

APPLICATION REPORT

Project Name: All In for Equitable Care
Applicant Organization: Integrated Community Services
Awarded Amount: \$175,000.00
Funding Announcement Name: Supporting Service Access and Equity Grant



PROJECT SUMMARY

Increase access to and quality of crisis interventions and responses for Spanish-speaking individuals with intellectual/developmental disabilities in Marin County.

APPLICANT INFORMATION	APPLICANT RESPONSE	ATTACHMENTS
Applicant Eligibility		
Applicant Information		
1. Project Title What is the Project Title?	Applicant Response All In for Equitable Care	
2. Awarded Amount	Applicant Response \$175,000.00	
3. Organization Type Choose the response that best describes your organization.	Applicant Response Community Based Organization (CBO), 501(c)(3)	
4. Description of Organization/Group Provide a brief description of the organization/group. Explain what experience your organization has managing a project similar to the proposal and state the outcomes of that project. You may upload your brochure to add a website link.	Applicant Response Integrated Community Services (ICS) was founded in 1994 to forge partnerships between individuals with disabilities and our community to create a diverse and inclusive place for us all. ICS serves individuals with any type of disability over the age of 16 through employment and living skills programs. We are a vendor of Golden Gate Regional Center (GGRC), hold contracts with Marin County's BHRS and are a CARF accredited Department of Rehabilitation provider. In 2018, GGRC hired ICS to conduct a Marin community needs assessment of behavioral health services for individuals with intellectual/developmental disabilities (I/DD). The assessment includes 60 data sources, 43 interviews, five case studies and analysis of two service models. The assessment's findings ignited The All In for Equitable Care Council in 2020, including self-advocates, families, GGRC, Marin BHRS, Marin Community Clinics and ICS. In a year, the council redesigned Marin's behavioral health referral protocols (attached).	1
5. Applicant in Good Standing Is the applicant in good standing with the California Secretary of State, California Franchise Tax Board, and California Department of Tax and Fee Administration? Please upload confirmation letter(s) proof of good standing.	Applicant Response Yes	1
6. Subcontractors in Good Standing	Applicant Response	

APPLICANT INFORMATION	APPLICANT RESPONSE	ATTACHMENT
Are the applicant's subcontractors in good standing with the California Secretary of State, California Franchise Tax Board, and California Department of Tax and Fee Administration?	Not Applicable	
Grant Reapplication Information		
Grant Reapplications		
1. Previous Award(s) Did your organization receive DDS grant funding in fiscal year 2019-2020-21? If yes, go to question 2 to complete each column. If no, skip this category and go to category 3.	Applicant Response No	
2. Previous Grant Award(s) Since fiscal year 2019, complete a workflow for DDS Service Access and Equity grant your organization was awarded funding.	Applicant Response	
3. Previous Grant Outcomes Provide a brief grant summary of your project outcomes for fiscal year 2019-20 and/ or 2020-21.	Applicant Response Not Applicable	
4. Project Transition If awarded, how will your current project transition into the 2021-22 proposed project? Does your proposed project expand, continue, or supplement, if so how? What activities, measures, target groups are being added? Provide a summary of the differences and reasons why you are proposing the change.	Applicant Response Not Applicable	
General Application		
Proposal Summary		
1. Project Type Choose the project type that best describes your activities from the list below:	Applicant Response Education and Training	
2. Duration of project Choose the duration of your project.	Applicant Response 12 months	
3. Regional Centers Choose the Regional Center(s) that your project will serve. Check all that apply.	Applicant Response Golden Gate Regional Center	
4. Counties Served List the county or counties your project proposes to serve. Check all that apply.	Applicant Response Marin County	

