THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
BOARD ACTION SUMMARY

DEPT: Behavioral Health And Recovery Services   BOARD AGENDA #: B-7

AGENDA DATE: March 15, 2016

SUBJECT:

Approval to Adopt the Fiscal Year 2015-2016 Mental Health Services Act Plan Update of March 2016 – Suicide Prevention/Intervention Innovation Project and Authorize the Behavioral Health Director to Submit the Plan Update to the Mental Health Services Oversight and Accountability Commission

BOARD ACTION AS FOLLOWS: **No.** 2016-136

On motion of Supervisor Chiesa **, Seconded by Supervisor** O'Brien
and approved by the following vote,
Ayes: Supervisors: O'Brien, Chiesa, Withrow, DeMartini, and Chairman Monteith
Noes: Supervisors: None
Excused or Absent: Supervisors: None
Abstaining: Supervisor: None

1) X **Approved as recommended**
2) ____ **Denied**
3) ____ **Approved as amended**
4) ____ **Other:**

MOTION:

ATTEST: ELIZABETH A. KING, Clerk of the Board of Supervisors   **File No.**

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
AGENDA ITEM

DEPT: Behavioral Health And Recovery Services BOARD AGENDA #: B-7
Urgent ○ Routine ⦿ AGENDA DATE: March 15, 2016
CEO CONCURRENCE: 4/5 Vote Required: Yes ⦿ No ○

SUBJECT:
Approval to Adopt the Fiscal Year 2015-2016 Mental Health Services Act Plan Update of March 2016 – Suicide Prevention/Intervention Innovation Project and Authorize the Behavioral Health Director to Submit the Plan Update to the Mental Health Services Oversight and Accountability Commission

STAFF RECOMMENDATIONS:

1. Adopt the Fiscal Year 2015-2016 Mental Health Services Act (MHSA) Plan Update of March 2016 – Suicide Prevention/Intervention Innovation Project.

2. Authorize the Behavioral Health Director to sign and submit the Fiscal Year 2015-2016 MHSA Plan Update of March 2016 – Suicide Prevention/Intervention Innovation Project to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

DISCUSSION:

The Mental Health Services Act (MHSA) was passed by California voters in November 2004. The Act contained the following five components that have been implemented in stages in Stanislaus County since January 2006:

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CF/TN)
- Innovation (INN)

The Innovation component provides funding to evaluate the effectiveness of new approaches in mental health and potentially developing new best practices in the mental health field. Innovation projects contribute to learning rather than having a primary focus on providing services. It is an opportunity to “try out” new approaches that can inform current and future practices/approaches in communities.

An innovation project may help solve persistent, seemingly intractable mental health challenges as described in Welfare and Institutions Code Section 5830(c). Innovation projects are developed to target a mental health adaptive dilemma, or a challenge that cannot be resolved through habitual or known responses. The primary purpose of these learning projects must be one of the following:

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a) Increase access to mental health services
b) Increase access to mental health services to underserved groups
c) Increase the quality of mental health services, including better outcomes
d) Promote interagency and community collaboration for mental health services or supports

Since January 2010, Behavioral Health and Recovery Services (BHRS) has conducted four rounds of community planning for Innovation funding that resulted in the establishment of 14 new projects. Most have been completed. Two will be ending this fiscal year, and four newer projects are still in progress.

This MHSA Plan Update encompasses an Innovation project that is focused on reducing the number of suicides in Stanislaus County. On September 1, 2015, a Fiscal Year 2015-2016 MHSA Plan Update was presented to the Board of Supervisors for consideration that included an increase in funding for the Statewide Prevention and Early Intervention efforts on suicide. At that time, the Board of Supervisors expressed concerns that the Statewide efforts were not demonstrating a significant effect in decreasing the number of suicides in Stanislaus County, and planning began to look at developing an innovation project.

On October 23, 2015, the MHSA Representative Stakeholder Steering Committee (RSSC) met to consider an Innovation proposal to address the problem of suicides in Stanislaus County. The following funding priorities from the Board of Supervisors were also shared with the group at that time:

- Reduction in suicide rates
- Expanded efforts to deal with homelessness and address the perception that it is growing
- Stigma reduction approaches
- Reduction in incarceration
- Reduction in ER visits
- Prevention efforts
- Housing development in accord with Master Plan

During the meeting, Stanislaus County suicide data was shared with stakeholders. According to the California Department of Health, Stanislaus County had an age-adjusted suicide rate of 11.0 per 100,000 population. The rate is higher than California's overall rate and the National Objective of 10.2.

Data from the Stanislaus County Community Assessment, Planning and Evaluation (CAPE) Unit with the Health Services Agency shows that Stanislaus County lost 231 lives to suicide in Stanislaus County during the past five (5) years. As an agency, BHRS alone cannot prevent suicides: of the individuals who died of suicide during the past five years, only 26% had known contact with the mental health system (public or private), and in 2014 (the most recent data), only 19%. After a very robust and energetic discussion, the RSSC approved the Innovation proposal by unanimous vote.

The primary purpose of this project is to increase the quality of mental health services, including better outcomes. The idea is to look at the issue of suicide through multiple angles by convening representatives from different agencies and interested parties across the community for a targeted approach to suicide prevention/intervention.

Local agencies, community based organizations, non-profit foundations, and schools are among the many different groups addressing suicide prevention in different ways through "silos", and there is currently little or no coordination among these groups to review suicide data and collectively work together on strategies to combat the problem. Up to now, there has been no funding or centralized infrastructure to bring these diverse groups and individuals together to address this alarming community issue.

The collaborative that will be convened will review data, inventory existing efforts, brainstorm ideas, and develop a targeted Strategic Plan to address the problem. The strategy would make a change to an existing mental health practice/approach, including an adaptation for a new setting or community. It utilizes the concept of collective impact as a key strategy to achieving positive results by ultimately decreasing suicides in Stanislaus County. Stanislaus County's local community-wide prevention effort, Focus on Prevention, is using a collective impact model, which this project will also draw upon. According to the Stanford Social Innovation Review, collective impact is the "commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem...Unlike most collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants."

