

**County of San Luis Obispo Innovation Plan**

Executive Summary

The County of San Luis Obispo’s Behavioral Health Department (SLOBHD) is excited to put forth this plan to utilize Mental Health Services Act (MHSA) Innovation (INN) component funds to test new methods to serve and engage the community mental health field. The goal of the proposed Innovation projects is to build capacity within the community by learning new and adapted models for promoting positive mental health and reducing the negative impact of mental illness and stigma.

Over a 6-month period, the SLOBHD worked collaboratively with local stakeholders, including consumers and family members, to develop the County’s INN Plan, which consists of two INN projects. The plan consists of new and novel mental health practices or approaches that will contribute to informing the County and its stakeholders as to improved methods for addressing mental health disparities.

The County of San Luis Obispo’s INN Plan consists of two distinct projects with an average duration of 36 months. The total cost of the two projects, including administration services, is projected to be approximately $1.5 million. The projects will be funded with County’s INN funds. However, every effort will be made to access revenue through Federal Financial Participation for appropriate projects. The table below depicts the projected expenditures for each project and for administration from FY18-19 through the first half of FY21-22.

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| **INN Project Budgets** | **FY 18-19** | **FY 19-20** | **FY20-21** | **FY21-22** | **Total** |
| **3-by-3 Developmental Screening** | $184,860 | $215,428 | $223,184 | $236,526 | **$859,998** |
| **SLO ACCEPTance**  | $107,461 | $177,108 | $177,108 | $93,052 | **$554,729** |
| **TOTAL INN Budget** | **$292,321** | **$392,536** | **$400,292** | **$329,578** | **$1,414,727** |

MHSA funds will be used to implement the following two new projects with planning and services expected to begin in July of 2018, after any procurement processes have been completed. The projects were selected based on MHSA’s required outcomes, general standards, the community’s input and priorities, and the feedback from the Mental Health Services Oversight & Accountability Commission (MHSOAC). Innovation represents a significant opportunity to engage new systems and gain knowledge around many difficult mental health system issues. The projects listed herein are:

**3-by-3 Developmental Screening Partnership between Parents & Pediatric Practices:**

This innovation project tests three methods for delivering comprehensive and recurring screening results for young children to pediatricians. Each of the three methodologies will include the administration of up to three developmentally-appropriate screening encounters before the age of 3 years old. Screenings will take place at ages 9 months, 18 months, and 24-30 months and will be offered in English and Spanish. The three methodologies tested include: Screening administered by an in-clinic Health Educator, screening by Self-Administration, and screening by a Child Care Provider. A learning

goal of this project will be to determine which type of screening is conducive to increase knowledge on parents/primary caregivers about mental health issues and children social-emotional development, as well as which type of screening allows pediatricians to fully engage parents/caregivers who are in need of referrals.

**SLO ACCEPTance: Affirming Cultural Competence Education & Provider Training: Offering Innovative Solutions to Increased LGBTQ Mental Health Care Access:**

The SLO ACCEPTance project aims to provide highly-trained community-based and academically-informed mental health services for LGBTQ individuals. The project will test a 9-month new, never-before implemented curriculum and professional training program in the mental health field that comprises comprehensive and empirically-based training modules delivered across three intensive 2-3 day trainings for mental health professionals (MHP), which will also include professional consultation and network provider development components. The training will be tested with MHP in a three-phase training module, which includes Cultural Sensitivity, Clinical Issues, and Potential Provider Issues, and each training module receives group consultation. The project employs a skill and learning development approach in order to better prepare MHP in various settings in order to provide comfort and affirmation for the LGBTQ community. The learning goal of the project will be to assess the training modules to determine the skills and attitudes that can be measured to establish a baseline for MHP to support and engage LGBTQ clients in a culturally appropriate manner.

The Innovation proposals were finalized on April 13th, 2018 and a draft was made public for a 30-day review on April 16th, 2018. A public hearing was held as part of the Behavioral Health Board’s (BHB) May 16th, 2018 regular meeting and received approval from the BHB. On June 5th, 2018 the Plan was submitted to the County’s Board of Supervisors and it was approved. The Innovation Work Plan will be submitted for approval to the Mental Health Services Oversight and Accountability Commission.

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**Community Program Planning and Local Review Processes**

**County Name:** San Luis Obispo

**Work Plan Name:** County of San Luis Obispo Innovation Plan

***Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. Is shall include the methods for obtaining stakeholder input.***

A brief planning new round of innovation was officially launched in September 2017. The first Innovation Stakeholder meeting took place in September 21st, 2017 were ongoing and new Innovation Stakeholders were assembled to review the innovation guidelines and begin a larger conversation and collaboration for a new round of research and experiment-based projects. The meetings also provided stakeholders and the community with presentations regarding the current innovation round, which included the implementation, successes and challenges of the current four projects.

The stakeholder meetings were conducted by Frank Warren, MHSA Coordinator and Nestor Veloz-Passalacqua, INN Coordinator. Stakeholder meetings included community members, family focus groups, and members of existing groups. New stakeholders from local non-profit organizations, as well as the local California State University joined the stakeholder group in a larger effort made by the County to incorporate community representation. The stakeholder group and the meetings were designed with the purpose to encourage the development of learning projects, and developing new creative initiatives to test potential solutions for difficult challenges in the mental health field.

In the spirit of Innovation, the County Stakeholder process ensured the continuity of maximizing time and knowledge of the community members who had come to the Innovation Planning Team, as well as the maximization project development by using a user-friendly online tool. For this short-time round of innovation, Stakeholders and the Innovation Planning Team were provided with an online project development toolkit consisting of Innovation definitions and guidelines and a worksheet to walk them through the creation and development of the Innovation project. The goal for the stakeholder group was to develop projects outside of the stakeholder meetings and bring the proposals to the group for revision and final approval.

The Innovation stakeholders were given the opportunity to submit proposals and concepts to be considered as new projects. The County continued the use of the “Innovation Creation Station”, which is an online survey built by the County to assist innovators develop their ideas and answer key questions necessary to meet the Innovation component guidelines. The online survey tool allowed stakeholders to provide concise narrative and complete thoughtful proposals. Technical assistance was provided to innovators and stakeholders throughout the development phase of the proposals by answering questions regarding the online survey tool, answering innovation questions, and generally preparing the innovation planning team presentations.

The INN Coordinator began communication with the Mental Health Services Oversight and Accountability Commission (MHSOAC) to receive feedback on the proposed projects and provide additional assistance to the innovators. All proposals were reviewed to assure adherence to the Innovation guidelines. In order to determine the level of prioritization for each project, the County provided stakeholders with an online tool for ranking purposes prior to funding estimations so stakeholders and the community would make recommendations based on the merits of the projects rather than on the costs associated with the project. In a short period of time, the first complete draft of proposals became available in the month of January and stakeholders were given a week to review the proposals and provide a ranking. The online ranking system allowed every member of the stakeholder group (those wishing to complete their ranking on paper were provided printed surveys) to “score” each proposal anonymously, based on the project’s merits, need/problem definition, learning goal, implementation, operation, and sustainability. This process allowed the County to be provided with a list of ranked projects. Results were disseminated to the Innovation Stakeholder group and to the innovators. All four projects continued to refine and work on their projects’ narrative. The Mental Health Services Oversight and Accountability Commission provided additional feedback, which was taken into consideration for the final number of innovations projects moving forward, reducing the number of proposed projects from four (4) to two (2). This allowed to focus time and resources on the two proposals listed on this work plan, while continue to work on the finalization piece for the last remaining projects to be presented the following fiscal year.

The Innovation proposals were finalized on April 13th, 2018 and a draft was made public for a 30-day review on April 16th, 2018. A public hearing was held as part of the Behavioral Health Board’s (BHB) May 16th, 2018 regular meeting and the Innovation Plan was approved by the BHB. The Plan was submitted to the County’s Board of Supervisors on June 5th, 2018 and it was approved. The Innovation Work Plan has been submitted for approval to the Mental Health Services Oversight and Accountability Commission.

**Identify the stakeholder entities involved in the Community Program Planning Process**

The County’s Innovation Planning Team is the stakeholder group consisting of between 10-20 representatives of various community groups including consumers, family members and underserved cultural communities. The Innovation Planning Team met two times between September 2017 and March 2018, and will reconvene to oversee the launch of Innovation programs, and participate in reviews thereafter.

Below is a list of stakeholder that participated in San Luis Obispo County’s Innovation Planning Process:

* Behavioral Health Board (BHB) members (including family members and consumers).
* Members of underserved communities, including Promotores, representing the Center for Family Strengthening, and participants of the County’s Cultural Competence Committee which advises the department on how to improve services for underserved ethnic and cultural groups, and the Gay and Lesbian Alliance (GALA).
* Consumers and family members (youth and adult) as well as organizations that represent them such as the Peer Advisory and Advocacy Committee, and the National Association of Mental Illness.
* Community mental health system providers, including staff and peer advocates from Transitions Mental Health Association (TMHA), Wilshire Community Services (WCS), California Polytechnic State University, Community Action Partnership of San Luis Obispo (CAPSLO), and Family Care Network.
* Other County agencies, including Probation, Office of Education (administrators, teachers, counselors), and Drug and Alcohol Services.
* Staff and managers, including the Behavioral Health Director clinicians, case managers and medical professionals of the County Behavioral Health Department.

Ethnic representation in the Planning sessions included members of the Latino, Asian, African-American, and Native American communities. Providers specializing in cultural-based services were integral in developing Innovation needs and proposals. Cultural groups represented throughout the Planning sessions included LGBTQ, Veterans, Youth, Older Adults, Spiritual, and individuals experiencing homelessness.

***List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.***

The plan was posted for 30-day stakeholder review on April 16th, 2018. Notice of the Innovation Plan’s availability for review and of the May 16th public hearing was posted on the SLOBHD website and sent to participants of the Innovation Planning Process, County Board of Supervisors, all SLOBHD staff, and the SLO County Behavioral Health Board. Notification flyers were posted at the SLOBHD offices and County libraries, and a legal notice was published in the Tribune, the only countywide daily newspaper.

