

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

Innovation Plan
FY 2016-2020



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

San Luis Obispo, CA 93401





SAN LUIS OBISPO COUNTY HEALTH AGENCY

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San Luis Obispo County Innovation Plan

Executive Summary

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

Over an 18-month period, the SLOBHD worked with local stakeholders, including consumers and family members, to develop the County's INN Plan. The plan consists of new and novel mental health practices or approaches that will contribute to informing the County and its stakeholders as to improved methods for addressing difficult issues.

The San Luis Obispo County INN Plan consists of four distinct projects ranging in duration from 24 to 36 months. The total cost of the four projects including administration services is projected to be approximately \$1.9 million. The projects will be funded with the 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 FY16-17 through the first half of FY19-20.

INN Project Budgets	FY 16-17	FY 17-18	FY 18-19	FY 19-20	Total
Defining Peer Support	\$181,795	\$185,177	\$188,461	\$60,275	\$615,708
Late Life Empowerment & Affirmation	99,767	101,408	105,236	37,899	344,311
Transition Assistance & Relapse Prevention	94,330	93,635	95,011	35,500	318,475
Not for Ourselves Alone	163,747	185,711	188,681	103,302	641,441
Total INN Budget	\$539,639	\$565,931	\$577,390	\$236,976	\$1,919,936

MHSA funds will be used to implement the following four new projects with planning and services expected to begin in July of 2016, after any procurement processes have been completed. The projects were selected based on MHSA's required outcomes, general

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

Defining Peer Support: Effective Peer Mentorship for Latino Women: This Innovation project tests a change to the existing practice of peer support in the mental health system by providing a more concrete definition for who constitutes a "peer mentor." It is expected that this project will standardize the definition of a "peer mentor," in order to increase the effectiveness of their work. In particular, this project will test this hypothesis with an under-reached, under-served population that constitutes an ever-growing fraction of the State's citizenry. A learning goal of this project will be to determine whether lived experience can be measured to establish a baseline for expectations when recruiting and hiring peers to work in the public mental health system. Although peer advocacy is not a new practice, and its effectiveness in improving treatment outcomes is widely documented, there is no standard definition for a "peer mentor" within the mental health system of care.

Late Life Empowerment and Affirmation Program (LLEAP): The Late Life Empowerment and Affirmation Program (LLEAP) project aims to provide older adult women mental health services and tools to help them become the head of household and feel self-empowered after the loss of a spouse. The project would not focus on bereavement, as there are programs that address this already; rather, LLEAP would focus on improving mental health by providing tools that help clients feel empowered and confident, while reducing the risk of isolation and depression. The project uses a skill development approach to engage widows socially, and provides a setting where they can find comfort and affirmation among peers.

Transition Assistance and Relapse Prevention (TARP): The effectiveness of peer mentorship is widely documented. However, peers have not been used in the transition from wraparound services to more independent models of care and treatment. This project employs a model that is successful in other contexts such as inmate reentry or post-acute physical care, and applies it to adults enrolled in intensive mental health services. It is anticipated that this project will inform of the effectiveness of peer mentorship in the transition from FSP programs into a self-supported, community-based model. If successful, this approach could increase the capacity of FSP providers to offer these services to more clients who need them, while maintaining a high level of quality throughout the spectrum of treatment.

Not for Ourselves Alone: Trauma Informed County of SLO: The "Not for Ourselves Alone" Innovation provides trauma informed care training across public agencies and programs in the County of San Luis Obispo, with the intention of building capacity and increasing interagency collaboration to best serve the citizenry. Community members with trauma are not served by health and social service agencies alone. They are in the libraries, at the tax collector's window, in parks, in courts, using the airport, as well as those involved with probation, jail, and the Sheriff's Department. These organizations are

relied on to provide customer service based on traditional government models. This project asks the entire County to learn about trauma and how it may impact its constituents – including its own employees. This understanding will lead to better, more informed public engagement and customer service. Essentially, the Behavioral Health Department is proposing an Innovation that takes a concept and practice which has already found success within mental health services – and then adapting it to work in structures outside the public mental health system.

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

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Community Program Planning and Local Review Processes

County Name: San Luis Obispo

Work Plan Name: SLO County Innovation Plan

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

Individual and small-group meetings were held beginning in February 2014 with members of the Innovation Planning Team, the stakeholder group originally formed to help develop the County's initial Innovation Plan in 2012. The stakeholders were assembled to review the Innovation guidelines and begin helping focus stakeholders on a new round of smaller, research and experiment-based projects. The meetings also provided stakeholders with presentations and documents representing the evaluation of the first round of local Innovation trials.

These sessions were conducted by Darci Hafley, the Innovation Coordinator for the Behavioral Health Department, and Frank Warren, the County's MHSAs Coordinator. Stakeholder meetings included past and newly formed consumer and family focus groups and members of existing groups, such as the Behavioral Health Board. The focus of the new stakeholder process was to encourage the development of learning projects, and developing initiatives to test potential solutions for difficult challenges.

Calling all Innovators!

Do you have a brand-new, creative idea for mental health practice that has never been done before?

Inventive Original Bright Idea

If you answered "yes" to the question above, then San Luis Obispo County Behavioral Health wants to hear from you!

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https://www.research.net/s/MHSA_Innovation_Idea_Station

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In the spirit of Innovation, the County stakeholder process took on a new approach in an attempt to maximize the time and knowledge of the community members who had come to the planning table. Stakeholders were provided an online project development toolkit,

consisting of Innovation definitions and guidelines and a worksheet to walk them through creating an Innovation project. The goal for the stakeholder group was to develop projects outside of the stakeholder meetings and bring the proposals to the group for final approval.

The Innovation stakeholders were given a new way to submit proposals and concepts to be considered as new projects. The “Innovation Creation Station” was an online survey (Attachment B) built by the County to help innovators develop their ideas and answer the key questions of necessary to meet the Innovation component guidelines. The survey allowed stakeholders to provide more written-out, thoughtful proposals rather than what is typically presented in a stakeholder meeting. Technical assistance was provided to those stakeholders wanting to submit concepts but with a need for help in using the online tool, answering the Innovation questions, and generally preparing ideas for Planning Team deliberation.

Proposals were reviewed to assure adherence to the Innovation Guidelines. The approval process would consist of a ranking of each project prior to funding estimations so that the stakeholders would be making recommendations based on the merits of the projects and the “need,” rather than on the costs of services – which had guided MHSA planning in the past. Over the next year, the stakeholders met to review the proposals, culminating in online and in-person “ranking” sessions – with the stakeholder group, and one with a panel of consumers unfamiliar with the prior discussions and process, respectively.

In an attempt to meet the Innovative approach of the original planning, the County employed a ranking system using an online survey. This process allowed each member of the stakeholder group (those wishing to complete their rankings on paper were provided printed surveys) to “score” each proposal anonymously, based on the merits of the project’s declared need, learning goal, and operation. This immediately provided the County with a ranked list of stakeholder priorities. Interestingly, the consumer panel’s rankings were nearly identical to the stakeholder group. Once the final rankings were completed, the Innovation Planning Team met once again in January 2015 to provide an in-person consensus approval of the ranking. The results, along with the first-round Evaluation Report, were then presented, in April 2015, to the county’s MHSA Advisory Committee (MAC), the stakeholder group charged with reviewing the CSS component and the whole of the local MHSA plan.

In the spring of 2015, Darci Hafley moved to a different position within the Department and a recruitment for a new Innovation Coordinator was not completed until September 2015. Juan Muñoz-Morris was assigned the responsibility of finalizing the plans, meeting with stakeholders, and communicating the County’s intentions with the Mental Health Services Oversight and Accountability Commission (MHSOAC). From there, the County determined the costs for each proposal and developed its Innovation Plan based on the proposals put forth during the stakeholder process.

On December 14, 2015, the stakeholder group reassembled to review the final iteration of the selected four individual projects, making sure the original needs and ideas were captured in the final draft. The draft was made public for a 30-day review on December 18, 2015. A public hearing was held as part of the Behavioral Health Board's (BHB) January 20, 2016 regular meeting. Upon BHB approval, the Plan was submitted to the County's Board of Supervisors on February 2, 2016, and approved.

Once approved the final proposal was submitted for review by the MHSA Oversight and Accountability Committee (MHSOAC).

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

The County's Innovation Planning Team is the stakeholder group consisting of between 12 and 25 representatives of various community groups including consumers, family members and underserved cultural communities. The Innovation Planning Team met four times between February 2014 and January 2015, and will reconvene to oversee the launch of Innovation programs, and participate in reviews thereafter.

Below is a list of stakeholders 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 Empowerment, 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, California Polytechnic State University, United Way, Community Action Partnership (CAPSLO), and Family Care Network.
- Other County agencies, including Probation, Office of Education (administrators, teachers, counselors), and Drug and Alcohol Services.
- Staff and managers, including the Behavioral Health Director, clinicians, case managers and medical professionals of the County Behavioral Health Department.

Ethnic representation in the Planning sessions and Focus Groups included members of the Latino, Asian, African-American, and Native American communities. Providers specializing in cultural-based services were integral in developing Innovation needs and proposals. Cultural groups represented throughout the Planning sessions and Focus

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

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

The plan was posted for 30-day stakeholder review on December 18, 2015. Notice of the Innovation Plan's availability for review and of the January 20, 2016 public hearing was posted on the SLOBHD website and sent to participants of the Innovation Planning Process, the MHSA e-mail list (a compiled list from other local MHSA planning stakeholders and other interested community members), County Board of Supervisors, all SLOBHD staff, and the SLO County Behavioral Health Board. Notification flyers were posted at SLOBHD offices and County libraries. A legal notice was published in the Tribune, the only countywide daily newspaper.

At the conclusion of the 30 day review period, no substantive comments had been received using the feedback survey made available to the public. Prior to the Behavioral Health Board meeting on January 20, 2016 County staff met with representatives of the Peer Advisory and Advocacy Team (PAAT), who shared some comments and questions related to the Plan. Some of the suggestions included the following:

- LLEAP Project: Open up the client base to include younger female widows as well as men widowers, rather than focus only on older adult widows
- TARP Project: Consider better defining the availability of peer advocates to the client, in order to ensure their help is available during weekends, for instance, a time of elevated need for FSP clients.
- Seek out the assistance of peer advocate/mentor groups in the county when defining and identifying the peers that will be used for each project.

At the January 20, 2016 Behavioral Health Board Juan Miguel Muñoz-Morris (Innovation Coordinator) presented the County's proposed Innovation Plan for FY 2016-20. Public comment forms were distributed and collected. Some of the written public comments received during the meeting are listed below:

- "Very well organized and structured [plan]. Covers all of our concerns and needs very thoroughly." ~Donna K.
- "Well presented as a plan. We would benefit from [hearing more about] curriculum specifics." ~ Dr. Linda Connolly

Innovation Project Descriptions

County: **San Luis Obispo**

Date: **12-18-2015**

Program Number/Name: 1

Defining Peer Support: Effective Peer Mentorship for Latino Women

1. Select **one** of the following purposes that most closely corresponds to the Innovative Project's learning goal and that will be a key focus of your evaluation.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovative Project reflects more than one primary purpose in addition to the one you have selected, you may explain how and why other primary purposes also apply and will be reflected in the Innovative Project.

