

County of San Luis Obispo Mental Health Services Act

PROPOSAL FOR THE INNOVATION COMPONENT OF THE
THREE-YEAR PROGRAM AND EXPENDITURE PLAN



INNOVATION PLAN FY 2019-2023

**County of San Luis Obispo
Behavioral Health Department**



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT
2180 Johnson Ave., San Luis Obispo, CA 93401
Anne Robin, LMFT, Behavioral Health Director
Frank Warren, Mental Health Services Act Coordinator

County of San Luis Obispo Innovation Plan

Executive Summary

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

Over a 7-month period, the SLOBHD worked collaboratively with local stakeholders, including consumers and family members, to develop the County's INN Plan, which consists of two INN projects. The plan consists of new and novel mental health practices or approaches that will contribute to informing the County and its stakeholders as to improved methods for addressing mental health disparities.

The County of San Luis Obispo's INN Plan consists of two distinct projects with an average duration of 36 months. The total cost of the two projects, including administrative services, is projected to be approximately \$1.5 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 FY19-20 through the first half of FY22-23.

INN Project Budgets	FY 19-20	FY 20-21	FY 21-22	FY 22-23	Total
Holistic Adolescent Health	\$135,000	\$182,500	\$182,500	\$160,000	\$660,000
B-HARP	\$218,282	\$216,862	\$215,922	\$228,864.40	\$879,930.40
TOTAL INN Budget	\$353,282	\$399,362	\$398,422	\$388,864.40	\$1,539,930.40

MHSA funds will be used to implement the following two new projects with planning and services expected to begin in October of 2019, after any procurement processes have been completed. The projects were selected based on MHSA's required outcomes, general standards, the community's input and priorities, and the feedback from the Mental Health Services Oversight & Accountability Commission (MHSOAC). Innovation represents a significant opportunity to engage new systems and gain knowledge around many difficult mental health system issues. The projects listed herein are:

Holistic Adolescent Health:

The Holistic Adolescent Health Innovation Project is designed to test the development of a new health curriculum and delivery model for youth 13-18 years of age. With the addition of mindfulness training, the project implements a comprehensive approach to mental, physical, and social health. The delivery method of the new curricula includes: 1) a blended health education model provided in 15 sessions comprised of mental health, physical health, and sexual health education to students through their regular health classes, and 2) a one-on-one health coaching program providing in-depth mental, physical, and sexual health support.

A learning goal of this project will be to determine if the new curricula and delivery model are effective in positively impacting youth's engagement in healthy and constructive habits, behavior, and choices.

Behavioral Health Assessment & Response Project (BHARP)

The BHARP project aims to provide a highly-trained community-based and academically-informed training model and system to learn, assess, and intervene when cases of threat become apparent or imminent. The innovation project is also designed to create a new learning and language model between the mental health system (MHS), law enforcement (LE), and educational institutions (EI) employing a new curriculum derived from proven and effective models, but tailored to San Luis Obispo and directed to the coordinating efforts between MHS, LE, and EI. The innovation project is meant to educate and decrease the criminalization and stigmatization of youth in cases of threats. The project will test the new, never-before-implemented, coordinated, and collaborative curriculum over the course of three years with a sample of MHS, LE, and EI throughout the County. The learning goal of the project will be to assess the training model to determine the skills and attitudes that can be measured to establish a baseline for MHS, LE, and EI to support and engage clients who may pose a threat.

The Innovation proposals were finalized on May 10, 2019 and a draft was made public for a 30-day review on May 17, 2019. A public hearing was held as part of the Behavioral Health Board's (BHB) June 19, 2019 regular meeting and received approval from the BHB. The plan was approved by the County's Board of Supervisors July 16, 2019. The Innovation Work Plan will be submitted and approved by the Mental Health Services Oversight and Accountability Commission in August 2019.

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Community Program Planning and Local Review Processes

County Name: San Luis Obispo

Work Plan Name: County of San Luis Obispo Innovation Plan

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

A new planning round of innovation was officially launched in September 2017. The first Innovation Stakeholder meeting took place in October 11, 2018, where ongoing and new Innovation Stakeholders assembled to review the innovation guidelines, begin a larger conversation, and collaborated on a new round of research and experiment-based projects. The meetings also provided stakeholders and the community with presentations regarding the current innovation round, including the implementation, successes, and challenges of the current four projects.

INNOVATION STARTS HERE!

