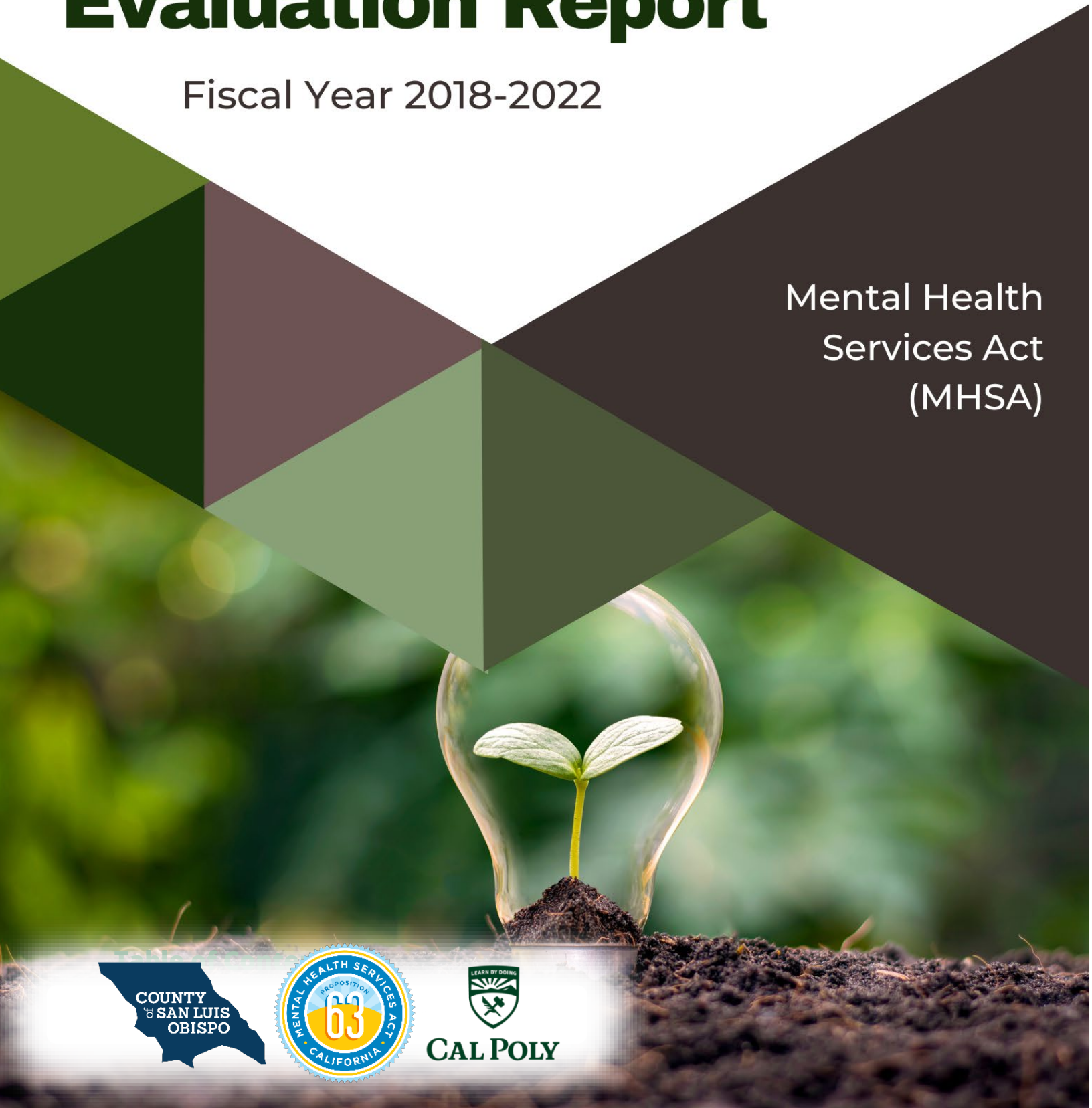
County of San Luis Obispo
Behavioral Health Department

Innovation Projects Evaluation Report

Fiscal Year 2018-2022

Mental Health Services Act (MHSA)



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY BEHAVIORAL HEALTH DEPARTMENT
Mental Health Services Act
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It is with great pride and excitement that the County of San Luis Obispo's Behavioral Health Department present this evaluation of Mental Health Services Act (MHSA)-funded Innovation programs for the fiscal years of 2018-2022. This evaluation has been conducted (and reported herein) by faculty and students from the Master of Public Policy program at California Polytechnic State University (Cal Poly) in collaboration with the San Luis Obispo Behavioral Health Department (SLO BHD).

"Innovation" is the most unique of MHSA *components*, offering counties the opportunity to work with its communities and develop new, original, best practices for the public mental health system. An Innovation project is designed mainly to contribute to learning, rather than simply providing a service. It was fitting, then, for the County to partner with a local institution of higher education to examine the efficacy and results of these four projects.

Along with our gratitude for Cal Poly and its MPP program for their efforts and collaboration with these projects, we would also like to thank Nestor Veloz-Passalacqua, Timothy Siler, and Landon King who served as the County's Innovation Coordinators during the planning, implementation, operations, and completion stages of these projects.

And, thank you for your interest in the County's Innovation projects for 2018-2022! Enjoy the report.

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Executive Summary

The Mental Health Services Act (MHSA) was enacted in November of 2004 with the passage of Proposition 63 by California voters. The implementation of MSHA saw the creation of new regional mental health service initiatives, known as "INNovation Projects" that are administered by county governments and financed by the MHSA. In the years since the Act's passage, a broad array of community health projects gained shape, and many have become important nodes within the mental healthcare networks of their respective counties. Due to the experimental nature of these programs, third-party evaluations were required to offer insights on the efficacy of different treatment models. Such independent evaluations may help improve efficiency within, efficacy of, and appropriate dispersion of innovation programs.

This report examines the research model and results of two projects that began their respective journeys as early as 2016. Each project was subject to a series of funding approvals by community stakeholders and advisory committees, the County's Board of Supervisors, and the Mental Health Services Oversight and Accountability Commission (MHSOAC). The agencies chosen to administer the Innovation projects competed through a Request for Proposals (RFP) process with other qualified entities in 2018. The timelines for each project consisted of 6 months for planning and set-up, 3 years of testing and operations, and another 6 months for ramp-down and evaluation. The evaluations will identify and analyze the following key components of an Innovation project as required by MHSA:

1) Summary of the priority issue related to mental illness or a change in the current mental health service system.
2) Changes made to the project during operations, reasons for changes, and the impact on timeline and results.
3) Final evaluation results
    a. Description of methodology;
    b. Outcomes related to the new or changed approach to mental health;
    c. Variation in outcomes based on demographic data;
    d. Assessment of which activities or elements contributed to successful outcomes;
    e. Explanation of cultural competency within project and evaluation;
    f. Explanation of community contribution and collaboration.
4) Future plans for the project including the County's continued role in funding or otherwise.
5) Analysis of outcomes in relation to the proposed goals, and lessons learned.

SLO ACCEPTance Summary

The mental health issue addressed by the SLO ACCEPTance project was the inadequacy and overall limitations of current gender-affirming clinical training for mental health professionals. The project tested a unique curriculum and training program intended to increase cultural competency working with the LGBTQ+ community in a mental health setting. The real-world output derived from this project resulted in participating clinicians increasing their LGBTQ+ caseload:

- 58% of participating mental health professionals reporting a larger number of transgender and gender diverse clients.
- 66% reported that they were able to serve more queer and sexual minority clients.
- 36% reported an increase in the number of LGBTQ+ clients served compared to their pre-training caseload.

The research questions examined included three primary factors for improving cultural competency: knowledge, skills, and attitude. The results for both knowledge and skills were positive in that both factors increased and retained over time. The attitude component had mixed results in that one cohort increased and the other decreased in terms of feelings towards trans and non-binary persons. The limitations of the test methodology were shown to be a possible cause of the inconsistent results, but also the innate lack of precision when attempting to measure state of mind.

Testing the curriculum involved two training sessions with two cohorts receiving at two differing timepoints. Cohort 1 was tested after the first and second timepoints to study the cognitive retention of the training over time. Towards the end of the first training sessions, the COVID-19 pandemic altered the project to delivering the content online. The alteration proved to be an interesting variable as the facilitators noted differences in vulnerability between the cohort that attended in-person training and the cohort that was primarily online. Benefits of the change included increased comfort due to the ability to complete the training from home in a self-controlled environment. Facilitators also noted that the second group was more vulnerable with each other, shared more deeply, and openly cried more often than had occurred in the first in-person training group.

3 By 3 Developmental Screening Partnership Summary

The 3 By 3 project facilitated by First 5 of San Luis Obispo County aimed to address the need for mental health, behavioral, or developmental delay screenings for children ages 0-5 and eligible for Medi-Cal. As of 2019, only 25% of this population were receiving developmental screenings. The project tested multiple methods for administering the screening, including self-administration by a parent/guardian prior to a pediatric visit and completion of the questionnaire with a health educator in the pediatric office. 3 By 3 partnered with two pediatric offices in the county to implement their project.

The developmental screening tools utilized were the *Ages & Stages Questionnaires, Third Edition* (ASQ-3) and the *Ages & Stages Questionnaires: Social- Emotional, Second Edition* (ASQ:SE-2). The goals of the project were to identify preferred developmental screening methods for pediatricians and guardians, increase knowledge of age-appropriate social-emotional development and milestones, increase appropriate referrals for behavioral health and developmental needs of children and families, and integrate mental health into early primary care conversations.

The survey results surpassed the percentage increase identified as a successful outcome for each goal in this project.

- 78% of parents surveyed reported that the screening tools helped them better understand their child's development. (Goal of 70%)
- 65% of parents surveyed reported that they know more now about what social and emotional abilities to expect at this age. (Goal of 60%)
- 36% of parents surveyed reported that they plan to do something different with their child based on their learning. (Goal of 25%)
- 100% of providers surveyed in saw value in the screening tools utilized. (Goal of 75%)

The project launched at the beginning of 2020 and experienced a flood of challenges due to the COVID-19 pandemic. These circumstances forced the project to pivot on several occasions. Despite these barriers, the 3 By 3 project succeeded in screening over 2,000 children leading to more than 250 referrals to early intervention services, Help Me Grow support, and medical specialists.

