MENTAL HEALTH SERVICES ACT

Innovation Project 7 Plan:
Community-Defined Mental Wellness Practices for the African American/Black/African Descent Unhoused

January 25, 2024

County Name: Sacramento County
Date submitted: August 8, 2023
Project Title: Community Defined Mental Wellness Practices for the African American/Black/African Descent Unhoused
Total amount requested: $15,500,231
Duration of project: 5 Years

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:

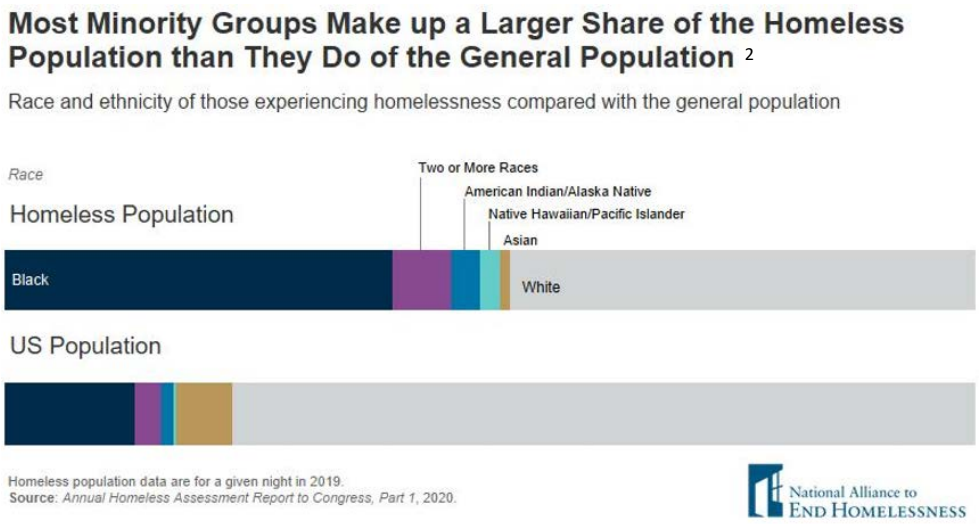
An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:
☒ Increases access to mental health services to underserved groups
☐ Increases the quality of mental health services, including measured outcomes
☐ Promotes 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

Throughout Sacramento County's Mental Health Services Act (MHSA) Community Planning Processes and Behavioral Health Services Division's (BHS) community listening forums, Sacramento County residents and community partners have expressed a growing concern about the inequitable and inappropriate behavioral health care services available to the African American/Black/African Descent (AA/B/AD) community members. Taken together with the impact of frequent trauma experienced by this community, these factors create conditions for gaps in mental health services that carry over into AA/B/AD community members experiencing homelessness. Furthermore, given that most individuals are more comfortable seeking services from someone whom they share a racial or cultural background, the lack of AA/B/AD health care and behavioral health care providers makes it difficult for this community to engage in services.

California is one of several states experiencing a homelessness crisis, and Sacramento County often reflect the adverse statistics for this vulnerable population. Due to various factors such as population growth and soaring housing prices, Sacramento County saw a 67% increase in nightly homelessness between the Homeless Point-in-Time Counts (PIT) from 2019 to 2022.[1] Homeless encampments across the county have grown in both size and numbers and have become more visible in populated areas.



Sacramento County's statistics also parallel statewide trends in that there is a large racial disparity amongst homeless individuals. According to California Budget Center, "While Black Californians make up roughly 5% of the state's population, they comprised over one (1) in four (4) unhoused people who made contact with a homelessness service provider in the 2021-22 fiscal year." [3]

[1] Sacramento Steps Forward | Sacramento County 2022 Point In Time Count
[2] EndHomelessness.org | Resource - Racial Inequalities Homelessness Numbers
[3] California Budget Center | Racial Disparities are Stark Within California's Homeless Population

In Sacramento County, the 2022 PIT Homeless Count was conducted by Sacramento State University - Division of Social Work and the Center for Health Practice, Policy & Research, to gather data on the unhoused across the County. The data reflects the racial disparity in our County:

- Sacramento Black residents are three (3) to four (4) times more likely to experience homelessness
- 31% of the unhoused community in Sacramento identifies as African American/Black, while this demographic makes up 11% of the County's general population[4]

The 2022 PIT count also demonstrated that within city limits, Sacramento has a higher number of homeless residents than our neighbor San Francisco, who has received national attention for their homeless crisis. During the PIT count, an estimated 9,278 individuals experienced homelessness in Sacramento County, while San Francisco County had 7,754.

Although members of the AA/B/AD community do not necessarily experience mental health issues at a higher rate than their peers, they are less likely to seek help or treatment. They also experience additional stressors such as racism and generational trauma, and these issues can directly lead to mental and physical unwellness.[5] Various socioeconomic factors also come into play; for example, African Americans are less likely to have health coverage. "Being treated or perceived as "less than" because of the color of your skin can be stressful and even traumatizing. Additionally, members of the Black community face structural challenges accessing the care and treatment they need."[6]

According to Substance Abuse and Mental Health Services Administration's (SAMHSA) 2018 survey the rates of serious mental illness amongst Black and African Americans of all ages rose between 2008 and 2018.[7] Despite the specialized needs, only one in three AA/B/AD adults with mental illness receive treatment. They are also:

- Less likely to receive guideline-consistent care
- Less frequently included in research
- More likely to use emergency rooms or primary care (rather than mental health specialists[8]

The stigma associated with mental health conditions are cross-cultural and is strong in the AA/B/AD community. The negative perception is a significant deterrent to seeking help. Many seek help from community members and religious affiliations, and although this kind of support is an essential part of wellness and recovery, often this is seen as the only acceptable type of treatment, leading some to shun the medical and diagnostic community due to distrust.[9]

In November 2020, the Sacramento County Board of Supervisors approved a resolution declaring racism as a public health crisis. Supervisors acknowledged that racism plays a part in the physical and mental health of AA/B/AD individuals and other people of color. This step is being taken by more municipalities across the country to address the racial disparities in many public health issues.