INNOVATION ROUND 2018-2019

DO YOU HAVE A BRAND-NEW, CREATIVE IDEA FOR MENTAL HEALTH PRACTICE THAT HAS NEVER BEEN DONE BEFORE?

IF YOU ANSWERED "YES" TO THE QUESTION ABOVE, THE COUNTY OF SAN LUIS OBISPO BEHAVIORAL HEALTH DEPARTMENT WANTS TO HEAR FROM YOU! ACCESS THE LINK BELOW AND SUBMIT YOUR IDEAS!

<https://www.surveymonkey.com/r/SR75RBY>

WHEN: THURSDAY, OCTOBER 11TH
TIME: 4:00PM - 5:00PM
LOCATION: FRENCH HOSPITAL COPELAND HEALTH EDUCATION PAVILION - 1ST FLOOR

Nestor Veloz-Passalacqua, M.P.P.
nvelozpassalacqua@co.slo.ca.us
805.781.4064
County of San Luis Obispo
Behavioral Health Department

CALIFORNIA HEALTH SERVICES 03 CALIFORNIA

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

In the spirit of Innovation, the County Stakeholder process ensured the maximization of time and knowledge of the community members who had come to the Innovation Planning Team, as well as the optimization of project development by using a user-friendly online tool. For this short-term round of innovation, Stakeholders and the Innovation Planning Team were provided with an online project development toolkit consisting of Innovation

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

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

The INN Coordinator began communication with the Mental Health Services Oversight and Accountability Commission (MHSOAC) to receive feedback on the proposed projects and provide additional assistance to the innovators. All proposals were reviewed to assure adherence to the Innovation guidelines. In order to determine the level of prioritization for each project, the County provided stakeholders with an online tool for ranking purposes prior to funding estimations so stakeholders and the community would make recommendations based on the merits of the projects rather than on the costs associated with the project. The first complete draft of proposals became available in the month of January and stakeholders were given a week to review the proposals and provide a ranking. The online ranking system allowed every member of the stakeholder group (those wishing to complete their ranking on paper were provided printed surveys) to “score” each proposal anonymously based on the project’s merits, need/problem definition, learning goal, implementation, operation, and sustainability. This process allowed the County to be provided with a list of ranked projects. Results were disseminated to the Innovation Stakeholder group and to the innovators. All four projects continued to refine and work on their projects’ narrative. The Mental Health Services Oversight and Accountability Commission provided additional feedback, which was taken into consideration for the final number of innovations projects moving forward, reducing the number of proposed projects from three (3) to two (2). This allowed the team to focus time and resources on the two proposals listed on this work plan, while continuing to work on the finalization piece for the last remaining projects to be presented the following fiscal year.



The Innovation proposals were finalized on May 10, 2019, and a draft was made public for a 30-day review on May 17, 2019. A public hearing was held as part of the Behavioral Health Board’s (BHB) June 19, 2019 regular meeting and received approval from the BHB. The plan was approved by the County’s Board of Supervisors July 16, 2019. The Innovation Work Plan will be submitted and approved by the Mental Health Services Oversight and Accountability Commission in August 2019.

Identify the stakeholder entities involved in the Community Program Planning Process

The County's Innovation Planning Team is the stakeholder group consisting of 10-20 representatives of various community groups including consumers, family members, and underserved cultural communities. The Innovation Planning Team met two times between October 2018 and March 2019 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 Collaborative (representing the Center for Family Strengthening), participants of the County's Cultural Competence Committee which advises the department on how to improve services for underserved ethnic and cultural groups, and the Gay and Lesbian Alliance (GALA).
- Consumers and family members (youth and adult) as well as organizations that represent them such as the Peer Advisory and Advocacy Committee and the National Association of Mental Illness.
- Community mental health system providers, including staff and peer advocates from Transitions Mental Health Association (TMHA), Wilshire Community Services (WCS), California Polytechnic State University, Community Action Partnership of San Luis Obispo (CAPSLO), and Family Care Network.
- Other County agencies, including Probation, Office of Education (administrators, teachers, counselors), and Drug and Alcohol Services.
- Staff and managers, including the Behavioral Health Director, clinicians, case managers, and medical professionals of the County Behavioral Health Department.