<p>5. City of Los Angeles</p> <p>If your project proposes to serve the City of Los Angeles, list the zip codes your project will serve.</p>	<p>Applicant Response</p> <p>Not Applicable</p>	
<p>6. Community Based Organizations</p> <p>Will you be working with one or more Community Based Organizations? If so, provide the name of the organization and how you will be working together.</p>	<p>Applicant Response</p> <p>To promote cross-systems collaboration centered around the experiences of people with I/DD, the existing All In for Equitable Care Council will grow to include agencies involved in Marin's crisis response and agencies focused on inclusion and advocacy of Spanish-speaking communities. The following CBOs will be invited to participate in the council: Bukeyew Programs, Canal Alliance, Marin Asian Advocacy Project, Marin Community Clinics and National Alliance on Mental Illness.</p>	
<p>7. Multiple Organizations</p> <p>Does your project include partnership with one or more organizations either as a co-applicant or subcontractor? If "yes", please upload a letter of support from each organization, that includes an explanation of their role in the partnership.</p>	<p>Applicant Response</p> <p>No</p>	
<p>8. Strategies and Sustainability</p> <p>How will you perpetuate its work after the grant funding has concluded?</p>	<p>Applicant Response</p> <p>The funding requested for this project is a one-time investment in cross-systems relationship development and the creation of education and training materials for self-advocates and agencies involved in crisis interventions and response.</p> <p>The council will also engage in resource mapping to identify any ongoing resources required. At ICS, as is likely the case with other partner agencies, existing funding and reimbursement streams will sufficiently cover any further expenses related to the distribution of the education and referral protocols. At the county level, it is anticipated that expanding pre-crisis interventions will significantly reduce each system's costs related to crisis response amongst individuals with I/DD.</p>	
<p>1. Ethnic Groups Served</p> <p>Select the ethnicity group(s) the project will serve. From "Indian", "Pacific Islander", "Slavic" or "Other" use comment section to list specific groups.</p>	<p>Applicant Response</p> <p>African American, Chinese, Filipino, Hispanic, Indian (list), Japanese, Korean, Vietnamese, Native American, Pacific Islander (list)</p>	
<p>Applicant Comment</p>	<p>Indian and Pacific Islander specific groups unknown</p>	
<p>2. Ethnic Group(s), Language(s) and Number of Individuals Served</p>	<p>Applicant Response</p>	

<p>For each ethnicity group, provide the number of individuals you project intends to serve and the related language(s).</p>				
	Indian	5	English	
	Chinese	4	English, Cantonese, Mandarin	
	Filipin	9	English, ASL, Tagalog	
	Japanese		English	
	Korean	4	English, Korean	
	Laotian		English	
	Native American		English	
	Multicultural	123	English, Japanese	
	Hawaiian		English	
	Russian		English	
	Spanish/Latin	313	Spanish, English, Portuguese, ASL	
	Vietnamese	6	Vietnamese, English	
	White	873	English, Farsi, French, Italian, Russian, Spanish	
<p>3. Age Group(s) Served</p>	<p>Applicant Response</p>			
<p>Select all Age Groups the project will serve.</p>	<p>16 to 21, 22 and older</p>			
<p>Applicant Comment</p>				
<p>Project Application</p>				
<p>Project Application</p>				
<p>1. Project Summary and Organizational Experience</p>	<p>Applicant Response</p>			