SLO ACCEPTance

PROJECT OVERVIEW

The SLO ACCEPTance project aimed to provide highly trained, community-based, and academically informed mental health services for LGBTQ+ individuals. The project tested a unique curriculum and professional training program to increase LGBTQ+ cultural competency in the mental health field. The program was comprised of comprehensive and empirical-based training modules delivered across three intensive multiday trainings for mental health professionals (MHP). The modules involved professional consultation and network provider development components. The three-phase training modules included Cultural Sensitivity, Clinical Issues, and Potential Provider Issues. Each training module also incorporated group consultations. The project employed a skill and learning development approach to better prepare MHPs in various settings to provide comfort and affirmation for the LGBTQ+ community. The learning goal of the project assessed the training modules to determine the measurable skills and attitudes for establishing a baseline for MHP's support and engagement with LGBTQ+ clients in a culturally appropriate manner.

BACKGROUND

PURPOSE & COMMUNITY NEED

The training program originated from an observed lack of skills and experience in providing transgender-affirming care and services. Research on the effectiveness of gender-affirming clinical training has been limited in the past and rarely involved control groups. Additionally, prior training methods are inconsistent with "Guidelines for Psychological Practice with Transgender and Gender Nonconforming People."

Given these findings, the SLOACCEPTance project goals included increasing access to quality mental health services for LGBTQ+ individuals while simultaneously upgrading the quality of these services and relative outcomes. The training model focused on therapists, doctoral interns, LGBTQ+ peer counselors, school counselors, and other mental health care providers.

COMMUNITY COLLABORATION

SLOACCEPTance collaborated with a variety of LGBTQ+-focused local partners and national agencies including the Gay and Lesbian Alliance (GALA); Tranz Central Coast (TCC); 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. The project also worked with the Cal Poly graduate program for Public Policy to establish data collection tools, management, and evaluation.

CULTURAL COMPETENCY

The primary objective of SLOACCEPTance was to increase LGBTQ+ cultural competency with local Behavioral Health service providers and the community at large. By providing LGBTQ+ literacy and ally training, the educational component of the project focused on addressing the biases and discrimination members and allies of the LGBTQ+ community have historically encountered. The themes addressed in training included: gender identity and sexual orientation basics and vocabulary, LGBTQ+ historical and sociopolitical context, heterosexual privilege, and the need for creating safe environments. Inclusivity within the program was extended to all, regardless of race, ethnicity, language, or culture.

RESEARCH QUESTIONS

The study was formatted around three central factors: knowledge, skills, and attitude. The research questions associated with these factors are below:

1. Does a nine-month training intervention program increase subjective and objective knowledge about transgender and nonbinary populations among clinicians?
2. Does training change attitudes about transgender and nonbinary populations among clinicians?
3. What impact does the training have on self-efficacy in trans-affirming clinical skills among clinicians? These three criteria were referred to as Knowledge, Skills, and Attitudes.

IMPLEMENTATION

DESIGN

The training sessions consisted of ten training days across five weekends. The "cohorts" would be divided into seven clinical consultation groups with approximately five participants per group. The groups would meet with experts in the field of transgender and queer affirming therapy to process trainings and consult about providing care to their specific LGBTQ+ clients.

METHODOLOGY

The research design chosen was a "Mixed within/between, switching replication design" involving two groups of participating clinicians: an initial first training cohort and a second waitlist control group. Each training program ran for nine-months, whereupon measurements of key performance indicators were taken. Participants were given self-assessment surveys, using Likert-scale questions to evaluate their sense of knowledge about sexual orientation and gender identity, confidence in providing LGBTQ+-affirming therapy, and service quantity for sexual minority/queer clients.

Each cohort or training group was not randomly selected due to the community nature of the work—clinicians who felt they had the greatest need for the training were able to sign up for the first training period. Analyzing the differences between the cohorts showed no significant differences in the populations that were identified by the SLOAcceptance team, aside from the hours of training related to LGBTQ+ identities – the first cohort had a significantly larger number of training hours compared to the second cohort. However, this difference did not account for any significant correlations among measured outcomes.

CHANGES TO PROJECT: IMPACT OF COVID-19

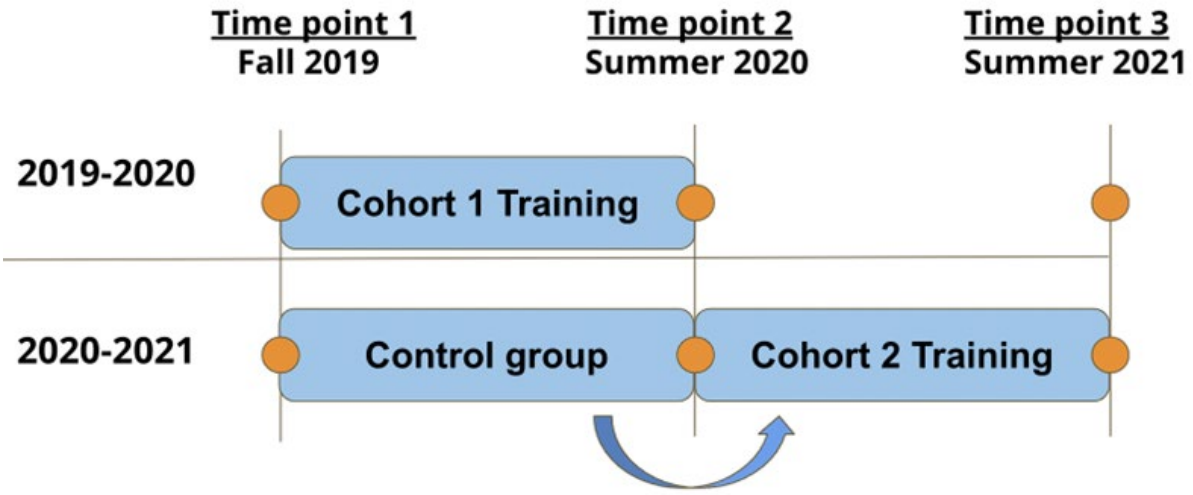
One major alteration to the second of the training programs was made in response to the global COVID-19 emergency. The last weekend of the first training and entirety of the second cohort training programs was shifted from in-person to online-virtual training. Rather than three training weekends, the training days were expanded over five slightly shorter training weekends. The shift mildly affected the delivery of some content. Virtual solutions were found to mimic the in-person training experience; for example, "Zoom break-out rooms' ' were used in place of small group work at separate tables, shared Google Docs were used for writing collaborations in place of whiteboards.

Similar didactic materials were utilized between the two training groups despite the move online: PowerPoints, handouts, vignettes, and activities mostly remained the same. Changes to the training program were made to help the flow, manage participant energy, and support learning from Cohort 1 to Cohort 2. Some of these changes would have occurred without the COVID-19 pandemic, while other changes were in direct response to the necessary virtual learning.

Benefits of the move online included increased comfort due to the ability to complete the training from home, participants had control over their room temperatures, and

the option to turn off video for self-care. Facilitators noted that the second group was more vulnerable with each other, shared more deeply, and openly cried more often than had occurred in the first in-person training group.

PROJECT TIMELINE



LIMITATIONS

Research design and methodological limitations discovered during the project involved sample size, data collection techniques, and time constraints. The number of trainees was small and would generally not be accepted as sufficient for robust statistical results. Due to time constraints for measuring the long-term effects of the training, the project lacked the ability to extrapolate the utilization and impact of the training over time, particularly with an evolving cultural environment surrounding LGBTQ+ in society at large. The data was self-reported and therefore could be distorted or inaccurate, however with this style of training program there was no clear way the team could collect alternative data. The self-reported data leads to other issues including challenges in determining which training factors were most effective and the relationship impact between trainer-trainee.

OUTCOMES & OUTPUTS

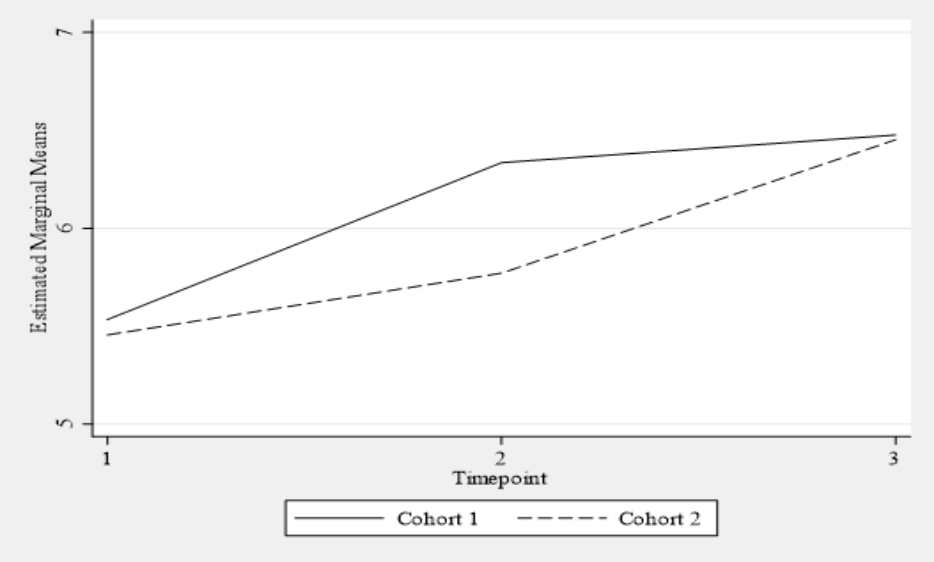
ANALYSIS

The evaluation team with Cal Poly visualized the change in the key factors of knowledge, skill, and attitude. The results were tested for the strength of the relationship and the statistical significance of each outcome. Utilizing the Development of Clinical Skills Scale (DOCSS), the project scored the change in knowledge, skills, and attitude derived from the training over the three time periods.

KNOWLEDGE

Cohort 1 received the training from timepoint 1 to 2, cohort 2 received the training from timepoint 2 to 3. Both cohorts were tested at the beginning and end of their respective training, and cohort 1 was tested again at timepoint 3 to observe the cognitive retention of the training over time and with no additional training. Both cohorts showed a statistically significant increase in knowledge factors during their independent training (Figure 1). The decrease in scores for cohort 1 was significant when tested at timepoint 3 after not receiving the training since timepoint 1-2 (Figure 1). This suggests the possible need for supplemental training over time, or revision of the program focused on continued education.

