County of San Luis Obispo
Mental Health Services Act

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

Innovation Plan
FY 2018-2022
 COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
 BEHAVIORAL HEALTH DEPARTMENT
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County of San Luis Obispo Innovation Plan

Executive Summary

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

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

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

<table>
<thead>
<tr>
<th>INN Project</th>
<th>FY 18-19</th>
<th>FY 19-20</th>
<th>FY20-21</th>
<th>FY21-22</th>
<th>Total</th>
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<tbody>
<tr>
<td>3-by-3 Developmental Screening</td>
<td>$184,860</td>
<td>$215,428</td>
<td>$223,184</td>
<td>$236,526</td>
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<td>SLO ACCEPTance</td>
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<td>$400,292</td>
<td>$329,578</td>
<td>$1,414,727</td>
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MHSA funds will be used to implement the following two new projects with planning and services expected to begin in July of 2018, after any procurement processes have been completed. The projects were selected based on MHSA’s required outcomes, general standards, the community’s input and priorities, and the feedback from the Mental Health Services Oversight & Accountability Commission (MHSOAC). Innovation represents a significant opportunity to engage new systems and gain knowledge around many difficult mental health system issues. The projects listed herein are:

3-by-3 Developmental Screening Partnership between Parents & Pediatric Practices:
This innovation projects tests three methodologies for delivering comprehensive and recurring screening results for young children to pediatricians. Each of the three methodologies will include the administration of up to three developmentally-appropriate screening encounters before the age of 3 years old. Screenings will take place at ages 9 months, 18 months, and 24-30 months and will be offered in English and Spanish. The three methodologies tested include: Screening administered by an in-clinic Health Educator, screening by Self-Administration, and screening by a Child Care Provider. A learning
goal of this project will be to determine which type of screening is conducive to increase knowledge on parents/primary caregivers about mental health issues and children social-emotional development, as well as which type of screening allows pediatricians to fully engage parents/caregivers who are in need of referrals.

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

**County Name:** San Luis Obispo

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

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

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

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

In the spirit of Innovation, the County Stakeholder process ensured the continuity of maximizing time and knowledge of the community members who had come to the Innovation Planning Team, as well as the maximization project development by using a user-friendly online tool. For this short-time round of innovation, Stakeholders and the Innovation Planning Team were provided with an online project development toolkit consisting of Innovation definitions and guidelines and a worksheet to walk them through the creation and development of the Innovation project. The goal for the stakeholder group was to develop projects outside of the stakeholder meetings and bring the proposals to the group for revision and final approval.
The Innovation stakeholders were given the opportunity to submit proposals and concepts to be considered as new projects. The County continued the use of the “Innovation Creation Station”, which is an online survey (Attachment A) built by the County to assist innovators develop their ideas and answer key questions necessary to meet the Innovation component guidelines. The online survey tool allowed stakeholders to provide concise narrative and complete thoughtful proposals. Technical assistance was provided to innovators and stakeholders throughout the development phase of the proposals by answering questions regarding the online survey tool, answering innovation questions, and generally preparing the innovation planning team presentations.

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

The Innovation proposals were finalized on April 13th, 2018 and a draft was made public for a 30-day review on April 16th, 2018. A public hearing was held as part of the Behavioral Health Board’s (BHB) May X, 208 regular meeting. Upon BHB approval, the Plan was submitted to the County’s Board of Supervisors on June X, 2018, and approved. Once approved the final proposal was submitted for review by the Mental Health Services Oversight and Accountability Commission.

Identify the stakeholder entities involved in the Community Program Planning Process

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

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

- Behavioral Health Board (BHB) members (including family members and consumers).
• Members of underserved communities, including Promotores, representing the Center for Family Strengthening, and participants of the County’s Cultural Competence Committee which advises the department on how to improve services for underserved ethnic and cultural groups.

• Consumers and family members (youth and adult) as well as organizations that represent them such as the Peer Advisory and Advocacy Committee, and the National Association of Mental Illness.

• Community mental health system providers, including staff and peer advocates from Transitions Mental Health Association (TMHA), Wilshire Community Services (WCS), California Polytechnic State University, Community Action Partnership of San Luis Obispo (CAPSLO), Gay and Lesbian Alliance (GALA), and Family Care Network.

• Other County agencies, including Probation, Office of Education (administrators, teachers, counselors), and Drug and Alcohol Services.

• Staff and managers, including the Behavioral Health Director clinicians, case managers and medical professionals of the County Behavioral Health Department.

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

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

The plan is expected to be posted on April 15, 2018 for 30-day stakeholder review. Notice of the Innovation Plan’s availability for review and of the May 16th public hearing will be posted on the SLOBHD website and sent to participants of the Innovation Planning Process, County Board of Supervisors, all SLOBHD staff, and the SLO County Behavioral Health Board. Notification flyers will be posted at the SLOBHD offices and County libraries. A legal notice will be published in the Tribune, the only countywide daily newspaper.
Innovation Project Descriptions

County: San Luis Obispo

Project Name: 3-by-3: A Developmental Screening Partnership Between Parents & Pediatric Practices

I. Project Overview

1) Primary Problem
   a) What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.

The lack of comprehensive and recurring behavioral health screenings for children 0-3 contributes to the fact that mental illness has surpassed physical health problems as the leading cause for morbidity and mortality in American children. California is behind the curve on providing timely screening and identification that can catch and address mental health, behavioral, or developmental challenges early and facilitate access to treatment. The state is 43rd in the nation, with less than 30% of children receiving comprehensive and recurring screenings.

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

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

b) Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

The development of the proposed program stemmed from the clear lack of comprehensive and recurring screenings for early emotional, behavioral, and relationship development for preschool-aged children. This project was prioritized because there are no current services or programs that delve into
the mental health development of children from 0-3 in the county. Additional substantive research from the American Academy of Pediatrics (AAP) concludes:

- Emotional, relationship, and behavioral problems affect nearly as many preschoolers as older children, with prevalence rates of 7% to 10%.
- Emotional, behavioral, and relationship problems interfere with development across multiple domains, including social interactions, parent–child relationships, physical safety, ability to participate in child care, and school readiness.
- Untreated problems can persist and have long-lasting effects, including measurable abnormalities in brain functioning and persistent emotional and behavioral problems.

