

APPENDIX 2. INNOVATION PROJECT PLANS

INNOVATIVE PROJECT DESCRIPTION

County: San Mateo Date: February 16, 2016

Project Name: Neurosequential Model of Therapeutics (NMT) within an Adult Service System

PLEASE NOTE: Using this template is **OPTIONAL**. It is being provided as a technical assistance tool to staff who wish to make use of it. Regulatory requirements for the Innovation (INN) Component of the Three-Year Program and Expenditure Plan, and Annual Report, can be found in Section 3930 of the Innovation Project Regulations. In some cases, the items contained in this **OPTIONAL** template are more specific or detailed than those required by the regulations.

Project Overview

1. The Service Need

Describe what led to the development of the idea for your INN project and the reasons that your project is a priority for your county. What primary problem or challenge are you trying to address?

The San Mateo County Health System, Behavioral Health and Recovery Services (BHRS) led a comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan FY 2014-2017. During this CPP process, **the need for providing alternative therapy and treatment options to broaden and deepen the focus on trauma and provide better outcomes in recovery for BHRS clients**, was prioritized in both the needs assessment process and strategy development sessions, which included generating ideas for potential MHSA Innovation projects. Over 300 individuals participated in close to 30 input sessions throughout the County.

The Innovation ideas were brought to the San Mateo County MHSA Steering Committee in March 2015 by stakeholders, MHSA Steering Committee members and BHRS staff and stakeholders in the form of potential projects. The Steering Committee made recommendations on which projects to move forward for further exploration. Expanding the NMT approach to help improve outcomes for BHRS adult clients with histories of trauma was identified as a top priority by the Steering Committee as *a way to bring alternative therapy and treatment options through a rigorous trauma-informed way to adult clients*.

For the past several years, BHRS has had a number of champions that have advocated strongly for raising awareness of how trauma impacts those with behavioral health challenges and for transforming our services into a trauma-informed system of care in an effort to minimize impact of trauma and maximize recovery for BHRS clients. A trauma-informed system of care fosters compassion for and empowerment, promotes understanding and coping and applies a strengths-based approach that can help those affected by trauma develop skills and relationships that lead to healing. Trauma is frequently undiagnosed or misdiagnosed, therefore appropriate interventions are often overlooked or unaddressed.

In 2012, BHRS began providing extensive training to staff and providers in the Youth System on the Neurosequential Model of Therapy (NMT) approach from the Child Trauma Academy (CTA) and Dr. Bruce Perry. The NMT model was first referenced in 2006, Perry, B.D. (2006) *The Neurosequential Model of Therapeutics: Applying principles of neuroscience to clinical work with traumatized and maltreated children* In: *Working with Traumatized Youth in Child Welfare* (Ed. Nancy Boyd Webb), The Guilford Press, New York, NY, pp. 27-52.

Some BHRS staff have gone on to become trainers to help sustain and expand this work in the county and be a resource to neighboring counties on this model. Additionally, the San Mateo County Board of Supervisors has provided funding to support alternative treatment methods that can be tailored to the specific needs of youth clients as may be recommended through the NMT assessment and treatment planning process. From a small sample reviewed in the summer of 2014, 100% showed improvement self-regulation and 63% in the remaining three domains; sensory integration, relational, and cognitive.

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2. The Proposed Project

*Describe the project you are proposing. Note that the “project” might consist of a process (e.g. figuring out how to bring stakeholders together), the **development of a new or adapted intervention or approach**, or the implementation and/or outcomes evaluation of a new or adapted intervention. Include sufficient details so that a reader without prior knowledge of the process can understand **what you’re proposing to do, how you will implement the project, what participants will experience, and any other key activities associated with development and implementation.***

NMT is a developmentally sensitive, neurobiology-informed approach to clinical problem solving and working with at-risk children. NMT is not a specific therapeutic technique or intervention. The NMT approach integrates core principles of neurodevelopment and traumatology to inform the work with children, families and the communities in which they live. NMT provides a “scientific” model that locates the neurobiological reason for an individual’s emotional and behavioral problems. If the deficit is neurobiological, a holistic approach, one that can be adapted to each individual case, and integrated with multiple forms of targeted therapies can help regulate brain functioning.

The proposed project will adapt, pilot and evaluate the application of NMT to an adult population and will include:

- 1) The adaptation of and formal training on the NMT approach, core concepts and metrics, of BHRS clinicians providing longer-term individual services or residentially-based services.
 - CTA will train a select number of 2-3 staff from up to 6 different BHRS adult system of care programs to bring the NMT model into their clinical work.
 - Target BHRS programs will either currently be doing Trauma Informed Care (TIC) work or have an opportunity to transform to a more TIC approach. It is estimated that approximately 75-100 clients will receive an assessment and relevant interventions annually.
- 2) Implementation of the NMT approach by trained staff and follow through on the NMT-derived key recommendations.
 - The NMT approach includes a metric assessment (NMT “mapping” process), described below and making recommendations of specific interventions and services to target the areas of the brain identified through the metrics.
 - Monthly consultation groups among NMT trained staff help strengthen skills, maintain fidelity, and discuss and derive recommendations based on a completed metric
- 3) Track improvement of the NMT metric domains for the select adult clients to allow BHRS to determine whether the NMT approach can improve recovery for the adult client population and outcomes. In the NMT model, there are four functional domains that are targeted in the recommended interventions: Sensory Integration, Self-regulation, Relational, and Cognitive. These four domains are evaluated after a metric reassessment is done and changes in these domains are scored. Narrative outcomes are also collected to reflect successes/achievements made with the approach.
- 4) Ensure fidelity to the NMT model, this is required by the CTA for continued certification

The NMT “mapping” process helps identify various areas in the brain that appear to have functional or developmental problems; in turn, this helps guide the selection and sequencing of developmentally sensitive interventions that may include alternative therapies (music, dance, yoga, drumming, various sports, therapeutic massage, etc.) where appropriate. The goal is to find a set of therapeutic activities that meet the individual’s current needs in various domains of functioning (i.e., social, emotional, cognitive and physical). See attached NMT Overview document from the Childhood Trauma Academy for additional background on the approach and sample

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3. Innovative Component

Describe what about the project (potentially including project development, implementation or evaluation) is new, changed or adapted. What are you doing that distinguishes your project from similar projects other counties and/or providers have already piloted? What efforts have you made to investigate existing models or approaches close to what you're proposing? For example, literature reviews, internet searches, or direct inquiries to/with other counties.

NMT has been integrated into a variety of settings across infants through young adults. Yet, there has not been any outcome research conducted in an adult setting or population and it has not been implemented anywhere in a formal and intentional manner for an Adult System of Care. It is well documented that the brain's capacity for change decreases with age and early intervention is more effective and therefore, neurodevelopmental approaches have been primarily implemented as an intervention for children and there is little to no available research on the impact on adults.