This suicide prevention/intervention community-wide effort would mirror activities similar to the Stanislaus County Focus on Prevention forums to address the issue of suicide. County agencies, community based organizations, health providers, schools, the faith based community, neighborhoods, media, and families affected by suicide would be part of the collaborative.

This Innovation project will address the following learning questions:

1. Will a centralized infrastructure increase partnerships between individual sectors and their efforts to decrease suicides?
2. Through the use of collective impact principles, will the group develop a shared understanding of suicide data in our county? If so, how will the shared understanding impact suicide prevention planning?
3. Can a collaborative use data and combined information from multiple sources to develop a suicide prevention strategic plan that the community will support/embrace?
4. What methods are most effective in increasing suicide prevention awareness in Stanislaus County?
5. Will the collaborative's use of collective impact principles result in a decrease in the rate of suicide in Stanislaus County? Will specific demographic groups be impacted?

The project would be coordinated by Behavioral Health and Recovery Services and includes the following part-time personnel:

- Project manager (Training consultant contract);
- Administrative Clerk; and
- Staff Services Analyst.

The estimated project cost for a full 3-year period is $628,000, as follows:

Expenditures	Year One	Year Two	Year Three
Salaries & benefits	$147,431	$148,905	$153,372
Marketing	55,000	55,000	55,000
Telecom & Supplies	1,220	1,220	1,220
Start-up costs	9,590	0	0
TOTAL	$213,241	$205,125	$209,592

It is estimated that the Year One costs will be less that a full year, as the intent is to implement this program in the current Fiscal Year. This program would be located in existing departmental space at 800 Scenic Drive in Modesto; however, much of the work would be conducted in the community.

POLICY ISSUE:

MHSA Innovation regulations require that all learning projects be submitted for approval to the MHSOAC. If approved by the Board of Supervisors, the project is expected to go to the MHSOAC as early as March 2016. On March 7, 2016, the Board of Supervisors' Health Executive Committee comprised of Supervisors Withrow and O'Brien supported the recommended actions.

Stanislaus County's suicide rate is considerably higher than the overall rate for California and the National Objective. Current suicide prevention efforts are not having a significant enough impact on our rates. It is imperative that other strategies be considered to decrease the number of suicides and the age-adjusted suicide rates in our County. This project is an innovative addition to the population level interventions that are currently being utilized.

FISCAL IMPACT:

Over the next three years, total expenditures for this Innovation project (INN) are expected to be $628,000. Fiscal Year 2015-2016 estimated expenditures are anticipated to be $102,668, as a result of less than a full year of costs and include $36,858 for three extra help positions, $55,000 for marketing and outreach, and $10,810 for one-time operating expenses. The 2015-2016 Adopted Final Budget for MHSA includes sufficient appropriations and estimated revenue to fund the first year program costs. The future year expenditures will be included in the BHRS annual budgets. There is no impact to the County General Fund.

Approval to Adopt the Fiscal Year 2015-2016 Mental Health Services Act Plan Update of March 2016 – Suicide Prevention/Intervention Innovation Project and Authorize the Behavioral Health Director to Submit the Plan Update to the Mental Health Services Oversight and Accountability Commission

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Cost of recommended action:		$	102,668
Source(s) of Funding:			
Mental Health Services Act	102,668		
Funding Total:		$	102,668
Net Cost to County General Fund		$	-

Fiscal Year:	2015-2016
Budget Adjustment/Appropriations needed:	**No**

Fund Balance as of N/A

BOARD OF SUPERVISORS' PRIORITY:

Approval of this agenda item supports the Board of Supervisors' priorities of A Healthy Community, Effective Partnerships and Efficient Delivery of Public Services by assembling a community collaborative to develop a targeted approach to suicide prevention/intervention.

STAFFING IMPACT:

Existing staff from Behavioral Health and Recovery Services is available to support this plan that will utilize part-time employees to implement the project. There are no additional permanent staffing requests associated with this agenda item.

CONTACT PERSON:

Madelyn Schlaepfer, Ph.D. Behavioral Health Director Telephone 525-6205

ATTACHMENT(S):

1. Mental Health Services Act Plan Update of March 2016.

2. Innovation Application.

Attachment 1

DRAFT

Stanislaus County
Behavioral Health and Recovery Services

Mental Health Services Act
Plan Update FY 2015-16

Innovation (INN)

March 2016

WELLNESS · RECOVERY · RESILIENCE

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COUNTY CERTIFICATION

County: Stanislaus

County Mental Health Director	Project Lead
Name: Madelyn Schlaepfer, Ph.D. Telephone Number: 209-525-6225 E-mail: mschlaepfer@stanbhrs.org	Name: Dan Rosas Telephone Number: 209-525-5324 E-mail: drosas@stanbhrs.org
Mailing Address: Stanislaus County Behavioral Health and Recovery Services 800 Scenic Drive Modesto, CA 95350	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the county has complied with all pertinent regulations, laws and statutes for this Annual Update/Plan Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This Plan Update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2015-2016 Plan Update was circulated to representatives of stakeholder interests and any interested party for 30 days for public review and comment. All input has been considered with adjustments made, as appropriate.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the Three-Year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

A.B. 1467 (Committee on Budget – 2012) significantly amended the Mental Health Services Act which requires three-year plans and annual updates to be adopted by the County Board of Supervisors; requires the Board of Supervisors to authorize the Behavioral Health Director to submit the Annual Plan Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC); and requires the Board of Supervisors to authorize the Auditor-Controller to certify that the county has complied with any fiscal accountability requirements and that all expenditures are consistent with the requirements of the Mental Health Services Act.

The information provided for each work plan is true and correct.

All documents in the attached Plan Update FY 2015-16 are true and correct.

Madelyn Schlaepfer, PhD
Mental Health Director/Designee (PRINT)

Madelyn Schlaepfer PhD 3-18-2016
Signature Date

MESSAGE FROM THE DIRECTOR

Behavioral Health and Recovery Services (BHRS) is pleased to share this Mental Health Services Act (MHSA) Plan Update for an important Innovation project as we continue our mission to transform mental health services in Stanislaus County. This document serves as a follow up to the Annual Update FY 2015-16 that was submitted to the Mental Health Services Oversight & Accountability Commission on June 3, 2015.