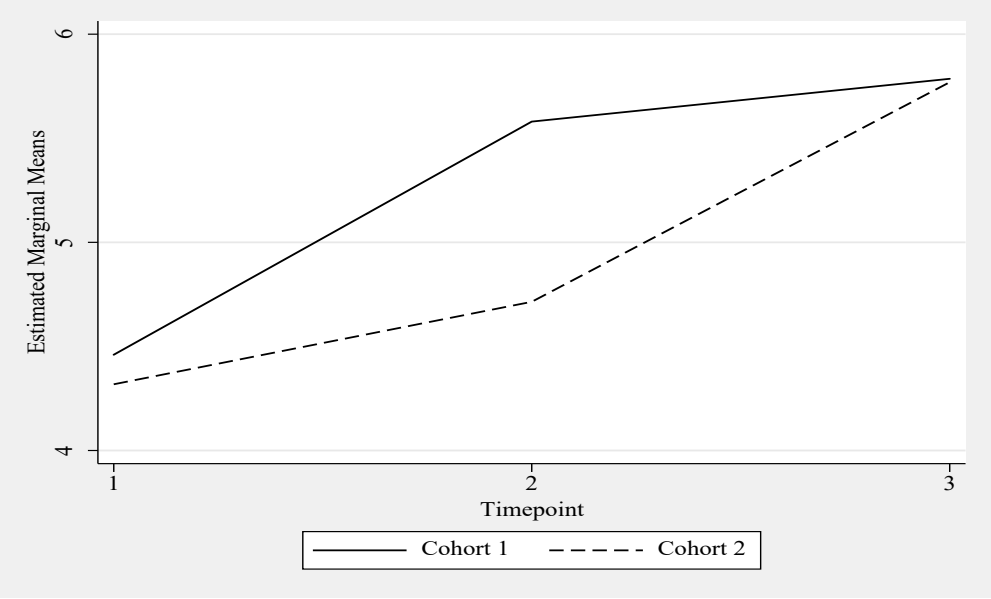
Figure 1:



SKILLS

The analysis of skills gained during the training was the same as the knowledge factor, producing somewhat similar results. These skills applied to working with trans and non-binary persons in a clinical setting. Each cohort showed an increase in scores immediately after the training intervention (Figure 2). Unlike the knowledge factor, the skills factor showed a higher level of cognitive retention from timepoint 1 to timepoint 3, suggesting that the skills were retained at a higher level than knowledge over time.

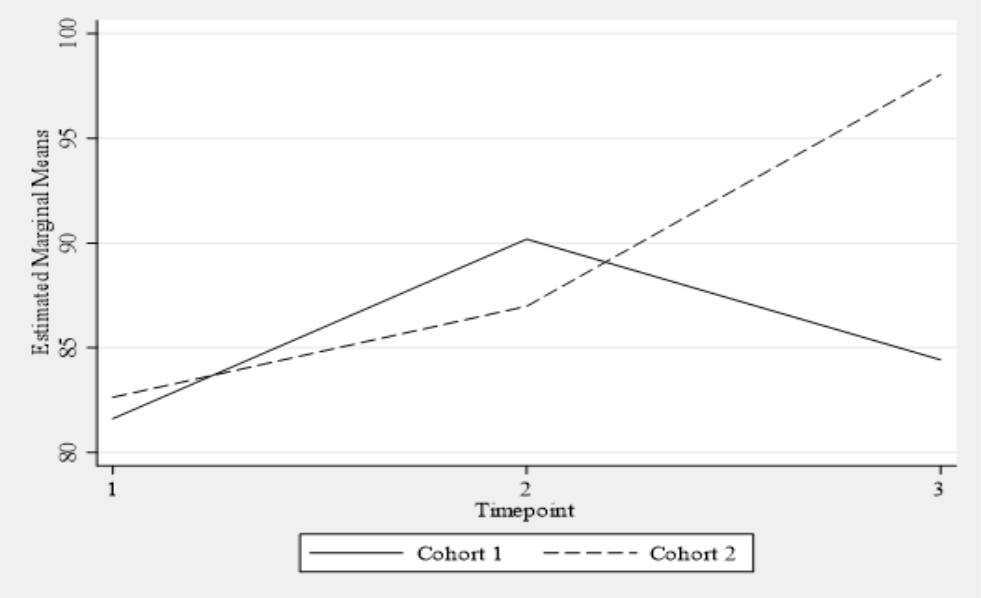
Figure 2:



ATTITUDE

The tests examining feelings towards transgender and non-binary persons showed mixed results. While there was an increase between timepoint 1 and timepoint 3, cohort 1 dropped in scores for timepoint 2 to timepoint 3. Cohort 2 has a clear upward trajectory in scores throughout the study (Figure 3).

Figure 3:



Possible explanations for this difference in attitude changes among the cohorts include the small number of observed data points and at least one extreme outlier embedded in the scores. Measurements between all three timepoints and each cohort did not produce statistically significant results as it pertained to increase in positive feelings and attitude towards LGBTQ+ persons. The evaluation team suggests this was due to the limits of the range of measurement which has a max of 100 and scores was often repeated before and after the training. The method may need to present a more reliable tool for capturing feelings and emotions.

RESULT SUMMARY

QUANTITATIVE RESULTS

Comparing the data of the training group before the program to after the program showed positive results. Clinicians who participated in the training showed a significant increase in overall knowledge, skills, and confidence in providing queer and trans-affirming care to clients. Post training survey data measured change in levels of knowledge, skill, and attitudes using a Development of Clinical Skills Scale (DOCSS). Key results are listed below:

- 58% of participants reported a larger number of transgender and gender diverse clients.
- 66% of participants reported serving more queer and sexual minority clients.
- 36% (12/33) reported an increase in the number of LGBTQ+ clients served compared to their pre-training caseload.
- Post-training survey results showed that 96% of participants self-identified as having a higher level of knowledge on a scale of 1-10.
- The pre-training mean for knowledge about Sexual Orientations was 6.24 compared to a post-training assessment mean of 8.80 on a 1-10 scale.
- Knowledge about Gender Diversity increased from a mean of 5.92 to 8.90 on a 1-10 scale.

QUALITATIVE RESULTS

Participating clinicians were interviewed about their confidence level in how to engage with LGBTQ+ clients. Responses indicate the highest confidence in their ability to respond appropriately and effectively conceptualize the clients' problems. The lowest level of confidence was in their "repertoire of techniques to deal with the different problems LGBTQ+ clients may present". This was supported by several comments noted in the post-training questionnaires which signaled the need to

review specific intervention techniques and tips for dealing with significant issues. However, these comments were generally rare compared to positive feedback noting the feelings of safety and comfort during the training, as well as insightful moments made possible by the quality of the trainers.

PROJECT LESSONS LEARNED

The SLOACCEPTance project has created new data to help understand strategies for developing gender affirming training curriculum for mental health professionals. There was persuasive evidence that this training has increased skills and knowledge in working with the LGBTQ++ community. It was unlikely that the increases seen in the DOCSS and the skills subset scores happened due to factors outside the training. The attitude subset was where evidence was limited regarding how the training increases positive feelings towards trans and non-binary persons. Establishing new ways of educating and continually evolving the methods, tools, and research design would assist in identifying improved ways to increase the attitude subset. The evaluation team recommends that the project administrators continue to evolve the research and widely share these results with the academic community. This specific training was relevant to fill a role in continuing education for mental health professionals.

NEXT STEPS & CONCLUSION

The San Luis Obispo County Behavioral Health Department (SLOBHD) is satisfied with the results of the SLOACCEPTance Innovation project funded by the Mental Health Services Act (MHSA). SLOBHD will continue to support this research by facilitating community collaboration and involvement, as well as potential programs and projects in the future. At this time, the County's MHSA plan will no longer contribute funds to SLOACCEPTance. The project administrator, Dr. Jay Bettergarcia, has begun furthering the research and training program as a private practice. The group practice serves queer, trans, & BIPOC populations and is called The Center for Collaborative Transformations. For additional information refer to the link below.

Center for Collaborative Transformations: Therapy & Training
(https://www.centerforcollaborativetransformations.com/)

3 By 3 Developmental Screening Partnership Project

PROJECT OVERVIEW

The 3 By 3 Developmental Screening Partnership Project (3 by 3) sought to test several methods for integrating early developmental screening into various existing systems in which children receive up to three developmentally-appropriate screening encounters before turning three (3) years of age (at nine months, 18 months, and 24 or 30 months). The project used the *Ages & Stages Questionnaire, 3rd edition* (ASQ-3) and the *Ages & Stages Questionnaire: Social-Emotional, 2nd edition* (ASQ:SE-2) questionnaire, and standardized screening tools.

The project tested multiple methods for administering the tools, including self-administration by a parent/guardian prior to a pediatric visit and completion of the questionnaire with a health educator in the pediatric office. Two pediatric partners allowed for testing across demographics. Community Health Centers of the Central Coast patients are primarily Medi-Cal members, while Bravo Pediatrics patients generally had private insurance.

BACKGROUND

The 3 By 3 Developmental Screening Partnership project was rooted in three basic facts: one in four (1/4) children ages 0-5 are at risk for mental health, behavioral, or developmental delays; early intervention improves long-term outcomes; and a low proportion of children are screened. According to the California Department of Health Care Services (DHCS), only 25% of Medi-Cal-eligible children were screened for risk of developmental, behavioral, and social delays in 2019. Therefore, the project set out to determine the best ways to increase screening within pediatric practices.

The landscape of social-emotional delays is complex. Behavioral issues can be connected to physical delays, such as a child with limited hearing may become frustrated and act out. They can also be manifestations of household stress, poor quality childcare, and other early development stage trauma. There can be indicators of certain developmental delays, such as autism. General developmental screening typically picks up many social-emotional issues. Specialized developmental screenings can also be conducted to learn more about possible social-emotional challenges.

The 3 By 3 project began in 2019, at which time few pediatric practices in SLO County were systematically screening children for behavioral or developmental delays. The

referral system for young children can be difficult to navigate, and the Help Me Grow SLO Centralized Access Point to assist parents and pediatricians with referrals was in the design stage. There were minimal financial incentives for pediatricians to conduct screenings, which were time consuming to implement.
In 2020, the medical landscape changed dramatically. Substantial reimbursements for developmental screening of Medi-Cal patients were made available to help increase screenings. Utilization of developmental screening tools by Medi-Cal providers also became a requirement. The "Help Me Grow SLO" Centralized Access Point opened, providing local system navigation and screening support. However, the COVID-19 pandemic drastically reduced the number of children coming to pediatric offices and shifted everyone's focus away from the need for screenings for young children. Since 2020, visits to pediatric offices have resumed, though overall well-child preventive health visit rates remained low.