Expansion and evaluation of the current BHRS NMT program to the adult system of care would be the first program of its kind. The Child Trauma Academy (CTA) and its creator, Dr. Perry are very supportive of this proposal and will collaborate with us on its adaptation, implementation and evaluation of this project.

NMT is a CTA copyrighted approach so we have the CTA as evidence that this has not been implemented anywhere within an adult system of care. The CTA is planning their 2nd international symposium where professionals from across multiple disciplines feature innovations in research, clinical practice and education in all areas related to maltreatment and trauma and there is no evidence that others have implemented or piloted a similar project. In addition, BHRS staff have reviewed and summarized previous MHSA Innovation Projects and vetted the ideas with the MHSOAC to ensure there is no duplication and that there is collaboration where appropriate.

4. Learning Goals or Objectives

Describe your learning goals or objectives. What is it that you want to learn or better understand over the course of the Innovative Project? (There is no minimum or maximum number of learning goals required, but we suggest at least two or three. Goals might revolve around understanding processes, testing hypotheses or achieving specific outcomes.)

During the BHRS comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan FY 2014-2017, **the need for providing alternative therapy and treatment options to broaden and deepen the focus on trauma and provide better outcomes in recovery for BHRS clients**, was prioritized in both the needs assessment process and strategy development sessions. The Learning Goals of this project are intended to address this need:

Learning Goal #1: Can NMT, a neurobiology and trauma-informed approach, be adapted in a way that leads to better outcomes in recovery for BHRS adult clients?

Outcome objective:

- At least 40% decrease in psychiatric hospitalizations and use of psychiatric emergency services (PES)
- Positive changes in pre/post patient questionnaires (TBD)

Learning Goal #2: Are alternative therapeutic and treatment options, focused on changing the brain organization and functioning, effective in adult clients?

Outcome objective:

- At least 60% of adult NMT clients will show improvement in each of four NMT functional domains: Sensory Integration, Self-Regulation, Relational, and Cognitive.

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5. Learning Plan (or Evaluation)

For each of your learning goals or objectives, describe the approach you will take to achieving the goal or meeting the objective. We suggest including brief information across the following categories, as applicable:

Learning Goal #1: Can NMT, a neurobiology and trauma-informed approach be adapted in a way that leads to better outcomes in recovery for BHRS adult clients?

1. Target participants (for example, who you plan to administer a survey to or interview); All clients receiving NMT approach (metric assessment and recommendations that are NMT/neurodevelopmentally-informed) will participate in the evaluation plan.
2. Name and brief description of any specific measures, performance indicators or interview tools; Tools may include but not limited to, pre/post mental health questionnaires and hospitalization data. An evaluation plan will be developed by a contract evaluator.
3. Evaluation methods (e.g. interviews, focus groups, ethnographic observation, surveys, analysis of encounter data) Data will be aggregated from individual metric assessments, pre/post health questionnaires and encounter data are all possible methods to be included. An evaluation plan will be developed by a contract evaluator.
4. *Preliminary* plan for evaluation administration, participant recruitment, data collection and cleaning, and analysis. 2-3 staff in each of, up to, 6 BHRS programs will be selected to receive the NMT training. The selected staff will apply the NMT approach to their caseload including any required data collection. Data cleaning, analysis and reporting will be conducted by a contract evaluator.

Learning Goal #2: Are alternative therapeutic and treatment options, focused on changing the brain organization and functioning, effective in adult clients?

1. Target participants (for example, who you plan to administer a survey to or interview); All clients receiving NMT approach will have a metric assessment or **“mapping” process** described above in question 2.
2. Name and brief description of any specific measures, performance indicators or interview tools; The NMT “mapping process” provides scores in four functional domains (Sensory Integration, Self-regulation, Relational, and Cognitive) and rescored as a follow up or post assessment.
3. Evaluation methods (e.g. interviews, focus groups, ethnographic observation, surveys, analysis of encounter data) Assessment as described above.
4. *Preliminary* plan for evaluation administration, participant recruitment, data collection and cleaning, and analysis. Same as described above.

6. Contracting

If you plan to contract out the INN project and/or project evaluation, describe the County’s relationship to the contractor(s) and how the County will ensure quality as well as regulatory compliance.

The County will conduct a Request for Proposal or “bidding” process to select a qualified evaluator. This process along with a contract negotiation and management process ensures that the selected contractor provides quality work. The contractor will be selected based on experience conducting community program evaluation, successful contract history, cultural competence and other metrics.

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Additional Regulatory Requirements and Project Details

7. Certifications

Please attach documentation of all of the following:

- i. Adoption by County Board of Supervisors
- ii. Certification by the county mental health director which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA)
- iii. Certification by the county mental health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA
- iv. Documentation that the source of INN funds is 5 percent of the County's PEI allocation and 5 percent of the CSS allocation.

8. Community Program Planning

Please describe the County's Community Program Planning process for the INN Project, including inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community. Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

BHRS led a comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan FY 2014-2017, that included generating ideas for potential MHSA Innovations projects. Over 300 diverse stakeholders in close to 30 input sessions throughout the County to ensure that all stakeholder groups and demographics were represented. Details on the demographics, stakeholder group representation and engagement can be found in the Three-Year Plan.

As described above on question 1, the Innovation ideas were brought to the San Mateo County MHSA Steering Committee in March 2015 by stakeholders, MHSA Steering Committee members and BHRS staff and stakeholders in the form of potential projects. The Steering Committee made recommendations on which projects to move forward for further exploration. This was then followed by a Letter of Interest process to further identify need, capacity and interest.

A one-pager summary of Innovation Guidelines (based on the proposed new guidelines that were recently implemented) was provided at all sessions and a presentation to go over the purpose, requirements and answer questions.

9. Primary Purpose

Select **one** of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (above).

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

10. MHSA Innovative Project Category

Which MHSA Innovation definition applies to your new Innovative Project (circle one):

- a) Introduces a new mental health practice or approach

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b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community

c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

11. Population (if applicable)

- a. Estimate number of clients expected to be served annually : **75 - 100**
- b. Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate:

A select, up to 6, BHRS programs are still to be determined. Nonetheless, an initial look at adult programs providing longer-term individual services or residentially-based services that are currently be doing Trauma Informed Care (TIC) work or have an opportunity to transform to a more TIC approach serve the following population demographics:

Age Group: Adults 18 to 59 - 76%; Older Adults - 23%

Gender: Female - 53%; Male - 47%

Ethnicity: Hispanic/Latino - 35%; Non-Hispanic/Latino - 64%

Race: White/Caucasian - 38%; Hispanic - 19%; Filipino - 13%; Black - 8%; Chinese - 6%; American Native - 2%; Other Asian - 2%; Samoan - 1%

Language: English - 84%; Spanish - 12%; Tagalog - 1%; Chinese (Cantonese, Mandarin) - 1%; Other Non-English - 2%; ASL – 0.1%

12. MHSA General Standards

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

- a) Community Collaboration – NMT overview and core concepts trainings have been and will continue to be providing for a range of staff from partner agencies and community groups. Monthly consultation groups among NMT trained clinicians allow for cross collaboration. Recommendations are presented to the clients and families for their input. Additionally, clients and families will be engaged in selecting resources, materials, services and therapeutic activities and interventions
- b) Cultural Competency – BHRS programs will be selected to serve a diverse San Mateo County population and provide equal access to all in terms of reaching geographic isolated, ethnic/racial, underserved and unserved communities. Therapeutic activities and interventions takes into consideration cultural and linguistic client preferences. All BHRS staff and contractor staff are required to complete cultural humility training.
- c) Client-Driven – Clients are engaged in selecting therapeutic activities and interventions that match their preferences and needs based on the metric assessment.
- d) Family-Driven – where appropriate, families are engaged in selecting and participating in therapeutic activities and interventions, parent/caregivers/others must be involved in learning and delivering some of the interventions to allow for consistent and repetitive
- e) Wellness, Recovery, and Resilience-Focused – the NMT mapping process along with the recommendations for therapeutic activities that help support changes in the brain are based on these principles.