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

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

The plan was posed for 30-day review stakeholder and public review on May 18th, 2019. Notice of the INNOVATION Plan's availability for review and of the June 19th, 2019 public hearing was posted on the SLOBHD website and sent to members of the INNOVATION Planning Process, all SLOBHD staff, SLO County Behavioral Health Board, and the County Board of Supervisors. Notification flyers were posted at the SLOBHD offices and County libraries, and a legal notice was published in the Tribune, the only countywide daily newspaper.

At the conclusion of the 30-day review period, three total comments were received using the feedback survey made available electronically and in hard-copy. The comments, as originally written and posted, are listed below for the two projects:

Holistic Adolescent Health:

1. "A careful understanding when introducing children to mental health issues esp. drug use and availability, perceived mentorship for guidance to develop the individual autonomy so precious and required to understand how to live a life. An example as I have witnessed in criminalizing medical and mental health issues, by forcibly and opinionated leadership by of community institutions unqualified for the role, such as police, courts, and religious organization. This would especially be relative to slo county history of police overreach and breaches of civil liberties, and opinionated, judgemental church activities. Also the lack represented in the schools for a focus on character development and coping strategies for the tumults of adolescent in society of overt exposure of abberant behavior modeling."

Behavioral Health Assessment & Response Project:

1. "As a representative of SLCUSD I look forward to working with Dr. Holifield on this project. Having effective threat assessment protocols and practices are becoming increasingly important in public education. Schools districts cannot develop these programs on their own or in isolation. Working with a menta health professional and community groups in establishing a solid protocol/process is important in getting it right."
2. "Demonizing is not helpful in assessing societal problems rationally. Much of the approach i have seen living here for 35 years, is that approach is quick to establish itself in policy, and has actually exasperated the problems. Self righteous, opionated, low consciousness strategies are fueling contempt and recruiting more aberrance, to support growth of an industry of self perpetuating occupation of incarceration and spinoff industry."

At the June 19, 2019 Behavioral Health Board meeting, Nestor Veloz-Passalacqua (INNnovation Coordinator) presented the County's proposed INNnovation Work Plan for FY 2019-2023. A total of four letters of support were received for both projects. The Holistic Adolescent Health project received a joint letter of support from multiple organizations, which include the Gay and Lesbian Alliance of the Central Coast, Tranz Central Coast, Central Coast Coalition for Inclusive Schools, #Out4MentalHealth Task Force, Diversity Coalition of San Luis Obispo County, Your True Gender, The Queer Crowd, 5 Cities Hope LGBTQ+ Organization, QueerSLO, and Santa Maria House of Pride and Equality. BHARP received letters of support from Transitions Mental Health Association, San Luis Coastal Unified School District, and California Polytechnic State University. There were a total of six written comments, which are listed below:

1. "2 projects are very needed in our community. They both have the potential to greatly increase the quality of life for all community members. I think the Holistic Adolescent Health component is especially critical for our area and has the potential to be an excellent model for other communities"
2. "Please note my positive comments for this plan and both projects. I strongly support the plan and both projects"
3. "Threat assessment program – please do not spend SLO CO funds at Cal Poly. Instead coordinate with Cal Poly on the INNnovation program using State funding for Cal Poly students."
4. "It is sad that we live in a time when we must worry about the possibility of mass shootings in America. I am pleased that SLO County is willing to take steps toward the assessment and identification of potential threats. Any efforts to pay attention to this growing problem deserves our applause and support."
5. "Both projects are meeting a need in community."
6. "Please make sure the curriculum is evidenced-based for the outcomes you are hoping for. Confidentiality for young adults so won't be impacting their future for armed services or police"

work or public office. Is it possible to use school-based professionals who know the students best and have built a rapport with for on-going support.”

Verbal comments made during the presentation included the following:

1. “I would like to see a train-the-trainer (BHARP) option or program that would include hospitals as well”
2. “I am concerned to include Cal Poly since they have their own money to train their staff and provide services.”
3. “I like the fact that the INNnovation Planning group took on these projects and are presenting them and moving forward.”