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENT
<p>Provide a clear and concise project summary that includes a defined target population, target area, and project design. Specifically describe what you project will accomplish and how it will benefit the community served. In your answer, include what experience your organization has working with the target population?</p>	<p>Through access-systems collaborative effort of self-advocates, health care providers, disability service providers, Hispanic community advocates, law enforcement and crisis response agencies, a toolkit will be created to improve pre-crisis interventions and access to timely, quality crisis response for individuals with IDD who experience recurring mental/behavioral health conditions.</p> <p>The target population of this project is the 493 individuals currently served by GGRC in Marin County, with specific focus given to the 245 individuals who speak Spanish. The findings from these efforts and the framework for collaborative systems translation will be made available to GGRC's full target area, including San Francisco, San Mateo and Marin Counties, which serve a total of 9,603 individuals, 1,606 of whom are Spanish speakers.</p> <p>First, self-advocates and agencies within Marin County's crisis system will be brought together for the All In for Equitable Care Council. The council will meet quarterly to engage in cross-training and increasing fluency in working with individuals with recurring conditions.</p> <p>A working group subsection of the council will meet monthly to draft an education and crisis referral toolkit, which will include federal and state regulations for each aspect of crisis interventions and response, who to contact within each system and a flowchart of crisis referral protocols. It will also include recommendations for pre-crisis interventions, such as the CBOs' plan and the new California crisis hotline (AB 988). Each crisis agency will be trained in the toolkit, increasing knowledge of legal responsibility, personally entered practices and how to partner with people with IDD.</p> <p>The toolkit will also be discussed with and distributed to self-advocates and families in both English and Spanish, and will act as an advocacy tool that can be brought to providers within the behavioral healthcare and crisis ecosystems. Self-advocates will be educated on what their rights are and what they can expect within disability and healthcare systems to get support in advocating for these rights. The goal of this toolkit is to ultimately reduce disparities in quality of behavioral healthcare, and lead to greater access to services that prevent crisis occurrence. To best serve this population, we will partner with Spanish translators for meetings and educational materials.</p> <p>ICS has 27 years of experience partnering with individuals with IDD, currently accounting for 85% of service hours. ICS' specialty behavioral health department opened 23 years ago. Currently, 13 of our 80 staff are people previously served, as it is our priority to develop leadership opportunities for self-advocates. Though ICS does not currently have specific programming in Spanish, self-advocates and advocates will be included at every step of the process that all decisions made and resources created will be appropriate for Spanish speakers.</p>	
<p>2. Data and Community Input</p>	<p>Applicant Response</p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENT
<p>Explain how the target population(s) are underserved using RC OS data other data as supporting evidence of the disparity. In your answer, include how your organization used input from the community and/ target population to design the project?</p>	<p>The overwhelming finding of ICS and GGRC's needs assessment was that the existing system in place to identify the needs of people with IDD and co-occurring mental health conditions. This dearth of data demonstrates how underserved this population has been by Marin's health care systems.</p> <p>Anecdotally, we have served numerous individuals who have had inconsistent access to Marin's crisis services, and at times have been turned away, including all five of the case studies in the needs assessment.</p> <p>Quantitatively, in 2021, GGRC conducted a survey of 143 individuals served, families, providers and RC staff: 19% reported wanting new mental health support services, 12% crisis intervention and 19% behavioral health consultation. GGRC's 2019-2020 OS data shows that 82 individuals (17%) of Spanish speakers who are eligible for services have no OS. In fact, people who are Hispanic had the lowest rates of OS authorizations and expenditures in 2019-20.</p> <p>Our needs assessment also highlights alarming inequities in Marin:</p> <ul style="list-style-type: none"> • In one of the richest counties in the nation, 23% of disabled residents live in poverty • Unemployment among adults with disabilities is 58% • 38% of individuals experiencing homelessness reported having a disability <p>Consistent with disability justice and person-centered healthcare, we have included self-advocates and families as equal partners at every stage of this process, from documenting the experiences of individuals we serve to inviting five self-advocates onto the council.</p>	
<p>3. Uniqueness</p> <p>How is the proposed project unique different from a currently funded grant (e.g., strategies, activities, and objectives) in the proposed regional enterprise catchment area? If the project is similar to a currently funded grant listed on the Department's website, how is the proposed project different?</p>	<p>Applicant Response</p> <p>ICS and GGRC's community needs assessment included that there was significant desire and need from people served, their families, disability service providers and healthcare providers to improve access and quality of behavioral health services for people with IDD. Yet there is currently no coordinated collaborative effort between a regional center and crisis response systems for this population in Marin County, which has led to confusion among staff, people served and staff within systems, and ultimately resulted in more frequent and significant crises for people served.</p> <p>The All In For Equitable Care Council first met in 2020 with the goal to increase communication and collaboration between agencies and systems that work with people with IDD. After a successful year of access-systems, multi-level working group meeting five times throughout the year, which was the first step in building relationships and collaboration, the council convened to establish recommendations on what the group collectively felt was most urgent to address next. There was consensus across systems administrators, social workers, clinicians and people served that crisis care coordination is the most urgent need. There is currently no existing funding to provide the administrative and pilot development support needed to create sustainable and system improvements to crisis care coordination in Marin.</p>	