This project will help the County determine what level of lived experience is most effective when providing "peer services" to clients, as determined by the clients themselves.

Latinos comprise nearly 40% of the population in California, with an overwhelming majority of them (82%) being of Mexican descent. By 2050 Latinos will constitute 52% of the estimated 60 million California residents. More than half of all California elementary children currently (53%) are of Latino origin.

Only one in four Latinos will voluntarily seek out help for mental health issues, highlighting a need to bridge the gap between need and service for this under-reached community. A recent UC Davis study identified three Latino cultural values that have the greatest potential to influence the delivery of mental health services:

- Familismo (family): Placing importance on the contribution of the extended family
- Respeto (Respect): Understanding of the hierarchical system within Latino families
- Personalismo (Close personal relationships): Awareness of the importance of close personal relationships

In 2005 the American Psychological Association (<http://www.apa.org/monitor/jan05/closingthegap.aspx>) noted that while one in five

Americans identifies as Hispanic, only one percent of psychologists identified themselves as Hispanic. It went on to point out that:

- Bilingual patients are evaluated differently when evaluated in English versus Spanish, and Hispanics are more frequently undertreated than are whites.
- 70% of non-Hispanic whites return for a second appointment after an initial visit to a psychologist, but only 50% percent of Hispanics do.

APA found that both language barriers and values created barriers to treatment.

Stigma, culture, and the lack of sufficient qualified bilingual, bicultural licensed professionals are all barriers for Latinos seeking mental health services. This project answers the questions of whether offering peer services can increase the overall volume of Latino clients seeking mental health services, whether there is a quantifiable difference in outcomes based on which peer clients work with, and if this new approach can reduce the stigma that is such a strong barrier to entry for so many. The project will focus its work on Latino Women with lived experience of domestic violence who are also consumers of the mental health system. This demographic faces strong barriers to access services, and would thus provide clear answers to the questions raised by this project.

In particular, this project seeks to determine what level of peer support is effective in improving treatment rates and outcomes, by providing three distinct levels of peer mentors:

- Latino woman
- Latino woman with lived mental health experience
- Latino woman with history of domestic violence and lived mental health experience

Secondly, the project will test an adaptation of evidence-based alcohol and drug prevention models which build an internal support group to continue past the duration of a prescribed-term group or curriculum. This part of the Innovation will test whether clients can increase their long-term wellbeing by creating social support groups, comprised of project participants with peer support.

3. Which MHSA definition applies to your new Innovative Project, i.e. how does the Innovative Project a) introduce a new mental health practice or approach; or b) make 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; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovative Project to contribute to the development and evaluation of a new or changed practice within the field of mental health? Why is this change significant and worth your investment in MHSA Innovation?

This Innovation project tests a change to the existing practice of peer support in the mental health system by providing a more concrete definition for who constitutes a “peer mentor.” It is expected that this project will standardize the definition of a “peer mentor,” in order to increase the effectiveness of their work. In particular, this project will test this hypothesis with an under-reached, under-served population that constitutes an ever-growing fraction of the State’s citizenry. A learning goal of this project will be to determine whether lived experience can be measured to establish a baseline for expectations when recruiting and hiring peers to work in the public mental health system. Although peer advocacy is not a new practice, and its effectiveness in improving treatment outcomes is widely documented, there is no standard definition for a “peer mentor” within the mental health system of care.

This Innovation could change the way that agencies and service providers identify and define peers. By working with the Latino population, this project may also have an impact on how this community engages with the mental health system, and will test whether Latino clients can successfully reduce mental health symptoms and be more willing to seek out services administered by their peers. Lastly, the results of this project could guide the conversations taking place at the State level regarding the creation of a Peer Certification process, and provide information on how clients identify their peers during treatment.

4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.

The project will identify Latino women who have sought out mental health services through community service providers, and who have a history -or elevated risk- of being victims of domestic violence. These clients will be placed into one of three counseling groups, each with a different peer mentor: a Latino woman, a Latino woman with lived Mental Health experience, or a Latino woman with a history of Domestic Violence and lived Mental Health experience. Since the personality, “likeability,” and skill level of each peer may vary, and thereby affect how well they engage with clients, great effort will be made to select peers with similar skill and presentation capacity. Since these varied personalities may act as confounding variables within the research design, efforts

will be made during the development phase (specifically in the RFP process to procure a project provider) to control for, reduce, or eliminate such factors.

Group sessions will take place over the course of 12 weeks, and will include standard domestic violence and mental health curricula for three separate groups. To compare the impact of the three peer models, each peer will rotate amongst the groups – spending four weeks in each of the three groups. During this time peer mentors will also encourage their clients to set up support groups, and to commit to engaging in activities of their choosing for an additional 12 weeks beyond group counseling sessions. Peers will perform periodic check-ins with each support group to gather information about how its members utilize and benefit from this support system.

Surveys will be used to track client progress throughout the counseling groups, and to measure improvements in resiliency, depression levels, and overall wellbeing. Clients will also be asked to rate their peer mentors, and to share any other classification they would use to identify peers beyond the ones used in this project (someone of the same faith, a neighbor, etc.).

Group sessions will take place quarterly, with a minimum of three different groups per quarter. This will continue for three years. The data collected will include consumer feedback surveys and health records, peer experience surveys, and therapist observations, and will be analyzed to determine if the peers assigned to the groups had different levels of impact. Project evaluators will also review feedback and data related to the support groups, and how this model of independent, community-driven support informs the opinion that the Latino community has about mental health in general, as evidenced by an increase in general awareness and knowledge of available services.

To further assist the County and its MHSA stakeholders in answering this question of recommended lived experience level, peer mentorship and advocacy organizations in the community will be asked to provide their own feedback on how to best define a peer. Former and current clients of the mental health system will be surveyed as well, providing a broader sample size from which to determine the best way to define what constitutes a peer.

5. If applicable, describe the population to be served, including demographic information relevant to the specific Innovative Project such as age, gender identity, race, ethnicity, sexual orientation, and language used to communicate

The project will serve Latino adult women who seek services related to domestic violence, independent of age, sexual orientation, language preference, or religious affiliation.

6. If applicable, describe the estimated number of clients expected to be served annually

The project will serve approximately 120 women annually, by offering three groups of 10 participants each per quarter.

7. Describe briefly, with specific examples, how the Innovative Project will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovative Project, explain why. The following are the General Standards to address. Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards:

- i. Community collaboration: Peers are, as defined by the International Association of Peer Supporters (INAPS), community members with personal experience in a certain field (i.e.: mental health) who collaborate with clients and share their personal experiences as a way to create equality between client and provider. This project seeks to engage the Latino community in the mental health dialogue and promote wellness.
- ii. Cultural competence: Latinos in general are more prone to follow through and benefit from treatment if it is offered in their native language by a peer, research suggests. This project offers clients a peer-driven system of treatment in their language, and culturally appropriate. Many victims of domestic violence who reach out for assistance (44% of women seeking services at the SLO Women's Shelter in 2013) are monolingual Spanish speakers or have a preference for services in Spanish.
- iii. Client-driven: This project engages the client in their recovery process, and encourages them to develop meaningful resources to improve recovery. Clients will decide how to structure their support groups, and determine what activities (outreach in the community, babysitting each other's children, phone support, etc) they engage in.
- iv. Family-driven: This project focuses primarily on adult women, and will not be used in the treatment of minors. Daycare services will be available to clients and their children, and resources will be provided to all parents who wish to learn more about the effects of domestic violence and/or mental health on children at home. Clients who express a need for their children to receive treatment will receive assistance with this request.
- v. Wellness, recovery, and resilience-focused: This project is built on increasing resilience for its clients, promoting and supporting recovery and providing avenues for increasing overall levels of wellbeing. It also encourages the creation of community support groups as a way to improve long-term recovery.

- vi. Integrated service experience for clients and families: Clients are encouraged to engage their family members in their treatment process when appropriate. There are other family services currently available, such as child play therapy, which can complement the work done by this project. Clients will receive assistance with identifying the treatment needs of every family member.

8. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with MHSA Innovation funds

A key value of San Luis Obispo County Innovation projects is the importance of providing safe, non-disruptive treatment and early intervention experiences for those individuals receiving services as part of the trial program. In this instance, all program participants will be made aware of the limited duration of the intervention, and those needing more intensive series during or after the trial will be referred appropriately. The trial will have scheduled programming set to end prior to the evaluation phase, so that if the project ends with no future funding, no clients will be disrupted.

In order to provide continuity for individuals receiving services from the Innovation project, the agency will actively engage in a number of key activities. It is anticipated that the project will seek to sustain the availability of efficacious project staff and/or volunteers, as determined by the findings of the project. For example, if the project determines that a particular peer mentor's assistance yields consistent positive treatment outcomes compared to the results with other peers, then the agency will actively seek to recruit, train and retain such peer advocates. If the project findings indicate that peer assistance in general yields positive results, the agency will expand its search criteria for peers to include a broader definition.

The sustainability of the support groups created and managed by clients will depend solely on the clients' interest in keeping them. If the project determines that support groups do have a positive effect on clients' long-term recovery, this model will continue to be encouraged with all new clients. Since there is no cost associated to having these groups, funding is not a concern in the long term.

Ongoing funding of the project will depend on identifying private and governmental grant funding for these services. For example, recent conversations with funders in the local medical community have indicated an interest in funding Latina peer-driven services in the future. Similarly, funding opportunities through entities such as Blue Shield Foundation of California have expressed a priority of serving the Latina population as it relates to accessing needed health services. The agency and its partners will seek out any available and appropriate funding opportunity to provide for the continuity of these services.

The replicability of the project may be enhanced through the dissemination of project findings to key stakeholders groups (particularly those who advocate for the needs of

Latina victims). The County would provide these findings to the California Partnership to End Domestic Violence (CPEDV). It is anticipated that the project's findings will also be disseminated to the California Department of Mental Health for dissemination in the field. Consumer groups such as the local chapter of the National Association of Mental Illness (NAMI) will be provided this information for the purposes of community education and stigma reduction. The agency will also publicize the project's findings locally through its website and social media accounts (Facebook and Twitter). These efforts will better ensure that the accessibility of this information to important local, regional and statewide constituents.

9. Specify the total timeframe of the Innovative Project. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement throughout.

