

Proposal for the Innovation Component of the Three-Year Program and Expenditure Plan

Submitted for Approval
December 20, 2010



**San Luis Obispo County
Behavioral Health Department
2180 Johnson Ave.
San Luis Obispo, CA 93401**



**INNOVATION WORK PLAN
COUNTY CERTIFICATION**

County Name: San Luis Obispo

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|--|--|
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.



 Signature (Local Mental Health Director/Designee)

12-20-10

 Date

Director

 Title



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San Luis Obispo County Innovation Plan

The San Luis Obispo County Behavioral Health Department (SLOBHD) is excited to put forth this plan to receive Innovation (INNI) component funds. The goal of the proposed Innovation projects is to build the capacity of the community by learning new and adapted models for promoting positive mental health and reducing the negative impact of mental illness.

Over a twelve month period, the SLOBHD worked with local stakeholders, including consumers and family members, to develop the County's INN Plan. The plan consists of new, novel, creative and/or ingenious mental health practices or approaches that will contribute to informing the County and its stakeholders as to improved methods for addressing difficult issues.

The San Luis Obispo County INN Plan consists of eleven distinct projects ranging in duration from 24 to 36 months. The total cost of the eleven projects including administration services is projected to be approximately \$2.5 million. The projects will be funded completely from the County's INN allocations. The table below depicts the projected expenditures for each project and for administration from FY10-11 through FY13-14.

| Number | Work Plan | Months | FY 2010-11 | FY 2011-12 | FY 2012-13 | FY 2013-14 | Total |
|--------------|-----------|--------|-----------------|------------------|------------------|------------------|--------------------|
| 1 | INN-1 | 24 | \$0 | \$19,320 | \$10,000 | \$0 | \$29,320 |
| 2 | INN-2 | 36 | \$0 | \$53,563 | \$53,563 | \$53,563 | \$160,689 |
| 3 | INN-3 | 24 | \$0 | \$87,450 | \$87,450 | \$0 | \$174,900 |
| 4 | INN-4 | 24 | \$0 | \$74,890 | \$74,890 | \$0 | \$149,780 |
| 5 | INN-5 | 36 | \$0 | \$90,000 | \$90,000 | \$90,000 | \$270,000 |
| 6 | INN-6 | 42 | \$20,000 | \$142,295 | \$142,295 | \$142,295 | \$446,885 |
| 7 | INN-7 | 24 | \$0 | \$71,638 | \$71,638 | \$0 | \$143,276 |
| 8 | INN-8 | 24 | \$0 | \$127,662 | \$127,662 | \$0 | \$255,324 |
| 9 | INN-9 | 42 | \$29,089 | \$128,255 | \$128,255 | \$128,255 | \$413,854 |
| 10 | INN-10 | 36 | \$0 | \$38,132 | \$38,132 | \$38,132 | \$114,396 |
| 11 | INN-11 | 24 | \$0 | \$23,488 | \$23,488 | \$0 | \$46,976 |
| | INN Admin | | \$12,452 | \$120,393 | \$120,393 | \$120,393 | \$373,631 |
| Total | | | \$61,541 | \$977,086 | \$967,766 | \$572,638 | \$2,579,031 |

MHSA funds will be used to implement the following eleven new projects with many services expected to begin in Spring 2011. They were selected based on MHSA's required outcomes, general standards and the

community's input and priorities. Innovation represents a significant opportunity to engage new systems and gain knowledge around many difficult mental health system issues. The projects listed herein are:

System Empowerment for Consumers, Families, and Providers: A retreat designed to engage providers, consumers and family members in building literacy amongst their respective needs and issues; and develop core training for all participants within the public mental health system.

Atascadero Student Wellness Career Project: A trial peer counseling model focused on reducing stigma and increasing exposure to behavioral health education and careers.

Older Adult Family Facilitation: Testing the blend of two distinct models successful with children and older adults, this model will address the need for integrating system supports when engaging seniors in mental health care.

Nonviolent Communicationsm (NVC) Education Trial: Utilizing a known communication method in businesses and mediation to create an early intervention practice for transitional age youth and their families.

Wellness Arts 101: A college course for students with mental illness to develop arts skills while meeting in a safe environment and building academic capacity.

Warm Reception and Family Guidance: Adapting Stanford Medical Center's cancer patients' family and caregiver programs and examining new intake practices to improve engagement and outcomes.

Operation Coastal Care: An innovative approach to veteran services utilizing the popularity of local surf academies to embed therapists in non-military or clinic settings with the goal of determining how best to treat returning soldiers to the County.

Outreach Play Therapy Trial: Testing a multi-modal approach using three evidence based practices to increase access and services to rural and remote areas of the county.

Mental Health Emergency Room Collaborative: Creates a collaborative body of emergency room professionals from across the county. The Collaborative will explore the issues, causes, and potential solutions for the many residents with mental illness using emergency rooms for mental health care.

Summer Pathways Program: This "bridge" program will test a summer counseling opportunity to keep teens in the County's Community Schools, particularly Sober School, engaged throughout the summer with the goal of maintaining or increasing academic success.

Pawsitive Connections: Animal Adoption Training: A socialization trial offering mentally ill adults the opportunity to work with local animal shelters in preparing dogs for adoptions.

The Innovation funds provide an unprecedented opportunity for the San Luis Obispo County Behavioral Health Department and its partners to engage in an array of tests and projects that will offer immediate, long lasting and far-reaching learning for the community.

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EXHIBIT B**INNOVATION WORK PLAN****Description of Community Program Planning and Local Review Processes**

County Name: San Luis Obispo
 Work Plan Name: SLO County Innovation Plan

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. *Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)*

San Luis Obispo County's Innovation Plan, consisting of eleven exciting learning projects, was developed with community input over a period of 11 months. San Luis Obispo County Behavioral Health Department's (SLOBHD) former MHSa Division Manager, Nancy Mancha-Whitcomb oversaw the launch of the process, and the project was turned over to current MHSa Division Manager Frank Warren in January 2010.

In October of 2009, the SLOBHD launched a stakeholder process to review the State's Innovation guidelines (MHSa Information Notice 09-02) and develop a list of needs to be addressed with potential Innovation (INN) projects. Stakeholders included consumers, family members, community advocates, agency employees, law enforcement, youth, older adults, educators, and individuals interested in mental health issues. The focus of the initial stakeholder sessions in the Fall of last year was on the definition of Innovation and what projects would provide a learning benefit to the County. Focus groups were held to gather input from consumers, family members, and community members with an interest in solving some of the difficult challenges still faced in the public mental health system. These sessions yielded great information and recommendations for the types of programs and interventions still needed in the community. However, much of the community's interest and the stakeholder group's initial discussions were focused on large infrastructure projects: much of which would be ineligible for Innovation funding.

Individual and small-group meetings were held beginning in January 2010 with members of the stakeholder group to walk through the Innovation guidelines and begin helping focus stakeholders on smaller, research and experiment-based projects. These sessions were conducted by Frank Warren, and included newly formed consumer and family focus groups and existing groups, such as the Mental Health Board. When the stakeholder group reconvened in March 2010, the focus was on learning projects, and developing initiatives to test potential solutions for difficult challenges.

In the spirit of Innovation, the County stakeholder process took on a new approach in an attempt to maximize the time and knowledge of the community members who had come to the planning table. Stakeholders were provided a project development toolkit, consisting of Innovation definitions and guidelines and a worksheet to walk them through creating an 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 final approval. Proposals were reviewed to assure adherence to the Innovation Guidelines. The approval process would consist of a ranking of each project prior to funding estimations so that the stakeholders would be making recommendations based on the merits of the projects and the "need," rather than on the costs of services – which had guided MHSa planning in the past. Over the next three months,

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the stakeholders met to review the proposals, culminating in two “ranking” sessions – one with a panel of consumers unfamiliar with the prior discussions and process, and one with the stakeholder group.

In another attempt to be Innovative, the County employed a ranking system using remote “clickers.” This process allowed each member of the consumer panel and stakeholder group to “score” each proposal anonymously, based on the merits of the project’s declared need, learning goal, and operation. This immediately provided the County with a ranked list of stakeholder priorities. Interestingly, the consumer panel’s rankings were nearly identical to the stakeholder group! From there, the County determined costs for each proposal and developed its Innovation Plan based on the proposals put forth during the stakeholder process.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

The SLO County Innovation Stakeholder Group consists of 2 to 25 representatives of various community groups, including consumers, family members and underserved cultural communities. The Innovation Stakeholder Group met approximately once each month between October 2009 and May 2010, and will reconvene to oversee the launch of Innovation programs, and participate in reviews thereafter.

Below is a list of stakeholders that participated in SLO County’s Innovation Planning Process:

- Mental Health Board (MHB) members.
- Members of underserved communities, including participants of the County’s Cultural Competence Committee which advises the department on how to improve services for underserved ethnic and cultural groups.
- Consumers and family members (youth and adult) as well as organizations that represent them such as 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, SLO Child Abuse Council, United Way, Community Action Partnership (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 Mental Health Director, clinicians, case managers and medical professionals of the County Behavioral Health Department.
- Local college and high school students took part in both the Planning Team as well as specific focus groups.

Along with regular attendance and active participation on the Innovation Planning Team, family and consumers were engaged through focus groups to gather ideas and project proposals throughout the process. Approximately 15 consumers/family members attended one or more of the Innovation planning meetings. Twenty consumers and family members were engaged through Focus Groups. These stakeholders were active in proposing and planning such projects as the Warm Reception and Family Guidance, System Empowerment for Families and Providers, and Pawsitive Connection innovations.

Ethnic representation in both Planning sessions and Focus Groups 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

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Planning sessions and Focus Groups included LGBTQ, Veterans, Youth, Older Adult, Spiritual, and Homeless individuals. Approximately 37% of each Innovation Planning session's attendees were representatives of an underserved population.

- 3. 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 October 19, 2010. Notice of the Innovation Plan's availability for review and of the November 17, 2010 public hearing was posted on the SLOBHD website and sent to participants of the Innovation Planning Process, the MHSA e-mail list (a compiled list from other local MHSA planning stakeholders and other interested community members), County Board of Supervisors, all SLOBHD staff, and the SLO County Mental Health Board. Notification flyers were posted at SLOBHD offices, and County libraries. A legal notice was published in the Tribune, the only countywide daily newspaper.

During the 30-day public review, feedback was provided by Will Rhett-Mariscal, PhD. (California Institute for Mental Health), in regards to logic sequences and outcome measurement for San Luis Obispo's proposed Innovation projects. This feedback and instruction was welcomed and assisted the Department in framing the proposals in a clearer manner. Based on Dr. Rhett-Mariscal's feedback some changes were made to the proposals' outcome and essential purpose language, although these alterations did not change the target population or intent of each project.

Stakeholder feedback included emails from participants in Focus Groups and Planning sessions, and from several public mental health system employees who read the proposed plan. This feedback was overwhelmingly supportive. The decision to hold a consumer-only proposal review was also lauded by a participant who said "Thank you for all the great information on the Innovations Programs and for allowing TMHA (Transitions Mental Health Association) and PAAT (Peer Advisory Advocacy Team) to be a part of the decision process. It was a very rewarding experience for myself and other Consumers from PAAT."

The Department also received questions about specific proposals, primarily a "Mobile Play Therapy" project. Several concerns were expressed regarding the proposed use of a recreational vehicle to adapt into a play therapy station to be mobilized across the county. The concerns ranged from costs of insurance and fuel, to the practicality of conducting therapy in a mobile unit. These concerns were brought to the group of stakeholders most engaged in the Planning process and the final proposal language reflects the deliberations which were held to improve the proposal.

There were three other proposals which had significant improvements made during the 30-Day review period. The Innovation Stakeholder group had developed a project proposal which addressed the need to increase TAY consumer socialization and youth development, originally titled the 'Behavioral Health Learning Lab.'" Despite a fair amount of interest and support from providers and consumers, SLOBHD staff recognized that the proposal was not "innovative" as written and decided to suspend the proposal for development in future years.

The proposal originally titled "Festival of Arts" was reconfigured with input from stakeholders to design a more innovative model. The "Wellness Arts 101" project will provide a more unique strategy to test and will

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address the same population as previously targeted. Finally, the proposal originally titled "Operation Family Reconnect" which aimed to engage veterans through non-military family strengthening activities was also found to be not innovative enough for final submission. The Innovation Planning Team sought more feedback and input from providers and veterans to craft the final proposal herein, "Operation Coastal Care." The project shifts the venue for engaging veterans in treatment from family education sessions, to surf rehabilitation programs which have built promising models for engaging veterans in San Luis Obispo County.

The public hearing was held on November 17, 2010 as part of the monthly Mental Health Board meeting. Public comments during the hearing were positive and supportive of the Innovation Plan as written. No substantive recommendations for revisions were brought forth. The Mental Health Board voted unanimously to recommend the Innovation Plan be submitted to the Department of Mental Health.

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SLO County Innovation Work Plan: SLO INN P1

Innovation Work Plan Narrative

Date: 12-20-2010

County: San Luis Obispo

Work Plan #: SLO INN P1

Work Plan Name: System Empowerment for Consumers, Families, and Providers

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Throughout the MHSA community planning process, including the Community Services and Supports (CSS), Workforce Education and Training (WET), Prevention and Early Intervention (PEI) and ultimately the Innovations (INN) processes, consumers, family members, providers and community advocates expressed a deep concern for **the lack of understanding which prohibits communication between those seeking mental health services, and those providing services**. The family members who often act as first responders for mentally ill loved ones often feel that they are left out of decision-making, treatment plans, and consultations which would provide greater feedback for providers. For their part, providers are often bound by regulations, ethics constraints and time limitations which do not allow for gathering and sharing information with family members. As a result, family members and loved ones often feel isolated and removed which increases their frustration with providers, and therefore reduces the potential for positive and progressive communication.

The Innovation Planning Team conducted focus groups with family members of system consumers and identified the gap between providers and family support systems as a persistent challenge which contributes to their anxiety, and creates an environment of exclusion. Family members often feel responsible for navigating the often challenging array of systems, such as housing, finances, therapy, medicine, employment and legal issues just to name a few, which can affect their mentally ill loved one(s) as well. Trying to navigate this system alone is difficult and often leaves families feeling helpless and vulnerable especially when they have a deep connection with the consumer. More often than not, family members report feeling left out of the recovery process. Many family members believe that when information is not shared or gathered, regarding the many treatment/recovery plans available, resources, which could assist the family, are being underutilized because of the lack of communication between the providers. The county has resources for family members, and agency programs exist which support family members in this system navigation, yet there often remains a gap in communication and understanding between families, providers, and these support resources.

For their part, providers and support agencies also express frustration with this system breakdown. Providers are often saddled with difficult confidentiality rules and ethics practices which naturally limit their ability to exchange information with family members. Forms that allow releases of information exist, but

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SLO County Innovation Work Plan: SLO INN P1

both family members and providers admit those forms are often made ineffective by the consumer who is experiencing anxiety and possible paranoia, which hinders their desire to have the parents and loved ones engaged by their provider. One observation made by these focus groups was that those entering mental health services in the private sector had more open communication between family members and providers, with the assumption that since family members were paying directly for their services they were given greater access to exchange information between providers. Whether this is a reality or conjecture was immaterial to the Planning Team, who felt the perception alone identified an indicator of reduced service quality.

During the CSS, WET and PEI planning processes, developments were put forth which expanded stigma reduction, outreach to families, peer and family advocacy, and education. The local NAMI chapter provides Family To Family courses as part of its Education Programs. This outreach and curricula focus on the clinical nature and treatment of mental illnesses, along with coping strategies for consumers and family members. The Innovation Planning team identified the barrier that remains, despite these ongoing efforts, in getting providers to better utilize the strength of family members and loved ones in strengthening treatment plans and recovery. Stakeholders who were also involved in the local WET plan development brought information to the Innovation planning process, including the perception that providers are often trained to identify and treat illness, but are not given tools for engaging family members in the treatment and recovery process.

The Innovation proposed in the next sections aims to address this barrier with an adapted strategy designed to increase communication and understanding between those family members and loved ones of local consumers - and those who provide mental health services and supports. The proposal creates a three-step model to develop and deepen trust; train all current and future providers and family members; and develop a sustainable training and accountability measures for County mental health programs.

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SLO County Innovation Work Plan: SLO INN P1

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

San Luis Obispo County is proposing to adapt a model of training development utilizing a strategy popular with corporations, non-profit organizations, and a variety of team constructs. The System Empowerment for Consumers, Families, and Providers Retreat (and subsequent training development workgroups) will create an exploration of communication between consumer family members and system providers **with the goal of learning whether consumer/family literacy of the provider process, and provider literacy of the consumer/family process increases when activities are held which deepen trust and understanding between these key partners.** This family-driven project creates a three-step process to address the paradigm which limits communication between providers and family members/loved ones of local consumers. A facilitated retreat will be held to build trust and sharing between those who provide the supports necessary for consumers to be successful – the providers and support resources, family members, and consumers themselves. Next, the retreat will yield a training group made up of representatives of that experience to develop an interactive learning experience for current and future providers and family members entering the mental health system. The County will then develop a policy requiring all Behavioral Health staff and service providers to engage in the training.

The System Empowerment for Consumers, Families, and Providers Retreat will take place at one of the county's excellent teambuilding environments (i.e. Camp Ocean Pines). The County will invite ten consumers, and their family members (approximately 10 to 15) who are current clients of the local mental health system, having between one and ten years of services. Ten service providers from the clinical arena (therapists, medication managers, etc.) will be joined by ten staff invited from various local support services, including Transitions Mental Health Association (TMHA) and the local NAMI chapter, to round out the experience. A professional facilitator will be contracted to guide the group through teambuilding exercises along with large and small group conversations designed to explore the feelings, misperceptions, and expressions of needs amongst all parties. The facilitator will then begin the development of core principles all parties believe need to be part of regular and ongoing training. From there, a workshop-style training will be developed by a workgroup made up of retreat participants from each group which will help providers better understand the needs and concerns of families entering the mental health system or taking part in the support and system navigation of their loved one. This training will be held at least twice over the year following the retreat, with the County requiring all staff providers and contracted agency partners to attend and receive a completion certificate. Finally, through TMHA's Family Services Program, a training tool will also be developed for all family members and loved ones to better understand the nature of treatment and the expectations they should have when working with providers.

This project was created and developed by consumers and family members in Innovation Planning strategy sessions, meeting key standards required in MHSA programs. By joining partner providers with consumers and family members, this project meets the guiding principles of **community collaboration** and **integrated services experiences for clients and their families.** Building trust and understanding among providers and families to improve recovery and resilience will also strengthen the **cultural competence** within the county mental health system.

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SLO County Innovation Work Plan: SLO INN P1

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This innovative project offers a new, collaborative approach, to developing training for families and providers. By working with consumers and their families, this process innovation will establish a new mental health model **by adapting a method for training development utilizing a strategy popular with corporations, non-profit organizations, and teams.** The model will challenge the “us versus them” paradigm which hinders many providers and families from working as a team to promote recovery and resilience. The innovation is a process to develop training for families and providers which will be initiated with a trust-building retreat, and followed by an ongoing collaborative workgroup featuring family members and providers.

Although training and consumer/family recognition are not new concepts in mental health, developing that training by first holding a retreat to build literacy amongst all of the participants in the system is a new, untested, method for exploring the needs to be met, and the expectations for quality care that are necessary for wellness, recovery, and resilience. This project is unique in that it offers the opportunity for family members and providers to both share their needs and experiences in a safe and enriching environment; and then join each other in a training design workgroup; ultimately resulting in a collaborative client-driven curriculum which will improve the quality of services throughout the public mental health system.

The System Empowerment for Consumers, Families, and Providers Retreat will be unlike other mental health retreats which focus on therapeutic outcomes for participants. The Retreat proposed here uses a team-building, development process to build cohesion amongst participants, resulting in a collaborative, client-driven training curriculum. The retreat and subsequent training will help build trust and communication, diminish disparities, and promote interagency collaboration as both County staff and community-based support services participate in the activities of the project.

Consumer and family member stakeholders who developed this Innovation project had participated in NAMI's Family to Family curriculum as well as other mental health education programs. The curriculum, while informative about illness and coping strategies, did not prepare them for engaging providers as part of treatment planning. Providers in the stakeholder group identified several training opportunities to hear from parents of suicide victims, and consultation with those in crisis. However, providers are given little training regarding how best to understand and engage family members in the treatment and recovery process. No trainings are available to family members or providers developed in partnership like proposed herein.

What Will Be Learned

The learning goal of this Innovation project is to determine **whether consumer/family literacy of the provider process, and provider literacy of the consumer/family process increases when activities are held which deepen trust and understanding between these key partners.** By conducting the initial retreat and the subsequent training development, the County and its Innovation Planning partners will learn:

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SLO County Innovation Work Plan: SLO INN P1

- What gaps in communication and expectations exist between all those involved in the mental health system.
- Whether families increase literacy of the rules and processes which guide the treatment providers.
- If providers will increase literacy of the needs, experiences, and expectations families bring to the system ultimately resulting in better case management and enriched recovery for their loved ones.

Family members, in creating this plan, want the providers to know how best to communicate with a parent or loved one who is dealing with getting care for their child (or adult child), spouse, parent or sibling. Often these situations are fraught with anxiety, exasperation, and confusion. Providers will learn how to present information regarding confidentiality, system navigation, and expectations for behaviors and needs throughout the recovery process. Family members will learn how to engage the system in a proactive way to get the answers they seek in the desire to provide, accurate and concise information and concerns about their mentally ill love one, in so following they will get the help they need in completing requirements for services and supports (i.e. SSI, housing, legal issues).

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Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:

01/11 – 01/13

MM/YY – MM/YY

This model requires time and buy-in from the County mental health system. The project's scope of work is based on three key activities (the retreat, training development and policy, and training implementation), most of which will be completed within the first year, allowing for a proper evaluation of the project's effectiveness, and communication to County Behavioral Health and the Innovation Planning team. Tools and curricula developed will increase the likelihood of replication and sustainability.

January 2011 Anticipated DMH/OAC approval

January 2011 Development of project model and timeline based on projected needs, including the final selection of outcomes, measurement, and evaluation plan to determine results and communication of findings.