<p>4. Improve Equity and Service Access</p>	<p>Applicant Response</p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENT
<p>How will you promote equity, access, and reduce barriers to services for individuals with intellectual and developmental disabilities and their families?</p>	<p>While conducting interviews for the needs assessment, one parent stated, "Do the systems communicate? I really don't know if they do. I go to the annuals and releases are signed, but I don't know that they talk to each other. And yet it's pointless to do services when there is no follow up. His dad and I are stumped as to what to do next and we're on the system. I can't imagine what it must be like for people who don't know what to do."</p> <p>A chief behavioral health officer who oversees mental health care at a Marin clinic noted, "It can feel like a system-wide game of hot potato when a person with complex IDD issues comes in. Without sufficient background information at the time of the visit, staff often don't have the information they need in order to fully assess, intervene and connect with appropriate support."</p> <p>These anecdotes are representative of themes identified throughout the needs assessment and are evidence that addressing cross-systems communication and cross-training technical providers with skills needed to work complex cases would significantly reduce the barriers that individuals with IDD face in accessing mental/behavioral health care.</p> <p>At the person-level, a behavioral health and crisis toolkit could be the difference between experiencing an acute crisis with limited support from health care systems, and receiving adequate, timely crisis interventions because they have the knowledge to advocate for the services they are entitled to.</p>	
<p>5. Support of RC Plan</p> <p>How does this project support the RC plan to promote equity and reduce disparities in your proposed attachment area? If you are a RC, how does this project support your recommendations and plan to promote equity and reduce disparities in your attachment area? How will you project collaborate with other organizations that serve individuals with intellectual and developmental disabilities and their families?</p>	<p>Applicant Response</p> <p>GGRC's mission is to build inclusive communities by connecting and developing innovative services and supports responsive to the needs and aspirations of individuals with intellectual and developmental disabilities and their families while educating and informing all community members about the rights, value and potential of human diversity.</p> <p>A pillar of GGRC's strategic plan is to engage with other systems that work with individuals with IDD to reduce the weight placed on the RC system to individually provide wrap-around support, and to encourage the community to recognize that individuals with IDD desire and have a right to live full, rich lives. Collectively, we can reduce the health disparities that individuals with IDD, especially non-English speakers, experience, and build the fluency of each system to work with this population.</p> <p>By including self-advocates in the needs assessment, the first council and this second phase, All In for Equitable Care has been co-designed by individuals served by the regional center.</p> <p>Below is a complete list of groups that will be asked to participate in the council: GGRC, Marin Community Clinics, Marin County Behavioral Health and Recovery Services, Partnership Health Plan, LifeLong Medical Care, Beacon Health Options, State Council on Developmental Disabilities, law enforcement, National Alliance on Mental Illness, Mental Health Services Act, Kaiser Permanente, Bucklelew programs, Canal Alliance, Marin Asian Advocacy center.</p>	
<p>6. Project Activities</p>	<p>Applicant Response</p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENT
<p>Note: Before answering this question, applicants must complete the Activities Template located in the middle table directly above.</p> <p>Clearly and specifically state how the schedule of activities demonstrates the steps that the project will take to achieve its stated objective and measures.</p>	<ul style="list-style-type: none"> • Identify the right partners to participate in the collaborative process to improve crisis response and interventions for people with I/DD. Identifying the right partners may include establishing selection criteria, interviewing candidates and community leaders, and creating a description of the role and commitment expected among collaborative partners. • Quarterly council meetings with leaders from the system, including other agencies listed previously, in order to develop relationships and clarify roles within crisis interventions and response. • Monthly workgroup meetings with a subgroup of the council to create the crisis education and referral toolkit. • Conduct background research through up to 10 interviews with content experts and people served to inform an efficient process for improving crisis response and interventions. These interviews will clarify the system structure as it is today and identify specific areas to improve. Interviewees may be individuals and family members with I/DD and representatives from law enforcement, Kaiser, Main Health, Behavioral Health and Recovery Services, State Council on Developmental Disabilities, GGRC and START. The interviews will illuminate how crisis is defined by various individuals and identify existing collaborative efforts related to crisis response. • Create a crisis response toolkit that centers on the experience of individuals with I/DD and redesigns how to engage individuals with I/DD, their family members, and key representatives within the system for crisis response. Establish relationships and create a shared goal for systems change (e.g., initiate Memorandums of Understanding and/ or crisis response protocols across agencies, increase alternate hospitalizations, improve skills of crisis responders, etc.). Include regulatory education for who each system is mandated to provide services to. • Translate the toolkit into the preferred languages of the target population and distribute it to people served and the agencies that serve them. Through a dedicated training session, share the findings of the council, the purpose of the toolkit and allow the community to ask questions. Use a multi-channel marketing approach to ensure that the toolkit and invitation to the training session reach as many people as possible. • Conduct a pre- and post-test of people who attend the training session to ensure that the toolkit is accessible for the target population. 	