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f) Integrated Service Experience for Clients and Families – BHRS provides an integrated service experience

13. Continuity of Care for Individuals with Serious Mental Illness

Will individuals with serious mental illness receive services from the proposed project? ☒ Yes ☐ No

If yes, describe how, if or when the Innovative Project ends, you plan to protect and provide continuity of care for these individuals.

Individuals participating in the NMT approach will be current BHRS clients in specific programs. Sustainability of the developmentally-informed approach to treating clients is accomplished through the training component, which includes a train-the-trainer and funding/resources to maintain the materials, service contracts and alternative activities.

14. INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

a) Explain how you plan to ensure that the Project evaluation is **culturally competent**. *Note that this is not a required element of the initial Innovative Project description but is a mandatory component of the Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.*

b) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation. *Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must be involved in contributing to evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.*

The evaluation plan will be developed by a contractor and include meaningful and diverse stakeholder participation through the MHSA Steering Committee. The committee ensures that MHSA planning, implementation and evaluation reflects local diverse needs and priorities. It is made up of diverse stakeholders and cultural groups and is open to the public. There will be opportunity to vet, provide input and participate in evaluation planning and implementation activities.

15. Deciding Whether and How to Continue the Project Without INN Funds

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without Innovation Funds following Project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

As described above, the MHSA Steering Committee will be the primary venue for vetting next steps with diverse stakeholders. If the evaluation indicates that the NMT approach is effective for adult clients, clinicians can continue to implement this approach as part of BHRS effort to transform services into a trauma-informed system of care. There is a train-the-trainer component to CTA's training that will allow us to sustain and expand the application to a larger number of consumers. Funding to support the materials, contract services and therapeutic activities needed,

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will be identified. Currently, Measure A (local sales tax initiative) funds support alternative treatment methods for youth clients.

If the evaluation indicates that the NMT approach is not effective for adult clients, trained clinicians in collaboration with clients and families will determine if, with modifications, the NMT approach may produce better outcomes. If so BHRS will determine the process for continuation at that time.

16. Communication and Dissemination Plan.

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

- a) How will you disseminate information to stakeholders within your county, and (if applicable) to other counties?
- b) How will program participants or other stakeholders be involved in communication efforts?

MHSA implementation is very much a part of BHRS' day-to-day business. Information is shared and input collected with a diverse group of stakeholders on an ongoing basis. All the MHSA information is made available to stakeholders on the San Mateo County Behavioral Health and Recovery Services MHSA webpage, www.smchealth.org/bhrs/mhsa. The site includes a subscription feature to receive an email notification when the website is updated with MHSA developments, meetings and opportunities for input. This is currently at over 800 subscribers, increased 300+ in the last year. Hard copies of materials are made available upon request.

The BHRS's e-journal, Wellness Matters is published the first Wednesday of every other month and distributed electronically to county wide partners and stakeholders, and serves as an information dissemination and educational tool, with a standing column written by the County's MHSA Manager. The BHRS Blog also provides a forum for sharing and disseminating information broadly. In addition, presentations and ongoing progress reports are provided by BHRS, and input is sought on an ongoing basis at the monthly Mental Health and Substance Abuse and Recovery Commission meeting at the MHSA Steering Committee meeting; at meetings with community partners and advocates; and internally with staff.

Opportunities to present at statewide conferences will be sought and stakeholders can help present the information. CTA hosts an annual international NMT symposium that features innovations in research, clinical practice and education in all areas related to trauma.

17. Timeline

A) Specify the total timeframe (duration) of the Innovative Project: 3 Years, 0 Months

B) Specify the expected start date and end date of your Innovative Project:

July 1, 2016 Start Date / June 30, 2019 End Date

Note: Please allow processing time for approval following official submission of the INN Project Description.

The initial training period is 12 months. This is a very intensive and in-depth training program. It will enable participating staff to use the NMT Metric tool for the assessment of clients, as well as the understanding of the model to inform their clinical practice with all clients. It also creates strong influence with team members, partner groups and family member in terms of the psycho-educational impact from the NMT implementation.

In the Youth system we experienced this type of meaningful change within the first two years.

We expect to see the same results in the Adult system, with the on-going expansion of the pilot over the additional third year.

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C) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for

- a. Development and refinement of the new or changed approach;
- b. Evaluation of the INN Project;
- c. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;
- d. Communication of results and lessons learned.

July 1, 2016 – October 2016

- CTA to refine training for adult population
- Evaluator to meet with BHRS and CTA staff to discuss evaluation plan
- Evaluation plan brought to MHSA Steering Committee for input

October 2016 – January 2017

- In-depth training period begins including evaluation plan components
- Establish consultation groups
- Service contracts and flex fund established for alternative therapies/interventions
- Somatosensory tools and materials purchased

January 2017 – December 2018

- Training continues
- Refine alternative therapy options/recommendations with client/family input
- Collect data needed for evaluation

January 2019 – June 2019

- Complete evaluation analysis and report
- Engage MHSA Steering Committee on issue of continuation of the project
- Disseminate final findings and evaluation report

18. INN Project Budget and Source of Expenditures

Training Program (\$3,000 / staff person x 10) = \$30,000

Service Contracts (non-traditional, MediCal reimbursable, somatosensory interventions identified through NMT assessments) = \$75,000

Metric Assessment (\$3,000/year)

Total \$108,000 first year / \$78,000 each subsequent year

INNOVATIVE PROJECT DESCRIPTION

County: San Mateo Date: February 16, 2016

Project Name: Health Ambassador Program - Youth

PLEASE NOTE: Using this template is **OPTIONAL**. It is being provided as a technical assistance tool to staff who wish to make use of it. Regulatory requirements for the Innovation (INN) Component of the Three-Year Program and Expenditure Plan, and Annual Report, can be found in Section 3930 of the Innovation Project Regulations. In some cases, the items contained in this **OPTIONAL** template are more specific or detailed than those required by the regulations.