February 2016 - Anticipated DMH/OAC approval

April 2016 – September 2016 (“Capacity Building Phase”)

- Conduct procurement process to select vendor, or establish within the County Behavioral Health Dept.
- A bilingual, bicultural project coordinator will be recruited to manage the intake of clients into the project
- Peer mentors will be identified, trained, and recruited
- Project coordinator will work with the peer mentors to identify and develop a curriculum that addresses the mental health needs of prospective clients. Potential speakers for the group sessions will be identified
- Necessary data collection and measurement tools, as well as the overall strategy for managing and analyzing project results will be established
- Additional resources such as outreach materials and surveys will be developed

October 2016 – September 2019 (“Testing Phase”)

- Implementation of model testing and outcome learning activities.
- Bilingual/bicultural peer mentors begin offering 12 week group sessions to clients
- All groups will use the same curriculum, and peers will introduce the concept of client-managed support groups
- Each quarter, 3 new group sessions will commence. Client-managed support groups will be created starting in the second quarter of services
- Clients will be asked to rate their experience and the peer who led their sessions

October 2019 – December 2019 (“Evaluation Phase”)

- Project Coordinator will begin reviewing the longitudinal data collected over the past three years of the Testing Phase.
- A comprehensive report will be drafted and submitted by the Project Coordinator to formally document the findings of the project and its recommendations.
- The Project Coordinator will meet with Behavioral Health staff and key stakeholders to disseminate the project’s findings and suggest methods for replicating these findings in the field at large.
- The Project Coordinator will begin implementation of the sustainability plan by reviewing the most efficacious treatment approach of the project and/or most efficacious treatment modalities.

10. Describe how you plan to measure the results, impact, and lessons learned from your Innovative Project. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain whether you will use a comparison group (specify) or some other method to address the question of whether your Innovative Project is making a difference? Explain the method(s) you will use to assess the elements of your Project that contributed to its outcomes, with a focus on whatever is new or changed, in order to help answer the question of how the Innovative Project is making a difference. Describe how stakeholders’ perspectives will be included in the evaluation. Explain how your evaluation will be culturally competent.

This project will answer the following questions by comparing client experiences, satisfaction, and health outcomes based on engagement with each peer modality:

Is there a difference in client outcomes depending on the peer working with them?

- Does a peer’s level of lived experience matter when providing a mental health support service?
- Can overall usage of mental health services among Latinos increase by using peer services and support groups?
- Will more clients enroll in services, and will they follow through on treatment?
- Can the stigma of seeking help decrease among this population?
- Can peers play a role in the reduction of stigma among Latinos?
- Will support groups help keep the conversation around mental health going?
- Will more Latinos see the value of seeking services, and be better informed about available resources?

- Will there be significant differences between peer definitions among project clients, and the responses from other mental health system clients and peer organizations?

At the core of this project there are two main concepts to qualify and measure: What is the best way to define a “peer”, and whether a peer model of treatment helps reduce the barriers for treatment among the Latino community.

During the course of the project clients will be surveyed, both at the beginning of treatment and at the end. Project success will be determined by the progress clients make in their recovery from mental health symptoms such as depression, anxiety and overall wellbeing. Additionally, clients will be asked to rate their experience with their peer mentor, and suggest any other criteria that would best define peer to them (someone of my age, of my faith, etc.). This process will highlight whether treatment outcomes differ significantly for clients based on the peers administering services, and illustrate what criteria clients employ when identifying peers.

Outcomes and Measurement

In measuring the improved quality of services and outcomes resulting as part of this project, the following objectives will be measured:

Clients:

- By the end of the project participants will be able to provide information regarding preferences for the desired level of lived experience qualifying peers working within the context of mental health supports.
 - i. Participants will define “peer” as it relates to them
 - ii. Participants will share their own criteria for defining or identifying a peer as it relates to their experience
- By the end of the project participants will demonstrate a reduction in depression levels
 - i. Indicators include PhQ9 screening results and self-reported feelings of resilience and wellbeing
- By the end of the project participants will demonstrate an increase in resiliency and their outlook on life
 - i. Indicators include pre/post surveys, peer mentor notes, and client-developed coping strategies
- By the end of the Project participants will demonstrate recovery rates comparable to traditional clinical treatment settings
 - i. Indicators include the comparison of treatment outcomes for program participants and non-participating clients

- By program end participants will demonstrate an increase in protective factors
 - i. Indicators include clinical assessments and self-reported surveys

Peers:

- By the end of the project peers will achieve positive treatment outcomes for clients
 - i. Indicators include client feedback on peers and Program Coordinator notes
- By the end of the project peers will exhibit personal improvements in their recovery and wellbeing
 - i. Indicators include self-reports and clinical data

Clients will also be asked to self-report on the effectiveness of the support groups they established, and how these groups have influenced their long term recovery and resilience. Their responses will illustrate whether this support system, adapted from the evidence-based alcohol and drug prevention models of internal support groups, provides the same benefits to women with a history of domestic violence and lived mental health experience. Clients will also provide feedback on any efforts groups make to engage the Latino community at large in the conversation around mental health.

Client-managed support groups:

- By the end of the project group members will disclose the frequency and purpose of the meetings
 - i. Indicators include attendance rosters and agendas/minutes
- By the end of the project group members will identify positive uses of this support system
 - i. Indicators include member surveys and group materials and resources
- By the end of the project group members will report on group success around stigma reduction
 - i. Indicators may include feedback from presentations and other activities

A comparison group will be established by evaluating the recovery rates (of the indicators above) and intensity of symptoms amongst the mental health system consumers who sought out services within the past two years prior to launch of this Innovation.

The Innovation Planning Team, including DV service providers, consumers, and family members, will select an evaluator (or evaluation team) amongst available resources. Data collected throughout the process (health records, surveys, pre-posts, etc.) will be analyzed and presented to the Innovation Planning Team, which includes consumer and family members, along with consumer representation from other groups such as the Peer Advocacy and Advisory Team (PAAT). Outcomes will be measured comparing means established in baseline data gathered in pre-tests and reported in retroactive

surveys, along with client records prior to the innovation. The Planning Team will make a recommendation based on this analysis to County Behavioral Health Administration and community mental health providers in the final quarter of the project.

In order to maintain cultural competence throughout the evaluative process, the Innovation Coordinator (who also serves as the County's Ethnic Services Manager and chairs the Cultural Competence Committee) will work closely with providers and the evaluator to assure measurement instruments are non-intrusive, linguistically appropriate, and sensitive to cultural needs. Additionally, the County's Cultural Competence Committee, which also includes community stakeholders, consumers, and family members, will be briefed on the evaluation progress for each Innovation project.

11. Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned as a result related to your Innovative Project: within your County and to other counties. Explain how program participants or other stakeholders will be involved in this communication and dissemination.

The results of this Innovation will be communicated through a variety of methods meant to keep initial stakeholders, and the community-at-large, aware of the newly demonstrated successful practices. The Innovation Planning Team, the initial stakeholder group, will meet semi-annually to be kept abreast of program progress, as well as being provided evaluation results near the end of the projects.

Once the projects are launched, the County will use local media resources to make the public aware of the MHSA initiatives being launched. The County will also update each Innovation project within its Annual Update to the Three Year Plan. This document is widely distributed locally and statewide and available at all times via the internet. The County MHSA Coordinator provides an annual report to the County's Behavioral Health Board and Board of Supervisors in which the Innovation projects will be outlined and reported.

Program participants and other stakeholders will be provided presentations and reports via the community mental health system network of agencies, providers, and programs. For instance, the project's results will be presented to the Peer Advisory and Advocacy Team (PAAT), an established leadership organization of consumers who provide input and feedback, as well as stigma reduction activities, across the system.

12. If applicable, provide a list of resources to be leveraged.

County Facility Use for provider trainings

Media equipment

Data instrument development

13. 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.

NEW ANNUAL PROGRAM BUDGET						
A. EXPENDITURES						
	Type of Expenditure	FY 16-17	FY 17-18	FY 18-19	FY 19-20	Total
1.	Personnel expenditures, including salaries, wages, and benefits	\$141,910	\$144,748	\$147,643	\$37,649	\$471,950
2.	Operating expenditures	\$38,010	\$38,554	\$38,943	\$20,751	\$136,258
3.	Non-recurring expenditures (cost to equip new employees with technology necessary to perform MHPA duties to conduct the Innovative Project)					
4.	Contracts (Training Consultant Contracts)					
5.	Other expenditures projected to be incurred on items not listed above (provide a justification for these in the budget narrative)	\$1,875	\$1,875	\$1,875	\$1,875	\$7,500
	Total Proposed Expenditures	\$181,795	\$185,177	\$188,461	\$60,275	\$615,708
B. REVENUES						
1.	MHPA Innovation Funds	\$181,795	\$185,177	\$188,461	\$60,275	\$615,708
2.	Medi-Cal Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Any other funding (specify)					
	Total Revenues	\$181,795	\$185,177	\$188,461	\$60,275	\$615,708
C. TOTAL FUNDING REQUESTED						
		\$181,795	\$185,177	\$188,461	\$60,275	\$615,708

Budget Narrative

The project will run from FY 2016-17 (services starting October 1, 2016) and will end in FY 2019-20 (ending September 30, 2019), with evaluation completing on January 31, 2020. The total overall budget for the project is estimated at \$615,708. The budget includes expenses for the development, refinement, piloting, and evaluation of the project over the four year period. If approved, this program may be contracted out to a local community-based organization (CBO). Therefore, the costs in this budget are based on local CBO estimates. The following items are included in the budget:

Personnel Expenditures: Personnel costs include the salaries and benefits for a .50 FTE Coordinator, a .50 FTE Licensed Bilingual Therapist, three .33 FTE Peer Counselors (total 1.0 FTE), two .25 FTE Childcare Service Provider (total .50 FTE), and a .10 FTE Project Director. Benefits are calculated at 25% of the total salaries and wages. The budget assumes a 2% cost of living adjustment per year after FY 2016-17.

Operating Expenditures: The operating expenses include office supplies, mileage reimbursement, gas vouchers and incentives for clients, indirect expenses, and County administration expenses. County administration expenses include incentives for stakeholder involvement.

Other Expenditures: Other Expenditures include the cost for project evaluation by an independent evaluator. The total cost estimated for evaluation for all Innovation projects for the four year time period is \$30,000. This cost was split equally between the four Innovation projects the County is submitting for approval. The estimate is based on prior Innovation project evaluation costs from an independent evaluator. A portion of County administration time will also go towards evaluation. Actual evaluation costs for the independent evaluator and County evaluation will be reported in the County's Annual Update, as well as the Annual Revenue and Expenditure Report.

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

County: San Luis Obispo

Date: 12-18-2015

Program Number/Name: 2

Late Life Empowerment and Affirmation Program (LLEAP)

1. Select **one** of the following purposes that most closely corresponds to the Innovative Project's learning goal and that will be a key focus of your evaluation.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovative Project reflects more than one primary purpose in addition to the one you have selected, you may explain how and why other primary purposes also apply and will be reflected in the Innovative Project.