Building community capacity through community involvement has been widely described as integral to reducing health disparities. Community acceptance and investment are necessary for strategies and practices to reach and positively impact community members. There is strong correlation between

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[4] Sacramento Steps Forward | Sacramento County 2022 Point In Time Count
[5] McLean Hospital | Black Mental Health: What You Need to Know
[6] NAMI - National Alliance on Mental Illness | Black/African American
[7] DISCOVERY Mood & Anxiety Program | Black History Month and African American Mental Health Statistics
[8] SAMHSA - Substance Abuse & Mental Health Services Administration- 2020 NSDUH Detailed Tables | CBHSQ Data
[9] NAMI - National Alliance on Mental Illness | Black/African American

community involvement and improved health outcomes for diverse communities.[10] Successful interventions and engagement strategies employed by trusted community organizations and community peers have become widespread practice and have effected changes in community members' willingness to consider engaging in needed services.

Sacramento County Behavioral Health Services administered the Human Resources Survey in 2019, the purpose of which was to assess demographic and linguistic information for those who provide mental health services throughout the entire County Mental Health System to determine whether its providers reflect the diversity of the community as a whole. African American direct service providers were underrepresented compared to the number of African American clients served within the Sacramento County's Mental Health Plan (MHP). Of 865 respondents, 13% of staff identified as African American direct service providers, while the Medi-Cal MHP Beneficiaries is 24% African American.

In 2007, the Center for Medicaid Services recognized Peer Providers as Evidence Based Practice.[11] Throughout Sacramento County's MHSA Community Planning Processes to date, consumers have repeatedly spoken of the importance of developing the Peer workforce. Consumers across the nation continually reinforce their desire to be helped by people who look like them and have similar lived experiences.

According to SAMHSA [12], recent research shows that the utilization of peer support specialists can bring about direct improvement to an individual's mental health. Not only can this support increase self-esteem, a sense of hope, and a feeling of empowerment, but it also develops empathy and social functioning. Research suggests that peer specialist support can lead to:

- Decrease in psychotic symptoms
- Reduced hospital admission rates and longer community tenure
- Decreased substance use and depression[13]

Other research shows that peer support specialists can have "a transformative effect on both individuals and systems" by:

- Improving whole health, including chronic conditions like diabetes,
- Decreasing hospitalizations and inpatient days, and
- Reducing the overall cost of services[14]

Growing the Peer Workforce would expand availability of services and promote mental health awareness. Kaiser Family Foundation conducted a survey in 2018 showing half of Californians and 75% of Californian African Americans believe there is not enough mental health support or services for those who need them.[15] An added benefit of employing individuals with lived experience is the positive impact on their

[10] Brownson RC, Smith CA, Pratt M, et al. Preventing cardiovascular disease through community-based risk reduction: the Bootheel Heart Health Project. *Am J Public Health.*1996;86:206–213.
[11] Center for Medicaid and State Operations | August 15, 2007 Letter
[12] Mental Health at Home | Benefits of Peer Support
[13] SAMHSA - Substance Abuse and Mental Health Services Administration | Value of Peers 2017
[14] Mental Health America | Peer Support: Research and Reports
[15] ONTRACK | California Mental Healthcare Crisis and the African American Community - Sacramento California Black Mental Health Services and Resources

continued recovery. Having a regular job "has been shown to help stabilize people struggling with mental health conditions."[16] Consequently, developing the peer specialist positions to contribute to recovery in their community has exponential benefits as newly recovered individuals can transition into the fulfilling role themselves.

Sacramento County has a small peer workforce within the AA/B/AD community, and this proposed project offers an opportunity for the community to define how they want to expand the peer workforce to increase engagement/participation in mental health services for AA/B/AD community members at risk of or experiencing being unhoused.

PROPOSED PROJECT

A) Overview of the proposed project

Sacramento County proposes a project to partner with trusted community sites to together learn from the AA/B/AD community the strategies, methods and practices that will help expand access to and engagement/retention in mental health services for community members who are unhoused or at risk of becoming unhoused. The proposed project will adapt and expand upon a local community-defined approach, the Black Child Legacy Campaign's, Community Incubator Leads (CILs). These CILs are in neighborhoods accessible to the AA/B/AD community members and serve as neighborhood hubs that support children's health and community safety. This proposed project will expand upon this model through building community capacity by first engaging the AA/B/AD community to define mental health and wellness; the strategies, method and practices that bring about mental wellness; peer specialists' role; and organizations they trust. Community capacity building will expand upon the knowledge, skill, and resources of the AA/B/AD community to develop and implement their own concepts and solutions in addressing how mental health services are delivered. This community-defined approach will be operationalized by trusted community sites located in neighborhoods accessible to the focus population, co-locating clinicians and peer specialists, who are community members with lived experience, using community defined strategies, methods and practices to deliver mental health, peer support and navigation services to the focus population.

Since 2020, BHS established and maintains the Behavioral Health Racial Equity Collaborative (BHREC) that focuses on eliminating systemic racist practices that drive behavioral health inequities in underserved communities. The aim of this collaborative is to document the voices of various community groups through community forums, focus groups, and key community member interviews. BHREC has conducted multiple listening sessions with various demographics to inform decision-making and strategic direction, as well as to recommend goals for the division.

After reviewing the data from past BHREC listening sessions with the AA/B/AD community, it was clearly voiced that if a program was designed for their community, they want to be involved early in the development process. Many African Americans believe government services are untrustworthy and are aware they are less likely to be included in healthcare data.[17] The community wants to define priorities and approaches to resolve issues within their demographic. It is the specific intent of this project to develop the approaches and ideas that the community defines as adding value.

This AA/B/AD unhoused/at-risk of becoming unhoused is an underserved community with unique needs and we hope to learn directly from community members how to best serve those needs. Focusing on

[16] McLean Hospital | How Working Improves Your Mental Health

[17] PubMed | African Americans and their distrust of the health care system: healthcare for diverse populations

community planning will lead to the implementation of mental health treatment and housing navigation services that best appeal to this population. Peer support will go far in connecting individuals to available housing and other needed resources, eventually lowering the number of instances of homelessness in the AA/B/AD community.

