



**INNOVATIVE PROJECT PLAN  
PROPOSAL FOR PUBLIC INPUT**

<b>COMPLETE APPLICATION CHECKLIST</b>	
<p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p>	
<p><input type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.</p>	
<p><input checked="" type="checkbox"/> Local Mental Health Board approval</p>	<p>Approval Date: May 4, 2023</p>
<p><input checked="" type="checkbox"/> Completed 30 day public comment period</p>	<p>Comment Period: 4/4/23-5/4/23</p>
<p><input checked="" type="checkbox"/> BOS approval date</p>	<p>Approval Date: _____</p>
<p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: June 13, 2023</p> <p><i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p>	
<p>Desired Presentation Date for Commission: May 2023</p> <p><b><i>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.</i></b></p>	

County Name: San Diego

Date submitted: May 4, 2023

Project Title: Public Behavioral Health Workforce Development and Retention Program

Total amount requested: \$75,000,000

Duration of project: FY 24/25 through FY 28/29

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

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

## Section 1: Innovations Regulations Requirement Categories

### CHOOSE A GENERAL REQUIREMENT:

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

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

## CHOOSE A PRIMARY PURPOSE:

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

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

## Section 2: Project Overview

### PRIMARY PROBLEM

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

In August 2022, a report was published entitled "[Addressing San Diego's Behavioral Health Worker Shortage.](#)" The report provides a rigorous needs assessment estimating the current and future behavioral health workforce gap and providing recommendations to address identified needs.

All communities have historically struggled to address the unmet need for behavioral health services. This issue is endemic within communities of color as a lack of diversity as well as cultural and linguistic competency within the workforce challenges our ability to effectively serve all individuals in need. The ongoing struggle to meet demand was then exacerbated by the opioid crisis and, more recently, by the global COVID-19 pandemic. Leadership at all levels responded in kind with an unprecedented investment in a broad spectrum of behavioral health services. However, this investment cannot be realized without a substantial, parallel investment in equitable workforce recruitment, development, and retention.

The report projected workforce requirements across 11 professions, addressing the current unmet need and then planning through 2027 based on expected growth and worker replacement. Tackling the current workforce shortage will require recruitment of 8,160 professionals into the San Diego County workforce, a staggering 48 percent expansion from the current state. To sustain this workforce, keeping pace with population growth and industry exit, an additional 10,333 professionals will need to enter the workforce over the next five years. The number of additional professionals who will need to be recruited and trained by 2027 is 109 percent of the entire current behavioral health workforce.

Although workforce development is a well-worn field of study, the pace and specialization required to meet San Diego County's need will require a bold, innovative, and multi-faceted approach.

## PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

The proposed INN Project would support development of a first-of-its-kind Public Behavioral Health Workforce Development and Retention Program. The Fund will implement a combination of tested professional development programs and new strategies tailored to the County's most pressing professional needs. These new approaches, for which INN Project funding is requested, will be evaluated for their effectiveness as stand-alone programs as well as their additive benefit when combined with traditional practices.

### **Outcomes-Based Renewable Training and Tuition Fund**

Chief among the new approaches to be tested will be development of an outcomes-based renewable training fund, providing 0% interest loans to students as well as upfront financing for clinical training and supervision programs. Payback terms will initiate once students have secured employment in a County behavioral health position earning \$50,000 or more annually and will be capped at five years. At the end of the five-year period, regardless of the remaining balance, the loan will be forgiven if staff remain in the public behavioral workforce.

All payments will be reinvested into the fund, along with private philanthropic development, to support future student loan recipients. Similar outcomes-based funds have been established in tech and business intelligence sectors, both nationally and within San Diego County, where a near term infusion of skilled labor was needed to support these fast-growing industries. The pace of growth needed in behavioral health rivals that of these private sectors. The proposed project would determine whether this private sector strategy can effectively provide a public sector solution.

The County will work with an administrator to develop criteria to best optimize the function of the Outcomes-Based Renewable Training and Tuition Fund to ensure its sustainable and can achieve the necessary outcomes. This would include:

- Maximum loan amount
- Developing eligibility criteria
- Receiving, managing, and issuing awards
- Loan origination and servicing
- Payment terms
- Reporting requirements
- Education and outreach
- Establishing formal agreements with local universities and colleges
- And others, as determined necessary

### **Upskilling to Meet Professional Need**

Complementing the outcomes-based fund will be a series of upskilling programs, each designed to train County and County-contracted behavioral health workers in the region's most urgently needed professional fields to achieve licensure and/or certification, which may include and is not limited to:

- Community Behavioral Health Workers (CBHW)
- Peer Support Specialists

- Substance Use Disorder (SUD) Counselors
- Licensed Behavioral Health Clinicians
- Psychiatric Nurses

For CBHWs and SUD Counselors, upskilling will take the form of apprenticeship programs. The CBHW apprenticeship will leverage experiences of existing CHW apprenticeship programs and apply those experiences to engage a diverse candidate pool, focused on individuals with lived experience. The SUD Counselor apprenticeship will build on the varied experiences of Rhode Island and Washington-based programs, tailoring to the requirements of the California Department of Health Care Services counselor certification program, and focused on cultural and linguistic competency for the San Diego County population.