Stressful life events can have a direct impact on a person's mental health. The loss of a spouse is one of the most stressful life events a person can experience. Along with bereavement, adults who lose their spouse (often, for older adults, life-long partners) experience depression, anxiety, sadness, guilt, and anger. Clinical depression, a prevalent condition among older adults, can be triggered by other illnesses associated with aging, such as Alzheimer's disease, Parkinson's disease, cancer and arthritis. Thus, the combination of losing a spouse and aging can often lead to a heightened risk for mental illness among older adults. According to the National Institute of Mental Health, one third of widows/widowers meet the criteria for clinical depression in the first month after the death of a spouse, and half of them remain clinically depressed after one year. Additionally, older patients with symptoms of depression have roughly 50% higher healthcare costs than non-depressed seniors. Wilshire Community Services, a local expert in older adult mental health care, reports that 76% of its caseload is female older adults.

The Late Life Empowerment and Affirmation Program (LLEAP) project aims to provide older adults mental health services and tools to help them become the head of household and feel self-empowered after the loss of a spouse. The project would not focus on bereavement, as there are programs that address this already; rather, LLEAP would focus on improving mental health by providing tools that help clients feel empowered and confident, while reducing the risk factors associated to mental illness and/or severe mental illness (SMI), such as isolation and depression. The project uses a skill development approach to engage widows and widowers socially, and provides a setting where they can find comfort and affirmation among peers.

The LLEAP project will adapt a curriculum used with victims of domestic violence (DV) to address the mental health needs of widowed older adults. One of the most paralyzing issues for someone dealing with spousal loss is feeling incapable of managing simple tasks, a behavior often seen in DV victims. LLEAP aims to provide the tools and affirmation needed to manage all aspects of the client's mental health, and by doing so it reduces symptomology while building resiliency, self-empowerment, and providing a lifeline for those clients who may struggle with daily tasks during this process. This innovative project will determine if there are similarities in treatment and outcomes between widowed older adults and DV victims as it relates to mental health, offering new curricula for providers of older adult mental health services. Programs and services aimed at addressing the mental health needs of widows/widowers are scarce, highlighting a need for developing such curricula. Most research suggests that older adults with moderate or high risk of mental illness (such as widows) live better lives and report higher feelings of wellbeing when they stay socially engaged and active.

3. Which MHSA definition applies to your new Innovative Project, i.e. how does the Innovative Project a) introduce a new mental health practice or approach; or b) make 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; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovative Project to contribute to the development and evaluation of a new or changed practice within the field of mental health? Why is this change significant and worth your investment in MHSA Innovation?

This project takes a curriculum designed for working with victims of domestic violence and adapts it to address the mental health needs of widowed older adults. Essentially, this project introduces a new application for the treatment of mental health among older adults, one that has proven successful in another context (working with DV victims). Considering that both sets of clients exhibit similar symptoms (depression, anxiety, isolation, etc.) there is little need to modify the established curricula, with certain exceptions like modules addressing living with an abusive spouse. If successful this project could identify new treatment methods to address the mental health needs of older adults who are widowed. Programs and services aimed at addressing the mental health needs of widowed older adults are scarce, highlighting a need for developing such curricula.

4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.

The project will take a curriculum designed to address the mental health needs of domestic violence victims (such as the one developed by the National Clearing House on Abuse in Later Life, Wisconsin) and will employ it in the treatment of widowed older adults who exhibit symptoms of mental illness, such as clinical depression, isolation, and anxiety. Minor modifications will be made to the curricula, such as eliminating modules aimed at dealing with abusive partners, and substituting them with more relevant ones for this audience (e.g. Assuming financial control of the household, identifying and preventing elder abuse and fraud). Ancillary services (such as Tai Chi, Yoga, Meditation, Arts and Crafts) that may compliment the treatment and improve outcomes will be identified, and will be made available to clients participating in the project. Careful attention will be given to tracking which services are requested more, and quantifying their effect on treatment outcomes.

Participants will be assessed at the beginning of the program to determine their current state of mental health and wellness. Throughout the program, and again at the end of it, clients will be surveyed to measure progress, and inform any course corrections that may be needed to ensure successful outcomes for clients.

5. If applicable, describe the population to be served, including demographic information relevant to the specific Innovative Project such as age, gender identity, race, ethnicity, sexual orientation, and language used to communicate

This project will be available to any older adult, aged 60 or older, who has lost a spouse, and has a need for mental health services. All persons who meet this criteria are qualified to participate, regardless of age, race, sexual orientation or identification, ethnicity, or language used to communicate.

6. If applicable, describe the estimated number of clients expected to be served annually

This project aims to serve 25-30 clients annually.

7. Describe briefly, with specific examples, how the Innovative Project will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovative Project, explain why. The following are the General Standards to address. Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards:

- i. Community collaboration: The project will seek out community organizations and members who provide help to older adults with wellness, recovery, and daily supports. LLEAP project coordinators will identify a representative at a local bank who will serve as point of contact for clients, or introduce clients to a vehicle repair specialist who is willing to assist them with their vehicle needs and walk them through the process and keep them informed.
- ii. Cultural competence: Because the project will offer not only group sessions, but also individual sessions, the services can be tailored to each client's need. LLEAP seeks to identify and deliver a personalized resource tool that clients can use as a reference as needed.
- iii. Client-driven: LLEAP will engage clients in the design of strategies to help them better manage being head of household. The project will tailor its services to the individual needs of each client, providing meaningful resources for them to utilize. Family members are encouraged to participate.
- iv. Family-driven: Family members of clients will be invited to participate in their loved one's treatment, whenever appropriate.
- v. Wellness, recovery, and resilience-focused: This project focuses on building resiliency and wellness among its target audience. It aims to improve and accelerate recovery by helping clients feel more self-empowered and capable of managing daily tasks, and by doing so it builds a sense of resiliency and 'can-do' attitude, which are important factors in successful, long-term wellness.
- vi. Integrated service experience for clients and families: The LLEAP project will help connect the dots between available services, as well as expand and improve the quality of services for older adult women. It is expected that by incorporating the LLEAP project alongside other services such as bereavement and socialization groups, overall wellness will improve for clients. The project integrates recovery work with skill building activities in order to ensure successful transitions to being head of household after the loss of a spouse.

8. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with MHSA Innovation funds

A key value of San Luis Obispo County Innovation projects is the importance of providing safe, non-disruptive treatment and early intervention experiences for those individuals receiving services as part of the trial program. In this instance, all program participants will be made aware of the limited duration of the intervention, and those needing more intensive services during or after the trial will be referred appropriately. The trial will have scheduled programming set to end prior to the evaluation phase, so that if the project ends with no future funding, no clients will be disrupted.

It is expected that this new early intervention method will be successful and will be integrated into the suite of mental health treatment tools employed with older adults in general. The project adapts an established curriculum, so the costs for this adaptation would be fully absorbed during the Innovation trial. Therefore, the main expense for continuing services would be that of staffing the program. Service providers in the community (such as Wilshire Community Services) have a successful track record of requesting and securing grants and funds. Additional funding sources would be identified and sought out.

Stakeholders, upon review of the evaluation, will determine if this new approach meets the necessary criteria for funding it through either Community Services and Support (CSS) or Prevention and Early Intervention (PEI) funds. If so this recommendation will be made to the Board of Supervisors for approval and implementation. If approved, this new method will be embedded into the current system and any necessary training and outreach will be conducted to ensure a successful implementation of this new service.

9. Specify the total timeframe of the Innovative Project. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement throughout.

February 2016 – Anticipated Project Approval

April 2016- September 2016- Project Design

- Conduct procurement process to select vendor, or establish within the County Behavioral Health Dept.
- Hire and/or train existing staff to meet the roles of the project
- Identify and adapt curriculum for life skill courses and group therapy component
- Identify ancillary services, and develop a timeline and schedule for them
- Creation of referral forms, intake forms, consents, etc.
- Creation of evaluation tools

- Connect with other agencies who could possibly benefit from LLEAP
- Identify source of client referrals and educate referral sources about services
- Create items for distribution to the public

October 2016 – December 2016

- Accept a small number of clients (3-5) to test project concepts
- Make adjustments and changes as necessary
- Expand recruitment/promotional material and begin to build client numbers

January 2017 - March 2017

- Expand client delivery to 10-15 clients.
- Review evaluation tools and monitor success of project. Make changes accordingly

April 2017 – September 2019

- Expand client delivery to 20-30 clients
- Continue service delivery and evaluation
- Expand service delivery again to 40-50 clients
- Start investigating and applying for on-going funding options

October 2019 – January 2020

- Gather up all data and begin evaluation process
- Prepare and present final report outlining project findings and recommendations.
- Create long-term plan for future of LLEAP

10. Describe how you plan to measure the results, impact, and lessons learned from your Innovative Project. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain whether you will use a comparison group (specify) or some other method to address the question of whether your Innovative Project is making a difference? Explain the method(s) you will use to assess the elements of your Project that contributed to its outcomes, with a focus on whatever is new or changed, in order to help answer the question of how the Innovative Project is making a difference. Describe how stakeholders' perspectives will be included in the evaluation. Explain how your evaluation will be culturally competent.

The LLEAP project seeks to improve the wellness and resiliency of older adult women after the loss of a spouse, by answering the following questions:

- Is there a general reduction in symptomology among clients, and a lower risk of severe mental illness (SMI)?
- Do clients report lower levels of depression as evidenced in PhQ9 screenings?
- Are hospitalizations and long-term placements reduced among LLEAP participants?
- Is the need for mental health services reduced after participation in the project?
- Do clients feel more capable of managing day-to-day tasks, such as hiring a plumber?
- Does this project improve clients' ability to accept and cope with loss of a spouse?
- Do clients feel less isolated and anxious after participating?

Outcomes and Measurement

In measuring the improved quality of services and outcomes resulting as part of the LLEAP project, the following objectives will be measured:

- By the end of the project, clients participating in LLEAP will demonstrate significant reductions in mental illness symptoms, including depression and anxiety rates.
 - i. Indicators include increased social interaction, demonstration of improved coping skills, and reduced levels of depression and anxiety as determined by PhQ9 screenings.
- By the end of the project, LLEAP participants will demonstrate significant reductions in the need for long-term placements and/or mental health services.
 - i. Indicators include a reduction in the enrollment in intensive services by clients, and fewer placements in long-term care facilities.
- By the end of the project, LLEAP participants will demonstrate significant increases in wellness and recovery when compared to non-participants.
 - i. Indicators include increased feelings of life satisfaction, self-sufficiency, and overall independence; as well as self-reports of successful recovery plans.

- By the end of the project, LLEAP participants will demonstrate higher awareness of elder abuse when compared to non-program participants.
 - i. Indicators include knowledge of the concepts and risks of elder abuse, increased feelings of empowerment and self-efficacy, and fewer reported instances of abuse.

Measurement will include use of electronic health records, PhQ9 screenings, intake assessments and exit polls, and client retrospective pre/post surveys.

A comparison group will be established by evaluating the mental illness indicators (identified above) amongst older adult widowers who have been consumers of the mental health system within the past two years prior to launch of the LLEAP Innovation.