Feb. – May 2011 Planning and development of model testing, including: Selection of retreat location and facilitator. Planning for retreat agenda, activities, and outcomes with family members and providers from Innovation Planning Team. The County will contract with a documentarian to capture the retreat experience to provide media for future trainings.

Other planning and communication needs include: Criteria selection and invitations to participants. The retreat should be held over a weekend in the county, based on a timeframe which yields the greatest participation, and best weather for a good experience. At the retreat a Training Committee made up of each participant sector will be established.

July – Dec 2011 Training Committee meets to develop provider training and evaluation of impact; County administration will adopt policy to mandate Family-Provider Training for all staff and contracted partners within the year, including post-testing to measure impact.

January 2012 Ongoing communication should include the creation, production, and distribution of Family Training Tools (i.e. short video, resource binder, etc.) based on learning from provider input, retreat, and training participants.

June – Dec 2012 Data collection, analysis, and evaluation conducted using surveys, pre-post tests, and other data gathered in previous activities. If successful, a final report and recommendation for sustainability and adoption into the CSS or PEI plan will be made to the County Behavioral Health Department.

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Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

This project will be reviewed and evaluated along each of the steps outlined in the previous section. Primarily the project seeks to achieve the following outputs and outcomes:

Outputs

- One retreat held with approximately 40 participants representing consumers, family members, caregivers, service providers, and community support programs. One training developed (including materials, media, etc.) to provide County Mental Health staff and other providers with insight to family member issues and needs.
- At least one training tool (i.e. short film, resource binder, etc.) will be created and produced for family members entering the mental health system to further their skills at navigating and advocating for their loved one. Two trainings annually attended by at least 100 staff and community mental health system providers.

Outcomes and Measurement

Pre and post surveys will be given to each retreat and training participant, along with retrospective surveys given to County and community providers, family members, and consumers to assess how the retreat and training development model impacts the following projected outcomes:

- Family members will demonstrate an increased knowledge of provider processes, rules, and ethical issues.
- Family members will report increased understanding of mental health diagnoses, prescribed medication, and system programs and services, (i.e. SSI Supported Employment, and housing).
- Providers will demonstrate an increased knowledge of family needs, concerns, and expectations when engaging the mental health system.
- Providers will report increased awareness of the role that family input, history and concerns observed by families on a day to day basis can play in the recovery, diagnosis, and treatment plan of the consumer.
- Long-term impacts may include decreased consumer complaints in the mental health system, improved client satisfaction, and increased treatment/recovery plans which include family input.

The Innovation Planning Team, including community representatives, consumers, and family members, will select an evaluator (or evaluation team) amongst available resources. Data collected throughout the process (surveys, pre-posts, etc.), including the satisfaction and feedback provided by Retreat and training workgroup participants, will be analyzed and presented to the Innovation Planning Team. Outcomes will be measured comparing means established in baseline data gained in pre-tests and reported in retroactive surveys. The Planning Team will make a recommendation based on this analysis to County Behavioral Health Administration in the final quarter of the project.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P1

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The funding request for this project includes the following necessities:

Retreat Facility costs

Retreat Facilitation & Materials

Retreat Documentation

Training Development Meeting costs

Training Materials and Media

In-kind resources may include, and not be limited to:

County Facility Use for provider trainings

Media equipment

Data instrument development

Evaluation Services

County staff time (Innovation administrative costs) to coordinate project

EXHIBIT D

SLO County Innovation Work Plan: SLO INN P1

**Innovation Work Plan Description
(For Posting on DMH Website)**

County Name

San Luis Obispo

Annual Number of Clients to Be Served (If Applicable)

N/A Total

Work Plan Name

System Empowerment for Consumers, Families, and Providers

Population to Be Served (if applicable):

The System Empowerment for Consumers, Families, and Providers is a unique collaborative between three key entities in the public mental health system. The initial activities will engage consumers who are currently receiving services (or have so in the past ten years) along with their family members. Providers of mental health services from both the County and its community partner agencies will also participate. Finally, outreach will be made to all remaining consumers, families, and providers in the county.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

San Luis Obispo County is proposing to test an adaptation of a strategy popular with corporations, non-profit organizations, and teams. The System Empowerment for Consumers, Families, and Providers Retreat (and subsequent training development workgroups) will create an exploration of communication between consumer family members and system providers **with the goal of learning whether consumer/family literacy of the provider process, and provider literacy of the consumer/family process increases when activities are held which deepen trust and understanding between these key partners.** This family-driven project creates a three-step process to address the paradigm which limits communication between providers and the family members and loved ones of local consumers; First, a facilitated retreat will be held to build trust and sharing between those who provide the supports necessary for consumers to be successful – the providers and support resources, family members, and consumers themselves. Second, the retreat will yield a training group made up of representatives of that experience to develop an interactive learning experience for current and future providers and family members entering the mental health system. Third, the County will develop a policy which requires all Behavioral Health staff and ancillary service providers to engage in the training. The retreat and subsequent training will build trust and communication, diminish disparities, and promote interagency collaboration as both County staff and community-based support services will participate in the activities of the project.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P2

Innovation Work Plan Narrative

Date: 12-20-2010

County: San Luis Obispo

Work Plan #: SLO INN P2

Work Plan Name: Atascadero Student Wellness Career Project

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

It is no secret that high school environments can be ripe with emotional upheaval, often associated with social and physiological development, which contributes to risk. It is also clear that **stigma towards those with mental illness and those receiving care is tremendously damaging in high school – and the County’s Innovation stakeholders, in the planning process, also identified stigma as a barrier to engaging youth to pursue careers in behavioral health.** The County’s PEI and WET programs have been operational for the past year and have yielded observations which informed the Innovation planning process. Stakeholders in the Innovation planning sessions recognized that stigma issues on local school campuses create barriers for students seeking help. High school and college students engaged in the planning process also provided information regarding the lack of exposure and encouragement teens receive regarding education and careers in providing mental health services. No programs exist in CSS, PEI, or WET which address this service and learning gap.

The students of Atascadero High School’s Friday Night Live program developed focus groups on campus as part of a “World Café” program which allows teens to assess and identify issues which affect the health and wellness of their peers with the school and its neighborhoods. This year’s series of town-hall-like discussions yielded a powerful statement of need from students who identify stigma as the root concern for the growing numbers of peers who suffer from depression, stress, and anxiety yet refuse to seek help. Student participants in the focus group provided the following statement to the Innovation Planning Team:

As youth we have identified depression and mental health as a major issue in our community and school. Self injury, suicidal thoughts, sadness, hopelessness, despair, vulnerability, thinking you’re alone, the inability to function. These are the feelings that our students, our family members, and our friends are having. Who are we supposed to tell if our friend is depressed? Where can we go? How do we reach out to them? Unfortunately students in our community feel they can’t talk about their feelings, or ask for somebody to help. Depression and mental health can be treated and helped, however only 20% of depressed teens ever receive help. We need a safe environment, where professionals and teens partner to serve a population of people, specifically high school age youth, who will not ask their parents or teachers for help, or who may not understand their feelings..

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P2

The most recent California Healthy Kids Survey conducted at Atascadero High School resulted in 34% of 11th grade youth reporting feelings of sadness and hopelessness in the past 12 months. This figure is slightly higher than the State average, yet males in the district report these feelings at much higher rates than their state peers. Eighteen percent of youth in the community report “problems with emotions, nerves, and mental health” when using alcohol or other drugs, compared to 10% of their peers in other parts of the county. District continuation school youth admit to feelings of sadness and hopelessness at rates nearly twice that of their traditional school peers (CHKS, 2008, 2010). School district personnel report an increase in bullying, peer-conflict, self-abuse, and other indicators of stress, anxiety, and depression. Anecdotal evidence, shared by school counselors and drug treatment specialists, concludes that Atascadero and the rural northern region of the county have witnessed an increase in suicide attempts and deaths associated with substance abuse in the past five years.

Additionally, stakeholders from the local school districts, colleges, and the University, indicate that local youth are not showing great interest in behavioral health majors and academic pursuits in wellness. The community college and University have counseling, psychology, and Master’s level programs which are not being pursued by those graduating from high schools in the county. Part of this, theorize local stakeholders, is based on the stigma issues being identified on school campuses.

The following proposal seeks to create a model for reducing stigma associated with mental illness on high school campuses by engaging youth in developing interest, capacity, and skills in providing mental health services to peers. By doing so, the County will test the model to determine if peer-based counseling increases the general school population’s ability to understand and embrace the field of behavioral health services, while increasing student interest in behavioral health education and careers. Results of the test will inform local schools and districts (including local colleges) as to the potential benefits of the strategy.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P2

Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

San Luis Obispo County is proposing to test an innovative solution for the need to reduce stigma and engage youth in mental health services. **The Atascadero Student Wellness Career Project tests an adaptation to a peer-based student wellness model with the learning goals of determining if stigma towards mental health services can be reduced when provided on campus by peers; and if early exposure to mental health careers will increase student pursuit of college behavioral health education.** The Project will be launched by placing a behavioral health counselor on the Atascadero High School campus to train and support 25 students (for each of two school years) in providing prevention and early intervention counseling for students who are referred or request help in dealing with emotional problems, peer relation issues, stress, anxiety, or depression. The counselor and student team will also create a warm, safe, and receptive space on campus for students to find support, respect, and freedom to express themselves. With immediate access to services provided by trained peers, students at the high school will recognize the importance of wellness and see the campus counseling response as equivalent to other "normal" issues of academic guidance and health – thereby reducing stigma.

Twenty-five (25) youth will be selected and trained annually to act as peer mentors and counselors. These youth will be screened for interest and demonstrate natural capacities for trust and responsibility which make them excellent candidates to serve in this program. The students will receive training in mental health, alcohol and other drugs, screening and brief intervention (using the SBI: Screening and Brief Interventions model which is gaining acceptance as a best practice with college peer health programs). Additionally students will be engaged in outcome development and monitoring. If successful, the model will be easily replicable on public school campuses throughout the county. The selected students will be given the opportunity to learn about stigma and develop outreach and education for their campus. The innovation also provides an introduction of mental health careers to teens preparing to enter college, and the project will examine the interest generated in students seeking health and social service post-secondary education.

Atascadero High School's Student Wellness Center model is unique. On-campus, on-demand, peer counseling provided by students trained in screening and brief intervention is a strategy new to high school peer counselors. Collaboration with public mental health system providers to develop capacity and career exploration is different than other high school models which rely on school staff counselor guidance. This model will test new training and education practices for student peer counselors that focus on stigma reduction and behavioral health outcome monitoring.

This innovation meets the general standards of MHSA, specifically utilizing a **wellness-focused**, age-specific approach to meeting the mental health needs of high school youth in a demonstrably high-risk district. This youth development approach is **culturally competent** as it meets young people in their environment by utilizing peer counselors, which will reduce the negative stigma commonly associated with mental health services. By bringing services from the community onto campus, new **community collaborations** will be created. This **integration of services** for youth, in an accessible location, expands access, and will lead to improved services and outcomes.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P2

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The Atascadero Student Wellness Career Project tests an adaptation to a peer-based student wellness model with the learning goals of determining if stigma towards mental health services can be reduced when provided on campus by peers; and if early exposure to mental health careers will increase student pursuit of college behavioral health education. Peer counseling and wellness center models exist at the high school and college level focused on providing early intervention and wellness activities in accessible, safe environments. This innovation changes that objective to focus both on stigma reduction and career development. While the on-campus, peer-support counseling model is at the core of the project, the adaptation being tested here centers on learning if school-wide attitudes and stigma can be affected by openly engaging youth around mental health issues; and if students who are exposed to peer-counseling opportunities and training will pursue behavioral health education and careers.

The adaptation also includes a unique partnership with public mental health system providers. In many college wellness models, the clinical staff supporting the students are employed by the campus. In models, such as Fremont High School's (Los Angeles) Peer Counselor program, licensed school counseling staff advise the students. In this model, the County will provide a therapist and other specialists to train and advise the peer counselors – thus building a bridge between the school and the public mental health system.

What Will Be Learned

This innovation will provide the County and its schools important data in order to determine strategies for reducing stigma, ultimately improving access to care; and for workforce development at the high school level. The model developed here will accomplish learning factors which are not currently being tested by other peer counseling programs, including:

- Whether the project school will increase the number of college-bound youth who demonstrate an increased interest in behavioral health majors and coursework at the college level.
- Whether the peer counselors trained in screening and brief interventions, and outcome development and monitoring, achieve stronger health and wellness outcomes than models where these strategies are not employed.
- Whether the general school population will demonstrate a reduction in attitudes and stigma which prohibit positive mental health outcomes on campus.

Students who have been active in crafting this project proposal are driven to reduce the stigma which surrounds mental health issues among teens. This project has both concrete applications in the ability to train youth peers to provide brief interventions, thus (theoretically) providing a more immediate response to students in need, while building campus capacity to engage more youth in an effort to establish and maintain wellness. In addition, the potential service outcomes include reduced levels of depression and anxiety, improved school factors (i.e. grades, attendance) amongst students using the center including improved grades and attendance, and increased referrals to treatment. This project will provide a great deal of information about a population often underserved because they are functioning at a level which keeps them in mainstream high school – despite heightened levels of substance use, depression, and suicide.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P2

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:

January 2011 – December 2013

MM/YY – MM/YY

This project will require school and district collaboration, along with important hiring, training, and physical set-up to facilitate the Wellness Center. This timeline includes data measurement to provide information for outcome evaluation.

- | | |
|-------------------|---|
| January 2011 | Anticipated DMH/OAC approval |
| January 2011 | Project development will include establishing training protocol for Screening and Brief Intervention, outcome measurement tools, and selection criteria for participants. This will be done while establishing partnership with Atascadero High School and District to provide Student Wellness Center project, develop space for center use, agreement in placement of behavioral health specialist on campus, and parameters for data collection. Another high school will be selected to participate as a control variable to test stigma and behavioral health outcomes, using similar California Healthy Kids Survey data and other similar characteristics. |
| Jan. – April 2011 | County staff will attend a Train the Trainer component of SBI and begin to develop adaptations for use with high school peer counselors. |
| May-Aug. 2011 | Recruitment, selection, and training of 2011-2012 Peer Counselors to conduct the operations of this work plan. |
| Aug. – Dec. 2011 | First semester of Student Wellness Center Career Project. Team and County Innovation coordinator will meet each semester to review pre-post tests, and other data to monitor progress. Team leaders will meet quarterly with school administrators to communicate progress. |
| Ongoing | Project will continue with services, recruitment, training, and evaluation for two full school years. Presentations of progress will be made routinely to countywide District prevention coordinators and counseling teams. |
| June – Dec. 2013 | Data collection, analysis, and evaluation conducted using surveys, pre-post tests, and other data gathered in previous activities. If successful, a final report and recommendation for sustainability will be made to the County and its school districts. |

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P2

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The Atascadero High School (AHS) Student Wellness Career Project will be measured by using several different types of data. Pre-post surveys will be administered through AHS classroom settings, across campus and populations, identifying the levels of awareness of mental health issues and support services. Documentation of student college admissions and academic field selections will be monitored, compared to other local high schools, and reported. Also, the comparison school data will be collected to reflect stigma and perception levels for the local teen population. The project team will document any changes in school discipline incidences, whether higher or lower, and any changes in attendance among participants.

Outputs

- The Atascadero Student Wellness Career Project will place a behavioral health counselor on the Atascadero High School campus to train (using Screening and Brief Interventions) and support 25 students (for each of two school years) in providing prevention and early intervention counseling for students who are referred or request help in dealing with emotional problems, peer relation issues, stress, anxiety, or depression.
- The counselor and student team will also create a warm, safe, and receptive space on campus for students to find support, respect, and freedom to express themselves.
- 50 students per year will access services through the Wellness Center.
- 200 students per year will be provided training and education regarding stigma around mental health issues from the Peer Student Wellness Center Counselors.

Outcomes

- AHS students will demonstrate increased knowledge of mental health issues and resources, and reduced levels of negative attitudes and stigma.
- Peer Student Wellness Center Counselor participants will demonstrate increased capacities for providing support for peers by receiving training in Screening and Brief Interventions and performing the practice with fidelity.
- Peer Student Wellness Center Counselor participants will demonstrate increased interest and follow-through in pursuing education and careers in substance use treatment and prevention and mental health fields.
- Students who access the Center will demonstrate increased knowledge of mental health issues and services, reduced risk factors, increased protective factors, reduced absences and behavior problems, and increased grades and feelings of wellness; compared to peer counseling participants in models not utilizing a public mental health advisor and SBI training.

The Innovation Planning Team, including student and school representatives, consumers, and family members, will select an evaluator (or evaluation team) amongst available resources. Data collected throughout the process (surveys, pre-posts, etc.) will be analyzed and presented to the Innovation Planning Team. Outcomes will be measured comparing means established in baseline data gained in pre-tests and reported in retroactive surveys. The Planning Team will make a recommendation based on this analysis to County Behavioral Health Administration and local school districts in the final quarter of the project.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P2

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The funding request for this project includes the following necessities:

| | |
|--------------------------------------|--------------------------------------|
| Staffing | Wellness Center Supplies & Materials |
| Training for SLOBHD Staff | Evaluation Materials |
| Student Training Materials and Media | |

In-kind resources may include, and not be limited to:

| | |
|---|--------------------------------------|
| School facility for Wellness Center | Media equipment |
| Curriculum | Training for student Peer Counselors |
| Data instrument development | Evaluation Services |
| County staff time (Innovation administrative costs) to coordinate project | |

EXHIBIT D

SLO County Innovation Work Plan: SLO INN P2

**Innovation Work Plan Description
(For Posting on DMH Website)**

County Name

San Luis Obispo

Annual Number of Clients to Be Served (If Applicable)

50 Total

Work Plan Name

Atascadero Student Wellness Career Project

Population to Be Served (if applicable):

The Atascadero Student Wellness Career Project will target teens experiencing stress, anxiety and depression in their community. The Atascadero Student Wellness Center will create a safe, welcoming environment for students seeking support, guidance, and understanding from trained peer counselors who can offer a unique trust and engagement within the campus community.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

The Atascadero Student Wellness Career Project tests an adaptation to a peer-based student wellness model with the learning goals of determining if stigma towards mental health services can be reduced when provided on campus by peers; and if early exposure to mental health careers will increase student pursuit of college behavioral health education. The Atascadero Peer Student Wellness Center will be launched by placing a behavioral health counselor on the Atascadero High School campus to train and support 25 students (for each of two school years) in providing prevention and early intervention counseling for students who are referred or request help in dealing with emotional problems, peer relation issues, stress, anxiety, or depression. The counselor and student team will also create a warm, safe, and receptive space on campus for students to find support, respect, and freedom to express themselves. With immediate access to services provided by trained peers, students at the high school will recognize the importance of wellness and see the campus counseling response as equivalent to other "normal" issues of academic guidance and health – thereby reducing stigma.

This innovation will provide the County and its schools important data in order to determine strategies for improving school-based early intervention. These learning factors include SAP outcomes in a peer-led model, whether schools have efficiencies created by empowering youth to be trained to intervene, whether school's college-bound youth increase interest in social service majors.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P3

Innovation Work Plan Narrative

Date: 12-20-2010

County: San Luis Obispo

Work Plan #: SLO INN P3

Work Plan Name: Older Adult Family Facilitation

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Despite the MHS community planning processes, including the Community Service Supports (CSS), Workforce Education Training (WET), Prevention and Early Intervention (PEI) and ultimately the Innovation (INN) process, San Luis Obispo County, with its large percentage of seniors and growing population of retirees, lacks a strategic plan regarding a continuum of care for its older adult population. **The increased demand for services from this growing population, coupled with the county's lack of strategy, has created a vacuum which results in seniors being "lost" and forgotten in the system of care.** Older adults in San Luis Obispo County who suffer from severe mental illness may be served by a single Full Service Partnership through CSS; while depression screening and Caring Caller programs were expanded through PEI. Older adults falling in between, those with behavioral health challenges that go beyond early intervention, are often underserved due to the lack of integration amongst providers. The primary focus for this innovative learning initiative is to increase the quality of services, leading to better outcomes of counseling and mental health services for older adults. By bridging the gap between one-to-one counseling services, and by using a more comprehensive network of community supports connected through a Family Facilitation meeting structure, the project aims to explore creative approaches to increasing the quality of services for the older adult population. Subsequent goals in combining these services include promoting interagency collaboration while providing better access to services.

According to an annual report from the San Luis Obispo County's Adult Services Policy Council 2006-2007:

There are over 37,000 county residents who are 65 years of age or older and over 30,000 county residents with severe disabilities. Already, San Luis Obispo County has a larger percentage of persons over the age of 65 (14%) than the state average (11%)...The current services system will not be able to accommodate the needs of an increasing consumer population. Local and state governments will be stressed by the increased costs of caring for the aged and disabled...The mission of the Adult Services Policy Council members is to work together to find ways to meet the needs of this expanding target population.

With the opportunity to expand Prevention and Early Intervention (PEI) services to older adults throughout the County, Wilshire Community Services provided more counseling for seniors than ever before. While depression screening resources, like individual and group counseling, are not always right for each person,

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P3

the overall results of this service delivery have been tremendous. Despite the success with many seniors, these services are still not enough to help many older adults cope with the onslaught of aging challenges. When their life circumstances are filled with compounding interconnected issues - something beyond private one-to-one counseling is required to comprehensively address a wider range of life issues.

The void identified and deliberated by the Innovation Planning Team can best be filled by unifying the many available resources and community-based services. Innovation stakeholders held focus groups with seniors and older adult program advocates to assess this demand and propose the project herein. This innovation project unites multiple, pre-existing nonprofit agencies and older adult programs based in San Luis Obispo County. These programs are currently engaged in limited direct collaboration, yet taken as a whole they represent an accessible continuum of service options for older adults and their families. The San Luis Obispo County Behavioral Health Department will identify a key older adult services provider to lead the design, coordination and delivery of comprehensive, integrated services to San Luis Obispo County's aging population.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P3

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

This innovation project unites multiple pre-existing nonprofit agencies and older adult programs based in San Luis Obispo County to **adopt and test a model of client-centered, strength-based, and family-focused best practices, by blending elements from Elder Mediation and Child Welfare Services' Family Group Decision Making (FGDM) model while targeting older adults with mental illness.** These programs are currently engaged in limited direct collaboration, yet taken as a whole they represent an accessible continuum of service options for older adults and their families.