To help retain the existing County public behavioral health workforce, the upskilling program will provide scholarships to current members of the County and County-contracted public behavioral health workforce. This program strives to develop and retain this essential workforce by supporting them in achieving certification and/or licensure to advance their careers and increase their income potential while helping the County fill a significant need.

Lastly, two additional upskilling programs will focus on expanding and specializing our nursing workforce in the psychiatric field. The first applies the principles of the successful UC Berkeley Master of Social Work program to establish behavioral health clinical slots for registered nurse students. The second would establish a Doctor of Nursing Practice program with specialization in psychiatry at local universities that may include, but not limited to, California State University San Marcos, San Diego State University, University of California San Diego, and/or University of San Diego.

The County will work with an administrator to develop criteria to best optimize the function of the Upskilling to Meet Professional Need to ensure its sustainable and can achieve the necessary outcomes.

#### **Tiered Loan Forgiveness and Home Ownership Incentive Program**

For providers with higher income potential, the Fund would establish a loan forgiveness program coupled with home ownership incentives to live and work in San Diego County. By staggering the home ownership incentive to initiate on completion of the loan forgiveness program, the County seeks to test the degree to which this package can extend the tenure of our workforce both in the behavioral health field and as members of San Diego County communities.

The County will work with an administrator to develop criteria to best optimize the function of the Tiered Loan Forgiveness and Home Ownership Incentive Program to ensure its sustainable and can achieve the necessary outcomes. This would include:

- Maximum loan amount
- Developing eligibility criteria
- Receiving, managing, and issuing awards
- Loan origination and servicing
- Payment terms
- Reporting requirements
- Education and outreach
- And others, as determined necessary

BHS will initiate partnerships with public and private entities and draw additional funds from these entities to build and sustain these programs. The partnerships will benefit organizations and individuals outside the County of San Diego, and will allow collective impact across the region.

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

The proposed project applies and coordinates promising practices from non-mental health fields to the mental health system.

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

As noted in the project description, the proposed approach has been successfully applied in tech and business sectors, as well as medical specialties, where an influx of skilled labor was needed to support high-growth areas. Both the surge in demand for behavioral health services and market dynamics straining the behavioral health workforce supply mirror the challenges experienced in these outside industries.

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

The proposed project seeks to both fill the gap in unmet need for behavioral health services and sustain existing care by building and retaining the public behavioral health workforce. BHS anticipates the program will increase the number of providers in the behavioral health workforce. The following is an estimate of individuals to benefit from each program during the 5 years.

- Outcomes-Based Renewable Training and Tuition Fund - approximately 1900 individuals
- Upskilling to Meet Professional Need - approximately 750 individuals
- Tiered Loan Forgiveness and Home Ownership Incentive Program - approximately 250 individuals

Cross-comparing data from the National Survey for Drug Use and Health (NSDUH) and San Diego County census data, there are an estimated:

- 200,600 San Diego residents with serious mental health conditions who are not receiving treatment, and 264,000 residents with substance-related conditions not receiving treatment.
- 405,000 San Diego residents actively in treatment for serious mental health conditions, and 402,000 residents actively in treatment for substance-related conditions.

The proposed project will focus first on building capacity to serve our Medi-Cal and County unfunded clients, which currently represent 30% of the population, or 991,652 individuals. If successful, the long-term outcomes of this project will positively impact access for all residents with serious mental health substance-related conditions.

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

While the primary focus is to increase the number of public behavioral health workforce, the downstream outcome would positively impact Medi-Cal Eligible Clients in San Diego County. The Innovation program seeks to provide inclusive quality behavioral health care to the County’s most vulnerable, unserved, and underserved low-income populations, with behavioral health staff representative of the cultural and linguistic needs of their community to ensure equitable access. The population that will benefit from this project includes all San Diego County residents with serious mental health and/or substance-related conditions. Focusing first on the Medi-Cal eligible population, current demographic breakdowns are as follows:

Age Group	Medi-Cal Eligible Clients in San Diego County
0-5	102,981
6-11	108,394
12-17	112,116
18-25	126,851
26-59	419,832
60+	121,498
<b>Total</b>	<b>991,672</b>