At the conclusion of the 30-day review period, one comment was received using the feedback survey made available electronically and in hard-copy. The comment is listed below for the two projects:

* 3-by-3 Developmental Screening Partnership between Parents & Pediatric Practices: “I think it is a great idea to have developmental screenings as part of pediatric practice. I often see young adults with undiagnosed developmental disorders that were frequently showing symptoms as a young child. Having these screenings would likely allow access to services in early childhood.” - Dr. Stacy Hutton.
* SLO ACCEPTance: Affirming Cultural Competence Education & Provider Training: Offering Innovative Solutions to Increase LGBTQ Mental Health Care Access: “I strongly support this project. I am a licensed psychologist in Atascadero specializing in LGBTQ clients. Over 67% of my caseload identify as LGBTQ. I continue to receive calls from LGBTQ clients who cannot find another provider in our county. I fully support SLO ACCEPTance’s plan to train an “A-team” and provided long-lasting consultation.” – Dr. Stacy Hutton.

At the May 16th, 2018 Behavioral Health Board meeting, Nestor Veloz-Passalacqua (Innovation Coordinator) presented the County’s proposed Innovation Plan for FY 2018-2022. A total of ten (10) letters of support were received for the SLO ACCEPTance: Affirming Cultural Competence Education & Provider Training: Offering Innovative Solutions to Increase LGBTQ Mental Health Care Access project. Letters of support came from Cal Poly, The Community Foundation Growing Together Initiative, Sierra Vista Regional Medical Center, Community Counseling Center, Transitions-Mental Health Association, Tranz Central Coast, the Gay and Lesbian Alliance of the Central Coast, and community members. Public comment forms were distributed and collected during the hearing. There were no written public comments made during the meeting. Verbal comments received during the meeting are listed below:

* “I would like to commend you and your staff and the Behavioral Health Department on putting forth such innovative project. Once, I think it’s going to help improve and develop screening to go through first 5. I’m really happy to see that happen. And two, for the services you’re putting forth for the LGBTQ community, I haven’t ever heard of any other community doing something like this, so I appreciate you.” – Theresa Scott
* “There was a survey done on 2014 from LGBTQ members that said the number one need is the community of SLO County, was the access of mental health services that was culturally specific to their identity. So I’m here to pledge support to the Innovation Grant in hopes that the Board will decide to move forward with it and also ask that community come together to support that as well.” – Matias Bernal

The Innovation proposals were finalized on April 13th, 2018 and a draft was made public for a 30-day review on April 16th, 2018. A public hearing was held as part of the Behavioral Health Board’s (BHB) May 16th, 2018 regular meeting and the Innovation Plan was approved by the BHB. The Plan received approval by the County’s Board of Supervisors on June 5th, 2018. The Innovation Work Plan will receive approval from the Mental Health Services Oversight and Accountability Commission on July 26th, 2018.

**INNOVATIVE PROJECT PLAN**

**RECOMMENDED TEMPLATE**

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| **COMPLETE APPLICATION CHECKLIST** |
| Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission: |
| * Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to the Board of Supervisors.

 *(Refer to CCR Title 9, Sections 3910-3935 for Innovation Regulations and Requirements)* |
| * Local Mental Health Board approval Approval Date: May 16, 2018
 |
| * Completed 30 day public comment period Comment Period: April, 16 - May 15, 2018
 |
| * BOS approval date Approval Date: June 5, 2018

If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Note: For those Counties that require INN approval from MHOAC prior to their county’s BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.* |
| Desired Presentation Date for Commission: July 26, 2018***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.*** |

**County Name:** County of San Luis Obispo

Date Submitted:

**Project Title:** 3-by-3 Developmental Screening Partnership Parents & Pediatric Practices

**Total amount requested:** $859,998

**Duration of project:** 4 years

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

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

**Section 1: Innovations Regulations Requirement Categories**

**CHOOSE A GENERAL REQUIREMENT**

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

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

**CHOOSE A PRIMARY PURPOSE**

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

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

**Section 2: Project Overview**

**PRIMARY PROBLEM**

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

The lack of comprehensive and recurring behavioral health screenings for children 0-3 contributes to the fact that according to the Centers for Disease Control (2006), “of the 15 million children affected by mental illness, less than 20-25% receive any treatment (Robey-Williams, 2014; Early Screening and Identification of Preschool Children Affected by Serious Emotional Disorders). Currently, our county does not have data or programs dedicated to measure and capture information relevant to children 0-3 that may be at risk of behavioral health and developmental delays, making this an important service. California is behind the curve on providing timely screening and identification that can catch and address mental health, behavioral, or developmental challenges early and facilitate access to treatment. The state is 43rd in the nation, with less than 30% of children receiving comprehensive and recurring screenings (2016 National Survey of Children’s Health [conducted by the U.S. Census]). One quantifiable result indicates that “70% of children with delays go undetected until kindergarten (Bethell C., Reuland C., Schor E., Abrahms M., Halfon N. (2011), Rate of parent-centered developmental screening: Disparities and links to services access).

According to the American Academy of Pediatrics (AAP) “Emotional, behavioral, and relationship problems can develop in very young children, especially those living in high-risk families or communities. These early problems interfere with the normative activities of young children and their families and predict long-lasting problems across multiple domains. A growing evidence base demonstrates the efficacy of specific family-focused therapies in reducing the symptoms of emotional, behavioral, and relationship symptoms; with effects lasting years after the therapy has ended.”

The AAP recommends that pediatricians conduct three screenings for each child by the age of three years old using a validated tool to screen for developmental and social-emotional delays. Despite this clear guideline, pediatric clinics across the state and in San Luis Obispo County do not have systems in place to manifest it in practice. Well-child visits are typically short in duration and already impacted with multiple mandated functions related to primary physical health and immunization schedules. Mental health is not traditionally integrated into early childhood pediatric visits as a topic for anticipatory guidance. In San Luis Obispo County, 30% of children ages 0-3 are assigned to the main safety net clinics, which do not have a comprehensive screening in their electronic health record or a protocol in their procedures. Only one private pediatric practice bills Medi-Cal for screening and their screening specifically targets autism and attention-deficit/hyperactivity disorder (ADHD). Additionally, surveys of private pediatricians reveal infrequent use of validated tools.

**PROPOSED PROJECT**

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

1. **Provide a brief narrative overview description of the proposed project.**

The 3-by-3 Project will test three methods for delivering comprehensive and recurring screening results for young children to pediatricians. Each of the three methods will include the administration of up to three developmentally-appropriate screening encounters before participants reach the age of 3 years old. Screenings will take place at ages 9 months, 18 months, and 24-30 months (the American Association of Pediatrics-recommended ages) and will be offered in English or Spanish. Participants will be current patients of partnering pediatric practices. They will be invited to opt in to the innovation project. Two pediatric practices (CHC and a private provider) have already indicated interest in partnering on the project. These practices will be funded to hire in-house staff to help coordinate programming. All hired staff will abide by clinic privacy protocols, and will only release de-identified data to the innovation project. Each participating clinic will enter into an Memorandum of Understanding (MOU) with the project to clarify and ensure adherence to HIPAA and other patient privacy policies. The innovation project will at least have two pediatric practices participating, one FGHC and one private practice.

The project tests the following three methods:

* Screening will be administered by an in-clinic **Health Educator** as an education encounter with a 30-minute meeting between Health Educator and parent/primary caregiver prior to their appointment with their physician. A Health Educator is traditionally used in some clinic settings to deliver information on a variety of health topics, such as diabetes, nutrition and obesity, heart health, etc. Developmental screening presents a new opportunity to engage parents in conversations about their child’s emotional developmental milestones, supportive mental health practices in the home, and typical expected development at each age.
* **Self-administration** of screening tool prior to an appointment by the parent/primary caregiver (potential for paper or online depending on project budget and/or patient family technology access). This method has been used in pediatric practices and serves as a control for this study.
* Screening will be conducted at the child’s **Child Care** **Provider** site and given to the pediatrician for children attending early childhood centers or homes. Child care providers have used the ASQ and similar screening tools, but no model has yet been developed to effectively share screening results with pediatricians. The State Department of Education and First 5 California are have funded a major statewide initiative, Quality Rating Improvement System (QRIS), to train child care providers in a variety of quality improvement practices, including administration of the Ages and Stages Questionnaire. The local Child Care Planning Council is currently certifying a cohort of local providers in this tool. Only families utilizing a certified provider will have the option of participating in the “Child Care Provider” testing cohort.

Following each experimental implementation methods, the physician will review and discuss screening results with parent/primary caregiver and make timely referrals, as appropriate. However, project team expects that there will be some children as well as primary caregivers who will be identified as being at risk for a SMI. Careful attention will be paid to building in solid referral relationships between pediatricians and the local behavioral health system to ensure warm and timely handoff to appropriate care. These referrals include mental health services (Medi-Cal, private providers, County Martha’s Place), Early Start, Tri-Counties Regional Center, school district services, and community resources such as parenting education, library services, and parent connection classes. The 3-by-3 Project is designed primarily as a prevention and screening/referral effort that does not anticipate including direct services for individuals with serious mental illness.

In two of the three above approaches being tested, a professional (health educator or child care provider) will work with the parent to complete the screening instrument and will also provide parent education. These proposed models build in education for the parent regarding developmental expectations, allow for conversations about local resources, and provide an opportunity in a relaxed and unrushed setting to identify any parental mental health issues related to parenting.