This Plan Update includes a funding proposal for an Innovation project aimed at suicide prevention. The primary purpose of the countywide effort is to increase the quality of mental health services, including measurable outcomes.

With vital input from community stakeholders and an emphasis on client driven and family focused services, this MHSA Plan Update is another blueprint of our recovery driven work to help transform the lives of those living with mental illness in Stanislaus County.

Sincerely,

Madelyn Schlaepfer, PhD
Stanislaus County Behavioral Health Director

COMMUNITY PLANNING AND LOCAL REVIEW PROCESS

Who Participated?

Stanislaus County Behavioral Health and Recovery Services (BHRS) conducted community program planning and local review processes for this Plan Update. As in the past, BHRS continues to engage stakeholder input for the purpose of creating transparency, facilitating an understanding of progress and accomplishments, and promoting a dialogue about present and future opportunities.

While all community members are welcome to participate in MHSA planning processes, there is a Representative Stakeholder Steering Committee (RSSC) charged with providing important input about funding priorities. BHRS was very pleased to have a significant number of consumers, both youth and adult, attend the meetings this year.

Developing a Plan Update

At its October 23, 2015 meeting, stakeholders present unanimously endorsed a BHRS funding recommendation for the Suicide Prevention Innovation Project, a three (3) year initiative to help decrease suicides in Stanislaus County and increase suicide awareness and prevention. The aim is to adapt the principle of collective impact to develop a Strategic Plan o incorporating learning from data reviews and population priority settings and integrating suicide prevention efforts countywide. The primary purpose of the Innovation Project is too increase the quality of mental health services, including measurable outcomes.

Preparations to develop this Plan Update began in September 2015 following the submission of Stanislaus County's 2015-2016 Annual Update on June 3, 2015 to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

As noted above, one stakeholder planning meeting was held to consider the proposed Innovation funding idea related to Suicide Prevention/Intervention. This Plan Update includes an Innovation project to address the alarming problem of suicides. The countywide prevention/intervention effort will promote interagency and community collaboration related to mental health services, supports, and outcomes.

The planning process for this Plan Update was a standing agenda item on weekly BHRS Senior Leadership Team meetings, but the ultimate endorsement of the proposed plan resided with the RSSC. The enthusiasm with which this proposal was received by the RSSC was noticeably greater than for many other proposals. A Gradients of Agreement[1] approach was used to determine whether or not there was sufficient agreement among committee members to move forward. As noted above, the RSSC was unanimous in its support.

Program details are listed below and in the separate component section of this Plan Update.

Community Stakeholders and Activities

The MHSA Representative Stakeholder Steering Committee (RSSC) was vital to this community planning process. The committee was comprised of all required local and diverse stakeholders from various sectors and communities in Stanislaus County. BHRS community partners and consumers also played important roles on the committee.

The committee sectors/communities are as follows:

- Diverse Communities
- Education
- Health Care
- Social Services
- Senior Services
- Consumer Partners
- Family Member Partners

[1] Community at Work developed the initial version of the Gradients of Agreement. Luminescence Consulting has refined this tool and BHRS uses it to facilitate deliberative processes.

- Health Care: Public/Private
- Stanislaus County Regional Areas
- Stanislaus County Chief Executive Office
- Contract Providers of Public Mental Health Services
- Stanislaus County Courts
- Housing: Public/Private
- Veterans
- Law Enforcement
- Probation Department
- Public Mental Health Labor Organization
- Behavioral Health and Recovery Services (BHRS)
- Mental Health Board members

The following meetings and activities were held as part of the community stakeholder process for this Plan Update:

October 23, 2015 - The RSSC approved an Innovation proposal to address the problem of suicides in Stanislaus County. During the meeting, stakeholders were reminded about their past work in determining funding priorities and how they developed an "Idea Bank" which highlighted program ideas that included suicide prevention efforts. Below are power point slides from the RSSC meeting that show stakeholder population and strategy priorities.

MHSA Stakeholder Meeting
June 20, 2014

CSS, PEI, INN
Population and Strategy Priorities
Mental Health Adaptive Dilemma
Priorities

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CSS
Population and Strategy Priorities

Population	Strategy	Points
1. Children/Youth		53
	[illegible]	[illegible]
	GSD - General System Development	19
	O&E - Outreach and Engagement	6
2. Adults		30
	FSP	19
	GSD	0
	[illegible]	[illegible]
3. TAYA		7
	FSP	7
	GSD	0
	O&E	0
4. Older Adults		7
	FSP	6
	GSD	0
	O&E	1

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Innovation

Mental Health Adaptive Dilemma	Points
[illegible]	[illegible]
2. Improving the well-being of children, TAY, TAYA	35
[illegible]	10
4. Connecting people receiving services to community based supports	9
5. Honoring and identifying more holistic approaches to well-being	7
6. Connecting and linking underserved and diverse communities with resources	3

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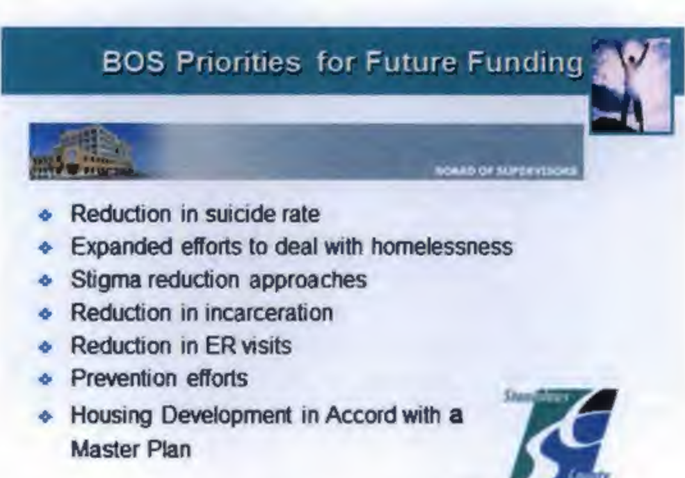
The problem of suicides is also a priority for the Stanislaus County Board of Supervisors. Below is a slide from the MHSA meeting that was shared with stakeholders.