Gender	Medi-Cal Eligible Clients in San Diego County
Female	531,919
Male	459,722
Unknown	31
<b>Total</b>	<b>991,672</b>

Race/Ethnicity	Medi-Cal Eligible Clients in San Diego County
Asian/Pacific Islander	69,138
Black/African American	55,296
Hispanic	398,347
Native American	4,087
White	205,115
Other/Unknown	259,689
<b>Total</b>	<b>991,672</b>

Language	Medi-Cal Eligible Clients in San Diego County
Amharic, Somali, or other Afro-Asiatic languages	2,218
Arabic	17,118
Chinese (incl. Mandarin, Cantonese)	3,903
English	676,787
Korean	1,074
Persian (incl. Farsi, Dari)	4,640
Spanish	254,384
Tagalog (incl. Filipino)	5,541
Vietnamese	12,818
Other and unspecified languages	13,189
<b>Total</b>	<b>991,672</b>

## RESEARCH ON INN COMPONENT

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

As noted in the project description, elements of this project are distinguished from similar projects in the following ways:

- Adopting an outcomes-based approach originally developed to serve high growth tech and business sectors;
- Applying upskilling programs that have shown positive results for medical professions to the behavioral health workforce; and
- Applying apprenticeship programs tested in states with significantly different regulatory and certification landscapes to the California workforce.

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

BHS conducted a literature review querying Google Scholar, PubMed Central, and EBSCO as well as general internet searches. For this review, literature was defined as any report, published or online, including, but not limited to, peer-reviewed articles, nationally circulated articles, reports of conference proceedings, program evaluation reports, and published training manuals. Similar strategies were investigated to determine whether the methodology and outcomes could be applied to the San Diego workforce. Table 1 below summarizes key results from this review.



**Table 1. Innovation Project Literature Review Annotated Bibliography**

Source	Title	Year of Publication	Study Population	Key Points	Citation	Hyperlink
National Center for Health Workforce Analysis	Behavioral Health Workforce Education and Training Program	2020	CHW	<p><b>Program/Intervention:</b> Limited to students in their last year of clinical or field practicum, the program provides a stipend combined with enhanced training opportunities.</p> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>•Students cumulatively provided over 5.7 million hours of patient care in medically underserved communities and nearly 2 million hours of care in rural areas</li> <li>•Reduced the national BH workforce shortage by 27%</li> </ul>	Health Resource & Service Administration. (2020). <i>Behavioral Health Workforce Education and Training Program</i> . National Center for Health Workforce Analysis.	<a href="https://www.hrsa.gov/behavioral-health-workforce-education-and-training-program">Behavioral Health Workforce Education and Training Programs - Academic Years 2014-2020 (hrsa.gov)</a>
Careers of Substance	Federal Loan Repayment Programs for the Substance Use Workforce	2021	SUD	<p><b>Program/Intervention:</b> The National Association of State Alcohol and Drug Abuse Directors (NASADAD) compiled a list of available federal loan repayment and fellowship programs. Each was investigated and determined that none offered the tiered benefit contemplated under this proposed project.</p>	Federal Loan Repayment/Fellowship Programs for the Substance Use Disorder Workforce. (n.d.). <i>Careers of Substance</i> .	<a href="https://www.nasadad.org/federal-loan-repayment-fellowship-programs">Federal Loan Repayment/Fellowship Programs for the Substance Use Disorder Workforce   Careers of Substance</a>
U.S Department of Health & Human Services	FY 2020 Annual Performance Report	2020	BHW	<p><b>Program/Intervention:</b> The National Health Service Corps provides scholarships and loan repayment to professionals serving underserved communities.</p> <p><b>Outcomes:</b></p> <p>Based on early success indicators in medical professional fields, NHSC will continue to assist students through scholarships and loan repayments and professionals through loan repayment awards as incentives to practice in underserved communities.</p>	Office of Budget (OB). (2022, October 20). FY 2020 Annual Performance Plan and Report - Goal 1 Objective 4. HHS.gov. <a href="https://www.hhs.gov/about/budget/fy2020/performance/performance-plan-goal-1-objective-4/index.html">https://www.hhs.gov/about/budget/fy2020/performance/performance-plan-goal-1-objective-4/index.html</a>	<a href="https://www.hhs.gov/about/budget/fy2020/performance/performance-plan-goal-1-objective-4/index.html">FY 2020 - Goal 1 Objective 4   HHS.gov</a>
Mathematica	Registered Apprenticeships for Community Health Workers and Dually Certified Peer Recovery Specialist-Community Health Workers	2021	CHW and CPRS	<p><b>Program/Intervention:</b> 18-month registered apprenticeship enables CHWs to complete the hours needed for certification while earning income and receiving on-the-job training through RIPIN, the employer of all apprentices in this program. In addition to gaining the field hours needed for certification, this time on the job helps CHWs develop a portfolio documenting their work, which is also a certification requirement. The apprenticeship lasts 2,000 – 3,000 hours, and 43 apprentices have participated in the program as of September 2021.</p> <p><b>Outcomes:</b> Implementation outcomes have been published, showing promise for the process and strategic design. The intervention's success in expanding and sustaining the workforce has yet to be studied.</p>	Staatz, C. (2021, September 30). ERIC - ED617974 - Registered Apprenticeships for Community Health Workers and Dually Certified Peer Recovery Specialist-Community Health Workers. Strategy Spotlight. Innovative Employment and Training Interventions to Address the Opioid Crisis, Mathematica, 2021-Oct.	<a href="https://eric.ed.gov/?id=ED617974">ERIC - ED617974 - Registered Apprenticeships for Community Health Workers and Dually Certified Peer Recovery Specialist-Community Health Workers. Strategy Spotlight. Innovative Employment and Training Interventions to Address the Opioid Crisis. Mathematica, 2021-Oct</a>