FGDM is a case planning tool for families and agencies often used when working with children. The FGDM meeting is a gathering of extended family members, chosen family, community resources and service providers. Here "essential issues," or reasons for agency involvement, are clearly identified and discussed. This gathering, which may take up to two hours and often requires several hours of coordination, includes neutral facilitation and time provided for the family to process with each other. The model provides a private venue for the family to independently create a plan that addresses the agency's concerns and the children's needs. In common FGDM services, families are empowered to make decisions that protect children from further abuse and neglect. This initial meeting represents a change in the traditional client/provider relationship as it shifts from the traditional clinical (medical) model toward a participatory and family-centered approach to decision-making.

Elder Mediation expands a traditional conflict resolution model to address transitional disputes such as caregiver expectations, living arrangements, long-term care placement, estate and guardianship matters, and many more issues affecting seniors and their families. When effective and respectful communication is made possible, issues that may have been avoided for years can safely surface for discussion. The mediation process decreases the stress and confusion that can often escalate with conflict. Elder Mediators are professionally trained to focus on forward-looking solutions that enhance independence, safety, comfort and well-being for older adults. Elder Mediation experts at Creative Mediation understand the complex family dynamics, unique circumstances, and high emotions that accompany difficult conversations and challenging decisions.

The proposed innovation project will blend various elements of these two programs into a Family Facilitation model that will serve older adults. The core elements of the project will include:

- Monthly Facilitated Family Meetings with the client and their support system to enhance communication and decision-making capacity around a wider set of issues and circumstances affecting the senior, including mitigating the circumstances that thwart counseling outcomes.
- Provide community resource connections and emergency intervention as needed.

This innovation meets the general standards of MHSA, specifically utilizing an age-specific approach to meeting the mental health needs of older adults. This elder mediation approach is **culturally competent** as it meets older adults in their homes and is family-focused, which reduces access barriers. By **integrating services** from multiple providers, service is more responsive and allows for **community collaboration** with organizations and providers not traditionally part of the mental health system. This expands and supports a **client/family driven mental health strategy.**

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SLO County Innovation Work Plan: SLO INN P3

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This learning goal has been thoughtfully developed over the past year: **Whether a Family Facilitation model, incorporating elements from Elder Mediation and Child Welfare Services' Family Group Decision Making (FGDM), will be effective in improving mental health outcomes amongst seniors.** This innovation adopts and combines existing models from social service systems to create a new, unique model to test its efficacy in providing mental health services.

The stakeholders involved in the Innovation Planning Process, including older adult consumers and other seniors and their caregivers, believe that older adults can benefit from a systems-oriented approach that provides holistic support to increase sustainability in the mental health interventions currently being delivered. With this approach, it is anticipated that it will be possible to solve for the current pattern of seniors being underserved or lost within the shuffle of providers by more thoroughly addressing the undermining factors that reduce the efficacy of therapy and counseling services delivered through PEI.

This Innovation project will establish a bridge between one-to-one counseling services and a more comprehensive network of community supports connected using a Family Facilitation meeting structure. The project will build upon two successful models by adapting them into an innovative model for older adults designed to explore creative approaches to address the most persistent shortcomings of individual counseling.

What Will Be Learned

When the range of psychological and social systems issues affecting an older adult are beyond the intended scope of Senior Peer Counseling and other PEI services, the following assumptions will be tested using a Family Facilitation model:

- A Family Facilitation model will be a more effective way to address these interrelated and compounding issues that reduce the efficacy of individual counseling interventions.
- The addition of an innovative Family Facilitation model addressing interrelated and compounding issues faced by older adults will deepen and sustain the outcomes of early intervention counseling services delivered through PEI.

Careful data collection, measurement, and analysis will result in a robust evaluation which will inform the County and the Innovation Planning Team as to the efficacy of this model. Quarterly reviews, as well as a final report, will allow the County and its partners in the public mental health system to monitor the progress of this new model and make plans for sustaining the strategy if successful.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P3

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:

January 2011 – December 2013

MM/YY – MM/YY

This project will require partnership with a provider with the capacity to draw together the Elder Mediation and FGDM models and provide countywide services to the target population. This timeline includes data measurement to provide information for outcome evaluation.

- | | |
|-------------------|--|
| January 2011 | Anticipated DMH/OAC approval |
| Feb. - April 2011 | The County will meet with potential providers and Innovation stakeholders to refine the development of the project to outline geographic areas of need, priorities, and to begin a dialogue with senior advocacy groups (including Adult Services Policy Council) to build community capacity and buy-in. |
| April 2011 | Project Provider to outline project timeline to County and INN stakeholders. |
| May 2011 | Determine critical factors that suggest appropriateness of clients for the Facilitated Family meeting approach |
| July 2011 | Enroll clients in Facilitated Family Meeting, including an in-home needs assessment and determination of counseling goals by the Older Adult's Prevention and Early Intervention Service coordinator. |
| July 2011 | Determine key team members to be involved in the Facilitation of meetings |
| July 2011 | Conduct initial Facilitated Family Meeting with each client to outline and adopt a care plan and indentify involved parties and their roles. |
| Ongoing | Conduct monthly Facilitated Family Meetings with each client to address issues, concerns, conflicts, etc. Meetings will be used to assess appropriateness of care plan and to make necessary adjustments. Successes will be recognized and client will receive validation and support. Every 3 months: Determine efficacy of Facilitated Family Meetings through quarterly reports and observations. |
| June – Dec. 2013 | Data collection, analysis, and evaluation conducted using surveys, pre-post tests, and other data gathered in previous activities. If successful, a final report and recommendation for sustainability will be made to the County and its partners in the public mental health system. |

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P3

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The project will be measured using a sample of 15 older adult program participants, and a control group of 15 older adults. The control group will include current Senior Peer Counseling (PEI) clients, while the sample will be comprised of new Senior Peer Counseling clients who choose to participate. The criteria for program eligibility will continue to be refined by staff and the strategic task force, but for the purposes of the pilot phase preliminary criteria will include:

- 65 years or older;
- Residing in stable housing;
- Willingness and ability to comply with program; and
- Ineligible for skilled nursing home care, but recognized by a medical professional as requiring intervention.

Beyond these criteria, the program will seek the greatest possible diversity in ethnicity, socio-economic status, marital status, and pre-existing medical conditions. Evaluation of the pilot program will benefit from a wide variety of senior participants and their unique challenges.

Outputs

- The County will select one organization to coordinate a Family Facilitation model program.
- The Provider will engage a minimum of three other entities to provide integrated services within the model.
- 15 older adults and families, each year, will participate in the Family Facilitation model program.

Outcomes

- Program participants will demonstrate increased satisfaction with services when compared to control group.
- Program participants will report increased factors of wellness, health, and overall happiness when compared to control group. This will include participants remaining in their own homes.
- Project provider, staff, and volunteers will report increased feeling of satisfaction with methods and practices when compared to control group.
- Community partners will report increased feelings of satisfaction and rates of success when measured against other (or past) older adult practices in mental health services.

Satisfaction and feedback surveys will be provided to the participants and providers in addition to the measurement tools detailed above. Careful data collection, measurement, and analysis will result in a robust evaluation which will inform the County and the Innovation Planning Team as to the efficacy of this model. Quarterly reviews, as well as a final report, will allow the County and its partners in the public mental health system to monitor the progress of this new model and make plans for sustaining the strategy if successful.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P3

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The funding request for this project includes the following necessities:

Staffing

Supplies and Materials

Meeting Space

Travel and Staff Expenses

In-kind resources may include, and not be limited to:

Training

Collaboration partner expenses

Publicity

Referral Costs

EXHIBIT D

SLO County Innovation Work Plan: SLO INN P3

**Innovation Work Plan Description
(For Posting on DMH Website)**

County Name

San Luis Obispo

Annual Number of Clients to Be Served (If Applicable)

15 Total

Work Plan Name

Older Adult Family Facilitation

Population to Be Served (if applicable):

The Older Adult Family Facilitation Plan aims to serve a growing population of older adults (65 and older) in San Luis Obispo County. Older Adults are at risk for mental illness associated with depression, suicide and loneliness. San Luis Obispo County has limited resources for the older adult population, and the demand for services is growing.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

This innovation project unites multiple pre-existing nonprofit agencies and older adult programs based in San Luis Obispo County to **adopt and test a model of client-centered, strength-based, and family-focused best practices, by blending elements from Elder Mediation and Child Welfare Services' Family Group Decision Making (FGDM).** These programs are currently engaged in limited direct collaboration, yet taken as a whole they represent an accessible continuum of service options for older adults and their families.

In collaboration with community partners and supports, this innovation plan aims to increase the quality of services to older adults. While depression screening resources, individual and group counseling are not always right for each person, the overall results of this service delivery have been tremendous. Despite the success with many seniors, these services are not enough to help many older adults cope with the onslaught of aging challenges. When their life circumstances are filled with compounding, interconnected issues - something beyond private, one-to-one counseling is required to comprehensively address a wider range of life issues.

The primary focus for this inovative learning initiative is to increase the quality of services, including better outcomes of counseling and mental health services for older adults. This innovation proposal seeks to establish a bridge between existing one-to-one counseling services and a more comprehensive network of community supports connected through a Family Facilitation meeting structure. The project will build upon two successful models by adapting them into an innovative model for older adults designed to explore creative approaches to address the most persistent shortcomings of individual counseling.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P4

Innovation Work Plan Narrative

Date: 12-20-2010

County: San Luis Obispo

Work Plan #: SLO INN P4

Work Plan Name: Nonviolent Communicationsm (NVC) Education Trial

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Proponents for Nonviolent Communicationsm (NVC) practices within the local public mental health system have been active in each stage of the MHSA community planning processes, including the Community Service Supports (CSS), Workforce Education Training (WET), Prevention and Early Intervention (PEI) and ultimately the Innovation (INN) process. Advocates for NVC trials and programs have made tremendous contributions to the design of education and school-based services. During the Innovation planning process the concept of a therapeutic use of NVC was examined by stakeholders. **Consumers, family members, and providers have expressed a serious need for alternative methods and a change in approach of communication methods system-wide. This is especially true when providers discuss the difficulties in assisting families of young adults who are angry and/or abusive, ultimately reducing the family's capacity to participate in their child's treatment and recovery.**

Teens and young adults, developmentally, are attempting to define themselves and establish their own identities. During this period these "transitional aged youth (TAY)" can suffer from a variety of mental health issues including anxiety, depression, and self-harm. TAY experiencing the onset of mental illness or exhibiting risk behaviors such as substance use are often challenged to communicate their feelings and needs with parents, as well as therapists. Often anger and frustration replaces healthy communication between TAY and their parents/caregivers when an undiagnosed and treatable mental illness exists. Once a young person makes their way to an assessment and treatment, providers are often challenged to break down the anger and misunderstandings which inhibit a family's ability to move forward.

Local NVC advocates propose that by serving TAY and their families with the core foundations of nonviolent communication, providers will have greater success in increasing the TAY consumer's self-determination, while empowering families to build relationships based on trust, understanding, and respect – values identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) for recovery-based mental health practices.

Nonviolent Communicationsm theory holds that every action taken by any human is an attempt to meet a need. Certain actions, such as violence or harm toward oneself or others, are recognized as "tragic" attempts to meet an unmet need. NVC treats a person that is labeled "emotionally challenged" as someone

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P4

who is disconnected from their own and/or others' feelings and needs. Such disconnection invariably results in tragic choices (including aggression and violence towards caregivers) and very little awareness of how to make alternative choices, which are healthier and more life-serving. NVC providers build upon the concept that language influences one's thoughts, those thoughts then dictate their actions, and the results of those actions then get interpreted through language. Certain well-defined language patterns have very predictable habitual results. This trial will test NVC's framework for acquiring the skills and language tools that support positive and compassionate outcomes within the context of treating TAY with emerging mental health issues.

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SLO County Innovation Work Plan: SLO INN P4

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

According to Marshall B. Rosenberg (2003), in *Nonviolent Communication: The Language of Compassion* (2nd Ed.), NVC is described as "...a form of precise communication that focuses on observing present emotions and needs of the involved individuals." **This proposed Innovation project, the Nonviolent Communication (NVC) Education Trial, will engage a group of Transitional Age Youth (TAY) experiencing mental and/or emotional difficulties, to receive NVC training with the learning goal of determining the efficacy of this strategy as an early intervention tool.** The projected outcomes will be measured alongside those of a control group not participating in NVC training. A similar study will be administered for TAY family members participating in separate NVC training, and a relevant control group. Mental health system providers, including contract agencies and school-based services, will provide outreach to TAY consumers and family members to engage them in the project.

Results from the first year of the project will be used to determine future target populations. Depending on engagement, retention, and outcome results with TAY and TAY family members, the Innovation Planning Team may choose to expand the project in the second year to the general adult population, service providers, or another specific population. These results would then be compared to the first year results to determine NVC efficacy within various populations.

Six (6) NVC sessions will be provided over the two-year Innovation period. As defined below, each session would consist of a 4 week outreach/engagement period, two (2) concurrent 6-week education/training workshops, two (2) concurrent 6-week follow-up coaching/practicing workshops, and on-going group support; including:

- Four NVC videos, 40 minutes each, will be used as an outreach and engagement tool for potential participants.
- Two 6-week workshops, once a day weekly for two hours, would run concurrently. Each workshop would serve up to 12 participants, with an average of 8 unique individuals per workshop.
- An additional 6 week workshop that focuses on practicing and coaching NVC skills will be recommended for all participants.
- An on-going NVC support group will be offered to all interested participants, providing further practice and development of NVC skills.

The local NVC Leadership Group will provide oversight of the project in collaboration with community organizations such as Transitions Mental Health Association, United Way, Behavioral Health, and other interested partners (NAMI, Family Care Network, YMCA, etc.). The NVC Leadership Group will provide on-going consultation to participating agencies, the evaluation provider, and the group leaders.

This innovation is the product of **community collaboration**, uniting practice and study amongst providers and educators seeking a new approach to improving services. Utilizing a **wellness-focused**, age-specific approach to meeting the mental health needs of TAY, this trial will provide **culturally competent** resources for families struggling with communication issues. This collaboration provides mental health providers an alternative resource, feeding the **integration of services** necessary to meet the outcomes sought by this MHSA initiative.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P4

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The proposed NVC Education Trial is a unique approach to mental health services **with the learning goal of determining the efficacy of this adopted strategy as an early intervention tool for transitional age youth.** NVC is now being taught in corporations, classrooms, prisons, and mediation centers around the globe. Proponents spotlight the method's influence on cultural shifts as institutions, corporations, and governments integrate NVC consciousness into their organizational structures and their approach to leadership. These methods are popular in business models because it has been shown that giving employees and their employers a common language based on meeting individual needs increases overall productivity. In this Innovation, the county will test a model that provides this approach to young people

When used in the business model, it has been proven to

- Improve teamwork, efficiency and morale
- Increase meeting productivity
- Maximize the quality of services or products
- Resolve workplace conflicts quickly and effectively
- Reduce stress
- Maximize the potential of all employees
- Hear and address customer needs more effectively
- Offer employee evaluations that promote personal growth
- Improve the effectiveness of job and college interviews
- Transform criticism and blame into compassionate connection
- Prevent future pain and misunderstanding

There have been documented uses of NVC with the TAY population in juvenile detention centers and camps for juvenile offenders. It is also a popular tool for parent education and in universal motivational work. In this trial, the County will support a project that will provide NVC education as an early intervention for TAY (and possibly future age groups) experiencing the onset of mental illness and their families in an effort to reduce stress, aggression, and conflict, while at the same time increase feelings of compassion and build capacity for positive future communication within families and consumers in recovery – prior to academic failure, involvement in the juvenile justice system, or incarceration.

What Will Be Learned

This innovation will provide the County and the rest of the public mental health system an important study in the efficacy of NVC methods and education when working with people (primarily TAY and their families) struggling with communication as a barrier to receiving treatment and succeeding in recovery. The learning factors of the project include:

- Will training and implementation in Nonviolent Communication in a Mental Health setting have similar results as it has in other environments (e.g. schools, business, etc.)?
- Will NVC training improve communication, and demonstrate greater reductions in anxiety, violence, hostility, and other barriers to treatment (running away, depression, etc.) than those receiving early intervention and treatment services which do not include NVC training?

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P4

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:

January 2011 – December 2013

MM/YY – MM/YY

This project will require partnership with local NVC-certified trainers and educators, as well as County and community-based mental health providers. This timeline includes data measurement to provide information for outcome evaluation.

| | |
|-------------------|---|
| January 2011 | Anticipated DMH/OAC approval |
| Feb. - April 2011 | Project development will include establishing training protocol (SBI), outcome measurement tools, and selection criteria for participants. This will be done while establishing partnership with a provider trained in NVC and with the capacity to conduct groups and measure control variables. Control groups will be chosen to be most similar to NVC pilot for strongest comparison of outcomes. |
| April 2011 | Project Provider to outline project timeline to County and INN stakeholders. |
| May 2011 | Development and implementation of outreach and engagement to recruit participants; and identification of control group. Development and approval of data measurement instruments and methods. |
| July 2011 | Enroll TAY and family participants in first 6-week NVC sessions. Sessions will then conclude, three-per-year. Providers will also offer additional training post sessions. |
| Ongoing | Recruitment, engagement, training, sessions, and post-NVC-session “booster” sessions. Data collection, analysis, and evaluation conducted using surveys, pre-post tests, and other data gathered in previous activities. |
| June 2011 | Innovation Planning Team to assess first-year trial outcomes to determine year-two target population(s). |
| June – Dec. 2013 | Data collection, analysis, and evaluation conducted using surveys, pre-post tests, and other data gathered in previous activities. Innovation Planning Team to continually assess prior-year trial outcomes to determine subsequent target population(s). |

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P4

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

This project will be reviewed and evaluated along each of the steps outlined in the previous section. Pre and post surveys will be given to NVC training participants, along with retrospective surveys given to County and community providers, family members, and consumers to assess whether the activities of the project had the intended impact. Primarily the project seeks to achieve the following outputs and outcomes:

Outputs:

Over a 2 year period:

- 24 outreach presentations will be provided.
- 360 individuals will participate in outreach presentations.
- 96 individuals will participate in a 6-week NVC workshop.
- 72 two-hour education/training workshop classes will be provided.
- 72 two-hour follow-up coaching/practice workshop classes will be provided.

Outcomes:

Over a 2 year period, participants in NVC counseling would report, in comparison to the control group(s):

- Reduced feelings of anxiety, hostility, and violence towards self and others.
- An increased ability to honestly express what they are feeling and needing in any situation.
- An increase in empathetic connections with what others are feeling and needing.
- Reduction in negative behaviors, including incidence of violence, running away, etc.

Satisfaction and feedback surveys will be provided to the participants and providers in addition to the measurement tools detailed above. The Innovation Planning Team, including community representatives, consumers, and family members, will select an evaluator (or evaluation team) amongst available resources. Data collected throughout the process (surveys, pre-posts, etc.) will be analyzed and presented to the Innovation Planning Team. Outcomes will be measured comparing means established in baseline data gained in pre-tests and reported in retroactive surveys. The Planning Team will make a recommendation based on this analysis to County Behavioral Health Administration in the final quarter of the project.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P4

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The funding request for this project includes the following necessities:

| | |
|----------------------|---------------------|
| Instructors | Administration |
| Curriculum Materials | Training Materials |
| Food | Publicity materials |

In-kind resources may include, and not be limited to:

| | |
|---|---------------------|
| County Facility Use for provider trainings | Media equipment |
| Data instrument development | Evaluation Services |
| County staff time (Innovation administrative costs) to coordinate project | |

EXHIBIT D

SLO County Innovation Work Plan: SLO INN P4

**Innovation Work Plan Description
(For Posting on DMH Website)**

County Name

San Luis Obispo

Annual Number of Clients to Be Served (If Applicable)

48 Total

Work Plan Name

Nonviolent Communicationsm (NVC) Education Trial

Population to Be Served (if applicable):

The Non Violent Communication Trial aims to serve Mental Health Staff, Transitional Aged Youth (TAY) and their families. As we transform, from a traditional medical model to a values-driven recovery model, communication between staff, consumers and family members is critical in the treatment and prevention of mental illness.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

Nonviolent Communication (NVC) teaches that every action taken by any human is an attempt to meet a need and is described as "...a form of precise communication that focuses on observing present emotions and needs of the involved individuals." **This proposed Innovation project, the Nonviolent Communication (NVC) Education Trial, will engage a group of Transitional Age Youth (TAY) experiencing mental and/or emotional difficulties, to receive NVC training with the learning goal of determining the efficacy of this strategy as an early intervention tool.** The projected outcomes will be measured alongside those of a control group not participating in NVC training. A similar study will be administered for TAY family members participating in separate NVC training, and a relevant control group. Mental Health system providers, including contract agencies and school-based services, will provide outreach to TAY consumers and family members to engage them in the project.

A similar study will be administered for TAY family members participating in separate NVC training and a relevant control group. County Mental Health providers, including contract agencies and school based services, will provide outreach to TAY consumers and family members to engage them in the project. Results from the first year project will be used to determine future target populations and how NVC training may improve communication in a Mental Health setting.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P5

Innovation Work Plan Narrative

Date: 12-20-2010

County: San Luis Obispo

Work Plan #: SLO INN P5

Work Plan Name: Wellness Arts 101

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

San Luis Obispo County's MHA programs, including the Community Services and Supports (CSS), Workforce Education and Training (WET), and Prevention and Early Intervention (PEI) services, have sought to deliver comprehensive strategies, which create opportunities for Transitional Age Youth (TAY). These opportunities target specific outcomes and seek to build TAY consumers' capacity in many areas, such as job skill building, academic performance, therapeutic and recovery based services, and community support. However, the Innovation stakeholder group's TAY consumer participants identified a gap in the system of care which neglects those young adults struggling to deal with mental illness while navigating the pressures of college. This proposal, developed nearly entirely by TAY consumers, seeks to explore learning and therapeutic opportunities for mentally ill young adults attending community college.