The project will use a validated, parent-led screening tool, the Ages and Stages Questionnaire (ASQ-3) and ASQ Social-Emotional (ASQ:SE-2). The ASQ is one of several validated tools that can be used by pediatricians at the recommended screening intervals. The ASQ-3 has been translated into over 35 languages and dialects and research on validity in different cultures and communities has been conducted in over 20 countries worldwide. The publisher, Paul H. Brookes Publishing Company, has published guidelines for cultural and linguistic adaptation of these tools and trainings include information on cultural sensitivity and adaptations to ensure cultural appropriateness. Some features of these tools that assist in adaptability include flexible administration methods, using alternative materials, omitting inappropriate items, assessing parent concerns, ability to reframe questions to emphasize intent, and the inclusion of diverse populations in the normative sample (Squires, et al, ASQ 3 and ASQ:SE Training Materials, Paul H. Brookes Publishing Co., Inc., 2013). Studies have been conducted around the world to test reliability and validity. The Spanish version has been reviewed by pediatrics experts, including developmental pediatricians and practitioners working with children and families, who speak numerous Spanish dialects. The first tool, the ASQ-3, contains questions that screen for both developmental and social-emotional delays. When social-emotional concerns are highlighted by the screening, the ASQ:SE-2 is then used to provide more comprehensive screening for behavioral and mental health issues. The two reasons the ASQ has been selected as a screening tool for the 3-by-3 Project are the following:

* The ASQ has the ASQ:SE-2 social-emotional screening as a follow-up tool, and
* The ASQ is already used by child care providers throughout San Luis Obispo County as part of a statewide initiative, the Quality Rating and Improvement System (QRIS), which is funded through First 5 and the California Department of Education. QRIS is a voluntary rating and training program for early care providers.

The following flowchart depicts the three methods being tested from the point of view of the child/family:

**3-by-3 Project: Testing Three Methods for Pediatric Early Mental Health Screening**

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| **Child A: Health Educator Encounter** |
| Pediatrician's office schedules 30-minute health education encounter prior to well-child check up. |

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 | Parent and child meet with Health Educator; parent completes ASQ-3 and if indicated, ASQ:SE. Parent discusses results and questions with Health Educator. |

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 | Health Educator gives results to pediatrician. |

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 | Pediatrician discusses results with parent and makes any referrals needed. |

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 | As a result, child and family will have increased access to mental health services and supports. |
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| **Child B: Child Care Provider Administration** |
| Pediatrician's office establishes contact with childcare provider prior to well-child check up. |

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 | Parent meets with child care provider, who presents the ASQ-3. Parent completes at home and discusses results with childcare provider. ASQ:SE completed if indicated.  |

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 | Childcare provider sends results to pediatrician.  |

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 | Pediatrician discusses results with parent and makes any referrals needed. |

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 | As a result, child and family will have increased access to mental health services and supports. |
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| **Child C: Parent Self-Administration** |
| Pediatrician's office contacts parent and asks them to complete ASQ-3 prior to well-child check up.  |

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 | Parent completes ASQ-3 at home. If parent doesn't bring tool to visit, office staff provide to parent on arrival. |

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 | Medical assistant provides the results to the pediatrician.  |

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 | Pediatrician discusses results with parent and makes any referrals needed. Pediatrician provides ASQ:SE to parent if indicated. |

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 | As a result, child and family will have increased access to mental health services and supports. |

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

The project will make a change to an existing practice in the field of mental health, including but not limited to, application to a different population

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

The approach, to make a change to an existing practice, was selected because it tests new methods to more effectively achieve the comprehensive screenings needed to identify early mental health challenges and developmental delays in young children. Previously, comprehensive screenings in the pediatric clinic setting were rarely conducted. While children have been referred for in-depth assessment and treatment based on parental report, informal screenings, or validated tools for specific diagnoses (e.g. autism), they have not been universally screened by pediatricians or any other health care provider. Some child care and home visit programs do conduct universal screening with a validated tool (in San Luis Obispo County, the ASQ-3), but pediatricians are not familiar with the tool and how to interpret its results.

This new approach, to test multiple methods of screening while fully embedding screening in pediatric settings, will help pediatricians to understand the upstream impact that early mental health screening can have for young children and their families.

1. **Estimate the number of individuals expected to be served annually and how you arrived at this number.**

This project expands the definition of direct services to children as the engagement methods provide an initial screening. The 3-by-3 Projects expects to serve 450 children annually and this figure was estimated by the current count of children served in Community Health Center and private pediatricians’ office settings.

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

The 3-by-3 Project will target children under the age of three and their primary caregivers at developmental stages – 9 months, 18 months and 24-30 months in conjunction with regularly scheduled well-child visits. The clinics selected for participation will include at least one FQHC community health center and one private health clinic.

The primary (though not exclusive) focal population will be Medi-Cal eligible children and their families. All project-related activities will be readily available in English and Spanish, the two primary languages in the county. Demographic breakdowns among project participants are likely to be weighted more heavily toward the Latino population than is reflected in the general population, due to higher rates of Medi-Cal eligibility/participation. Family participation in the program will be voluntary.

**RESEARCH ON INN COMPONENT**

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

The project team reviewed information from Lassen County PEI Program, Pathways to Early Intervention, and Mendocino County RAISE & SHINE program. The project development team also conducted additional research to study potential similar programs in the state. No other source was located that included the use of three methods of mental health screening in a pediatric setting. No other researched program provided a comprehensive and recurring screening method or methods as part of early identification of mental health, emotional, and social development of children.

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

This project was developed by members of the Innovation stakeholder committee, who conducted local, state, and national online research to identify and locate comparable project models. The project development team did not find any research concluding which method is most likely to provide the most effective context for screening, follow-up, guidance, and referral during well-child visits. While some pediatricians utilize the self-administered method, the County and its Innovation planning team has not found any formalized models for child care partnerships and health educator delivery. MHSA funds will be used to provide resources to help parents complete the screenings, as well as to support scoring and data collection; Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) funds do not pay for these services. EPSDT funds pay for the child’s medical examination; no MHSA funds will be used to pay for medical examinations. Screenings facilitated with MHSA funding will augment medical examinations, providing pediatricians with additional information from the parent’s perspective.

In a larger context, Help Me Grow, a national movement focused on increasing communities’ developmental screening and referral system, is building multi-sector strategies to address this issue through a four-pronged approach:

* Outreach to pediatricians
* Community Outreach
* A centralized access point for referrals, screenings and care coordination, and
* Compilation of data on screening and referral activity.

The innovation project is distinctive from the Help Me Grow movement as it employs a 3-method testing to better understand what practices are effective for comprehensive and recurring screenings. It is just not an aspirational strategy and effort. It is understood that at the national level there is also a need for a *new* model to fully incorporate mental health screening directly into the well-child visit conversation without further constraining already-impacted clinics. There is currently no approach like the 3-by-3 Project concept that tests the relative efficacy of multiple methods for integrating mental health screening, guidance and referral within a particular pediatric practice.

**LEARNING GOALS/PROJECT AIMS**

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

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

The 3-by-3 Project learning goals are the following:

* The County and its stakeholders hope to learn more about specific practices that will be most likely to increase behavioral health screening in early childhood.
* The County and its stakeholders seek to learn what methods increase conversations with parents/primary caregivers that allow increases in mental health knowledge.
* The County and its stakeholders seek to learn how specific settings can integrate mental health screenings into their location.
* The County and its stakeholders seek to learn more about screenings and strategies that would increase referrals.
* The County and its stakeholders seek to learn more about how specific strategies support recurring mental health screenings for children and allow increased parents/primary caregivers engagement.
* The County and its stakeholders hope to learn which specific screenings and strategies allow increased mental health knowledge for pediatricians.

The 3-by-3 Project aims/outcomes are the following:

* Increase parent/primary caregiver knowledge of age-appropriate social emotional development as established by best screening method.
	+ - Metrics include the number of each screening method and additional surveys associated for each screening method
* Increase parent/primary caregiver mental health knowledge as established by best screening method.
	+ - Metrics include pre and post surveys before and after screenings are completed with clients
* Increase pediatric settings mental health knowledge as established by best screening method.
	+ - Metrics include pre and post surveys before and after screenings are completed with clients
* Increase appropriate referrals for behavioral health needs of a child and family members as established by best screening method.
	+ - Metrics include the number of each screening method and the number of referrals documents associated with each screening method
* Preferred screening method that allows greater engagement of parents/primary caregivers
	+ - Metrics include a post survey after screenings are complete with clients
* Preferred screening method and strategy by pediatricians
	+ - Metrics include a survey of pediatricians at 6-months and then annually.

These goals were prioritized because they provide direct information regarding the three testing models for recurring and comprehensive mental health screenings. These goals will help us to better understand how to most effectively meet local needs regarding increased screenings in pediatric practices. The goals will promote the selection of a method based on increased knowledge, referrals, and preferences of both caregivers and pediatricians. The 3-by-3 Program Researcher will be responsible for monitoring instruments and data system, as well as data collection and analysis of the project during the four years of testing. The 3-by-3 Program Researcher will also create reports due to the County Innovation Evaluator on a quarterly basis. The County Innovation Evaluator is responsible for the overall coordination, evaluation, and auditing process of all innovation projects’ data collection, analysis, and state reporting.

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

The learning goals relate to the project’s adaptation of screening methods within pediatric practices by examining the knowledge, referrals and satisfaction that result from each screening method, for both caregivers and pediatricians. By measuring these outcomes there will be a greater understanding of the impact of each method on children and families and the likelihood of pediatricians and caregivers being willing to continue engaging with the screening process.

**EVALUATION OR LEARNING PLAN**

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

The test will collect the following data for each goal:

* + - * The number of each screening method.
			* De-identified screening results and referrals by method type, including how many children were identified with issues, severity of identified concerns, percentage of referrals and referral locations.
			* Parent surveys/interviews with parents associated for each screening method to learn about their experience with the screening content and process, outcomes for their children, and effects of both the screening and the health education on their family functioning and parental stress levels.
			* Interviews with pediatricians regarding perceived efficacy of each method.

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

**CONTRACTING**

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

The County plans to select a contract provider who will best execute this 3-by-3 Project. The County has outstanding contractual partnerships across the community mental health system, as well as strong relational partnerships with many community schools, colleges, health providers, and law enforcement agencies. The Behavioral Health Department, including the MHSA Administrative Team, is well equipped to conduct a fair and successful procurement process (in partnership with County Purchasing) and expedite a contract to be sure Innovation timelines presented herein are met.