Healthcare Fund	SEIU 1199NW Multi Employer Training Fund partners with state, UW, The Ballmer group to create new apprenticeship program in 2022	2022	SUD	<p><b>Program/Intervention:</b> The Health Care Apprenticeship Consortium is creating a two-year Substance Use Disorder Professionals (SUDPs) Apprenticeship that is expected to open by the Fall of 2022. This program will be funded in thanks to a generous \$5.5 million grant provided by the Ballmer Group.</p> <p><b>Outcomes:</b> First year of the program is showing positive qualitative results but quantitative outcomes are still pending.</p>	It's time to invest in behavioral healthcare for Washington. (2022, June 24). SEIU Healthcare 1199NW Multi-Employer Training Fund.	<a href="#">It's time to invest in behavioral healthcare for Washington - SEIU Healthcare 1199NW Multi-Employer Training Fund (healthcarefund.org)</a>
George Mason University Department of Behavioral Health	Behavioral Health (CAP-BH) Program	2022	MSW	<p><b>Program/Intervention:</b> The purpose of this program is to increase the number and quality of MSW professionals with specialized behavioral health training to address the complex issues that arise from untreated trauma and behavioral health issues</p> <p><b>Outcomes:</b> Each CAP-BH recipient will receive a \$10,000 stipend during the year they are in the MSW specialization field practicum. Outcomes are pending.</p>	Behavioral Health (CAP-BH) Program. (n.d.). Department of Social Work.	<a href="#">Behavioral Health (CAP-BH) Program   Department of Social Work (gmu.edu)</a>
HCAI Department of Health Care Access and Information	Social Work Education Capacity Expansion (SWECE) Grant Program	2022	MSW	<p><b>Program/Intervention:</b> Grant agreement(s) with educational institutions to develop new Bachelor of Art in Social Work (BASW) and/or Master of Social Work (MSW) programs as well as to expand MSW programs that educate and prepare additional MSW students, including those that serve children and youth.</p> <p><b>Outcomes:</b> Outcomes are still pending. However this program aligns with the principles of the UC Berkeley MSW program, on which the registered nurse program proposed for this project is based.</p>	HCAI Department of Health care Access and Information. (2021). Social Work Education Capacity Expansion (SWECE) Grant Program. HCAI.	<a href="#">SWECE Program Grant Guide (ca.gov)</a>

## LEARNING GOALS/PROJECT AIMS

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

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

- Quantify the absolute and relative success of various workforce development models in attracting and retaining public behavioral health workers within San Diego County.
- Understand the relative return on investment (ROI) of various workforce development models to inform future workforce program development.

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

By including multiple, concurrent workforce development programs within the proposed project, the approach proposed will allow the County to compare programs and efficiently create a long-term, multi-faceted strategy that maximizes ROI.

## EVALUATION OR LEARNING PLAN

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

To address the learning goals described above, the County will undertake a comprehensive program evaluation process, including both quantitative and qualitative data sources. "Success" as described in the learning goals will be defined as:

- Achieving a statistically significant improvement in workforce retention, as demonstrated by:
  - Decline in reported provider vacancy rates for participants when compared to historical trend.
  - Decline in workforce attrition rates, as evidenced by participant surveys and compared to historical trend.
  - Improvement in provider engagement and job satisfaction.
  - Survey improvement in the percent of respondents who plan to remain actively working in San Diego County for 5+ years.
- Achieving statistically significant expansion of the number of individuals entering the targeted professions
  - Increase in the number of individuals attaining certification/licensure in the targeted professions.
  - Survey improvement in the number of qualified applicants for open job postings in the targeted professions.
- Reduction in vacancy rates across the County and county-contracted public behavioral health workforce within the targeted professions.