Project Overview

1. The Service Need

Describe what led to the development of the idea for your INN project and the reasons that your project is a priority for your county. What primary problem or challenge are you trying to address?

The San Mateo County Health System, Behavioral Health and Recovery Services (BHRS) led a comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan FY 2014-2017. During this CPP process, **the need to decrease stigma and build the capacity of communities to engage in improving access to mental health services**, was prioritized in both the needs assessment process and strategy development sessions, which included generating ideas for potential MHSA Innovation projects. Over 300 individuals participated in 27 input sessions throughout the County.

The Innovation ideas were brought to the San Mateo County MHSA Steering Committee in March 2015 by stakeholders, MHSA Steering Committee members and BHRS staff and stakeholders in the form of potential projects. The Steering Committee made recommendations on which projects to move forward for further exploration. The Health Ambassador Program was identified as a top priority by the Steering Committee as *a way to engage individuals, families and communities to be active change agents regarding their health and decrease stigma related to accessing mental health services*.

The original Health Ambassador Program (for adults) was developed in January 2014 through a collaborative process with Parent Project® participants. Parent graduates wanted more ways to get involved, build on the skills they had learned and give back to their community. HAP participants complete a 12-week Parent Project® class and are encouraged to take 4 additional classes designed to educate or enhance their skill or knowledge about behavioral health. HAP graduates are then presented a "Health Ambassador Certificate" and became a critical liaison to San Mateo County's diverse communities by doing outreach, speaking at panels and community events, teaching psycho-educational classes, facilitating discussions or focus groups, etc. HAP graduates are also recruited to join committees, advisory groups, Health Equity Initiatives and commissions as informed members of the public and are supported through stipends throughout their participation.

A Letter of Interest process further identified the need, capacity, and interest, which led to the focus on youth. While the value of peer support work is well documented, youth peer support in mental health is not. Training curricula designed for youth and young adults are limited. More specifically, the process by which Health Ambassadors become liaisons to the community is innovative, collaborative and client focused.

2. The Proposed Project

*Describe the project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together), the **development of a new or adapted intervention or approach**, or the implementation and/or outcomes evaluation of a new or adapted intervention. Include sufficient details so that a reader without prior knowledge of the process can understand **what you're proposing to do, how you will implement the project, what participants will experience, and any other key activities associated with development and implementation**.*

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The idea for a Health Ambassador Program-Youth (HAP-Y) was created on the basis that informed youth can take a proactive role in reaching out to their peers and helping to keep their families and communities healthy. To become a HAP-Y ambassador a youth age 16-25 must complete 4 of the following trainings: Mental Health First Aid (Youth or Adult); Applied Suicide Intervention Skills Training (ASIST); NAMI Family-to-Family Education Program; NAMI Basics, Stigma Free San Mateo and/or Wellness Recovery Action Plan (WRAP), Digital Storytelling and/or Photovoice, and/or other youth focused course. After the completion of the specified classes, HAP-Y graduates are presented a "Health Ambassador Certificate" and became part of a BHRS Ambassador pool.

BHRS HAP-Y graduates can conduct outreach, speak at panels and community events, teach psycho-educational classes, facilitate discussions or focus groups, volunteer as point of contacts for resources and helping with local efforts such as the "Be the One" photo shoot campaigns and the annual "Stand Up for Wellness" event. HAP-Y graduates can also be recruited to join committees, advisory groups, Health Equity Initiatives and commissions supported by adult allies and provided stipends throughout their participation. The following is a proposed plan and may need to be changed based on implementation activities:

1. Adapt the current HAP model and process and HAP-Y curriculum appropriate for the youth participants;
2. Provide classes (WRAP, MHFA, ASIST, etc.) for participants, including youth with lived experience;
3. Conduct pre and post-tests, program evaluations, participant surveys, and data analysis;
4. Collect and analyze data on all courses offered, participant progress and how the program has supported HAP-Y graduates in achieving their goals.
5. Collect outcome measures to demonstrate the impact of HAP-Y on improving access to services for youth at risk of developing serious mental illness.

3. Innovative Component

Describe what about the project (potentially including project development, implementation or evaluation) is new, changed or adapted. What are you doing that distinguishes your project from similar projects other counties and/or providers have already piloted? What efforts have you made to investigate existing models or approaches close to what you're proposing? For example, literature reviews, internet searches, or direct inquiries to/with other counties.

The following components meet the criteria for an innovative project:

1. *The proposed process for graduating as a youth Health Ambassador*
The year-long psychoeducational process to graduate as ambassadors has not been evaluated to understand its full impact on ambassadors and the community. While the adult HAP program has been in implementation since January 2014, it's still rather new in terms of being able to report outcomes/impact on access to services. The proposed process, Health Ambassadors complete a specified number of established educational courses (WRAP, MHFA, ASIST, etc.), is an innovative process and evaluating its impact on youth can be transforming to MHSA prevention work.
2. *HAP curriculum and process for youth ambassadors*
The current process for graduating HAP adults and the curriculum used are mostly targeted to adults and particularly parents/caregivers of high risk youth, as a prevention strategy. This process will be adapted to for youth ambassadors. While there are some courses available for youth, many will need to be adapted as well for youth participants.
3. *Effectiveness of youth ambassadors in increasing access to mental health services*
From literature reviews, internet searches and direct inquiries with other counties (Kings County Youth Resiliency Project and Riverside County TAY Peer Training Curriculum) it is evident that research and youth peer support and outreach efforts in mental health services is lacking. The value of adult peer support work is well documented and somewhat for youth peer support in primary health care as well.

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4. **Learning Goals or Objectives.** Describe your learning goals or objectives. What is it that you want to learn or better understand over the course of the Innovative Project? (There is no minimum or maximum number of learning goals required, but we suggest at least two or three. Goals might revolve around understanding processes, testing hypotheses or achieving specific outcomes.)

During the BHRS comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan FY 2014-2017, **the need to decrease stigma and build the capacity of communities to engage in improving access to mental health services**, was prioritized in both the needs assessment process and strategy development sessions. Additionally, a Letter of Interest process further narrowed the need to **building youth capacity**. The Learning Goals of this project are intended to address these needs:

Learning Goal #1: Is the HAP year-long psychoeducational process for developing Health Ambassadors an effective method for building youth capacity to engage them in reducing stigma and improving access to services?

Outcome objective:

- Positive changes in pre/post questionnaires for youth ambassadors(TBD)
- Improved mental health outcomes for youth ambassadors with Lived Experience (e.g. depression, anxiety, hopelessness, developmental assets)
- Positive mental health perceptions and experience from participants of youth ambassador-led outreach, presentations, efforts, etc. to measure stigma reduction

Learning Goal #2: Are youth ambassadors effective in increasing access to mental health services for other youth, families and communities?