While there is broad recognition in the pediatric field that more recurring and comprehensive screening for mental and developmental issues is warranted, it is clear that the barriers to effective implementation described above in are not able to be addressed using a traditional “add one more protocol” approach.

2) What Has Been Done Elsewhere To Address Your Primary Problem?

“A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach... (CCR, Title 9, Sect. 3910(b)).

The Commission expects a County to show evidence that they have made a good-faith effort to establish that the approach contained within their proposed project either has not been demonstrated to be effective in mental health or is meaningfully adapted from an approach that has been demonstrated to be effective. Describe the efforts you made to investigate existing models or approaches close to what you’re proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

a) Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?

This project was developed by members of the Innovation stakeholder committee, who conducted local, state, and national online research to identify and locate comparable project models. The project development team did not find any research concluding which method is most likely to provide the most effective context for screening, follow-up, guidance, and referral during well-child visits. While some pediatricians utilize the self-administered method, the County and its Innovation planning team has not found any formalized models for child care partnerships and health educator delivery.

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

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

However, Help Me Grow leaders in both California and at the national level, acknowledge that a new model is needed to more fully incorporate mental health screening directly into the well-child visit conversation without further constraining already-impacted clinics. According to Help Me Grow leaders there is no approach such as the 3-by-3 Project concept that would test the relative efficacy of multiple methods for integrating mental health screening, guidance and referral within a particular pediatric practice.

b) Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstances?

The project team reviewed information from Lassen County PEI Program, Pathways to Early Intervention; and Mendocino County RAISE & SHINE program. As described above in 2a), the project development team also conducted additional research to study potential similar programs in the state and no other source was located that included the use of three methods of mental health screening in a pediatric setting. No other researched program provided a comprehensive and recurring screening method or methods as part of early identification of mental health, emotional, and social development of children.

3) The Proposed Project
Describe the Innovative Project you are proposing. Note that the “project” might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

a) Provide a brief narrative overview description of the proposed project.

The 3-by-3 Project will test three methods for delivering comprehensive and recurring screening results for young children to pediatricians. Each of the three methods will include the administration of up to three developmentally-appropriate screening encounters before the age of 3 years old. Screenings will take place at ages 9 months, 18 months, and 24-30 months (the American Association of Pediatrics-recommended ages) and will be offered in English or Spanish.

The project tests the following three methods:

• Screening will be administered by an in-clinic Health Educator as an education encounter with a 30-minute meeting between Health Educator and parent/primary caregiver prior to their appointment with their physician. A Health Educator is traditionally used in some clinic settings
• to deliver information on a variety of health topics, such as diabetes, nutrition and obesity, heart health, etc. Developmental screening presents a new opportunity to engage parents in conversations about their child’s emotional developmental milestones, supportive mental health practices in the home, and typical development at each age.

• **Self-administration** of screening tool prior to appointment by parent/primary caregiver (potential for paper or online depending on project budget and/or patient family technology access). This method has been used in pediatric practices and serves as a control for this study.

• Screening conducted at child’s **Child Care Provider** site and given to pediatrician for children attending early childhood centers or homes. Child care providers have used the ASQ and similar screening tools but no model has yet been developed to effectively share screening results with pediatricians.

Following each experimental implementation methods, the physician will review and discuss screening results with parent/primary caregiver and make timely referrals, as appropriate.

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

The project will use a validated, parent-led screening tool, the Ages and Stages Questionnaire (ASQ-3) and ASQ Social-Emotional (ASQ:SE-2). The ASQ is one of several validated tools that can be used by pediatricians at the recommended screening intervals. The first tool, the ASQ-3, contains questions that screen for both developmental and social-emotional delays. When social-emotional concerns are highlighted by the screening, the ASQ:SE-2 is then used to provide more comprehensive screening for behavioral and mental health issues. The two reasons the ASQ has been selected as a screening tool for the 3-by-3 Project are the following:

• The ASQ has the ASQ:SE-2 social-emotional screening as a follow-up tool, and

• The ASQ is being used already by child care providers throughout San Luis Obispo County as part of a statewide initiative, the Quality Rating and Improvement System (QRIS), which is funded through First 5 and the California Department of Education. QRIS is a voluntary rating and training program for early care providers.

The following flowchart depicts the three methods being tested from the point of view of the child/family:
3-by-3 Project: Testing Three Methods for Pediatric Early Mental Health Screening

Child A: Health Educator Encounter

Pediatrician’s office schedules 30-minute health education encounter prior to well-child check up. ➔ Parent and child meet with Health Educator; parent completes ASQ-3 and if indicated, ASQ:SE. Parent discusses results and questions with Health Educator. ➔ Health Educator gives results to pediatrician. ➔ Pediatrician discusses results with parent and makes any referrals needed. ➔ As a result, child and family will have increased access to mental health services and supports.

Child B: Child Care Provider Administration

Pediatrician's office establishes contact with childcare provider prior to well-child check up. ➔ Parent meets with child care provider, who presents the ASQ-3. Parent completes at home and discusses results with childcare provider. ASQ:SE completed if indicated. ➔ Childcare provider sends results to pediatrician. ➔ Pediatrician discusses results with parent and makes any referrals needed. ➔ As a result, child and family will have increased access to mental health services and supports.

Child C: Parent Self-Administration

Pediatrician’s office contacts parent and asks them to complete ASQ-3 prior to well-child check up. ➔ Parent completes ASQ-3 at home. If parent doesn’t bring tool to visit, office staff provide to parent on arrival. ➔ Medical assistant provides the results to the pediatrician. ➔ Pediatrician discusses results with parent and makes any referrals needed. Pediatrician provides ASQ:SE to parent if indicated. ➔ As a result, child and family will have increased access to mental health services and supports.

b) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system;
makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).

Makes a change to an existing practice in the field of mental health.

c) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.

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

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

4) Innovative Component

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

a) If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.