The data from the community Focus Group convened on July 19, 2023, detailed in the Community Program Planning section of this document, shows the community is highly in favor of more conversations including them, and in particular with individuals who are or have been unhoused. They will inform BHS on the strategies, methods, and practices that bring about mental wellness for them.

This proposed project will be implemented in phases:

1

PHASE 1: Focus population defines mental health and wellness; effective strategies/practices that engage them into mental health services and that lead to mental wellness; trusted community sites

BHS will partner with local agencies, trusted by the AA/B/AD community members, to convene and facilitate focused conversations with AA/B/AD community members, including AA/B/AD community members who are unhoused and at risk of being unhoused. BHS will partner with local agencies who serve AA/B/AD community members of intersecting identities, such as LGBTQ+, aged, or disabled, to convene and facilitate these focused conversations. These sessions will be held in locations accessible to the focus population. From these sessions, the following concepts will be defined by the focus population:

- **What** does mental wellness mean to the focus population?
- **What** do mental health treatment and supports look like for the focus population?
- **What** strategies, methods, and practices work best to obtain mental wellness in this community?
- **Which** community organizations, that have not historically provided mental health services, are trusted by this focus population?
- **Who** are the individuals that can best provide the strategies and practices to obtaining mental wellness?
- **What** are the effective methods to disseminate information about the project services and results of the project learning objectives/evaluation plan?

The modalities will inclusively serve those with intersecting identities. This program cannot serve the AA/B/AD community well without also respecting the variety of additional identities our consumers may have (e.g., LGBTQ+, elderly, disabled, etc.). Intentionally serving all equally with dignity, respect, and consideration for their special needs will be part of the agreement in contracting with providers.

BHS will collect and review all feedback from these focus groups and will use the feedback to inform how mental health services, peer support, and navigation services will be delivered by trusted community-based organizations through clinicians and peer staff.

2

PHASE 2: Contracting and Training

BHS will seek to partner with trusted community-based organizations, who have not historically provided mental health services, to implement the concepts defined by the community in Phase 1. BHS will develop and facilitate a competitive selection process to award contracts to trusted community-based organizations based on the characteristics defined by the focus population in

Phase 1. Through this process, BHS will define the scope of work that includes the delivery of mental health and wellness services, peer support, and navigation services through the strategies, methods, and practices as defined by the focus population in Phase 1.

Once trusted community-based organizations have been selected, BHS will partner with these organizations to fine-tune the project service deliverables and the evaluation plan data collection to align with the learning objectives.

The trusted community-based organizations will hire staff, clinicians, and peers, with similar lived experience and with characteristics defined by the focus population. BHS will partner with these organizations to train staff to deliver mental health, peer support and navigation services utilizing strategies and practices as defined by the focus population.

3

PHASE 3: Implementation and Evaluation

The selected trusted community-based organizations will deliver mental health, peer support, and navigation services utilizing strategies, methods, and practices, as defined by and for the focus population. The trusted community-based organizations in partnership with BHS will collect data in accordance with the evaluation plan. Success of the project services will be measured in the level of trust, engagement, and retention the community has in these services that are supported by the County, as well as by increasing the peer workforce, while also identifying new community defined strategies, interventions, and practices.

Regular review and measurement by BHS in conjunction with the community will be established. Measurements will include success factors of engagement in services by the focus population. Feedback from participants of project services will also be collected and evaluated. Techniques will be explored and refined as communication with the focus population will continue throughout the entire project span. There will also be an evaluation on the sustainability of project services for potential long-term funding.

This proposed project will explore a community driven approach to accessing and engagement/retention in mental health services and expanding the peer workforce to deliver peer support and navigation services. BHS anticipates that building community capacity through involving the community in the Phase 1 planning process focused conversations will result in more buy-in and lead to increased participation in this project's services. With the possibility of new community defined strategies, interventions, and practices, the anticipated result will be a decrease in the racial disparity in the unhoused population and a decrease in mental health care disparities for the AA/B/AD community.

B) General requirement the project will implement

This proposed project 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.

C) How you have determined that your selected approach is appropriate

Sacramento County has led the charge in creating models successful in non-mental health setting relating to the co-location of services and utilizing peers to support and serve the community. Several service approaches have reached the AA/B/AD community, and other underserved communities. The following narrative summarizes two successful Sacramento County-led approaches that this proposed project will adapt to use in a mental health setting:

1. **Family Resource Centers (FRCs)**: Strategically placed throughout the County, FRCs aim to assist families with children who have special healthcare needs. They work in partnership with local education agencies and are staffed by parents who have children with special needs. They were able to allow co-location of multiple scattered resources into one neighborhood partner. Many name the parent-to-parent and peer support as the main component to their success stories. [18]

2. **Community Incubator Leagues (CILs):**
   A successful product from the Black Child Legacy Campaign, the CILs are located in areas of the County which had a higher-than-average number of annual black child deaths. The CILs are community and service-driven organizations that serve as neighborhood hubs for education and services that support children's health and community safety. They employ "Cultural Brokers" to help connect to the targeted community. The Campaign gained success early, hitting their goal of reducing the disparity in child deaths almost completely within their first year. [19]

D) Estimate the number of individuals expected to be served

The proposed project services aim to engage and serve the AA/B/AD unhoused transition age youth, adults and older adults experiencing a mental health condition and their families. Collectively, trusted community-based organizations co-located clinicians will deliver mental health services to a minimum of 1,100 AA/B/AD unhoused. The organizations co-located peer specialist will deliver peer support and navigation services to a minimum of 3,500 AA/B/AD unhoused.