Providers were now faced with staffing challenges that contributed to lower capacity to execute developmental screenings. Screening reimbursements for Medi-Cal have proven to be a useful incentive, while the lack of substantial reimbursements from insurance companies remains a barrier. The Help Me Grow SLO Centralized Access Point has become a referral for behavioral/social- emotional issues that do not appear to be medical in nature, providing a helpful resource for families to have the expertise and time to determine why their child is struggling.

IMPLEMENTATION

The 3 By 3 Developmental Screening Partnership project began implementation in 2019 following the unanimous approval of MHSA community partners. The project was built on a previous pilot project launched in 2016 with Community Health Centers of the Central Coast (CHC) called 2 By 2, through which the CHC Health Education Department worked with at one of its clinic sites to screen young children twice by the age of two. The MHSA Innovation-funded 3 By 3 Project expanded on this concept to include the American Academy of Pediatrics' recommended three screenings by the age of three (at 9 months, 18 months, and 24-30 months). It emphasized social-emotional screening to promote early mental health and early identification of mental health challenges. This social-emotional focus proved timely, as the pandemic's stress led both providers and parents to an increased understanding of and focused on the social-emotional needs of young children.

The goals of the 3 By 3 Project were to:

- Identify preferred developmental screening methods for pediatricians and parents/primary caregivers.
- Increase parent/primary caregiver knowledge of age-appropriate social-emotional development and developmental milestones
- Increase appropriate referrals for behavioral health and developmental needs of children and families
- Integrate mental health into early primary care conversations

Three methods were proposed for testing to determine the best method of screening administration for parents and pediatric practices:

1. Health Educator Encounter (screening completed with health educator support during a 30-minute meeting prior to well-child visit appointment)
2. Parent/Guardian Self-Administration (screening completed by parent/guardian prior to appointment, online or in the waiting room)
3. Childcare Provider (childcare provider completes the screening with the parent and sends results to the pediatrician)

Two pediatric providers partnered to become sites for the project, Community Health Centers of the Central Coast (CHC) and Bravo Pediatrics. The initial plan was for each site to test the Health Educator and the Parent/Guardian methods of screening administration. However, due to implementation difficulties and pandemic issues, each site tested one preferred method, with few screenings administered via the non-preferred method. CHC tested Health Educator administration and Bravo Pediatrics tested Parent/Guardian administration. Of the nine CHC offices in San Luis Obispo County that provide pediatric and/or family practice care, three offices engaged with the project.

The *Ages & Stages Questionnaires, Third Edition* (ASQ-3) and the *Ages & Stages Questionnaires: Social- Emotional, Second Edition* (ASQ:SE-2) were selected for use in developmental screenings. These instruments are used by many local childcare providers and preschools, providing an opportunity to increase communication between early education and pediatric providers. They are approved for use by the American Academy of Pediatrics and are typically administered by parents/guardians. The ASQ-3 is a broad developmental screening instrument with age-specific questionnaires that screen in five domains: personal-social, communication, problem-solving, fine motor, and gross motor. Each domain is scored for whether a child's development is 1) on track, 2) should be monitored, or 3) needs immediate referral. The ASQ:SE-2 has a deep, exclusive focus on children's

social and emotional development. It also includes age-specific questionnaires, parent administration, and three scoring levels for each domain (on track, monitoring, or referral). ASQ:SE-2 domains measure self-regulation, social-communication, interaction with people, affect, autonomy, compliance, and adaptive functioning.

The 3 By 3 project officially launched in June, 2019 when First 5 San Luis Obispo County hired a Project Coordinator to establish pediatric contracts and support program implementation. A contract with CHC was finalized, and a Health Educator was hired to oversee the project at CHC. Recruiting a private pediatric practice to provide comparison data took longer and a contract with Bravo Pediatrics was established in the fall of 2019. A Nurse Practitioner at Bravo Pediatrics stepped up to become the project contact and serve as Health Educator; she also took on social-emotional screening using the ASQ:SE-2 as her doctoral dissertation.

Screenings at both sites began in early 2020. CHC's San Luis Obispo clinic began with the Health Educator method, scheduling 30-minute Health Education encounters with parents prior to well-child visits, whereby parents completed the ASQ-3 developmental screening questionnaire with Health Educator support. Bravo Pediatrics began with the Parent/Guardian method, sending parents a link to the online screening questionnaire to complete at home prior to their appointment.

CHANGES TO PROJECT: IMPACT OF COVID-19

COVID-19 impacted the programs immediately, in opposing ways. CHC lost their Health Educator and stopped all screening, temporarily shifting their focus to COVID-19 management. A new Health Educator was hired and trained during the spring of 2020, and in-person screenings were resumed at the San Luis Obispo clinic and expanded to the Templeton clinic in the summer of 2020. Meanwhile, Bravo Pediatrics continued using self-administered screenings. They experienced an increase in parent concerns about their child's development, resulting in increased interest in screenings. Health Education was made available to parents with additional questions. Both sites provided parents with age-specific information to support and encourage healthy social-emotional development.

In the fall of 2020, CHC attempted to implement the Parent/Guardian Self-Administration method of screening administration but experienced continued challenges. Internal systems created barriers to communication with parents in advance of the appointment, and outreach at clinics did not have any effect. In 2021,

CHC piloted the CHADIS electronic health record system to integrate self-administered screenings, but attempts by the Paso Robles clinic to use it were not fruitful; parents did not reply to the link that was texted to them. Health Educator-facilitated screenings with parents and children immediately prior to pediatric appointments continued to be the preferred and most effective method.

Bravo Pediatrics continued to express that their families were not interested in an in-person Health Educator encounter. Instead, they opted to use the online screening method with success. With the pandemic reducing the number of children being seen for well-child visits due to parents' reluctance to come to a doctor's office, the in-person Health Educator Encounter was not the preferred method for this population.

Both practices used the ASQ-3 and the ASQ:SE-2. Children who scored low on the personal-social and/or communication sections of the ASQ-3 were screened with the ASQ:SE-2 to learn more about possible social or emotional problems. All parents are also given the option to schedule a follow up appointment to complete the ASQ:SE-2, and Bravo Pediatrics also preventively screened many children with the ASQ:SE-2 as part of their new procedures established as part of the 3 By 3 project.

Throughout 2020, the First 5-based Project Coordinator tried to establish the third administration method, Childcare Provider screenings. This method was proposed because many childcare providers and preschools administer the ASQ-3, with either the teacher or the parent completing the questionnaire. Rather than ask parents to complete it again at their child's pediatric visit, it was hoped that a system could be created to connect the childcare providers' screenings with the appropriate pediatric offices.

This method was found to have significant barriers. First, the children in any one childcare facility are patients of many pediatricians, not just those in the 3 By 3 Project. Asking childcare providers to only send on screenings for certain children was problematic. Second, it was not clear that there would be sufficient numbers of children from the two pediatric offices in the group of childcare providers who administer the ASQ-3. Asking childcare providers and pediatric offices to create a new set of procedures for only a few children would also be problematic. Finally, COVID-19 created significant problems for childcare providers, including many who closed their businesses, while also creating many new burdens for pediatric offices, that it was not possible to ask these providers to add to their workload. As a result, this third method was not implemented as anticipated.

RESEARCH QUESTIONS

PURPOSE AND METHODOLOGY

The 3 by 3 Project aims/outcomes (as updated with the San Luis Obispo County Behavioral Health Department in October 2021):

- Increase parent/primary caregiver knowledge of age-appropriate development.
- Increase parent/primary caregiver knowledge of their child's social-emotional/mental health development.
- Increase parent/primary caregiver intentions to change their interactions with their child based on their learning.
- Ensure that participating pediatricians value the importance of mental health screening.
- Increase appropriate referrals for behavioral health needs of a child and family members as established by best screening method.
- Determine preferred screening method that allows greatest engagement of parents/primary caregivers.
- Determine preferred screening method and strategy by pediatricians.

The 3 by 3 Project learning goals are the following:

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

Data presented in this report were gathered using the following instruments:

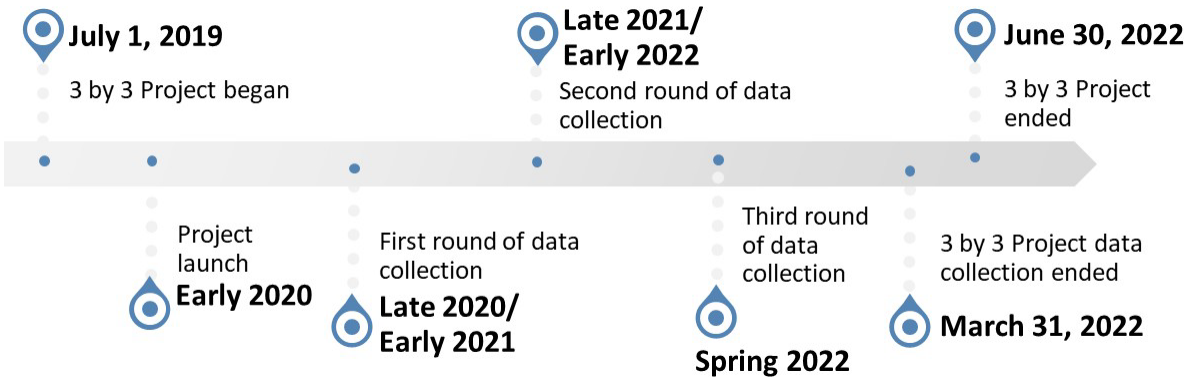
- Surveys of parents
- Surveys of pediatric office staff
- Surveys of childcare providers
- Interviews with parents

- Interviews with pediatric providers
- Interviews with referral providers
- Discussions with key stakeholders
- Analysis of ASQ-3 and ASQ:SE-2 data.

Table 2. Instruments used to measure project outcomes.

Outcome	Instrument
Increase parent/primary caregiver knowledge of age-appropriate development Increase parent/primary caregiver knowledge of their child's social- emotional/mental health development Increase parent/primary caregiver intentions to change their interactions with their child based on their learning	Parent/guardian survey
Determine preferred screening method that allows greatest engagement of parents/primary caregivers	Parent/guardian survey, Staff survey
Ensure that participating pediatricians value the importance of mental health screening	Pediatrician interview
Increase appropriate referrals for behavioral health needs of a child and family members as established by best screening method	ASQ Online referral tracker
Determine preferred screening method and strategy by pediatricians	Pediatrician interview

3 BY 3 PROJECT TIMELINE



EVALUATION OVERVIEW

Challenges were encountered with several aspects of the evaluation plan. The biggest challenge was that the project was not able to compare screening administration practices directly within and between practices. The original plan to test the Parent/Guardian Self-Administration and Health Educator Encounter screening methods called for each practice to conduct both methods, either through parent self-selection or based on scheduling needs. However, as noted above, CHC preferred the Health Educator Encounter method and Bravo Pediatrics preferred the Parent-Guardian Self-Administration method. Despite extensive First 5 guidance, neither was able to successfully implement the other method for many children. Since the two practices have different populations and structures, comparisons between the methods are difficult. To mitigate this, parent surveys were modified to ask which method they thought would be most useful. Parent interviews were also added to learn more about their preferences.