Based on the public comments made, the County responded the following:

1. It is the County’s intention to build a system in which individuals trained under BHARP become a resource to the County and to other Mental Health Professionals, Educational Staff, and Law Enforcement in order to maintain a consistent infrastructure of individuals supporting the system in years to come.
2. It is important to mention that any youth attending our local university is, first and foremost, a community member, whether they are in the college or not. It is the project’s intention that in cases of threats any community member, regardless of their educational affiliation, is presented with the appropriate services. It is the intention of the project to train Mental Health Professionals, Educational Staff, and Law Enforcement from various regional areas of the County in order to best develop a cadre of specialized professionals who can best engage with individuals from all different backgrounds, including young community members attending college regardless of the services that educational institutions may have. The project funds the intervention for approximately a total of 150 attendees for the four-years of testing who are primarily Mental Health Professionals (County and local mental health providers), Law Enforcement (Sheriff and City Police), and Educational Staff (School District staff, teachers, and counselors, and the Local university). There is currently no local, state, or federal funding supporting universities to place a threat assessment. The INNnovation project is about creating a cohesive and collaborative system and model, removing the only and larger educational institution from the project hinders the very nature and inherent practice and goal of the project. The project maintains Cal Poly as a potential source for training as it is aligned with the objectives.
3. Our Community Planning Process stems from transparency and engaging the community in forums, meetings, and spreading information to all regions in order to increase awareness, educational opportunities, and create proposals that speak directly to the need of our community county wide.

The Innovation proposals were finalized on May 10, 2019 and a draft was made public for a 30-day review on May 17, 2019. A public hearing was held as part of the Behavioral Health Board’s (BHB) June 19, 2019 regular meeting and received approval. The plan was approved by the County’s Board of Supervisors July 16, 2019. The Innovation Work Plan will be submitted and approved by the Mental Health Services Oversight and Accountability Commission in August 2019.

INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST	
<p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p>	
<p><input type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to the Board of Supervisors.</p> <p style="text-align: center;"><i>(Refer to CCR Title 9, Sections 3910-3935 for Innovation Regulations and Requirements)</i></p>	
<p><input type="checkbox"/> Local Mental Health Board Approval</p>	<p>Approval Date: June 19, 2019</p>
<p><input type="checkbox"/> Completed 30-day public comment period</p>	<p>Comment Period: May, 19 - June 19, 2019</p>
<p><input type="checkbox"/> BOS approval date</p>	<p>Approval Date: July 16, 2019</p>
<p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____</p> <p><i>Note: For those Counties that require INN approval from MHOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p>	
<p>Desired Presentation Date for Commission: August 2019</p>	
<p><i>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.</i></p>	

County Name: San Luis Obispo County

Date Submitted: May 19, 2019

Project Title: Holistic Adolescent Health

Total amount requested: \$600,000

Duration of project: Four years

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

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

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT

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

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

CHOOSE A PRIMARY PURPOSE

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

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

Section 2: Project Overview

PRIMARY PROBLEM

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

San Luis Obispo County lacks a coordinated school-based health curriculum to provide high school students with a comprehensive mental, physical, and social health education. Community Action Partnership of San Luis Obispo (CAPSLO), in collaboration with local schools, has determined that the current compartmentalized curricula limit the ability of county youth to attain a whole-person/holistic view of health or to balance the inter-related aspects of mental, physical, and social health engagement processes. With students reporting ever-greater struggles to cope with overwhelming stress and anxiety, school officials and staff are asking for resources on how to help teens manage in the currently overcharged social environment. This need became a priority as it addresses two areas of concern, one being actively engaging youth ages 13-18 and, secondly, incorporating a comprehensive approach for mental, physical, and social health with mindfulness.

The number of suicide ideation and suicide attempts by U.S. children doubled between 2008 and 2015 from .66% of children in 2008 to 1.82% in 2015 (Plemmons, et al, 2018). Significant increases were noted in all groups, but the annual increases were higher in adolescents 15 to 17 years of age and adolescents 12 to 14 years. Although increases were noted in both girls and boys, the average annual increase was higher for girls (Plemmons, et al, 2018). One in nine high school girls attempted suicide in 2015 (California Health Care Foundation, p. 2). Young women are also more than twice as likely as young men to report chronic sad or hopeless feelings (California Health Care Foundation, p. 5). In 2015, 50% of youth who identified as lesbian, gay, or bisexual reported that they had seriously considered suicide in the past 12 months (California Health Care Foundation, p. 6).

According to the Kidsdata.org website, Adverse Childhood Experiences (including child abuse, exposure to violence, family substance abuse, divorce, and poverty) greatly increase the likelihood of major depressive episodes in adolescents, and a majority of youth do not receive mental health treatment. Half of all mental illnesses appear by the mid-teens. It is not uncommon for adolescent substance use to begin as a strategy for self-medicating in order to manage early psychiatric symptoms and frequently leading to the co-occurrence of mental illnesses and substance use disorders (California Health Care Foundation, p. 2).