The County Innovation component Coordinator, Nestor Veloz-Passalacqua (Administrative Services Officer II), is the community liaison for all Innovation (and PEI) projects and evaluation. Nestor coordinates the stakeholder planning process and will be the one to develop any RFP to select providers. The MHSA Administrative Team also includes Frank Warren (Division Manager), the County MHSA Coordinator, who manages all aspects of MHSA, including contracts and plan monitoring. Briana Hansen, Accountant III, is the fiscal lead and works with each provider to develop accurate budgeting and spending plans. Kristin Ventresca, the CSS Coordinator (Administrative Services Officer II), also provides contract management and oversight. Nestor uses California Polytechnic State University statistics and public policy students in paid internships that assist in data collection, technical assistance for providers, and reporting.

All Innovation providers will meet regularly with Nestor and the team before and during the start-up phase to finalize plans, conduct data collection tests, and develop tools. Some plans may need to be adjusted (based on hiring, procurement of materials, etc.) and Nestor will work with each contractor to provide support and guidance in order to keep the projects on time. After the launch of each project, Nestor will work with the contractors to provide quarterly reports and data collection. The MHSA Administrative Team will conduct spot checks, review project materials, and review quarterly reports to ensure quality and regulatory compliance.

Additionally, the County will establish a contract with an Evaluator to manage the analysis of data, as well as provide technical assistance to the projects to be sure tools are developed which accurately measure the results of each objective. This Evaluator will provide regular reports to the MHSA Administrative Team and MHSA Advisory Committee (stakeholder group), as well as the final report which will be provided to the MHSOAC.

**COMMUNITY PROGRAM PLANNING**

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

This project is part of a larger collaboration in San Luis Obispo County around a comprehensive and recurring mental health screening for children 0-3. Alongside the nationwide Help Me Grow movement to strengthen early identification of behavioral and developmental delays, First 5 held a local convening on August 22, 2017 with broad geographic, ethnic, and professional representation. The meeting was successful in establishing the first steps to concrete the innovation idea, and it was designed from a collaborative work between members and representatives from the following organizations: Parents Helping Parents, Community Action Partnership of San Luis Obispo, Department of Social Services, CenCal, The Center for Family Strengthening, Pregnancy and Parenting Support of San Luis Obispo, Community Health Centers of the Central Coast, San Luis Coastal Unified School District, First 5 Health Access Project, United Way SLO County, Paso Robles Joined Unified School District, French Hospital, Kinship Center, WIC Program, Martha’s Place Child Assessment Center, Promotores Collaborative, Twin Cities Hospital, Atascadero Unified School District, Tri-Counties Regional Center, among others. The County held an informative stakeholder meeting in September 2017 where it provided the requirements of innovation proposals and the County continues to provide ongoing technical assistance, support, and procedural information to the development and completion of this proposal. The collaboration and continued work with various stakeholders and community representatives of the Innovation project aligns with the four pillars of Help Me Grow, which are 1) outreach to medical providers to increase utilization of validated screening instruments; 2) the formation of a specialized care coordination hub including phone access to parents and providers; 3) outreach to parents, early care providers, and other community members about child development; 4) and data collection to evaluate strengths and gaps.

The 3-by-3 Project team will continue to meet regularly with staff at the local FQHC to begin identifying the optimal clinic site for the 3-by-3 Project. Additional early outreach is being conducted with local private pediatricians to gauge interest in project participation. Finally, the county’s Childcare Planning Council Coordinator/ Quality Rating and Improvement System (QRIS) Administrator who is also a certified ASQ trainer has been an increasingly active participant in planning efforts.

**MHSA GENERAL STANDARDS**

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

1. **Community Collaboration**

The 3-by-3 Project is designed upon a stronger collaboration that includes parents receiving services, pediatricians and community health centers, health educators, early care providers, and family-serving agencies that make referrals to pediatricians for developmental concerns. The project fosters and maintains community collaboration through a process of consistent stakeholder advisory group interaction representing diverse racial/ethnic, cultural, and linguistic communities. The project works with families, parents/caregivers, pediatricians, and other professionals to enhance and provide better screening services, service delivery, and referral.

1. **Cultural Competency**

The 3-by-3 Project and the screening tool have been vetted by practitioners who work closely with and are part of diverse communities. The project employs culturally and linguistically appropriate staff that will engage clients in service delivery that fosters equal access to services without disparities. Additionally, the stakeholder advisory group incorporates into the project design culturally and linguistically appropriate guidance in the administration, implementation, delivery, and evaluation processes. This will be achieved by providing clients with equal opportunity to participate in the project and by providing all services in the primary language of the parents/primary caregivers. Services will engage and retain diverse individuals through recruitment by a trusted source, their pediatrician, and, when applicable, their child care provider. The stakeholder advisory group will monitor the project for disparities in services using process data and community data provided by the project data analyst.

1. **Client-Driven**

The 3-by-3 Project engages parents/primary caregivers of young children being screened will have the decision-making role at every key point in the screening process, including whether to participate, which intervention to participate in, and what to discuss with health professionals. They will also participate fully on the stakeholder advisory group, with shared decision-making around policies and procedures, service delivery, evaluation, and outcomes.

1. **Family-Driven**

The 3-by-3 Project is designed to engage the families of young children as the primary decision-makers, and their involvement will determine decisions as well as what screening is best depending on the family or primary caregivers’ background.

1. **Wellness, Recovery, and Resilience-Focused**

The 3-by-3 Project services maintain the philosophy, principles, and practices of the Recovery Vision. Early intervention often prevents or mitigates behavioral, social-emotional, and developmental delays; therefore, early referrals focus on family support and family strengths rather than diagnoses. Parental empowerment and social connections are critical to the young child’s well-being and are supported through community referrals such as parenting groups and family activities

1. **Integrated Service Experience for Clients and Families**

The 3-by-3 Project involves an integrated referral experience. Project partners and staff work on providing a seamless system and referral source that parents/guardians, pediatricians, early care providers, and other child-serving professionals can use to obtain local referrals and care coordination. The project will outreach to referring pediatricians to utilize this resource whenever needed.

**CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION**

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

The cultural competence goals have been incorporated into the project design and will be included in the project administration, delivery, and evaluation. Equal access to services without disparities will be achieved by providing all patients with equal opportunity to participate in the project and by providing all services in the primary language of the parent. Services will engage and retain diverse individuals through recruitment by a trusted source, their pediatrician, and, when applicable, their child care provider. The stakeholder advisory group will monitor the project for disparities in services using process data and community data provided by the project data analyst; adjustments will be immediately made to eliminate any disparities found.

**INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE**

**Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion. Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.**

The costs associated are for program coordination, initiation, and ongoing operation, to work with staff on policies, procedures, and workflow at each clinic to institutionalize the screening regimen, as well as for data collection, reporting, and dissemination. If the evaluation indicates testing one model or all models are effective, the County will work collaboratively with Community Health Centers and Child Care Providers that have been part of the 3-by-3 Project. The County will work with and support the larger effort to coordinate with local committees, which includes representation from governmental agencies and local family-serving non-profits, to help determine the best public and private funding sources to continue this service, and with which method/s as informed by evaluation results.

**COMMUNICATION AND DISSEMINATION PLAN**

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

1. **How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?**

Information gleaned from the 3-by-3 Project will be widely shared through the following channels at local, state and (when relevant) national levels: County of San Luis Obispo Board of Supervisors, Behavioral and Public Health Departments, MHSA Advisory Committee, Help Me Grow Campaign, First 5, Central Coast Medical Society, California AAP District, etc.

Stakeholders will be involved through the planning, implementation, and evaluation of the project, as well as additional quarterly reporting meetings. Program participants will be invited at every possible opportunity to take part in sharing findings through written testimonials, videotaped commentary, and/or public presentations of findings. It is these real stories of real experiences that are most impactful.

1. **KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.**

Early childhood mental health, developmental screening for social-emotional and behavioral health, health care/child care partnerships for early childhood mental health, screening for mental health for children.

**TIMELINE**

1. **Specify the expected start date and end date of your INN Project**

The Innovation Project expected start date is July 2018 and is expected to end in June 2022.

1. **Specify the total timeframe (duration) of the INN Project**

The Innovation Project timeframe is 4 years

1. **Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.**

July 2018 - December 2018:

Program startup – outreach to private pediatric offices to identify a participating site. Develop recruitment protocols for voluntary family participation in one of three screening approaches, including mechanism to identify child care partners as appropriate. Hire project staff (project-wide and clinic-specific). Train health educators in ASQ facilitation. Design workflow protocols and collateral materials. Pilot approaches and conduct focus groups with parents to refine processes.

January 2019- Dec. 2021:

Project begins roll-out at CHC clinic/s Ongoing evaluation includes analysis of de-identified screenings, parent and staff feedback, clinic feedback.

January 2019-Dec 2021:

Private clinic approach begins with at least one pediatric practices, expanding as funding permits. Ongoing evaluation includes analysis of de-identified screenings, parent and staff feedback, clinic feedback.

January 2019-Dec 2021:

Report ongoing findings to SLO County Help Me Grow coordinating committee and project stakeholder advisory committee. Report quarterly and annually to MHSA stakeholder committee.

Jan-June 2022:

Program wrap-up – complete data analysis, identify lessons learned, write evaluation report. Present findings at state and national Help Me Grow and First 5 conferences.

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

**INN PROJECT BUDGET AND SOURCE OF EXPENDITURES**

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

1. **BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)**
2. **BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)**
3. **BUDGET CONTEXT**

**BUDGET NARRATIVE**

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

For this project, AB 114 will be used in the first year and projecting FY 17/18 in the second year, FY 18/19 in the third year, and FY 19/20 in the fourth year. AB 114 funding may also be used to fund current innovation projects.

