*Nuestra Cultura Cura* Social Innovation Lab

Sonoma County Innovation
2021-2024 Plan Proposal

# *Nuestra Cultura Cura* Social Innovation Lab

## SECTION 1: Innovations Regulations Requirement Categories

### General Requirement

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|   | Introduces a new practice or approach to the overall mental health system, including prevention and early intervention |
| X | 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 non-mental health context or setting to the mental health system |

### Primary Purpose

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| X | Increases access to mental health services to underserved groups |
| X | 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

In Sonoma County, the Latinx/Hispanic population has grown by almost 230 percent within the last 25 years.[1] In 2018, 87% of residents identified as White with 27% identifying as Hispanic or Latinx, the County's largest minority population.[2] According to the most recent Sonoma County Capacity Assessment (FY2016-19), this underserved group makes up almost 30% of the County's general population and over 40% of Sonoma's Medi-Cal population, while only 23% of DHS-BHD consumers were of Hispanic ethnicity.

In Sonoma County, **disparities in mental health care for Latinos are severe, persistent, and well documented**. Although it is presumed that Latinos in Sonoma County are able to access mental health services through a number of clinical mental health service providers, *the Latino mental health penetration rate in Sonoma County remains below 2%*, which is lower than comparative counties and one of the lowest penetration rates in the state of California (3.78%).[3] Furthermore, the recent Capacity Assessment conducted for Sonoma County reports that "**Both consumers and providers noted difficulties accessing or supplying services in Spanish."** While about one fifth of consumers identified as Hispanic, very few services were offered in Spanish. Many reported a need for a greater quantity and variety of high-quality services in Spanish that accept consumers regardless of citizenship status. Stakeholders noted that the lack of culturally competent and bilingual staff resulted in the Hispanic community accessing a

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[1] Sonoma County Economic Development Board, *Hispanic Demographic Trends, 2017*
[2] U.S. Census Bureau. (2018). *Quick Facts, Sonoma county, California*.
[3] Behavioral Health Concepts, Inc. Sonoma County MHP CalEQRO Report. Fiscal Year 2018-19.

lower level of care than others or being deterred from accessing care altogether. For example, when monolingual Spanish-speakers tried to access counseling services oftentimes they were only offered education or wellness opportunities due to the lack of in-county bilingual clinicians.

Service limitations were particularly true for undocumented residents, who had limited access to facilities that were often over capacity and inconsistent in quality. Limited services in Spanish and culturally relative to Sonoma's Latinx/Hispanic population may have led to increased use of higher-level services. During fiscal year 2018-2019, a high proportion of Latinx consumers went to the CSU, though slightly less than consumers overall.

Over 25% of Sonoma households speak a language other than English at home, of which about 19% speak Spanish – the County's only threshold language.[4] About 11% of residents speak English less than "very well," suggesting possible linguistic isolation for this population.[5] Additionally, there are an estimated 38,500 undocumented residents in the County.[6] Individuals who are undocumented and/or linguistically isolated may experience unique challenges accessing medical, transportation, and social services. If services are limited by language, it can reduce access as well as the quality of services available – particularly for individuals with lower levels of income.

**There is one Latinx focused California Reducing Disparities Project in Sonoma County (CRPD).**
**This CRDP program is operated by Latino Service Providers (LSP).  LSP was awarded a five-year grant from CRDP, and this project is funded by MHSA and administered by CA DPH, Office of Health Equity.  The funding will end in 2022.**

**The LSP CRDP Testimonios project is a mental health prevention and early intervention program, that aims to prevent and/or reduce stress, effects of trauma, depression, and anxiety in the Latino community of Sonoma County by decreasing mental health stigma and strengthening the mental health workforce with the deployment of Youth Promotores.**

**The recruitment, training and supervision of up to 16 Youth Promotores annually provides the bridge between the community and the formal system of care while increasing the bicultural and bilingual mental health workforce. The Youth Promotore model is an adaption of the Community Defined Evidence Practice employing Promotore or Community Health Workers who are from the community, have lived experiences in the community and reflect the culture and language of the community.**

**The California Endowment reports that "(Promotores) communicate in the language of the people, address access barriers that arise from cultural and linguistic differences and lack of trust, and they reduce stigma and incorporate cultural supports that improve health outcomes and help community members cope with stress and adverse events." (The Promotor Model:  A Model for Building Healthy Communities, A Framing Paper, March 2011).  While small in scope, the program is demonstrating positive results and the learning from this project will be shared with the Social Innovation Lab.**

[4] U.S. Census Bureau, American Fact Finder. (2018). *Occupied housing units, 2013-2017 American Community Survey 5-year estimates.* Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_B25106&prodType=table
[5] U.S. Census Bureau. (2018). *Selected social characteristics on the United States, California.* Retrieved from https://data.census.gov/cedsci/table?d=ACS%205-Year%20Estimates%20Data%20Profiles&table=DP02&tid=ACSDP5Y2017.DP02&y=2017&g=0400000US06_0500000US06097&lastDisplayedRow=146
[6] Hayes, J. & Hill, L. (2017). *Undocumented immigrants in California.* Retrieved from https://www.ppic.org/content/pubs/jtf/JTF_UndocumentedImmigrantsJTF.pdf

Based on feedback collected by OTM during three "community town hall events", over 400 Latino community members discussed the significant impact that stigma and lack of knowledge have on accessing mental health supports, primarily prevention and early intervention services. Many people in attendance at these town hall meetings reported that even if there were sufficient affordable clinical mental health services available in Sonoma County, they would not be willing to access them due to fears related to safety, fear of judgement and/or a fear of not being able to understand the service provider.  Instead, these Latinos indicated an interest in non-clinical mental health strategies that build cultural protective factors and improve mental health through art, wellness, spirituality, and social connections.  The strong cultural identity of the Latinx community combined with the complexities of the current socio-political-economic environment reinforces the fact that the current traditional western mental health system of care is not adequate to meet the needs of the larger Latinx community.

1) **Latinx community members are hesitant to access clinical mental health services aimed at early intervention services:**

First, as a culture, Latinos do not talk about mental health, which is shrouded in a negative stigma. Many Latinos associate mental illness with being "crazy"; stigma often manifests itself in the form of shame and fear of being judged. Many are reluctant to recognize their problems as psychiatric and do not want treatment that focuses on psychiatric symptoms. Only 20% of Latinos with symptoms of a psychological disorder talk to a doctor about their concerns, and only 10% contact a mental health specialist.[7]

Second, even if they wanted to talk about mental health, Latinos do not often find someone who would listen. The current shortage of mental health professionals in Sonoma County and across California[8] is more severe for Latinos and other minorities, who face barriers of language and culture that can make it hard to seek and get help. These language issues also prevent many Latinos from being able to express themselves or discuss their symptoms with their healthcare providers.

Third, even if Latinos are willing to talk about mental health and can find a bilingual, bicultural mental health professional, they are often not able to afford the help they need. A recent Urban Institute report showed that about one in seven (13.7%) adults in immigrant families reported that they or a family member did not participate in—meaning they did not apply for or dropped out of – a non-cash benefit program in 2018 out of fear of risking future immigration options. Among adults in low-income families earning less than 200% of the federal poverty level, this rate was one in five (20.7%).[9] Regardless of immigration status, Latinos constitute the largest group of uninsured in the U.S.— more than half of California's remaining 2.9 million uninsured are Latino.[10] Without adequate health insurance, Latino community members, especially monolingual Spanish speakers, are not able to afford the limited services available to them.