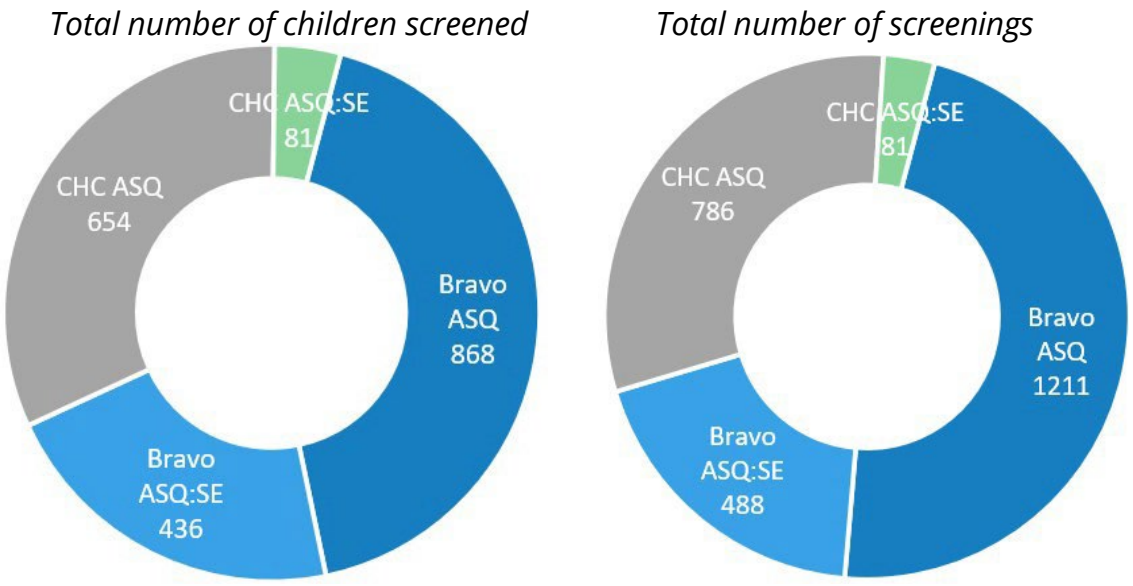
Exit interviews were added to learn more from the pediatric practice staff, referral partners, and First 5 staff. A stakeholder group, the Help Me Grow SLO County Steering Committee, provided feedback annually; they also raised issues related to screening and referral in the wider system. While the Childcare Provider method of screening was not successfully implemented, feedback from childcare providers about their use of the screening tools and their vision for coordinating screenings with pediatric practices was sought. An electronic survey was conducted and an online listening session was held to learn more about the childcare perspective.

OUTCOMES & OUTPUTS

The 3 By 3 Project achieved the following outcomes for children ages 0-3:

- 2,000 ASQ-3 screenings
- 570 ASQ:SE-2 screenings
- 1,522 unduplicated children screened with the ASQ-3
- 517 unduplicated children screened with the ASQ:SE-2
- 22% of CHC ASQs and ASQ:SEs in Spanish
- Half of all children screened at Bravo Pediatrics with ASQ also screened with ASQ:SE
- A concern was flagged for 6% of all ASQ:SE-2 screenings
- At least 256 children were referred to additional services, including early intervention services, Help Me Grow support, and medical specialists.

Figure 1. Number of children screened and number of screenings by clinic and screening type



RESULTS

Increase parent/primary caregiver knowledge of age-appropriate development:

- 78% of all Bravo and CHC parents surveyed reported that the ASQ helped them better understand their child's development. (Goal of 70%)

Increase parent/primary caregiver knowledge of their child's social-emotional/mental health development:

- 65% of all Bravo and CHC parents surveyed reported that they know more now about what social and emotional abilities to expect at this age. (Goal of 60%)

Increase parent/primary caregiver intentions to change their interactions with their

child based on their learning:

- 36% of all Bravo and CHC parents surveyed reported that they plan to do something different with their child based on their learning. (Goal of 25%)

Ensure that participating pediatricians value the importance of mental health screening:

- 100% of providers surveyed in December 2021 saw value in the ASQ:SE-2 screening. (Goal of 75%)

Increase appropriate referrals for behavioral health needs of a child and family members as established by best screening method:

- Screening method did not influence referral type based on the workflow process of each clinic. Referrals were made by pediatricians after well-child visits and after viewing screening results. The new Help Me Grow Centralized Access Point helped to support appropriate referrals for behavioral health needs, and clinics were educated about this resource.

Determine preferred screening method that allows greatest engagement of parents/primary caregivers:

- While the Health Educator Encounter allows the greatest initial engagement, many parents preferred the Parent/Guardian Self-Administration method. Active dialogue/anticipatory guidance by the pediatrician during the well-child visit can also provide this engagement for families.

Determine preferred screening method and strategy by pediatricians:

- The preferred screening method/strategy varied by clinic and population. A hybrid model of administration that combines self-administration with the option for a Health Educator encounter and a phone number to call with questions appears to be the most responsive for parents.

PARENT/CAREGIVER OUTCOMES

Three outcomes looked directly at changes to parent/caregiver knowledge and behaviors. These were primarily measured via parent surveys, with interviews also conducted to learn more about specific questions.

  - Increase parent/primary caregiver knowledge of age-appropriate development.
  - Increase parent/primary caregiver knowledge of their child's social-emotional/mental health development.
  - Increase parent/primary caregiver intentions to change their

interactions with their child based on their learning.

Two surveys of Bravo Pediatrics parents were conducted. From January to April of 2021, 19 parents completed an online survey following their self-administration of the ASQ and their well-child pediatric office visit. From August to October of 2021, 48 more parents were surveyed for a total of 67 surveys.

Two surveys of CHC parents were also conducted. In October of 2020, 16 parents completed a paper survey in the office after their visit. In September of 2021, 30 additional parents were surveyed for a total of 46 surveys.