Based on their input and feedback from previous stakeholder meetings, the BHRS Leadership Team presented the suicide prevention proposal recommendation which was approved by the group. During the meeting, a Gradients of Agreement exercise was used to determine whether or not there was sufficient consensus among voting stakeholders to move forward with the proposal.

The vote was unanimous to endorse the recommendation. Below is the Gradients of Agreement exercise that was used to gauge consensus.

Gradients of Agreement

Endorse	Endorse with minor point of contention	Agree with reservations	Abstain	Stand aside	Disagree but will support the majority	Disagree and want out from implementation	Can't go forward
I like it	Basically I like it	I can live with it	I have no opinion	I don't like this, but I won't hold up the group	I want my disagreement recorded, but I'll support the decision.	I won't stop anyone else, but I don't want to make this happen.	We have to continue the conversation

December 15, 2015 – As reported in the first Plan Update submitted to the MHSOAC on October 5, 2015, another Plan Update went to the Board of Supervisors on this date. It contained three (3) funding proposals, all under Community Services and Supports (CSS). One was a Request for Proposal (RFP) for a Full Service Partnership (FSP) for children and youth, ages 6-17, with Severe Emotional Disturbance (SED). The other was an Outreach and Engagement (O&E) proposal to expand employment opportunities for persons with lived experience. The third proposal was for a Crisis Intervention Program (CIP) for children and youth with Severe Emotional Disturbance (SED).

LOCAL REVIEW PROCESS

This Plan Update for March 2016 was posted for 30-day public review and comment on November 12, 2015 – December 11, 2015. The public review notification and access to copies of the Plan Update were made available through the following methods:

- ✓ An electronic copy was posted on the County's MHSA website: www.stanislausmhsa.com
- ✓ Paper copies were sent to Stanislaus County Public Library resource desks at thirteen branches throughout the county
- ✓ Electronic notification was sent to all BHRS service sites with a link to www.stanislausmhsa.com, announcing the posting of this report
- ✓ The Representative Stakeholder Steering Committee, Mental Health Board members, Advisory Board for Substance Abuse Programs as well as other stakeholders were sent the notice informing them of the start of the 30-day public review, and how to obtain a copy of the Plan Update
- ✓ Public notices were posted in nine newspapers throughout Stanislaus County including a newspaper serving the Spanish speaking community. The notice included a link to the plan on-line at www.stanislausmhsa.com and a phone number to request a hard copy of the document.
- ✓ An announcement was posted in the BHRS Cultural Competency Newsletter

This Plan Update Innovation proposal was also an action item on the November 19, 2015 agenda for the Stanislaus County Mental Health Board (MHB) at its joint meeting with the Advisory Board on Substance Abuse Programs (ABSAP). The meeting was scheduled at the Stanislaus Recovery Center located at 1904 Richland Avenue in Ceres at 4 pm.

This venue also served as an Informational Meeting to provide the public more insight into the Innovation project and help answer questions about the activities and goals. Two questions were asked about representation in the proposed collaborative and whether law enforcement and veterans would be involved. Both groups will be invited to participate. In fact, during the MHSA meeting on October 23, 2015, stakeholders representing those communities were excited about the project and asked to be a part of the group.

Another question was related to the project budget and whether there would be funding available for groups to participate in community awareness activities. It is possible. However, the project is still under review and has yet to be approved by the Mental Health Services Oversight and Accountability Commission.

Substantive Comments and Response:

There were no substantive comments received during the 30-day-publc review and comment period.

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Innovation Overview

Innovation is one of five components of Proposition 63, the Mental Health Services Act (MHSA) passed by California voters in 2004. It provides funds and evaluates new approaches in mental health. An Innovation project contributes to learning about and addressing unmet need rather than having a primary focus on providing services. It is an opportunity to "try out" new approaches that can inform current and future practices/approaches in communities.

Primary Purpose of Innovation Projects

a) Increase access to mental health services to underserved groups
b) Increase the quality of mental health services, including measurable outcomes
c) Promote interagency and community collaboration related to mental health services, supports, or outcomes.
d) Increase access to mental health services

Contribution to Learning

- Introduce a new mental health practice/approach that has never been done before
- Make a change to an existing mental health practice/approach, including an adaptation for a new setting or community
- Introduce a new application to the mental health system of a promising, community-driven practice/approach or a practice/approach that's been successful in a non-mental health context or setting.

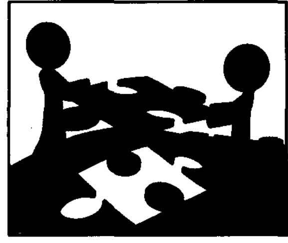
Innovation Projects and MHSA Values

Innovation projects must be guided by MHSA values:

- Community Collaboration – Initiates, supports, and expands collaboration and linkages
- Cultural Competence – Demonstrates cultural competency and capacity to reduce disparities in mental health services and outcomes
- Client/Family Driven Mental Health System – Includes ongoing involvement of clients and family members including , but not limited to, roles in implementation, staffing, evaluation, and dissemination
- Wellness, recovery, and resiliency focus – Prevent mental health problems, increase resilience, and/or promote health recovery
- Integrated Service Experiences for clients and family – Encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members

Innovation Decision Path for Counties

The following are key decisions counties need to make through their community planning process regarding their Innovation projects.



1. **What's the issue for Stanislaus County?**

- What significant, local challenge (consistent with one or more of the four MHSA purposes) do you want to address by piloting and evaluating a new/changed mental health approach?

2. What are the barriers?

- What (besides funding) has prevented you from meeting this challenge? Why are existing approaches in the field of mental health lacking, insufficient, or inappropriate?

3. What's the essential purpose for Innovation?

- Which of the four MHSA Innovation purposes is the primary area of intended change and learning?

4. What's the county's learning/change goal?

- What will the county and the field of mental health learn by piloting this new or changed practice? How will the county measure the impact (mental health outcomes) of the Innovation and the key elements that contributed to successful outcomes?

5. What's the Innovative mental health practice/approach you want to test?

- What specific new, adapted, or adopted mental health practice or approach do you want to try out as its vehicle for learning? If the Innovation is successful, what practice will the county continue (without Innovation funding)? How is the practice consistent with applicable MHSA General Standards?