E) Describe the population to be served

The proposed project has a primary purpose of increasing access to mental health services for the AA/B/AD community members who are at risk of or experiencing being unhoused. As defined in the July 19, 2023 Focus Group, detailed in this document under the Community Program Planning section, the community defined "homeless" as both unhoused and at risk of becoming unhoused. At risk individuals are defined as not having a permanent residence, nor paying rent for their own space that meets their basic needs. Staying temporarily with friends or family was clearly defined as something the community would consider as homelessness.

RESEARCH ON INN COMPONENT

What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented? Describe the efforts made to investigate existing models or approaches close to what you're proposing.

Los Angeles County implemented a project that aims to reduce the racial disparity amongst the homeless population, focusing on the Black/African American individuals. They have established a Black People Experiencing Homelessness Steering Committee. The objectives of this committee include prioritizing their county's strategic recommendations from 2018, developing an action plan, increasing coordination, and monitoring/evaluating progress.[20] Their strategic goals include:

- Increase the attainment of post-secondary credentials with significant labor market value
- Reduce adult first-time felony convictions

[18] Family Resource Centers | Using Family Resource Centers to Support California's Young Children and Their Families

[19] Black Child Legacy Campaign | 2020 Five Year Report

[20] CEO of LA County | Black People Experiencing Homelessness Implementation Steering Committee

- Increase stable full-time employment among individual adults with incomes at or above 250% the federal poverty level
- Increase the percentage of families with incomes above 250% of the federal poverty level for a family of four
- Reduce infant mortality

San Francisco County's Culturally Congruent and Innovative Practices for Black/African American Communities aims to serve residents with mental health needs. Their focus is on expanding participation in mental health services, reducing the stigma, and addressing the lack of Culturally Responsive Providers. This project includes outreach to various populations, including the homeless.

San Francisco's community planning yielded a focus of developing more culturally congruent practices for the Black/African American communities, creating more diversity to better engage customers. The plan is to meet this goal partially by hiring more Peer Specialists and other staff who are culturally informed. From there they established four main learning goals, which are to develop, implement and evaluate:

1. New outreach and engagement practices for Black/African American clients, including those who are currently underserved by the County mental health plan.
2. Culturally adaptive interventions and practices that increase consumer satisfaction, efficacy, and retention.
3. The efficacy of using peers with lived experience who represent the Black/African American communities and have specialized expertise working with this population.
4. A wellness-oriented manualized curriculum that emphasizes elements of the Sankofa framework.

Analyzing these initiatives,, while the focus population is the same they differ from Sacramento County's proposed plan t to develop, with the focus population, and implement mental wellness practices to expand access to and engagement in mental health services and to expand a peer workforce to serve the focus population

Furthermore, regarding the effort by Los Angeles to reduce the child death rate disparity, Sacramento County has found admirable success in a Blue-Ribbon Commission through the community-driven Black Child Legacy Campaign (BCLC), which within one year was able to successfully lower the number of black child deaths and nearly eliminated the racial disparity in the data.[21]

One of the contributing factors of BCLC's success is a strong foundation of peer support. Their locations were selected based on the highest concentrations of black child death rate, and they built a network of support in these neighborhoods. These sites are called "Community Incubator Leads" and employ "Cultural Brokers" for a variety of peer services, including system navigation and resource connections.

A summary of their success would not be complete without including that the Campaign heavily focused on community planning, and the ideas were generated both by and for the AA/B/AD community. The Blue Ribbon Commission began by asking over 40 community leaders to participate in the development of recommendations.[22] Subcommittees continued to meet with the community to help bring ideas to

[21] Black Child Legacy Campaign | 2020 Five Year Report

[22] Sacramento County Blue Ribbon Commission | Report on Disproportionate African American Child Deaths

fruition. The CILs have established ongoing monthly meetings with volunteers in the neighborhood to ensure their early success is continued.[23]

LEARNING GOALS/PROJECT AIMS

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?

Given the concerns expressed by the community for the AA/B/AD individuals who are unhoused and at risk of being unhoused relating to their mental wellness and resource needs, with support from the MHSA Steering Committee, this proposed project will:

- Implement and test the following approaches:
  - Partnering and collaborative learning with trusted community sites that have not historically provided mental health services, AND
  - Developing effective strategies, methods, and practices with the focus population to engage them into mental health services, AND
  - Co-locating peer specialists (or Cultural Brokers) to use these strategies to deliver mental health, peer support and navigation services to needed resources for the focus population
  - Establishing and respectfully maintaining a positive partnership with these trusted community sites with the purpose of engaging in mutual learning opportunities
- Learn if these approaches will increase access to and engagement and retention in mental health services for the focus population.

  There are four (4) primary learning objectives for this proposed innovative project:

  1. Will the community defined strategies, methods, and practices bring about mental wellness for the focus population?
  2. If trusted community-based organizations provide mental health services, peer support, and navigation services as defined by the focus population, will this lead to better access to and engagement in mental health services?
  3. Will peer support and navigation services delivered by peer specialists, as defined by the focus population, decrease number of days individuals are homeless?
  4. Will maintaining a positive partnership with trusted community-based organizations create learning opportunities and improve trust, knowledge of and access to mental health services for the focus population?

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

The key approach for this proposed project is to introduce a new application to the mental health system of promising community-driven practices and approaches that have been successful in non-mental health contexts or settings. The learning goal is to identify how to best reach out to and address the needs of the AA/B/AD unhoused population in the context of mental health services.

The BHREC discussion with multiple demographics in Sacramento County all yielded requests to be involved in the early stages of Community Planning. Asking the AA/B/AD community to define the

[23] Black Child Legacy Campaign | Transformative Justice Community: A Countywide Evaluation of the BCLC

strategies, methods, and practices for mental health outreach and engagement among the community's unhoused population will inform BHS on what, where, and how to invest the funding of this project. The aim will be to create appealing services for this population and will hopefully be successful in bringing about mental wellness.