Figure 2. All parent survey results

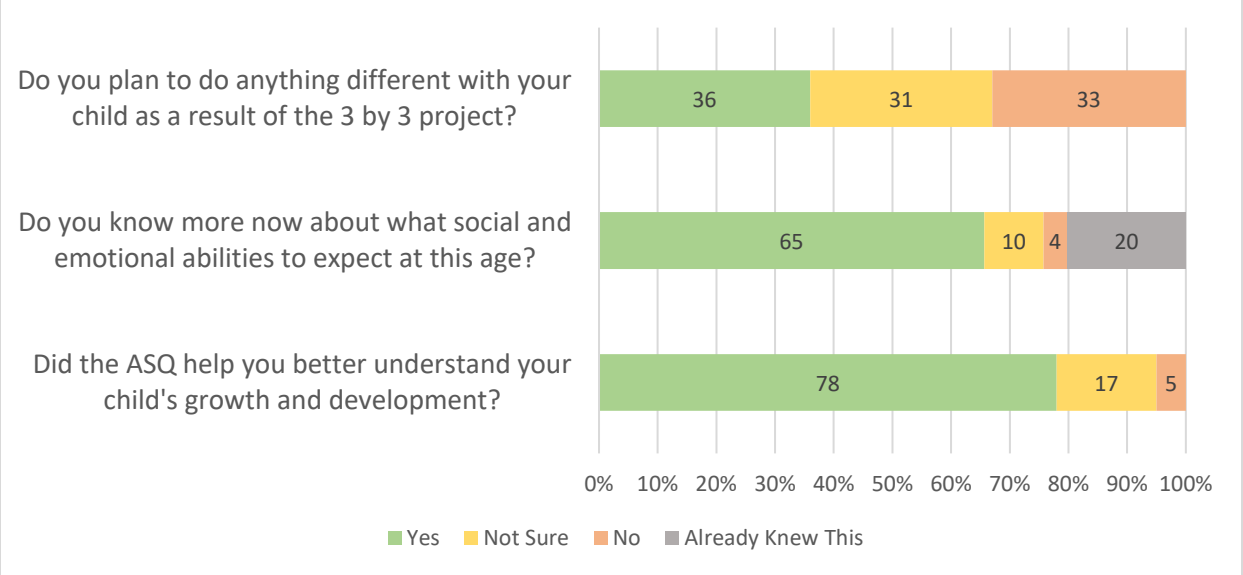


Figure 3. Bravo Pediatrics parent survey results

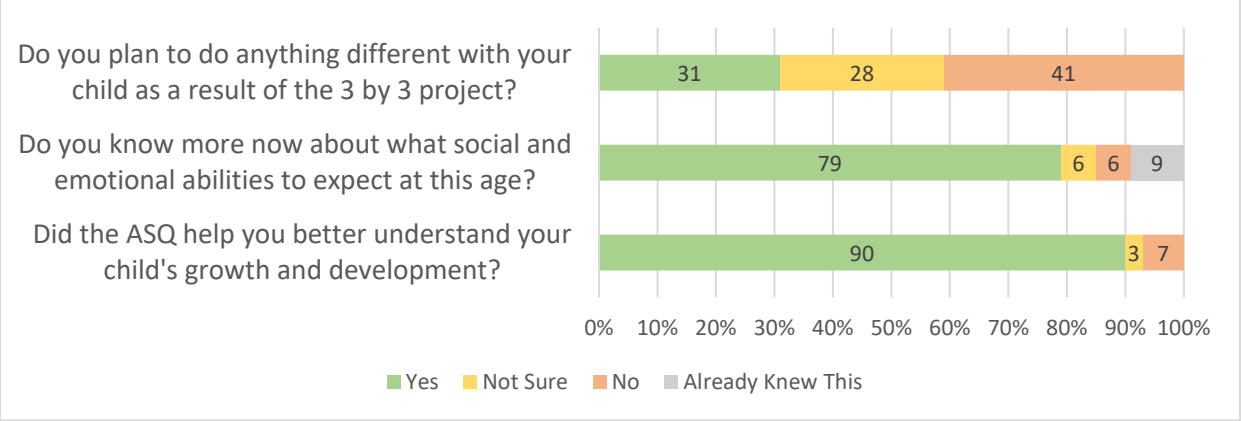
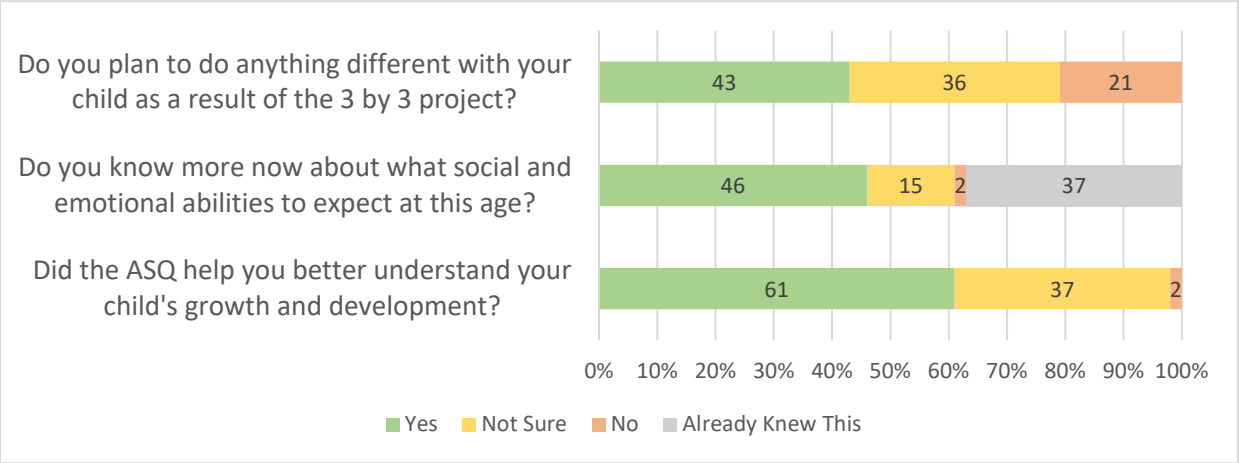


Figure 4. CHC parent survey results



The 2021 surveys at Bravo Pediatrics and CHC also asked parents whether they preferred to fill the ASQ- 3 out on their own or with staff (Health Educator) support. At CHC, where all parents surveyed had worked with a Health Educator, **about 75% of CHC parents said they could have completed the ASQ-3 on their own in the waiting room** (waiting room rather than online completion was specified in the survey question). Two of the 30 respondents liked the Health Educator support. The remaining six parents (20%) thought that it would depend on the situation. Some said it was helpful the first time but then they could do it on their own, while others said it might be helpful for some parents and some situations to have staff support.

At Bravo Pediatrics, where all parents surveyed had completed the ASQ-3 online prior to their appointment with the option to call the office for help if needed, **90% of Bravo parents responded that online completion was preferable** to a staff-supported encounter. Three of the 40 respondents preferred staff support, while one thought it depended on the situation. A few parents asked for other self-administered options like emailed links to complete the ASQ-3 on their computer rather than phone, and paper options.

For the parents surveyed, a hybrid model of administration that combines self-administration with the option for a Health Educator encounter and a phone number to call with questions appears to be the most responsive to their needs.

PEDIATRIC PRACTICE OUTCOMES

Four outcomes looked at factors related to pediatric practices. Data for these outcomes were collected via pediatrician interviews, staff surveys, interviews with

referral providers, and discussions with key stakeholders.

1. Ensure that participating pediatricians value the importance of mental health screening.
2. Increase appropriate referrals for behavioral health needs of a child and family members as established by best screening method.
3. Determine preferred screening method that allows greatest engagement of parents/primary caregivers.
4. Determine preferred screening method and strategy by pediatricians.

Three Bravo pediatricians and one CHC pediatrician were interviewed in the Fall of 2020. Four Bravo pediatricians were interviewed in December 2021; no CHC pediatricians were available for interviews at that time.

In the 2021 interviews, pediatricians were asked whether they saw value in conducting social-emotional (mental health) screenings. All providers saw value in using the ASQ:SE-2 to screen for social emotional concerns. Bravo Pediatrics reported in June of 2022 that they are working to integrate screenings into their regular workflow following the sunset of grant funding.
Referrals could not be analyzed by screening method due to each practice successfully implementing only one method. However, interviews with referral partners, pediatric staff, and First 5 SLO County staff provided insights into social-emotional referrals:

- Referrals for ASQ:SE-2 social-emotional concerns were to Tri-Counties Regional Center's Early Start program, Help Me Grow SLO County, speech therapy. Monitoring and re-screening was also a response based on conversations between parents and pediatricians. (Note: ASQ:SE-2 referral data was only available from Bravo Pediatrics.)
- More mental health supports are needed for a community's youngest children and their families. A range of options from family resource centers to childcare options to parenting coaches to therapists trained to work with young children should be available. Increasing access to physical health interventions such as occupational therapy, physical therapy, and speech therapy can also improve young children's mental health.
- There are increased numbers of families experiencing trauma. These families are not able to engage in services and often decline referrals and do not take their child to a pediatrician.
- For families who do engage in services, they have been needing more support

and case management since the pandemic began. An Early Interventionist home visitor model is being used successfully by Early Start to assist families.

PROJECT LESSONS LEARNED

There is no one-size-fits-all best method of screening support for parents. The 3 By 3 project tested in- person administration with a Health Educator and online self-administration at home. While many parents appreciate the self-administered approach, some need literacy support or have questions and some parents struggled to access the online data system. A hybrid model that provides support for self-administration tailored to the needs of the parent population may be the best approach. This could include an initial Health Educator encounter to register parents at clinics where more parents lack technological savvy and a clinic staff with developmental expertise for any parent to contact if they have questions about the screening.

The ASQ and ASQ:SE are considered to be valuable screening instruments, with parents reporting that they learned a lot about their child's development simply from conducting the screenings, and pediatricians reporting that the tools gave them useful information to help with anticipatory guidance and referrals. However, through investigation the project learned that the ASQ:SE-2 for social-emotional screening is more reliable for ages 3 and up. A social-emotional screening instrument that is more reliable for younger children would be helpful.

CONCLUSIONS

Based on the results of the project evaluation and lessons learned, First 5 will continue working with local partners to institute social-emotional developmental screening tools. The 3 by 3 Innovation project succeeded in achieving the intended outcomes, despite the disruption and challenges incurred by the pandemic. San Luis Obispo County will continue support and advocacy for these efforts, although direct funding through MHSA will not continue at this time. Analysis of the Innovation project, along with reports and data, will be made available on the San Luis Obispo Behavioral Health website and upon request from community partners, providers, and other counties.

Appendix 1: 3 by 3 Description for Stakeholders

3 by 3: A Developmental Screening Partnership between Parents and Pediatric Practices PROJECT DESCRIPTION

The 3 by 3 Screening Partnership will test a new approach for engaging pediatric doctors' offices in behavioral, social-emotional, and developmental screening of young children. It will provide increased access to screening and treatment by improving the identification of children needing mental health services. It will also support parents' mental health by providing valuable parenting education and anticipatory guidance during a critical and typically high-stress stage of family development. The project will support pediatric medical practices in providing 3 standardized screenings by age 3, as recommended by the American Academy of Pediatrics.

Need: One in 4 children 0-5 are at risk for mental health, behavioral, or developmental delays, with higher rates for children living in poverty or facing abuse/neglect. California is behind the curve on timely screenings that can catch and address these challenges early – the state is 43rd in the nation, with less than 30% of children receiving comprehensive and recurring screenings. One quantifiable result: 70% of children with delays go undetected until kindergarten. A variety of barriers stand in the way, including the time requirements to conduct in-depth screenings, limited focus on mental health and social-emotional development, and an over-arching cultural and social stigma associated with "delays" and mental health concerns.

Research Question: The 3 by 3 Partnership asks the following question in guiding its Innovation project: "What method or methods to administer a comprehensive and recurring screening for children ages 0-3 produces the strongest results for improved mental and behavioral health through prevention, early identification, and/or intervention?"

Key Features: The 3 by 3 Screening Partnership will test a new approach for engaging pediatric practices in mental health, behavioral, and developmental screening of young children with the following key features:

- Use of a validated, parent-led screening tool – Ages and Stages Questionnaire (ASQ-3) and ASQ Social- Emotional (ASQ:SE-2).
- Administering three developmentally-appropriate screening encounters before the age of 3 years old. Screenings would take place at ages 9 months, 18 months, and 24-30 months, offered in English or Spanish.
- Participating patient families will have access to one of three implementation methods to administer the screening ("non" participants will constitute a fourth group):

    - Screening 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

- 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)

- Screening conducted at child's childcare site and provided to pediatrician (for children attending early childhood centers or homes enrolled as "Quality Counts" Quality Rating and Improvement System (QRIS) site and trained in ASQ-3 administration)

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

Innovation Outcomes: The 3 by 3 Project will result in measurable short-term outcomes as well as potential long- term outcomes and contributions to the field.

Short-term outcomes and measurable information includes:

- Number of comprehensive screenings conducted per method
- Increase in parent/primary caregiver knowledge of age-appropriate social-emotional development
- Increase in parent/primary caregiver comfort level discussing concerns (i.e. stigma reduction)
- Increase in number of appropriate referrals for behavioral and mental health needs of child (and/or family members as appropriate)

Potential Long-term Outcomes Include:

- Decreased number of behavioral and mental health issues identified in kindergarten
- Reduced stigma related to mental health concerns, from birth

Potential Contributions to the Field Include:

- Innovative partnerships between parents and providers. Examples include: primary care, mental health, health education, childcare, and parenting education
- Added focus on mental health as a part of the national Help Me Grow movement (a systems change effort to increase developmental screening-referral-intervention in early childhood)

Unique Aspects of Innovation: The 3 by 3 Partnership takes an upstream approach to mental health education, surveillance, screening, identification and intervention during early childhood. The Innovation tests within pediatric practices multiple methods of comprehensive screening implementation to determine optimal outcomes. Additionally, the project offers 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. Finally, the Innovation 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.