<p>7. Project Measures</p> <p>Before answering this question, applicants must enter performance measures into the Activities Template located in the middle table directly above.</p> <p>Are your proposed measures appropriate to track the project's behavior and activities? Explain how your proposed measures provide insight into the effectiveness of the overall design of the project and demonstrate how the impact on the community will be evaluated.</p>	<p>Applicant Response</p> <p>The proposed measures will ensure effectiveness of the overall design of the project. Tracking the people involved in the All In for Equitable Care Council, and the number of times the council and the workgroup meet ensures that the right people are part of the conversation and that they have held a regular cadence of meetings to build relationships and implement change. Feedback from the council's leadership will also ensure that decisions are based across levels of each individual system. By creating the toolkit, translating it into Spanish and distributing it to self-advocates and service providers, we are ensuring that people served have a strong advocacy tool they can refer to when seeking behavioral health care, and agencies in the crisis system understand what their responsibility and role is in the care of people with I/DD. Through stakeholder interviews and a pre- and post-test of self-advocates after the toolkit training session, we will be able to gauge the effectiveness of the toolkit in equipping self-advocates with this knowledge.</p>	
<p>8. Budget Template and Narrative</p>	<p>Applicant Response</p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENT
<p>Note: Before answering this question, applicants must complete the Budget Template located in the tab directly above.</p> <p>In your Budget Template, explain how the project budget is consistent with the stated preventive and activities, and clearly and concisely explain how the proposed expenditures support the overall project design and proposed outcomes.</p> <ul style="list-style-type: none"> Budget Template example is located at Attachment C. Budget Details and Restrictions are available here. 	<p>The intent of funding is to build improved crisis response across disparate systems to improve the quality of care for people who experience - using conditions while in crisis, with special focus given to Spanish speakers, who face even more significant barriers in accessing this care. The main barriers in the existing disparate systems are the lack of collaboration between systems and confusion about which system is meant to serve complex populations. The project objective and activities are designed to remove these existing barriers through collaboration facilitation, using commitment from ongoing engagement from each system, including the perspective of self-advocates and training self-advocates and families in their rights relating to behavioral health care and crisis response.</p> <p>Funding for this project is viewed as a one-time investment in collaboration building and the training of training materials for self-advocates, families and crisis intervention and response agencies.</p>	
<p>9. Budget Costs</p> <p>Explain how the project budget costs are clearly associated with the project activities and objective and confirm that the budget does not include non-allowable costs or costs funded by other sources.</p>	<p>Applicant Response</p> <ul style="list-style-type: none"> Behavioral health manager: A new Behavioral Health Manager position will be opened at ICS to ensure that there is expertise from a service provider, behavioral health clinical viewpoint when building this council and making decisions. Self-advocate stipends: Self-advocates will be compensated for their time and expertise at the same rate as all council members. Any council member who is meeting that a self-advocate attends for purposes of designing the toolkit will be compensated. Health equity sub-contractor: The majority of project budget sets aside dedicated to project subcontracts needed to convene and facilitate members across systems that do not currently have existing partnerships. Funding for project subcontractor facilitation is seen as a one-time investment to build relationships, create a structure for meetings and draft MOU's/agreements for partnership engagement to improve the crisis referral process. The subcontractors will also be heavily involved in designing the toolkit and strategizing on how to distribute it to people served. Workgroup member payments: Payments made to individual members of the council and workgroup. These payments are intended to incentivize Marin agencies to dedicate the time and staffing to this project. It is estimated that there will be 12 individuals who each dedicate 2 hours per month to this project for the length of the project. Marketing and educational material expenses: Expenses related to the design and distribution of the toolkit to people served and Marin agencies Meeting and printed material Spanish translator: Council and workgroup meetings, all printed materials and the training session for self-advocates will be translated into Spanish to best serve the target population Administrative costs: General and administrative expenses for the project are calculated at 15% of the budget, as every activity and measure will include infrastructure and materials from ICS 	
<p>Proposal Certification</p> <p>Certification</p>		
<p>1. Confirm Proposal Discussion with RC(s)</p> <p>CBOs are required to discuss their proposal with each RC(s) the CBO is intending to serve. If you are a CBO, have you discussed your proposal with each RC you are intending to serve?</p>	<p>Applicant Response</p> <p>Yes</p>	<p>1</p>
<p>2. RC Contact</p>	<p>Applicant Response</p>	

<p>CBOs are required to submit their application on behalf of the Department and to each RC(s) that the CBO is intending to serve. If you are a CBO, state the name(s) of the contact person(s) at each RC you have discussed your proposal with.</p>	<p>Golden Gate Regional Center</p> <ul style="list-style-type: none"> • Evi Zigman, Executive Director : Ezigman@ggrc.org • Amanda Pyle, Community Services Director : apyle@ggrc.org 	
<p>3. Applicant Certification</p> <p>By submitting this application, the Applicant is certifying the truth and accuracy of the proposal. The applicant also certifies that if you have subcontracting organizations, each participating organization has reviewed your project and agrees to their assigned activities, measures, and the budget.</p>	<p>Applicant Response</p> <p>Yes</p>	2
<p>Applicant Comment</p>	<p>While there are no other applicants for this project, Marin County Behavioral Health and Recovery Services and Marin Community Clinics have been partners in the All In for Equitable Care Coalition thus far, and intend to continue supporting the initiative. Letters of support from both entities are attached.</p>	