Outcome objective:

- Positive likelihood/perceptions with regards to accessing mental health services from participants in youth ambassador-led outreach, presentations, efforts, etc.
- Referral and linkages made

5. **Learning Plan (or Evaluation)**

For each of your learning goals or objectives, describe the approach you will take to achieving the goal or meeting the objective. We suggest including brief information across the following categories, as applicable:

Learning Goal #1: Is the HAP year-long psychoeducational process for developing Health Ambassadors an effective method for building youth capacity to engage them in improving access to mental health services?

Learning Goal #2: Are youth peer outreach workers effective in increasing access to mental health services for other youth, families and communities?

1. Target participants (for example, who you plan to administer a survey to or interview);
 - Youth ambassadors (graduates) may receive a pre/post survey to determine the appropriateness of the HAP process in building youth capacity.
 - Data will be collected on referrals made to demonstrate effectiveness in terms of leading to increased access to services.
 - Youth ambassadors with Lived Experience would benefit from a pre/post focused on their own wellness and recovery.
 - Participants in the youth ambassador-led outreach, presentation, etc.
 - Development of a thorough evaluation plan will be conducted by a contract evaluator
2. Name and brief description of any specific measures, performance indicators or interview tools (TBD).
 - Pre/post surveys to determine appropriateness of HAP process in building youth capacity
 - Health Screening tools such as PHQ9, GAD7, Search Inst. can be used in pre/post assessments with youth to demonstrate positive mental health outcomes
 - Pre/post surveys for participants in ambassador-led events to measure perceptions as it relates to stigma and accessing mental health services
 - Development of a thorough evaluation plan will be conducted by a contract evaluator.

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3. Evaluation methods (e.g. interviews, focus groups, ethnographic observation, surveys, analysis of encounter data) TBD. Evaluation methods will incorporate pre/post surveys, encounter/event data, and formal health screening surveys. Development of a thorough evaluation plan will be conducted by a contract evaluator.
4. *Preliminary* plan for evaluation administration, participant recruitment, data collection and cleaning, and analysis.

A provider contractor will be selected to conduct the administration, participant recruitment and data collection aspects of the evaluation plan. A separate evaluation contractor will develop a thorough evaluation plan, conduct data cleaning, analysis and.

6. Contracting

If you plan to contract out the INN project and/or project evaluation, describe the County's relationship to the contractor(s) and how the County will ensure quality as well as regulatory compliance.

The County will conduct a Request for Proposal or "bidding" process to select a qualified evaluator. This process along with a contract negotiation and management process ensures that the selected contractor provides quality work. The contractor will be selected based on experience conducting community program evaluation, successful contract history, cultural competence and other metrics.

Additional Regulatory Requirements and Project Details

7. Certifications

Please attach documentation of all of the following:

- i. Adoption by County Board of Supervisors
- ii. Certification by the county mental health director which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA)
- iii. Certification by the county mental health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA
- iv. Documentation that the source of INN funds is 5 percent of the County's PEI allocation and 5 percent of the CSS allocation.

8. Community Program Planning

Please describe the County's Community Program Planning process for the INN Project, including inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community. Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

BHRS led a comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan FY 2014-2017, that included generating ideas for potential MHSA Innovations projects. Over 300 diverse stakeholders in 27 input sessions throughout the County to ensure that all stakeholder groups and demographics were represented. Details on the demographics, stakeholder group representation and engagement can be found in the Three-Year Plan.

As described above on question 1, the Innovation ideas were brought to the San Mateo County MHSA Steering Committee in March 2015 by stakeholders, MHSA Steering Committee members and BHRS staff and stakeholders in the form of potential projects. The Steering Committee made recommendations on which projects to move forward for further exploration. a Letter of Interest process further identified capacity and interest and a Request for Proposal (RFP) process is currently in selection phase for a project administration contractor.

A one-pager summary of Innovation Guidelines (based on the proposed new guidelines that were recently implemented) was provided at all sessions and a presentation to go over the purpose, requirements and answer questions.

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9. Primary Purpose

Select **one** of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (above).

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

10. MHSA Innovative Project Category

Which MHSA Innovation definition applies to your new Innovative Project (circle one):

- a) Introduces a new mental health practice or approach
- b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community**
- c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

11. Population (if applicable)

- a. Estimate number of clients expected to be served annually : **30 HAP-Y graduates**
- b. Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate:

The expectation is to recruit 30 diverse youth ages 16-25 to go through the HAP-Y curriculum and graduate. At least 30% of graduates should be youth with Lived Experience. The plan is to recruit youth from diverse cultural backgrounds (White, Latino, African American, Filipino, Pacific Islander, Native American), gender identity (LGBTQ) and geographic representation (North County, South County, Central and the Coastsides, geographically isolated youth). Demographic data will be collected to ensure HAP-Y is reaching diverse youth.

12. MHSA General Standards

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

- a) Community Collaboration – Recruitment of youth, adaptation of the curriculum and courses will require a collaborative effort from BHRS staff, youth and community partners.
- b) Cultural Competency – BHRS programs will be selected to serve a diverse San Mateo County population and provide equal access in terms of reaching geographic isolated, ethnic/racial, underserved and unserved communities. All BHRS staff and contractor staff are required to complete cultural humility training.
- c) Client-Driven – Youth will be engaged in the adaptation of the curriculum, course selection and data collection, evaluation processes.
- d) Family-Driven – where appropriate, families will also be engaged in the program components, including planning, course selection, implementation, and supporting the youth ambassadors
- e) Wellness, Recovery, and Resilience-Focused – providing youth with lived experience the opportunity to graduate as youth ambassadors will aid in their wellness and recovery. All course options are based on these principles of wellness, recovery and resilience
- f) Integrated Service Experience for Clients and Families – A referral process will be developed to ensure an youth ambassadors and participants in ambassador-led activities have access to a full range of service provided by BHRS and community agencies

13. Continuity of Care for Individuals with Serious Mental Illness

Will individuals with serious mental illness receive services from the proposed project? ☒ Yes ☐ No

INNOVATIVE PROJECT DESCRIPTION

If yes, describe how, if or when the Innovative Project ends, you plan to protect and provide continuity of care for these individuals.

SMI/SED transition age youth participating as ambassadors in the HAP-Y program will come from BHRS or network of care specific programs and will be connected to services. SMI/SED individuals that access ambassador-led activities will be referred to BHRS/contract providers and receive continuing care as medically necessary.

14. INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

- a) Explain how you plan to ensure that the Project evaluation is **culturally competent**. *Note that this is not a required element of the initial Innovative Project description but is a mandatory component of the Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.*
- b) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation. *Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must be involved in contributing to evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.*

The evaluation plan will be developed by a contractor and include meaningful and diverse stakeholder participation through the youth ambassador participants and the MHSA Steering Committee. The Steering Committee ensures that MHSA planning, implementation and evaluation reflects local diverse needs and priorities. It is made up of diverse stakeholders and cultural groups and is open to the public. There will be opportunity to vet, provide input and participate in evaluation planning and implementation activities.

