case Managers whenever possible to meet the needs of all persons who are in crisis. In addition, we will strive to provide culturally-responsive services to the various cultural groups

served, including but not limited to persons who are Hispanic, the LGBTQ community, TAY, adults and older adults, consumers, and family members, to support optimal outcomes. Wellness, recovery, and resilience will be the foundation for all services to deliver culturally responsive services. Beginning with the Brief Wellness and Recovery Screening and Assessment, each person will help identify their strengths and needs, and identify other support persons who can support them during and after a crisis. This process helps each person, and family, to identify goals and strategies to support wellness and recovery. Each person will also be supported in developing a Wellness and Recovery Action Plan (WRAP) to help support their individual resiliency skills to achieve positive outcomes.

Families, and other support persons, will also be integrated into all components of the program to provide encouragement, strengthen relationships, and support the individual's goals. Services will be client and family driven, and follow the principles of recovery, wellness, and resilience. The ARTT will strive to provide appropriate, individualized services to each unique person promoting hope, empowerment, and recovery. Through collaboration across agencies, the ARTT will provide an integrated service experience for individuals and their families. The ARTT will collaborate and communicate across the several agencies involved in this Innovative Project, facilitating the continuum of care for the individual and their family.

## **CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION**

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

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

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

The successful implementation of the ARTT will be self-sustaining. If all components of the team are successful, clients will receive services in a timely manner, at the most appropriate level

of care. Key outcomes will show improvement over time and services will be accessible to at-risk individuals in crisis.

## **INNOVATIVE PROJECT SUSTAINABILITY AND CONTINUITY OF CARE**

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

The ARTT will create the opportunity to develop and strengthen services to individuals who are in crisis or pre-crisis and have a mental health and/or substance use issue. ARTT will assess each person's health, mental health, and/or substance use needs. Promoting mental health and recovery will be a high priority, as well as the ongoing support necessary to help the individual to resolve the crisis and remain stable in their mental wellness and recovery over time. The opportunity to learn how to address and reduce crisis situations as well as link individuals to services will also help to identify how to sustain these services after the five-year funding cycle for this project. Services will continue to be available through MHSA funds, county realignment and Medi-Cal funding, so that high-risk individuals in crisis will continue to receive services to meet their needs.

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

## **COMMUNICATION AND DISSEMINATION PLAN**

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

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

Meetings will be held at least quarterly with stakeholders and organizations to discuss implementation strategies, identify opportunities to strengthen services, and celebrate ARTT successes. Data on access to services, service utilization, and client outcomes will also be reviewed with the team and various stakeholders to provide input on the success of the project and the sustainability and/or expansion of services throughout the five years and beyond.

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

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

## **TIMELINE**

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

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

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

It is anticipated that ARTT will be funded through MHSOAC Innovation funds for five (5) years.

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

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

## **BIBLIOGRAPHY**

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

**Glenn County ARTT**  
 Timeline of Key Implementation Activities

KEY IMPLEMENTATION ACTIVITIES	YEAR 1				YEARS 2-5			
	2018-2019				2019-2023			
	1	2	3	4	1	2	3	4
<b>Staffing and Pre-Implementation Activities</b>								
Hire/identify ARTT Clinicians, Case Managers; MOU for Sheriff's Deputy	●							
Contract with Evaluator	●							
Purchase materials for selected evidence-based practice(s), if needed	●							
Meet with ARTT Team to discuss step-by-step process	●							
<b>Training and Supervision</b>								
Train new ARTT members on recovery, wellness, crisis response, Motivational Interviewing, Trauma-Informed CBT, resources, evidence-based practices (EBPs), documentation standards, and HIPAA regulations	●	●						
Train new ARTT Team members to implement the core elements of the ARTT manual	●	●						
Provide ongoing supervision of the ARTT model (principles, techniques, outcomes)	●							→
ARTT Team develops process for engaging, motivating, and implementing program	●							→
<b>Engage Clients</b>								
Identify individuals who are in crisis or in pre-crisis and have a mental health and/or substance use issue that impacts their daily functioning	●							→
Enroll clients in ARTT	●							→
Assess each person's mental health and substance use status	●							→
Engage family members in program (as feasible)			●					→

<b>KEY IMPLEMENTATION ACTIVITIES</b>	YEAR 1				YEARS 2-5			
	2018-2019				2019-2023			
	1	2	3	4	1	2	3	4
<b>Deliver Services</b>								
Deliver ARTT person-centered behavioral health services, including substance use services	●							→
Collect baseline data on key indicators; periodically track progress	●							→
Link clients to other services, as needed	●							→
Involve family members in services, when appropriate	●							→
Provide service coordination and ensure continuity of care to improve outcomes	●							→
Deliver culturally-appropriate services in the client’s preferred language, when feasible	●							→
Offer trainings and workshops to clients and family members on health, wellness, and recovery	●							→
<b>Collaboration and Information-Sharing Between Agencies</b>								
Develop an MOU between key agencies to provide coordinated, collaborative services to ARTT clients	●							
Develop Releases of Information and Consent for Treatment forms to share information between appropriate ARTT providers, and implement procedures for collecting forms	●							→
Hold quarterly ARTT meetings, with key partners to identify and improve continuity of care	●							→
Create and maintain the capacity to share key health indicators across a client’s range of services	●							→

<b>KEY IMPLEMENTATION ACTIVITIES</b>	YEAR 1				YEARS 2-5			
	2018-2019				2019-2023			
	1	2	3	4	1	2	3	4
<b>Data Collection, Evaluation, and Reporting</b>								
Develop evaluation data collection forms to collect evaluation data	●							
Train ARTT staff to reliably collect data and submit it in a timely manner	●	●						
Develop summary data reports on service deliver and client outcomes to ARTT Team and other stakeholder groups.		●	→					
Share summary data reports with ARTT consortium, county Quality Improvement Committee, clients, and family members		●	→					
Submit required reports to MHSOAC		●		●		●		●

## Section 4: INN Project Budget

### Glenn ARTT Project Budget

1. All Funding Sources – by Category and Fiscal Year

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

2. Funding – by Funding Source and Fiscal Year

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

### Budget Narrative

1. Personnel Costs – This line items includes salaries and benefits for the GCBH members of the project team, including Clinicians (2.0 FTE); Case Managers (2.0 FTE). Staff are bilingual and bicultural, when available. Expenditures in this category are based on current County Personnel Salary tables.
2. Operating Costs – This category includes support staff time; project-related facility costs, such as rent; and other operating expenses including communications, office supplies, utilities, IT, and janitorial services. Expenditures are based on historical costs.
3. Consultant Costs/Contracts – This category covers the expenses associated with the Sheriff's Deputy (0.5 FTE) assigned to the project.
4. Evaluation – This line items covers project evaluation, which will provide an assessment of project access and effectiveness as well as client-level outcomes achieved.
5. Administration – This category includes administration costs, including A-87, associated with the project.