TAY services were an integral part of local CSS and PEI planning. However, the CSS work plans provide wraparound supports for TAY, which includes therapists' academic supports in the classroom for community middle and high school youth (SED programs). Local PEI programs created opportunities for those TAY in community schools who had demonstrated high-risk or early signs of mental illness to engage in a social and life skills (job training) program. However, young adult participants of those programs came forth during the Innovation planning to express a gap in attention when it comes to those TAY who are in college yet struggle daily with anxiety, depression, trauma and their treatment - now navigating the pressures of academia without the supports provided for younger students. An approach is needed which creates a stigma-free opportunity for TAY (including those who are transplanted into the County having left therapists and supports behind in other communities) to gain skills and succeed in a safe, nurturing environment.

This need identified by the TAY stakeholders is related to the success of PEI and CSS programs which are supporting high school youth to stabilize their academics in order to attend community college. By the same turn, local educators, including college representatives, expressed concern for those TAY consumers now attending Cuesta Community College. There is no on-campus club, such as NAMI on Campus, to engage mentally ill students around socialization issues. TAY stakeholders expressed their desire to not be in a club which would label their common bond. Community colleges (including Cuesta) are not usually equipped with wellness centers to provide safety and comfort for mentally ill students to get support,

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P5

unwind, and seek peer relations. TAY consumers attending college, including those in and emancipating from the foster care system, seek an outlet to engage peers, build skills, increase social capacities, and express their emotions. Foster youth and many TAY often seek peer relationships because of the difficulties in building trust in relationships at home, whether due to issues of mental illness or the inconsistencies of placements.

TAY stakeholders described difficulties on college campuses including depression and anxiety caused by academic and social pressures, resulting in student consumers often seeking negative peer associations (i.e. substance abuse, crime, truancy), which only exacerbate their issues. All of these young adults are facing emotional changes, which are either over-expressed in order to gain attention or under-expressed and "bottled-up" due to trust and fear issues. Although some campus communities offer counseling and even therapy, stakeholders described a stigma (including a fear of being labeled as not self-sufficient) which exists that prohibits TAY students from seeking those services.

The Innovation proposed in the following sections includes a three-year program that will provide mentally ill community college students therapeutic arts education within a college arts course while building social skills, coping mechanisms and positive relationships.

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SLO County Innovation Work Plan: SLO INN P5

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

“Wellness Arts 101” is a new strategy developed by local TAY consumers who, through the Innovation planning process, described the difficulty in feeling connected to other mentally ill youth while attending college. The model being tested is a community college arts course targeted to TAY and other students who have been engaged in mental health services and can gain college credit while developing social and life skills – and participating in a therapeutic activity while in an academic setting. **The Wellness Arts 101 program model will be tested to demonstrate that TAY consumers attending community college can improve academic and wellness outcomes by participating in a credited course designed for mentally ill students.** This project is innovative in three key significant ways: A) The model engage students at risk for mental illness in an academic setting, by providing a therapeutic activity; B) The model creates a safe environment for college students dealing with mental illness and recovery to build trust and allow for the free expression of their emotions; and C) The design of the innovation was led by TAY consumers representing the target population.

The Innovation of a community college arts course developed by and for mentally ill students is a new and never before tested strategy for improving services and outcomes in San Luis Obispo County. The target population is young adults with mental health histories attending community college, including TAY who are active consumers, those in recovery, and those who have been involved in treatment or early intervention programs at the high school level. This model adapts other college campus activities, such as campus clubs for mentally ill students (NAMI on Campus), therapeutic arts (music, theater, applied art, etc.) courses offered in communities, and arts courses offered within general education curricula. It also adapts the County’s Sober School model, which offers a standardized curriculum within a target risk population.

This program will partner with Cuesta Community College which is equipped to offer the Wellness Arts 101 course, providing a classroom environment for students to engage and enroll for course credits. The Innovation Plan will provide for a mental health professional trained in art therapy and qualified to teach within the community college system. TAY participants in various MHSA programs (i.e. FSP, PEI’s “Successful Launch”) as well as those affiliated with foster programs (i.e. California Youth Council) or community schools will be invited to enroll in the Wellness Arts 101 Course, along with student consumers identified through campus recruitment and counseling who may be recent transplants to the community. Class sessions will include a therapeutic means for art expression such as music, theater, and visual arts. Session will end with a showcase on-campus or in a local venue to allow participants an opportunity to engage with an audience and to share their talents.

This project was created and developed by consumers in focus groups and Innovation Planning strategy sessions, meeting the key standards of **community collaboration** and **client-driven** services required in MHSA programs. By joining new community college programming with consumers, this project meets the guiding principles of **integrated service** experiences for clients and their families. Building trust and understanding together and amongst TAY within their youth culture will improve **wellness**, recovery, and resilience and in addition, will also strengthen the **cultural competence** within the county mental health system.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P5

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The Wellness Arts 101 model will test a college course designed for mentally ill students (primarily TAY) who struggle with navigating the campus culture, academic pressures, and socialization issues while dealing with treatment, recovery, and the lack of supports. The Innovation of a community college arts course developed by and for mentally ill students is a new and never before tested strategy for improving services and outcomes for a very high-risk population: student consumers with mental health histories attending community college. **The Wellness Arts 101 program model will be tested to determine whether consumers attending community college can improve academic and wellness outcomes by participating in a credited course designed for mentally ill students.**

This model obviously adapts other college campus activities, such as campus clubs for mentally ill students (NAMI on Campus), therapeutic arts (music, theater, applied art, etc.) courses offered in communities, and arts courses offered within general education curricula. It also adapts the County's Sober School model which offers standardized curriculum within a target risk population.

Mentally ill students will have the opportunity to attend a course throughout the week which will be taught by a mental health professional (art therapist), with the assumption that the course will provide a measurable respite from the pressures and difficulties of core academics. Based on the history and research behind "art therapy" programs, it is assumed the elective course proposed here will build self-esteem and efficacy, while building a positive peer association for those students otherwise disconnected while on campus. This will lead to improved attendance and academic success. The Innovation project proposed here is unique and will offer great information as to reproducibility across other elective courses (i.e. physical education/sports, nutrition, cooking, etc.); and on other community college, and university campuses. Additionally, the project supports WET aims at increasing collegiate exposure to behavioral health studies.

What Will Be Learned

This innovation will provide the County's local mental health and college programs, and the rest of the public mental health system, good information regarding creative methods and education when working with TAY and other student consumers. The learning factors of the project include:

- Participants in the "Wellness Arts 101" project will be observed and surveyed to determine if they exhibit improved communication of emotions and needs, increased wellness factors (reduced depression, anxiety, etc.), and better peer relations.
- By observing and surveying a "control group" of community college students (both at the participating school and other local colleges) who do not participate in the arts course the County will be able to determine if desired outcomes are more evident amongst participants or not.

The goal of this learning opportunity is to assess whether the County and its mental health system, including community partners, should focus programming on mentally ill college students. It is expected that this Innovation will yield strong outcomes and provide a good basis for evaluation.

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SLO County Innovation Work Plan: SLO INN P5

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:

January 2011 – July 2014

MM/YY – MM/YY

This project will require partnership with a local community college to provide space, accredited education, staff support, and outcome monitoring. This timeline includes data measurement to provide information for outcome evaluation.

- | | |
|-----------------------|--|
| January 2011 | Anticipated DMH/OAC approval |
| Feb. - April 2011 | Collaboration with Cuesta College to determine model design and evaluation plan. The College will develop staffing, curriculum, and activities along with schedules to assure exposure to target population. The |
| April –Aug 2011 | Launch of recruitment and publicity to engage target population. Presentations and meeting will be held with local providers and community high schools to engage potential referrals and students who would benefit from the model. |
| August 2011 – Ongoing | Cuesta College will offer Wellness Arts 101 course, conduct outcome measurement and provide regular reports to County Innovation partners. |
| Quarterly | Data collection, analysis, and evaluation conducted using surveys, pre-post tests, and other data gathered in previous activities. Innovation planning team members will meet with program staff and consumers to assess effectiveness of the course and make recommendations for any changes. |
| Jan - June 2014 | Data collection, analysis, and evaluation conducted using surveys, pre-post tests, and other data gathered in previous activities. If successful, a final report and recommendation for sustainability will be made to the County. |

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P5

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

This project will be reviewed and evaluated along each of the steps outlined in the previous section. Pre and post surveys (including use of retrospective interview testing) will be given to each Wellness Arts 101 participant, along with surveys conducted with a randomly selected group of non-participant student consumers to assess whether the activities of the project had the intended impact. Primarily the project seeks to achieve the following outputs and outcomes:

Outputs

- Two Wellness Arts courses (one per semester) held during each project year
- An average of 20 youth engaged per session
- Collaborative inter-agency partnerships developed to support instruction and performances, and to recruit participants from various services

Outcomes

- Overall increased measures in participant-reported self-esteem, communication, satisfaction, and happiness scales
- Overall increased measures in participant-reported technical/artistic skill self-assessment
- Overall increased measures in academic outcomes (ie attendance, grades, school bonding, etc.)
- Overall decreased measures in depression, anxiety, and school-related stress/trauma.

The Innovation Planning Team will select an evaluator (or evaluation team) amongst available resources. Data collected throughout the process (surveys, pre-posts, etc.) will be analyzed and presented to the Innovation Planning Team including the TAY consumer representatives who developed this proposal, other consumers, and family members. Outcomes will be measured comparing means established in baseline data gained in pre-tests and reported in retroactive surveys. The Planning Team will make a recommendation based on this analysis to County Behavioral Health Administration in the final quarter of the project.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P5

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The funding request for this project includes the following necessities:

| | |
|-------------------|---------------------|
| Instructors | Administration |
| Program Materials | Publicity materials |

In-kind resources may include, and not be limited to:

| | |
|---|---------------------|
| County Facility Use for provider trainings | Media equipment |
| Data instrument development | Evaluation Services |
| County staff time (Innovation administrative costs) to coordinate project | |

EXHIBIT D

SLO County Innovation Work Plan: SLO INN P5

**Innovation Work Plan Description
(For Posting on DMH Website)**

County Name

San Luis Obispo

Annual Number of Clients to Be Served (If Applicable)

40 Total

Work Plan Name

Wellness Arts 101

Population to Be Served (if applicable):

The Wellness Arts 101 Innovation plan aims to serve TAY and other student consumers who are in college yet struggle daily with anxiety, depression, trauma and their treatment - now navigating the pressures of academia without the supports provided for younger students.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

Wellness Arts 101 is a new strategy developed by local TAY who, through the Innovation planning process, described the difficulty in feeling connected to other mentally ill youth while attending college. The model being tested is a community college arts course targeted to TAY and other students who have been engaged in mental health services and can gain college credit while developing social and life skills – and participating in a therapeutic activity while in an academic setting.

The Innovation of a community college arts course developed by and for mentally ill students is a new and never before tested strategy for improving services and outcomes for a very high-risk population: transitional aged youth with mental health histories attending community college. This model obviously adapts other college campus activities, such as campus clubs for mentally ill students (NAMI on Campus), therapeutic arts (music, theater, applied art, etc.) courses offered in communities, and arts courses offered within general education curricula. It also adapts the County's Sober School model which offers standardized curriculum within a target risk population.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P6

Innovation Work Plan Narrative

Date: 12-20-2010

County: San Luis Obispo

Work Plan #: SLO INN P6

Work Plan Name: Warm Reception & Family Guidance

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

As local mental health system improvements have taken shape since the onset of MHSA components, the prevailing theme of improving "customer service" has been expressed in each community planning process. Planning participants, including focus groups, stress the need for positive, warm engagement at the first step of the mental health process in order to build confidence and competence in following through with treatment and support. The Innovation Planning Team's consumers, family members, providers, and County Mental Health Staff immediately identified the opportunity provided through Innovation to improve "front door" practices and system navigation.

Consumer and family members on the Innovation Planning Team clearly articulated their concerns and ideas regarding the difficult process of accessing care in the public mental health system. Consumers experiencing mental health crises often get lost during the initial intake process due to the complexity of scheduling appointments, paperwork, knowing the location of services, maintaining timely participation, and not having supportive allies in the process. The lack of support and overwhelming amount of paperwork and information is discouraging and confusing to consumers. As a result, they get "lost in the cracks" and are not properly supported on the road to recovery; instead becoming users of crisis and inpatient services.

Not only are many consumers unable to emotionally navigate through orientation to the mental health system, they have difficulty accessing counseling services and support groups when "front door" staff of the County and community programs are unaware of resources. Consumers report that when system engagement is delayed or confusing, they have great difficulty in getting basic needs met such as shelter, nutrition, transportation, and employment.

For their part, both the family members of consumers and the staff from local mental health providers (including County) recognize this disconnect of mental health services. Family members on the Innovation Planning Team clearly articulated their desire for "warm reception and family guidance" from providers. The family member stakeholders described confusion, anxiety, and frustration when trying to navigate the public mental health system. Case and medication managers are also unaware of all of the resources available in the county, and are unable to provide clients with recommendations for outside services (for instance, applying for disability, housing, or legal system assistance).

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SLO County Innovation Work Plan: SLO INN P6

Upon first contacting County Mental Health, it currently takes clients approximately ten days to receive an appointment with a case manager. During that time, consumer stakeholders report that the client's experience is usually filled with trepidation and confusion. When they arrive at County Mental Health they are often overwhelmed with paperwork and questions. Staff stakeholders explain that many clients are not retained during the initial intake due to other life issues; many of the issues facing clients are outside of County Mental Health employees' scope of expertise, which makes it difficult for employees to recommend specific services clients may need.

The Warm Reception and Family Guidance project will test a model for "front door" and communication improvements to provide consumers and families long term success from the beginning. The innovation purpose is to increase the quality of services, including better outcomes, promote interagency collaboration, and increase access to services.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P6

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

The Warm Reception and Family Guidance model will bridge the gaps between first contact with County Mental Health and the consumer's intake appointment. This will involve **increasing cooperation between agencies, promoting knowledge of resources to clients and staff, helping reduce confusion by minimizing the amount of misinformation, and increasing acceptance and support**. The County will adopt Stanford's Cancer Center "Cancer Concierge Services" model to serve Mental Health Services clients. Stanford's program, as described in its promotional materials, *"provides patients, their families and caregivers with highly personal services and a strong support network. Whether (the) needs are directions, a one-on-one appointment...related to treatment or simply a newspaper to read while you wait, we will do everything to ensure that you have the best experience possible."* The model being adopted herein will utilize the framework of Stanford's program in a meaningful attempt to discover new methods for providing mental health consumers and their families with support. Aspects of this model will include:

Consumer Care Organizer: A comprehensive, yet easy-to-use, client binder (based on Stanford's model) will be provided to new clients to outline answers to frequently asked questions, provide case management organization, interactive tools, and resources available. The binder, to be produced in English and Spanish, serves as a calendar, record storage, and journal for clients and family members to aid in self-managing their treatment and recovery.

System Navigators: A "System Navigator" (modeled after Stanford's program) will be provided for clients during the intake process. The System Navigator will help the clients, their families and caregivers navigate through the challenging first steps of receiving services, help assess needs and engage services for basic necessities, and invite clients to participate in the Supportive Care program. The System Navigator will be an individual (consumer or family member) who possesses insight and experience with mental health services, providing empathy and understanding of the circumstances facing clients, and may interact with staff to determine client needs. The System Navigator will be able to assist with other governmental agency forms and receiving services such as state disability, assistance with paying utilities, etc.

Supportive Care Program: Similar to Stanford's support group and education services for patients, this program will offer orientation and ongoing support groups, educational events and materials, workshops to aid both the consumers and their family members and caregivers in understanding and coping with mental illness. The orientation group will consist of not only new clients, but also Peer Advocates who are further along in their recovery to act as mentors for those who are newly entering treatment. New clients will meet with the County's Patient Rights Advocate and receive information regarding confidentiality, release of information, and patient rights, as well as information from other community partners.

This innovation meets the general standards of MHSA, specifically utilizing a **wellness-focused** approach to meeting the needs of mental health service consumers, their families, and caregivers. This **integration of services** amongst the mental health system providers expands access that will lead to improved services and outcomes. By identifying client and family needs through the **community collaboration** in MHSA planning, the project proposed will provide a great deal of learning for future development of **client and family-driven** system services.

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SLO County Innovation Work Plan: SLO INN P6

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The Warm Reception and Family Guidance Innovation project introduces new applications that have been successful in non-mental health contexts. The Stanford Cancer Center "Cancer Concierge Services" model allows the patient newly diagnosed with cancer to feel safe, secure, informed, and supported so that they may focus on treatment and recovery.

By applying this model to County Mental Health, we will learn **if providing the Stanford Cancer Center's model system of supports for someone newly diagnosed with mental illness results in making their treatment more successful and thus creating better outcomes.** By reducing the added anxiety of navigating the system and assisting clients with ancillary life issues associated with mental illness, positive outcomes will be achieved.

County Mental Health staff has expressed the need for increased awareness of existing community resources. The System Navigator will not only connect consumers and families with resources, but also teach staff about what programs exist in the community. The staff at San Luis Obispo County Mental Health will engage in learning along with the new clients.

In SLO County's PEI Stigma reduction documentary, *SLOTheStigma*, the narrator compares mental illness to a treatable disease such as diabetes. If someone is newly diagnosed with diabetes, they would receive not only medical treatment, but nutritional and educational support, information regarding their disability (if necessary), and made aware of diabetic support groups in the area. The same approach should be used for mental illness, especially if successful stigma reduction and system change is the goal.

What Will Be Learned

This innovation will provide the County, local mental health providers, and the California public mental health system a comprehensive look at the use of a medical health strategy in a mental health context. The materials and practices constructed will be easily tested amongst those who receive, and those who do not receive the new services. Specific learning objectives include:

- Will improving the reception and guidance practices of County Mental Health result in better rates of follow-through amongst new clients?
- Will family members and caregivers be stronger advocates and maintain more positive relationships with providers when given education and organizational materials upon entering the system?
- Will a model of services meant to reduce anxiety and improve comprehension in an inpatient medical setting work in outpatient mental health?

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P6

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:

January 2011 – July 2014

MM/YY – MM/YY

This project will require partnership with a local program(s) to provide space, education, staff support, and outcome monitoring. This timeline includes data measurement to provide information for outcome evaluation.

| | |
|-------------------|---|
| January 2011 | Anticipated DMH/OAC approval |
| Feb. - May 2011 | Recruitment and hiring of Project Coordinator who will serve as lead consumer and family System Navigator. Travel to Stanford for shadowing and information collection. Preparation for physical building alterations, materials, publicity, volunteer and staff recruitment, training, and collaboration with community providers. |
| June 2011 | Project meetings and final preparations for launch July. |
| July 2011 | Program launch with new practices in San Luis Obispo County Mental Health Outpatient Services. Includes System Navigators and distribution of Consumer Care Organizers. |
| July. – Dec. 2011 | Launch of Supportive Care Program networking, including orientation groups, support groups, workshops, and other educational opportunities. This will be done in partnership with a community provider. |
| Ongoing | The project will continue with monthly meetings of Project Coordinator, County Patient right's Advocate, MHSA Division Manager, and evaluator to monitor project outcomes. |
| July 2012 | First-year evaluation and report provided to Mental Health Director and Innovation Planning Team. |
| July 2013 | Second-year evaluation and report provided to Mental Health Director and Innovation Planning Team. |
| July 2014 | Third-year evaluation and report provided to Mental Health Director and Innovation Planning Team. |

Data collection, analysis, and evaluation conducted using surveys, pre-post tests, and other data gathered in previous activities. If successful, a final report and recommendation for sustainability will be made to the County.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P6

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The goal of this project is to test a model successful in the medical health arena and determine if improved reception and navigation services will reduce the drop-off rate due to client confusion, frustration and anxiety. The first initial ten days of the client's experience will be used to build a firm foundation of trust, safety, education, and understanding, hence facilitating long term success for the client. A projected group of 50 new intake clients annually will take part in the menu of services offered by this trial.

This project will review and evaluate each of the steps outlined in the previous sections. Retrospective pre/post surveys will be given to each participant after three months of services, along with surveys given to County and community providers, family members, and consumers to assess whether the activities of the project had the intended impact. Primarily this project seeks to achieve the following outputs and outcomes:

Outputs:

- One FTE Project Coordinator, and lead System Navigator, will be located in the County Mental Health office.
- An Orientation Group will be formed and facilitated by the System Navigator and held at County Mental Health two times per week. Additional support groups, workshops, and classes will be coordinated as part of the Supportive Care Program.
- A Consumer Care Organizer will be developed and adapted from the Stanford Patient Treatment Organizer model. This binder/organizer will be updated and printed in small quantities quarterly so that information remains relevant and up-to-date.

Outcomes:

- Increased feelings of self efficacy and evidence of self sufficiency from consumers and families participating in the program.
- Overall increases in consumer and family satisfaction with mental health services, including a high level of satisfaction with intake (i.e. "warm welcome") process..
- Increased retention of consumers in consistent and continuous treatment program.
- Overall increases of quality of life of consumers and family members.