15. Deciding Whether and How to Continue the Project Without INN Funds

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without Innovation Funds following Project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

As described previously, the youth ambassadors will be engaged in the program planning, implementation and evaluation. In addition, the MHSA Steering Committee will be a venue for vetting next steps with diverse stakeholders. If the evaluation indicates that the HAP-Y is an effective process for youth capacity building and to increase access to mental health services, the youth can remain in the BHRS ambassador pool. Contractors will be asked to develop a sustainability plan as part of their project proposal.

If the evaluation indicates that the HAP-Y is not effective for youth ambassadors, BHRS and the MHSA Steering Committee would consider adaptations to the model and consider an alternative strategy/project.

16. Communication and Dissemination Plan.

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

- a) How will you disseminate information to stakeholders within your county, and (if applicable) to other counties?
- b) How will program participants or other stakeholders be involved in communication efforts?

MHSA implementation is very much a part of BHRS' day-to-day business. Information is shared and input collected with a diverse group of stakeholders on an ongoing basis. All the MHSA information is made available to stakeholders on the San Mateo County Behavioral Health and Recovery Services MHSA webpage, www.smchealth.org/bhrs/mhsa. The site includes a subscription feature to receive an email notification when the

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website is updated with MHSA developments, meetings and opportunities for input. This is currently at over 800 subscribers, increased 300+ in the last year. Hard copies of materials are made available upon request.

The BHRS's e-journal, Wellness Matters is published the first Wednesday of every other month and distributed electronically to county wide partners and stakeholders, and serves as an information dissemination and educational tool, with a standing column written by the County's MHSA Manager. The BHRS Blog also provides a forum for sharing and disseminating information broadly. In addition, presentations and ongoing progress reports are provided by BHRS, and input is sought on an ongoing basis at the monthly Mental Health and Substance Abuse and Recovery Commission meeting at the MHSA Steering Committee meeting; at meetings with community partners and advocates; and internally with staff.

Opportunities to present at statewide conferences will be sought and the youth ambassadors can help present the information.

17. Timeline

A) Specify the total timeframe (duration) of the Innovative Project: **Proposed 3 Years, 0 Months**

B) Specify the expected start date and end date of your Innovative Project:

July 1, 2016 Start Date / June 30, 2019 End Date

Note: Please allow processing time for approval following official submission of the INN Project Description.

C) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for

- Development and refinement of the new or changed approach;
- Evaluation of the INN Project;
- Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;
- Communication of results and lessons learned.

The following is a rough timeline, this will be negotiated and finalized with the contracted partner agency:

July 1, 2016 – December 2016

- Startup activities – hiring program coordinator, adaptation of curriculum, selection and adaptation of courses, setting up infrastructure for implementation/evaluation
- Evaluator to meet with youth, partner agency and BHRS staff to discuss evaluation plan
- Evaluation plan brought to MHSA Steering Committee for input

January 2017 – December 2017

- Recruitment of youth and courses scheduled
- Courses commence
- Establish opportunities for engagement post-graduation from HAP-Y

January 2018 – December 2018

- 2nd round of recruitment and courses commence
- Support of youth ambassador graduates in liaison activities

January 2019 – June 2019

- 3rd round of recruitment and courses commence
- Support of youth ambassador graduates in liaison activities
- Complete evaluation analysis and report
- Engage MHSA Steering Committee on issue of continuation of the project
- Disseminate final findings and evaluation report

INN Project Budget and Source of Expenditures

Final budget and expenditures will be determined by the contracted agency. \$250,000 is available for this project

INNOVATIVE PROJECT DESCRIPTION

County: San Mateo Date: February 16, 2016

Project Name: LGBTQ Behavioral Health Coordinated Services Center

PLEASE NOTE: Using this template is **OPTIONAL**. It is being provided as a technical assistance tool to staff who wish to make use of it. Regulatory requirements for the Innovation (INN) Component of the Three-Year Program and Expenditure Plan, and Annual Report, can be found in Section 3930 of the Innovation Project Regulations. In some cases, the items contained in this **OPTIONAL** template are more specific or detailed than those required by the regulations.

Project Overview

1. The Service Need

Describe what led to the development of the idea for your INN project and the reasons that your project is a priority for your county. What primary problem or challenge are you trying to address?

The San Mateo County Health System, Behavioral Health and Recovery Services (BHRS) led a comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan FY 2014-2017. During this CPP process, **the need for culturally specific programs, outreach and coordination of services for LGBTQ communities**, was prioritized in both the needs assessment process and strategy development sessions, which included generating ideas for potential MHSA Innovation projects. Over 300 individuals participated in 27 input sessions throughout the County.

The Innovation ideas were brought to the San Mateo County MHSA Steering Committee in March 2015 by stakeholders, MHSA Steering Committee members and BHRS staff and stakeholders in the form of potential projects. The Steering Committee made recommendations on which projects to move forward for further exploration. An LGBTQ Behavioral Health Coordinated Services Center was identified as a top priority by the Steering Committee as *a way to promote interagency and community collaboration and increase access to culturally appropriate services for the LGBTQ community in San Mateo County*.

LGBTQ individuals and families are considered one of the most vulnerable and marginalized communities in the United States. Many experience multiple levels of stress and risk for Serious Mental Illness (SMI) due to constant subtle or covert acts of homophobia, biphobia and transphobia against them. LGBTQ youth are especially vulnerable with higher rates of being victimized, of having a mental health disorder, higher rates of homelessness and suicide. LGBTQ adults are also at higher risk of depression and isolation from family and other social supports. Transgender persons and gender non-conforming/variant remain the most vulnerable, experiencing the highest rates of assaults, violence and discrimination compared to lesbians and gays. While there are LGBTQ services located in the San Francisco-Bay Area, there are very little services in San Mateo County and currently there is no model of coordination of psycho-educational, social services, peer-based and community support and clinical services.

2. The Proposed Project

*Describe the project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together), the **development of a new or adapted intervention or approach**, or the implementation and/or outcomes evaluation of a new or adapted intervention. Include sufficient details so that a reader without prior knowledge of the process can understand **what you're proposing to do, how you will implement the project, what participants will experience, and any other key activities associated with development and implementation**.*

The proposed projects aim is to develop a Coordinated Services Center, designed to provide a place for a wide range of services for the LGBTQ community in San Mateo County. Its overall purpose is to improve the quality of life and address the multiple barriers many LGBTQ individuals and families face in seeking behavioral health care. The LGBTQ Behavioral Health Coordinated Services Center will be operated through a collaboration of multiple agencies

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that can provide a broad range of services (such as counseling and crisis intervention, case management, vocational and peer support services) to LGBTQ communities within San Mateo County. The project will include a location/space where groups, events and other LGBTQ-related activities will be held and feature the coordination of three (3) main components: (a) social and community, (b) clinical and (c) resource center including a social media and online presence.