2) **Existing clinical mental health services do not match the Latinx community's desires and needs for support.**

On The Move (OTM) has actively engaged Sonoma County Latinos in identifying their needs and desired supports over the last three years through the planning and formation of the *La Plaza Project*. OTM initiated its first cohort of Latino community leaders in 2016,

[7] http://publications.unidosus.org/bitstream/handle/123456789/1381/file_WP_Latino_Mental_Health_FNL.pdf

[8] https://data.hrsa.gov/topics/health-workforce/shortage-areas

[9] https://www.urban.org/urban-wire/public-charge-rule-looming-one-seven-adults-immigrant-families-reported-avoiding-public-benefit-programs-2018

[10] https://www.chcf.org/publication/2017-edition-californias-uninsured-coverage-grows-millions-without/

which took on the task of defining key issues surrounding mental health in the Latinx community. These Latino leaders conducted key informant interviews, in-depth research to better understand to what extent mental health services are available but not accessed by the Latino community, how weak linkages between community and County services impact access, and the scope of the shortage of bilingual and bicultural mental health practitioners in the region. Their research led them to conduct an extensive storytelling project with 55 Latino community members, through which they learned that ***while stigma and a lack of bilingual services discourage many Latinos from seeking out clinical mental health services, many Latinos desire to find healing through community and cultural expressions and not through the clinical mental health system.***

3) **Effective, culturally relevant mental health strategies must be developed by the Latinx community itself**

These initial findings about mismatch in services and needs have been echoed repeatedly in OTM's community-led research. In April 2018, Latino community leaders led a town hall process for over 200 Latino students, parents, seniors and service providers to create a visual representation of how Latinos want to improve their mental health: through the creation of programs where community members can rebuild cultural protective factors and improve mental health through art, wellness, spirituality, and social connections.

Health and social problems occur in the context of family, community and culture. Outside of OTM's three-year, community-led research process, Sonoma County has done little to engage Latinos in creating mental health strategies that acknowledge and integrate cultural values and family preferences. It is imperative that Latinos are given the opportunity to define and solve problems most relevant to them and to generate new cultural norms that mirror the values and aspirations that community members have for their children. Because lasting culture change requires the community to embrace new ways of thinking and behaving, change must be centered on the community. Diverse community members— those most affected by adversity; those committed to improving the lives of children and families; and those ready and willing to offer resources that will support small, iterative layers of change—must engage in hopeful, creative dialogue about how they want things to change, and then begin and sustain the process with small changes that will build into larger transformations.[11]

**Proposed Project**

Social innovation is about profoundly changing or transforming a system rather than adapting or improving it. Real change that helps solve complex social challenges, like building an effective, affordable mental health system, can only be achieved when three elements of a system are being innovated. First, when present solutions do not work, we need to develop new solutions. As it is impossible to predict what works, we need to experiment. Second, we need to innovate the way the system behaves. It can require changing public policy, but also organizations changing their strategies. It is about creating the conditions for new solutions to become accepted and replace the old ways. Third, we need to build the capacity of the people and organizations involved. Simply saying they need to change will not work. We need to build a movement, starting with the innovators that pioneer new solutions and also engage the early adopters, who see the need to innovation but require some guidance and a safety net.[12]

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[11] Porter, L., Martine, K., Anda R. (2016) *Self Healing Communities: A Transformational Process Model for Improving Intergenerational Health.* Robert Wood Johnson Foundation.

[12] Westley, F., Laban, S. (2015) Social Innovation Lab Guide. Rockefeller Foundation, https://www.rockefellerfoundation.org/report/social-innovation-lab-guide/

Social Innovation Labs (also called design labs and change labs) are platforms for addressing complex social challenges using learning, experimentation, innovation and change. Social Innovation Labs provide a structured process for approaching messy and complex challenges and a safe and creative environment to experiment and prototype radical innovations. They also enable deep collaboration among multi-disciplinary teams and diverse stakeholders, and take a consumer-centered approach as opposed to institution- or organization-centered approaches.

The *Nuestra Cultura Cura* **Social Innovations Lab** will:

- Draw from different sectors of the community to create a diverse team of 25 Latinx stakeholders, including 5 founding members from partner organizations and 20 community members.
- Build deeper understanding of the root causes of the unique mental health challenges faced by the Latinx community in Sonoma County.
- Prototype experimental, culturally relevant interventions based on art, wellness, spirituality, and social connections that will reduce stigma around mental health among Latinos and increase cultural protective factors that lead to mental health.

The *Nuestra Cultura Cura* Social Innovations Lab will build on OTM's three years of community-led research and the resultant *La Plaza* framework, a community-developed cultural arts model that promotes and enhances the health and well-being of the Latinx community in Sonoma County. The *Nuestra Cultura Cura* Social Innovations Lab will employ the *La Plaza* model to create culturally-rich, non-clinical mental health services for the Latinx population of Sonoma County while working to develop and implement a comprehensive service delivery strategy aimed at decreasing stigma and increasing access to cultural protective factor-promoting, appropriate mental health services.

The Social Innovation Lab will be led by Sonoma County Latinx community members with lived mental health experiences and will authentically engage the community in order to collect and analyze needs data, and design and implement prototype culturally relevant solutions. **OTM's *Nuestra Cultura Cura* Social Innovation Lab addresses the challenges of two of Sonoma County's Innovation Funding primary purposes:**

- **<u>Increase access to unserved or underserved groups</u>**: The *Nuestra Cultura Cura* Social Innovations Lab will increase access to culturally relevant, non-clinical mental health services for at least 500 Latino community members who are underserved, unserved or inappropriately served. At least 500 Latinx community members will participate in Social Innovations Lab prototype mental health strategies.

- **<u>Increase quality of mental health services, including better outcomes</u>:** The Social Innovations Lab will replace inappropriate mental health services with culturally relevant mental health strategies that will reduce depression and anxiety and promote cultural protective factors among Latinos. The Social Innovation Lab will create culturally-relevant evaluation tools to collect data around individual participants' mental health symptoms and their growth in cultural protective factors.

The *Nuestra Cultura Cura* Social Innovations Lab is directly aligned, though programmatically distinct, from Sonoma County's two Latinx California Reducing Disparities Projects (CRDP). Like Humanidad's *Convivencia* project and Latino Service Providers' *Testimonios* project, the *Nuestra Cultura Cura* project will rely on community defined evidence practices, which are innovative and culturally-rooted traditions designed by the communities they serve, and will ensure mental health equity by providing culturally and linguistically responsive prevention and early intervention services. This Innovations Project reflects the core strategies of the statewide CRDP, including increasing access to mental health services for unserved, underserved and

inappropriately served populations; improving the quality of mental health services for unserved, underserved and inappropriately served populations; building on community strengths to increase the capacity of and empower unserved, underserved and inappropriately served populations; and developing, funding and demonstrating the effectiveness of population-specific and tailored programs.

The *Nuestra Cultura Cura* Social Innovations Lab will support a unique collaboration of five key Latino-led mental health and cultural arts organizations, including **On The Move***, Humanidad* **Therapy & Education Services, Latino Service Providers,** *Raizes* **Collective and North Bay Organizing Project**. Each of these partners brings a specific expertise in mental health, community organization and/or cultural arts and connection to the Latinx community in Sonoma County.

**On The Move** partners with communities and mobilizes emerging leaders to take action in pursuit of social equity.  OTM builds youth-led initiatives that explore approaches to closing the achievement gap, promote wellness and inclusion, reduce social and economic barriers, support youth in their transition into adult independence, increase family self-sufficiency, and develop emerging leadership in the public sector. Over the last three years, OTM has led a community-research and leadership development program for Latinx community leaders that resulted in the *La Plaza* community mental health model.  OTM will be the lead agency for the administration of this Innovation Project.

**Humanidad Therapy & Education Services** is a multicultural community mental health agency offering low-fee clinical services. Humanidad primarily serves low-income Latinx community members in Santa Rosa. With the support of the California Reducing Disparities Project, Humanidad is implementing the *Convivencias* model, a space of *familismo* (family), *respeto* (respect), and *personalismo* (relationships), where community members feel safe to engage in storytelling and share life experiences while learning from others. The strategies being integrated include culturally relevant community events (*Community Convivencias)* and group counseling *(Group Convivencias),* both with the main purpose to increase a sense of belonging, self-esteem, and a quality of life.