The Innovation Planning Team, including community representatives, consumers, and family members, will select an evaluator (or evaluation team) amongst available resources. Data collected throughout the process (surveys, pre-posts, etc.) will be analyzed and presented to the Innovation Planning Team. Outcomes will be measured comparing means established in baseline data gained in pre-tests and reported in retroactive surveys. The Planning Team will make a recommendation based on this analysis to County Behavioral Health Administration in the final quarter of the project.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P6

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The funding request for this project includes the following necessities:

| | |
|---------------------------------|------------------------------|
| Staffing and Salary | Physical Office Improvements |
| Program Materials | Web Development |
| Collaboration Meeting materials | Publicity materials |

In-kind resources may include, and not be limited to:

| | |
|---|---------------------|
| County Facility Use for provider trainings | Media equipment |
| Data instrument development | Evaluation Services |
| County staff time (including Therapists and administrators) to participate in project | |

EXHIBIT D

SLO County Innovation Work Plan: SLO INN P6

**Innovation Work Plan Description
(For Posting on DMH Website)**

County Name

San Luis Obispo

Annual Number of Clients to Be Served (If Applicable)

50 Total

Work Plan Name

Warm Reception and Family Guidance

Population to Be Served (if applicable):

The Warm Reception and Family Guidance plan aims to serve mental health consumers. Consumers, family members, providers and County Mental Health Staff have expressed a deep concern for system navigation. Consumers experiencing mental health crisis often get lost during the initial intake process. In addition, they have difficulty accessing counseling services and support groups. The Warm Reception and Family Guidance plan will identify mental health consumers at the first point of contact and provide them with the information they need to be successful in receiving services.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

The Warm Reception and Family Guidance model will bridge the gaps between first contact with County Mental Health and the consumer's intake appointment. This will involve **increasing cooperation between agencies, promoting knowledge of resources to clients and staff, helping reduce confusion by minimizing the amount of misinformation, and increasing acceptance and support.** The County will adopt Stanford's Cancer Center "Cancer Concierge Services" model to serve Mental Health Services clients. Stanford's program, as described in its promotional materials, *"provides patients, their families and caregivers with highly personal services and a strong support network. Whether (the) needs are directions, a one-on-one appointment...related to treatment or simply a newspaper to read while you wait, we will do everything to ensure that you have the best experience possible."* The model being adopted herein will utilize the framework of Stanford's program in a meaningful attempt to discover new methods for providing mental health consumers and their families with support.

The Warm Reception and Family Guidance project will test a model for "front door" and communication improvements to provide consumers and families long term success from the beginning. The innovation purpose is to increase the quality of services, including better outcomes, promote interagency collaboration, and increase access to services.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P7

Innovation Work Plan Narrative

Date: 12-20-2010

County: San Luis Obispo

Work Plan #: SLO INN P7

Work Plan Name: Operation Coastal Care

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

California's Central Coast is home to multiple military training bases including Camp San Luis Obispo and Camp Roberts (National Guard), and Vandenberg Air Force Base. The number of military families living in San Luis Obispo County is growing. Although services are available to individuals and families on the military base, many soldiers are reluctant to receive services due to confidentiality issues, location, and negative stigmas associated with receiving help or aid. Active military personnel returning from Iraq and Afghanistan are at risk for post-traumatic stress disorder (PTSD), major depressive disorder (MDD), traumatic brain injury (TBI), substance use, and domestic violence. With an increase in military personnel returning home from active duty, it is becoming more evident to local stakeholders that there is a need to address the mental health needs of trauma-exposed military personnel.

Programs developed as part of CSS and PEI had hoped to engage veterans through outreach and therapeutic services for populations with veteran makeup, such as the homeless. The CSS and PEI providers have found that military personnel and their families are reluctant to engage with mental health services due to the stigma associated with care, and a sense of equating the seeking of "wellness" with "weakness." The Innovation stakeholders strongly advocated for direct therapeutic services held outside of military environments to increase the opportunities for veterans to access treatment. The Innovation Planning Team developed Operation Coastal Care after consultation with local community-based rehabilitation programs that were having success engaging veterans, along with other high-risk, underserved populations including those with chronic disease, serious brain injuries and other physical disabilities, and youth experiencing various stages of trouble. The Innovation Planning Team sought collaboration amongst mental health providers and those programs which had created stigma-free wellness and recovery programs.

The County also consulted with the California National Guard Behavioral Health Outreach Liaison, Captain Dana Timmermans, and held focus groups and interviews with service members and their families as part of the Innovation Planning process. San Luis Obispo County military families indicated that services are available through the military for PTSD, MDD and TBI as well as early intervention therapy for less severe cases; however there is a major, almost insurmountable stigma attached to accessing those services. The negative stigma associated with accessing mental health treatment, and therefore being "less than able,"

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SLO County Innovation Work Plan: SLO INN P7

prevents soldiers and their families from obtaining services. The physically injured and disabled (among with other high risk groups) attending the surf camps are also not seeking mental health care although many report suffering from depression and PTSD. Therefore, this population is underserved and has decreased access because of stigma.

Recent news and studies have focused on the need for reducing the stigma attached to mental health services for military personnel. The military itself has tried to re-engineer its mental health services in acknowledging this issue, although their new program (RESPECT-Mil: Re-Engineering Systems of Primary Care Treatment in the Military) has been met with criticism for its efficacy. According to the interviews with local servicemen and servicewomen who have been deployed to theaters of war the major concerns that military personnel face when returning home include: Addressing the emotional traumas, including those associated with physical injuries, PTSD, and family and community reentry. Reconnection with spouses, children, employers, and peers is often a source of great frustration, depression, and anxiety.

With the reduction in troop levels overseas the local bases are seeing an increase in returning soldiers with unaddressed emotional and physical issues. In the past year several local surf organizations have begun working with amputees and other veterans to provide physical rehabilitation – with the general acceptance that improved physical capacity improves mental health and wellness. However, there are no licensed therapists providing services as part of these programs. This innovation will test a model which adds a treatment element to these “surf therapy” activities to increase access and improve outcomes for veterans and other underserved populations.

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SLO County Innovation Work Plan: SLO INN P7

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

Operation Coastal Care is a collaborative partnership providing licensed mental health therapists to partner with local "surf" recreation/rehabilitation programs for veterans and other high-risk individuals. **The County will demonstrate that the model has the ability to increase access to assessment and mental health treatment for veterans and high-risk individuals (amputees, disabled, youth) while increasing the quality of outcomes for mentally ill participants.** This program will partner with community-based organizations that provide surfing instruction to high risk individuals, such as Van Curaza Surf School and Amazing Surf Adventures (amongst others); and embed a mental health therapist as part of the activity.

This Operation Coastal Care embedded mental health therapist will provide services (i.e. addressing depression, addiction, cognitive therapy, etc.) to participants both on-site during surf events, and with follow-up in other non-military settings. The therapist will conduct initial briefings and process with participants at the point of the intervention, and follow-up assessment and treatment in comfortable, confidential environments. The Therapist will also provide linkage and referral for participants and their families to the supports available throughout the public mental health system.

In addition to serving military personnel, this model will also provide services to other high risk populations participating in the surf therapy events including the physically ill and disabled, TAY, and other trauma-exposed individuals. By addressing mental health issues through a positive, physically-focused medium using surfing as a primary means of treatment, there will be an increased in acceptance of mental health services. The ultimate goal of this project is to increase access of mental health services to military personnel by reducing the stigma usually associated with these services, which therefore will increase the amount of military personnel receiving the services they need.

The embedded therapist will act as the project coordinator and will collaborate with local community-based surf programs. The therapist will establish a partnership with programs and create a schedule which allows for attendance at events throughout the county's coastal region. The model will be measured and evaluated to determine its capacity to engage veterans in mental health services outside of the military environment. Project evaluators will conduct retrospective pre and post testing to assess participant experiences and attitudes about their mental health care. This will include having veterans identify the strengths and needs of various military and non-military mental health services in order to compare the appeal of this innovation strategy.

This project was created and developed by military personnel and family members participating in the Innovation Planning process focus groups, along with the consumers, family members, and providers engaged in the Innovation Planning Team, meeting **community collaboration** standards required in MHSA programs. By joining partner providers with military and family members, this project meets the guiding principles of **integrated services experiences for clients and their families**. Building trust and understanding among providers and military families to improve recovery and resilience will also strengthen the **cultural competence** within the county mental health system.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P7

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This is a test of an adaptation of a relatively new rehabilitation practice for veterans, and other high risk individuals, which has the potential to be a best practice for mental health services aimed at this underserved population. The learning goal of Operation Coastal Care is to determine if ***veterans and other high-risk individuals participating in physically rehabilitative surf programs will increase access and engagement to mental health services when provided by agencies outside of the military and integrated with the surf activities.*** This new model San Luis Obispo County is putting forth makes significant changes from programs such as the Johnny Miller Foundation's "Wounded Warriors," which is aimed at Marines (and held at Camp Pendleton) providing its "Ocean Therapy," which utilizes a cadre of volunteers including occupational and physical therapists to assist participants in the water, and mental health therapists who process those experiences with the surfers on the beach. Operation Coastal Care adapts the "Wounded Warriors" program in the following ways:

- The locations used will be local beaches not on military bases. This is based on the theory of increasing access by making treatment more neighborhood-focused, thus reducing stigma.
- The Innovation expands the target population to still center on veterans yet also engage other high risk individuals. This is testing the therapeutic model amongst various high-risk-for-mental-illness groups to determine efficacy across populations.
- The Innovation formalizes the mental health therapist's role. Embedded therapists will provide on-site support along with follow-up access to assessment and ongoing treatment in clinic and community settings.

What Will Be Learned

This innovation will provide the public mental health system with important findings in order to determine whether the strategies proposed for engaging participants of rehabilitative "surf therapy" activities will increase access to mental health treatment. These learning factors include:

- Whether this model will increase access for veterans and individuals in need of treatment, thus reducing stigma.
- Whether this program will improve wellness outcomes of high risk populations (veterans, physically ill and disabled, TAY, and trauma-exposed individuals).
- Whether the embedding of a mental health professional as part of the community-based surf program will be effective in increasing follow-up access to assessment and ongoing treatment in clinic and community settings.

Ultimately, the County, its community members and partners, will learn how to better serve returning soldiers from war; examining which mental health approaches work in addressing mental illness in the military, and which strategies may reduce the stigma associated with accessing mental health services. In addition, community members will also see if this form of treatment has an overall positive effect on other high risk populations.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P7

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:

January 2011 – June 2013

MM/YY – MM/YY

This project will require school and district collaboration, along with important hiring, training, and physical set-up to facilitate the Wellness Center. This timeline includes data measurement to provide information for outcome evaluation.

| | |
|------------------|--|
| January 2011 | Anticipated DMH/OAC approval |
| Feb. - May 2011 | Recruitment and hiring of Mental Health Therapist/Project Coordinator who will begin developing partnerships and schedules with local rehabilitative surf organizations. In this period the program evaluation will be designed along with the selection of a program evaluator. |
| May 2011 | Begin Operation Coastal Care, including establishment of calendar, treatment groups and sessions, data collection, and reporting. |
| Ongoing | Operation Coastal Care will work with camps and surf events throughout the summer and fall seasons, with participant client work year-round. In non-event periods the therapist will meet with the boards and providers of the surf activities to develop evaluation, receive, and provide collaboration and feedback. |
| Dec 2011 | Using selected measurement tools, and program data, begin analysis of early outcomes |
| Ongoing | Conduct ongoing outreach, recruitment, and other opportunities to engage at risk individuals through Operation Coastal Care. Every 6 months: Review data, conducting focus groups with military personnel stakeholders, and provide analysis to Innovation Planning Team |
| Jan – June. 2013 | Data collection, analysis, and evaluation conducted using surveys, pre-post tests, and other data gathered in previous activities. If successful, a final report and recommendation for sustainability will be made to the County. |

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P7

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

Operation Coastal Care will be measured by using several different types of data. Pre-post surveys will be administered retroactively with program participants, identifying the levels of stigma, awareness of mental health issues, and attitudes regarding accessing mental health and support services. Special attention (by the project staff and evaluation workers) will be paid to military personnel (and their family's when available) attitude toward both military and non-military mental health services to document stigma and any stages of change. Measurement of mental health outcomes will be analyzed to include differences between particular high risk groups engaged by the rehabilitative surf activities (i.e. veterans, disabled, physically ill, TAY, etc.)

Outputs

- Project staff will participate in 10 rehabilitative surf activities each year to engage veterans and other high risk individuals
- Operation Coastal Care will provide screenings and early intervention for 50 individuals annually, and treatment for 20 individuals annually.

Outcomes

- Veterans who participate in the non-military surf rehabilitation program will demonstrate an increased rate of accessing mental health services.
- Participant military personnel will demonstrate decreased levels of depression and anxiety while showing improvements regarding diagnoses including PTSD (i.e. reduced suicidal ideations).
- High risk populations who also take part in the non-military surf rehabilitation program will also show overall improvements in access to mental health, along with wellness outcomes similar to veterans.

Data collected throughout the process (surveys, pre-posts, etc.) will be analyzed and presented to the Innovation Planning Team, including military personnel, veterans' organizations, and military family members, along with other community representatives, consumers, and family members. The Team will select an evaluator (or evaluation team) amongst available resources. Outcomes will be measured comparing means established in baseline data gained in pre-tests and reported in retroactive surveys. The Planning Team will make a recommendation based on this analysis to County Behavioral Health Administration and local school districts in the final quarter of the project.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P7

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The funding request for this project includes the following necessities:

Staffing

Supplies and Materials

Meeting Space

Travel and Staff Expenses

Training (incl. PTSD treatments)

In-kind resources may include, and not be limited to:

County office space and supplies

Media equipment

Supervision

Outreach by local mental health system providers

Data instrument development

Evaluation Services

County staff time (Innovation administrative costs) to coordinate project

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P7

Innovation Work Plan Description (For Posting on DMH Website)

County Name

San Luis Obispo

Annual Number of Clients to Be Served (If Applicable)

20 Total

Work Plan Name

Operation Coastal Care

Population to Be Served (if applicable):

Operation Coastal Care aims to serve veterans and other high risk individuals seeking physical rehabilitation through surf therapy activities. California's Central Coast is home to multiple military training bases including Camp San Luis Obispo, Camp Roberts, and Vandenberg Air Force Base. The number of military families living in San Luis Obispo County is growing. Although services are available to individuals and families on the military base, many soldiers are reluctant to receive services due to confidentiality issues, location, and negative stigmas associated with receiving help or aid.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

Operation Coastal Care is a collaborative partnership providing licensed mental health therapists to partner with local "surf" recreation/rehabilitation programs for veterans and other high-risk individuals. **The County will demonstrate that the model has the ability to increase access to assessment and mental health treatment for veterans and high-risk individuals (amputees, disabled, youth) while increasing the quality of outcomes for mentally ill participants.** This program will partner with community-based organizations that provide surfing instruction to high risk individuals, such as Van Curaza Surf School and Amazing Surf Adventures (amongst others); and embed a mental health therapist as part of the activity.

This Operation Coastal Care embedded mental health therapist will provide services (i.e. addressing depression, addiction, cognitive therapy, etc.) to participants both on-site during surf events, and with follow-up in other non-military settings. The therapist will conduct initial briefings and process with participants at the point of the intervention, and follow-up assessment and treatment in comfortable, confidential environments. The Therapist will also provide linkage and referral for participants and their families to the supports available throughout the public mental health system.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P8

Innovation Work Plan Narrative

Date: 12-20-2010

County: San Luis Obispo

Work Plan #: SLO INN P8

Work Plan Name: Outreach Play Therapy Trial

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Services for young children (ages 0 to 5) and families had been in development and growing when the first MHSA planning processes (CSS) began five years ago. Few new programs have been developed through the MHSA initiatives since the County has focused on its child assessment center ("Martha's Place"), located in the City of San Luis Obispo. However, the Innovation component of MHSA provided local stakeholders with an opportunity to identify and respond to the intractable issue of getting services to children and families without the means or will to engage County services (due to challenges of transportation, lack of system understanding, and stigma). Focus groups of providers, child development professionals, and parents yielded information describing a need for specific service responses when engaging families who are unlikely to use the existing County service.

San Luis Obispo County is a large geographic area with several rural communities that are challenged to access services by the lack of transportation options. The northern and southern parts of the county may be 1 to 2 hours away (by public transportation) from the County's centrally located child assessment center, so low-income and rural families are challenged to commute for services. Martha's Place is the primary location for providing evidence-based play therapy services. Currently, there is a very high "no show" rate at the center and the children who have been assessed and determined to be in need of services, usually in schools and community settings, frequently do not ever receive those services. Stakeholders, including providers and consumers associated with childhood mental health services, rationalize that this barrier is partly due to the extra burden of travel time and lack of transportation for needy families, and partly due to the stigma of receiving "treatment" for a young child. These burdens hit low-income families the hardest: the lack of money for gas, limited time off of work, and resistance to losing income by taking time off to assist their small child in getting help. In addition, San Luis Obispo has a large population of college students who are parenting and often these young adults are less likely to take time off from school in order to make their appointment. Local providers identify these families as also having higher rates of stigma towards receiving mental health services, correlating with fears of entering their child into services.

Stakeholders suggest that by reducing the barriers of travel and transportation and bringing services to the clients, this innovation will increase the quality of services to children and families. Children in outlying areas of Shandon, San Miguel, and Nipomo have limited access to Therapists and would be able to receive

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services in their hometown, which would alleviate additional stress and burden on the family. In addition, providing services closer to parents and families, at convenient times, can increase the quality of services for children and allow parents to participate in the treatment process.

The issues most professionals agree to be common amongst the children who are assessed by schools and social workers to need attention in this age group are attachment problems. Children with cognitive and behavioral delays may need to be assessed for Attachment Disorder (such as Reactive Attachment Disorder) or for attachment disorder symptoms (or for a rule out of some attachment disorder). Attachment problems, when they arise, do not stem from any single cause, but are generally considered to be the result of multiple influences. A number of risk factors, which professionals tend to correlate with those families not engaging County services, have been identified as increasing the probability of attachment difficulties: pre-natal rejection of the infant, extended or repeated hospitalizations during the first three years, pre- or post-natal maternal substance abuse, parents retaining unrealistic images of the child, multiple caretakers, multiple changes in living location, early history of losses, harsh and inconsistent parenting, overindulgent parenting, physical or sexual abuse, neglect, chronic illness, and an extreme temperamental misfit between parent and child.

County services ("Martha's Place") provide assessment and an array of treatment services (including play therapy) in a clinic setting at the geographic center of the County. Often this intervention involves the child, social worker, and therapists. Parents are not engaged as much as professionals would desire due to the difficulties stated previously. The Innovation Planning Team developed the following proposal to increase parental engagement, increase access to services, and improve those services which address attachment issues amongst children.

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Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

San Luis Obispo County is proposing to test an innovative approach to providing play therapy by mobilizing mental health services to get to clients (children) currently not engaged by the public mental health system **with the intended outcome of increasing access to children and improving play therapy treatments to better engage parents and family members.** Ultimately, the model being proposed will provide the County with important information regarding how best engage and serve children with attachment disorders and better involve parents in the process.

The Outreach Play Therapy Trial will test a unique model of “Multi-Modal Attachment Focused Play Therapy” (MMAFPT) to address behavioral issues (in children age 0-6) diagnosed with attachment problems. This innovation will increase access and the quality of services resulting in better outcomes, including greater school readiness. This model tests a multimodal approach using three evidence-based practices: *Theraplay*, *Filial Play Therapy* and *Non-Directive Play Therapy* directed at promoting secure bonding in families where child and caregiver currently display detached bonding. Access to play therapy services and therapists is limited in the county due to a centralized, limited number of qualified professionals contributing to the treatment process for children suffering from mental health issues. By mobilizing the play therapists conducting the model, access will be significantly increased for parents and families who otherwise would need time to commute to receive services for their children.

Some families may not be ready for an intensive approach such as *Theraplay*, but they may feel comfortable with a less intense approach such as *Filial Play Therapy*. Others, in which caregivers may need to start off as more of an observer (first watching a therapist model interactive behavior between adult and child, known to promote secure bonding) making *Non-Directive Play Therapy* the most appropriate first modality for that family. Children with attachment disorder symptoms would be referred to receive MMAFPT by schools, mental health clinics, and social service agencies throughout San Luis Obispo County. Children with a primary diagnosis of an Attachment Disorder (such as Reactive Attachment Disorder) and those with a secondary diagnosis of attachment disorder symptoms (or as a rule out of some attachment disorder) would be considered for treatment. This is because attachment problems, when they arise, do not stem from any single cause, but are generally considered to be the result of multiple influences

By mobilizing the therapist to provide MMAFPT in the home, or in a location near their home (including if the home is not considered to be a safe place or it is where the child has recently been exposed to trauma), rather than only offering treatment in the County clinic, access to underserved families will be increased. By relieving the burden on the family, of time spent traveling to and from sessions, having to have reliable transportation, having to leave work, spending money for gas, and of scheduling and remembering to follow through on what they have scheduled, the model will increase parent involvement and improve overall outcomes. The County will consider the possibility of testing the project with monolingual families as well.

By reducing the barriers of travel and transportation and bringing services to the clients, this innovation meets the General Standard of **community collaboration** by engaging schools and other community centers to host the mobile therapy site. Additionally, this age-specific approach and its attempt to meet clients and families in their neighborhoods is a **culturally competent** method. In addition, providing services closer to parents and families, at convenient times, can increase the quality of services and allow parents to participate in the treatment process, contributing to important **wellness** outcomes.

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Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The Outreach Play Therapy Trial will test a unique model of treatment to learn whether addressing behavioral issues (in children age 0 to 6) diagnosed with attachment problems with a “Multi-Modal Attachment Focused Play Therapy” (MMAFPT), provided in homes and neighborhood centers, will lead to an increase in the number of children receiving treatment services, and to demonstrate improvements in overall quality based on family satisfaction and client outcomes. In addition, the project aims to achieve several learning objectives. These objectives include the evaluation of how much time is saved, the number of mental health clients engaged in the outlying areas, and the amount and intensity of families participating in their child’s services.

Other learning which will stem from this innovation includes discovering how families with children diagnosed with some form of attachment disorder (or families for which attachment disorder is listed as a “rule out” diagnosis) will adapt to the multi-modal practice. Will families be more responsive to attachment focused therapy if they are given the option of not having to move so quickly to the most intensive modality first (*Theraplay*); and are offered lesser modalities initially (*Non-Directive Play Therapy* and *Filial Play Therapy*); and are later progressed or drawn into the more intensive attachment disorder treatment modalities?

What Will Be Learned

This Innovation will provide the county and the rest of the public mental health system an important study in the efficiency and quality delivery of mobilized treatment services to outlying areas of the county rather than relying on transportation to one central location. The specific learning goals include:

- The project will determine if mobilizing its Therapist will increase the number of children being served who live in the outlying areas of SLO County, such as Shandon, San Miguel and Nipomo, reduce “no-shows” at the County child assessment clinic, as well as increasing the engagement and participation of parents.
- The project will evaluate whether children diagnosed with some form of attachment disorder (or families for which attachment disorder is listed as a “rule out” diagnosis) will be more responsive to attachment focused therapy when given the option of progressive attachment disorder treatment modalities.
- The project’s final learning objective is to evaluate the attachment disorder symptom outcomes of those children receiving mobilized MMAFPT versus those children receiving services exclusively through the County child assessment clinic.