6. How do you plan to evaluate the project to determine whether or not the learning was successful?

- Describe a specific clear plan to measure the results, impacts, and lessons learned from your Innovation project. There must be a specific way to measure the impact of whatever is new or changed.

INN- Suicide Prevention Initiative Community Project

Primary Purpose: Increase the quality of mental health services, including measurable outcomes

Contribution to Learning: Introduce a new application to the mental health system of a promising, community-driven practice/approach or a practice/approach that's been successful in a non-mental health context or setting

- **Results:** Decrease suicides in Stanislaus County, increase suicide awareness and prevention

Strategy: Create a collaborative of various sectors of the community that would review data, inventory existing efforts, brainstorm ideas, and develop a targeted Strategic Plan to more effectively address the problem of suicides in Stanislaus County. The strategy would make a change to an existing mental health practice/approach, including an adaptation for a new setting or community. It utilizes the concept of collective impact as a key strategy to achieving positive results to ultimately decrease suicides in Stanislaus County. According to the Stanford Social Innovation Review, collective impact is the "commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem...Unlike most collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants."

Estimated Cost: Three (3) year project with a budget of up to $630,000

MHSA Stakeholder Approval Process

All RSSC stakeholders present at the October 23, 2015 meeting unanimously approved the Suicide Prevention Innovation proposal recommendation. The MHSOAC draft application is on the next page.

(MHSOAC Application/Program Description in Separate Attachment)

For more information about BHRS/MHSA funded programs, please visit our website at
http://www.stanislausmhsa.com/

Attachment 2

2015/2016 ANNUAL UPDATE

NEW/REVISED PROGRAM DESCRIPTION
Innovation

County: Stanislaus County

Program Number/Name: Suicide Prevention Initiative

Date:____________

Complete this form for each new Innovation Program.

1. Select **one** of the following purposes that most closely corresponds to the Innovation Program's learning goal and that will be a key focus of your evaluation.

- ☐ Increase access to underserved groups
- ☒ Increase the quality of services, including better outcomes
- ☐ Promote interagency collaboration
- ☐ Increase access to services

2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovation Program reflects more than one primary purpose in addition to the one you have selected, you may explain how and why each also applies.

Stanislaus County is located in the agricultural heart of California's Central Valley. Based on 2014 US Census Bureau American Community Survey statistics, the county is home to 531,997 residents. Chronically high unemployment remains a challenge for the area. In 2012 and 2013, Stanislaus County's unemployment rate was 16.6% compared to 8.9% for the nation as a whole.

The county was also hard hit by the housing crisis and impacted by high rates of foreclosures and bankruptcies. Many families lost their homes. From peak 2005 levels to year end 2011, the median home sales price fell by approximately two-thirds, according to figures from the NAHB/Wells Fargo Housing Opportunity Index. The county has also been affected by the lingering drought which has contributed to the stalling economic recovery.

In addition, relatively high poverty levels coupled with an unskilled workforce and low levels of education attainment have placed a strain on families. These factors and their impact on Stanislaus County were highlighted in the *Stanislaus County Community Health Assessment* published in 2014.

This report provided a comprehensive view of the community's health and well-being. It also found a troubling and alarming statistic: a 30.2% increase in the suicide rate since 2005[1]. As a result, suicide prevention has become a priority concern for the Stanislaus County Board of Supervisors.

The slides on the next page illustrate the problem in Stanislaus County. The data was presented to MHSA representative stakeholders at a meeting on October 23, 2015. Stakeholders acknowledged the importance of the Innovation project and were excited to hear about the community interagency collaboration planned to strategize

[1] Stanislaus County Community Health Assessment (2013-2014)

effective approaches to suicide prevention with the outcome being improvement in the quality of services as evidenced by better outcomes. Representatives from community based organizations and agencies volunteered to serve on the collaborative.

The first slide is a Stanislaus County Health Status Profile Data Analysis for 2015 that includes information from the California Department of Public Health. It shows that Stanislaus County had a suicide rate of 11.0 (Age-adjusted death rates are per 100,000 population.)[2]. The rate is higher than California's and the National Objective of 10.2.

The second slide depicts data from the Stanislaus County Community Assessment, Planning and Evaluation (CAPE) Unit. It shows that we lost ***231*** lives to suicide in Stanislaus County during the past 5 years. As an agency, BHRS cannot prevent suicides alone. In fact, of the individuals who died of suicide during that time period, only ***26%*** had known contact with the mental health system (public or private), and only ***19% in 2014***[3] as compared with 37% in 2010.

Stanislaus County Suicides

Health Status Profile Data Analysis for 2015

Profiles 2015 Rate	+ Comparison Period Rate	Amount of Change
11.0 *	11.1 *	-0.2

National Objective	10.2
California	10.2 *

* Age-adjusted death rates are per 100,000 population

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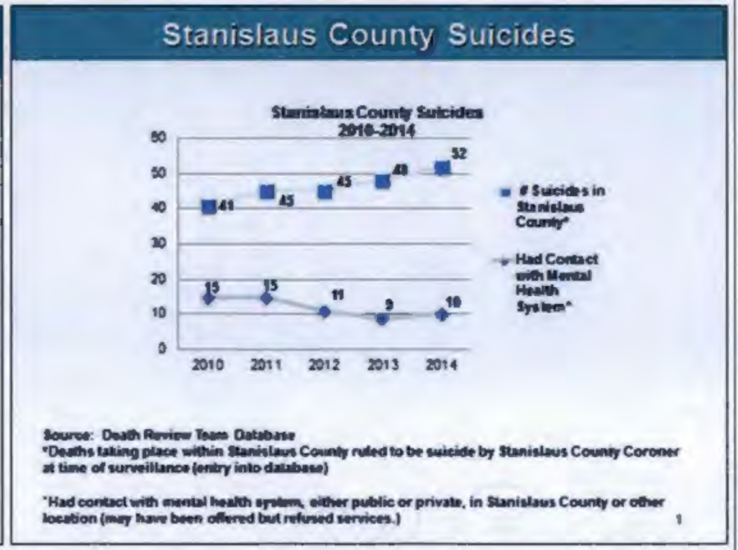

The primary purpose of this Innovation project is to promote better quality of care and outcomes through targeted strategies promoted by interagency and community collaboration related to suicide prevention and mental health services and supports. The project would use a clinical staging approach to suicide prevention with the idea of looking at the issue through multiple angles by convening representatives from different agencies and interested parties across the community.