**Latino Service Providers** (LSP) is a member organization comprised of over 1,400 members who work together to educate and network in support of the Latino community, to improve access to healthcare, mental health services, education, legal support and other social services available in our area. With the support of the California Reducing Disparities Project, LSP is implementing the *Testimonios* project, a five-year initiative that trains students to become mental health Youth Promotores skilled at collecting and disseminating information about mental and behavioral health issues affecting the local Latino community

**Raizes Collective** is an arts organization based in Santa Rosa, established to empower and mobilize community through the arts, culture and environmental education. The Collective offers artists and teachers of color the resources of space, programming, events, shows and activities to affect social and political change through art and community building.

**North Bay Organizing Project (NBOP)** is a grassroots, multi-racial, and multi-issue organization comprised of over twenty-two faith, environmental, labor, student and community-based organizations in Sonoma County. NBOP is working to unite working class and minority communities to build leadership and grassroots power for social, economic, racial and environmental justice.

The purpose of this collaboration is to engage community organizations in a transformative process of adopting new solutions to improving mental health, evaluating effectiveness, and potentially enhancing a mental health system that does not serve the Latinx community very well. Each organization collaborating on this Innovations project will receive a Partner Agency

Support Contract (laid out in the proposed project), supporting them to align their existing services to the project and test out the innovative strategies identified by the Lab team.

**Implementation of project and workplan**

Drawing from the framework developed by Social Lab expert and author Zaid Hassan, the *Nuestra Cultura Cura* Social Innovations Lab will move through four distinct phases:

**Phase 1: Form Social Innovation Lab Team** (**Months 1-6** )

During the first phase, OTM will complete four key milestones that will lay the foundation of the Social Innovations Lab Team:

1. **Clarify Intention**: Using the shared framework of OTM's *La Plaza* model, OTM will convene project partners from Humanidad, Raizes Collective, Latino Service Providers and North Bay Organizing Project in a retreat session to clarify the specific intentions around adopting new practices that reduce stigma and increase cultural protective factors that lead to mental health among Latinos. The clearly articulated intention statements will form the basis of "call to action" needed to recruit Lab Team participants.

2. **Broadcast an Invitation**: OTM will create a project pitch and invitation to participate based on the partners' intentions. The purpose of this "pitch" will be to find Latinx people from a variety of backgrounds, including those with lived mental health experiences, who share our intention to create new solutions that reduce mental health stigma and increase cultural protective factors among Latinos.

3. **Work Networks**: Project partners will use their own networks and the *La Plaza* network to invite Latinx community members to participate in the Social Innovation Lab through emails, one-on-one conversations and group presentations to explain what they are doing, why the Social Innovation Lab is needed, and what resources, connections and skills are needed. Project partners will use this networking process to find those highly connected community members who are needed to deeply understand root causes of stigma and inaccessibility and who can lend unique perspectives to potential solutions.

4. **Recruit Willing People**: Founding Lab members representing On The Move, Humanidad, Raizes Collective, Latino Service Providers and North Bay Organizing Project will recruit 20 Latinx individuals who offer different perspectives, backgrounds and expertise to the project and who share a common interest in the projects' intentions. These intergenerational individuals will represent people with lived mental health experiences, public and non-profit sectors, faith communities, academics and researchers, artists and cultural practitioners. Interested participants will be asked to commit to the full length (28 months) of the project and agree to actively participate in the Lab process. A small stipend ($2,400) will be offered to these individuals.

**Phase 2: Design the Social Innovation Lab Iterative Design Process (Months 6-9)**

With the membership of the Social Innovation Lab established, the Team will determine its strategic directions and develop an iterative design and working process for the prototype phase. During Phase 2, the Team will accomplish three key milestones:

1. **Set Strategic Direction**: OTM will facilitate a process to allow the Team to self-determine the Innovation Lab's strategic direction for transforming mental health solutions for Latinos, which will set the Team's view of the future, communicate challenges to be overcome and empower the Team to stretch, learn and grow.

2. **Invite a Facilitator**: With a clear strategic direction, the Lab Team will seek out and hire a facilitator whose role will be to support the group and deal with the *how* of the journey,

issues such as leadership, decision making, conflict resolution, and clarifying purpose. While the Team will determine their own selection criteria for their facilitator, OTM intends that this expert will be Latinx, Spanish-speaking and skilled in design thinking, group dynamics, community participatory planning and research and community health.

3. **<u>Clarify the Iterative Design Process</u>**: With the support of the facilitator, the Lab Team will set its process for innovation and problem solving, research and learning, capacity building and governance. Inherent in this process will be determining needs for additional training and opportunities for lab members to share experiences and expertise with their peers. All Lab members will work together to create shared agreements and commitments, a meeting and work schedule and an accountability structure to ensure that Lab members are able to successfully complete their commitment to their Team.

**Phase 3: Prototype Solutions - Trial, Error, Observation, Reflection (Months 10-34)**

A Social Innovation Lab is about strategically bringing the right people together to engage in:

- Sense-making, (understanding what is happening and why) which in turn infuses a situation with meaning and the motivation to act;

- Identifying the new emerging patterns, programs, initiatives, ideas that could transform the problem domain;

- Identifying the opportunities to shape or influence new partnerships, resource flows and protocols that could support such transformation.

Social Innovation Labs generally consist of three types of workshops:[13]

**Building Understanding of the System:** The first workshops are designed to engage participants in broad and deep understanding of the system in which they are concerned, opening up new possibilities for interpretation. In these early stages we will draw heavily on some of the whole system thinking, to create the experience of unfreezing problem perspectives and surfacing diversity.

**Exploring Possible Innovations:** The next workshops use tools and methods associated with social innovation to begin to understand the breadth of possible innovations and the opportunities for grafting these to the current system or shifting the current system to accommodate the innovations.

**Prototyping Solutions:** In the next stage, workshops use design thinking to try out new ideas in the community by working with Lab Team member organizations and other community groups.

Over the course of two years, the Innovations Lab Team will create and implement strategies and tactics to reduce mental health stigma and increase cultural protective factors that lead to mental health among Latinos. Through a process of trial, error, observation and reflection, the Social Innovation Lab will create:

- New networks and teams
- Changed understandings, mindsets and logics
- New language around mental health
- Changed relationships and dynamics

- New capacities
- New commitments and actionable strategies
- New experiments, actions, and programs

Working with the five founding Lab partners (On The Move, Humanidad, Latinos Service Providers, Raizes Collective and North Bay Organizing Project) and potentially with multiple

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[13] Westley, F., Laban, S. (2015)

partners from faith communities, cultural groups, mental health organizations, family resource centers, schools and neighborhoods, **the Innovations Lab Team will implement at least three different prototype interventions targeting stigma and cultural protective factors.** Over the course of two years these prototype interventions **will engage at least 500 Latino community members** in both service strategies and in community-based participatory evaluation. Each prototype intervention will include an evaluation plan to determine its potential merits, future applications and areas for development.

**Phase 4: Document & Share Learnings (Months 34-36)**

The last two months of the *Nuestra Cultura Cura* Social Innovations Lab will be used to create a final evaluation report that will document the Social Innovations Lab process and summarize learnings, strategies, successes, failures and promise of prototypes attempted during the project.

The Lab Team will create a messaging plan to disseminate the final evaluation report and will employ its team members' networks to share learnings at local, regional, and state levels with policymakers, funders, mental health systems leaders and other community leaders/activists.

## Appropriateness of selected approach

OTM's *Nuestra Cultura Cura* Social Innovations Lab makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

Sonoma County has been unable to overcome our current collective inability to reduce stigma around mental health and to increase Latinos' access to culturally relevant mental health services. Taking a collaborative approach with five diverse, Latino-serving organizations to develop culturally-responsive mental health services for the Latinx community is an expansion of the community-based participatory research led by On The Move in 2016. The Social Innovation Lab approach will allow Latino community leaders to create their own solutions that honor Latino culture and values and that facilitate relationships, shared understanding and shared responsibilities. Currently, Social Innovation Labs around the world are working across a range of sectors with public service, education and health being the primary focus areas. This will be one of the first applications of a Social Innovation Lab applied to mental health for the Latinx community.