Locally, it has been identified that 7.5% of Central Coast youth have experienced a serious emotional disturbance (California Health Care Foundation, 2018, p. 6). According to the *Community Health Improvement Plan*, of the 11th grade students in San Luis Obispo County surveyed in 2015-2016, 33% reported experiencing chronic sadness or hopeless feelings in the past 12 months (2018).

San Luis Obispo County has seen an 11% increase in total cases of substantiated child abuse from 2010 to 2015 (from 9.8 to 11.3 per 1,000). In December 2016, 378 children were in foster care in San Luis Obispo County, an increase from 17% since 2010 (Diringer, 2018, p. 5-7). On average a child in foster care is 2x more likely to develop PTSD than a war veteran (Family Care Network, 2019). Lesbian, gay, bisexual, and

transgender students report much higher rates of abuse and feeling unsafe at school (California Health Care Foundation, p. 6). The County's rate of forcible rape is much higher than the State rate and the county suicide rate is consistently above the State rate – 50% higher (Diringer, 2018, p. 7). According to the *California Healthy Kids Survey*, 33% of 9th Grade students in the Lucia Mar Unified School District (LMUSD) and 31% of those in the San Luis Coastal Unified School District (SLCUSD) had experienced chronic sadness or hopelessness. The numbers for non-traditional students rose to 44% and 53%, respectively. Nineteen percent of students in Grade 9 in the LMUSD and 15% of those in SLCUSD had considered suicide, and those rates again increased to 22% and 38%, respectively, for those in a non-traditional school setting (CalSCHLS, 2018).

In discussing the state of school-based health services, the *2018 California Children's Report Card* reports that although some efforts are being made to “improve school climate and teacher training to support student wellness, and increased screening and referral for mental health and trauma services,[...] more must be done to develop a [coordinated system of care] that meets kids' needs.” San Luis Obispo County has designated the improvement of the social and emotional support network for teens in SLO County as one of two Social and Emotional Wellness Priorities (Community Health Improvement, 2018). The County believes teaching mental health coping skills to teens is a vital determinant of the overall health of youth and an important component of early intervention efforts.

PROPOSED PROJECT

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

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

The Innovation Project is designed to test the co-creation of a new health curriculum and delivery model for youth ages 13-18. With the addition of mindfulness training, the Project implements a comprehensive approach to mental, physical, and social health. Adding a mindfulness skill-building component to the existing high school health curriculum would enhance the ability of adolescents to make positive life choices related to their own health and well-being. There are no studies regarding a supportive model that integrates mindfulness into an existing health curriculum covering physical, sexual, and social health for teens ages 13-18 in a school-based environment.

The Innovation Project is part of an ongoing collaboration between the Community Action Partnership of San Luis Obispo (CAPSLO) and local high schools. CAPSLO is a 501(c)(3) non-profit community-based organization with a 40-year history of providing sexual health education in local high schools and middle schools. Since 2010, CAPSLO has expanded the availability of comprehensive, evidence-based, sexual health curriculum to high-need schools on the Central Coast of California. CAPSLO also partners with Community Health Centers (CHC) to provide local high schools with school-based obesity prevention programs that focus on students' nutrition and fitness practices.

CAPSLO works closely with school administrators and faculty to identify student needs, engage students, and create programs that encourage student buy-in. More importantly, the Project encourages teens to take ownership of and proactively manage their own health and well-being. The Innovation Project develops and employs a new curriculum which focuses on the needs of and utilizes

feedback from San Luis Obispo County adolescents. It also incorporates a new health education delivery model which integrates training on mindfulness skills into the existing health curriculum provided at high schools. The County posits that better physical and social-emotional health outcomes can be achieved through the implementation of this new curriculum and delivery model that includes: 1) 15 sessions on mindfulness skills and knowledge, and 2) one-on-one coaching and follow-up with youth. Because physical health and social-emotional wellness are inextricably tied together, the new curriculum and delivery method will help youth gain perspective on how all behaviors are interconnected and better understand how to cope effectively with stress, anxiety, and other symptoms.