The 3-by-3 Project tests an upstream approach to mental health screening, identification, education, and intervention during early childhood. The 3-by-3 Project tests, within pediatric practices, multiple methods of comprehensive screening implementation to determine optimal outcomes. Additionally, what distinguishes the project is the ability to offer a unique approach to screening by treating the screening experience as a health education encounter (whether with a health educator or a child care provider) as linked to a pediatric clinic setting. Additionally, the 3-by-3 Project creates a new opportunity to forge formal connections between healthcare and childcare providers in coordinated service to families with young children who may be facing mental health challenges.

b) If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?

N/A
5) Learning Goals / Project Aims
The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.

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

The 3-by-3 Project learning goals are the following:
• The County and its stakeholder hope to learn more about specific practice that will be most likely to increase behavioral health screening in early childhood. Specifically, which screening method would increase parent/primary caregiver knowledge of age-appropriate social emotional development?
  o Metrics include the number of each screening method and additional surveys associated for each screening method
• The County and its stakeholders seek to learn what methods increase engaging conversations with parents/primary caregiver that allow an increase in mental health knowledge. Specifically, how would every screening method increase parent/primary caregiver mental health knowledge?
  o Metrics include pre and post surveys before and after screenings are completed with clients
• The County and its stakeholders seek to learn how specific settings can integrate mental health screenings into their location. Specifically, which screening method would increase pediatric settings mental health knowledge?
  o Metrics include pre and post surveys before and after screenings are completed with clients
• The County and its stakeholders seek to learn more about screenings and strategies that would increase referrals. Specifically, which screening method would increase appropriate referrals for behavioral health needs of a child, and family members?
  o Metrics include the number of each screening method and the number of referrals documents associated with each screening method
• The County and its stakeholders seek to learn more about how specific strategies support recurring mental health screenings for children and allow increased parents/primary caregivers engagement. Specifically, which screening method is preferred and allows greater engagement by parents/primary caregivers?
  o Metrics include a post survey after screenings are complete with clients
• The County and its stakeholders hope to learn which specific screenings and strategies allow increased mental health knowledge for pediatricians. Specifically, which screening method and strategy is preferred by pediatricians?
  o Metrics include a survey of pediatricians at 6-months and then annually.

These goals were prioritized because they provide direct information regarding the three testing models for recurring and comprehensive mental health screenings. These goals will help to better understand how to most effectively meet local needs regarding increasing screenings in pediatric practices. The goals will allow the selection of a method based on increased knowledge, referrals, and preferences of both caregivers and pediatricians.

b) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?
The learning goals relate to the project’s adaptation of screening methods within pediatric practices by examining the knowledge and referrals and satisfaction that result from each screening method, for both caregivers and pediatricians. By measuring these outcomes there will be a greater understanding of the impact on children and families and the likelihood of pediatricians and caregivers being willing to continue engaging with the screening process.

I. Project Overview (continued)

6) Evaluation or Learning Plan
For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project’s implementation? How do they relate to the project’s objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your “sample size”) required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

a) Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?

The targeted participants for the program will be parents/primary caregivers of children 0-3, and also pediatric providers at safety net clinics and in private practice. At least one safety net clinic location has already been recruited for participation, and one private practice. The project will work with both pediatric offices to develop and execute a protocol for identifying families for voluntary participation in one of the three screening methods. Project staff will work with partnering pediatric and childcare providers to gather data from parents/primary caregivers, including demographic data. The project will station staff in pediatric offices and childcare provider locations where families will be engaged in one of the three different methods of screenings. Parents and pediatricians will provide evaluative feedback on their screening experience through a combination of surveys and individual interviews.

b) What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.

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

c) What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?

The project will collect and document data through surveys and interview with parents, and interviews with pediatric providers. Additional focus groups will be conducted annually with a mix of parents, pediatric providers (doctors, front office scheduling staff, referral coordinators), health educators and child care providers to gauge the effectiveness of each screening method in terms of workflow, cost-effectiveness, convenience, etc. De-identified screening results and referrals will be documented by pediatric clinic staff and provided to the project data analyst.

d) How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?

A brief survey will be administered to parents immediately following each of the three pediatric well-child visits that involve discussion of screening results. Pediatrician participants at safety net and private practice sites will complete quarterly surveys and annual interviews regarding their assessment of the merits of each screening method (health educator, self, childcare provider). The project data analyst will conduct an annual focus group with a mix of stakeholders.

A project data analyst will collect de-identified screening results and referral information to assess potential differences across methodology.

e) What is the preliminary plan for how the data will be entered and analyzed?

Clinic and project staff will work together to enter data, ensuring it is de-identified for analysis by the project data analyst. The project data analyst will analyze patient and pediatrician survey and interview data on a quarterly basis, as well as compiling and analyzing de-identified screening results. Data analysis will be timed to inform quarterly and annual MHSA reports. An additional comparative analysis will include relative efficacy of the three screening practices within a single clinic; efficacy of a particular screening approach in the safety net clinic setting versus private practice; and overall reach across methods between the two types of clinic settings.

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

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

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

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

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

II. Additional Information for Regulatory Requirements

1) Certifications
Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

a) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.

Board of Supervisors’ approval is scheduled to be received in May 2018.

b) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA). Welfare
and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include “Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and non-supplantation requirements.”

Health Agency Director approval and certification is scheduled to be received in May 2018.

c) **Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include “Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act.” Of particular concern to the Commission is evidence that the County has satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.

Health Agency Director and County Auditor-Controller certification is scheduled to be received in May 2018.

d) **Documentation that the source of INN funds is 5% of the County’s PEI allocation and 5% of the CSS allocation.**

Documentation from the MHSA Accountant that INN funds is 5% of County PEI allocation and 5% of CSS allocation is scheduled to be received in May 2018.