The Innovation Planning Team, including LLEAP members and graduates, consumers, and family members, will select an evaluator (or evaluation team) amongst available resources. Data collected throughout the process (health records, surveys, pre-posts, etc.) will be analyzed and presented to the Innovation Planning Team, which includes consumer and family members, along with consumer representation from other groups such as the Peer Advocacy and Advisory Team (PAAT). Outcomes will be measured comparing means established in baseline data gathered in pre-tests and reported in retroactive surveys, along with client records prior to LLEAP. The Planning Team will make a recommendation based on this analysis to County Behavioral Health Administration and community mental health providers in the final quarter of the project.

In order to maintain cultural competence throughout the evaluative process, the Innovation Coordinator (who also serves as the County's Ethnic Services Manager and chairs the Cultural Competence Committee) will work closely with providers and the evaluator to assure measurement instruments are non-intrusive, linguistically appropriate, and sensitive to cultural needs. Additionally, the County's Cultural Competence Committee, which also includes community stakeholders, consumers, and family members, will be briefed on the evaluation progress for each Innovation project.

11. Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned as a result related to your Innovative Project: within your County and to other counties. Explain how program participants or other stakeholders will be involved in this communication and dissemination.

The results of the LLEAP Innovation will be communicated through a variety of methods meant to keep initial stakeholders, and the community-at-large, aware of the newly demonstrated successful practices. The Innovation Planning Team, the initial stakeholder group, will meet semi-annually to be kept abreast of program progress, as well as being provided evaluation results near the end of the projects.

Once the projects are launched, the County will use local media resources to make the public aware of the MHSA initiatives being launched. The County will also update each

Innovation project within its Annual Update to the Three Year Plan. This document is widely distributed locally and statewide and available at all times via the internet. The County MHSA Coordinator provides an annual report to the County's Behavioral Health Board and Board of Supervisors in which the Innovation projects will be outlined and reported.

Program participants and other stakeholders will be provided presentations and reports via the community mental health system network of agencies, providers, and programs. For instance, the LLEAP results will be presented to the San Luis Obispo Council on Aging, an established leadership organization who provide input and feedback, as well as stigma reduction activities, across the system.

12. If applicable, provide a list of resources to be leveraged.

County Facility Use for provider trainings, Media equipment, Data instrument development

13. 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.

NEW ANNUAL PROGRAM BUDGET						
A. EXPENDITURES						
	Type of Expenditure	FY 16-17	FY 17-18	FY 18-19	FY 19-20	Total
1.	Personnel expenditures, including salaries, wages, and benefits	\$66,072	\$67,393	\$68,741	\$17,529	\$219,736
2.	Operating expenditures	\$30,320	\$32,140	\$34,620	\$18,495	\$115,575
3.	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovative Project	\$1,500	0	0	0	\$1,500
4.	Contracts (Training Consultant Contracts)					
6.	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative	\$1,875	\$1,875	\$1,875	\$1,875	\$7,500
	Total Proposed Expenditures	\$99,767	\$101,408	\$105,236	\$37,899	\$344,311
B. REVENUES						
1.	MHSA Innovation Funds	\$99,767	\$101,408	\$105,236	\$37,899	\$344,311
2.	Medi-Cal Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Any other funding (specify)					
	Total Revenues	\$99,767	\$101,408	\$105,236	\$37,899	\$344,311
C. TOTAL FUNDING REQUESTED		\$99,767	\$101,408	\$105,236	\$37,899	\$344,311

Budget Narrative

The project will run from FY 2016-17 (services starting October 1, 2016) and will end in FY 2019-20 (ending September 30, 2019), with evaluation completing on January 31, 2020. The total overall budget for the project is estimated at \$344,311. The budget includes expenses for the development, refinement, piloting, and evaluation of the project over the four year period. If approved, this program may be contracted out to a local community-based organization (CBO). The following items are included in the budget:

Personnel Expenditures: Personnel costs include the salary and benefits for a 1.0 FTE Program Coordinator (licensed therapist). The budget assumes a 2% cost of living adjustment per year after FY 2016-17.

Operating Expenditures: The operating expenses include office and program supplies, telephone, mileage, gas vouchers and incentives for clients, training for staff, space rental for the trainings, indirect, and County administration expenses. County administration expenses include incentives for stakeholder involvement.

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

Other Expenditures: Other Expenditures includes the cost for project evaluation by an independent evaluator. The total cost estimated for evaluation for all Innovation projects for the four year time period is \$30,000. This cost was split equally between the four Innovation projects the County is submitting for approval. The estimate is based on prior Innovation project evaluation costs from an independent evaluator. A portion of County administration time will also go towards evaluation. Actual evaluation costs for the independent evaluator and County evaluation will be reported in the County's Annual Update, as well as the Annual Revenue and Expenditure Report.

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

Program Number/Name: 3

Transition Assistance and Relapse Prevention (TARP)

1. Select **one** of the following purposes that most closely corresponds to the Innovative Project's learning goal and that will be a key focus of your evaluation.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovative Project reflects more than one primary purpose in addition to the one you have selected, you may explain how and why other primary purposes also apply and will be reflected in the Innovative Project.

Full Service Partnership (FSP) teams employ a "whatever it takes" approach to engage unserved or underserved adults, 18-59 years old, with serious mental illness. These individuals are at risk of short and long-term psychiatric hospitalization, homelessness, and incarceration. This "whatever it takes" approach is outlined in Title 9, Section 3620 of the California Code of Regulations, and allows FSP teams to focus on the specific needs and strengths of the client and then develop wraparound interventions, in partnership with the client, that utilize those strengths to meet the needs. This project is designed to test an additional facet to the FSP approach which would introduce a "transition partner" to the client prior to ending the program to help individuals move from intensive services to supportive recovery. Under the current system, this foundational relationship is terminated once the client has improved to the point of no longer qualifying for intensive care services, but this is not indicative of their preparedness to move into a self-supported system of care. Given that 40% of post-acute care patients in California need more than one transition (Source: CA Healthcare Foundation), there seems to be a need for improved transition planning and execution.

When a client graduates from FSP services, their case is closed and the partnership with the FSP team ends as the client is transferred to the outpatient clinic for general services. Graduates may still meet medical necessity for services, but their recovery progress in FSP thus reduces their access to that same level of supportive care. This termination of the relationship is not reflective of the program philosophy. Over the years it has become evident that the sudden shift from intensive services to the standard, every-3-month appointment-based treatment, can be very jarring for even the

most successful clients. The loss of connectedness to the FSP “family” can be a significant factor of relapse.

In this project Transition and Relapse Prevention (TARP) peer mentors would extend that on-going connection to the team beyond FSP; this includes providing access to FSP resources and activities to which graduates have not had access to previously. TARP would ensure continuity of care for FSP clients as they transition to non-intensive mental health services, and creates the opportunity to rely on peer-led services and supports rather than acute mental health care. It also alleviates the demand for FSP services from those clients showing signs of improvement, allowing others in more need of this wraparound program to enroll. Additionally, the presence of a TARP mentor can signal hope that recovery can, and does occur, lending legitimacy to the project for new FSP clients.

3. Which MHPA definition applies to your new Innovative Project, i.e. how does the Innovative Project a) introduce a new mental health practice or approach; or b) make 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; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovative Project to contribute to the development and evaluation of a new or changed practice within the field of mental health? Why is this change significant and worth your investment in MHPA Innovation?

The effectiveness of peer mentorship is widely documented. However, peers have not been used in the transition from wraparound services to more independent models of care and treatment. This project employs a model that is successful in other contexts such as inmate reentry or post-acute physical care, and applies it to adults enrolled in intensive mental health services. It is anticipated that this project will inform of the effectiveness of peer mentorship in the transition from FSP programs into a self-supported, community-based model. If successful, this approach could increase the capacity of FSP providers to offer these services to more clients who need them, while maintaining a high level of quality throughout the spectrum of treatment.

4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.

TARP peers will start working with FSP clients within 90 days of their anticipated graduation from the program. During this time, the client and peer will identify a “transition strategy” from FSP programs in order to improve the chances of success beyond intensive care. The project will determine if, by having a peer advocate, clients will: reduce the risk of relapse or involuntary holds in psychiatric facilities; increase their

chances of obtaining and keeping employment; participate in training and educational programs; and/or manage their wellness independently. The TARP project will also provide data on whether having a step-down support program helps graduate FSP clients with greater success, allowing for more clients in need of intensive services to access them. Finally, this project will help determine if TARP advocates, all of them peers, notice improvements in their own feelings of wellbeing and recovery.

FSP-based resources and activities (e.g. access to community Wellness Centers) will continue to be available to graduates as they settle into a self-supported system of care. Clients will be administered surveys when they near graduation from FSP, as well as post transition (at 3 and 6 months). Peers will maintain regular contact with TARP participants and track progress during this transitional time. In an effort to copy the “whatever it takes” philosophy of FSP programs, TARP clients will have access to some of the ancillary FSP services whenever appropriate (wellness arts classes, access to the Wellness Center, etc.). Surveys will also be provided to a control group comprised of recent FSP graduates (In the last 1-2 years) who transitioned using the current system. Results from the two groups will be compared to determine if there is any quantifiable difference in outcomes.

5. If applicable, describe the population to be served, including demographic information relevant to the specific Innovative Project such as age, gender identity, race, ethnicity, sexual orientation, and language used to communicate

This project will be available to all adults (18 and older) in the Transitional Aged Youth (TAY) and Adult FSP teams, independent of age, gender identity, race, or language used to communicate. Efforts will be made to provide culturally competent services to all clients.

6. If applicable, describe the estimated number of clients expected to be served annually

The TARP project will provide services to up to 15-20 people annually.

7. Describe briefly, with specific examples, how the Innovative Project will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovative Project, explain why. The following are the General Standards to address. Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards:

- i. Community collaboration: By design, this project relies on proper collaboration between FSP service providers and community based organizations that offer assistance beyond wraparound services. TARP advocates will identify and collaborate with a wide range of service providers, educational institutions and employers, mapping out available options for clients in the community.

- ii. Cultural competence: At the root of the TARP Innovation is understanding - and embracing the unique perspectives of each FSP client. TARP clients will receive personalized assistance tailored to their needs, preferences, and incorporating proven methods that address factors such as a client's culture, background, religious affiliation, and family and social life, among others.

- iii. Client-driven: The TARP project engages clients in the development and implementation of an exit strategy from FSP programs as well as creating a roadmap for continued success beyond FSP. This innovation allows clients to actively participate in the process, identifying strategies, tools and methods that have proven useful and relevant to them. The client has input from the beginning, and is encouraged to continue to take more ownership of their treatment as they feel confident in their ability to function independently, and hopefully thrive, in the community.

- iv. Family-driven: Since this program will work with adults, families will only be involved in the process as is appropriate and approved by the client. Peers will also try to identify friends or relatives of clients who can be supportive of their transition and long-term recovery and wellbeing, and involve them in the process.