## Number of individuals expected to be served annually

The *Nuestra Cultura Cura* Social Innovations Lab is estimated to increase access for at least 500 Latino community members who are underserved, unserved or inappropriately served by engaging them in the prototypes of culturally relevant mental health strategies designed and implemented by the Social Innovations Lab Team. These engagements will focus on prevention and early intervention strategies addressing mental health challenges and reducing the stigma of mental health. The number of Latino community members that will engage in services under this proposal was reached by analyzing OTM's historical success in conducting community outreach and engagement of the Latinx community members in other services and programs offered in Sonoma County. Given the potential reach of the project and the intent to pilot multiple interventions, the estimate that 500 Latino community members will be engaged is a reasonable assumption.

## Population Description

OTM's *Nuestra Cultura Cura* Social Innovations Lab will engage Latinos living in Southwest Santa Rosa, West Sonoma County, Sonoma Valley and Healdsburg. Eighty-eight percent of

Latino immigrants to Sonoma County hail from Mexico, and many arrive with limited education; 42% of Sonoma's Latinx population today is foreign born.

Latinos living in these communities face major challenges: from health and housing to health insurance and income, the Latinos trail the County average in all major indicators. The struggles are many: four in ten adults lack high school diplomas and typical Latino worker earns only about $21,695, which is far below the poverty line for a family of four. More than half of housing units in these neighborhoods are rented, and the average size of households living in rental housing is among the county's highest, suggesting overcrowded living conditions. Adults must direct the lion's share of their time and energy to securing the basics – essentials like nutritious food, medical care, and a place to live. The struggle to stretch low wages far enough to make ends meet and to navigate the daily challenges of life in high-poverty neighborhoods exacts a high cost: the chronic stress of insecurity causes excessive wear and tear on the heart and blood vessels, weakens immunity, frays relationships, and erodes psychological health. The effects of prolonged poverty, particularly in the early years, on children's well-being are grave and long-lasting.[14]

**Research on Innovation Component**

**A)** <u>**Distinguishing aspects of the project**</u>

The *Nuestra Cultura Cura* Social Innovations Lab has two distinct components that meet the criteria for Innovations funding: the application of Social Innovations Labs paired with the overarching model of culturally competent mental health services that is the foundation of the La Plaza framework. Both aspects of the project are making a change to an existing practice in the field of mental health. Social Innovations Labs have been utilized to solve some of the world's most pressing problems, and mental health has been identified as a focus area that has benefited from this approach. However, based on extensive literature reviews and internet searches OTM has learned that the Social Innovation Lab model has not been utilized to 1) Focus on the unique mental health needs of the **Latinx Community**; and 2) Bring **community members themselves** into the center of Social Innovation Lab leadership, design, planning and implementation process.

1) **Focus on Latinx Community:** The *Nuestra Cultura Cura* Social Innovations Lab will specifically focus on the unique, cultural needs of the Latinx community surrounding mental health, as a means to raise awareness, reduce stigma and increase access to mental health support. Although a handful of examples were found that integrated Social Innovation Labs into the field of mental health, they were conducted through large institutions such as the American Psychiatric Association[15], New York City[16], Stanford Business School[17], and Harvard University[18], and were far too large in scale to focus specifically on the Latinx community.

2) **Community members at the center of Social Innovation Lab leadership:** The *Nuestra Cultura Cura* Social Innovations Lab will bring Latinx community members themselves into the project's leadership, design, planning and implementation. Any examples of Social Innovations Labs focused on mental health were designed and led by large institutions, which centered on an "expert model" of leadership and implementation in which existing

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[14] Burd-Sharps, S., Lewis, K. A Portrait of Sonoma County. Sonoma County Human Development Report 2014. Measure of America.

[15] https://www.psychiatry.org/psychiatrists/education/mental-health-innovation-zone/psychiatry-innovation-lab

[16] https://thrivenyc.cityofnewyork.us/#_usebetterdata

[17] https://www.stanfordbrainstorm.com/

[18] https://innovationlabs.harvard.edu/

leaders in government, business, technology and clinical psychology led the entire process. Although university programs also integrated students and alumni entrepreneurs into the center, they did not directly engage the community in the design and implementation of their Social Innovation Lab.

Although representatives from organizations will be engaged in the *Nuestra Cultura Cura* Social Innovations Lab in order to better influence the current mental health system, at the center of the project will be a community-based Innovations Lab Team, made up of intergenerational, Latinx community leaders who will self-determine the strategic direction of the Innovation Lab, collect and analyze data, and recommend and implement the service delivery strategies.

*La Plaza*, a community-based model based on culturally competent mental health services, will provide the organizing structure of the *Nuestra Cultura Cura* Social Innovations Lab. The design of La Plaza offers further evidence of this project meeting the criteria for Innovations Funding.

- **Integrating community-based and traditional mental health services together:** *La Plaza* itself meets criteria for Innovations Funding by providing a change to an existing practice in the mental health field. Very little evidence was found of a Latinx-based, community center that focuses on mental health. *La Plaza's* approach meets criteria for Innovations Funding by providing another change to an existing practice in the mental health field. One example of a Latinx community mental health center was found in Salt Lake City[19], however the Center focuses solely on increasing access to **traditional and clinical** mental health services for Latinos. An overarching community-based mental health strategy was also found in Cuba[20], but the strategy also focused specifically on medical, clinical and psychiatric approaches.

  *La Plaza* is set apart from these and other mental health models by emphasizing traditional mental health practices and cultural experiences that empower the Latinx community to recognize their own ability to heal. As a specific Innovations project, the *Nuestra Cultura Cura* Social Innovations Lab and its prototype strategies will create a welcoming setting that will reduce mental health stigma, create appropriate, culturally-based wellness activities and provide a bridge to a variety of mental health resources.

- **A Latinx-led, multi-disciplinary approach to addressing minority mental health disparities:** *La Plaza* also meets criteria for Innovations Funding by providing a change to an existing practice in the mental health field through offering a <u>combination</u> of multiple initiatives meant to address mental health disparities for minorities. Significant research has taken place to determine strategic initiatives that address mental health disparities for minorities. Initiatives have included increased community representation on policy-making boards, provision of training in cultural sensitivity for providers, recruitment of minority professionals and/or paraprofessionals from the community, incorporation of healers and healing practices of ethnic communities into the mental health system, development of ethnic-specific service agencies in the community,  and provision of treatments and programs matched to clients' ethnic backgrounds.[21] However research found that these initiatives are typically "siloed" as single, individual efforts. *La Plaza* provides a unique <u>combination</u> of several proven initiatives including representing Latinos as leaders, engaging Latinx mental health professionals and/or paraprofessionals from the community, incorporating Latinx healers and healing practices,

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[19] https://latinobehavioral.org/

[20] Pan American Health Organization. Innovative mental health programs in Latin America and the Caribbean. Washington, DC: PAHO. 2008. http://www1.paho.org/hq/dmdocuments/2008/MHPDoc.pdf

[21] Wallen, Jacqueline, Ph.D. *Providing Culturally Appropriate Mental Health* The Journal of Mental Health Administration. Fall 1992. https://page-one.springer.com/pdf/preview/10.1007/BF02518993

integrating Latinx-specific service agencies into programming, and providing treatments   and programs matched to the Latinx culture.


**B. Investigation of existing approaches and identification of gaps in research and evidence**

On The Move conducted extensive internet research on Social Innovations Labs by reading **literature reviews, on-line examples of existing practices implemented in the US and globally, and review appendixes.** Research included (but was not limited to):

- A wide range of reviews and existing practices from the leading educational institutions implementing Social Innovations Labs, including the *Stanford Center for Innovation[22]*, *Harvard Innovation Labs[23]*, *UC Berkeley School of Social Welfare[24] and University of Colorado's National Mental Health Innovation Center[25].*
- Databases of existing Social Innovations Lab practices, such as the *Mental Health Innovation Network[26]*, an online community of mental health innovators, researchers, practitioners and donors.
- Annual Reports and existing practice databases from institutions who fund Social Innovation Labs nationally and globally, such as *Ashoka[27,28], Reos Partners[29]* and *Hitachi[30]*.
- Reports and existing practice databases from leading mental health institutions, including *American Psychiatric Association[31,32]* and the *International Association of Applied Psychology[33].*
- A *United Nations* report provided by *New York City's THRIVE Mental Health Initiative[34].*
- The book, *The Social Labs Revolution – a New Approach to Solving Our Most Complex Challenges*, by Zaid Hassan[35].