2) **Community Program Planning**

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

Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

This project is part of a larger collaboration in San Luis Obispo County around a comprehensive and recurring mental health screening for children 0-3. Alongside the nationwide Help Me Grow movement to strengthen early identification of behavioral and developmental delays, the county held a local convening on August 22, 2017 with broad geographic, ethnic, and professional representation. The County held an informative stakeholder meeting back in September 2017 where it provided the requirements of innovation proposals and the County continues to provide ongoing technical assistance, support, and procedural information to the development and completion of this proposal. The collaboration and continued work on various stakeholders, community representatives, and stems from the four pillars of Help Me Grow, which are 1) outreach to medical providers to increase utilization of validated screening instruments; 2) the formation of a specialized care coordination hub including phone access to parents and providers; 3) outreach to parents, early care providers, and other community members about child development; 4) and data collection to evaluate strengths and gaps.
The 3-by-3 Project team will continue to meet regularly with staff at the local FQHC to begin identifying the optimal clinic site for the 3-by-3 Project. Additional early outreach is being conducted with local private pediatricians to gauge interest in project participation. Finally, the county’s Childcare Planning Council Coordinator/Quality Rating and Improvement System (QRIS) Administrator who is also a certified ASQ trainer has been an increasingly active participant in planning efforts.

3) Primary Purpose

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

Promote interagency collaboration related to mental health services, supports, or outcomes.

II. Additional Information for Regulatory Requirements (continued)

4) MHSA Innovative Project Category

Which MHSA Innovation definition best applies to your new INN Project (select one):

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

5) Population (if applicable)

a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?

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

b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.

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

c) Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

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

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

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

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

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

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

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

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

II. Additional Information for Regulatory Requirements (continued)

7) Continuity of Care for Individuals with Serious Mental Illness
Will individuals with serious mental illness receive services from the proposed project?
If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

The 3-by-3 Project is designed primarily as a prevention and screening/referral effort that does not anticipate including direct services for individuals with serious mental illness. However, project team expects that there will be some children as well as primary caregivers who will be identified as being at risk for a SMI. Careful attention will be paid to building in solid referral relationships between pediatrics and the local behavioral health system to ensure warm and timely handoff to appropriate care.

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

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

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

A formal group of meetings will take place during the first six months of project development with a group of stakeholder who will assist in developing the program evaluation component, this includes:

- Developing the evaluation plan and assess the possible changes that may happen in the future;
- Developing and implementing the engagement protocol for screening;
- Developing the evaluation tool to determine which methodology of screening is most appropriate
- Developing the evaluation reporting document to be distributed and presented to a larger stakeholder group
- Develop the final evaluation tool and reporting document

During implementation and continuous evaluation, the 3-by-3 Project will produce quarterly reports that will be disseminated to stakeholders and the community. After the testing period ends, stakeholders will then be presented with the outcome of the test and will be consulted on the evaluation of the data collected.

II. Additional Information for Regulatory Requirements (continued)

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

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

10) Communication and Dissemination Plan
Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?

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

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

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


II. Additional Information for Regulatory Requirements (continued)

11) Timeline

July 2018 - December 2018:
Program startup – outreach to private pediatric offices to identify a participating site. Develop recruitment protocols for voluntary family participation in one of three screening approaches, including mechanism to identify child care partners as appropriate. Hire project staff (project-wide and clinic-specific). Train health educators in ASQ facilitation. Design workflow protocols and collateral materials. Pilot approaches and conduct focus groups with parents to refine processes.

January 2019- Dec. 2021:
Project begins roll-out at CHC clinic/s Ongoing evaluation includes analysis of de-identified screenings, parent and staff feedback, clinic feedback.

January 2019-Dec 2021:
Private clinic approach begins with at least one pediatric practices, expanding as funding permits. Ongoing evaluation includes analysis of de-identified screenings, parent and staff feedback, clinic feedback.

January 2019-Dec 2021:
Report ongoing findings to SLO County Help Me Grow coordinating committee and project stakeholder advisory committee. Report quarterly and annually to MHSA stakeholder committee.

Jan-June 2022:
Program wrap-up – complete data analysis, identify lessons learned, write evaluation report. Present findings at state and national Help Me Grow and First 5 conferences.

12) INN Project Budget and Source of Expenditures

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

a) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
b) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)

A. Budget Narrative

PERSONNEL COSTS (salaries, wages, benefits)

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

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

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

Indirect @ 4% (Year 1 = $866)

OPERATING COSTS

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

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

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

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

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

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

Indirect @ 4% Year 1 = $333.

NON RECURRING COSTS

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

Data System Setup @ $4,250

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

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

**Child Care Planning Council** (fiscal agent: Community Action Partnership of San Luis Obispo County)
- ASQ Training Workshops for Health Educators, Pediatric office staff ($2,000 in Year 1, $1,000 in outlying years)
- Incentive Stipends for Child Care staff involved in conducting/transmitting ASQ results to pediatricians ($500 in Year 1; $1,000 in outlying years)

**FQHC Safety Net Clinic – Community Health Centers of the Central Coast** (Year 1 Total = $56,041)
- Project Clerk (responsible for assigning patients to one of the three ASQ administration methods, communicating with patients and staff re: scheduling issues and other logistics): YEAR 1 $12/hour starting wage (COLA increase in outlying years of $1/hour). 20 hours per week = $12,480* 50% during Year 1 = $6,240. Benefits calculated at 6% = $374 in Year 1; CHC Overhead @ 26% = $1,622 in Year 1.
- Health Educator (based at CHC): YEAR 1 $18/hour starting wage (COLA increase in outlying years of $1/hour). 1FTE = $37,440*75% during Year 1 = $28,080. Benefits calculated @ 30% = $8,424 in Year 1; CHC Overhead @ 26% = $7,300 in Year 1.
- Clerk and Health Educator Work Stations @ $2,000*2 stations = $4,000.

**Private Pediatric Clinic** (Year 1 Total = $44,622)
- Project Clerk (responsible for assigning patients to one of the three ASQ administration methods, communicating with patients and staff re: scheduling issues and other logistics): YEAR 1 $12/hour starting wage (COLA increase in outlying years of $1/hour). 10 hours per week = $6,240* 50% during Year 1 = $3,120. Benefits calculated at 6% = $187 in Year 1; Overhead @ 26% = $811 in Year 1.
- Health Educator (based at Private Practice) YEAR 1 $18/hour starting wage (COLA increase in outlying years of $1/hour). 1FTE = $37,440*75% during Year 1 = $28,080. Benefits calculated @ 30% = $8,424 in Year 1.
- Clerk and Health Educator Work Stations @ $2,000*2 stations = $4,000.