- v. Wellness, recovery, and resilience-focused: This project seeks to provide clients the tools necessary for them to manage their recovery and ongoing wellness independently within the system of community based treatment options. The objective of the project is to reduce relapse and recidivism, and ensure the long-

term success and wellness of each client. By tailoring the treatment to each individual, this project seeks to offer meaningful solutions and tools that clients can reference as needed.

- vi. Integrated service experience for clients and families: This project engages clients across a wide spectrum of community services, treatment options and service providers. TARP advocates will play a role in introducing clients to new services after FSP graduation (warm hand-off), including accompaniment to initial appointments and identifying additional services available in the community. Success and lessons learned will be shared and considered when assisting other clients, ensuring optimal transition into self-supported care.

8. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with MHSA Innovation funds

A key value of San Luis Obispo County Innovation projects is the importance of providing safe, non-disruptive treatment and early intervention experiences for those individuals receiving services as part of the trial program. In this instance, all program participants will be made aware of the limited duration of the intervention, and those needing more intensive services during or after the trial will be referred appropriately. The trial will have scheduled programming set to end prior to the evaluation phase, so that if the project ends with no future funding, no clients will be disrupted.

If the project increases success rates for FSP clients as they transition out of intensive services, this approach would be incorporated into the portfolio of services employed in FSP programs. TARP peer advocacy would be adopted into the spectrum of mental health care services as the step-down process between intensive services and community-based, self-supported care and recovery. TARP program participants would maintain access to FSP services beyond graduation as needed.

Current FSP providers have a successful track record of identifying and securing funding sources through grants and sponsorship, and would seek out new funding sources for these services. The program could be funded with Community Services and Support (CSS) funds if the MHSA Stakeholders were to approve.

9. Specify the total timeframe of the Innovative Project. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement throughout.

February 2016- Anticipated DMH/OAC approval

March 2016– September 2016 - Development Phase

- Procurement process to select vendor, or establish within the County Behavioral Health Dept.
- Recruitment, selection, and hiring of TARP Advocate(s), with FSP team members participating in the recruitment process
- Training and orientation of Advocate(s), including team shadowing and Mental Health Advocate shadowing
- Development of initial data collection tools, including the tracking of FSP clients who will not be participating in the TARP project
- Program building, design, and experimentation by project management, staff and consumers

October 2016 – September 2019 - TARP Project Implementation

- Identification of potential FSP graduates eligible for TARP advocacy
- Linkage of FSP graduates to TARP advocates within 3 months of targeted exit of FSP program
- TARP advocates work directly with FSP team and FSP graduates to promote and further develop wellness, recovery, and prevention tools for each client
- TARP advocates continue to meet with FSP graduates after exit from the program; providing regular in-person and phone contact and follow-up
- Surveys for evaluation purposes are administered to FSP graduates at the beginning of their 6 month transition period, again at exit of FSP, and bi-annually on an on-going basis
- Surveys for evaluation purposes are administered to FSP team members at the beginning of the project and bi-annually from that point on
- Surveys for evaluation purposes administered to TARP advocates upon hire and bi-annually on an on-going basis

October 2019 - January 2020 - Project Evaluation

- Analysis and review of data collected throughout the testing phase
- Final evaluation and report developed and made public
- Results will be communicated to Stakeholders and other appropriate audiences
- Planning regarding the continuation of the TARP project

10. Describe how you plan to measure the results, impact, and lessons learned from your Innovative Project. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain whether you will use a comparison group (specify) or some other method to address the question of whether your Innovative Project is making a difference? Explain the method(s) you will use to assess the elements of your Project that contributed to its outcomes, with a focus on whatever is new or changed, in order to help answer the question of how the Innovative Project is making a difference. Describe how stakeholders' perspectives will be included in the evaluation. Explain how your evaluation will be culturally competent.

The TARP Innovation project seeks to improve treatment outcomes for FSP clients by developing a post-graduation transition and recovery plan using a peer advocate/mentor. The project is designed to answer the following questions:

- Will relapse rates be lowered amongst FSP graduates participating in TARP?
- Are TARP participants less likely to use the Psychiatric Health Facility?
- Will follow-through rates on treatment increase?
- Are TARP participants more likely to find and/or remain in housing?
- Are TARP participants more likely to achieve self-selected personal goals?
- Will TARP peer advocates experience an increase in their own sense of recovery and wellness?
- With TARP advocates assisting FSP clients, will graduation and movement from the project take place more frequently, allowing for more people to be served by the FSP team?

Outcomes and Measurement

In measuring the improved quality of services and outcomes resulting as part of the TARP project, the following objectives will be measured:

- By the end of the project, FSP graduates participating in TARP will demonstrate significant reductions in relapse and recidivism, including psychiatric hospitalizations, incarceration, and crisis calls as compared to non-participants.
 - i. Indicators include reduced admission to the County's Psychiatric Health Facility, self-reports of reduced involvement with law enforcement, and reduced "no-show" rates amongst outpatient clients in the program.
- By the end of the project, FSP graduates participating in TARP will demonstrate significant increases in wellness and recovery when compared to non-participants.
 - i. Indicators include increased attendance to outpatient treatment appointments, improved housing status including a reduction in homelessness, and increased feelings of life satisfaction, personal goal achievement, and overall independence; as well as self-reports of successful recovery plans.

- By the end of the project, peers employed as TARP advocates will demonstrate significant increases in wellness and recovery outcomes when compared to peers not employed as TARP advocates.
 - i. Indicators include increased feelings of empowerment and self-efficacy, increased employment opportunities, and maintenance of recovery plans.
- By the end of the project, adult FSP capacity will be expanded as graduation rates increase due to TARP.
 - i. Indicators include increased graduations from FSP and annual case load for FSP team.

A comparison group will be established by evaluating the relapse rates (of the indicators above) amongst the FSP partners who graduated within the past two years prior to launch of the TARP Innovation.

The Innovation Planning Team, including FSP members and graduates, consumers, and family members, will select an evaluator (or evaluation team) amongst available resources. Data collected throughout the process (health records, surveys, pre-posts, etc.) will be analyzed and presented to the Innovation Planning Team, which includes consumer and family members, along with consumer representation from other groups such as the Peer Advocacy and Advisory Team (PAAT). Outcomes will be measured comparing means established in baseline data gathered in pre-tests and reported in retroactive surveys, along with client records prior to TARP. The Planning Team will make a recommendation based on this analysis to County Behavioral Health Administration and community mental health providers in the final quarter of the project.

In order to maintain cultural competence throughout the evaluative process, the Innovation Coordinator (who also serves as the County's Ethnic Services Manager and chairs the Cultural Competence Committee) will work closely with providers and the evaluator to assure measurement instruments are non-intrusive, linguistically appropriate, and sensitive to cultural needs. Additionally, the County's Cultural Competence Committee, which also includes community stakeholders, consumers, and family members, will be briefed on the evaluation progress for each Innovation project.

11. Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned as a result related to your Innovative Project: within your County and to other counties. Explain how program participants or other stakeholders will be involved in this communication and dissemination.

The results of the TARP Innovation will be communicated through a variety of methods meant to keep initial stakeholders, and the community-at-large, aware of the newly demonstrated successful practices. The Innovation Planning Team, the initial stakeholder group, will meet semi-annually to be kept abreast of program progress, as well as being provided evaluation results near the end of the projects.

Once the projects are launched, the County will use local media resources to make the public aware of the MHSA initiatives being launched. The County will also update each Innovation project within its Annual Update to the Three Year Plan. This document is widely distributed locally and statewide and available at all times via the internet. The County MHSA Coordinator provides an annual report to the County's Behavioral Health Board and Board of Supervisors in which the Innovation projects will be outlined and reported.

Program participants and other stakeholders will be provided presentations and reports via the community mental health system network of agencies, providers, and programs. For instance, the TARP results will be presented to the Peer Advisory and Advocacy Team (PAAT), an established leadership organization of consumers who provide input and feedback, as well as stigma reduction activities, across the system.

12. If applicable, provide a list of resources to be leveraged.

County Facility Use for provider trainings

Media equipment

Data instrument development

13. 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.

NEW ANNUAL PROGRAM BUDGET						
A. EXPENDITURES						
	Type of Expenditure	FY 16-17	FY 17-18	FY 18-19	FY 19-20	Total
1.	Personnel expenditures, including salaries, wages, and benefits	\$54,975	\$56,075	\$57,196	\$14,585	\$182,830
2.	Operating expenditures	\$35,480	\$35,685	\$35,940	\$19,040	\$126,145
3.	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHPA duties to conduct the Innovative Project	\$2,000	0	0	0	\$2,000
4.	Contracts (Training Consultant Contracts)					
6.	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative	\$1,875	\$1,875	\$1,875	\$1,875	\$7,500
	Total Proposed Expenditures	\$94,330	\$93,635	\$95,011	\$35,500	\$318,475
B. REVENUES						
1.	MHPA Innovation Funds	\$94,330	\$93,635	\$95,011	\$35,500	\$318,475
2.	Medi-Cal Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Any other funding (specify)					
	Total Revenues	\$94,330	\$93,635	\$95,011	\$35,500	\$318,475
C. TOTAL FUNDING REQUESTED		\$94,330	\$93,635	\$95,011	\$35,500	\$318,475

Budget Narrative

The project will run from FY 2016-17 (services starting October 1, 2016) and will end in FY 2019-20 (ending September 30, 2019), with evaluation completing on January 31, 2020. The total overall budget for the project is estimated at \$318,475. The budget includes expenses for the development, refinement, piloting, and evaluation of the project over the four year period. If approved, this program may be contracted out to a local community-based organization (CBO). Therefore, the costs in this budget are based on local CBO estimates. The following items are included in the budget:

Personnel Expenditures: Personnel costs include the salaries and benefits for two .50 FTE Personal Services Specialists, a .20 FTE Coordinator, and a .02 FTE Director. The budget assumes a 2% cost of living adjustment per year after FY 2016-17.

Operating Expenditures: The operating expenses include office rent, program supplies, office supplies, insurance, cell phones, mileage reimbursement, advertisement for positions, indirect expenses, and County administration expenses. County administration expenses include incentives for stakeholder involvement.

Non-Recurring Expenditures: This includes the purchase of a new computer, to be shared between the new staff members.

Other Expenditures: Other Expenditures includes the cost for project evaluation by an independent evaluator. The total cost estimated for evaluation for all Innovation projects for the four year time period is \$30,000. This cost was split equally between the four Innovation projects the County is submitting for approval. The estimate is based on prior Innovation project evaluation costs from an independent evaluator. A portion of County administration time will also go towards evaluation. Actual evaluation costs for the independent evaluator and County evaluation will be reported in the County's Annual Update, as well as the Annual Revenue and Expenditure Report.

Revenue: The TARP Project will be funded solely with MHSA Innovation funds. However, there may be the potential for Medi-Cal billing for case management or rehabilitation services for those clients that meet medical necessity. The County will explore these options during the final planning and implementation stages.