- Successful completion of licensure and/or certification across the County and county-contracted public behavioral health workforce within the targeted professions.
- Increase in client satisfaction with providers in targeted professions.

### **Section 3: Additional Information for Regulatory Requirements**

#### **CONTRACTING**

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

Procurements are centrally managed through the County of San Diego Department of Purchasing and Contracting (DPC), which processes more than \$1 billion in public purchases and contracts annually. The DPC posts requirements on BuyNet, an online public system. Procurements normally are posted under formal Request for Bid (RFB) or Request for Proposal (RFP) solicitation. The aim is sound procurement processes to acquire the highest quality goods and services at the best value to the County.

- a) Quality and regulatory compliance elements are included in each contract, specific to the funding source and purpose of the service. Proposals are selected in part on the basis of the offeror’s plan to achieve best possible quality and compliance with all relevant regulations. A Contracting Officer’s Representative (COR) with Behavioral Health Services assumes responsibility for ongoing monitoring of the contract for compliance and outcomes, working with the DPC. Monitoring includes regular site visits, review of documentation, and oversight of applicable laws and regulations.
- b) A total of 5% percent of project funds will be set aside for an evaluation contract with a qualified research organization.
- c) Contractors will have a dedicated COR or Program Monitor from Behavioral Health Services who will develop a contract monitoring plan containing activities that will be conducted over each year on the Statement of Work (SOW). COR meetings are routine.
- d) COR meetings and site visit activities include but are not limited to deliverables review, technical assistance and consultation, review of fiscal and claim documentation and annual inventory update, emergency planning documentation, corrective action plans, and discussion of strengths and weaknesses of contractor’s deliverable outcomes.
- e) Review of SOW contract deliverables to determine contractor’s performance in meeting contract objectives, review of contractor’s process to check employee exclusion, debarment, Medi-Cal Sanctions lists as well as in-depth invoice reviews.

#### **COMMUNITY PROGRAM PLANNING**

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

BHS facilitates a variety of community engagement activities, including activities to support the Community Program Planning (CPP) Process, through a contract with University of California, San Diego (UCSD) and its two subcontractors, San Diego Community Health Improvement Partners (SDCHIP) and Global Action

Research Center (Global ARC), awarded in May 2022; collectively, this group is known as the UC San Diego Health Partnership.

During FY2022-23, three primary types of community engagement activities were facilitated by the UC San Diego Health Partnership team to gather information from over 500 community stakeholders throughout San Diego County. Activities included eleven Key Informant Interviews, nine Focus Groups, and nine Listening Sessions, as well as four Stakeholder Training Workshops focused on MHSA and the CPP Process.

The community engagement activities gathered feedback related to community strengths, mental health and substance use needs and priorities, and strategies for engagement. Participants include key leaders in the community, providers, community advocates, community groups, and consumers of the following identified specialized populations: Parents with lived experience navigating the system, providers/staff providing services to parents in the community, Transitional Age Youth (TAY), Older Adults, justice-involved, faith-based communities, Veterans and active military, perinatal and postpartum care, Native Americans and American Indians (NA/AI), Latinx, rural, and Immigrants and Refugees.

Improving access to behavioral health services was broadly identified as a priority need. The lack of providers and high rates of staff turnover was highlighted consistently as critical barriers to accessing behavioral health services. Participants noted the high rates of burnout among providers and low rates of pay as key drivers of the ongoing staffing shortages which led to longer wait times and difficulties with scheduling appointments. Cultural barriers included language barriers, specifically in providing therapists and support staff who can speak the client's language of preference. Additionally, challenges with language also impacted outreach and resources provided as participants noted they often were unavailable in a diverse array of languages. Participants emphasized the need for county agencies and provider organizations to work together to recruit, train, and sustain more providers.

## **MHSA GENERAL STANDARDS**

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

- A) Community Collaboration**
- B) Cultural Competency**
- C) Client-Driven**
- D) Family-Driven**
- E) Wellness, Recovery, and Resilience-Focused**
- F) Integrated Service Experience for Clients and Families**