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

Other Expenditures: Other expenditures include costs for project evaluator of $15,000 per year and indirect costs at the county rate, 20.08%.
# NEW ANNUAL PROGRAM BUDGET

## A. EXPENDITURES

<table>
<thead>
<tr>
<th>Description</th>
<th>FY 18-19</th>
<th>FY 19-20</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal expenditures (salaries, wages, and benefits)</td>
<td>$22,517</td>
<td>$23,643</td>
<td>$24,825</td>
<td>$26,066</td>
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<tr>
<td>2. Operating expenditures</td>
<td>$8,673</td>
<td>$8,517</td>
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<td>$10,597</td>
<td>$37,500</td>
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<tr>
<td>3. Non-recurring expenditures (cost of equipping employees with technology necessary to perform MHSA duties to conduct the Innovative Project)</td>
<td>$8,500</td>
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<td>$2,250</td>
<td>$0</td>
<td>$10,750</td>
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<td>4. Contracts (Trainers &amp; Consultants)</td>
<td>$130,170</td>
<td>$168,268</td>
<td>$171,396</td>
<td>$184,863</td>
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<tr>
<td>5. Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditure in the budget narrative.</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$60,000</td>
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<tr>
<td><strong>Total Proposed Expenditures</strong></td>
<td><strong>$184,860</strong></td>
<td><strong>$215,428</strong></td>
<td><strong>$223,184</strong></td>
<td><strong>$236,526</strong></td>
<td><strong>$859,998</strong></td>
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## B. REVENUES

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<th>FY 20-21</th>
<th>FY 21-22</th>
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</thead>
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<tr>
<td>1. MHSA Innovation Funds</td>
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<td><strong>$236,526</strong></td>
</tr>
<tr>
<td>2. Medi-Cal Federal Financial Participation</td>
<td>$</td>
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<td>3. 1991 Realignment</td>
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<td>4. Behavioral Health Subaccount</td>
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<tr>
<td>5. Any other funding (specify)</td>
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<tr>
<td><strong>Total Revenues</strong></td>
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## C. TOTAL FUNDING REQUESTED

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<tr>
<th>Description</th>
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<th>FY 20-21</th>
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</table>
Project Name: Affirming Cultural Competence Education & Provider Training: Offering Innovative Solutions to Increased LGBTQ Mental Health Care Access

I. Project Overview

1. Primary Problem
   a. What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.

San Luis Obispo County lacks the number of culturally competent and LGBTQ-affirming providers needed to work with this underserved community. Those that are highly trained and recognized as “go-to” sources are overloaded with cases, referrals, and requests for training and consultation. Many LGBTQ community members travel outside of the county to find support given the lack of well-trained affirming therapists, especially for transgender and gender non-binary clients. As a county in need of proper training, more is needed to build the infrastructure of well-trained professionals that can meet the mental health and wellness needs of the LGBTQ community in San Luis Obispo.

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

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

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

This project was developed by members of the Innovation stakeholder committee, and is largely based on data from the local LGBTQ community about their mental health needs and barriers to care. For example, in 2003, a survey of the LGBTQ community in San Luis Obispo County found that some of the barriers to seeking mental health care services included fear of being mistreated by local providers and an insufficient number of services (specifically transgender services, youth services, and support groups; Growing Together Initiative, 2003). Approximately a decade later, LGBTQ community members identified supportive mental health services and youth services as two of the most important service needs in SLO County (Growing Together Initiative, 2015). Most recently, the California Healthy Kids Survey found that nearly 50% of LGBTQ youth living in San Luis Obispo County reported having seriously considered attempting suicide in the past 12 months (California Healthy Kids Survey, 2015). Clearly, the local LGBTQ community is asking for and is in dire need for access to culturally competent and affirming mental health services.

Over the past few years, key LGBTQ and mental health agencies, organizations, and stakeholders have worked to develop local partnerships with hopes of creating innovative solutions for the underserved LGBTQ community members. Various potential projects were discussed amongst these stakeholders who found that one of the greatest needs in this rural community is access to well-trained LGBTQ-affirming providers. As noted above, many in the local LGBTQ community report having to travel to larger, urban, and more well-resources cities to find care, especially with regards to transgender-affirming mental health care. Yet, many low-income residents cannot afford to travel for these services, nor should they have to. The SLO ACCEPTance Project was developed due to the clear disparities and need for an innovative professional training program that can help meet the needs of the LGBTQ community in San Luis Obispo County.

The success of this Innovation project is predicated upon the thoughtful oversight and professional administration, coordination, and collaboration amongst the implementation team, stakeholders, advisory committee, contractors, and experts. This process has already begun and the County hopes to strengthen these connections as it moves forward. The following organizations and agencies have been consulted and involved throughout the development of this Innovation project: Gay and Lesbian Alliance (GALA); Tranz Central Coast (TCC); Queer Community Action, Research, Education, & Support (QCARES); Access Support Network (ASN); Cal Poly Pride Center; on-campus middle and high school Gay Straight Alliance clubs (GSA), the Central Coast Coalition for Inclusive Schools (CCC4IS), and mental health affinity agencies, including Transitions Mental Health Association (TMHA), RISE, Stand Strong/Women’s Shelter Program, Community Action Partnership of San Luis Obispo County (CAPSLO), and the San Luis Obispo County Behavioral Health Agency.

2. What Has Been Done Elsewhere To Address Your Primary Problem?

“A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach... (CCR, Title 9, Sect. 3910(b)).

The Commission expects a County to show evidence that they have made a good-faith effort to establish that the approach contained within their proposed project either has not been demonstrated to be effective in mental health or is meaningfully adapted from an approach that
has been demonstrated to be effective. Describe the efforts you have made to investigate existing models or approaches close to what you’re proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

a. Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?

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

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

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

Overall, the evidence-based literature in this area is severely lacking and the studies that do exist tend to explore change in multicultural competence after one or two short trainings. Though these studies provide direction for training MHP’s and to provide affirming services for LGBTQ clients, the studies do not explore the effects of a more long-term and intensive training for providers. These provide a helpful, though piecemeal, base from which to develop future trainings. Although these models exist, they simply do not do enough to thoroughly train providers over time. In fact, not only is there no research to support the efficacy of an 9-12 month intensive training for mental health providers, there do not seem to be any programs that provide a training such as the one proposed by the SLO ACCEPTance Project.
b. Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstances?