1. *The social and community component* aims to engage, educate and provide support to LGBTQ individuals through peer-based models of wellness and recovery. The efforts will be led by an LGBTQ peer worker and collaboratively with other service providers both within and outside San Mateo County. The team would be leading community education, mentorship efforts, meet-ups, NA/AA and other social (i.e. Pride Initiative meetings, Transgender Day of Remembrance, Pride month celebrations, etc.) and educational activities.
2. *The clinical component* will be comprised of two areas:
 - a) Behavioral health services focusing on communities at high risk or moderate to severe mentally ill (high risk for SMI include, queer youth of color, LGBTQ victims of bullying and/or trauma, etc.)
 - b) A resource and training ground for healthcare providers to build competency working with the LGBTQ population especially with the transgender and gender non-conforming/variant community.The clinical component will consist of bilingual/bicultural licensed providers (including a part-time psychiatrist) that are able to provide appropriate mental health and substance use services specifically to LGBTQ individuals and families who are at high risk or moderate to severe mentally ill, including case management, counseling, medication assistance and support. Bilingual/bicultural peer workers who are critical members of the treatment team will also be able to provide some assistance and support.
3. *The resource component* is to become a hub for local, County and national LGBTQ resources including the creation of an online and social media presence, which will include the development of resource materials for the LGBTQ community. Online chats, texting, hotline and Facebook will be used to engage hard to reach populations including youth/young adults, geographically isolated individuals and older adults.

The services at the LGBTQ Behavioral Health Coordinated Services Center will be provided at times/days (including weekends) that would best meet the needs of the community including offering services to other parts of the County as needed. The LGBTQ Behavioral Health Coordinated Services Center will be staffed and supported by a diverse group of individuals including but not limited to licensed and certified behavioral health staff, individuals with lived experience as consumers or family members, interns and trainees and cultural brokers who have experience and knowledge on LGBTQ issues.

3. Innovative Component

Describe what about the project (potentially including project development, implementation or evaluation) is new, changed or adapted. What are you doing that distinguishes your project from similar projects other counties and/or providers have already piloted? What efforts have you made to investigate existing models or approaches close to what you're proposing? For example, literature reviews, internet searches, or direct inquiries to/with other counties.

While it is not new to have an LGBTQ community center in the broader Bay Area and across the U.S. (i.e. the LGBT Center in San Francisco or the Billy de Frank Center in San Jose, The Center in New York) or to have a behavioral health program that focuses on the LGBTQ population (i.e. Alliance Health Project in San Francisco), it is innovative to have the combination of an LGBTQ behavioral health center that provides both behavioral health services, psycho-educational and community/social events and activities.

Individuals who enter the center in need of behavioral health help will have seamless access to treatment as well as to social and community groups that could further improve their mental health, enhance their sense of community and reduce their isolation. Similarly, those who visit the center to build social connections will have access to therapy/counseling to address any mental health and substance abuse issues they may have.

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It is also new to have an LGBTQ Behavioral Health Coordinated Services Center that is primarily focused on outreach and treatment to marginalized communities within the LGBTQ community. The proposed LGBTQ Behavioral Health Coordinated Services Center would use aspects of a peer run model to engage multiple special populations and high risk for SMI populations including transgender and gender non-conforming/varaint community members, LGBTQ youth and seniors, as well as queer people of color in community activities as well as behavioral health services.

BHRS staff have reviewed and summarized previous MHSA Innovation Projects and vetted the ideas with the MHSAOAC to ensure there is no duplication and that there is collaboration where appropriate.

direct inquiries with other counties San Francisco Transgender Pilot Project led to the conclusion that a coordinated system of care for high risk LGBTQ populations is innovative and worth the effort to learn whether this approach will improve service delivery, collaboration and access to mental health services.

4. Learning Goals or Objectives

Describe your learning goals or objectives. What is it that you want to learn or better understand over the course of the Innovative Project? (There is no minimum or maximum number of learning goals required, but we suggest at least two or three. Goals might revolve around understanding processes, testing hypotheses or achieving specific outcomes.)

During the BHRS comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan FY 2014-2017, **the need for culturally specific programs, outreach and coordination of services for LGBTQ communities**, was prioritized in both the needs assessment process and strategy development sessions. The Learning Goals of this project are intended to address these needs:

Learning Goal #1: Does the coordination of services improve service delivery and access to mental health services for LGBTQ marginalized and high risk for SMI communities?

Outcome objective:

- Determine baseline of collaboration, how do systems effectively collaborate currently to serve this population?
- Process measures: increase in communication, referrals, interaction
- Outcome measures: improved mental health indicators from pre/post scales or mental health patient questionnaires

Learning Goal #2: Does a focus on outreach for marginalized and high risk for SMI individuals improve access to mental health services?

Outcome objective:

- Positive likelihood/perceptions with regards to accessing mental health services from participants in peer-led outreach, support, etc.
- Increase in referral and linkages made

5. Learning Plan (or Evaluation)

For each of your learning goals or objectives, describe the approach you will take to achieving the goal or meeting the objective. We suggest including brief information across the following categories, as applicable:

1. Target participants (for example, who you plan to administer a survey to or interview);

Learning Goal #1: Does the coordination of services improve service delivery and access to mental health services for LGBTQ marginalized and high risk for SMI communities?

- Partner agency assessment to determine level of coordination

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- LGBTQ visitors to the center at intake and closure and through client satisfaction

Learning Goal #2: Does a focus on outreach for marginalized and high risk for SMI individuals improve access to mental health services?

- Client intake and closure (pre/post) mental health scale/questionnaire
- Increase in clients accessing services within the system

2. Name and brief description of any specific measures, performance indicators or interview tools; Tools may include but not limited to, pre/post mental health questionnaires, satisfaction surveys, and access data. Development of a thorough evaluation plan will be conducted by a contract evaluator.
3. Evaluation methods (e.g. interviews, focus groups, ethnographic observation, surveys, analysis of encounter data) Methods may include but not limited to, questionnaires/surveys, analysis of encounter data. Development of a thorough evaluation plan will be conducted by a contract evaluator.
4. *Preliminary* plan for evaluation administration, participant recruitment, data collection and cleaning, and analysis.
A contractor will be selected to conduct the administration, participant recruitment and data collection aspects of the evaluation plan. Development of a thorough evaluation plan, data cleaning, analysis and reporting will be conducted by a separate contract evaluator.

6. Contracting

If you plan to contract out the INN project and/or project evaluation, describe the County's relationship to the contractor(s) and how the County will ensure quality as well as regulatory compliance.

The County will conduct a Request for Proposal or "bidding" process to select a qualified evaluator. This process along with a contract negotiation and management process ensures that the selected contractor provides quality work. The contractor will be selected based on experience conducting community program evaluation, successful contract history, cultural competence and other metrics.

Additional Regulatory Requirements and Project Details

7. Certifications

Please attach documentation of all of the following:

- i. Adoption by County Board of Supervisors
- ii. Certification by the county mental health director which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA)
- iii. Certification by the county mental health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA
- iv. Documentation that the source of INN funds is 5 percent of the County's PEI allocation and 5 percent of the CSS allocation.