**The project is consistent with General Standards identified in the MHSA and Title 9, CCR, section 3320.**

- A) Community Collaboration:** The concept for this work plan was developed based on local stakeholder process for input on system needs. The need to address the behavioral health workforce shortage was identified through Community Program Planning (CPP) Process outreach and engagement activities designed to gather data from the community, including MHSA Stakeholder Training Workshops, Key Informant Interviews, Focus Groups and Listening Sessions. In addition to these activities, the report entitled “Addressing San Diego’s Behavioral Health Worker Shortage” containing input of 1600 San Diego Behavioral Health workers about their career goals, burnout, intent to leave and job satisfaction through focus groups and direct surveys provided insight into the workforce issues affecting the community.
- B) Cultural Competence:** As defined in CCR, Title 9, Section 3200.100, this program demonstrates cultural competency and capacity to reduce disparities in access to mental health services to improve outcomes by investing in recruitment, developing, and retaining efforts of an equitable workforce that addresses the cultural needs of the target population. The program aims to increase access to the unserved and underserved individuals and families by reducing disparities in the service delivery system for clients.
- C) Client and D) Family Driven:** This program includes the ongoing involvement of clients and the behavioral health workforce in roles such as, but not limited to, implementation, evaluation, and future dissemination. The program strives to create a robust training program for the region, and to provide a diverse and reliable workforce and promote continuity of care for and engagement with clients.
- E) Wellness, Recovery and Resilience-Focused:** This program increases resilience and promotes discovery and wellness for clients by shoring up staffing needed for increasing access to services. Increase access to a competent workforce will have a positive impact in clients and families making them feel more comfortable seeking available behavioral health services tailored to their need. In addition, this project aims to attract and retain the most resilient, representative, skilled and qualified behavioral health workforce in the region.
- F) Integrated Service Experience for Clients and Families:** Program encourages access to a full range of services provided by community resources, multiple agencies, programs, and funding sources for family members. Activities within the program will result on more accessible and culturally competent service delivery for clients and families.

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

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

In conducting the evaluation, the evaluator will examine the outcomes and learning objectives from a health equity lens, ensuring to demonstrate not only the diversity of the program’s participants but include community stakeholder’s feedback in the evaluation of the program. The evaluator takes into consideration potential bias, stigmatization, and strives to be inclusive. Information regarding this project will be disseminated through multiple collaborative groups, such as the Behavioral Health Advisory Board, the Cultural Competence Resource Team, the Children’s System of Care Council, and the Adult System of Care Council. Information regarding the program will also be available on the County of San Diego website. San Diego County is a diverse county and strives to ensure this diversity is represented on the councils and advisory committees.

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

**Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.**

**Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.**

It is estimated the project will be completed by end of June 2029. As part of the County's MHSa three-year planning process, BHS will review the evaluation report on the INN project and develop recommendations regarding the future of the project. The evaluation report and BHS's recommendations will be shared with local stakeholders through regular convening meetings such as BHAB, Systems of Care Council meetings, and the public as part of San Diego County's three-year community planning process. As this project addresses the behavioral health workforce recruitment, retention, and upskilling the workforce pipeline, it is anticipated that individuals with serious mental illness will benefit from the proposed project through having more available competent providers who are linguistically and culturally sensitive and well trained to meet increasing demand.

BHS will also leverage the partnerships established during the length of the project to secure long term funding. Such action will allow long term implementation of the projects and will support ongoing collective impact across the region. By doing so, BHS will be able to maximize not only MHSa funds, but also funding from other public and private entities to sustain the program long-term.

## **COMMUNICATION AND DISSEMINATION PLAN**

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

- A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?**
- B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.**

Information regarding this project will be disseminated through multiple collaborative groups, such as the Behavioral Health Advisory Board, Live Well San Diego Community Regional Leadership Team, the Cultural Competence Resource Team, the Children, Youth, and Families Behavioral Health System of Care Council, the Housing Council, the Older Adult Council, and the TAY Behavioral Health System of Care Council. In addition to these BHS focused councils, there are new resources and allies to reach and collaborate with such as the Community Health Workers, Suicide Prevention Council, the San Diego Veterans Coalition, among others. Information regarding the Innovation project will also be available on the County of San Diego website. Additionally, BHS utilized an expansive, stakeholder email listserv to distribute the Innovation proposals.

**TIMELINE**

- A) Specify the expected start date and end date of your INN Project: July 2024 to June 2029**
- B) Specify the total timeframe (duration) of the INN Project: 5 years**
- C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.**

The project is slated to be a five-year project. Following the County’s local stakeholder process, including the 30-day public/comment review process, public hearing of the project and the approval and adoption of the INN project by the County Board of Supervisors, the County plans to seek State-Mental Health Services Oversight and Accountability Commission (MHSOAC) approval of this project in May 2023.