**PERSONNEL COSTS (salaries, wages, benefits)**

Project Coordinator (Responsible for logistics, liaison with contracting partners and Behavioral Health)

YEAR 1 $51,064 starting salary grade (.4 FTE) = $20,425. Outlying years 5% annual STEP increase.

Benefits @ 6% (Year 1= $1,225)

Indirect @ 4% (Year 1= $866)

**OPERATING COSTS**

Ages and Stages Questionnaire (ASQ-3) and ASQ Social Emotional (ASQ-SE) Kits in English and Spanish @ $250 per kit = 4 kits per clinic site (Safety Net and Private) = $2,000 in Year 1. Additional $1,000 in YEAR 3 for possible expansion to an additional private practice site.

ASQ Copying Costs: $1,000 in YEAR 1; increase to $2,000 in outlying years (at full implementation)

Online ASQ Subscription (through First 5): $500/year + .50 per screening. Estimated up to 800 online screens per year using online self-administration option (or with child care provider). $140 per year online tech support.

Tabular cellular data line subscriptions – 15@ $120/year plus $1,200 base

ASQ screening materials (e.g. blocks, crayons): $300 for startup supplies in YEAR 1 and resupply in YEAR 3; $150 in Years 2 and 4 for replacement supplies.

Stakeholder Focus Group/Annual Recognition Event (all-inclusive estimate – space rental, supplies, AV, food): Year 1 $1,000. Year 2 $2,000. 3 $2,000. Year 4 $4,000.

Indirect @ 4% Year 1= $333.

**NON RECURRING COSTS**

Work Station for Project Coordinator @ $2,000 (includes furniture, computer).

Data System Setup @ $4,250

Child Care Provider Tablet Library (to be loaned out to parents for ASQ online option) – 15 tablets @ $150 each = $2,250 in Year 1; replacements in Year 3

**CONSULTANT COSTS/CONTRACTS**

**Program Researcher** (responsible for design of monitoring instruments and data system, data collection and analysis for submission to Evaluator based at County Behavioral Health): Estimated Project Fee (all-inclusive) -- YEAR 1 $22,000; YEAR 2 $20,000; YEAR 3: $15,000; YEAR 4: $22,000.

**Child Care Planning Council (fiscal agent: Community Action Partnership of San Luis Obispo County)**

* ASQ Training Workshops for Health Educators, Pediatric office staff ($2,000 in Year 1, $1,000 in outlying years)
* Incentive Stipends for Child Care staff involved in conducting/transmitting ASQ results to pediatricians ($500 in Year 1; $1,000 in outlying years)

**FQHC Safety Net Clinic – Community Health Centers of the Central Coast (**Year 1 Total = $56,041)

* Project Clerk (responsible for assigning patients to one of the three ASQ administration methods, communicating with patients and staff re: scheduling issues and other logistics): YEAR 1 $12/hour starting wage (COLA increase in outlying years of $1/hour). 20 hours per week = $12,480\* 50% during Year 1 =$6,240. Benefits calculated at 6% = $374 in Year 1; CHC Overhead @ 26% = $1,622 in Year 1.
* Health Educator (based at CHC): YEAR 1 $18/hour starting wage (COLA increase in outlying years of $1/hour). 1FTE = $37,440\*75% during Year 1= $28,080. Benefits calculated @ 30% = 8,424 in Year 1; CHC Overhead @26% =$7,300 in Year 1.
* Clerk and Health Educator Work Stations @ $2,000\*2 stations = $4,000.

**Private Pediatric Clinic** (Year 1 Total = $44,622)

* Project Clerk (responsible for assigning patients to one of the three ASQ administration methods, communicating with patients and staff re: scheduling issues and other logistics): YEAR 1 $12/hour starting wage (COLA increase in outlying years of $1/hour). 10 hours per week = $6,240\* 50% during Year 1 =$3,120. Benefits calculated at 6% = $187 in Year 1; Overhead @ 26% = 811 in Year 1.
* Health Educator (based at Private Practice) YEAR 1 $18/hour starting wage (COLA increase in outlying years of $1/hour). 1FTE = $37,440\*75% during Year 1 = $28,080. Benefits calculated @ 30% = 8,424 in Year 1.
* Clerk and Health Educator Work Stations @ $2,000\*2 stations = $4,000.

Indirect for Contract @ 4% = $5,000 in Year 1

Other Expenditures: Other expenditures include costs for project County Innovation Evaluator of $15,000 per year. The County Innovation Evaluator is responsible for the overall coordination, evaluation, and auditing process of all innovation projects’ data collection, analysis, and state reporting.

Budget Context: MHSA funds are not being leveraged with other funding sources for the duration of the project. To continue the services of successful project other funding as well as MHSA funds will be explored.

|  |
| --- |
| **NEW ANNUAL PROGRAM BUDGET** |
| **A. EXPENDITURES** |
|  |  | **FY 18-19** | **FY 19-20** | **FY 20-21** | **FY 21-22** | **TOTAL** |
| **1.** | Personal expenditures (salaries, wages, and benefits) | $22,517 | $23,643 | $24,825 | $26,066 | $97,051 |
| **2.** | Operating expenditures | $8,673 | $8,517 | $9,713 | $10,597 | $37,500 |
| **3.** | Non-recurring expenditures (cost of equipping employees with technology necessary to perform MHSA duties to conduct the Innovative Project) | $8,500 | $0 | $2,250 | $0 | $10,750 |
| **4.** | Contracts (Trainers & Consultants) | $130,170 | $168,268 | $171,396 | $184,863 | $654,131 |
| **5.** | Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditure in the budget narrative. | $15,000 | $15,000 | $15,000 | $15,000 | $60,000 |
|  | **Total Proposed Expenditures** | **$184,860** | **$215,428** | **$223,184** | **$236,526** | **$859,998** |
| **B. REVENUES** |
| **1.** | MHSA Innovation Funds | **$184,860** | **$215,428** | **$223,184** | **$236,526** | **$859,998** |
| **2.** | Medi-Cal Federal Financial Participation | $ | $ | $ | $ | $ |
| **3.** | 1991 Realignment | $ | $ | $ | $ | $ |
| **4.** | Behavioral Health Subaccount | $ | $ | $ | $ | $ |
| **5** | Any other funding (specify) | $ | $ | $ | $ | $ |
| **6** | Total Revenues | $ | $ | $ | $ | $ |
| **C. TOTAL FUNDING REQUESTED** | **$184,860** | **$215,428** | **$223,184** | **$236,526** | **$859,998** |

**County Name:** County of San Luis Obispo

Date Submitted:

**Project Title:** Affirming Cultural Competence Education & Provider Training: Offering Innovative Solutions to Increased LGBTQ Mental Health Care Access (SLO ACCEPTance)

**Total amount requested:** $554,729

**Duration of project:** 4 years

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

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

**Section 1: Innovations Regulations Requirement Categories**

**CHOOSE A GENERAL REQUIREMENT**

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

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

**CHOOSE A PRIMARY PURPOSE**

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

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

**Section 2: Project Overview**

**PRIMARY PROBLEM**

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

San Luis Obispo County lacks the number of culturally competent and LGBTQ-affirming providers needed to work with this underserved community. Those that are highly trained and recognized as “go-to” sources are overloaded with cases, referrals, and requests for training and consultation. Many LGBTQ community members travel outside of the county to find support given County’s the lack of well-trained affirming therapists, especially for transgender and gender non-binary clients. LGBTQ community members report that there are insufficient services for transgender clients and LGBTQ youth in this community (Growing Together Initiative, 2003), which pose a serious barrier to accessing services. In fact, LGBTQ community members identified supportive mental health services and youth services as two of the most important service needs in SLO County (Growing Together Initiative, 2015). As a county in dire need of proper training, more is needed to build the infrastructure of well-trained professionals that can meet the mental health and wellness needs of the LGBTQ community in San Luis Obispo.

The SLO ACCEPTance Project is an innovative approach to training mental health professionals (MHP) to provide affirming services for local Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) community members via a 9-month intensive training program. The project was designed to address the dire need for increased access to culturally and linguistically competent mental health services for the LGBTQ community.

The Office of Health Equity, in conjunction with the California Institute for Behavioral Health Solutions, outline community-based practices as those that are “bottom-up” in nature and come from the underserved communities themselves. Teaching and training about issues of sexual orientation and gender diversity have largely fallen on the shoulders of LGBTQ community members and professionals. This program will help to provide empirical evidence for an innovative training program by combining current empirically-based multicultural training models and community-based practices into an intensive LGBTQ-affirming mental health training program for professionals.

The vapid landscape of in-depth, culturally enriched LGBTQ training for mental health professionals is a result of under-developed curriculum emanating from academic institutions. Many graduate programs, including the local Marriage and Family Therapist (MFT) training program, do not offer specific courses about working with LGBTQ individuals, couples, or families. Given these local limitations, this Innovation will test a possible solution via community-based trainings to help develop an infrastructure of well-trained affirming professionals. In addition to the trainings, Mental Health Professionals (MHPs) who participate will have access to professional consultation with trainers between trainings, and will develop a network of providers who can consult with each other after trainings.

**PROPOSED PROJECT**

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

1. **Provide a brief narrative overview description of the proposed project.**

The proposed SLO ACCEPTance Project aims to provide highly-trained, community-based, and academically-informed mental health services for LGBTQ individuals, while testing this approach in a comparatively small and provincial community in California.

The SLO ACCEPTance Project is an LGBTQ mental health care training program that draws upon nearly two decades worth of quantitative and qualitative research highlighting the underserved mental health care needs of the LGBTQ community and the dearth of providers with knowledge, awareness, and skills to provide LGBTQ-affirming services in San Luis Obispo County.

Key Components:

* Comprehensive and empirically-based (but not yet tested) training program delivered across three intensive 2-3 day trainings for MHP and peers with lived experience.
* Professional case consultation meetings with trainers provided between each of the three trainings.
* Development of a network of providers who can consult with each other and others in the community after the training program ends.