The make-up of the collaborative would include members from the following: community based organizations, faith

[2] CA Department of Public Health
[3] Stanislaus County CAPE Unit/Death Review Team Database

based groups, schools, county agencies, law enforcement, diverse communities, including agricultural, and families affected by suicide. This collaborative would review data, inventory existing efforts, brainstorm ideas, and develop a Strategic Plan to address the problem thereby more effectively intervening with individuals considering suicide.

The effort would align with what Stanislaus County is doing with its Focus on Prevention Initiative, a community-wide collaborative effort to address homelessness and recidivism, and focus on strengthening families, children, and youth. The Focus on Prevention is using a *collective impact* model, which this project will also draw from. Collective Impact is the "commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem...Unlike most collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants."[4]

This project will create a collaborative learning group, drawing on collective impact principles, to develop targeted strategies to reduce the number of suicides in our County and to increase protective factors, further decreasing suicide risk. A protective factor is a characteristic or attribute that reduces the likelihood of attempting or completing suicide. Protective factors are skills, strengths, or resources that help people deal more effectively with stressful events. They enhance resilience and help counterbalance risk factors which can include family history of suicide, family history of child maltreatment, previous suicide attempts, and history of mental disorders. Increasing protective factors can serve to decrease suicide risk.

Through interagency collaboration, this project seeks to use data regarding the age cohorts that account for the most suicides to develop targeted strategies for each cohort, thereby enhancing the quality of services, leading to better outcomes. It utilizes the development of a community collaborative, with expertise and/or interface with the cohorts as a key to developing and implementing the targeted strategies, which will be evidence-based to the extent possible. Achieving positive outcomes, i.e., a decrease suicide rates in Stanislaus County, through implementation of the strategies determines the value of identifying cohorts and targeting the root causes of those in the cohorts that ultimately commit suicide.

The Stanislaus County Community Assessment, Planning and Evaluation (CAPE) Unit examined deaths due to suicide by age from 2005-2009. For its report, there were three general types of figures that were calculated and reported to present different aspects of the data: raw numbers (frequencies) of deaths due to suicide, percentages of all deaths that were attributed to suicide, and suicide rates (both crude and age-adjusted). The report found the **largest number** of suicides occurred among individuals aged 40-49 (61 deaths) and 50-59 (50 deaths). According to the CAPE Unit, the percentage of deaths accounted for by suicide between 2005-2009 differed statistically significantly by age group. The age group with the **highest percentage** of deaths accounted for by suicide was individuals aged 20-29.

These differences indicate that suicide is a relatively more important (i.e. frequent) cause of death at younger ages (except the youngest age category of 0-9) than at older ages. Suicide ranks as the third most frequent cause of death for individuals aged 10-19 years and becomes relatively less frequent, until it is the 14th most frequent cause of death among those 80 or more years.

Local agencies, community based organizations, non-profit foundations, and schools are currently addressing suicide prevention in different ways through separate "silos". With little or no coordination among these groups to review

[4] Stanford Social Innovation Review (Winter 2011)

suicide data and collectively work together on strategies designed to impact the most at risk groups, the suicide rate has remained basically unchanged despite broad, population based approaches. Up to this point in time, there has been no funding or centralized infrastructure to bring these diverse groups and individuals together to address this alarming community issue.

3. Which MHSA definition of an Innovation Program applies to your new program, i.e. how does the Innovation Program a) introduce a new mental health practice or approach; **or** b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; **or** c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?

This Innovation project seeks to introduce a new application to the mental health system of a promising community-driven practice or approach that has been successful in a non-mental health context or setting. Targeted strategies to intervene in the course of potential physical health problems have long been used for diabetes, for example. In addition, the benefit of using collective impact principles to improve quality and outcomes will also be a focus.

The issues to be addressed by this Innovation Project are as follows:

A. Agencies, organizations, foundations, and other community groups are working on a large-scale social and mental health issue in silos and not benefitting from knowledge that is not being shared.
B. A centralized infrastructure does not exist to bring diverse groups together to work on targeted suicide prevention strategies.

C. Lack of shared knowledge of the outcomes of the various interventions being implemented.
D. Lack of oversight, guidance, and collective support to plan and implement interventions community-wide.

The Suicide Prevention Project proposes the creation of a community collaborative that brings organizations, community groups, and residents together to identify strategies to decrease suicide risk and increase protective factors by assisting at risk populations in dealing more effectively with stressful events, hopelessness, and/or peer group pressures. Ultimately, these efforts should lead to better outcomes, that is ,a reduction in the likelihood of attempting or contemplating suicide.

These partners will represent a rich array of culture, history, and diversity by enlisting the help of community based organizations, coalitions, communities, agencies, primary care, faith based organizations, law enforcement, and families affected by suicide.

In order to bring everyone together, a Project Manager will be hired to coordinate the development of the work and all project activities. The Project Manager will provide technical assistance and support and oversee education and awareness efforts. The goal is to learn how to use the collective wisdom as well as research on suicide prevention to affect a significant difference in local suicide rates. As an agency, BHRS cannot prevent suicides alone. As noted

earlier, of the individuals who died of suicide during the past five years, only 26% had known contact with the mental health system (public or private), and only 19% in 2014.

Through this Innovation plan, the idea is to approach the problem of suicide differently and bring together community perspectives and ideas to create a Strategic Plan with commonly agreed upon targeted interventions that should improve the quality of interventions, leading to significantly lower suicide rates.

The Learning Questions

The learning questions that we will explore through this project include:

1. Through collective efforts, will the group develop a shared understanding of suicide data in our county? If so, how will the shared understanding impact suicide prevention planning?
2. Can a collaborative use data and combined information from multiple sources to develop a suicide prevention strategic plan that is effective in reducing suicide rates?
3. What target interventions are most effective in decreasing suicides in Stanislaus County?
4. Will different demographic groups be successfully impacted?