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

3. The Proposed Project
Describe the Innovative Project you are proposing. Note that the “project” might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

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

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

Key Components:
- Comprehensive and empirically-based (but not yet tested) training program delivered across three intensive 2-3 day trainings for MHP and peers with lived experience.
- Professional case consultation meetings with trainers provided between each of the three trainings.
- Development of a network of providers who can consult with each other and others in the community after the training program ends.
San Luis Obispo County is a community made up of rural towns and several cities spread across a vast region of coastal hills and agricultural land. This multi-faceted training approach seeks to address the lack of access to LGBTQ-affirming mental health professionals who can adequately serve the LGBTQ population in the small, provincial community. The development of professionals who can use the knowledge, skills, awareness, and advocacy in a rural setting to help improve LGBTQ client access to services, clinical outcomes, and to help create systems change is not only innovative, but is truly essential to seriously tackle the issues facing LGBTQ community members.

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

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

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

Phase I: Cultural Sensitivity: Language/Awareness
Phase II: Clinical Issues for Client
Phase III: Potential Provider Issues

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

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

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

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

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

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

**b. Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).**

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

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

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

**4. Innovative Component**

**Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?**

The proposed SLO ACCEPTance Project aims to provide academically-informed, in-depth LGBTQ mental health training for mental health professionals, while testing this comprehensive, innovative approach in a comparatively small, provincial-sized community in California. The SLO ACCEPTance Project is distinguished from other training approaches in that it employs a new, never before implemented curriculum and professional training program developed by experts in the field of LGBTQ mental health. It includes a focus on developing cultural competency and explores differences between normative and non-normative behaviors. With its nine month duration, consultation groups, and evidence-based content, SLO ACCEPTance offers an intensity and depth that is unmatched in terms of training program being employed at the state and national level.
SLO ACCEPTance will leverage mental health professionals and peers with lived experience that complete the program to create an “A-Team” of expert providers and peers that are equipped with the tools and skills to serve the LGBTQ population.

a. If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.

Not applicable.

b. If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?

The approach consists in a new detailed comprehensive, intensive, and long-term never-before implemented curriculum and professional training model. The training model lasts a nine month duration period and provides consultation groups and evidence-based content around cultural sensitivity, clinical issues for clients, and potential provider issues.

5. Learning Goals / Project Aims

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

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

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

- The County and its stakeholders hope to learn more about the best approaches for teaching and training therapists to work with LGBTQ clients in a rural setting. Specifically, how does this innovative training approach help to develop therapist knowledge, awareness, and skills over an extended 9 month training period?
  a) Metrics include the number of pre/post retrospective surveys and a roster of trainees
- The County and its stakeholders seek to develop a team of professionals and peers who can provide critical LGBTQ-affirming therapy and services for an underserved community in a rural setting, where finding trained LGBTQ+ affirming therapists is often more challenging. Specifically, how would the intervention or training approach impact the number of services that engage LGBTQ clients?
  a) Metrics include the number of pre/post assessments of trainees’ professional settings before and after engaging the 9 month training period.
- The County and its stakeholders seek to learn better methods to increase access to the underserved LGBTQ community. The goal is to increase the number of LGBTQ community members who feel comfortable seeking mental health services, especially for those who are low-income or lack insurance. Having well-trained therapists, school counselors, and peers who can provide culturally competent care to LGBTQ individuals reduces the barriers to accessing services, thus increasing access to an underserved community in a rural setting. Specifically, how would the intervention or training approach assist in increasing the number of LGBTQ clients served in the community?
a) Metrics include the number of surveys proctored to trainees regarding the number of LGBTQ+ clients being served

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

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

I. Project Overview (continued)

6. Evaluation or Learning Plan

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project’s implementation? How do they relate to the project’s objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your “sample size”) required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

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

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<td>Evaluating participants’ reactions to the training experiences via post-training surveys.</td>
<td>Assessing learning goals via pretest/posttest of:</td>
<td>Evaluating changes in therapeutic behavior via ongoing self-assessment of:</td>
<td>Overall program evaluation &amp; community-level outcomes, including:</td>
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Given the number of trainings and the scope of this project, the data will build collectively over time and allow for comparisons across training modalities, settings, and depth of trainings.

Approximately 50 participants will be included in the trainings and 50 control group participants will be used to measure the effects of the training. Further, the pretest and posttest design allows for within subject comparisons to assess change for each individual participant, as well as participants as a whole. Some components of the training may be more impactful than others, which is why focus groups and individual interviews will be utilized to further understand the learning experience of participants.
Once this training has been implemented, there will be an increase in the number of LGBTQ community members seeking services because there will be fewer barriers to accessing care and the quality of affirming care will have improved. The Innovation stakeholder committee believes this project will lead to serving more LGBTQ community members in San Luis Obispo County, rather than having them travel outside of the county to access mental health services.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

a. Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?

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

b. What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.

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

- LGBTQ-adapted Personal Report of Interpersonal Communication Assessment (PRICA; Goldstein & David, 2010)
- LGBTQ-affirming Law Enforcement Self-efficacy Inventory adapted for mental health therapist (Israel, et. al., 2013)
- An objective multiple choice measure of knowledge
- Self-assessment of behavior and behavioral change
- Case conceptualization measures
- Identification of affirming tools and techniques

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

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

c. **What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?**

Data collection techniques will include:
1. Pretest and posttests surveys for each individual training
2. Pretest and posttest survey before the training program and after completion of the training program
3. Focus groups with small groups of participants
4. Individual interviews with participants about their learning and experiences.

d. **How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?**

Data will be analyzed within-subject (pretest-posttest) and between groups (training group and control group). A semi-equivalent control group will include approximately 50 participants total (25 for each of the two training programs) and they will be selected from similar agencies and private practice settings as those who are participating in the A-Team training.