San Luis Obispo County is a community made up of rural towns and several cities spread across a vast region of coastal hills and agricultural land. This multi-faceted training approach seeks to address the lack of access to LGBTQ-affirming mental health professionals who can adequately serve the LGBTQ population in the small, provincial community. The development of professionals who can use the knowledge, skills, awareness, and advocacy in a rural setting to help improve LGBTQ client access to services, clinical outcomes, and to help create systems change is not only innovative, but is essential to tackle the issues facing LGBTQ community members.

Through innovative and comprehensive LGBTQ provider training, *S*LO ACCEPTance Project will create a team of approximately 25 Mental Health Professionals, including both Master and Doctoral level therapists. The goal is to develop a diverse team of peers with lived experience and MHP from various agencies (including schools, private practice, etc.) and from various geographic areas across the county, particularly areas that are most underserved.

The trainings are separated into three phases. Each phase will consist of a two or three-day weekend training that provides didactic learning, experiential activities, role plays, and case conceptualization. The three training phases include:

Phase I: Cultural Sensitivity: Language/Awareness

Phase II: Clinical Issues for Client

Phase III: Potential Provider Issues

Phase I introduces the participant to language, terminology, statistics, and other relevant information to build their cultural awareness and clinical sensitivity to sexual orientation and gender diversity. Phase I presents an overview of the cultural context of the binary gender system, diverse sexual orientations, as well as an exploration of sexual orientation and gender identity development in youth and adults.

* **Consultation Groups**: After the Phase I training participants meet in monthly consultation groups to process their experiences with clients and receive clinical support.

Phase II focuses on common clinical issues. The Gender Affirmative Clinical Model and Affirming LGBTQ Therapy will be explored, including assessment, diagnosis, working with insurance, provider responsibilities, and possible co-occurring diagnoses like anxiety, depression, schizophrenia, neurodiversity, and more.

* **Consultation Groups:** After the Phase II training participants again meet in their monthly consultation groups.

Phase III focuses on potential provider issues, and addresses the biases and stigma that providers may carry with them into the counseling relationship. These include heterosexism, cissexism, heterosexual privilege, and cisgender privilege. Key therapist issues are also discussed: countertransference, gate keeping vs. gender affirmative support, possible internalized oppression, the intersections of identities, and how to explore what the therapist learned about gender from their family and culture.

* **Consultation Groups:** After the Phase III training participants again meet in their monthly consultation groups.

By the end of the 9 month period, professionals will have received 6-9 full days of didactic and experiential learning, and will have participated in clinical consultation groups with senior gender specialists and experts in LGBTQ affirming therapy who can further support their individual learning. At this time, there are no known training programs that provide the depth and breadth of learning that are proposed via the SLO ACCEPTance project.

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

The project will make a change to an existing practice in the field of mental health training for professionals. Namely, SLO ACCEPTance will address the lack of LGBTQ mental health training in current academic institutions that train master and doctoral level clinicians. Current training models for mental health professionals are often cursory at best. The SLO ACCEPTance project is piloting an innovative approach to training MHP to provide affirming mental health care for an underserved population.

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

Current practices show that there is a lack of in-depth, empirically-supported LGBTQ affirming training for mental health professionals. Further, not all trainings are created equal. In fact, research shows that when developing evidence-based LGBTQ trainings for mental health professionals, it is important to note that the context, format, content, trainer characteristics, and participant characteristics be considered (Israel & Bettergarcia, 2017). The SLO ACCEPTance project builds on existing training approaches to provide an innovative training model for mental health professionals.

1. **Estimate the number of individuals expected to be served annually and how you arrived at this number.**

Approximately 50 participants will be included in the trainings

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

The target participants include approximately 50 Mental Health Professionals and peers with lived experience from various geographic areas and agencies across the county, including MHP in private practice. Two “A-Teams” will be developed and trained, with approximately 25 participants per group. The results from the first group training will be used to inform the development of the second training. Participants will be purposely recruited to ensure a distribution of participants across various agencies, programs, and private practice settings throughout a rural county.

**RESEARCH ON INN COMPONENT**

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

A thorough literature review was conducted by Dr. Jay Bettergarcia, an Assistant Professor in the Psychology and Child Development program at Cal Poly, San Luis Obispo, and Director of the Queer, Community Action, Research, Education, & Support (QCARES) team. Dr. Bettergarcia’s research focuses on LGBTQ-affirming therapy approaches and LGBTQ diversity trainings for mental health professionals, medical doctors, and public service workers. Dr. Bettergarcia has also worked with the Behavioral Health Department and other key stakeholders in San Luis Obispo County, and professionals from the University of California, San Francisco’s Center for Excellence in Transgender Health to identify existing training programs.

A chapter (in the literature review) on evidence-based teaching of LGBTQ issues in psychology examines the empirical literature on this topic. The authors note that there is a dearth of literature exploring evidence-based approaches for training mental health professionals to work with LGBTQ people in general, and more specifically, with bisexual or transgender clients (Israel & Bettergarcia, 2017). Though some guidance exists, many mental health trainees report that they do not feel well-prepared to work with LGBTQ clients (Benson, 2013; Sennott & Smith, 2011). This lack of adequate training is due, in part, to a lack of training provided in clinical and counseling psychology graduate programs (Anhalt, Morris, Scotti, & Cohen, 2003; Philips & Fisher, 1998), though opportunities for LGBTQ-affirming training in graduate programs has increased over time (Asta & Vacha-Haase, 2013).

Within the evidence-based literature that does exist, studies often utilize a pretest-posttest design, however, very few use a control group (Israel & Bettergarcia, 2017). Some of these studies explore multimodal approaches to teaching, often including various teaching modalities (didactic and experiential) in a single training with the goal of increasing multicultural competence via knowledge, awareness, and skills (Bidell, 2013; Bryd & Hays, 2013; Rutter, Estrada, Ferguson, & Diggs, 2008). However, others explore the efficacy of specific teaching interventions, such as a speaker's panel, media and entertainment, goal setting, or attitude exploration (Israel & Bettergarcia, 2017).

Overall, the evidence-based literature in this area is severely lacking and the studies that do exist tend to explore change in multicultural competence after one or two short trainings. Though these studies provide direction for training MHP’s and to provide affirming services for LGBTQ clients, the studies do not explore the effects of a more long-term and intensive training for providers. These provide a helpful, though piecemeal, base from which to develop future trainings. Although these models exist, they do not do enough to thoroughly train providers over time. In fact, not only is there no research to support the efficacy of an 9-12 month intensive training for mental health providers, there do not seem to be any programs that provide a training such as the one proposed by the SLO ACCEPTance Project. The results of brief trainings can only provide a snapshot of what has changed for the participant over the day-long or weekend-long training. This may include what was objectively learned, however, these studies don’t tell us how the learning and growth from the training helps to change their practice with clients over time. Not only can we track how each training is affecting the therapists’ knowledge, awareness, and skills, but with the help of the consultation groups, we can also see how the questions, case conceptualizations, and skills increase over time and across topics, something that is often missing in a weekend long training. The continuity of the group allows for training to be tailored to the areas of interest without having to start at the beginning again with basic introductory information.

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

There is a clear lack of empirical research regarding LGBTQ-specific training models for mental health professionals. This seems to extend to practice as well. The Innovation planning team worked in partnership with therapists and trainers from the UCSF Center for Excellence in Transgender Health to identify training programs such as the one being proposed. Through that exploration of other LGBTQ training programs and collaborations with other agencies, there appears to be no other programs that provide an intensive LGBTQ training for mental health professionals, much less in a county setting with minimal history of LGBTQ training where there is often more need. Some training modules exist that outline a day-long or weekend-long training about transgender issues (e.g., Gender Spectrum, The Transgender Toolkit, etc.), however none of these provide a comprehensive 9-12 month training program, professional consultation with trainers between trainings, and the creation of a network of providers who can consult with each other after trainings.

**LEARNING GOALS/PROJECT AIMS**

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

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

There are three main learning goals for the SLO ACCEPTance Project:

* + - The County and its stakeholders hope to learn more about the best approaches for teaching and training therapists to work with LGBTQ clients in a rural setting.
		- The County and its stakeholders seek to develop a team of professionals and peers who can provide critical LGBTQ-affirming therapy and services for an underserved community in a rural setting, where finding trained LGBTQ+ affirming therapists is often more challenging.
		- The County and its stakeholders seek tolearn better methods toincrease access to the underserved LGBTQ community. The goal is to increase the number of LGBTQ community members who feel comfortable seeking mental health services, especially for those who are low-income or lack insurance. Having well-trained therapists, school counselors, and peers who can provide culturally competent care to LGBTQ individuals reduces the barriers to accessing services, thus increasing access to an underserved community in a rural setting.

There are four main project aims for the SLO ACCEPTance Project:

* + - Increase therapist knowledge, awareness, and skills as established by the nine-month training period
1. Metrics include the number of pre/post retrospective surveys and a roster of trainees
	* + Increase overall level of LGBTQ competency and attendees’ learning outcomes due to the new nine-month training curriculum and timeframe structure.
2. Metrics include testing objective knowledge via multiple choice questions, interpersonal apprehension via scale, comfort via set of questions, awareness of stereotypes via reflections and open-ended responses, and skill assessment via role play and self-report.
	* + Increase the number of services that engage LGBTQ-identified clients by 10% as established by the nine-month training period. (number of services should increase based on trainee selection criteria which includes agency diversity, location, and representation, as well as various levels of professions)
3. Metrics include the number of pre/post assessments of trainees’ professional settings before and after engaging the 9 month training period.
	* + Increase the number of LGBTQ-identified clients served in the community by 10% as established by the nine-month training period. (the increased number of LGBTQ clients would be an indirect result of training curriculum and the number of available MHP offering LGBTQ cultural competent services throughout the county.
4. Metrics include the number of surveys proctored to trainees regarding the number of LGBTQ+ clients being served
5. **How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?**

These learning and outcome goals are directly related to the innovative components previously described, namely, the testing of a new and never before tested, evidence-informed model for training mental health professionals to provide LGBTQ-affirming services.