Within Sacramento County, there are current examples of organizations that have successfully taken this approach and intervened with other health disparities challenging our community. Sacramento County has a well-established network of outreach locations strategically placed throughout the county. The following are two examples:

1. The Family Resource Centers (FRCs) offer a wide variety of services to families with a mission to prevent child abuse
2. The Black Child Legacy Campaign (BCLC) has established Community Incubator Leads (CILs) in areas with high instances of Black child deaths

BHS will adapt and expand upon these methods to connect the focus population to mental health services.

Peer support is crucial for this population, as all literature on this topic states that the AA/B/AD community generally prefers providers who look like them. This sentiment is also echoed in our community conversations. There are recruitment efforts in Sacramento County to encourage higher education amongst AA/B/AD youth and, as new career opportunities develop, BHS would like to engage those with lived experience to share their valuable knowledge with their communities. Research shows that the engagement of Peer Specialists is effective and promotes the use of more services in an underserved population.

Collaboration with the community will be bilaterally beneficial. Approaching the community respectfully and positively will work to develop a relationship for continued learning and build community capacity. There will also be more outreach to the community to inform others of current services. BHS plans to build the most effective modalities with and for this focus population. Approaching the collaboration as a continual learning opportunity and with cultural humility, BHS could eventually earn trust from community members and could reduce the racial disparity in mental health and in instances of homelessness.

EVALUATION OR LEARNING PLAN

The community (partners, trusted community-based organizations and their staff of clinicians and peers, and members of the focus population) will work with the BHS Research, Evaluation, and Performance Outcome (REPO) Unit to finalize and implement an evaluation plan that addresses the four primary learning objectives outlined in this proposal. The evaluation plan will measure short-term, intermediate, and long-term outcomes of the project. Because this project will be guided by members of the focus population, additional learning objectives and/or evaluation questions may be added during the community planning process in Phase 1.

The community will also assist in the development of Key Performance Indicators (KPIs) and evaluation tools. When strategies, methods, practices, and project service deliverables have been defined, project partners will identify the quantifiable KPIs that will guide the evaluation of the four (4) learning objectives outlined in this proposal.

Learning objectives will be evaluated using county data, contracted organization data, qualitative and quantitative data gleaned from evaluation tools, and/or other data sources as determined by the

community. Evaluation questions, approaches, and required data for each respective learning objective proposed for this innovative project are outlined below.

Learning Objective #1: Will the community-defined strategies, methods and practices bring about mental wellness for the focus population?

Before evaluating whether community-defined strategies, methods, and practices bring about mental wellness for the focus population, capturing the descriptive data for community planning and/or focus group participants will be crucial to maintain transparency and ensure a shared understanding that these tailored strategies were developed by and for the focus population.

Partners, program staff, peers, and the BHS REPO Unit will develop KPIs aligned with Learning Objective #1 during Phase 1. These KPIs will allow for long-term tracking of trends in the focus population's mental wellness before, during, and after the implementation of community-defined strategies, methods, and practices.

Data sources used to evaluate these KPIs might include:

- Service utilization data
- Consumer demographics
- Consumer surveys (e.g., Satisfaction surveys, Internalized Stigma of Mental Illness Inventory [ISMI], etc.)
- Self-reported diagnostic tools/assessments (e.g., Patient Health Questionnaire [PHQ-9], General Anxiety Disorder [GAD-7], Recovery Assessment Scale [RAS], etc.)
- Other clinical assessments (ANSA/CANS)
- Focus groups & interviews with consumers, the community, AND
- Other data sources as determined by the community

Depending on the interest of the community, the extent to which community-defined strategies, methods, and practices align with evidence-based approaches may also be evaluated by conducting literature reviews and identifying common themes.

Learning Objective #2: Will access to and engagement with mental health services be improved if trusted community-based organizations provide mental health services, peer support, and navigation services as defined by the focus population?

Partners, trusted community-based organizations and their staff of clinicians and peers, members of the focus population, and the BHS REPO Unit will develop KPIs aligned with Learning Objective #2 during Phase 1. These KPIs will allow for long-term tracking of trends in consumers' (of the focus population) access to and engagement with mental health services. For example, KPIs for Learning Objective #2 may measure changes in consumers' access to and engagement with mental health, peer support, and navigation services provided by the contracted community-based organization(s) and/or other community services before (if applicable) and throughout the duration of the project.

Quantitative data sources used to evaluate these KPIs might include:

- Service utilization data
- Consumer demographics
- Consumer surveys (e.g., Satisfaction surveys, Internalized Stigma of Mental Illness Inventory [ISMI], etc.)
- Other clinical assessments (Child and Adolescent Needs and Strengths [CANS]/Adult Needs and Strengths Assessment [ANSA])

- Other data sources as determined by the community

In addition, changes in consumers' access to and engagement with mental health services, peer support and navigation services may be measured using questionnaire-based data collection tools, such as:

- Consumer-Reported Service Engagement Questionnaires: Used to gather information regarding causes for increased/decreased service engagement based on the nature of the service,
- Provider-Rated Engagement Questionnaires: Used to continually assess changes in consumer engagement throughout the course of services provided to the consumer, and
- Other data sources as determined by the community.

Learning Objective #3: Will peer support and navigation services delivered by peer specialists, as defined by the focus population, decrease number of days individuals are homeless?

Partners, trusted community-based organizations and their staff of clinicians and peers, members of the focus population, and the BHS REPO Unit will develop KPIs aligned with Learning Objective #3 during Phase 1. These KPIs will allow for long-term tracking of trends in the number of days consumers are considered homeless. For example, KPIs for Learning Objective #3 may measure the relationship between consumer engagement with peer specialist services and the number of days service consumers were considered literally homeless (as defined by the US Department of Housing and Urban Development and/or the number of consumers' housing-related goals achieved throughout the duration of peer support service utilization).

Quantitative data sources used to evaluate these KPIs might include:

- Service utilization data
- Consumer demographics
- Community homelessness data captured in the Homeless Information Management System (HMIS), and
- Other data sources as determined by the community

In addition, KPIs might be measured with qualitative data collection methods that will be developed and implemented by partners, program staff, peers, and the Sacramento County BHS REPO Unit. For example, case studies can be used to conduct in-depth case studies on individuals who successfully exited homelessness, exploring the role of peer support in their journey. Alternatively, evaluators might interview both peer specialists and participants to gain insights into the effectiveness of the provided services.