Pretest-posttests will be administered before each of the three trainings, and after the completion of the entire training program. Focus groups and individual interviews will be used before the training program begins, half way through the 9 month training program, and after the program has been completed.

e. **What is the preliminary plan for how the data will be entered and analyzed?**

The data will be collected by Dr. Jay Bettergarcia, an Assistant Professor who specializes in LGBTQ affirming therapy, teaching and training about LGBTQ psychology, and the assessment of diversity trainings. Quantitative data will be entered and analyzed via excel and SPSS after each of the three trainings. The qualitative data will be transcribed and analyzed using thematic analysis in Nvivo, a qualitative software program.

7. **Contracting**

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

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

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

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

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

II. Additional Information for Regulatory Requirements

1. **Certifications**
   Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

   a. **Adoption by County Board of Supervisors.** Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.

   Board of Supervisors’ approval is scheduled to be received in May 2018.

   b. **Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA).** Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include “Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and non-supplantation requirements.”
Health Agency Director approval and certification is scheduled to be received in May 2018.

c. Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include “Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act.” Of particular concern to the Commission is evidence that the County has satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.

Health Agency Director and County Auditor-Controller certification is scheduled to be received in May 2018.

d. Documentation that the source of INN funds is 5% of the County’s PEI allocation and 5% of the CSS allocation.

Documentation from the MHSA Accountant that INN funds is 5% of County PEI allocation and 5% of CSS allocation is scheduled to be received in May 2008.

2. Community Program Planning

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

Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

This project is part of larger collaboration between local organizations around a comprehensive training model that supports better engagement with the LGBTQ+ population in the community. The project design comes from a collaborative work between Community Counseling Center (CCC), Queer Gay and Lesbian Alliance (GALA); Tranz Central Coast (TCC); Queer Community Action, Research, Education, & Support (QCAES); Access Support Network (ASN); Cal Poly Pride Center; on-campus middle and high school Gay Straight Alliance clubs (GSA), the Central Coast Coalition for Inclusive Schools (CCC4IS), and mental health affinity agencies, including Transitions Mental Health Association (TMHA), RISE, Stand Strong/Women’s Shelter Program, Community Action Partnership of San Luis Obispo County (CAPSLO), and the County of San Luis Obispo Behavioral Health Agency. The County held an informative stakeholder meeting back in September 2017 where it provided the requirements of innovation proposals and the County continues to provide ongoing technical support, and procedural information to the development and completion of this proposal. The continued collaboration between stakeholders, community members, and advocates stems from understanding the dire need to ensure MHP are able to engage the LGBTQ+ community with linguistically and culturally appropriate factors.
The innovation project team will continue to meet regularly during the project development, implementation, and evaluation to identify and address challenges, and to coordinate proper engagement for the intervention being tested. The project will continue to collaborate and coordinate with the County and community based organizations to ensure the inclusion of a wide representation sample of trainees, and to ensure planning efforts reflect the community collaboration and the impact on the LGBTQ+ population.

3. Primary Purpose

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

Increase access to mental health services to underserved groups

II. Additional Information for Regulatory Requirements (continued)

4. MHSA Innovation Project Category

Which MHSA Innovation definition best applies to your new INN Project (select one)

Makes a change to an existing mental health practice that has not been demonstrated to be effective

5. Population (if applicable)

a. If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?

Not applicable

b. Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.

The population is the broadly defined group of mental health professionals, from peer educators, school counselors, LMFT, psychologists, social workers and others.

c. Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility that must be met? If so, please explain.

The populations receiving the intervention being tested are Mental Health Professionals.

6. MHSA General Standards

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

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

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

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

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

e. **Wellness, Recovery, and Resilience-Focused:**
To increase the LGBTQ cultural competency of behavioral health service providers and clinicians, as well as the community at large, it is imperative that SLO Acceptance training:
1) Teach mutuality and shared decision making
2) Acknowledge each person’s worldview and life experience
3) Promote a trauma-informed way of relating; asking “what happened” as opposed to “what’s wrong.”

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

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

II. Additional Information for Regulatory Requirements (continued)

7. Continuity of Care for Individuals with Serious Mental Illness
Will individuals with serious mental illness receive services from the proposed project?
If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

Since the learning outcomes will come from the training of mental health care professionals, this is not a main concern, though one the County will revisit, if necessary.

8. INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement
a) Explain how you plan to ensure that the Project is culturally competent

Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.

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

b) Explain how you plan to ensure meaningful stakeholder participation in the evaluation

Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weigh in at different stages of the evaluation.
Throughout the development of this proposal many individual stakeholders, agencies and organizations have and will continue to be involved. Of note, is the support of GALA, Access Support Network, the Cal Poly Pride Center, Tranz Central Coast, GALA Senior Advocacy, StandStrong, RISE and TMHA. Many of their facilities, staff input, and existing programming will be valuable resources moving forward. Representatives of many of these organizations will be members of the project team and have direct input into project development and evaluation.

The project development team includes stakeholders, and the intention is for that group to be expanded during the ramp-up to the project. This expanded group will address many aspects of the project, with particular focus on examining the best ways to have a diverse group represented on the A-Team, professionally, geographically and population serving (working bilingually).

Of particular note is:
1. The inclusion of peer educators in the A-Team, having an important role in every aspect of the program, including ongoing, frequent evaluation components.
2. Coordination and collaboration with a statewide MHSA funded LGBTQ inclusion effort (#Out4MentalHealth) began in 2017. San Luis Obispo County was chosen as the Southern California County that will have a special Task Force formed to support change initiatives. Local activity, data collection and evaluative tools will be looked at, where possible, for the benefit of this state-wide effort.

In addition, the project team intends to hold town halls/evaluation circles, at significant milestones, such as the completion and evaluation of the first graduating A-Team, and at the completion of the project.

II. Additional Information for Regulatory Requirements (continued)

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

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

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

10. Communication and Dissemination Plan
Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.
The results of this program will be communicated via scholarly publications, research conference presentations, presentations for stakeholders and community members, development of a website, and the development of training and evaluation guides that can be used to recreate this program in other counties. #Out4MentalHealth will be key in helping get information state-wide, as needed. Participants and stakeholders will also be involved in sharing their experiences with the program and presenting the results of the program in various professional contexts.

a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?

There are several ways we plan to continuously disseminate information to stakeholders, including:
• Holding a final project report forum, sponsored by the project’s Stakeholder Advisory Committee
• Use of a project website and social media
• Partner newsletters and local media
• Presentations to partner boards of director

b) How will program participants or other stakeholders be involved in communication efforts?