4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.

As addressed earlier, suicide prevention efforts in Stanislaus County lack a centralized infrastructure, dedicated staff, or a structured process to develop effective suicide prevention strategies that take into consideration the diversity in age groups and, subsequently, the need for age-based, unique approaches. This Innovation project would convene representatives from different agencies and interested parties across the county to review data, inventory the effectiveness of efforts already underway, brainstorm ideas, look at prevention models in non-mental health arenas, and develop a Strategic Plan to address the suicide rate in the county. By coordinating local resources and interventions, the aim is to inspire wellness, reduce hopelessness and stress, and promote healthy peer support thereby significantly reducing the number of suicides.

The resulting Strategic Plan, including new, targeted interventions that will be age-based and will change and/or revise existing practices and efforts in the field of mental health. It will be critical to measure whether the strategies and the process used to derive them will affect the way our community works together on this large-scale issue.

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4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate
N/A
4b. If applicable, describe the estimated number of clients expected to be served annually
N/A
4c. Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovation Program, explain why.
• **Community Collaboration** will be demonstrated through the creation of this learning collaborative whose members represent multiple geographic and demographic communities throughout Stanislaus County. This effort will set the stage for ongoing collaborative work to develop a Strategic Plan to address the issue of suicide. Behavioral Health and Recovery Services (BHRS) will bring these groups together. BHRS is a strong collaborative agency with a long history of partnering with community based organizations to provide services to the mentally ill of Stanislaus County. • This project will be **Culturally Competent** and ensure practices and learning will be flexible enough to incorporate considerations regarding culture, tradition, developmental stage, and heritage. • BHRS has a rich history in providing a **Client/Family Driven Mental Health System.** While this project will center on promoting suicide intervention/prevention strategies through interagency and community collaboration, the voices of clients and families affected by suicide will be a vital part of this work. • The project will promote and strengthen protective factors aimed at reducing suicide risk as a best practice to help reduce suicide rates and increase community awareness incorporating the values of **Wellness, Recovery, and Resiliency.** These values are the fabric of all BHRS services. • Those affected by suicide will "be at the table" as the collaborative begins working on a Strategic Plan to ensure that suicide services and resources result in **Integrated Service Experiences** for all clients and their families throughout their interactions with the mental health system and other systems involved in this project.
4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation funds
The focus of this project is to enhance quality of care and realize better outcomes through the use of collective impact principles and collective wisdom in interagency interactions. Providing services is not part of this effort. However, what is learned through this Innovation could be used in service delivery for clients at risk of suicide. In addition, learning outcomes could be used in suicide prevention and intervention efforts across Stanislaus County.
5. Specify the total timeframe of the Innovation program. Provide a brief explanation of how this timeframe will allow

sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement.

This project is a three year effort.

During FY 15-16 and FY16-17:

a. Start-up activities will begin immediately following OAC approval.
b. During the first 3 to 5 months, personnel will be hired for the project. Evaluation instruments will be developed and/or identified for use during the study phase. Also, during this time, a method and timeframe for reviewing data will be developed, adjustments made as needed, and other administration/operational issues related to the service approach will be conducted.

During FY 17-18:
Continue all services and evaluation activities through this full year. Adjust evaluation approach and measurement tools as needed for continued effectiveness and study of the proposed learning questions. Changes may be made to the project as the ongoing results are known.

During FY 18-19:
Continue services and evaluation activities into the final year of the learning project. Begin to formulate approach to the final learning report. Begin to evaluate learning and long term outcomes to confirm establishment of best practices and methods of successfully integrating learning into wider practice. Evaluate alternative funding options for continuation of the project that includes effective new practices should they emerge.

Estimated Timeline for MHSA Innovation Suicide Prevention Project	
3/2016	• MHSOAC to consider Suicide Prevention Innovation Project after Stanislaus County Board of Supervisors approves the project. The Board of Supervisors will consider this agenda item on March 15, 2016. BHRS MHSA staff will work with MHSOAC on finalizing Innovation application.

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4/2016 – 6/2016	• Recruit and hire Project Manager, Administrative Clerk, Data Analyst • Initiate monthly collaborative meetings with project partners • Create collaborative identity and direction by establishing common mission and vision • Establish collaborative structure • Work with evaluator to develop evaluation plan and tools/strategies • Conduct baseline evaluation with collaborative partners
7/2016 – 12/2016	• Collaborative partners and Project Manager begin requesting and reviewing suicide-related data • Begin mapping local resources and identifying gaps in suicide prevention efforts/interventions • Collaborative partners and Project Manager work to identify best or promising practices for suicide prevention and share research with the group • Potential training and learning opportunities are identified • Cross learning begins through collaborative meetings and training/education • Project evaluation begins
1/2017 – 6/2017	• Collaborative partners continue to meet monthly and continue to review data • Project Manager begins work to provide support and technical assistance for developing a Strategic Plan . • Ongoing evaluation is occurring to determine if changes in the project should be made at this time; interim results are shared with collaborative partners and other stakeholders are identified who would be interested in their progress and impact on suicide prevention efforts in the county (ie, PEI stakeholder group, school districts, community based organizations, etc.)
7/2017 – 12/2017	• Monthly collaborative meetings continue. Partners share their experiences and learning. • Other collaborative partners are invited to participate in learning and training. • Work with partners to look at what can be sustained in terms of efforts and make plans to enlist broad community/volunteer and funding support • Continue program evaluation and sharing with identified stakeholders in the county and within specific partner communities. • Consider planning a project event to highlight learning, outcomes, and project successes.
12/2017- 2/2018	• Conclude learning project, final assessment and analysis of data and outcomes, assess merit of continuing with alternative funding source, produce final learning report, and communication results and lessons learned • Projects are given two months from the end of their completion date to gather data and complete a Final Report. • Disseminate project evaluation outcomes to other counties

6. Describe how you plan to measure the results, impact, and lessons learned from your Innovation Program. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.

The estimated budget for evaluation of this Innovation project is $75, 240. It accounts for 12% of the overall budget.