Learning Objective #4: Will maintaining a positive partnership with trusted community-based organizations create learning opportunities and improve trust, knowledge of, and access to mental health services for the focus population?

Partners, trusted community-based organizations and their staff of clinicians and peers, members of the focus population, and the BHS REPO Unit will develop KPIs aligned with Learning Objective #4 during the Phase 1 KPIs will measure the relationship between the length and quality of positive partnerships with trusted community-based organizations and:

- The frequency of learning opportunities between mental health service providers and the focus population
- The amount of trust in mental health services held by the focus population
- The quality of mental health services knowledge maintained by the focus population
- The amount and quality of the focus population's access to mental health services

Quantitative data sources used to evaluate these KPIs might include:

- Service utilization data
- Policy and systems-level data research
- Other quantitative data sources as determined by the community

Further, data may be analyzed using questionnaire-based, qualitative data collection tools, such as:

- Consumer surveys (i.e., Satisfaction surveys, other self-report surveys focusing on mental wellness, etc.)
- Focus groups and interviews with consumers and/or other members of the focused population
- Other qualitative data sources and tools as determined by the community

In addition to evaluation methods intended to address the four (4) learning objectives outlined in this proposal, evaluators will also collect descriptive data, such as:

- Population Characteristics: Age, gender, race, ethnicity, primary language, referral source, payer, legal status, housing status, known diagnoses (including co-occurring substance use disorders), and other measures as determined by the community, and
- Project Characteristics: Number of encounters and other measures as determined by the community upon finalization of project service deliverables

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

Sacramento County has a long history of contracting for specialty mental health services, substance use disorder services, and integrated health services. Sacramento County Department of Health Services (DHS), Behavioral Health Services (BHS) provides ongoing management and oversight of all behavioral health contracts. BHS will develop and facilitate a competitive selection process to award a contract to several trusted community-based organizations to implement project services. The contracts will be negotiated, developed, and monitored by BHS Mental Health Program Contract Monitor.

The evaluation plan for the proposed project will be conducted by BHS' Research, Evaluation and Performance Outcomes (REPO) Unit. Monitoring and evaluation activities include site visits, documenting monthly monitoring visits, reviewing the contractors' quarterly outcome reports, gathering client level data and outcomes, etc. These activities will be utilized to provide ongoing feedback on quality of project and service deliverables, and compliance with project criteria and regulatory requirements.

COMMUNITY PROGRAM PLANNING

Community Survey

To gather community input to inform future Innovation Component Plans, Sacramento County BHS sent out an electronic Innovation Survey, developed in partnership with the MHSA Steering Committee, to the community in February of 2023. Over 300 community members completed the survey.

After collecting the submitters' demographic information, the first question asked the participants to select two Innovation categories in which they would like to see BHS invest for future projects. The top 2 categories, garnering 47.26% and 34.01% of all responses respectively, were:

1. **Services and interventions**, including prevention, early intervention, and treatment**,**
2. **Advocacy,** such as Peer and/or Family Advocates representing the interests of individuals from our unserved and underserved populations and across the lifespan.

The next survey question asked the participants to select their top two choices from a list of underserved/inappropriately served populations on whom the next Innovation Project should be focused. Below are the options from the survey, along with the top 2 results highlighted in yellow:

Answer Choices	
African American or Black	33.21%
Cantonese Speaking	0.00%
Farsi Speaking	2.61%
Hmong Speaking	4.10%
Homeless	44.78%
LGBTQ	18.28%
Native or Native American	6.72%
Peer Workforce (client and family)	21.64%
Russian Speaking	1.12%
Spanish Speaking	8.58%
Vietnamese Speaking	0.37%
Other (please specify)	20.52%

The populations most often selected in this survey were almost a tie between the unhoused/at risk of becoming unhoused and the African American or Black community. The Sacramento County community spoke through the survey data to say that they wanted the next Innovation Project to focus on the unhoused and the AA/B/AD community and to take the approach of expanding the advocacy services that the Peer Workforce helps to provide.

Innovation Subcommittee

To dedicate more time for thoughtful discussion to develop Innovation project recommendations, the MHSA Steering Committee formed an Innovation (INN) Subcommittee comprised of representatives from the following advisory bodies:

- Adult and Aging Commission
- Alcohol and Drug Advisory Board
- Cultural Competence Committee
- Family Advocate Committee
- MHSA Steering Committee (SC)
- SC Executive Committee
- Mental Health Board
- Youth Advisory Board
- Youth Advocate Committee

The INN Subcommittee met three times in May and June 2023 to have robust discussions building off the community Innovation Survey. They developed a recommendation for this proposed project to combine populations of focus into one: AA/B/AD individuals who are unhoused or at risk of becoming unhoused. They also agreed that co-locating peer specialists at trusted community-based sites that have not historically provided mental health services is an approach that should be tested to expand access to and engagement in behavioral health services for the focus population. This recommendation was presented to the MHSA Steering Committee, which unanimously supported moving this proposed project forward.

Focus Group

BHS hosted a Focus Group on July 19, 2023. The purpose was to hear from the AA/B/AD community to inform the writing of this Project Plan.

The invitation to the Focus Group was shared widely and multiple times. Below is the list of invitation recipients:

- Sacramento County Behavioral Health Racial Equity Committee (BHREC) for African Americans
- Sacramento County BHS Cultural Competence Committee
- Sacramento County Mental Health Board
- Sacramento County MHSA listserv, containing over 600 community members, partners, and providers
- Other Sacramento County departments such as the Courts and Child Protective Services
- Sacramento County African American Caucus
- The National Association for the Advancement of Colored People (NAACP)

In addition to emailed invitations, flyers were shared at local Juneteenth events and posted on the Sacramento County MHSA Steering Committee webpage.