County: San Luis Obispo

Date: 12-18-2015

Program Number/Name: 4

Not for Ourselves Alone: Trauma Informed County of SLO

1. Select **one** of the following purposes that most closely corresponds to the Innovative Project’s learning goal and that will be a key focus of your evaluation.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovative Project reflects more than one primary purpose in addition to the one you have selected, you may explain how and why other primary purposes also apply and will be reflected in the Innovative Project.

The “Not for Ourselves Alone” Innovation provides trauma-informed care training across public agencies and programs in the County of San Luis Obispo, with the intention of building capacity and increasing interagency collaboration to best serve the citizenry. Community members with trauma are not served by health and social service agencies alone. They are in the libraries, at the tax collector’s window, in parks, in courts, using the airport, seeking assistance from the registrar, as well as those involved with probation, jail, and the Sheriff’s Department. These organizations are relied on to provide customer service based on traditional government models. This project asks the entire County to learn about trauma and how it may impact its constituents – including its own employees. This understanding will lead to better, more informed public engagement and customer service. Essentially, the Behavioral Health Department is proposing an Innovation that takes a concept and practice which has already found success within mental health services – and then adapting it to work in structures outside the public mental health system.

“Not for Ourselves Alone” is the motto of the County of San Luis Obispo (SLO). The County government pledges that its employees and organizations see service to others as its paramount objective. Those working in behavioral health systems know that to truly serve its consumers towards quality ends, it must meet them in understanding of their beliefs, expectations, means, and histories. Trauma-Informed Care means that we stop asking “What is wrong with this person?” and begin asking “What has happened to this person?” This Innovation hypothesizes that “other” county government agencies can benefit from this trauma-informed approach – thus reducing conflict, increasing safety, communication and, ultimately, customer satisfaction.

Taking steps to shift an organization into a Trauma-Informed Care (TIC) model changes its perceptions about the individuals that they work with, both clients and staff. A trauma-informed system of care provides services that allow clients to feel safe, accepted and understood at all levels of agency interaction- without judgment and exchanges that could be potentially re-traumatizing, or trigger traumatic reactions. When an organization learns how to provide TIC, they educate the staff about the effects of violence, victimization and trauma on individuals. Their services allow clients to feel safe, be accepted and be understood by everyone who may come in contact with them. Employees also feel safe and supported.

The project will test the capacity of the Behavioral Health Department to build a collaborative learning community amongst non-health and social service agencies within the government structure of the County of SLO. By establishing a course within the County's "Learning and Development Center," which acts as the County's employee training program, the Innovation will provide TIC model training and development for each County agency. Over 500 service providers will be trained and each organization will be assessed before and after the training. Agency representatives will work together to establish trauma informed service guidelines and create a certification based on model implementation.

3. Which MHPA definition applies to your new Innovative Project, i.e. how does the Innovative Project a) introduce a new mental health practice or approach; or b) make 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; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovative Project to contribute to the development and evaluation of a new or changed practice within the field of mental health? Why is this change significant and worth your investment in MHPA Innovation?

This innovation takes a practice that is widely used within mental health and social services settings and introduces it to a new audience, namely customer-facing public employees of non-mental health or social services agencies/departments. This approach is predicated on the understanding that community members with trauma are not served exclusively by health-related agencies, and therefore they must be met where they are. It is expected that this project will create improved environments where mental health system consumers are treated with compassion and care outside of traditional social and health services. This project, thereby, introduces a new mental health approach by reducing the stigma and increasing the caregiving capacity within community services popular with the client population.

This new approach will test if the needs of community members with trauma or other mental health symptoms are served not only better, but in a more empathetic and appropriate way by any public employee they interact with. It will also test whether TIC

training can be a valuable development tool for new public employees, and if this training can support the County's effort to become a World Class Organization.

4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.

Training will be offered to all public employees who are customer facing (primary group) and their direct supervisors (secondary group). The curriculum will be adapted to reflect a broader audience beyond mental health or social services professionals. There will be a total of 4 different trainings, offered at quarterly intervals, required for program completion. Each one builds on the learnings from the previous class:

1. General TIC training, mixed audience and larger class size (50 approx. for around 4 hours)
2. Agency specific training with smaller class size (i.e.: 25 City Counsel employees for 2-3 hours)
3. Site-specific training (i.e.: Sheriff's offices) to address physical aspects of trauma informed care
4. Site lead will offer internal update courses to colleagues and program expansion on specific concepts

All qualifying employees will attend the first training, open to all agencies and offered in a classroom setting. After completing this first module, each agency will receive a second training specific to their work and their employees. During this time an agency representative will be identified as a TIC Lead for that site. Following this training there will be a site-specific training to address the physical characteristics of TIC, in order to make any recommendations on upgrades and changes. Finally, a fourth and final training will be offered to recap the lessons learned, and follow up on any changes in procedures or physical environments. This last training will be led by the TIC leads with assistance from the project coordinators. Certificates of completion will be awarded to program graduates as recognition of their professional development.

5. If applicable, describe the population to be served, including demographic information relevant to the specific Innovative Project such as age, gender identity, race, ethnicity, sexual orientation, and language used to communicate

Any public employee, regardless of agency, who interacts with customers on a regular basis, as well as their direct supervisors can sign up for this training. There will be no distinction for participants' age, sex, race, ethnicity, sexual orientation or gender identification, or primary language spoken.

6. If applicable, describe the estimated number of clients expected to be served annually

This innovation will serve approximately 200 people annually

7. Describe briefly, with specific examples, how the Innovative Project will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovative Project, explain why. The following are the General Standards to address. Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards:

- i. Community collaboration: This project seeks to train all San Luis Obispo County public employees as a way to foment collaboration and create a standard approach when addressing incidents related to trauma or mental health. It would expand a successful model used by the Health Agency to all areas of public administration, increasing collaboration among departments and agencies.
- ii. Cultural competence: Trauma Informed Care (TIC) training would be available to all customer facing public employees independent of title, agency, professional level or background. The training is designed to prepare these public servants to identify and reach out to anyone experiencing trauma or other forms of mental disorder. The training will consider cultural differences among county residents, and will present a variety of solutions that address these differences.
- iii. Client-driven: Although this project is not designed for direct interaction with mental health clients in the community it does address the concerns that some residents have regarding how the county identifies and works with people experiencing mental health issues. This project aims to prepare customer facing public employees to be the “first step heroes” in identifying or de-escalating a conflict with someone who is exhibiting signs of trauma, anxiety, or other mental health issues.
- iv. Family-driven: This innovation does not address the needs of children with serious emotional disturbances. However, trained employees would be better equipped to address the needs of children and their families upon completing the course.
- v. Wellness, recovery, and resilience-focused: This project would equip more public employees with resources that could help them identify signs of trauma or mental health, and provide faster initial assistance to connect consumers with services in the community. By training more public servants in TIC the County would expect to see a reduction in stigma associated to mental health, an increase in empathy-based approaches to work with and assist clients, and align mental health clients with services in order to increase recovery rates and wellness.

- vi. Integrated service experience for clients and families: This project seeks to integrate the tried and true practice of using TIC within the mental health community into other customer facing agencies and departments. This training will be made available to more public employees in an effort to have standard, county-wide practices that are proven effective in identifying and initiating contact with persons experiencing trauma or other mental disorders.

8. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with MHSA Innovation funds

Fortunately, this is a low-cost venture, with most of the “cost” centered on commitment and shared resources. However, efforts will be made to institute a position with either Behavioral Health or the Learning and Development Center (which currently operates as a program within the County’s Human Resources Department) to maintain the leadership of the initiative. The County currently has “Communities of Interest” – dedicated workgroups made up of representatives from various departments – for shared projects such as the County’s web structure, and emergency planning. This model will be used in sustaining the Not for Ourselves Alone learning collaborative.

A Trauma Informed Agency certificate will be developed by the learning community to identify those agencies and departments within the County which have received training and demonstrated structural and service changes which meet the ideals of TIC. This certificate will be administered by the learning community collaborative based on annual assessments conducted by peer (agency) evaluators and volunteer public stakeholders. The key to this sustainable activity is a directive and policy set by the County Administrator, which will be addressed as early as the initial phase.

9. Specify the total timeframe of the Innovative Project. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement throughout.

February 2016- Anticipated DMH/OAC approval

April 2016 – September 2016 (“Capacity Building Phase”)

- Schedule meetings with the Learning and Development Center to outline the TIC course, begin working on class schedules, gathering tools and resources, and identifying instructors; other initial meetings will occur with the County Administrator’s office, as well as the Board of Supervisors, to outline the initiative of the County of SLO’s desire to become a “Trauma Informed County.”

- Evaluator will be identified and begin developing logic models and instruments
- Work will include establishing pre-assessments of each agency, coordinating client focus groups, and surveying employees to establish baseline measures.
- A County coordinating and project oversight committee will be established – later transitioning into the County Not for Ourselves Alone learning community.
- Outreach will include individual meetings with Department heads, leaders, and key staff from each agency. Questions will be addressed, and initial objectives and long term outcomes will be discussed.
- Coordination staffing will be hired and/or assigned. This may include consumers or family members who have utilized County services.

October 2016 – September 2019 (“Testing Phase”)

- Course implementation. This will be done using the County employees’ Learning and Development Center orientation and course structures. All new County employees are engaged in orientation courses through the Center. All County employees are offered courses throughout the year in a variety of capacity-building areas. The TIC course will first be marketed and driven towards front-line service providers (e.g. desk clerks, receptionists, officers, librarians, etc.)
- Additionally, courses will be offered to management and supervisory staff to affect and support policy development
- A collaborative “learning community” group made up of representatives from each County agency will meet regularly during this period. The objective of the collaborative will be to ensure targets are met (e.g. number of course recipients, types of recipients, etc.), learning is specific to service areas (e.g. focus on customer service, law enforcement relations, etc.), and that policy is being developed at the County and Department level (e.g. Mandating TIC for each front-line position)

October 2019 – January 2020 (“Wrap Up”)

- Direct activities will terminate and the program lead, along with the Behavioral Health Department’s Innovation Coordinator, will finalize reviewing the longitudinal data collected over the past three years of the Testing Phase
- A comprehensive report will be drafted and submitted by the program lead
- Behavioral Health staff will meet with key stakeholders to share the project’s findings; including the Board of Supervisors, Department heads and County administrative staff
- The Learning and Development Center will assume responsibility for sustaining the learning collaborative to ensure institution and maintenance of TIC in service training

10. Describe how you plan to measure the results, impact, and lessons learned from your Innovative Project. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain whether you will use a comparison group (specify) or some other method to address the question of whether your Innovative Project is making a difference? Explain the method(s) you will use to assess the elements of your Project that contributed to its outcomes, with a focus on whatever is new or changed, in order to help answer the question of how the Innovative Project is making a difference. Describe how stakeholders' perspectives will be included in the evaluation. Explain how your evaluation will be culturally competent.