The measurement of the results, impact, and lessons learned from this Innovative Project is based on the learning questions described above and listed here:

1. Through collective efforts, will the group develop a shared understanding of suicide data in our county? If so, how will the shared understanding impact suicide prevention planning?
2. Can a collaborative use data and combined information from multiple sources to develop a suicide prevention strategic plan that the community will support/embrace?
3. What methods are most effective in increasing suicide prevention awareness in Stanislaus County?
4. Will the collaborative impact the rate of suicide in Stanislaus County? Will specific demographic groups be impacted?

The selected primary purpose of this Innovative Project is to promote better quality of care and outcomes through interagency collaboration and the use of the principles of collective impact. The learning questions and evaluation focus on assessing the impact this Innovative Project has on quality of care and outcomes with the ultimate goals of increasing suicide awareness and prevention and reducing Stanislaus County's suicide rate. As stated previously, suicide is a large mental health and social problem that cannot be solved by any individual, single group, or single agency. It is a community issue that will take an innovative approach to utilize collective impact principles and efforts to make a difference in our county's suicide rate. Therefore, the evaluation of this project will consist of multiple levels:

1. Partner level results – measurement of impact on partners' capacity to contribute to suicide awareness and prevention
   a. Increased understanding of efforts throughout community (through inventory of current efforts)
   b. Decreased redundant efforts

- a. and b. measured with pre and post surveys and/or focus group data reflecting increased understanding of efforts and decreased redundant efforts as a result of awareness

c. Increased connection to community-wide efforts
- Measured with pre and post surveys and/or focus group data reflecting baseline and changes in levels of connection

d. Increased partnerships, inter-agency collaboration, and cross-sector suicide awareness and prevention activities/interventions
- Measured by # of individuals/groups/agencies working collaboratively
- Measured by # of activities/interventions reflecting joint work between individuals/groups/agencies

2. Collaborative level results - measurement of collaboration and how well the collective group is working together to impact suicide rates
   a. Increased shared understanding of data
   b. Use of data to plan collective interventions
      - a. and b. measured with pre and post surveys and/or focus group data reflecting understanding and use of data
      - Collaborative meeting minutes will also show if shared understanding and use of data to plan collective interventions is occurring
   c. Development of suicide awareness and intervention inventory/mapping
   d. Development of strategic plan
   e. Increased level of commitment to collective work throughout the project time period and beyond
      - Measured with pre/post surveys and/or focus group data reflecting increased level of commitment
   f. Increased collective interventions and mutually reinforcing activities to impact suicide prevention
      - Measured by # of activities/interventions reflecting joint work as a collaborative
3. Community level results – measurement of impact on the suicide rate in Stanislaus County
   a. Decreased rate of suicide in Stanislaus County
   b. Impact on suicide rate of specific demographic groups in Stanislaus County
      - As the collaborative reviews data and makes decisions regarding activities and interventions, it is expected that specific demographic groups may be targeted priority populations. The collaborative will monitor the impact on those demographic groups.

As an integral part of the collaborative meetings, members will reflect on the learning as it is occurring. The focus will be to analyze what is being learned about suicide prevention in each respective agency, neighborhood, and community that can be applied to current mental health practices, including community based interventions. It is expected that implications for policies and procedures, professional development, and consumer involvement will arise and will be developed.

The Project Manager will work with collaborative partners and project evaluator to collect and analyze the data through

meeting minutes, pre/post surveys, and/or focus groups. The collaborative will incorporate evaluation into monthly agendas, prompting ongoing conversations about what is being learned. This diverse group of learning collaborative members will work together to design culturally appropriate evaluation tools to use in both collaborative meetings and suicide prevention/intervention activities.

Evaluation tools will include surveys administered at regularly scheduled intervals to collaborative partners, meeting minutes, and/or focus groups to collect quantitative and qualitative data for partner and collaborative level results.

7. Describe how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds. Specify how stakeholders will contribute to this decision.

The focus of this project is to promote better quality of care and outcomes, both parts of the Triple Aim . While the project will be housed at BHRS, the true ownership of this Innovation project will rest with the interagency collaborative group. This stakeholder group will bring diverse perspectives during the learning phase of the project as it strives to develop a Strategic Plan to address the issue of suicides in Stanislaus County.

Stakeholders will make recommendations to BHRS on how the project or elements of the project can continue after the three year initiative is completed. Lessons learned from this innovative collaborative could be used in other MHSA components such as Prevention and Early Intervention and Community Services and Supports programs.

In addition, what is learned through this Innovation could be used in service delivery for clients at risk of suicide. The learning outcomes could be used in suicide prevention and intervention efforts across Stanislaus County.

8. If applicable, provide a list of resources to be leveraged.

BHRS and its partners will leverage collective suicide prevention knowledge, programming, and resources to maximize Innovation funding. The CalMHSA Prevention and Early Intervention (PEI) multi-faceted statewide initiative, for example, can help provide resources to bolster county efforts to achieve deep systemic and long lasting changes.

9. Provide an estimated annual and total budget for this Innovation Program, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovation Program.

The estimated total cost of this three year Innovation project is $630,000. (Please see budget chart on next page.)

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	Type of Expenditure	FY 1	FY 2	FY 3			Total
	NEW ANNUAL PROGRAM BUDGET						
	A. EXPENDITURES						
1.	Personnel expenditures, including salaries, wages, and benefits	147,431	148,905	153,372			449,707
2.	Operating expenditures	56,220	56,220	56,220			168,660
3.	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovation Program	9,590					9,590
4.	Contracts (Training Consultant Contracts)						
6.	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative						
	Total Proposed Expenditures	**213,241**	**205,125**	**209,592**			**627,957**
B. REVENUES							
1.	MHSA Innovation Funds	213,241	205,125	209,592			627,957
2.	Medi-Cal Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Any other funding (specify)						
	Total Revenues	213,241	205,125	209,592			627,957
C. TOTAL FUNDING REQUESTED (total amount of MHSA Innovation funds you are requesting that MHSOAC approve)		**213,241**	**205,125**	**209,592**			**627,957**

D. Budget Narrative

2015/2016 ANNUAL UPDATE

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1. Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget
N/A