Interest in this Focus Group was high. Participants included some County employees, representatives from both small and large community providers, and AA/B/AD community members with ages ranging from 11 to older adults. In total, 54 individuals attended. Approximately two thirds of the participants identified as AA/B/AD consumers and family members not employed by the County or a provider organization. *Focus Group Summary* (Attachment A) is a summary of the input relating to this proposed project received from the focus group participants. Participants were split up into smaller groups to allow for more voices to be heard. Participants then came back together to share their small group results. Many expressed enthusiasm and energy for this proposed project.

During one of the Focus Group questions, the proposed plan process was outlined as below:

- **Phase 1**: Collaborate with community organizations to speak more directly with AA/B/AD community members, including individuals experiencing homelessness – to learn exactly what mental wellness means to them, what strategies and practices get them to mental wellness, and who are the trusted organizations for them.
- **Phase 2**: Partner with those trusted organizations to build an AA/B/AD workforce to implement those strategies and practices that get the AA/B/AD community members to mental wellness that were defined by the community in phase 1.
- **Phase 3**: Trusted organizations and their AA/B/AD workforce will deliver the strategies and practices as defined by the community to bring about mental wellness.

The participants were asked if they would support the proposed phased approach. Participants were cautiously excited to learn that the County plans to involve the community early in the development and design of project services meant to serve their demographic. Many individuals remarked that the County has been talking about involving the community more and that this was the first time they have seen steps taken for true involvement in the development of an array of mental health services. The community also offered invaluable advice, such as ensuring that spiritual leaders are involved in efforts to reduce stigma, as well as acknowledgement of generational racial trauma in services to get to core issues. They encouraged BHS to reach out to individuals who are currently homeless to ensure that their voices are heard.

Some Focus Group quotes:

"My first thought: this is for us by us! Agree that we need mental health professionals that look like us and are able to relate to the individuals."

"Having a workforce to implement the services is great! … Be intentional about the workforce, needs to be integrated at all levels to understand the barriers and how to address."

"There should be phase 4 that includes checking back with community that it is working for them, be willing to start from the drawing board if it's not working."

"Agencies should not tokenize AA/B/AD staff to do this work."

MHSA GENERAL STANDARDS

The proposed Innovation Project will reflect and align with the MHSA General Standards. The project will enhance meaningful ***collaboration*** across the AA/B/AD community members, providers that serve the focus population that include social service providers, churches, and system partners by involving them in defining trusted community-based organizations within the AA/B/AD Community and effective

strategies, methods, and practices in delivering project services for the focus population. The goal is to have shared learning and respectful partnership with these trusted community sites.

All strategies, methods, and practices implemented in project services will be ***culturally and linguistically responsive***. During the community Program Planning Process for this proposed project, community members were involved and will be involved in defining mental health and wellness and the strategies, methods, and practices that will be utilized in the delivery of project services through trusted community-based organizations known to the focus population. These trusted community-based organizations will hire staff reflective of Sacramento County's AA/B/AD communities. The MHSA Steering Committee and community members also prioritized including peers with lived experience to support individuals served through the project services.

Strategies and services delivered through this proposed project will be community driven, specifically by AA/B/AD ***clients and family members***, and the proposed project will embrace the principles of ***recovery, wellness, and resilience*** as defined by AA/B/AD clients and family members.

Project services will promote ***integrated service experience for clients*** by delivering an array of mental health and peer support and navigation services to the focus population. Furthermore, the trusted community-based organizations that deliver these services will provide information, referrals, and warm hand-off for other needed resources and services to individuals engaged in project services.

STAKEHOLDER INVOLVEMENT

Partners and community members have been involved in this project informing this plan and will be a part of every step of designing, implementing, and evaluating the new services.

The recommendation was supported by the MHSA Steering Committee. The plan was developed including feedback from the participants from the AA/B/AD community who attended the July 19, 2023 Focus Group. Once the project has begun and throughout the span of project implementation, project progress and evaluation plan, data, and outcomes will be presented to the MHSA Steering Committee and community. The MHSA Steering Committee and community members will have opportunities to provide feedback about the project design, strategies, and evaluation activities.

The project plan was presented to the Behavioral Health Racial Equity Collaborative. It was also presented to the Cultural Competence Committee.

BHS strives to circulate MHSA Component Plans, Three Year Plans, and Annual Updates as broadly as possible. At the beginning of the posting period, a public notice was published in The Sacramento Bee announcing the posting of this Draft INN Plan and the date and time of the public hearing. This notice also provided instructions on how to request a hard copy of the Draft Plan by mail. Fliers announcing the posting and public hearing were posted in public libraries throughout Sacramento. The information was also circulated through multiple email distributions.

The Draft MHSA Innovation Project 7 Plan: Community-Defined Mental Wellness Practices for African American/Black/African Descent Unhoused was posted for a 30-day public comment period from August 8 through September 6, 2023. The Mental Health Board conducted a Public Hearing to receive public comment regarding the Draft MHSA INN Project 7 Plan at the close of the posting period on Wednesday, September 6, 2023, at 6:00 p.m.

The Public Hearing was a hybrid meeting. Community members were able to attend in person or virtually. Location and teleconference access information was posted to the MHSA webpage, https://dhs.saccounty.gov/BHS/MHSA , one (1) week prior to the Public Hearing.

Stakeholder and Public Comment

During the 30-day public review and comment period, the Draft MHSA INN Project 7 Plan was summarized and presented to several advisory committees: the MHSA Steering Committee, the Cultural Competence Committee, and the Mental Health Board at their Public Hearing. Several comments and questions were received regarding this INN project. This section summarizes the gathered input

With regards to the proposed INN Plan – Phase 1: Focus population defines mental health and wellness; effective strategies/practices that engage them into mental health services and that lead to mental wellness; trusted community sites, there were several comments of support that these conversations are led by trusted community leaders and support for County presence to answer questions and inform how the community feedback will be incorporated. Though BHS heard in previous listening sessions that the AA/B/AD community historically has a distrust of and feels they cannot express themselves freely in the presence of government employees and providers, it was expressed that having an open-minded County employee present for these discussions would be a step towards building a more trusting and collaborative relationship between the AA/B/AD community and BHS. Many commented on their interest in being involved with the Phase 1 community conversations.