The unique combination of an untested Multi-Modal Attachment Focused Play Therapy with a mobilized, neighborhood approach will provide the County, its stakeholders, and the State with a tremendous amount of information regarding best practices for children with attachment issues. It is likely this model, if successful, will be replicable in other counties with similar geographic, and socioeconomic profiles.

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Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:

January 2011 – June 2013

MM/YY – MM/YY

This project will require partnership with local play therapy-certified providers, as well as County and community-based mental health providers, schools and community centers (for locations). This timeline includes data measurement to provide information for outcome evaluation.

January 2011 Anticipated DMH/OAC approval

Feb. - April 2011 Collaboration with local providers, schools, and family resource centers to determine model design and evaluation plan. The County is preparing to utilize the Child and Adolescent Needs and Strengths (CANS) assessment tool which will be used to measure trial participants alongside those receiving County services only. The Marschak Interaction Method (MIM) is a measurement device which will be used to measure aspects of attachment (Structure, Engagement, Nurture and Challenge) before treatment begins and after each phase of Mobilized Multi-Modal Attachment Focused Play Therapy.

April –May 2011 Development of collaborative body, including Innovation stakeholders, to monitor trial outcomes and provide ongoing feedback. This group will meet quarterly and provide reports to the County's Innovation Coordinator.

May 2011 – 2013 Identifying and assessing clients to receive services and launch of treatment Ongoing services

June 2013 Data collection, analysis, and evaluation conducted using surveys, pre-post tests, and other data gathered in previous activities. If successful, a final report and recommendation for sustainability will be made to the County.

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Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

This project will be evaluated and measured through means of standardized assessment tools, including the Child and Adolescent Needs and Strengths (CANS) and Marschak Interaction Method (MIM), participant/family interviews, along with retrospective surveys. Surveys will be given to clients, teachers, parents, and therapists in regards to overall satisfaction with the Outreach Play Therapy Trial. Baseline interviews will help to gain insight to the number of children, ages 0 to 6, who are currently underserved due to lack of transportation or inability of caregivers to get them consistently to the outpatient clinic, and how many children, ages 0 to 6, living in the outlying areas of San Luis Obispo County such as Shandon, San Miguel, and Nipomo are in need of services.

Outputs

The number of clients receiving services at the youth services outpatient clinics throughout San Luis Obispo County will be assessed prior to the implementation of the Outreach Play Therapy Trial. A comparison will be made between the amount of clients served by just the child assessment clinic and the amount of services provided by the Trial. It is expected that this model will serve a minimum of 15 new clients per year.

Outcomes

As noted previously, the outcomes will be focused on increases in access, and improvements in attachment symptoms. The Child and Adolescent Needs and Strengths (CANS) assessment tool will be used to measure trial participants' mental health and well being (i.e. school readiness) factors will be used to observe Trial participants alongside those receiving County services only. The Marschak Interaction Method (MIM) is a measurement device which will be used to measure aspects of attachment (Structure, Engagement, Nurture and Challenge) before treatment begins and after each phase of Mobilized Multi-Modal Attachment Focused Play Therapy. Outcomes will include:

- Decrease in missed appointments ("no-shows") and an increase in productivity measured by countywide rate of service units or caseload counts for this target population.
- Increase in number of clients served.
- Increase in parental engagement, satisfaction and knowledge of mental health issues related to their children.
- Decreased symptoms of attachment disorders.
- Increased strengths among participant children including school readiness and communication, when compared to those receiving clinic-only services.

The Innovation Planning Team, including community representatives, consumers, and family members, will select an evaluator (or evaluation team) amongst available resources. Data collected throughout the process (surveys, pre-posts, etc.) will be analyzed and presented to the Innovation Planning Team. Outcomes will then be measured comparing means established in baseline data gained in pre-tests and reported in retroactive surveys. Afterwards, the Planning Team will make a recommendation based on this analysis to the County Behavioral Health Administration in the final quarter of the project.

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SLO County Innovation Work Plan: SLO INN P8

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The funding request for this project includes the following necessities:

Staffing

Play Therapy materials

Play Therapy Training

In-kind resources may include, and not be limited to:

County Facility Use for provider trainings

Media equipment

Data instrument development

Evaluation Services

County staff time (Innovation administrative costs) to coordinate project

EXHIBIT D

SLO County Innovation Work Plan: SLO INN P8

**Innovation Work Plan Description
(For Posting on DMH Website)**

County Name

San Luis Obispo

Annual Number of Clients to Be Served (If Applicable)

15 Total

Work Plan Name

Outreach Play Therapy Trial

Population to Be Served (if applicable):

The Outreach Play Therapy Trial will test a unique model of "Multi-Modal Attachment Focused Play Therapy" (MMAFPT) aiming to serve children and families in rural communities of San Luis Obispo County. Children who have been assessed and determined to be in need of play therapy services, often do not receive services due to limited access to Therapists and the extra burden on families living in outlying areas of Shandon, San Miguel, and Nipomo.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

San Luis Obispo County is proposing to test an innovative approach to providing play therapy by mobilizing mental health services to get to clients (children) currently not engaged by the public mental health system **with the intended outcome of increasing access to children and improving play therapy treatments to better engage parents and family members.** Ultimately, the model being proposed will provide the County with important information regarding how best engage and serve children with attachment disorders and better involve parents in the process.

The Outreach Play Therapy Trial will test a unique model of "Multi-Modal Attachment Focused Play Therapy" (MMAFPT) to address behavioral issues (in children age 0-6) diagnosed with attachment problems. This innovation will increase access and the quality of services resulting in better outcomes, including greater school readiness. This Multi-Modal Attachment Focused Play Therapy would include: *Theraplay, Filial Play Therapy* and *Non-Directive Play Therapy* directed at promoting secure bonding in families where child and caregiver currently display detached bonding. Access to play therapy services and therapists is limited in the county due to a centralized, limited number of qualified professionals contributing to the treatment process for children suffering from mental health issues. By mobilizing the play therapists conducting the model, access will be significantly increased for parents and families who otherwise would need time to commute to receive services for their children.

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SLO County Innovation Work Plan: SLO INN P9

Innovation Work Plan Narrative

Date: 12-20-2010

County: San Luis Obispo

Work Plan #: SLO INN P9

Work Plan Name: Mental Health Emergency Room Collaborative

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Stakeholders in the local Innovation Planning process held discussions regarding the need for mental health system integration with primary care and hospitals. Interviews with several Planning Team members yielded a strong concern for the lack of mental health care within local health facilities – primarily the urgent care providers and the emergency rooms of the four county hospitals. The consensus of the stakeholders, as supported by focus groups and interviews with system providers (i.e. mobile crisis, public health), is that many emergency room (E.R.) visits involve persons with mental health issues that are not being addressed. Additionally, no systems are currently in place to discuss this need, or any potential solutions, with the hospitals. This final proposal seeks to address not only the gap in vital services but the need for collaboration between the hospitals and the public mental health system.

According to the US Department of Health and Human Services, “nearly 12 million visits made to U.S. hospital emergency departments (EDs) in 2007 involved people with a mental disorder, substance abuse problem, or both, according to the latest News and Numbers from the Agency for Healthcare Research and Quality (AHRQ). This accounts for 1 in 8 of the 95 million visits to emergency rooms by adults that year. Of these visits, about two-thirds involved patients with a mental disorder; one-quarter was for patients with a substance abuse problem, and the rest involved patients dealing with both a mental disorder and substance abuse.”

The federal study analysis includes the following breakdown:

- *Depression and other mood disorders accounted for 43 percent of the visits, while 26 percent were for anxiety disorders, and 23 percent involved alcohol-related problems.*
- *Mental health and/or substance abuse-related visits were two and a half times more likely to result in hospital admission than visits not involving mental disorders and/or substance abuse. Nearly 41 percent of mental disorder and/or substance abuse-related visits resulted in hospitalization.*
- *Medicare was billed for 30 percent of all mental health and/or substance abuse ED visits; private insurance was billed for 26 percent; the uninsured for 21 percent; and Medicaid 20 percent.*

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Locally, mobile crisis providers, who are often called to respond to severely depressed, agitated, and/or violent individuals in the E.R., express a desire to see hospital personnel better equipped to acknowledge and respond to patients exhibiting mental health issues. E.R. users may present behavioral health issues, however doctors and nurses are unable to engage the patients or their families in supportive care at the time of the hospital visit, let alone provide treatment. This may be due to lack of resources, training, or an environment conducive to reducing anxiety. The E.R. is typically frantic and loud, which may also contribute to the patients' inability to express their needs.

The county has no ongoing communication between mental health providers and emergency health care workers – although the systems cross each other daily in the E.R.'s of local hospitals. Law enforcement bring many violent, depressed, and suicidal patients to the E.R., which then turns the most difficult cases, and their family members, over to the mobile crisis team in the process of placing a 5150 hold on the individual at the county inpatient unit. Other circumstances involve E.R. patients who are traumatized, anxious, agitated, and/or afraid; and who may be experiencing a psychotic break although their actions do not warrant the E.R. personnel calling in outside help. In these cases, patients may miss being engaged for their mental health needs.

In these initial stages of the Planning process there were no stakeholders representing the emergent or primary care staff. Planning Team members, including many consumers and family members, brought this gap in service to the attention of the rest of the group, and County Innovation coordinators began researching the issue and meeting with knowledgeable personnel. Although no formal proposal was put forth during the Innovation Planning Process, the county has heard from its stakeholders that the Innovation Plan needs to include a response to this critical issue.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P9

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

The Mental Health Emergency Room Collaborative Project is an innovative approach to assessing the stated problem, while building a community-driven solution by using a collaborative process. The project will involve first establishing the Mental Health Emergency Room Collaborative (MHERC); a task force made up of local hospital emergency room directors, nurses, physicians, and members of the public mental health system. This group, with support of the Hospital Council of Northern and Central California, will meet over the period of six months to a year and outline the need for a collaborative partnership **to address reducing the impact of mental illnesses in the emergency rooms of local hospitals.**

The MHERC will gather data, conduct focus groups with providers and consumers, and conduct a stakeholder process similar to that of an MHSA planning collective. It is expected that the group will identify aspects of high-use mentally ill individuals and their impacts on an E.R.; the rates of behavioral health issues which present in the E.R., and the locations where these issues are most prevalent; the environmental characteristics of E.R.s and how they impact behavioral health safety, and whether methods are in place to engage family members in dealing with the emotional issues of the patient; and whether language and other cultural barriers effect the capacity of the E.R. to respond to mentally ill patients.

It is the intention of the County to seek an opportunity through this process to embed a staff therapist in a local E.R. (or rotation) to assess the value and impact of on-site mental health services to a hospital. This aspect of the project will provide the task force with data and experiences which will influence future Innovation Planning around this problem. It is expected that this innovation approach will be incremental and continuing beyond the 2 to 3 year window most of the other County Innovation Projects outlined.

The stakeholders who were engaged to develop this proposal provided examples of practices being used in other hospital settings as models of potential innovations in San Luis Obispo. At the expansive end, one such model is Louisiana State University's Mental Health Emergency Room Extension (MHERE); housed adjacent to the existing emergency department. This program was developed to improve the care of patients experiencing acute behavioral health emergencies. In this county, it will provide an environment for evaluation, stabilization, and short-term management of these patients in a setting appropriate to their needs. Other models range from the addition of a psychiatric nurse to the E.R. team, to small, dedicated psychiatric units within the emergency room.

This innovation meets the general standards of MHSA, specifically utilizing a **community collaboration** approach to meeting the needs of mental health service consumers, their families, and caregivers who may utilize the county's emergency rooms. This project will build an **integration of services** amongst the local hospital community and mental health system providers, and expand access that will lead to improved services and outcomes. By addressing the language and other environmental issues, which reduce access to community members, the project seeks a **culturally competent** solution to this intractable issue.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P9

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The Mental Health Emergency Room Collaborative Project is an innovation focusing on both creating a learning collaboration and testing a model to inform solution-building. While improving E.R. responses to mentally ill persons is an objective of this proposal, the strategy of a community collaborative is to engage stakeholders who have a common interest in reducing the impact of trauma, but who do not currently seek system improvements, and will provide the county with a great amount of information on how to best partner with urgent care providers.

What Will Be Learned

This Innovation will provide the county, the public mental health system, and the local hospital community with good data to explore potential solutions for reducing the impact of mentally ill patients utilizing the E.R.. The MHERC Project will develop both system improvements and, eventually, individual outcomes. The specific learning goals include:

- Whether the MHERC, a system stakeholder process, will provide a dynamic, participatory, strength-based, solution-focused community dialogue.
- Whether the collaborative will lead to opportunities to test and practice models of collaboration, such as those described in the previous section.
- Whether placing a Mental Health Therapist in a local emergency room will contribute to increased access to mentally ill patients, and contributions of further data and solutions to the MHERC.

Ultimately, the Mental Health Emergency Room Collaborative Project will provide the County with an innovative project to build a partnership with a group currently not engaged in public mental health system discussions – the emergency medical community – while developing key solutions to benefit patients and providers.

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SLO County Innovation Work Plan: SLO INN P9

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:

January 2011 – December 2013

MM/YY – MM/YY

This project will require a period of preparation to acquire space, staffing and materials. It is expected that the services will be coordinated by the County, eliminating the need for an RFP process.

| | |
|-----------------|--|
| January 2011 | Anticipated DMH/OAC approval |
| Feb. - May 2011 | Coordination and planning period: Acquire space, conduct planning meetings and one-on-one interviews, begin establishing roster of participants, send invitations, begin developing vision, goals, and objectives. |
| June 2011 | Begin Mental Health Emergency Room Collaborative meetings, to be launched as a limited term task force, with the option to maintain an ongoing coalition. |
| Oct. 2011 | Embed Mental Health Therapist within one local emergency room to begin collecting data, providing triage, assessment, and brief interventions for emergency room visitors. |
| Jan. 2012 | First assessment of data, to continue every quarter. |
| Ongoing | Collaborative meetings will continue while establishing data collection, analysis, and evaluation. MHERC participants will provide the County with a recommendation for strategies within one year. |

The Innovation Planning Team, including consumer advocates who helped shape this proposal, will periodically review MHERC activities and outcomes to maintain project objectives.

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SLO County Innovation Work Plan: SLO INN P9

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

This project will be measured by establishing baseline levels of system and collaborative perception and satisfaction amongst stakeholders; along with pre-and-post measures of actual client care provided by the Therapist embedded in a local emergency room. Since the project focuses both on system improvements – targeting the use of a coalition strategy to build consensus and system capacity - as well as improvements in care for emergency room mental health clients, the projected outcomes are based on the strategy and services provided.

Outputs:

The project will involve first establishing the Mental Health Emergency Room Collaborative (MHERC); a task force made up of local hospital emergency room directors, nurses, physicians, and members of the public mental health system.

- The launch of, and ongoing meeting, of a task force focused on identifying the needs, strategies, and potential solutions for reducing the impact of mentally ill clients who frequent local emergency rooms for care.
- One Mental Health Therapist to be embedded in a local emergency room, serving approximately 30 clients within the first year, and providing the MHERC with data and recommendations.

Outcomes:

MHERC participants will report:

- Increased satisfaction with participation and attendance in collaborative meetings.
- Increased confidence in moving the county toward strength-based solutions.
- A majority of participants will agree to continue meeting past the one-year task force target, building an ongoing coalition to maintain focus.

Patients seen by the Mental Health Therapist will report:

- Reductions in anxiety and depression.
- Increased knowledge of accessing services outside of the E.R..

The Innovation Planning Team, including community representatives, consumers, and family members, will select an evaluator (or evaluation team) amongst available resources. Data collected throughout the process (surveys, pre-posts, etc.) will be analyzed and presented to the Innovation Planning Team. Outcomes will be measured comparing means established in baseline data gained in pre-tests and reported in retrospective surveys. The Planning Team will make a recommendation based on this analysis to County Behavioral Health Administration in the final quarter of the project.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P9

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The funding request for this project includes the following necessities:

Staffing

Meeting materials

Promotional materials

Computer

In-kind resources may include, and not be limited to:

MHERC Participant time

Hospital Meeting space

Hospital space for Therapist

Hospital personnel time for training and program

County Facility Use for preparation meetings

Activity equipment

Data instrument development

Evaluation Services

County staff time (Innovation administrative costs) to coordinate project

EXHIBIT D

SLO County Innovation Work Plan: SLO INN P9

Innovation Work Plan Description

County Name

San Luis Obispo

Annual Number of Clients to Be Served (If Applicable)

30 Total

Work Plan Name

Mental Health Emergency Room Collaborative

Population to Be Served (if applicable):

The populations served by this innovative project will include hospital and emergency room personnel, who will be engaged in a task force collaborative to address the impact of mentally ill patients on urgent care facilities. Additionally, steps will be taken to improve access for those emergency room patients who present behavioral health issues.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

The Mental Health Emergency Room Collaborative Project is an innovative approach to assessing the stated problem, while building a community-driven solution by using a collaborative process. The project will involve first establishing the Mental Health Emergency Room Collaborative (MHERC); a task force made up of local hospital emergency room directors, nurses, physicians, and members of the public mental health system.

The MHERC will gather data, conduct focus groups with providers and consumers, conducting a stakeholder process similar to that of an MHSA planning collective. It is expected that the group will identify aspects of high-use, mentally ill individuals and their impacts on an E.R.; the rates of behavioral health issues which present in the E.R., and the locations where these issues are most prevalent; the environmental characteristics of E.R.s and how they impact behavioral health safety and whether methods are in place to engage family members in dealing with the emotional issues of the patient; and whether language and other cultural barriers effect the capacity of the E.R. to respond to mentally ill patients.

It is the intention of the County to seek an opportunity through this process to embed a staff therapist in a local E.R. (or rotation) to assess the value and impact of on-site mental health services on a hospital. This aspect of the project will provide the task force with data and experiences which will influence future Innovation Planning around this problem. It is expected that this innovation approach will be incremental, and ongoing past the 2-3 year window most of the other County Innovation Projects outlined.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P10

Innovation Work Plan Narrative

Date: 12-20-2010

County: San Luis Obispo

Work Plan #: SLO INN P10

Work Plan Name: Summer Pathways Program

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Community Schools in San Luis Obispo County are integral in the public mental health system as they serve the growing population of youth facing academic failure and juvenile justice involvement. **Young people fortunate enough to receive counseling services on campus during the school year often go unseen and without support over the summer. Substance use, crime, and delinquency amongst teen students increase during the summer. For those youth experiencing the onset of mental health issues, feelings of anxiety, depression, and isolation also increase as the supports at school are unavailable for three months.**

Transitional Aged Youth (TAY), a population targeted by CSS' Full Service Partnerships serving severely mentally ill TAY, remains an underserved population for early intervention. Through the Prevention and Early Intervention (PEI) and ultimately the Innovations (INN) stakeholder processes, the San Luis Obispo County Office of Education (SLOCOE) school administrators, staff, students, counselors, parents, and community members identified youth with substance abuse problems as a population with great need for mental health early intervention services.

Sober School is an adventurous project of SLOCOE which serves a small, but high-risk group of teens early in their recovery process for alcohol and other drug addictions. During the school year, Sober School students actively engage in a day treatment program committed to remaining clean and sober. The school utilizes County staff specializing in drug and alcohol issues for on-campus interventions. During both group and individual sessions, the students have indicated that they were very concerned about not having counseling services continue through the summer and that the lack of sobriety support, relapse prevention, and youth development activities would put them at a greater risk for relapse over summer.

The Innovation Planning Team conducted focus groups with Sober School students and counselors. Sober School students unanimously expressed a need for testing a summer program. In addition, they recognized life planning as a "missing" yet vital aspect in treatment programs and one that would be integral to building self sufficiency and fostering resilience. Students expressed their wish to participate in meaningful experiences to "keep them sober", but also expressed the need to build life skills. In addition, students felt that they would benefit from contributing to the community by working with disabled students, homeless

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P10

shelters, environmental clean-up, senior citizens, and other community based organizations. Students were genuinely excited and supportive of a summer engagement program.

The Innovation planning team also conducted focus groups with Sober School administration and staff to identify and discuss the negative effects caused by the absence of sober support and the need for positive activities during the summer months. Without structure and support, students, upon returning to school and counselors in the fall, expressed feelings of loneliness, sadness, loss, and anxiety that put them at risk for relapse and other mental health issues including increased isolation and depression. One of the major concerns is that the students, who are not engaged in positive activities and that lack sober support during the summer, fail to come back to school prepared to participate at the same level of competence as the previous year. In addition, students are more likely to drop out of school due to substance use issues, which puts them in danger of being unable to graduate high school. Providers and support agencies expressed their frustration with this disconnection of services for students between school years. Some student's problems are even further compounded when they become involved with gangs, other illegal activities, and/or interactions with law enforcement often resulting in juvenile detention for the summer.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P10

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

San Luis Obispo County is proposing to test a unique array of early intervention activities, including the test of a new curriculum, for community school students and students who have a history of substance use **with the goal of learning what outcomes may be improved for high-risk students when they have access to counseling and life skills development during the summer break from school.** Learning will be measured throughout the school year, and the overall success in school, attendance, sobriety, family, and relationships will be measured against the students who do not participate in the program.

This community based project will include school staff, community providers, and students in creating an integrated menu of skill building. The Office of Education, in collaboration with Behavioral Health, will provide staff and training to conduct the program. Summer Pathways staff will consist of a certified teacher, a Student Support Counselor, and a County Behavioral Health intern. The Summer Pathways Team will develop and implement the program centering on a new skill building tool that has not been used in any mental health setting: *My LifePlan*, an innovative curriculum developed by Andrew Mecca (President of California's Mentor Foundation and former director of Alcohol & Drug Programs) designed to teach young adults the tools they need thrive, develop goals, meet personal needs, and plan for independence.