When engaging in the above research, OTM searched for any existing practices or focused efforts surrounding Social Innovations Labs specific to the Latinx community. Throughout this research, OTM found gaps in the literature or existing practices, discovering that the Social Innovation Lab model has not been utilized to focus on the **unique mental health needs of the Latinx Community**. Extensive research was also conducted to explore if community members themselves have been at the center of Social Innovation Labs focused on mental health. On The Move found no evidence of any **community engagement within Social Innovation Labs' leadership, design, planning and implementation process**.  Lastly,

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[22] https://www.gsb.stanford.edu/faculty-research/centers-initiatives/csi

[23] https://innovationlabs.harvard.edu/

[24] https://socialwelfare.berkeley.edu/research

[25] http://mentalhealthinnovation.org/

[26] https://www.mhinnovation.net/innovations

[27] https://www.ashoka.org/en/our-network

[28] https://www.ashoka.org/en-in/files/mapping-emergingparadigminmentalhealthpdf

[29] https://reospartners.com/our-work/impact-report/

[30] https://social-innovation.hitachi/en-us/case_studies/

[31] https://www.psychiatry.org/psychiatrists/education/mental-health-innovation-zone

[32] https://www.psychiatryinnovation.com/alumni

[33] https://iaapsy.org/about/apaw/

[34] https://iaapsy.org/iaap-and-the-united-nations/reports-meetings-events/new-york-city-thrive-mental-health-initiative-presented-at-the-united-nations/

[35] https://www.bkconnection.com/static/Social_Labs_EXCERPT.pdf

OTM's research found that there were very few existing practices of community-based mental health centers or projects. The few examples of community-based mental health centers found only focused on traditional, clinical mental health support, therefore uncovering a lack of any **multi-disciplinary approach of addressing minority mental health disparities** that offer a combination of strategies meant to address mental health disparities for minorities, in one central location. On The Move's INN Project will address all of these gaps found in research.

Beyond the exhaustive internet research of literature reviews and existing practices of Social Innovation Labs, OTM spoke to various community partners and leaders who focus on working with the Latinx community surrounding mental health. No partner was aware of any local or national Social Innovations Lab projects being applied to the Latinx community and mental health.

**Learning Goals/Project Aims**

One broad objective of MHSA Innovation is to promote learning that contributes to the expansion of effective practices in the mental health system. The *Nuestra Cultura Cura* Social Innovation Lab has identified two principal learning goals that will significantly improve the way in which the mental health service delivery system supports Latinos in Sonoma County.

1.  What more can we understand about the unique challenges that inhibit Latinx community members from accessing mental health services in Sonoma County?

2.  How might using culturally-specific interventions and language improve the quality of mental health services for the Latinx community?

The chart below illustrates how each learning goal relates to key program elements that are either adapted, new or changed.

| Learning Goal | Key Program Elements | Approach |
|---|---|---|
| What more can we understand about the unique challenges that inhibit Latinx community members from accessing mental health services in Sonoma County? | "Formation of Social Innovation Lab Team and Iterative Design Process" component has 20 Social Innovation Lab team members defining community mental health challenges and barriers to accessing mental health services.. | Adapted:  Collaboration of five Latino-serving agencies, diverse representation from the community, including those with lived experience are engaged as Social Innovation Lab team members. |
| How might using culturally-specific interventions and language improve the quality of mental health services for the Latinx community? | "Prototyping of Culturally-Relevant Mental Health Interventions" component of the project has the Social Innovation Lab Team developing, piloting, and evaluating culturally-based interventions. | Change:  These community interventions will be developed by the Social Innovations Lab Team comprised of diverse members.  Focus will be on community empowerment to self-determine best intervention for specific community challenges. |

**Evaluation or Learning Plan**

As detailed in the table below, the *Nuestra Cultura Cura* Social Innovation Lab has set four desired outcomes that relate directly to the selected primary purposes:

**Increase access**

- **Short-term:** Lab members identify core problems, symptoms and contributing factors that inhibit Latinx community members from accessing mental health services in Sonoma County
- **Long-term:** Latinx adults and youth are more willing and able to access mental health that address challenges and barriers

**Increase quality**

- **Short-term:** Latinx adults and youth participate in mental health interventions that are culturally and linguistically appropriate
- **Long-term:** Latinx adults and youth experience strengthened cultural protective factors and reduced depression and anxiety

| Primary Purpose | Desired Outcome(s) | Indicators | How Measured |
|---|---|---|---|
| Increase access to unserved or underserved groups | **Short-term:** Lab members identify core problems, symptoms and contributing factors that inhibit Latinx community members from accessing mental health services in Sonoma County<br><br>**Long-term:** Latinx adults and youth are more willing and able to access mental health that address challenges and barriers | Number of Lab Members who report a deeper understanding of root causes and potential solutions to barriers to access<br><br>Number of Latinx adults and youth who indicate increased willingness and ability to access services that support mental health | Documentation of research and analysis process<br><br>Participatory Evaluation process with Lab Members<br><br>Culturally appropriate, validated tools contextualized by Social Innovations Lab Team (may include participant surveys, key informant interviews, and/or focus groups) |
| Increase quality of mental health services, including better outcomes | **Short-term:** Latinx adults and youth participate in mental health interventions that are culturally and linguistically appropriate<br><br>**Long-term:** Latinx adults and youth experience strengthened cultural protective factors and reduced depression and anxiety | Number of interventions that are designed, implemented and evaluated<br><br>Number of Latinx adults and youth who participate in prototype interventions<br><br>Number of participants reporting that interventions were culturally and linguistically appropriate<br><br>Number of participants reporting an increased | Documentation of prototype process<br><br>Participation logs<br><br>Culturally appropriate, validated tools contextualized by Social Innovations Lab Team (may include participant surveys, key informant interviews, and/or focus groups) |

| | | connection with cultural protective factors | |
| | | Number of participants reporting decreased severity in symptoms of depression and anxiety | |

Evaluation methods will be developed by Lab Team members, with the support of the project facilitator and OTM's expert evaluation consultant. All evaluation activities will be implemented by the Lab Team members and the evaluation consultant to gather information to support the project's two learning goals and to measure the overall impact of the project on stigma and mental health outcomes for Latinos.

The project consists of two key elements that will be evaluated as follows:

1. **Formation of Social Innovation Lab Team & Iterative Design Process**: Lab Team members will provide ongoing input through Participatory Evaluation as to the effectiveness of the Social Innovation Lab process, including feedback as to the make-up and diversity of team membership; quality of process management/facilitation; and their perceptions of inclusivity and team dynamics. In addition, the Participatory Evaluation process will document the research and analysis conducted by the Team and include key informant interviews with Lab Team Members to gauge the extent to which Lab Team Members report a deeper understanding of root causes and potential solutions to barriers to access.

   In the longer term, the Lab Team will create and implement evaluation tools to measure Latinx community members increased willingness and ability to access services that support mental health, which may include participant surveys, key informant interviews, and/or focus groups developed in partnership with the project evaluator.

2. **Prototyping of Culturally-Relevant Mental Health Interventions**: Each prototype intervention will be designed by the Lab Team with predetermined, specifically-tailored outcome goals and data collection methods that will include baseline data that will be used to compare and demonstrate change. In addition, the Team will use a set of standardized indicators to measure the effectiveness of each intervention, including the number of Latinx adults and youth who participate in interventions; number of Latinx adults and youth who indicate increased willingness and ability to access services that support mental health; number of participants reporting that mental health interventions were culturally and linguistically appropriate: number of participants reporting an increased connection with cultural protective factors; number of participants reporting decreased severity in symptoms of depression and anxiety. Lab Team Members will work with the project evaluator to identify, select and adapt culturally appropriate, validated data collection tools, which may include participant surveys, key informant interviews, and/or focus groups.