Funding Allocation: The 3 by 3 Partnership will utilize MHSA funding to help cover the following costs in support of the Innovation Project:

- Project Coordination (Program-wide and within participating clinics)

- Purchasing ASQ-3 and ASQ:SE-2 Materials (paper and/or online access)
- Health Educator Training (For CHC clinic staff)
- Health Educator Staffing (For Private Practice settings)
- Data Collection
- Project Evaluation

Leveraged Funds: The 3 by 3 Partnership has the potential for various sources of leveraged funding. First 5 San Luis Obispo County is committed to participation as a joint investor in the 3 by 3 Innovation. The pilot innovation would also utilize already existing Health Educators embedded in community health clinics. Finally, the pilot would build upon already funded screening practice being incorporated into early childhood education homes and centers enrolled in Quality Counts.

Sustainability: The 3 by 3 Partnership was designed with an emphasis on sustainability. The Innovation is in-line with the state-wide Help Me Grow project, which has possible future funding support based on results from studies such as MHSA Innovation. Since providing developmental screening is a billable service through Medi-Cal, some clinics have the potential to continue screening in a fiscally sustainable manner. Finally, positive outcomes documented from this innovation increase the potential for county investment, institutionalization within the pilot pediatric practices, and countywide expansion to other clinics.

Appendix 2: Memo on 3 By 3 Program Outcomes October 12, 2021

CARSEL CONSULTING GROUP
www.carselgroup.com | becca@carselgroup.com | 805.674.0776

MEMO

To: Tim Siler, SLO County Behavioral Health Department
From: Becca Carsel, First 5 SLO County 3 By 3 Project Evaluator
Date: October 12, 2021
RE: Outcome revisions

Hi Tim! Thank you for the opportunity to make these revisions based on our learning. Please let us know if you have any questions about this proposal.

As requested, the following are our proposed revisions to the 3 By 3 Project target units of service and outcomes, with rationales:

Target Units of Service

1. 450 unduplicated participants screened (Remains as is)

2. ~~350 family units~~
   RATIONALE: Remove because ASQ screening database does not connect siblings.

3. 50 hours of education encounters annually
   (Remains as is, but will not be applicable in 2022 as Health Educator is leaving)

4. 25 referrals provided to participants or parents/primary caregivers (Remains as is)

Outcomes

1. ~~15% increase in parent/primary caregiver knowledge of age-appropriate development~~
   CHANGE TO: 70% of participating parents/primary caregivers will report increased knowledge of age-appropriate development.
   RATIONALE: Outcome is based on post-survey and parent self-report. A retrospective survey is too complicated and time-consuming given the situation (babies who just had shots) and target readability levels.

2. ~~15% increase in parent/primary caregiver social-emotional development/mental health knowledge.~~

CHANGE TO: 60% of participating parents/primary caregivers will report increased knowledge
about their child's social-emotional/mental health development.
RATIONALE: Same as #1, above. Also, note that mental health development is referred to as social-emotional development for young children.

3. ADD NEW OUTCOME: At least 25% of participating parents/primary caregivers will report that they plan to do something different with their child based on their learning.

4. ~~15% increase in pediatric practices' mental health knowledge~~
CHANGE TO: 75% of participating pediatricians will value the importance of mental health screening.
RATIONALE: We are not able to survey pediatricians pre and post regarding their mental health knowledge due to their schedules and frequent changes in CHC staffing. More important than specific knowledge is whether they see value in mental health screening.

5. ~~50% of parents/primary caregiver survey responses for each testing method: From the parents/primary caregivers' perspective determine the preferred screening that allows greater~~
~~engagements~~
RATIONALE: Remove because this is an output measuring the number of parent surveys collected, not an outcome.

6. ~~100% of pediatrician survey responses for each testing method: From the pediatricians' perspective determine the preferred screening method~~
RATIONALE: Remove because this is an output measuring the number of pediatrician surveys collected, not an outcome.

Appendix 3: Bettergarcia feature in CSU Research Booklet

INCREASING LGBTQ+ AFFIRMING MENTAL HEALTH CARE SERVICES IN SAN LUIS OBISPO COUNTY

Dr. Jay Bettergarcia (they/them/their) is an assistant professor in the Psychology and Child Development Department at Cal Poly, San Luis Obispo, and a licensed psychologist whose work supports the mental health and wellness of transgender, nonbinary and gender-diverse individuals and communities. As a nonbinary person and Cal Poly alum, Dr. Bettergarcia recognized, personally and professionally, the need for more affirming mental health care services for the lesbian, gay, bisexual, transgender and queer (LGBTQ+) community in San Luis Obispo County. Now, as a Cal Poly professor and local therapist, Bettergarcia is working to increase access to affordable, culturally competent and affirming care for these communities.

As part of this work, Bettergarcia runs the Queer Community Action, Research, Education and Support (QCARES) program that involves students, community members and leaders in developing, conducting and disseminating research for policy change and social justice action. QCARES started on campus in 2017 by conducting an LGBTQ+ mental health needs assessment to explore barriers to accessing care, their experiences with providers, and the local services needed to support mental health and wellness. The San Luis Obispo County Behavioral Health Department funded this project; more than 500 LGBTQ+ youth, adults and elders shared their experiences through an extensive online survey and several focus groups. The results pointed to the need for more well-trained and affirming providers, suicidal prevention efforts targeted to LGBTQ+ youth, affirming services for transgender and gender-diverse people and LGBTQ+ community spaces that help increase their feelings of safety and connectedness, which can help to buffer the negative effects of stigma and discrimination on mental health. The results and recommendations are being used to develop affirming programs and initiatives that support LGBTQ+ mental health across San Luis Obispo County.

Bettergarcia then set out to create more local training opportunities to help increase providers' cultural competence and to collect data about the effectiveness of such trainings. With a campus Research, Scholarly and Creative Activities grant, they conducted a series of one-day trainings for medical and mental health providers on transgender affirming care. This study assesses the changes in providers' knowledge, attitudes and interpersonal comfort from pretest to posttest. With this coastal county being semirural, accessibility to affirming care providers can mean the difference between people getting the care they need or none at all.

Bettergarcia also developed the Affirming Cultural Competence Education and Provider Training (SLO ACCEPTance) project, a four-year program funded by the Mental Health Services Act, through SLO County Behavioral Health. This innovative program tests a nine-month training model to increase the cultural competence (including knowledge, awareness and skills) of therapists, and the feasibility of specific training activities. Through this research, Bettergarcia and their collaborators hope to better understand and study various methods of conducting diversity-related training. Additionally, approximately 60 local therapists will be trained further to provide affirming mental health care and support for LGBTQ+ people, thereby expanding access to quality care.

Appendix 4: SLO Acceptance New Handout

The SLO ACCEPTance Project

Affirming **C**ultural **C**ompetence **E**ducation and **P**rovider **T**raining

Mental Health Care Services for LGBTQ Populations
2018 Innovation Grant Proposal

James Statler
Executive Director, Community Counseling Center

Dr. Jay Bettergarcia, Ph.D.
Assistant Professor, Cal Poly, San Luis Obispo
Director, Q. C.A.R.E.S. Program (Queer Community Action, Research, Education & Support)

Ellen Sturtz
LGBTQ Advocate and Gay and Lesbian Alliance of the Central Coast Volunteer

Program Overview: An innovative model training mental health professionals (MHP), MHP-in-training, and peer educators to deliver culturally competent mental health care and support for an underserved population in a community with few or no resources. The program recognizes that:

1. Even the most academically rigorous, professional mental health university programs provide little or no information regarding LGBTQ care.
2. A two hour or all day cultural competency class does not create MHPs who are equipped to provide adequate or superior care. Many local professionals readily admit this privately.
3. Peers provide an added level of engagement and expertise in educating and assisting people in need.

Background of Local Needs:

- 48% of SLO County LGBTQ youth have seriously considered suicide in the past 12 months (CA Healthy Kids Survey, 2015).
- Supportive LGBTQ mental health services rated most serious service need in SLO County (Growing Together Initiative, 2015).
- *Provider education* and *peer support* were top two recommendations from SLO focus groups (Growing Together Focus Group Project, 2003).

National Trends:

Rural LGBTQ Communities

- LGBTQ people living in rural settings are often disproportionally effected by minority stress (i.e., negative effects of chronic stigma and discrimination on mental and physical health).
- Rural LGBTQ persons may face social pressure to adhere to gender norms, negative attitudes because of a lack of contact with other LGBTQ people, a greater need to conceal their identity, and higher rates of victimization (Barefoot, Rickard, Smalley, & Warren, 2015; Boulden, 2001; Oswald, Gebbie, & Culton, 2003).
- GLAAD's 2018 Accelerating Acceptance Report (released January 25, 2018) measured the increase from prior years, in discrimination and the discomfort of non-LGBTQ people with LGBTQ people.

Evidence-Based LGBTQ Trainings for MHP

- Evidenced-based training for MHP regarding mental health care for LGBTQ people is lacking, and even fewer are inclusive of bisexual and transgender care issues (Israel & Bettergarcia, 2017).
- Many mental health trainees report that they do not feel well-prepared to work with LGBTQ clients (Benson, 2013; Sennott & Smith, 2011).
- 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), as not all trainings are created equally.

Proposed Solution
Training an "A-Team" of Mental Health Professionals and Peer Educators

Train the Gap, a new and never before tested comprehensive LGBTQ cultural competency training will be tailored for the San Luis Obispo County community.

- Program: A 9-12-month series of evidence-based trainings (anchored in 3 three-day trainings) provided to approximately 25 mental health professionals (MHP), MHP-in-training (doctoral interns), and peer educators.
- Testing the model: Uses a pre/post-test within-group and between-groups design with a matched and semi-equivalent control group of 25 MHP in similar settings, MHP-in-training, and peer educators.
    - 25 A-team providers/peer educators **vs.** 25 control group providers/peer educators.

- Measure efficacy of each training, and/or training component, and the training model as a whole, on cultural competency outcomes measures, (i.e., attitudes, awareness, knowledge, skills, behaviors, and self-efficacy, among others).

Sustainability

- A-team specialists available in various agencies and departments across the community.
- A-Team service requirement to provide consultation referral, facilitate groups, and train within their agencies.
- Development of a SLO ACCEPT resource website for the LGBTQ community.
- Working in partnership with the County's Suicide Prevention Coordinator to co-sponsor training and outreach.
- Maintaining a strong mental health collaborative through SLO ACCEPT.

Desired Outcomes

- To develop a broad, diverse, and self-renewing local network of culturally competent providers in a community with few or no resources.
- To increase access to affirming and quality mental health services for an underserved community with a demonstrated need.

Just A Few of Our Important Partners

Questions? Please contact Ellen Sturtz 310-948-7959, anytime.