Community based organizations will be engaged to offer activities for the students building community service, leadership skill development, job training, and substance use reduction. Students will have the opportunity to work with their teachers and parents in applying to participate in the program, developing a resume, obtaining a letter of recommendation, and producing a written statement of purpose. The goal of having the students apply to the Summer Pathways Program is to create a sense of accomplishment within the students and expose them to the *LifePlan* strategies. Students will develop a goal statement, which will highlight what they would like to achieve or skills they would like to learn during the program. This goal statement provides a base line for future evaluation. Each component will consist of a therapeutic approach to working with at-risk youth dealing with potential co-occurring disorders.

Summer Pathways will also include the following components:

- Students will receive work experience school credit (provided by the credentialed teacher).
- Students will develop leadership skills and increase competence in resisting substance use and promoting mental health wellness by becoming mentors for the next Summer Pathways Program.
- Students and the Pathways Team will meet three times per week over the course of three months and the program will consist of education, community experience, and counseling.

This project was created and developed by students, community school staff, and providers in the Innovation Planning strategy sessions, meeting the General Standards of **community collaboration** and **client-driven** services required in MHSA programs. By joining education providers with County staff and other community programs, this project meets the guiding principles of **integrated services**. Building an age-specific early intervention based on recovery and resilience within the culture of the TAY engaged will also strengthen the **cultural competence** within the county mental health system.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P10

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This Innovation project is a new approach to working with teens at high-risk for mental health issues, establishing a summer session for a Sober High School; an innovation itself, which has never remained open during the summer. This essentially changes the existing structure of school-based early intervention which, like school, is dormant over the summer months, leaving engaged high-risk youth without counseling supports for several weeks at a time when pressures and risk factors increase with idle time. This innovation also centers on a brand new curriculum, *My LifePlan*, which has not been used in a mental health setting. This innovation challenges students to remain sober during summer break from school promoting recovery and resilience **with the goal of learning what school-year outcomes may be improved for students when they have access to counseling and life skills education during the summer break from school.**

What Will Be Learned

By conducting the initial summer program the county and its Innovation Planning partners will learn what outcomes are improved throughout the school year for students participating in the summer programs. Comparisons will include attendance and academic performance, life planning, and other issues related to emotional and behavioral health. The specific learning goals include:

- Participating students will learn how to assess their values in order to create a “life plan” which will guide them in making important choices regarding education, jobs, peer groups, substance use, and coping strategies.
- Participants will learn how to deal appropriately with thoughts and feelings associated with substance use, stress, and trauma, as well as develop empowerment to engage in activities rather than participate in substance use or other negative behaviors.
- Teachers and students will learn how to maintain school goals and reduce negative behaviors for this population throughout the summer and school year.

This is new opportunity for community school students in which they will be challenged to break the cycle of feeling lonely, anxious, and isolated during the summer months. This new approach provides structured activities for at-risk TAY to remain sober and substance free throughout the whole school year. In addition, the Summer Pathways program provides an innovative strategy for building life skills and planning which will yield information for the county and the curriculum developer as to its efficacy with this population and summer format.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P10

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:

January 2011 – Dec. 2013

MM/YY – MM/YY

This project is based on an existing partnership with the County Office of Education to provide space, education, staff support, and outcome monitoring. This timeline includes data measurement to provide information for outcome evaluation.

| | |
|-----------------|--|
| January 2011 | Anticipated DMH/OAC approval |
| Feb – May 2011 | After the selection of Pathways Team members (credentialed teacher, counselor and intern), the Team will develop a plan for outcome measurement and communication with interested partners. The Team will begin training in the <i>My LifePlan</i> curriculum, projects, activities, and collecting baseline data (i.e. academic performance, emotional well being, and empathy scale). Inform teachers and community partners of program criteria. Assigned staff will engage community partners and non- profit organizations to provide activities. Create application for the Summer Pathways Program. Introduce the Summer Pathways program to students. Announce open application period to school staff, students and parents. First training for Summer Pathways team members. Refine curriculum. Set up activities. |
| June 2011 | Summer Pathways Program Begins. |
| July 2011 | Mid summer evaluation using observational data and self-report to monitor progress. Meetings amongst partners will share and discuss progress reports in order to make any course corrections necessary to continue pilot. |
| Aug. 2011 | End of program evaluation, and “graduation”. Data collection, analysis, and evaluation conducted using surveys, pre-post tests, and other data gathered in previous activities. A final report and recommendation for sustainability will be made to the County. |
| Ongoing | Project continues for three summer cycles. |
| Aug. – Dec 2013 | Data collection, analysis, and evaluation conducted using surveys, pre-post tests, and other data gathered in previous activities. If successful, a final report and recommendation for sustainability will be made to the County. |

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P10

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

This project will be reviewed and evaluated along each of the steps outlined in the previous section. Pre and post surveys will be given to each student, along with retrospective surveys given to team members, parents and school participants, to assess whether the activities of the project had the intended impact. Comparisons of academic and health outcomes will be made between students who participate in the Summer Pathways trial, and those Sober School students who do not. Primarily this project seeks to achieve the following outputs and outcomes:

Outputs

- One summer program held with approximately 20 students and 3 staff members.
- *My LifePlan* curriculum and correlating activities tested and measured according to developer's guide.
- Incentives for students to participate in program (i.e. school credit, scholarship money, graduation ceremony or end of the summer big trip).
- Trainings and program development sessions for staff members participating in the implementation of the program.

Outcomes

- Reduced negative behaviors over summer, including substance use and law enforcement involvement; as well as maintenance of healthy behaviors developed in previous school year.
- Increased acceptance of values and increased competencies regarding life planning, as per curriculum measurements.
- Improved Academic performance in the school year following the summer program.
- Decreased incidence of relapse.

The Innovation Planning Team, including community representatives, consumers, and family members, will select an evaluator (or evaluation team) amongst available resources. Data collected throughout the process (surveys, pre-posts, etc.) will be analyzed and presented to the Innovation Planning Team. Outcomes will be measured comparing means established in baseline data gained in pre-tests and reported in retroactive surveys. The Planning Team will make a recommendation based on this analysis to County Behavioral Health Administration in the final quarter of the project.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P10

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The funding request for this project includes the following necessities:

| | |
|--|---------------------|
| Staff trainings and materials | Activity Costs |
| Program materials | Transportation |
| Curriculum and support materials costs | Curriculum training |

In-kind resources may include, and not be limited to:

| | |
|--|---------------------|
| County Facility Use for provider trainings | Media equipment |
| Data instrument development | Evaluation Services |

County staff time (Innovation administrative costs) to coordinate project

EXHIBIT D

SLO County Innovation Work Plan: SLO INN P10

**Innovation Work Plan Description
(For Posting on DMH Website)**

County Name

San Luis Obispo

Annual Number of Clients to Be Served (If Applicable)

20 Students Total

Work Plan Name

Summer Pathways Program

Population to Be Served (if applicable):

The Summer Pathways program will serve Transitional Aged Youth (TAY) attending Sober School. These students have been identified as TAY youth with substance abuse problems with a great need for mental health prevention and early intervention services.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

San Luis Obispo County is proposing to test a unique array of early intervention activities, including the test of a new curriculum, for community school students and students who have a history of substance use **with the goal of learning what outcomes may be improved for high-risk students when they have access to counseling and life skills development during the summer break from school.** Learning will be measured throughout the school year, and the overall success in school, attendance, sobriety, family, and relationships will be measured against the students who do not participate in the program.

This community based project will include school staff, community providers, and students in creating an integrated menu of skill building. The Office of Education, in collaboration with Behavioral Health, will provide staff and training to conduct the program. Summer Pathways staff will consist of a certified teacher, a Student Support Counselor, and a County Behavioral Health intern. The Summer Pathways Team will develop and implement the program centering on a new skill building tool that has not been used in any mental health setting: *My LifePlan*, an innovative curriculum developed by Andrew Mecca (President of California’s Mentor Foundation and former director of Alcohol & Drug Programs) designed to teach young adults the tools they need thrive, develop goals, meet personal needs, and plan for independence.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P11

Innovation Work Plan Narrative

Date: 12-20-2010

County: San Luis Obispo

Work Plan #: SLO INN P11

Work Plan Name: Pawsitive Connections: Animal Adoption Training

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Mental health consumers participating in day treatment and socialization programs were active members of the Innovation Planning Team. Focus groups with other consumers were held during the process as well. In each forum where adult consumers were asked for input regarding system gaps, each discussion centered on skill building and the need for more therapeutic skill options. The county has a very successful agricultural/horticultural therapy program and arts programs which provide socialization along with applicable skill and job readiness for adults. However, they are limited in capacity, and many consumers report needing further outlets which provide similar outcomes of focus, self-efficacy, and pleasure.

Early in the Innovation stakeholder process consumers and other stakeholders discussed the growing field of research demonstrating the positive effects of mentally ill consumers connecting with pets. Consumers who own pets (including those in need of service animals) learn or strengthen levels of compassion, responsibility, and have elevated esteem. The stakeholder groups wanted to address, however, the lack of training and support mentally ill adults are given to prepare for animal ownership in their therapy. No formal programs exist which introduce consumers to pet ownership and care while building skills which assist in recovery and wellness. Stakeholders identified other systems which had used pet-preparedness as a therapeutic tool. Examples included probation service dog training programs that had terrific successes building competencies and self-esteem amongst a high-risk juvenile offender population.

The Pawsitive Connections innovation was constructed by stakeholders with experience and knowledge of the former probation program. A goal of that group was to offer an experience many severely mentally ill individuals are often denied to, due to the high level of responsibility needed to care for an animal. The Innovation Planning Team conducted rating exercises when determining the final projects to put forth in the Plan. One session was made up of current mental health system consumers unfamiliar with the Innovation Planning process, while the other was the entire group of stakeholder planners – which included consumers, family members, and providers. In the consumer-only panel, the Pawsitive Connections concept was the highest-rated proposal, while it ranked as the 3rd highest rated amongst the larger Planning Team (of 14 original proposals).

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P11

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

Pawsitive Connection will involve testing a model of interaction between a mental health system consumer and dogs being prepared for adoption while housed at one of the county's animal shelters. The aim is to facilitate the consumer's progress toward therapeutic goals, while learning whether this type of animal-care-based recovery program yields better results when compared to other socialization, wellness and recovery programs. This project hypothesizes that **this interaction will reduce the anxiety and depression levels of mental health clients and increase wellness outcomes including self-esteem and confidence**. Outcomes will be measured by comparing participant self-reports against a similar group of consumers not participating as well as those participating in other wellness and recovery programs.

San Luis Obispo County Animal Services (along with community-based shelter organizations) are constantly seeking volunteers to help train, groom, and care for animals being kept at the shelters in the hopes of being adopted. The County strives to reduce euthanasia and promote the adoption of stray and unwanted pets. Pawsitive Connection will provide a group of mental health clients (in partnership with an existing recovery and wellness program) with weekly on-site activities at an animal shelter to develop skills in dog training, grooming, and the process of shelter care. In this holistic approach to mental health care, consumers will be given the opportunity to feed, nurture, play with, and help exercise the many dogs that would otherwise be neglected. During this process, clients will learn concepts of responsibility, compassion, and respect when building a relationship with dogs. Additionally, it will contribute to the overall well being of the animals from the shelter, making them more adoptable and possibly allowing clients to adopt their own pet in the future.

This County-and-community-based project will engage multiple organizations and supports in order to provide participants with the training and tools they need to have a positive experience. Animal services personnel will lead the training efforts, helping consumers improve their understanding of the responsibility needed to care for pets, as well as the process of pet adoption and its value to families and the community. Peer educators will be on hand at each program session to help participants deepen their understanding of how animal care is related to wellness and recovery, as well as document success. The project will be coordinated, measured, and evaluated by consumers participating in MHSA workforce development initiatives.

This project was created and developed by consumers, County staff, and other providers in the Innovation Planning strategy sessions, meeting the General Standards of **community collaboration** and **client-driven** services required in MHSA programs. By joining animal service providers with consumer leadership and other community programs, this project meets the guiding principles of **integrated services**. Building an age-specific recovery and resilience opportunity within the culture of the consumers engaged will also strengthen the **cultural competence** within the county mental health system.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P11

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This consumer-designed-and-driven Innovation project introduces a new practice to the public mental health system that has been successful in juvenile justice rehabilitation. The Pawsitive Connections program will test a model of consumer socialization by placing participants in a local animal shelter to learn the process and take part in preparing dogs for adoption. The unique model is adapted from programs such as "Heeling Touch," a now-defunct program targeting probation clients (specifically juvenile offenders) in which the youth worked with County Animal Services to train, groom, and care for dogs which were being kept at the Shelter and prepared for work as service pets.

What Will Be Learned

This Innovation will provide the County and the rest of the public mental health system with good data to explore the potential for using animal care (and, potentially, animal therapy) as a strategy in mental health wellness and recovery. The Pawsitive Connections program will develop both individual outcomes and community benefits. The specific learning goals include:

- Whether consumers learning animal care, grooming, health, and training will have increased self-perceptions of responsibility, confidence, and self-esteem.
- Participants will report improved health indicators, such as lower blood pressure and reduced anxiety.
- Whether these outcomes will be stronger for program participants than those not participating in a community socialization program.
- Whether the probation model is replicable in a mental health setting.

Additionally, the management of the project by consumers will yield information for the County's workforce development initiatives, including the potential to replicate this model across other recovery activities.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P11

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:

January 2011 – Dec. 2013

MM/YY – MM/YY

This project will be based on a contract with a local recovery and wellness provider to partner with either the County's Animal Services division of the Health Agency, or with a community animal shelter. This timeline includes data measurement to provide information for outcome evaluation.

- | | |
|-------------------|---|
| January 2011 | Anticipated DMH/OAC approval |
| Feb. - April 2011 | After the selection of Pawsitive Connection project leadership, the County will develop a plan for launching the program, recruitment of participants, outcome measurement and communication with interested partners. The coordination team will begin planning training curriculum, schedules, activities, and collecting baseline data (i.e. self-perceptions of responsibility, confidence, self-esteem, and empathy scale). Coordination team will engage community partners and non-profit organizations to provide activities. |
| Apr. – June 2011 | Project preparation, including schedules, transportation, selection of participants, publicity, data collection tools, and program materials |
| July 2011 | Launch of Pawsitive Connections, which will be ongoing. Contractor to provide quarterly reports. |
| December 2011 | First review of data from first two quarters. |
| Dec. 2013 | End of program evaluation, program "graduation". Data collection, analysis, and evaluation conducted using surveys, pre-post tests, and other data gathered in previous activities. If successful, a final report and recommendation for sustainability will be made to the County. |

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P11

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

This project will be reviewed and evaluated along each of the steps outlined in the previous section. Pre and post surveys will be given to each consumer participant, along with retrospective surveys given to project partners, to assess whether the activities of the project had the intended impact. Outcome measures will be compared to a group of similar consumers not participating in a community socialization program, and those in another wellness and recovery activity. Primarily the project seeks to achieve the following outputs and outcomes:

Outputs

- A "Pawsitive Connections" consumer socialization program matching mental health clients with shelter dogs being prepped for adoption, targeting 25 participants annually.
- Quarterly training of participants on dog grooming, care, training, and health.
- Incentives for consumers to participate in program (i.e. identity items).

Outcomes

- Increased knowledge regarding animal care, pet responsibility, and dog ownership.
- Overall increases in participant feelings of self-esteem, happiness, confidence, and reductions in standard depression and anxiety scales.
- Overall decreases in negative health indicators such as blood pressure and anxiety.
- Overall increase in successful animal shelter adoptions.

The Innovation Planning Team, including community representatives, consumers, and family members, will select an evaluator (or evaluation team) amongst available resources. Data collected throughout the process (surveys, pre-posts, etc.) will be analyzed and presented to the Innovation Planning Team. Outcomes will be measured comparing means established in baseline data gained in pre-tests and reported in retroactive surveys. The Planning Team will make a recommendation based on this analysis to the County Behavioral Health Administration in the final quarter of the project.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P11

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The funding request for this project includes the following necessities:

| | |
|---|----------------|
| Consumer training and incentive materials | Staffing |
| Publicity materials | Transportation |

In-kind resources may include, and not be limited to:

| | |
|---|---------------------|
| County Facility Use for provider trainings | Media equipment |
| Data instrument development | Evaluation Services |
| County staff time (Innovation administrative costs) to coordinate project | |

EXHIBIT D

SLO County Innovation Work Plan: SLO INN P11

Innovation Work Plan Description

County Name

San Luis Obispo

Annual Number of Clients to Be Served (If Applicable)

25 Total

Work Plan Name

Pawsitive Connections: Animal Adoption Training

Population to Be Served (if applicable):

The Pawsitive Connections Innovation was constructed to offer many severely mentally ill adults an opportunity to build self-esteem, caregiving skills, and promote recovery.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

Pawsitive Connections will involve testing a model of interaction between a mental health system consumer and dogs being prepared for adoption while housed at one of the county's animal shelters. The aim is to facilitate the consumer's progress toward therapeutic goals, while learning whether this type of animal-care-based recovery program yields better results when compared to other day treatment recovery programs. This project hypothesizes that **this interaction will reduce the anxiety and depression levels of mental health clients and increase wellness outcomes including self-esteem and confidence**. Outcomes will be measured by comparing participant self-reports against a similar group of consumers not participating as well as those participating in other day treatment recovery programs.

San Luis Obispo County Animal Services (along with community-based shelter organizations) are constantly seeking volunteers to help train, groom, and care for animals being kept at the shelters in the hopes of being adopted. The County has a "no-kill" policy which strives to reduce euthanasia and promote the adoption of stray and unwanted pets. Pawsitive Connection will provide a group of mental health clients (in partnership with an existing recovery and wellness program) with weekly on-site activities at an animal shelter to develop skills in dog training, grooming, and the process of shelter care. In this holistic approach to mental health care, consumers will be given the opportunity to feed, nurture, play with, and help exercise the many dogs that would otherwise be neglected. During this process, clients will learn concepts of responsibility, compassion, and respect when building a relationship with dogs. Additionally, it will contribute to the overall well being of the animals from the shelter, making them more adoptable and possibly allowing clients to adopt their own pet in the future.

Exhibit E

**Mental Health Services Act
Innovation Funding Request**

County: San Luis Obispo

Date: 13-Dec-10

| Innovation Work Plans | | | Required MHSA Funding | Estimated Funds by Age Group (if applicable) | | | |
|-----------------------|--|---|-----------------------------|---|-----------|-------------|-----------|
| No. | Name | Children, Youth, | | Transition Age Youth | Adult | Older Adult | |
| 1 | 1 | System Empowerment for Consumers, Families, and Providers | \$29,320 | | | \$26,388 | \$2,932 |
| 2 | 2 | Atascadero Student Wellness Career Project | \$160,689 | \$80,344 | \$80,345 | | |
| 3 | 3 | Older Adult Family Facilitation | \$174,900 | | | | \$174,900 |
| 4 | 4 | Nonviolent Communication (NVC) Education Trial | \$149,780 | | \$74,890 | \$74,890 | |
| 5 | 5 | Wellness Arts 101 | \$270,000 | | \$270,000 | | |
| 6 | 6 | Warm Reception and Family Guidance | \$446,885 | \$44,689 | \$44,689 | \$312,818 | \$44,689 |
| 7 | 7 | Operation Coastal Care | \$143,276 | | | \$143,276 | |
| 8 | 8 | Outreach Play Therapy Trial | \$255,324 | \$229,792 | | \$25,532 | |
| 9 | 9 | Mental Health Emergency Room Collaborative | \$413,854 | \$41,385 | \$289,699 | \$41,385 | \$41,385 |
| 10 | 10 | Summer Pathways Program | \$114,396 | | \$114,396 | | |
| 11 | 11 | Pawsitive Connections: Animal Adoption Training | \$46,976 | | | \$35,232 | \$11,744 |
| 26 | Subtotal: Work Plans | | \$2,205,400 | \$396,209 | \$874,018 | \$659,521 | \$275,650 |
| 27 | Plus County Administration | | 373,631 | | | | |
| 28 | Plus Optional 10% Operating Reserve | | | | | | |
| 29 | Total MHSA Funds Required for Innovation | | \$2,579,031 | | | | |

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo

Fiscal Year: 2009/10

Work Plan #: 1

Work Plan Name: System Empowerment for Consumers, Families, and Providers

New Work Plan

Expansion

Months of Operation: 01/11 - 06/13
MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|-----------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | | | | \$0 |
| 2. Operating Expenditures | 6,000 | | | \$6,000 |
| 3. Non-recurring expenditures | 9,320 | | | \$9,320 |
| 4. Training Consultant Contracts | 14,000 | | | \$14,000 |
| 5. Work Plan Management | | | | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$29,320 | \$0 | \$0 | \$29,320 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | \$0 |
| 2. Additional Revenues | | | | |
| a. (insert source of revenue) | | | | \$0 |
| b. (insert source of revenue) | | | | \$0 |
| c. (insert source of revenue) | | | | \$0 |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$0 | \$0 | \$0 | \$0 |
| C. Total Funding Requirements | \$29,320 | \$0 | \$0 | \$29,320 |

Prepared by: Michael Taylor

Date: 12/13/2010

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative: INN 1- System Empowerment for Consumers, Families, and Providers
Last Updated: 12-13-10

Expenditures

1. Personnel expenditures include the following positions:

Total Personnel Expenditures - \$0

2. Operating expenditures include:

- General Office - \$6,000

Total Operating Expenditures - \$6,000

3. Non-recurring expenditures include one time work plan costs:

- Training Site Rental - \$5,000
- Food (2 days x 40 people x \$54 for 3 meals a day) - \$4,320

Total Non-recurring Expenditures - \$9,320

4. Training consultant expenditures include:

- Training Facilitator - \$10,000
- Follow-up Training Consultant - \$4,000

Total Training Consultant Contract Expenditures - \$14,000

5. Work Plan management expenditures include:

Total Work Plan Management Expenditures - \$0

Total Expenditures \$29,320

Revenue

1. Revenue includes:

Total Revenue \$0

MHSA Funding Request

\$29,320

Annual Funding Requirements:

FY 2011-12 \$19,320

FY 2012-13 \$10,000

Total \$29,320

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo

Fiscal Year: 2009/10

Work Plan #: 2

Work Plan Name: Atascadero Student Wellness Career Project

New Work Plan

Expansion

Months of Operation: 01/11 - 06/14
MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|------------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | 121,962 | | | \$121,962 |
| 2. Operating Expenditures | 38,727 | | | \$38,727 |
| 3. Non-recurring expenditures | | | | \$0 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$160,689 | \$0 | \$0 | \$160,689 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | \$0 |
| 2. Additional Revenues | | | | |
| a. (insert source of revenue) | | | | \$0 |
| b. (insert source of revenue) | | | | \$0 |
| c. (insert source of revenue) | | | | \$0 |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$0 | \$0 | \$0 | \$0 |
| C. Total Funding Requirements | \$160,689 | \$0 | \$0 | \$160,689 |

Prepared by: Michael Taylor

Date: 12/13/2010

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative: INN 2- Atascadero Student Wellness Career Project
Last Updated: 12-13-10

Expenditures

6. Personnel expenditures include the following positions:

- 0.50 FTE Drug & Alcohol Services Specialist II - \$121,962

Total Personnel Expenditures - *\$121,962*

7. Operating expenditures include:

- Travel and Transportation - \$7,347
- Activities and incidental food costs for client engagement - \$3,000
- General Office - \$25,380
- Teacher Stipends - \$3,000

Total Operating Expenditures - *\$38,727*

8. Non-recurring expenditures include one time work plan costs:

Total Non-recurring Expenditures - *\$0*

9. Training consultant expenditures include:

Total Training Consultant Contract Expenditures - *\$0*

10. Work Plan management expenditures include:

Total Work Plan Management Expenditures - *\$0*

Total Expenditures **\$160,689**

Revenue

2. Revenue includes:

Total Revenue **\$0**

MHSA Funding Request

\$160,689

Annual Funding Requirements:

FY 2011-12 \$53,563

FY 2012-13 \$53,563

FY 2013-14 \$53,563

Total **\$160,689**

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo

Fiscal Year: 2009/10

Work Plan #: 3

Work Plan Name: Older Adult Family Facilitation

New Work Plan

Expansion

Months of Operation: 01/11 - 06/13
MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|------------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | | | 150,000 | \$150,000 |
| 2. Operating Expenditures | | | 24,900 | \$24,900 |
| 3. Non-recurring expenditures | | | | \$0 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$0 | \$0 | \$174,900 | \$174,900 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | \$0 |
| 2. Additional Revenues | | | | |
| a. (insert source of revenue) | | | | \$0 |
| b. (insert source of revenue) | | | | \$0 |
| c. (insert source of revenue) | | | | \$0 |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$0 | \$0 | \$0 | \$0 |
| C. Total Funding Requirements | \$0 | \$0 | \$174,900 | \$174,900 |

Prepared by: Michael Taylor

Date: 12/13/2010

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative: INN 3- Older Adult Family Facilitation
Last Updated: 12-13-10

Expenditures

11. Personnel expenditures include the following positions:

- Coordinator - \$150,000

Total Personnel Expenditures - \$150,000

12. Operating expenditures include:

- Mileage/Travel - \$3,000
- Rent - \$3,200
- General Office - \$18,700

Total Operating Expenditures - \$24,900

13. Non-recurring expenditures include one time work plan costs:

Total Non-recurring Expenditures - \$0

14. Training consultant expenditures include:

Total Training Consultant Contract Expenditures - \$0

15. Work Plan management expenditures include:

Total Work Plan Management Expenditures - \$0

Total Expenditures \$174,900

Revenue

3. Revenue includes:

Total Revenue \$0

MHSA Funding Request

\$174,900

Annual Funding Requirements:

FY 2011-12 \$87,450

FY 2012-13 \$87,450

Total \$174,900

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo

Fiscal Year: 2009/10

Work Plan #: 4

Work Plan Name: Nonviolent Communication (NVC) Education Trial

New Work Plan

Expansion

Months of Operation: 01/11 - 06/13
MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|------------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | | | 93,600 | \$93,600 |
| 2. Operating Expenditures | | | 56,180 | \$56,180 |
| 3. Non-recurring expenditures | | | | \$0 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$0 | \$0 | \$149,780 | \$149,780 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | \$0 |
| 2. Additional Revenues | | | | |
| a. (insert source of revenue) | | | | \$0 |
| b. (insert source of revenue) | | | | \$0 |
| c. (insert source of revenue) | | | | \$0 |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$0 | \$0 | \$0 | \$0 |
| C. Total Funding Requirements | \$0 | \$0 | \$149,780 | \$149,780 |

Prepared by: Michael Taylor

Date: 12/13/2010

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative: INN 4- Nonviolent Communication (NVC) Education Trail
Last Updated: 12-13-10

Expenditures

1. Personnel expenditures include the following positions:

- Instructor - \$93,600

Total Personnel Expenditures - \$93,600

2. Operating expenditures include:

- Site - \$12,240
- Audio and Video Equipment - \$1,200
- Travel and Transportation - \$6,720
- Incidental food for clients and outreach activities - \$1,200
- General Office - \$34,820

Total Operating Expenditures - \$56,180

3. Non-recurring expenditures include one time work plan costs:

Total Non-recurring Expenditures - \$0

4. Training consultant expenditures include:

Total Training Consultant Contract Expenditures - \$0

5. Work Plan management expenditures include:

Total Work Plan Management Expenditures - \$0

Total Expenditures \$149,780

Revenue

1. Revenue includes:

Total Revenue \$0

MHSA Funding Request

\$149,780

Annual Funding Requirements:

FY 2011-12 \$74,890

FY 2012-13 \$74,890

Total \$149,780

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo

Fiscal Year: 2009/10

Work Plan #: 5

Work Plan Name: Wellness Arts 101

New Work Plan

Expansion

Months of Operation: 01/11 - 06/14
MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|--|-----------------------------------|--|------------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | | | 179,445 | \$179,445 |
| 2. Operating Expenditures | | | 90,555 | \$90,555 |
| 3. Non-recurring expenditures | | | | \$0 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$0 | \$0 | \$270,000 | \$270,000 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | \$0 |
| 2. Additional Revenues | | | | |
| a. (insert source of revenue) | | | | \$0 |
| b. (insert source of revenue) | | | | \$0 |
| c. (insert source of revenue) | | | | \$0 |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$0 | \$0 | \$0 | \$0 |
| C. Total Funding Requirements | \$0 | \$0 | \$270,000 | \$270,000 |

Prepared by: Michael Taylor

Date: 12/13/2010

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative: INN 5- Wellness Arts 101

Last Updated: 12-13-10

Expenditures

16. Personnel expenditures include the following positions:

- Instructor - \$134,208
- Other Support positions - \$45,237

Total Personnel Expenditures - \$179,445

17. Operating expenditures include:

- Mileage/Field Trips - \$27,000
- Team Building Activities including incidental costs for food - \$6,000
- General Office - \$57,555

Total Operating Expenditures - \$90,555

18. Non-recurring expenditures include one time work plan costs:

Total Non-recurring Expenditures - \$0

19. Training consultant expenditures include:

Total Training Consultant Contract Expenditures - \$0

20. Work Plan management expenditures include:

Total Work Plan Management Expenditures - \$0

Total Expenditures \$270,000

Revenue

4. Revenue includes:

Total Revenue \$0

MHSA Funding Request

\$270,000

Annual Funding Requirements:

FY 2011-12 \$90,000

FY 2012-13 \$90,000

FY 2013-14 \$90,000

Total \$270,000

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo

Fiscal Year: 2009/10

Work Plan #: 6

Work Plan Name: Warm Reception and Family Guidance

New Work Plan

Expansion

Months of Operation: 01/11 - 06/14
MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|------------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | 255,528 | | 90,000 | \$345,528 |
| 2. Operating Expenditures | 91,357 | | | \$91,357 |
| 3. Non-recurring expenditures | 10,000 | | | \$10,000 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$356,885 | \$0 | \$90,000 | \$446,885 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | \$0 |
| 2. Additional Revenues | | | | |
| a. (insert source of revenue) | | | | \$0 |
| b. (insert source of revenue) | | | | \$0 |
| c. (insert source of revenue) | | | | \$0 |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$0 | \$0 | \$0 | \$0 |
| C. Total Funding Requirements | \$356,885 | \$0 | \$90,000 | \$446,885 |

Prepared by: Michael Taylor

Date: 12/13/2010

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative: INN 6- Warm Reception and Family Guidance
Last Updated: 12-13-10

Expenditures

21. Personnel expenditures include the following positions:

- 1.00 FTE Supervising Admin Clerk II - \$255,528
- Resource Specialist - \$90,000

Total Personnel Expenditures - \$345,528

22. Operating expenditures include:

- Graphic Design and Support - \$7,500
- Web Design and Support - \$17,500
- Health and Life Skill Development training - \$8,400
- Special training events for clients including incidental costs for food - \$3,000
- Travel and Transportation - \$7,194
- General Office - \$47,763

Total Operating Expenditures - \$91,357

23. Non-recurring expenditures include one time work plan costs:

- Computer Equipment - \$5,000
- Modular Office Furniture - \$5,000

Total Non-recurring Expenditures - \$10,000

24. Training consultant expenditures include:

Total Training Consultant Contract Expenditures - \$0

25. Work Plan management expenditures include:

Total Work Plan Management Expenditures - \$0

Total Expenditures \$446,885

Revenue

5. Revenue includes:

Total Revenue \$0

MHSA Funding Request

\$446,885

Annual Funding Requirements:

| | |
|------------|-----------|
| FY 2010-11 | \$20,000 |
| FY 2011-12 | \$142,295 |
| FY 2012-13 | \$142,295 |
| FY 2013-14 | \$142,295 |
| Total | \$446,885 |

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo

Fiscal Year: 2009/10

Work Plan #: 7

Work Plan Name: Operation Coastal Care

New Work Plan

Expansion

Months of Operation: 01/11 - 06/13
MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|------------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | 101,958 | | | \$101,958 |
| 2. Operating Expenditures | 41,318 | | | \$41,318 |
| 3. Non-recurring expenditures | | | | \$0 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$143,276 | \$0 | \$0 | \$143,276 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | \$0 |
| 2. Additional Revenues | | | | |
| a. (insert source of revenue) | | | | \$0 |
| b. (insert source of revenue) | | | | \$0 |
| c. (insert source of revenue) | | | | \$0 |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$0 | \$0 | \$0 | \$0 |
| C. Total Funding Requirements | \$143,276 | \$0 | \$0 | \$143,276 |

Prepared by: Michael Taylor

Date: 12/13/2010

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative: INN 7- Operation Coastal Care
Last Updated: 12-13-10

Expenditures

26. Personnel expenditures include the following positions:

- 0.50 FTE Mental Health Therapist IV - \$101,958

Total Personnel Expenditures - \$101,958

27. Operating expenditures include:

- Engagement activities for clients including incidental costs for food - \$10,000
- Travel and Transportation - \$12,398
- General Office - \$18,920

Total Operating Expenditures - \$41,318

28. Non-recurring expenditures include one time work plan costs:

Total Non-recurring Expenditures - \$0

29. Training consultant expenditures include:

Total Training Consultant Contract Expenditures - \$0

30. Work Plan management expenditures include:

Total Work Plan Management Expenditures - \$0

Total Expenditures \$143,276

Revenue

6. Revenue includes:

Total Revenue \$0

MHSA Funding Request

\$143,276

Annual Funding Requirements:

FY 2011-12 \$71,638

FY 2012-13 \$71,638

Total \$143,276

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo

Fiscal Year: 2009/10

Work Plan #: 8

Work Plan Name: Outreach Play Therapy Trial

New Work Plan

Expansion

Months of Operation: 01/11 - 06/13
MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|------------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | | | 203,914 | \$203,914 |
| 2. Operating Expenditures | | | 51,410 | \$51,410 |
| 3. Non-recurring expenditures | | | | \$0 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$0 | \$0 | \$255,324 | \$255,324 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | \$0 |
| 2. Additional Revenues | | | | |
| a. (insert source of revenue) | | | | \$0 |
| b. (insert source of revenue) | | | | \$0 |
| c. (insert source of revenue) | | | | \$0 |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$0 | \$0 | \$0 | \$0 |
| C. Total Funding Requirements | \$0 | \$0 | \$255,324 | \$255,324 |

Prepared by: Michael Taylor

Date: 12/13/2010

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative: INN 8- Outreach Play Therapy Trial
Last Updated: 12-13-10

Expenditures

31. Personnel expenditures include the following positions:

- 1.00 FTE Therapist - \$203,914

Total Personnel Expenditures - \$203,914

32. Operating expenditures include:

- Mileage Reimbursement - \$20,000
- Travel and Transportation - \$3,000
- Play Therapy equipment - \$4,000
- General Office - \$24,410

Total Operating Expenditures - \$51,410

33. Non-recurring expenditures include one time work plan costs:

Total Non-recurring Expenditures - \$0

34. Training consultant expenditures include:

Total Training Consultant Contract Expenditures - \$0

35. Work Plan management expenditures include:

Total Work Plan Management Expenditures - \$0

Total Expenditures \$255,324

Revenue

7. Revenue includes:

Total Revenue \$0

MHSA Funding Request

\$255,324

Annual Funding Requirements:

FY 2011-12 \$127,662

FY 2012-13 \$127,662

Total \$255,324

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo

Fiscal Year: 2009/10

Work Plan #: 9

Work Plan Name: Mental Health Emergency Room Collaborative

New Work Plan

Expansion

Months of Operation: 01/11 - 06/14
MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|------------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | 371,651 | | | \$371,651 |
| 2. Operating Expenditures | 42,203 | | | \$42,203 |
| 3. Non-recurring expenditures | | | | \$0 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$413,854 | \$0 | \$0 | \$413,854 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | \$0 |
| 2. Additional Revenues | | | | |
| a. (insert source of revenue) | | | | \$0 |
| b. (insert source of revenue) | | | | \$0 |
| c. (insert source of revenue) | | | | \$0 |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$0 | \$0 | \$0 | \$0 |
| C. Total Funding Requirements | \$413,854 | \$0 | \$0 | \$413,854 |

Prepared by: Michael Taylor

Date: 12/13/2010

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative: INN 9- Mental Health Emergency Room Collaborative
Last Updated: 12-13-10

Expenditures

36. Personnel expenditures include the following positions:

- 1.00 FTE Mental Health Therapist IV, Bilingual - \$335,261
- 0.10 FTE Mental Health Program Supervisor - \$36,390

Total Personnel Expenditures - \$371,651

37. Operating expenditures include:

- Travel and Transportation - \$6,214
- General Office - \$35,989

Total Operating Expenditures - \$42,203

38. Non-recurring expenditures include one time work plan costs:

Total Non-recurring Expenditures - \$0

39. Training consultant expenditures include:

Total Training Consultant Contract Expenditures - \$0

40. Work Plan management expenditures include:

Total Work Plan Management Expenditures - \$0

Total Expenditures \$413,854

Revenue

8. Revenue includes:

Total Revenue \$0

MHSA Funding Request

\$413,854

Annual Funding Requirements:

| | |
|------------|-----------|
| FY 2010-11 | \$29,089 |
| FY 2011-12 | \$128,255 |
| FY 2012-13 | \$128,255 |
| FY 2013-14 | \$128,255 |
| Total | \$413,854 |

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo

Fiscal Year: 2009/10

Work Plan #: 10

Work Plan Name: Summer Pathways Program

New Work Plan

Expansion

Months of Operation: 01/11 - 06/14
MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|------------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | 72,981 | | | \$72,981 |
| 2. Operating Expenditures | 41,415 | | | \$41,415 |
| 3. Non-recurring expenditures | | | | \$0 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$114,396 | \$0 | \$0 | \$114,396 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | \$0 |
| 2. Additional Revenues | | | | |
| a. (insert source of revenue) | | | | \$0 |
| b. (insert source of revenue) | | | | \$0 |
| c. (insert source of revenue) | | | | \$0 |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$0 | \$0 | \$0 | \$0 |
| C. Total Funding Requirements | \$114,396 | \$0 | \$0 | \$114,396 |

Prepared by: Michael Taylor

Date: 12/13/2010

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative: INN 10- Summer Pathways Program
Last Updated: 12-13-10

Expenditures

41. Personnel expenditures include the following positions:

- 0.25 FTE Drug & Alcohol Services Specialist II - \$60,981
- Intern - \$12,000

Total Personnel Expenditures - \$72,981

42. Operating expenditures include:

- Activities and incidental food costs for client engagement - \$8,100
- Teacher Stipends - \$6,000
- Travel and Transportation - \$4,875
- Client Transportation - \$9,000
- General Office - \$13,440

Total Operating Expenditures - \$41,415

43. Non-recurring expenditures include one time work plan costs:

Total Non-recurring Expenditures - \$0

44. Training consultant expenditures include:

Total Training Consultant Contract Expenditures - \$0

45. Work Plan management expenditures include:

Total Work Plan Management Expenditures - \$0

Total Expenditures \$114,396

Revenue

9. Revenue includes:

Total Revenue \$0

MHSA Funding Request

\$114,396

Annual Funding Requirements:

| | |
|------------|-----------|
| FY 2011-12 | \$38,132 |
| FY 2012-13 | \$38,132 |
| FY 2013-14 | \$38,132 |
| Total | \$114,396 |

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo

Fiscal Year: 2009/10

Work Plan #: 11

Work Plan Name: Pawsitive Connections: Animal Adoption Training

New Work Plan

Expansion

Months of Operation: 01/11 - 06/13
MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|-----------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | | | 40,976 | \$40,976 |
| 2. Operating Expenditures | | | 6,000 | \$6,000 |
| 3. Non-recurring expenditures | | | | \$0 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$0 | \$0 | \$46,976 | \$46,976 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | \$0 |
| 2. Additional Revenues | | | | |
| a. (insert source of revenue) | | | | \$0 |
| b. (insert source of revenue) | | | | \$0 |
| c. (insert source of revenue) | | | | \$0 |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$0 | \$0 | \$0 | \$0 |
| C. Total Funding Requirements | \$0 | \$0 | \$46,976 | \$46,976 |

Prepared by: Michael Taylor

Date: 12/13/2010

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative: INN 11- Pawsitive Connections: Animal Adoption Training
Last Updated: 12-13-10

Expenditures

46. Personnel expenditures include the following positions:

- Kennel Worker - \$40,976

Total Personnel Expenditures - \$40,976

47. Operating expenditures include:

- Material - \$2,000
- Travel and Transportation - \$4,000

Total Operating Expenditures - \$6,000

48. Non-recurring expenditures include one time work plan costs:

Total Non-recurring Expenditures - \$0

49. Training consultant expenditures include:

Total Training Consultant Contract Expenditures - \$0

50. Work Plan management expenditures include:

Total Work Plan Management Expenditures - \$0

Total Expenditures \$46,976

Revenue

10. Revenue includes:

Total Revenue \$0

MHSA Funding Request

\$46,976

Annual Funding Requirements:

FY 2011-12 \$23,488

FY 2012-13 \$23,488

Total \$46,976

ATTACHMENTS

Sample Planning Tool

Innovation Focus Group Tool

Use this tool to help facilitate any meeting of consumers, peers, family members, community partners, or field professionals who can contribute information necessary to develop the County’s Innovation Plan. Please attach any rosters and descriptions of demographics for those taking part in the focus group.

What was the Date and Setting for this Focus Group?

- Begin by explaining to the group that we are seeking information and ideas which will help us improve the Mental Health System in San Luis Obispo County.
- Please stress that all information is helpful, establish positive group brainstorming rules, and explain that all input is confidential.

1. Write down a brief summary of who makes up the Focus Group and their knowledge and/or involvement with the County’s Mental Health System – which includes school programs, and community organizations which partner with and/or support the County’s Behavioral Health Dept.:

2. Brainstorm general one-word or short-phrase terms to describe the Mental Health System in SLO County:

ATTACHMENTS

3. Make a list of what *is* working, successful, or generally liked within the System for the members of this Focus Group:

4. Make a list of what is *not* working, successful, or generally liked within the System for the members of this Focus Group:

5. Have members of the Focus Group witnessed or experienced something within the System that they think we need to do more of?:

6. Have members of the Focus Group witnessed or experienced something ***OUTSIDE OF OUR*** System that they think we need to do?:

ATTACHMENTS

7. Who, in our County, needs MORE assistance in getting their Mental Health needs met? Why are they being unserved or underserved?

8. Now, let's get creative – If members of this Focus Group were given the opportunity to create a NEW program to help our population improve, what sorts of things would they try?

9. Last Question – thinking like a scientist who wants to test a theory - i.e. wondering *if giving children more vegetables will make them do better in math* - what tests or questions could we try in our County which would help us provide better service?

THANK EVERYBODY FOR THEIR HELP AND INVOLVEMENT!!!!!!

ATTACHMENTS

Sample Planning Flier

May 14, 2010

3:00pm



*Be a part of our
Innovation Panel!*

We need your feedback, suggestions, and help
in prioritizing
Mental Health Services Act
Innovation Plans

Behavioral Health Campus
Red Room, 2180 Johnson Ave.

RSVP by May 13th

to Darci Rourke

drouke@co.slo.ca.us

(805) 788-2156

ATTACHMENTS



NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT

And

NOTICE OF PUBLIC HEARING

San Luis Obispo County Mental Health Services Act

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW

- WHO: San Luis Obispo County Behavioral Health Department
- WHAT: The Innovations work plan for the Mental Health Services Act is available for a 30-day public review and comment from October 19, 2010 through November 17, 2010.
- HOW: To review the proposed plan or submit comments,
Visit: <http://www.slocounty.ca.gov/health/mentalhealthservices.htm>
Call: (805) 788-2055
Email: fwarren@co.slo.ca.us

Comments must be received no later than November 17, 2010.

NOTICE OF PUBLIC HEARING

- WHO: San Luis Obispo County Mental Health Advisory Board
- WHAT: A public hearing to receive comment regarding the Innovation Plans.
- WHEN: Wednesday November 17, 2010, 3:00 p.m. – 4:00 p.m.
- WHERE: Behavioral Health Campus, Conference Room, 2180 Johnson Ave,
SLO.

FOR FURTHER INFORMATION:

Please contact Frank Warren, (805) 788 - 2055 or fwarren@co.slo.ca.us