8. Community Program Planning

Please describe the County's Community Program Planning process for the INN Project, including inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community. Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

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BHRS led a comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan FY 2014-2017, that included generating ideas for potential MHSA Innovations projects. Over 300 diverse stakeholders in close to 30 input sessions throughout the County to ensure that all stakeholder groups and demographics were represented. Details on the demographics, stakeholder group representation and engagement can be found in the Three-Year Plan.

As described above on question 1, the Innovation ideas were brought to the San Mateo County MHSA Steering Committee in March 2015 by stakeholders, MHSA Steering Committee members and BHRS staff and stakeholders in the form of potential projects. The Steering Committee made recommendations on which projects to move forward for further exploration. a Letter of Interest process further identified capacity and interest and a Request for Proposal (RFP) process is currently in selection phase for a project administration contractor.

A one-pager summary of Innovation Guidelines (based on the proposed new guidelines that were recently implemented) was provided at all sessions and a presentation to go over the purpose, requirements and answer questions.

9. Primary Purpose

Select **one** of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (above).

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

10. MHSA Innovative Project Category

Which MHSA Innovation definition applies to your new Innovative Project (circle one):

- a) **Introduces a new mental health practice or approach**
- b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community
- c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

11. Population (if applicable)

- a. Estimate number of clients expected to be served annually : 30-50
- b. Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate:

The expectation is to reach out specifically to marginalized and high risk for SMI communities within LGBTQ including transgender and gender non-conforming/variant community members, LGBTQ youth and seniors, and queer people of color. Demographic data will be collected to ensure the Center is reaching diverse individuals from throughout San Mateo County.

12. MHSA General Standards

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

- a) Community Collaboration – the project is based on the principle of collaboration and coordination of

INNOVATIVE PROJECT DESCRIPTION

services from BHRS, community agencies and stakeholders.

- b) Cultural Competency – The center will develop and maintain a diverse advisory group that can provide feedback and recommendations to the center’s programming. Regular and consistent community and stakeholder involvement and engagement will be a necessary component to the center’s operation. BHRS programs will be selected to serve a diverse San Mateo County population and provide equal access to all in terms of reaching geographic isolated, ethnic/racial, underserved and unserved communities. All BHRS staff and contractor staff are required to complete cultural humility training.
- c) Client-Driven – involvement through the advisory group will be critical. All social and clinical services provided at the center will be based on the MHSA principles including client/family driven services.
- d) Family-Driven – same as above
- e) Wellness, Recovery, and Resilience-Focused –all social and clinical services will be based on these principles of wellness, recovery and resilience (peer based support, etc.)
- f) Integrated Service Experience for Clients and Families – the coordination of services will ideally lead to an integrated service experience

13. Continuity of Care for Individuals with Serious Mental Illness

Will individuals with serious mental illness receive services from the proposed project? ☒ Yes ☐ No

If yes, describe how, if or when the Innovative Project ends, you plan to protect and provide continuity of care for these individuals.

SMI individuals will be referred to other BHRS and network of care programs, Full Service Partnership, PREP/BEAM, etc.

14. INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

- a) Explain how you plan to ensure that the Project evaluation is **culturally competent**. *Note that this is not a required element of the initial Innovative Project description but is a mandatory component of the Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.*
- b) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation. *Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must be involved in contributing to evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.*

The evaluation plan will be developed by a contractor and include meaningful and diverse stakeholder participation through the LGBTQ center advisory group and the MHSA Steering Committee. The Steering Committee ensures that MHSA planning, implementation and evaluation reflects local diverse needs and priorities. It is made up of diverse stakeholders and cultural groups and is open to the public. There will be opportunity to vet, provide input and participate in evaluation planning and implementation activities.

15. Deciding Whether and How to Continue the Project Without INN Funds

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without Innovation Funds following Project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

As described previously, LGBTQ Behavioral Health Coordinated Services Center advisory group will be engaged in the program planning, implementation and evaluation. In addition, the MHSA Steering Committee will be a venue for vetting next steps with diverse stakeholders. If the evaluation indicates that the coordination of services for LGBTQ is an effective process for improved service delivery and access, the collaboration will continue. Contractors

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will be asked to develop a sustainability plan as part of their project proposal.

If the evaluation indicates that it is not effective, the determination on next steps, further adaptation, lessons learned will be decided on.

16. Communication and Dissemination Plan.

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

- a) How will you disseminate information to stakeholders within your county, and (if applicable) to other counties?
- b) How will program participants or other stakeholders be involved in communication efforts?

MHSA implementation is very much a part of BHRS' day-to-day business. Information is shared and input collected with a diverse group of stakeholders on an ongoing basis. All the MHSA information is made available to stakeholders on the San Mateo County Behavioral Health and Recovery Services MHSA webpage, www.smchealth.org/bhrs/mhsa. The site includes a subscription feature to receive an email notification when the website is updated with MHSA developments, meetings and opportunities for input. This is currently at over 800 subscribers, increased 300+ in the last year. Hard copies of materials are made available upon request.

The BHRS's e-journal, Wellness Matters is published the first Wednesday of every other month and distributed electronically to county wide partners and stakeholders, and serves as an information dissemination and educational tool, with a standing column written by the County's MHSA Manager. The BHRS Blog also provides a forum for sharing and disseminating information broadly. In addition, presentations and ongoing progress reports are provided by BHRS, and input is sought on an ongoing basis at the monthly Mental Health and Substance Abuse and Recovery Commission meeting at the MHSA Steering Committee meeting; at meetings with community partners and advocates; and internally with staff.

Opportunities to present at statewide conferences will be sought and LGBTQ advisory group members or other stakeholders can help present the information.

17. Timeline

A) Specify the total timeframe (duration) of the Innovative Project: **Proposed 3 Years, 0 Months**

B) Specify the expected start date and end date of your Innovative Project:

July 1, 2016 Start Date / June 30, 2019 End Date

Note: Please allow processing time for approval following official submission of the INN Project Description.

C) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for

- Development and refinement of the new or changed approach;
- Evaluation of the INN Project;
- Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;
- Communication of results and lessons learned.

The following is a rough timeline, this will be negotiated and finalized with the contracted partner agency and may change during implementation:

July 1, 2016 – December 2016

- Startup activities – secure space, establish advisory group hire staff, set up infrastructure for implementation/evaluation and referral system
- Evaluator to meet with advisory group, partner agency and BHRS staff to discuss evaluation plan
- Evaluation plan brought to MHSA Steering Committee for input

January 2017 – December 2017

- Targeted outreach and community education efforts begin
- Launch core services and resource center

INNOVATIVE PROJECT DESCRIPTION

- Begin planning for training component

January 2018 – December 2018

- Continue outreach, community education and core services
- Launch training program

January 2019 – June 2019

- Complete evaluation analysis and report
- Engage MHSA Steering Committee on issue of continuation of the project
- Disseminate final findings and evaluation report

- **INN Project Budget and Source of Expenditures**

Final budget and expenditures will be determined by the contracted agency. Currently, \$700,000 is available for this project.

DRAFT