Here are a few examples:
• A-Team members will be available for limited interviews, panel discussions, and other outreach as a requirement of participation.
• Make a presentation to the California LGBTQ Health and Human Services Network
• Makes presentations through #Out4MentalHealth, the state-wide LGBTQ MHSA project, including through the region’s gatherings
• Gathering project agencies and other interested parties to dig deep into the lessons learned to inform their work and devise a plan moving forward
• Professional journal publications and conference presentations.

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

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

II. Additional Information for Regulatory Requirements (continued)

11. Timeline
   a) Specify the total timeframe (duration) of the INN Project:

       4 Years  0 Months

   b) Specify the expected start date and end date of your INN Project:

       Start Date: July 2018   End Date: September 2022
Note: Please allow processing time for approval following official submission of the INN Project Description.

c) Include a timeline that specifies key activities and milestones and a brief explanation of how the project’s timeframe will allow sufficient time for
i. Development and refinement of the new or changed approach;
ii. Evaluation of the INN Project;
iii. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;
iv. Communication of results and lessons learned.

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

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

- Finalize membership of the stakeholder advisory committee, which will receive updates, and provide input to project team
- Develop an outreach plan and implement portions in support of year one activities
- Develop methods/criteria to select therapists (including A-Team candidates) and peer counselors for key roles
- Develop and/or select curriculum, and logistics for A-Team intensive study program
- Development of initial methodology and evaluation tools

**Year One Major Milestones**
- Begin the first A-Team class
- Year-end report discussion with stakeholder advisory committee

**Year Two Major Milestones**
- Graduate first A-Team and evaluate program
- Consider results of A-Team evaluation and next steps to either run another group and/or continue training of existing team, or discontinue
- Year-end report discussion with stakeholder advisory committee

**Year Three Major Milestones**
- Implement what was recommended about A-Team in year two
- Year-end report discussion with stakeholder advisory committee

**Six Month Wrap-Up**
- Review all evaluation done to date and implement any additional evaluative tool.
- Distribute results of project through local, state and national outlets, including journal articles, media, networks and agencies and stakeholder participants and groups.
- Devise a sustainability plan through existing resources and/or the seeking of new funding mechanism.
- Hold a project end forum to discuss lessons learned, sponsored by the stakeholder advisory group.

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

12. INN Project Budget and Source of Expenditures

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

a) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)

b) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)

A. Budget Narrative

Provide an estimated annual and total budget for this Innovative Project, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovative Project.

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

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

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

**Operating Expenditures:** The operating expenses include program supplies, rent for training room space, program incentives for participants, student assistants, administration expenses, and the ongoing multiphase evaluation.

FY 18-19

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

FY 19-20

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

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

FY 21-22

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

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

Other Expenditures: Other expenditures include costs for project evaluator of $15,000 per year and indirect costs at the county rate, 20.08%.

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

## A. EXPENDITURES

<table>
<thead>
<tr>
<th></th>
<th>FY July 18-June 19</th>
<th>FY July 2019-June 2020 Training 1</th>
<th>FY July 2020-June 2021 Training 2</th>
<th>FY July 2021-June 2022 Wrap up</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal expenditures (salaries, wages, and benefits)</td>
<td>$40,000</td>
<td>$40,000</td>
<td>$40,000</td>
<td>$40,000</td>
<td>$160,000</td>
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<td>2. Operating expenditures</td>
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<td>$50,000</td>
<td>$25,000</td>
<td>$150,000</td>
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<tr>
<td>3. Non-recurring expenditures (cost of equipping employees with technology necessary to perform MHSA duties to conduct the Innovative Project)</td>
<td>$2,000</td>
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<td>$0</td>
<td>$0</td>
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<td>4. Contracts (Trainers &amp; Consultants)</td>
<td>$10,000</td>
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<td>$100,000</td>
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<td>5. Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditure in the budget narrative.</td>
<td>$30,461</td>
<td>$42,108</td>
<td>$42,108</td>
<td>$28,052</td>
<td>$142,729</td>
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<tr>
<td><strong>Total Proposed Expenditures</strong></td>
<td><strong>$107,461</strong></td>
<td><strong>$177,108</strong></td>
<td><strong>$177,108</strong></td>
<td><strong>$93,052</strong></td>
<td><strong>$554,729</strong></td>
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## B. REVENUES

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<tr>
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<th>TOTAL</th>
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<tbody>
<tr>
<td>1. MHSA Innovation Funds</td>
<td><strong>$107,461</strong></td>
<td><strong>$177,108</strong></td>
<td><strong>$177,108</strong></td>
<td><strong>$93,052</strong></td>
<td><strong>$554,729</strong></td>
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<tr>
<td>2. Medi-Cal Federal Financial Participation</td>
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<td>$</td>
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<td>3. 1991 Realignment</td>
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<td>4. Behavioral Health Subaccount</td>
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<td>$</td>
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<td>$</td>
</tr>
<tr>
<td>5. Any other funding (specify)</td>
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<td>$</td>
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<td>$</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
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</table>

## C. TOTAL FUNDING REQUESTED

<table>
<thead>
<tr>
<th></th>
<th>FY July 18-June 19</th>
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NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT
And
NOTICE OF PUBLIC HEARING
County of San Luis Obispo
Behavioral Health Department
Mental Health Services Act

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW
WHO: County of San Luis Obispo Behavioral Health Department
WHAT: The MHSA Innovation Plan for Fiscal Years 2018-22, is available for a 30-day public review and comment from April 16, 2018 through May 15, 2018.
HOW: To review the proposed plan,
Visit: https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Prevention-Outreach/Services/Mental-Health-Services-Act-(MHSA).aspx
To Submit Comments or Questions: https://www.research.net/r/SLOCoINN
Comments must be received no later than May 16, 2018.

NOTICE OF PUBLIC HEARING
WHO: County of San Luis Obispo Behavioral Health Advisory Board
WHEN: Wednesday, May 16, 2018, 3:00 p.m.
WHERE: Behavioral Health Campus, Library, 2180 Johnson Ave, SLO.

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