The following performance measures may be assessed to determine the project's success:

- Percentage of County agencies participating; as well as percentage of target employees receiving TIC training
- Organizational pre and post assessments using (or adapting) TIC organizational instruments, such as the tool developed by the National Child Traumatic Stress Network
- Mental Health consumer satisfaction rates, with an expectation to see improvements in particular Department-level service outcomes (e.g. reduced conflict when library staff engage homeless, etc.)
- The learning metrics may include whether new employees were more receptive of the TIC concepts learned through orientation; or those seasoned staff utilizing "elective" style courses

Outcomes and Measurement

In measuring the improved quality of services and outcomes resulting as part of the TIC project, the following objectives will be measured:

- By the end of the project County mental health consumers' satisfaction rates with service received by participating county agencies will increase by 20%
 - i. Indicators include community surveys and reports on incidents at public spaces (library, clerk's office), as well as feedback gathered from community based organizations and service providers.
- By the end of the project 30% of targeted County employees and agencies will have received TIC training
 - i. Indicators include training sign-in sheets and certificates of completion
- By the end of the project there will be a 30% decrease in the stigma related to mental health consumers, and an increase in awareness of mental illness in the community

- i. Indicators include participant pre/post surveys and self-reported increase in awareness of mental illness, as well as consumer surveys and reports on the quality of services received.

Additionally, the program will measure how the training influences internal staff's mental health and wellbeing and improvements in employee productivity and relations. The learning community established will also be measured to assess commitment levels from all agencies, as well as interagency relationship improvements. Finally, stakeholder assessments will conclude whether the approach of using a "mental health" strategy in non-mental health settings is appropriate and beneficial.

The Innovation Planning Team, including County employees, consumers, and family members, will select an evaluator (or evaluation team) amongst available resources. Data collected throughout the process (health records, surveys, pre-posts, etc.) will be analyzed and presented to the Innovation Planning Team, which includes consumer and family members, along with consumer representation from other groups such as the Peer Advocacy and Advisory Team (PAAT). Outcomes will be measured comparing means established in baseline data gathered in pre-tests and reported in retroactive surveys, along with client records prior to the innovation. The Planning Team will make a recommendation based on this analysis to County Behavioral Health Administration and community mental health providers in the final quarter of the project.

In order to maintain cultural competence throughout the evaluative process, the Innovation Coordinator (who also serves as the County's Ethnic Services Manager and chairs the Cultural Competence Committee) will work closely with providers and the evaluator to assure measurement instruments are non-intrusive, linguistically appropriate, and sensitive to cultural needs. Additionally, the County's Cultural Competence Committee, which also includes community stakeholders, consumers, and family members, will be briefed on the evaluation progress for each Innovation project.

11. Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned as a result related to your Innovative Project: within your County and to other counties. Explain how program participants or other stakeholders will be involved in this communication and dissemination.

The results of the TIC Innovation will be communicated through a variety of methods meant to keep initial stakeholders, and the community-at-large, aware of the newly demonstrated successful practices. The Innovation Planning Team, the initial stakeholder group, will meet semi-annually to be kept abreast of program progress, as well as being provided evaluation results near the end of the projects.

Once the projects are launched, the County will use local media resources to make the public aware of the MHSA initiatives being launched. The County will also update each Innovation project within its Annual Update to the Three Year Plan. This document is

widely distributed locally and statewide and available at all times via the internet. The County MHSA Coordinator provides an annual report to the County's Behavioral Health Board and Board of Supervisors in which the Innovation projects will be outlined and reported.

Program participants and other stakeholders will be provided presentations and reports via the County's network of agencies and programs. Where appropriate, the TIC team will identify specific areas of focus for each audience (i.e.: recommending that the LDC integrate TIC training into its new employee required training).

Copies of the final report will be distributed internally among the county's "Communities of Interest," dedicated workgroups made up of representatives from various departments for shared projects such as the County's web structure, and emergency planning. The TIC team will identify groups with more direct connection to the outcomes of this innovation, such as Human Resources or Emergency Management Systems Administration (EMSA). Project staff will organize meetings and presentations for these audiences, highlighting specific areas of the project that may add value to the work done by these groups. Recommendations will be made based on project results.

12. If applicable, provide a list of resources to be leveraged.

County Facility Use for provider trainings

Media equipment

Data instrument development

13. 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.

NEW ANNUAL PROGRAM BUDGET						
A. EXPENDITURES						
	Type of Expenditure	FY 16-17	FY 17-18	FY 18-19	FY 19-20	Total
1.	Personnel expenditures (salaries, wages, and benefits)	\$117,252	\$143,516	\$146,386	\$74,657	\$481,811
2.	Operating expenditures	\$41,120	\$40,320	\$40,420	\$26,770	\$148,630
3.	Non-recurring expenditures, (cost of equipping employees with technology necessary to perform MHPA duties to conduct the Innovative Project)	\$3,500	0	0	0	\$3,500
4.	Contracts (Training Consultant Contracts)					
6.	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative	\$1,875	\$1,875	\$1,875	\$1,875	\$7,500
	Total Proposed Expenditures	\$163,747	\$185,711	\$188,681	\$103,302	\$641,441
B. REVENUES						
1.	MHPA Innovation Funds	\$163,747	\$185,711	\$188,681	\$103,302	\$641,441
2.	Medi-Cal Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Any other funding (specify)					
	Total Revenues	\$163,747	\$185,711	\$188,681	\$103,302	\$641,441
C. TOTAL FUNDING REQUESTED						
		\$163,747	\$185,711	\$188,681	\$103,302	\$641,441

Budget Narrative

The project will run from FY 2016-17 (services starting October 1, 2016) and will end in FY 2019-20 (ending September 30, 2019), with evaluation completing on January 31, 2020. The total overall budget for the project is estimated at \$641,441. The budget includes expenses for the development, refinement, piloting, and evaluation of the project over the four year period. If approved, this program will be administered by County staff. Therefore, the costs in this budget are based on County estimates. The following items are included in the budget:

Personnel Expenditures: Personnel costs include the salaries and benefits for a 1.0 FTE Administrative Services Officer I and a .50 FTE Mental Health Therapist IV. The budget assumes a 2% cost of living adjustment per year after FY 2016-17.

Operating Expenditures: The operating expenses include program supplies, County vehicle/mileage reimbursement, rent for training room space, program incentives for participants, County overhead, and administration expenses. County administration expenses include incentives for stakeholder involvement.

Non-Recurring Expenditures: This includes the purchase of two computers for the new staff.

Other Expenditures: Other Expenditures includes the cost for project evaluation by an independent evaluator. The total cost estimated for evaluation for all Innovation projects for the four year time period is \$30,000. This cost was split equally between the four Innovation projects the County is submitting for approval. The estimate is based on prior Innovation project evaluation costs from an independent evaluator. A portion of County administration time will also go towards evaluation. Actual evaluation costs for the independent evaluator and County evaluation will be reported in the County's Annual Update, as well as the Annual Revenue and Expenditure Report.

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

Attachments

Attachment A: 30 Day Review Notice



**NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT
And
NOTICE OF PUBLIC HEARING
San Luis Obispo County
Mental Health Services Act**

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW

- WHO:** San Luis Obispo County Behavioral Health Department
- WHAT:** The MHSA Fiscal Year 2016-2020 Innovation Plan for Fiscal Years 2016-20, is available for a 30-day public review and comment from December 18, 2015 through January 17, 2016.
- HOW:** To review the proposed plan,
Visit: <http://www.slocounty.ca.gov/health/mentalhealthservices.htm>
To Submit Comments or Questions:
<https://www.research.net/r/SLOCoINN>
Comments must be received no later than June 17, 2015.

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NOTICE OF PUBLIC HEARING

- WHO:** San Luis Obispo County Behavioral Health Advisory Board
- WHAT:** A public hearing to receive comment regarding the Mental Health Services Act Innovation Plan for FY 2016-2020.
- WHEN:** Wednesday, January 20, 2016, 3:00 p.m.
- WHERE:** Behavioral Health Campus, Library, 2180 Johnson Ave, SLO.

FOR FURTHER INFORMATION:

Please contact Juan M. Muñoz-Morris, (805) 781-4064, jmunozmorris@co.slo.ca.us

Innovation Idea Station

Name and Contact Information

Thank you for your interest in the San Luis Obispo County Behavioral Health Department Mental Health Services Act Innovation planning process.

Before we get started, please provide your contact information below.

* 1. Agency Name

* 2. Contact Name

* 3. Email Address

* 4. Phone Number

Innovation Idea Station

Is it Innovation?

Please answer these few questions to determine if the idea being submitted meets initial Innovation criteria.

* 5. Is the project idea something that you know will work, but needs funding to fill a service gap?

- Yes, the project needs funding, but it has been proven to be successful.
- No, the project is very outside the box, and has not been tested yet.

* 6. Has a similar project already been conducted in a Mental Health setting?

Tip: Make sure to check Google, Yahoo, and Bing for existing programs outside of the community.

- Yes
- No

* 7. How will the proposed idea contribute to learning?

Innovation Idea Station

Innovation Proposal Tool

So far, the idea seems Innovative!

The Innovation Idea Station is a tool to help individuals and agencies work through an Innovation project idea and submit it to the Innovation Community Planning Team.

Answering the following questions will help the Innovation Community Planning team make important decisions regarding the San Luis Obispo County Innovation Plan, and expedite putting together a proposal for the State.

* 8. Please give a title to the proposed idea. Be creative!

* 9. Please give an overarching description of the project idea.

* 10. Please identify the proposed project idea's primary essential purpose that will be the key focus for learning.

* 11. Did any collaborative discussions regarding the proposed project occur outside of the County's Innovation Planning Meetings? If so, please include a brief description of the process and a roster of participants.

* 12. Please identify the area of practice or approach (scope) for the proposed Innovation test and select what you will be testing and learning about.

* 13. [Q7] Please explain, in detail, how this approach is unique, and why it is important for the community to learn from it.

Tip: If it is an adaptation, please describe how and what is being adapted.

* 14. All projects have a four-year timeline, with a three-year "testing phase". Please describe what the key activities/steps are needed to run the test, and what the key milestones for the test will be.

Tip: Use detail, and tentative dates beginning with July 2015. Please include 6 months of program startup and 6 months of evaluation and wrap-up in the timeline.

Innovation Idea Station

* 15. [Q10]How will you measure what you are planning to learn, and how will you include the perspectives of diverse stakeholders?

Tip: Remember the focus of Innovation funding is to test and learn. Think about what needs to be measured to learn what the project seeks to learn. Describe evaluation methodologies and tools. Be sure to include process evaluation and learning goal evaluation.

* 16. Please describe the sustainability plan for the proposed Innovation idea. What is the plan to protect and provide continuity for individuals and families receiving services from the proposed Innovative project at the conclusion of Innovation funding? Even if the Innovation project is not successful, how will continuity of services be provided?

Tip: It is important to leverage other resources outside of Mental Health Services Act funding.