Several comments were made in support of the project moving forward. Community members noted that they previously asked that programs for the AA/B/AD community be designed by them. They stated that they are cautiously optimistic that this project's services will fulfill this request. They expressed enthusiasm about the opportunity to design services for this underserved population. There was a comment praising that this proposed Plan includes an approach that does things differently rather than using the same approach with greater intensity. Several comments expressed hope that expanding mental health services to this focus population this project could also lead to the reduction of the adverse racial disparities in other areas, such as incarcerations.

There were comments asking if the project services could be expanded to include other underserved communities and suggesting that project services should not be limited to only individuals who are unhoused. Comments also expressed that services should continue even after individuals find permanent housing.

Some comments expressed concern for how success will be measured for this project. Some emphasized the need for data to support the success rather than only anecdotal evidence in the form of client satisfaction surveys. Other comments expressed concern for how project funding might be impacted by anticipated economic and/or legislative changes.

The MHSA Steering Committee, Cultural Competence Committee, and Sacramento County Mental Health Board were all in support of moving this Innovation Project forward for review and approval by both the Mental Health Oversight and Accountability Commission (MHSOAC) and the Sacramento County Board of Supervisors (BOS). This Innovation Project was approved by the BOS on December 5, 2023, and was approved by the OAC on January 25, 2024.

Behavioral Health Services Response

Behavioral Health Services (BHS) values and appreciates the input provided by community members and partners, including the MHSA Steering Committee, Cultural Competence Committee, and Mental Health Board. This continues to be a core value of the local community planning process.

BHS recognizes that the AA/B/AD unhoused community is not the only community impacted by racial disparities as indicated in the PIT Count homeless data. The focus population for this proposed INN project was selected through a community program planning process. If the INN Project is successful, the project's community defined services will be effective specifically for the AA/B/AD unhoused community. The methodology, however, can be recreated for other underserved groups.

Once approved, after implementing the Plan's Phase 1 community conversations, the focus population will define the mental wellness practice and approach that will be implemented through this project. In partnership with the community and trusted community organizations, BHS will develop an evaluation plan to measure the effectiveness of this approach for the focus population. Qualitative and quantitative data will be gathered to measure the success from the perspective of trusted community organization clinical and peer staff, consumers (project services participants) and their family members, and other community members.

BHS' current MHSA budget is in alignment with the most current available information based on local published records on the MHSOAC and DHCS websites and includes INN component funding for this project. Should project funding be impacted by anticipated economic and/or legislative changes, BHS will return to the MHSA Steering Committee to discuss reprioritizing MHSA funded projects and activities.

In response to input received from the MHSOAC, the following information was added and incorporated into this proposed INN Plan: In Phase 1 of the project implementation, BHS will ask the focus population about effective methods to disseminate information about the project services and results of the project learning objectives/evaluation plan. Additionally, BHS will partner with the trusted community based organizations to disseminate this information.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Should the INN Project 7 demonstrate success in increasing access and engagement/retention in mental health services for the focus population by developing and implementing community-defined mental health services, peer support and navigation services through clinicians and peers co-located at trusted community-based organizations, Sacramento County will return to the MHSA Steering Committee for their input and support for sustaining the project services through another MHSA component funding if available. If MHSA funding is not available, the County will explore the use of other fund sources to sustain the project. Should the project end for any reason, BHS and the project providers will ensure that clients transition to other service providers that will provide culturally responsive services.

COMMUNICATION AND DISSEMINATION PLAN

The information gathered through the evaluation plan will be reviewed and discussed with the proposed project's trusted community-based providers serving the focus population. Additionally, the MHSA Steering Committee and community will receive periodic presentations and reports about the proposed project and will have opportunities to provide input on assuring continued quality in project service delivery.

Continuing the heavy involvement of the consumer voice throughout this project, in Phase I of this proposed project, BHS will ask the focus population about effective methods to disseminate information relating to project services and the results of the project's learning objectives/evaluation plan. Additionally, BHS will partner with the trusted community-based organizations to disseminate information about project services and results from the learning objectives/evaluation plan.

The proposed project findings will be available to counties interested in learning about Sacramento County's efforts in effectively serving the focus population through a community defined approach. The proposed project reports will be incorporated into Sacramento County's MHSA Annual Updates and Three-Year Plans.

TIMELINE

The proposed project will span five (5) years. The following timeline outlines milestones that will occur each year of project implementation:

Year 1:

1. Convene focused conversations with AA/B/AD community members at risk of or experiencing being unhoused in partnership and collaboration with organizations that serve this focus population.
2. Collect and review all feedback from these focus groups to inform how mental health services, peer support and navigation services will be delivered by trusted community-based organizations through clinicians and peer staff.
3. BHS will develop and facilitate a competitive selection process to award contracts to trusted community-based organizations to implement project services.

Year 2:

4. BHS will negotiate and enter into a contract/agreement with selected organizations (contractors) to implement project services.
5. BHS and contractors will refine an evaluation core and framework.
6. BHS and contractors will develop training for staff based on community feedback received through the focused conversations in Phase One.
7. With support from BHS, contractors will engage in start-up tasks to include, but not limited to, developing service delivery procedures and data collection processes.
8. Contractors will hire and train staff and begin service delivery.

Years 3 and 4:

9. Project services will be fully implemented, including implementation of evaluation framework.
10. BHS will provide ongoing technical support and direction related to service delivery, data collection, and evaluation activities to contractor(s).
11. Routine meetings will be convened to report out on the evaluation framework and process.

Year 5:

12. Sustainability options will be explored and discussed. Throughout Project implementation, significant efforts will be directed toward sustainability options should the project be successful.
13. Evaluation framework and process will be in its final stages and a final report will be developed.