### Section 3: Additional Information for Regulatory Requirements

<u>**Contracting**</u>

Sonoma County Department of Health Services (DHS) will contract with On the Move for the proposed three-years of Innovation funding award. On the Move has an internal staff evaluator to lead and conduct the evaluation.

The MHSA Coordinator of the Sonoma County DHS Behavioral Health Division will be the main point of contact to monitor progress of *Nuestra Cultura Cura* and assure contract compliance per County and State regulations. The County may provide technical support in program delivery and evaluation, fiscal reporting and program reporting to the County. Project coordination meetings will be held quarterly to establish expectations in reporting and to assure compliance with MHSA and Innovation regulations. In addition, On the Move will be expected to submit quarterly reports that include quantitative (number of clients served, demographics) and qualitative data (narrative reporting that includes findings, challenges, and solutions).

As the administrator for the *Nuestra Cultura Cura* project, On the Move will have Partner Agency Support Contracts with the four community-based nonprofits collaborating on this project. In addition, OTM will contract with a project facilitator for the formation of the Social Innovation Lab Team and an evaluation consultant to oversee the implementation of the evaluation.

**Community Program Planning**

**The County has robust stakeholder engagement in the MHSA Community Program Planning process. This includes the MHSA Steering Committee, Stakeholder Committee, county staff and contractors and any other interested parties. The County's MHSA Steering Committee is a key stakeholder and the committee is comprised of 27 diverse community members, including consumers, family members, TAY, ethnic and LGBTQ+ representation, various public sector personnel and advocates (see Appendix A for membership representation).**

**Since January of 2019, The MHSA Steering Committee has met at least quarterly to participate in shaping the mental health system of care funded by MHSA. In the summer of 2019, the MHSA Steering Committee established an Innovation Subcommittee to develop an inclusive community process that would solicit innovative project proposals, develop and apply a selection criterion for the incoming proposals and make a recommendation to award Innovation funds to selected projects. The Community Program Planning process is outlined below:**

| 2019 | Task |
|------|------|
| **May-June** | **Understand Innovation regulations and requirements, discuss and define community planning process.** |
| **July** | **Develop and adopt community application, scoring criteria and FAQs to solicit Innovation Project Ideas.** |
| **Aug** | **Establish a calendar of community meetings for outreach and to inform the community about the Innovation opportunity; develop community presentation; conduct outreach for community meetings.** |
| **Sept** | **Conduct five community meetings in strategic geographic locations throughout the county to inform interested parties about MHSA and Innovation opportunity, including requirements, application form and selection criteria.** |
| **Oct** | **Received sixteen Innovation applications from the community; Innovation Subcommittee members reviewed and scored all applications based upon previously agreed upon selection criteria; Innovation Subcommittee held 2 full day meetings to discuss applications and arrive at consensus on prioritized projects and developed recommendation for funding.** |

| | |
|---|---|
| **Dec** | Presented recommendation to MHSA Steering Committee and Mental Health Board (public meeting).<br>Recommendation forwarded to the Behavioral Health Director and the Department of Health Services administration.<br>Innovation applicants notified of status; meetings convened with approved projects to further develop their proposals. |

**In the table below the dates and locations of the community meetings are provided:**

| Date | Time | Location |
|---|---|---|
| September 4, 2019 | 10:30am – 12:30pm | Guerneville Regional Library<br>14107 Armstrong Woods Rd., Guerneville<br>(West County) |
| September 4, 2019 | 3:00pm – 5:00pm | Sonoma Valley Regional Library<br>755 West Napa Street, Sonoma<br>(East County) |
| September 11, 2019 | 9:00am – 11:00am | DHS Administration<br>Santa Rosa Conference Room,<br>1450 Neotomas Ave., Santa Rosa<br>(Central County) |
| September 11, 2019 | 1:00pm – 3:00pm | Petaluma Health District,<br>1425 N. McDowell Blvd., Rm 100,<br>Petaluma<br>(South County) |
| September 13, 2019 | 1:00pm – 3:00pm | Healdsburg Library<br>139 Piper St., Healdsburg<br>(North County) |

**The table below provides the 16 applicant names and project titles.**

| Applicant | Project Title |
|---|---|
| Action Network (Sonoma County Indian Health Project, Redwood Coast Medical Services, Community Wellness Coalition) | Implement Community Resilience Leadership Model on the Rural Redwood Coast |
| Brief and Strategic Integrated Counseling Services (BASICS) [First Responder Support Network (FRSN)] | Approach to address workplace trauma among Sonoma County's first responders |

| | |
|---|---|
| **Buckelew Programs (Aldea Children and Family Services, On the Move/VOICES)** | **Early Psychosis Intervention Care EPIC Program (EP LHCN)*** |
| **Center for Innovation and Resources** | **Effective, Equitable, Expanded (3E) Mental Health in Sonoma County Project** |
| **Early Learning Institute** | **Instructions Not Included (INI) with Dads Matter*** |
| **First 5 Sonoma County** | **Promoting Early Relational Mental Health: New Parent TLC*** |
| **Hanna Institute [Center for Well Being (CWB), International Trauma Center (ITC)]** | **"Bridging Gaps in Mental Health Care in Vulnerable Communities"** |
| **On the Move/VOICES (La Plaza, Humanidad, Latino Service Providers, Raizes Collective and North Bay Organizing Project)** | **Nuestra Cultura Cura Social Innovations Lab*** |
| **Petaluma Health Center** | **Psychiatric Nurse Practitioner Residency** |
| **Petaluma People Services Center** | **Manhood 2.0** |
| **Side by Side** | **New Residents Resource Collaborative** |
| **Social Advocates for Youth** | **Innovative Grief Services** |
| **Social Advocates for Youth** | **Street-Based Mental Health Outreach** |
| **Sonoma County Human Services Department Adult & Aging (and Santa Rosa Community Health)** | **Collaborative Care Enhanced Recovery Project: Advancing Older Adult Depression Care through Extended Supportive Services (CCERP)** |
| **Sonoma County Indian Health Project** | **Primary and Behavioral Health Care Integration Program with Traditional Native Healing Practices** |

| Sonoma County Public Health Maternal Child and Adolescent Health | Trauma-Informed Approach in Public Health Nursing |
|---|---|

The table below details the timeline of events in 2020 regarding preparing the Innovation projects proposals for public review and appropriate approvals from local and state authorities.

| 2020 | Task |
|---|---|
| Feb-Mar | Prepared draft proposals for submission to Mental Health Services Oversight and Accountability Commission (MHSOAC) for technical assistance. |
| Mar | Submitted draft proposals to MHSAOC for review and technical assistance |
| Apr | Posted MHSA 2020-2023 Three-Year Plan with the five prioritized Innovation proposals for 30 days |
| May | Held public hearing at the Sonoma County Mental Health Board meeting. No substantive comments were received about the Innovation proposals. |
| June | Sonoma County Board of Supervisors approved the MHSA 2020-2023 Three-Year Plan that included the five prioritized Innovation proposals. |
| Sept/Oct | Received feedback and technical assistance from MHSOAC and incorporated feedback into proposals. |
| Nov | Posted Innovation proposals for 30-day public review period. On November 13, 2021. |
| Dec | Held public hearing at the Sonoma County Mental Health Board meeting on December 15, 2020. No substantive comments were received about the Innovation proposals. |
| 2021 | Task |
| Jan | Resubmit projects to MHSOAC for approval. |
| Feb | February 23, 2021 submit board item for Board of Supervisors review and approval. |

On November 13, 2020, the County posted 4 proposed Innovation Projects, Instructions Not Included, CCERP, New Parent TLC and Nuestra Cultura Cura for the 30-day public review period. Followed by a public hearing hosted by Sonoma's Mental Health Board on December 15, 2020.  No substantive comments were received on any of the projects during the 30-day review period or at the public hearing.