The County plans to procure and release a request for proposal (RFP) for services related to the Public Behavioral Health Workforce Development and Retention Program. The RFP development, release, and final selection of the proposal typically takes approximately six months based on the County’s procurement guidelines and workflow for new contract services. Provided the County obtains MHSOAC approval in May 2023, the RFP development can commence soon after. The aim is to complete the procurement process by March 2024 with the awarding of new contract services with a start date of July 1, 2024. Proposed timelines are as follows:

<b>DATES</b>	<b>KEY MILESTONES</b>
May-July 2023	Statement of Work developed.
Oct-Nov 2023	Initiation of contracting process; focus on release of Request for Proposals through Department of Purchasing and Contracting.
Jan 2024	Deadline for submittals of contract proposals.
Mar 2024	Selection of highest quality, best value proposal through public Source Selection Committee process.
Apr-May 2024	Initiate negotiations with selected provider.
Jun-2024	Execute Contract.
Jul 2024	Program begins.
2025	Completion of site visit to verify compliance with terms of contract.
2025-26	Continuation of regular contract monitoring activities, including review of invoices, performance, and quality standards.
2026-27	Completion of annual evaluations reviewed by Behavioral Health Services to gauge effectiveness specific to the focus on population and planned interventions.
2027-28	Evaluation by Behavioral Health Services to determine results and feasibility of integrating into existing programs or replication.
Jun 2029	End of pilot program.
Jul 2029	Evaluation by consultants commence.



## Section 4: INN Project Budget and Source of Expenditures

### INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

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

### BUDGET NARRATIVE

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

The five-year proposed budget for this project will support a multi-faceted grants management program, through which the County will solicit, receive, evaluate, and monitor applications for loan and training funds. During the first fiscal year, the County will dedicate internal resources to designing program specifications and procuring contractor services to support ongoing operations. Operations will begin FY24/25, with a uniform distribution of funds planned for each of the four remaining years. Program evaluation for each operational year will inform subsequent years to improve both the operational efficiency and early outcomes indicators.

**Personnel**

County personnel for this project include one full time equivalent (FTE) program and contract manager with the standard County benefits load and indirect cost rate applied. This position will manage the three contracted vendors responsible for operations and liaise with County departments, including community engagement teams, to ensure project alignment.

**Operating Costs**

For this project, the continued funds flow supporting outcomes-based loans, upskilling programs, and tiered loan forgiveness and housing awards represent the major operating costs. Budgets for each program were derived based on the average tuition/student loan cost for the behavioral health professions noted in the program description.

- Outcomes-Based Renewable Training Fund -\$4.7 million
- Upskilling to Meet Professional Need- -\$4.8 million
- Tiered Loan Forgiveness and Home Ownership Incentive Program-\$1.9 million

**Contractor Costs**

Three contractors will be procured to establish and operate the project, as described below:

1. **Program Management and Grants Administration:** This contractor will be responsible for operations of the project, including development and maintenance of a website through which prospective applicants can learn more about the program, apply for funding, and manage required documentation and reporting as needed for each program type. The contractor will ensure that all applications are fairly and equitably evaluated and that awarded funds are distributed timely and accurately. The contractor will also provide a communications manager who will support County communications and community engagement teams in soliciting input and relaying information regarding the program to stakeholders. Expected cost is based on national industry estimates.
2. **Program Evaluation:** The evaluation contractor will begin in the second year with development of a detailed program evaluation plan based on the learning goals, data sources, and expected outcomes described in previous sections of this application. The contractor will be responsible for data collection, validation, and analysis. Total cost for this contractor has been limited to 5 percent of the program budget.
3. **Legal Advisory:** Given the documentation requirements and expected terms and conditions of both the outcomes-based loan fund and tiered loan forgiveness/homeowner incentive program, legal advisory will be required to ensure that grantee obligations are both reasonable and enforceable.

While the County is proposing that the totality of this project would be funded through INN grant dollars, note that this is one component of a broader County workforce development strategy. Other elements include established methods for workforce expansion and retention and will be funded through a combination of American Rescue Plan Act (ARPA) funds, County general funds, and federal financial participation where available.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1.	Salaries	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$625,000
2.	Direct Costs						\$-
3.	Indirect Costs	\$18,707	\$18,707	\$18,707	\$18,707	\$18,707	\$93,536
4.	Total Personnel Costs	\$143,707	\$143,707	\$143,707	\$143,707	\$143,707	\$718,536