**EVALUATION OR LEARNING PLAN**

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

A Kirkpatrick four-level evaluation model will be used to assess various levels of learning throughout the training experiences.

**Level 4:**

Overall program evaluation & community-level outcomes, including:

* Increased access to services
* Reduced barriers
* Increased positive experiences

**Level 3:**

Evaluating changes in therapeutic behavior via ongoing self-assessment of:

* behavioral change intentions
* check-in reports.

**Level 2:**

Assessing learning goals via pretest/posttest of:

* Knowledge
* Attitudes
* Self-efficacy
* Behavioral intentions

**Level 1:**

Evaluating participants’ reactions to the training experiences via post-training surveys.

Given the number of trainings and the scope of this project, the data will build collectively over time and allow for comparisons across training modalities, settings, and depth of trainings.

Approximately 50 participants will be included in the trainings and 50 control group participants will be used to measure the effects of the training. Further, the pretest and posttest design allows for within subject comparisons to assess change for each individual participant, as well as participants as a whole. Some components of the training may be more impactful than others, which is why focus groups and individual interviews will be utilized to further understand the learning experience of participants.

Once this training has been implemented, there will be an increase in the number of LGBTQ community members seeking services because there will be fewer barriers to accessing care and the quality of affirming care will have improved. The Innovation stakeholder committee believes this project will lead to serving more LGBTQ community members in San Luis Obispo County, rather than having them travel outside of the county to access mental health services.

Various forms of data will be collected, including a pretest and posttest survey before beginning and after completing the program, pretest and posttest surveys of each of the three individual trainings, and a follow-up assessment with participants one year later. Data collection will include surveys, focus groups, and interviews with participants. Specifically, a pretest-posttest design will be used for each of the trainings to assess the effectiveness of the training on changing knowledge, awareness, skills, self-efficacy, and interpersonal apprehension via some of the following measures:

• LGBTQ-adapted Personal Report of Interpersonal Communication Assessment (PRICA; Goldstein & David, 2010)

• LGBTQ-affirming Law Enforcement Self-efficacy Inventory adapted for mental health therapist (Israel, et. al., 2013)

• An objective multiple choice measure of knowledge

• Self-assessment of behavior and behavioral change

• Case conceptualization measures

• Identification of affirming tools and techniques

The focus groups and individual interviews will focus on deepening the understanding of how the MHP’s and peers are using the knowledge, awareness, and skills to work with LGBTQ clients. Participants will also set goals that can be assessed via individual and group interviews.

Further, the broader impact will be assessed via a county-wide needs assessment exploring the access, barriers, and experience of LGBTQ community members that will be conducted prior to beginning the SLO ACCEPTance Project. A follow-up needs assessment will be conducted at the end to assess how the SLO ACCEPTance program influenced service delivery for LGBTQ community members on a broader scale.

Data collection techniques will include:

1. Pretest and posttests surveys for each individual training

2. Pretest and posttest survey before the training program and after completion of the training program

3. Focus groups with small groups of participants

4. Individual interviews with participants about their learning and experiences.

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

**CONTRACTING**

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

The County plans to select a contract provider who will best execute this Innovation project. The County has outstanding contractual partnerships across the community mental health system, as well as strong relational partnerships with many community schools, colleges, health providers, and law enforcement agencies. The Behavioral Health Department, including the MHSA Administrative Team, is well equipped to conduct a fair and successful procurement process (in partnership with County Purchasing) and expedite a contract to be sure Innovation timelines presented herein are met.

The County Innovation component Coordinator, Nestor Veloz-Passalacqua (Administrative Services Officer II), is the community liaison for all Innovation (and PEI) projects and evaluation. Nestor coordinates the stakeholder planning process and will be the one to develop any RFP to select providers. The MHSA Administrative Team also includes Frank Warren (Division Manager), the County MHSA Coordinator, who manages all aspects of MHSA, including contracts and plan monitoring. Briana Hansen, Accountant III, is the fiscal lead and works with each provider to develop accurate budgeting and spending plans. Kristin Ventresca, the CSS Coordinator (Administrative Services Officer II), also provides contract management and oversight. Nestor uses California Polytechnic State University statistics and public policy students in paid internships that assist in data collection, technical assistance for providers, and reporting.

All Innovation providers will meet regularly with Nestor and the team before and during the start-up phase to finalize plans, conduct data collection tests, and develop tools. Some plans may need to be adjusted (based on hiring, procurement of materials, etc.) and Nestor will work with each contractor to provide support and guidance in order to keep the projects on time. After the launch of each project, Nestor will work with the contractors to provide quarterly reports and data collection. The MHSA Administrative Team will conduct spot checks, review project materials, and review quarterly reports to ensure quality and regulatory compliance.

Additionally, the County will establish a contract with an Evaluator to manage the analysis of data, as well as provide technical assistance to the projects to be sure tools are developed which accurately measure the results of each objective. This Evaluator will provide regular reports to the MHSA Administrative Team and MHSA Advisory Committee (stakeholder group), as well as the final report which will be provided to the MHSOAC.

**COMMUNITY PROGRAM PLANNING**

**Please describe the County’s Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under5 served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County’s community.**

This project is part of larger collaboration between local organizations around a comprehensive training model that supports better engagement with the LGBTQ+ population in the community. The project design comes from a collaborative work between Community Counseling Center (CCC), Queer Gay and Lesbian Alliance (GALA); Tranz Central Coast (TCC); Queer Community Action, Research, Education, & Support (QCARES); Access Support Network (ASN); Cal Poly Pride Center; on-campus middle and high school Gay Straight Alliance clubs (GSA), the Central Coast Coalition for Inclusive Schools (CCC4IS), and mental health affinity agencies, including Transitions Mental Health Association (TMHA), RISE, Stand Strong/Women’s Shelter Program, Community Action Partnership of San Luis Obispo County (CAPSLO), and the County of San Luis Obispo Behavioral Health Agency. The project design became apparent as feedback included the need to build an infrastructure so that clients would not have to seek care outside the county, or even worse, wait until it would become a crisis. The County held an informative stakeholder meeting in September 2017 where it provided the requirements of innovation proposals and the County continues to provide ongoing technical support, and procedural information to the development and completion of this proposal. The continued collaboration between stakeholders, community members, and advocates stems from understanding the dire need to ensure MHP are able to engage the LGBTQ+ community with linguistically and culturally appropriate factors.

The innovation project team will continue to meet regularly during the project development, implementation, and evaluation to identify and address challenges, and to coordinate proper engagement for the intervention being tested. The project will continue to collaborate and coordinate with the County and community based organizations to ensure the inclusion of a wide representation of trainees, and to ensure planning efforts reflect the community collaboration and the impact on the LGBTQ+ population.

**MHSA GENERAL STANDARDS**

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

1. **Community Collaboration**

SLO ACCEPTance, by design, centers on community collaboration. Project collaborators will include local agencies and groups focusing on service to the LGBTQ community (GALA, Access Support Network, Tranz Central Coast, Central Coast Coalition for Inclusive Schools, Q-Cares, Cal Poly’s Pride Center), public mental health agencies and community based organizations (Community Counseling Center, Transitions-Mental Health Association, Women’s Shelter Program, Wilshire Community Services, SLO County Behavioral Health), family and peer advocacy groups (NAMI SLOCO and the Peer Advisory and Advocacy Team), and local hospitals, schools, and businesses. Collaborative partners will work together to share information and resources, as well as assist in widely broadcasting the availability of the project. In addition, collaborative partners will actively participate, and potentially host, LGBTQ trainings for the community and behavioral health professionals. They will also recruit and refer peers and family members to participate in the support groups offered, as both attendees and facilitators.

1. **Cultural Competency**

One key objective of SLO ACCEPTance is to increase LGBTQ cultural competency with local Behavioral Health service providers, as well as the community at large. By providing LGBTQ literacy and ally training, the educational component of the project focuses on addressing the biases and discrimination members and allies of the LGBTQ community have historically encountered. Themes that may be addressed in the training include: gender identity and sexual orientation basics and vocabulary, LGBTQ historical and sociopolitical context, heterosexual and cisgender privilege, intersections of LGBTQ identities with other facets of identity, and the need for creating safe environments. Inclusivity within the program extends to all, regardless of race, ethnicity, language or culture.

1. **Client-Driven**

As the program serves populations that have historically fought to be visible and have a voice, it is critical that all services and training stem from a client-driven approach, allowing the client to identify their needs and determine the level of support and assistance they would like to receive. Planning for the project included client input, and the project design includes peers, people identifying as LGBTQ who also have lived experience with mental illness, who will be involved as co-facilitators of support groups. The Peer Advisory and Advocacy Team (PAAT), San Luis Obispo’s peer advisory council, is involved in the planning of the project and would assist with project development, as well as assist in marketing the project to the community.

1. **Family-Driven**

Family members are involved in the planning and on-going implementation of the project. NAMI SLOCO has been identified as a potential community collaborator to assist in referring clients and spreading awareness about the project. Family members may also be recruited and trained to assist with support groups for families.

1. **Wellness, Recovery, and Resilience-Focused**

To increase the LGBTQ cultural competency of behavioral health service providers and clinicians, as well as the community at large, it is imperative that SLO ACCEPTance training:

1) Teach mutuality and shared decision making

2) Acknowledge each person’s worldview and life experience

3) Promote a trauma-informed way of relating; asking “what happened” as opposed to “what’s wrong.”

As mentioned above, clients and family members are actively involved in the planning of this project. People with lived experience, both clients and family members, will be participating as members of the A-Team and on the Stakeholder Advisory Committee.

1. **Integrated Service Experience for Clients and Families**

An integrated service experience for LGBTQ clients and family members is a key SLO ACCEPTance’s goal. In order to do this the project needs to build a strong local resource of specialists operating throughout the community. Through community collaboration, as defined above, heightened LGBTQ cultural competency with service providers, increased public awareness, and coordination of client care, SLO ACCEPTance will work to wrap together diverse and disparate LGBTQ service agencies and behavioral health providers, breaking down current siloes and fragmentation of services.

**CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION**

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

The core of the project proposal is to enhance cultural competency in the areas of sexual orientation and gender identity. Further, the training model itself also focuses on the intersections of various identities, including race, ethnicity, language, age, ability, etc., not just LGBTQ identity. The final report will show a strong thread of sensitivity in inclusion and involvement throughout.

**INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE**

**Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion. Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.**

During the course of the project, the County will decide to continue based on efficacy, need, and resources. If seen as a benefit to the community, the program could be ongoing through government, schools, nonprofit organization and private funding to have specially trained individuals in each organization to act as specialists to advise other staff members. In addition, a small aspect of the A-Team plan is for team members to go back to their agencies to share/teach their coworkers at brief, infrequent engagements, such as at brown bag lunches.

One of the possible outcomes of this project would be a train-the-trainer program if it is identified to be of additional need/interest.

**COMMUNICATION AND DISSEMINATION PLAN**

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

1. **How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?**

There are several ways we plan to continuously disseminate information to stakeholders, including:

* Holding a final project report forum, sponsored by the project’s Stakeholder Advisory Committee
* Use of a project website and social media
* Partner newsletters and local media
* Presentations to partner boards of director

Additional efforts include:

* A-Team members will be available for limited interviews, panel discussions, and other outreach as a requirement of participation.
* Make a presentation to the California LGBTQ Health and Human Services Network
* Makes presentations through #Out4MentalHealth, the state-wide LGBTQ MHSA project, including through the region’s gatherings
* Gathering project agencies and other interested parties to dig deep into the lessons learned to inform their work and devise a plan moving forward
* Professional journal publications and conference presentations
1. **KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.**

Gender Affirming Therapy Training, LGBTQ Affirming Therapy Training, LGBTQ Mental Health, San Luis Obispo, LGBTQ Mental Health Training, SLO ACCEPTance Project.

**TIMELINE**

1. **Specify the expected start date and end date of your INN Project**

The Innovation Project is expected to start on July 1, 2018 and will end on June 30, 2022.

1. **Specify the total timeframe (duration) of the INN Project**

\_\_4\_\_ Years \_\_0\_\_ Months

1. **Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.**

The success of the Innovation project is predicated upon the professional administration, coordination and collaboration amongst the implementation team, stakeholders, advisory committee, contractors, and experts to thoughtfully oversee the project. Early groundwork discussions began on aspects of this project in early 2017 and before. Additional partnerships have been built as the project has been developed with stakeholder input.

Using this as a foundation for organization and outreach, the County will be prepared to successfully put into place the major elements of the project in the six-month ramp-up, including such major milestones as:

Finalize membership of the stakeholder advisory committee, which will receive updates, and provide input to project team

Develop an outreach plan and implement portions in support of year one activities

Develop methods/criteria to select therapists (including A-Team candidates) and peer counselors for key roles

Develop and/or select curriculum, and logistics for A-Team intensive study program

Development of initial methodology and evaluation tools

**Year One Major Milestones**

Begin the first A-Team class

Year-end report discussion with stakeholder advisory committee

**Year Two Major Milestones**

Graduate first A-Team and evaluate program

Consider results of A-Team evaluation and next steps to either run another group and/or continue training of existing team, or discontinue

Year-end report discussion with stakeholder advisory committee

**Year Three Major Milestones**

Implement what was recommended about A-Team in year two

Year-end report discussion with stakeholder advisory committee

**Six Month Wrap-Up**

Review all evaluation done to date and implement any additional evaluative tool

Distribute results of project through local, state and national outlets, including journal articles, media, networks and agencies and stakeholder participants and groups

Devise a sustainability plan through existing resources and/or the seeking of new funding mechanism

Hold a project end forum to discuss lessons learned, sponsored by the stakeholder advisory group

What is listed above are only a few of the major milestones. Already, this project begins as a partnership amongst several organizations. As it moves forward, a significant emphasis will be to genuinely engage multiple groups and individuals at each step. The County sees this as the best approach to gain valuable information to better serve the community.

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

**INN PROJECT BUDGET AND SOURCE OF EXPENDITURES**

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

1. **BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)**
2. **BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)**
3. **BUDGET CONTEXT**

**BUDGET NARRATIVE**

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

For this project, AB 114 will be used in the first year and projecting FY 17/18 in the second year, FY 18/19 in the third year, and FY 19/20 in the fourth year. AB 114 funding may also be used to fund current innovation projects.

The project will run from FY 2018-2022. The total overall budget for the project is estimated at $554,729. The budget includes expenses for the development, refinement, piloting, and evaluation of the project over the four year period. The following items are included in the budget:

Personnel Expenditures: $40,000 annually for each of the 4 years.

* Project Manager (1 FTE): The project manager will work 40 hours per week to implement the project work plan in coordination with the stakeholders, trainers, and evaluator. They will oversee the recruitment and support of trainee participants, assist with planning and outreach, manage participants and consultation groups, develop and manage website, and work with evaluation coordinator to collect and manage data.

Operating Expenditures: The operating expenses include program supplies, rent for training room space, program incentives for participants, student assistants, and the ongoing multiphase evaluation. This will include the contracted Project Researcher who is responsible for developing measurement tools, monitoring instruments, data collection, analysis and submission to the Innovation County Evaluator.

FY 18-19

* Operating costs will be lower in the first year since we will be starting to develop and plan for the first training, which will occur Fall 2019. Costs include development of a website, program materials and supplies, recruiting training participants and control group participants, development of training materials, development of the various evaluations, and student assistants.

FY19-20

* The first training program will occur in FY 19-20. Cost will also include ongoing program supplies, training materials, development of various evaluations, student assistants, participant incentives, and training space.

FY 20-21

* The second training program will occur in FY 20-21. Cost will also include ongoing program supplies, development of new training materials, development of new evaluations, analysis of previous training, networking and consultation groups for training participants, student assistants, participant incentives, and training space.

FY 21-22

* Operating costs will be lower in the fourth year since there will be no training program running. However, we will continue to offer consultation groups, networking events, and additional opportunities to support the LGBTQ community. Costs will include program materials and supplies, networking and consultations groups for training participants, participant incentives for follow-up evaluation, analysis of evaluations, and student assistants.

Non-Recurring Expenditures: This includes the purchase of a computer for the new staff member.

Other Expenditures: Other expenditures include costs for project evaluator of $15,000 per year and indirect costs at the rate of 20.08% ($15,461 Year 1). Indirect expenses include costs for agency director, managers, fiscal staff, IT staff, overhead and other indirect operating expenses.

Revenue: The SLO ACCEPTance Project will be funded solely with MHSA Innovation funds. Other revenue sources will be explored during the four year time period.

Budget Context: MHSA funds are not being leveraged with other funding sources for the duration of the project. To continue the services of successful project other funding as well as MHSA funds will be explored.

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| **NEW ANNUAL PROGRAM BUDGET** |
| **A. EXPENDITURES** |
|  |  | **FY July 18- June 19** | **FY July 19-June 20** | **FY July 20- June 21** | **FY July 21-June 22** | **TOTAL** |
| **1.** | Personal expenditures (salaries, wages, and benefits) | $40,000 | $40,000 | $40,000 | $40,000 | $160,000 |
| **2.** | Operating expenditures | $25,000 | $50,000 | $50,000 | $25,000 | $150,000 |
| **3.** | Non-recurring expenditures (cost of equipping employees with technology necessary to perform MHSA duties to conduct the Innovative Project) | $2,000 | $0 | $0 | $0 | $2,000 |
| **4.** | Contracts (Trainers & Consultants) | $10,000 | $45,000 | $45,000 | $0 | $100,000 |
| **5.** | Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditure in the budget narrative. | $30,461 | $42,108 | $42,108 | $28,052 | $142,729 |
|  | **Total Proposed Expenditures** | **$107,461** | **$177,108** | **$177,108** | **$93,052** | **$554,729** |
| **B. REVENUES** |
| **1.** | MHSA Innovation Funds | **$107,461** | **$177,108** | **$177,108** | **$93,052** | **$554,729** |
| **2.** | Medi-Cal Federal Financial Participation | $ | $ | $ | $ | $ |
| **3.** | 1991 Realignment | $ | $ | $ | $ | $ |
| **4.** | Behavioral Health Subaccount | $ | $ | $ | $ | $ |
| **5** | Any other funding (specify) | $ | $ | $ | $ | $ |
| **6** | Total Revenues | $ | $ | $ | $ | $ |
| **C. TOTAL FUNDING REQUESTED** | **$107,461** | **$177,108** | **$177,108** | **$93,052** | **$554,729** |

**NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT**

**And**

**NOTICE OF PUBLIC HEARING**

**County of San Luis Obispo**

**Behavioral Health Department**

**Mental Health Services Act**

**NOTICE OF AVAILABILITY FOR PUBLIC REVIEW**

WHO: County of San Luis Obispo Behavioral Health Department

WHAT: The MHSA Innovation Plan for Fiscal Years 2018-22, is available for a 30-day public review and comment from April 16, 2018 through May 15, 2018.

HOW: To review the proposed plan,

 Visit: [https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Prevention-Outreach/Services/Mental-Health-Services-Act-(MHSA).aspx](https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Prevention-Outreach/Services/Mental-Health-Services-Act-%28MHSA%29.aspx)

To Submit Comments or Questions:

<https://www.research.net/r/SLOCoINN>

***Comments must be received no later than May 16, 2018.***

**NOTICE OF PUBLIC HEARING**

WHO: County of San Luis Obispo Behavioral Health Advisory Board

WHAT: A public hearing to receive comment regarding the Mental Health Services Act Innovation Plan for FY 2018-2022.

WHEN: Wednesday, May 16, 2018, 3:00 p.m.

WHERE: Behavioral Health Campus, Library, 2180 Johnson Ave, SLO.

FOR FURTHER INFORMATION:

Please contact Nestor Veloz-Passalacqua, (805) 781-4064, nvelozpassalacqua@co.slo.ca.us