For the review period, the County's process is to post the project proposal on the Department's website/Behavioral Health Division webpage and send notification out to MHSA Steering Committee members, MHSA Stakeholder Committee, contacts on the MHSA Newsletter list with over 2000 contacts, County staff and contractors and any other interested parties.

In addition to the County's community program planning process, each of the applicants were required to develop their proposed projects with consumer and community input to validate the need among the population and that the innovation proposed was a feasible and strategic approach to the defined community/mental health challenge.

On the Move (OTM) has actively engaged Latinos in identifying their needs and desired supports over the last three years through the planning and formation of the *La Plaza Project.* OTM Sonoma County initiated its first cohort of Latino community advocates in 2016, which took on the task of defining key issues surrounding mental health in the Latino community. These emerging leaders conducted key informant interviews, in-depth research to better understand to what extent mental health services are available but not accessed by the Latino community, how weak linkages between community and County services impact access, and the scope of the shortage of bilingual and bicultural mental health practitioners in the region. Their research led them to conduct an extensive storytelling project with 55 Latino community members, through which they learned that ***while stigma and a lack of bilingual services discourage many Latinos from seeking out clinical mental health services, many Latinos desire to find healing through community and cultural expressions and not through the clinical mental health system.***

These initial findings about mismatch in services and needs have been echoed repeatedly in the research and development of the Sonoma County *La Plaza* Project*,* a Latino-focused Center that emphasizes the use of cultural strengths to raise awareness and reduce mental health stigma in Southwest Santa Rosa in Sonoma County. In April 2018, a cohort of young Latino community advocates led a town hall process for over 200 Latino students, parents, seniors and service providers to create a visual representation of what the new *Plaza* should be: a space where community members could rebuild cultural protective factors and improve mental health through art, wellness, spirituality, and social connections.

The lessons learned in that process was that health and social problems occur in the context of family, community and culture. Outside of *La Plaza*, Sonoma County has done little to engage Latinos in creating mental health strategies that acknowledge and integrate cultural values and family preferences. It is imperative that Latinos are given the opportunity to define and solve problems most relevant to them and to generate new cultural norms that mirror the values and aspirations that community members have for their children. Because lasting culture change requires the community to embrace new ways of thinking and behaving, change must be centered on the community. Diverse community members—those most affected by adversity; those committed to improving the lives of children and families; and those ready and willing to offer resources that will support small, iterative layers of change—must engage in hopeful, creative dialogue about how they want things to change, and then begin and sustain the process with small changes that will build into larger transformations.[36]

In addition to the program planning that has already been completed, Social Innovation Lab Team members comprised of diverse community members, will continue to collect data from the broader community to develop, implement and evaluate culturally-appropriate mental health interventions.


**MHSA General Standards**

**A. Community Collaboration**

Throughout its programming, On the Move, (OTM) has intentionally collaborated with multiple stakeholders in order to increase its effectiveness and create systemic improvements for underserved communities. OTM has successfully implemented and managed dozens of MOUs,

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[36] Porter, L., Martine, K., Anda R. (2016) *Self Healing Communities: A Transformational Process Model for Improving Intergenerational Health.* Robert Wood Johnson Foundation.

collaborative grants and County-wide committees with non-profit partners, government agencies, elected officials, foundations and community members. The *Nuestra Cultura Cura* Social Innovation Lab will bring together at least five community organizations that specialize in community organizing and community mental health.

## B. Cultural Competency

On the Move brings fifteen years of rich experience providing community-based programming that empowers Latinos in Napa and Sonoma Counties. Programming has ranged from Latinx Youth Leadership Academies serving over 200 youth annually; Parent University and Family Resource Centers serving over 2,000 Latinx families annually, a Latinx LGBTQ Inclusion Initiative engaging over 200 youth, families and service providers annually; and Citizenship Legal Services, providing immigration support and outreach for over 20,000 Latinx immigrants.

Connection, coping skills, cultural identity and community are key assets that improve social and emotional wellness. The Social Innovation Lab will pair traditional health practices with cultural arts experiences that empower communities to recognize their own ability to heal. The Social Innovation Lab and its prototype strategies will create a welcoming setting that will reduce mental health stigma, create appropriate, culturally-based wellness activities and provide a bridge to a variety of health resources.

## C. Client-Driven

Throughout its work with underserved communities, OTM has learned that its most successful methods of increasing access to critical services involve developing community-based leadership in which trusted, emerging leaders are the forefront of all outreach, program design and implementation efforts. OTM has led dozens of community forums, town hall meetings, and needs assessments in order to ensure a community-driven approach is implemented to solve our communities' most pressing inequities and needs.

The *Nuestra Cultura Cura* Social Innovations Lab will bring Latinx community members themselves into the project's leadership, design, planning and implementation. Although influential decision-makers will be engaged in the *Nuestra Cultura Cura* Social Innovations Lab in order to better influence the current mental health system, at the center of the project will be a community-based Innovations Lab Team, made up of intergenerational, Latinx community leaders who will self-determine the strategic direction of the Innovation Lab, collect and analyze data, and recommend and implement the service delivery strategies.

## D. Family-Driven

The Social Innovation Lab will involve parents and family members of children and youth with mental health challenges in identifying needs, creating new prototype programs and strategies gathering evaluation data to assess the impact and potential of pilot programs.


## E. Wellness, Recovery, and Resilience-Focused

La Plaza, the hub of the *Nuestra Cultura Cura* Social Innovation Lab, is many things at once: a place for gathering, the creation of a new cultural norm for wellness, a process by which people are taught to design and lead healing activities for themselves and others, and a practice space for emerging leaders to try out new skills and roles in the community.

La Plaza brings together community leaders and organizations to create a "Tapestry of Wellness", a collection of "strands" that create culturally based paths to wellness. Within these strands, La Plaza offers a broad range of ongoing and one-time activities, including art, crafts, exercise and cooking classes, conversation groups, dance and music activities, parent cafes, nature walks and gatherings with traditional healers representative of Latino culture. Activities

and implementation of services will be led by community members themselves, a combination of both professionals and peers.

## F. Integrated Service Experience for Clients and Families

A top priority for the *Nuestra Cultura Cura* Social Innovation Lab prototype programs is to create family-focused interventions that are culturally relevant to Latinos and that strengthen relationships between people with mental illness and their families by reducing stigma and addressing trauma.

## Cultural Competence and Stakeholder Involvement in Evaluation

The *Nuestra Cultura Cura* Social Innovation Lab will be led by the Lab Team, which will be made up of Latinx community stakeholders. The Lab Team will work with the expert facilitator and OTM's evaluation consultants to design culturally appropriate, meaningful data collection strategies that will engage program participants in offering feedback as to the impact and delivery methods of each prototype intervention.  Furthermore, the Lab Team will be involved in discussing the evaluation findings and dissemination to community stakeholders, providers and policy-makers.

## Innovation Project Sustainability

The MHSA Coordinator, with the assistance of the MHSA Innovation Subcommittee, will host an annual meeting to review progress of the active Innovation Projects.  Each Innovation Project will be required to submit an annual evaluation report on findings to date.  These annual reports will be reviewed and discussed among the Innovation Subcommittee members who will focus on successful outcomes and challenges that may prompt the need for technical assistance and additional resources.

Specific to this proposed project, the Sonoma County Behavioral Health Division will work in collaboration with the OTM leadership and look holistically at the success of the project. Key indicators include the ability to implement and evaluate prototype interventions successfully and project outcomes related to the stated learning goals.

Data driven decision-making will determine if the project is promising and if additional time is indicated to further develop definitive results for the project.  If necessary, a criteria will be developed to determine if an Innovation project should be extended for up to two years with continued Innovation funding (up to five years total) or supported with alternative funding. Projects can be supported in whole or focused on specific components that are particularly successful in addressing the mental health challenge for the community.