	<b>OPERATING COSTS*</b>						
<b>5.</b>	<b>Direct Costs</b>	\$11,358,267	\$11,358,267	\$11,358,267	\$11,358,267	\$11,358,267	\$56,791,335
	<i>Outcomes-Based Renewable Training and Tuition Fund</i>	\$4,669,818	\$4,669,818	\$4,669,818	\$4,669,818	\$4,669,818	\$23,349,090
	<i>Upskilling to Meet Professional Need</i>	\$4,753,704	\$4,753,704	\$4,753,704	\$4,753,704	\$4,753,704	\$23,768,520
	<i>Tiered Loan Forgiveness and Home Ownership Incentive Program</i>	\$1,934,745	\$1,934,745	\$1,934,745	\$1,934,745	\$1,934,745	\$9,673,725
<b>6.</b>	<b>Indirect Costs</b>	\$1,703,740.05	\$1,703,740.05	\$1,703,740.05	\$1,703,740.05	\$1,703,740.05	\$8,518,700
<b>7.</b>	<b>Total Operating Costs</b>	\$13,062,007	\$13,062,007	\$13,062,007	\$13,062,007	\$13,062,007	\$65,310,035
	<b>NON-RECURRING COSTS (equipment, technology)</b>						
<b>8.</b>							
<b>9.</b>							
<b>10.</b>	<b>Total non-recurring costs</b>						\$
	<b>CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)</b>						
<b>11.</b>	<b>Direct Costs</b>	\$1,794,286	\$1,794,286	\$1,794,286	\$1,794,286	\$1,794,286	\$8,971,429
	<i>Program Management and Grants Administration</i>	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$5,000,000
	<i>Program Evaluation</i>	\$714,286	\$714,286	\$714,286	\$714,286	\$714,286	\$3,571,429
	<i>Legal Advisory</i>	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000	\$400,000
<b>12.</b>	<b>Indirect Costs</b>	\$-	\$-	\$-	\$-	\$-	\$-
<b>13.</b>	<b>Total Consultant Costs</b>	\$1,794,286	\$1,794,286	\$1,794,286	\$1,794,286	\$1,794,286	\$8,971,429
	<b>OTHER EXPENDITURES (please explain in budget narrative)</b>						
<b>14.</b>							
<b>15.</b>							
<b>16.</b>	<b>Total Other Expenditures</b>						\$
	<b>BUDGET TOTALS</b>						
	<b>Personnel (total of line 1)</b>	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$625,000
	<b>Direct Costs (add lines 2, 5, and 11 from above)</b>	\$13,152,553	\$13,152,553	\$13,152,553	\$13,152,553	\$13,152,553	\$65,762,764
	<b>Indirect Costs (add lines 3, 6, and 12 from above)</b>	\$1,722,447	\$1,722,447	\$1,722,447	\$1,722,447	\$1,722,447	\$8,612,236
	<b>Non-recurring costs (total of line 10)</b>	\$-	\$-	\$-	\$-	\$-	\$-
	<b>Other Expenditures (total of line 16)</b>	\$-	\$-	\$-	\$-	\$-	\$-
	<b>TOTAL INNOVATION BUDGET</b>	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	\$75,000,000

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

### BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

<b>ADMINISTRATION:</b>							
<b>A.</b>	<b>Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>FY 27/28</b>	<b>FY 28/29</b>	<b>TOTAL</b>
<b>1.</b>	<b>Innovative MHSAs Funds</b>	\$14,285,714	\$14,285,714	\$14,285,714	\$14,285,714	\$14,285,714	<b>\$71,428,571</b>
<b>2.</b>	<b>Federal Financial Participation</b>						
<b>3.</b>	<b>1991 Realignment</b>						
<b>4.</b>	<b>Behavioral Health Subaccount</b>						
<b>5.</b>	<b>Other funding</b>						
<b>6.</b>	<b>Total Proposed Administration</b>						<b>\$</b>
<b>EVALUATION:</b>							
<b>B.</b>	<b>Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>FY 27/28</b>	<b>FY 28/29</b>	<b>TOTAL</b>
<b>1.</b>	<b>Innovative MHSAs Funds</b>	\$714,286	\$714,286	\$714,286	\$714,286	\$714,286	<b>\$3,571,429</b>
<b>2.</b>	<b>Federal Financial Participation</b>						
<b>3.</b>	<b>1991 Realignment</b>						
<b>4.</b>	<b>Behavioral Health Subaccount</b>						
<b>5.</b>	<b>Other funding</b>						
<b>6.</b>	<b>Total Proposed Evaluation</b>						<b>\$</b>
<b>TOTALS:</b>							
<b>C.</b>	<b>Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>FY 27/28</b>	<b>FY 28/29</b>	<b>TOTAL</b>
<b>1.</b>	<b>Innovative MHSAs Funds*</b>	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	<b>\$75,000,000</b>
<b>2.</b>	<b>Federal Financial Participation</b>						<b>\$</b>
<b>3.</b>	<b>1991 Realignment</b>						<b>\$</b>
<b>4.</b>	<b>Behavioral Health Subaccount</b>						<b>\$</b>
<b>5.</b>	<b>Other funding**</b>						<b>\$</b>
<b>6.</b>	<b>Total Proposed Expenditures</b>						<b>\$</b>
<p>* INN MHSAs funds reflected in total of line C1 should equal the INN amount County is requesting  ** If "other funding" is included, please explain within budget narrative.</p>							