Appendix 5: SLO ACCEPTance Training Flyers

SLO ACCEPTance Training 101

The SLO ACCEPTance Project is an innovative approach to training mental health professionals to provide affirming services for local Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) community members via two 9-month intensive training programs. These programs draw upon over two decades of quantitative and qualitative research highlighting the dearth of providers with knowledge, awareness, and skills to provide LGBTQ-affirming services. This 101 training will provide the foundation for the remaining training modules.

Trainers: Theodore Burnes, Ph.D., LPCC, M.S.Ed. and Benjamin Geilhufe, LPCC
Dates: Friday, October 2, & Saturday, October 3, 2020
Location: Zoom (link to be sent out before the training)
CE registration link:
Check-In: 8:00 - 8:30
Training: 8:30 - 1:00
Cost: Free
CE Credit: 8 contact hours (BBS & BRN)
This training is intended for SLO ACCEPTance Project Participants ONLY

Learning Objectives

1) Describe at least two concerns of LGBTQ+ people seeking mental health treatment in rural communities.
2) Identify and distinguish between the three dimensions of gender: body, identity and expression.
3) Distinguish between the concepts of sex, gender identity, and gender expression.
4) Identify and describe the meaning of the "gender binary."
5) List components of non-binary transition (psychological, social, medical, legal).
6) Describe at least 2 specific ways that clinicians may exhibit heterosexist bias and transphobic bias against LGBTQ individuals and how it may impact treatment.
7) Describe at least 2 specific ways that clinicians may exhibit biphobia against bisexual Individuals and how it can impact treatment.
8) Identify and distinguish between binary (cis) and non-binary (trans, queer, questioning) gender identities.
9) Describe at least 2 specific ways that clinicians may exhibit binary bias against nonbinary Individuals and how it can impact treatment.
10) Describe at least one way that an attendee is aware of/holds one or more aspects of cultural privilege and how it may impact treatment.

For CE Questions contact:
Caroline Johnson, cmjohnson@co.slo.ca.us, San Luis Obispo County, Behavioral Health Department

For Registration, Accommodations, Grievance, Refunds or Cancellation Questions contact:
Elissa Feld, efeld@calpoly.edu, Cal Poly and QCARES

County of San Luis Obispo Behavioral Health Department is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for behavioral health professional. County of San Luis Obispo Behavioral Health Department maintains responsibility for this program/course and its content.

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SLO ACCEPTance Training 201

The SLO ACCEPTance Project is an innovative approach to training mental health professionals to provide affirming services for local Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) community members via two 9-month intensive training programs. These programs draw upon over two decades of quantitative and qualitative research highlighting the dearth of providers with knowledge, awareness, and skills to provide LGBTQ-affirming services.

Trainers: Theodore Burnes, Ph.D., LPCC, M.S.Ed. and Benjamin Geilhufe, LPCC
Dates: Friday, December 4, & Saturday, December 5, 2020
Location: Zoom (link to be sent out before the training)
CE registration link: **https://sloco.wufoo.com/forms/m1i53oo70fmrz3b/** (Participants only need to register once at the beginning of the SLO ACCEPTance project)
Check-In: 8:00 - 8:30
Training: 8:30 - 1:00
Cost: Free
CE Credit: 8 contact hours (BBS & BRN)
This training is intended for SLO ACCEPTance Project Participants ONLY

Learning Objectives

1) Describe at least one way that an attendee is aware of/holds one or more aspects of cultural privilege and how it may impact treatment, specifically in regards to nonbinary indivduals.
2) Identify at least two areas of discrimination faced by gender-diverse clients seeking healthcare.
3) Describe at least one ethical decision-making model (with 3-4 distinct steps) used in their clinical practice.
4) Identify at least two resources to support gender-diverse clients in accessing legal support for employment, document support, and other needs.
5) Define cisgender privilege and identify three ways in which it impacts day to day living for cisgender individuals.
6) Identify one or more previously unaware personal biases and/or attitudes of the participant as identified by self-assessment training activities and how it may have impacted treatment with a LGBTQ+ client.
7) Identify at least three components of a "gender-inclusive office space."
8) Describe and apply at least two specific strategies through which clinicians can improve their relationship with LGBTQ+ clients.

For CE Questions contact:
Caroline Johnson, cmjohnson@co.slo.ca.us, San Luis Obispo County, Behavioral Health Department
For Registration, Accommodations, Grievance, Refunds or Cancellation Questions contact:
Dr. Jay Bettergarcia, jbetterg@calpoly.edu, Cal Poly and QCARES

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SLO ACCEPTance Training 202

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Trainers: Theodore Burnes, Ph.D., LPCC, M.S.Ed. and Benjamin Geilhufe, LPCC
Dates: Friday, February 5, & Saturday, February 6, 2021
Location: Zoom (link to be sent out before the training)
CE registration link: **https://sloco.wufoo.com/forms/m1i53oo70fmrz3b/** (Participants only need to register once at the beginning of the SLO ACCEPTance project)
Check-In: 8:00 - 8:30
Training: 8:30 - 1:00
Cost: Free
CE Credit: 8 contact hours (BBS & BRN)
This training is intended for SLO ACCEPTance Project Participants ONLY

Learning Objectives

1. Identify at least two components of a "gender-inclusive office space"
2. Identify and discuss three aspects of the minority stress model.
3. Identify and discuss three harmful outcomes of clients who have undergone reparative therapy.
4. Distinguish between the three main models of gender care world-wide.
5. Identify at least one clinical goal of the Gender Affirmative Clinical Model.
6. Identify diagnostic criteria for Gender Dysphoria in both youth and adult clients.
7. Identify at least 2 ways that the clinician role overlaps with the advocate role in gender care.
8. Identify the permanent, semi-permanent, and non-permanent changes that hormone replacement therapy might provide for transgender people.

For CE Questions contact:
Caroline Johnson, cmjohnson@co.slo.ca.us, San Luis Obispo County, Behavioral Health Department
For Registration, Accommodations, Grievance, Refunds or Cancellation Questions contact:
Dr. Jay Bettergarcia, jbetterg@calpoly.edu, Cal Poly and QCARES

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SLO ACCEPTance Training 301

The SLO ACCEPTance Project is an innovative approach to training mental health professionals to provide affirming services for local Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ+) community members via a 9-month intensive training program. This program draws upon over two decades of quantitative and qualitative research highlighting the dearth of providers with knowledge, awareness, and skills to provide LGBTQ-affirming services. This 301 training will continue to build on the learning from Modules 101 and 201.

Trainers: Theodore Burnes, Ph.D., LPCC, M.S.Ed. and Benjamin Geilhufe, LPCC

Dates: Friday, April 9, & Saturday, April 10, 2021
Location: Zoom (link will be sent out prior to training)
Check-In: 8:90-8:30
Training: 8:30-1:00

- This training is intended for SLO ACCEPTance Project Participants ONLY

Cost: This training is free
CE Credits: 9 contact hours (BBS & BRN)

Learning Objectives

1) Identify resources and options for clinical consultation when beginning to write letters for access to medical intervention
2) Identify the basic key components of gender support letters needed to access medical intervention
3) Identify and describe at least two clinical interventions to work through internalized homo-/bi-/queer-phobia
4) Demonstrate competence through exploring case scenarios focused on clinical work with gender diversity, including assessing for the clinical presenting issue (whether gender related or not), assessing for gender health, and identifying when to reach out for case consultation
5) Apply at least two new clinical skills implementing affirming interventions when addressing internalized oppressions with LGBTQ+ clients
6) Practice giving and receiving feedback on clinical skills so as to assist in strengthening attendees' own therapeutic practice
7) Practice giving and receiving feedback on clinical skills so as to assist in strengthening attendees' own therapeutic practice
8) Apply social justice values of interdisciplinary collaboration and community partnerships by identifying resources of at least two other community-based providers.
9) Practice assessing application of legal and ethical standards in youth-related clinical work
10) Identify and engage with at least three local community providers to strengthen knowledge of legal, social, and cultural resources for LGBT clients
11) Strengthen relational skills with at least three local community providers to facilitate collaborative care for clinical work with LGBT clients

Registration, Accommodations or CE questions?
Contact: Caroline Johnson, cmjohnson@co.slo.ca.us, San Luis Obispo County, Behavioral Health Department

Grievance, Refunds or Cancellations?
Contact Caroline Johnson, cmjohnson@co.slo.ca.us, to provide you with our Grievance Policy & Procedure, Refunds & Cancellation

SLO ACCEPTance Training 302

The SLO ACCEPTance Project is an innovative approach to training mental health professionals to provide affirming services for local Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) community members via two 9-month intensive training programs. These programs draw upon over two decades of quantitative and qualitative research highlighting the dearth of providers with knowledge, awareness, and skills to provide LGBTQ-affirming services. This 101 training will provide the foundation for the remaining training modules.

Trainers: Theodore Burnes, Ph.D., LPCC, M.S.Ed. and Benjamin Geilhufe, LPCC
Dates: Friday, May 21, & Saturday, May 21, 2021
Location: Zoom (link to be sent out before the training)
CE registration link:
Check-In: 8:00 - 8:30
Training: 8:30 - 1:00
Cost: Free
CE Credit: 8 contact hours (BBS & BRN)
This training is intended for SLO ACCEPTance Project Participants ONLY

Learning Objectives

1) Apply at least two new clinical skills implementing affirming interventions when addressing internalized oppressions with LGBTQ clients.
2) Give and receive feedback on clinical skills so as to assist in strengthening attendees' own therapeutic practice.
3) Apply one specific affirmative-focused clinical skills with LGBTQ-identified youth consumers of mental health in their local community.
4) Apply at least one affirmative theory with LGBTQ-identified youth consumers of mental health in their local community.
5) Identify at least two specific needs of local consumers who have utilized LGBTQ Mental Health Services.
6) Identify at least two examples of discrimination faced by trans/gender diverse youth
7) Identify at least two specific clinical methods of supporting caregivers of trans/gender diverse youth
8) Illustrate at least one specific unmet need of LGBTQ-identified consumers of mental health in their local community.
9) Identify the key determinant to overall mental health wellness for LGBT youth (caregiver acceptance and support).
10) Articulate at least two goals for further professional development (to be explored after the ending of the SLOAcceptance training).

For CE Questions contact:
Caroline Johnson, cmjohnson@co.slo.ca.us, San Luis Obispo County, Behavioral Health Department
For Registration, Accommodations, Grievance, Refunds or Cancellation Questions contact:
Mikaela Weidman, mmweidma@calpoly.edu, Cal Poly and QCARES

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