Once Innovation funding has ended, the project may be considered for MHSA Prevention and Early Intervention funding and/or pursue funds from other Community Based Organizations and/or public grants.  The three hospital systems:  Kaiser Permanente Community Benefits, Sutter Health and St. Joseph's Health System often pool funding to support local projects that are within their respective mission statements.  This particular Innovation Project can be supported in whole or focused on specific interventions that are particularly successful in addressing the mental health challenge for the Latinx community.  It will be necessary to consult with the full MHSA Steering Committee, Behavioral Health Division administration, and/or other community resources such as local foundations, and the Board of Supervisors.

## Continuity of Care

Whether or not individuals with serious mental illness will receive services through this project will be determined by the scope and focus of the program prototypes designed and implemented by the Social Innovation Lab Team. However, if the project involves services to the severely mentally ill, Humanidad will work with the County to assure continuity of care for any and all individuals receiving mental health services beyond this funding.

## Communication and Dissemination Plan

As described above, the last two months of the *Nuestra Cultura Cura* Social Innovations Lab will be used to create a final evaluation report that will document the Social Innovations Lab process and summarize learnings, strategies and the successes, failures and promise of prototypes attempted during the project.

The Lab Team will create a messaging plan to disseminate the final evaluation report and will employ its team members networks to share learnings at local, regional, and state levels with policymakers, including the Sonoma County Mental Health Board and Sonoma County MHSA Steering Committee; funders; mental health systems leaders; and other community leaders/activists through convenings and Latinx-focus behavior health conferences.

## KEYWORDS for search

1. Latino

2. cultural protective factors

3. social innovation labs

4. culturally relevant mental health practices

**TIMELINE**

| Tasks | 2021/22 | | | | 2022/23 | | | | 2023/24 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Q1 (Jul-Sep) | Q2 (Oct-Dec) | Q3 (Jan-Mar) | Q4 (Apr-Jun) | Q5 (Jul-Sep) | Q6 (Oct-Dec) | Q7 (Jan-Mar) | Q8 (Apr-Jun) | Q9 (Jul-Sep) | Q10 (Oct-Dec) | Q11 (Jan-Mar) | Q12 (Apr-Jun) |
| Award of Innovation Project(s) | X | | | | | | | | | | | |
| Social Lab Planning and Development | X | X | X | | | | | | | | | |
| Community Engagement | X | X | X | X | X | X | X | X | X | X | X | X |
| Project Implementation | | X | X | X | X | X | X | X | X | X | X | X |
| Evaluation | | | X | X | X | X | X | X | X | X | X | X |
| Dissemination of Results | | | | | | | | | | | | X |

## Section 4: INN Project Budget and Narrative

**Note: Sonoma County has $822,000 in MHSA Innovation dollars that are subject to reversion on June 30, 2021. Sonoma County is submitting four Innovation proposals simultaneously, including this proposal for CCERP, to the MHSOAC in December 2020 following the public hearing on December 15th at the Sonoma County Mental Health Board meeting. The combined total of the four Innovation proposals that are being submitted to the MHSOAC in December 2020 is $2,783,034.**

| Personnel Costs | FY21/22 | FY22/23 | FY23/24 | TOTAL |
|---|---|---|---|---|
| 1. Salaries | $85,385 | $73,125 | $43,990 | $202,500 |
| 2. Benefits (18%) | $15,370 | $13,163 | $7,918 | $36,450 |
| 3. Direct Costs | $100,755 | $86,288 | $51,908 | $238,950 |
| 4. Indirect Costs (12%) | $12,091 | $10,355 | $6,229 | $28,674 |
| 5. Total Personnel Costs | $112,845 | $96,642 | $58,137 | $267,624 |
| **Operating Costs** | **FY21/22** | **FY22/23** | **FY23/24** | **TOTAL** |
| 6. Direct Costs | $3,000 | $3,000 | $3,000 | $9,000 |
| 7. Indirect Costs | $360 | $360 | $360 | $1,080 |
| 8. Total Operating Costs | $3,360 | $3,360 | $3,360 | $10,080 |
| **Consultant Costs/Contracts** | **FY21/22** | **FY22/23** | **FY23/24** | **TOTAL** |
| 9. Direct Costs | $34,000 | $34,000 | $31,000 | $99,000 |
| 10. Indirect Costs | $4,080 | $4,080 | $3,720 | $11,880 |
| 11. Total Consultant Costs | $38,080 | $38,080 | $34,720 | $110,880 |
| **Other Expenditures** (please explain in budget narrative) | **FY21/22** | **FY22/23** | **FY 23/24** | **TOTAL** |
| 12. Social Innovations Lab Participant Stipends | $24,000 | $24,000 | $0 | $48,000 |
| 13. Partner Agency Support Contracts | $100,000 | $100,000 | $100,000 | $300,000 |
| 14. Total Other Expenditures | $124,000 | $124,000 | $100,000 | $348,000 |
| **Budget Totals** | | | | |
| Personnel Costs | $112,845 | $96,642 | $58,137 | $267,624 |
| Direct Costs (lines 6+9) | $37,000 | $37,000 | $34,000 | $108,000 |
| Indirect Costs (lines 7+10) | $4,440 | $4,440 | $4,080 | $12,960 |
| Non-recurring Costs | $0 | $0 | $0 | $0 |
| Other Expenditures (line 14) | $124,000 | $124,000 | $100,000 | $348,000 |
| Total Innovation Budget | **$278,285** | **$262,082** | **$196,217** | **$736,584** |

## Budget Narrative

Salaries Direct Costs include: Project Director (0.5 FTE), Project Coordinator (1.0 FTE) and Outreach Coordinator (.25 FTE)
Salaries Indirect Costs at 12% cover overhead expenditures (administrative staff, insurance, etc.)

Operating Direct Costs include: $1,000 for travel annually for YR2, YR3 and YR4 + $1,500 for supplies
Operating Indirect Costs at 12% cover share of cost for rent, utilities, communications

Consultant/Contract Direct Costs include Project Facilitator ($22,000 YR2, $22,000 YR3, $15,000 YR4) and Evaluation Consultant ($12,000 YR2, $12,000 YR3, $16,000 YR4)

<u>Consultant/Contract Indirect</u> Costs at 12% include costs to develop, administer and monitor subcontracts.

APPENDIX A:  MHSA Sonoma County MHSA Steering Committee, November 2020

| First Name | Last Name | Industry | Representing |
|---|---|---|---|
| Claudia | Abend | Community at-large | Consumer, Family member |
| Mechelle | Buchignani | Law Enforcement | |
| Jessica | Carroll | MH, Social Services | Consumer, LGBTQ+ |
| Sophie Marie | Clifford | Substance Abuse | Consumer, Latina, LGBTQ+ |
| Mandy | Corbin | Education | Family Member |
| Christy | Davila | Social Services | |
| Angie | Dillon-Shore | 0-5 | LGBTQ |
| Jeane | Erlenborn | Education | |
| Cynthia | Kane Hyman | Education | |
| Ozzy | Jimenez | Businessman | LGBTQ, Latino |
| Erika | Klohe | MH, Community Benefits, | Family Member |
| Claire | McDonell | Education | Family Member, TAY |
| John | Mackey | Healthcare | Veteran |
| Shannon | McEntee | | Consumer, TAY |
| Mike | Merchen | Law Enforcement | Family Member |
| Allison | Murphy | 0-5 | Family Member |
| Ernesto | Olivares | Social Services | Latino |
| Matt | Perry | Probation | |
| Ellisa | Reiff | Disabilities | |
| Kate | Roberge | MH, Disabilities, Workforce | Consumer, Peer |
| Kurt | Schweigman | Healthcare, MH | Native American |
| Kathy | Smith | Mental Health Board | Family member |
| Susan | Standen | Self-employed, MH peers | Consumer |
| Angela | Struckmann | Social Services | Family Member |
| Katie | Swan | Mental Health | Family Member, LGBTQ+, TAY |
| Sam | Tuttelman | Community at-large | Family member |
| Carol Faye | West | Peer | Consumer, Family member |