Proposed Sites

The new health education model will be introduced and implemented at two school sites. The selected schools, Morro Bay High School in the San Luis Coastal Unified School District and Lopez Continuation High School in the Lucia Mar Unified School District, have requested support as part of the schools' ongoing health education classes offered each semester. This new model uses an existing health education curriculum and adapts it, while retaining the evidence-based components of the existing curriculum, to include the new mindfulness elements and additional health information in order to better meet the needs of local teens.

Key Components

- Blended health education model that provides 15 sessions of mental health, physical health, and sexual health education to students through their regular health classes.
- Health Educator one-on-one health coaching program that provides individual mental, physical, and sexual health education support for interested students.

The in-class component builds on and expands the current curriculum. The Innovation Project will include mental health, physical health, and sexual health education units. The mental health units will include Mindfulness Awareness Practices (MAPs) such as the STOP process (Stop, Take a Breath, Observe, and Proceed), body awareness scans, breathing, meditation, and feelings identification. The physical health units will include the U.S.D.A.'s MyPlate nutrition education, training on how to read nutrition labels, meal planning, setting SMART (Specific, Measurable, Attainable, Realistic, Time-bound) goals, setting fitness and nutrition goals, and fitness coaching (2018). Sexual health units will focus on healthy relationships, pregnancy and STI prevention, and birth control methods.

Health coaching involves students meeting one-on-one with a Health Educator up to two times per month for approximately 30 minutes per session throughout the school year. The discussions are student-driven and focus on setting and meeting health goals, further developing mindfulness skills, and additional education on specific topics of personal interest to the student. Each session will include mindfulness training.

The proposed and appointed new curricula will be conducted by the Health Educators. The Health Educators will receive approximately 200 hours of extensive training covering topics related to all aspects of the blended health education model to be delivered through the Innovation Project. Trainings prepare staff to provide a professional, medically accurate, evidence-based education which is culturally inclusive, developmentally appropriate, and trauma-informed. The curricula will also cover social and emotional health, in addition to mental, physical, and sexual health. Staff will be trained in the following areas:

Mental Health:

- Motivational Interviewing;
- Mindfulness through an evidence-based program such as Trails to Wellness;
- Cognitive Behavioral Therapy approaches.

Physical Health and Nutrition:

- The Dietary Guidelines for Americans 2015-2020;
- USDA MyPlate nutrition guide;
- Diabetes education;
- National Academy of Sports Medicine (NASM);
- Health at Every Size paradigm.

Sexual Health (as mandated by the State Education Code), including social and emotional health:

- Positive Prevention PLUS sexual health education curriculum as mandated by the State;
- Foundations Core Skills Training;
- Trauma Informed Classroom Management/Trauma Stewardship;
- Positive Youth Development;
- Domestic Violence Disclosure and Mandated Reporter;
- LGBT Ally/Youth Engagement, Inclusive Schools Network, Teaching Transgender Toolkit.

After completing the training sessions, Health Educators participate in an evaluation process before presenting to students in the classroom and engaging students through one-on-one health coaching. This process includes observing trainers, presenting mock teaching sessions, and co-teaching. Through the training and evaluation periods, Health Educators receive ongoing support and feedback from supervisors, trainers, and peers.

Through both the high school health classes and on-site, one-on-one health coaching and nutrition consulting by trained Health Educators, Innovation Project Staff will provide participating teens with mindfulness tools to help them achieve stress reduction, reduce emotional reactivity, and improve health behaviors. Emphasis will be placed on offering regular opportunities to practice the new skills. The specific elements selected for each module will be designed to address the needs of emerging adults who often feel they have few emotional resources from which to draw.

The Innovation Project will develop the mindfulness training from various evidence-based programs intended to help students calm their minds to manage stress and lead healthier lives. The emphasis will be on teaching practical skills that students can use to manage stress by focusing their minds and gaining perspective around the issues and challenges they may be facing. The program will train participants in mind-body skills such as abdominal breathing and guided imagery, which have been shown to increase both self-care and the motivation to continue practicing stress reduction. Mindfulness training emphasizes the cultivation of positive emotions such as gratitude and compassion. Behavioral health activity outcomes to be tracked include self-compassion, awareness of intentional behavioral activities, perceived stress levels, the consumption of healthy foods/drinks, increased body awareness, the amount and quality of sleep, and emotional comfort levels within relationships. Staff will employ motivational interviewing techniques to elicit student-driven behavior change. Our approach also utilizes the tenants of cognitive behavioral therapy to enable students to act intentionally rather than reacting reflexively in both stressful and everyday situations.

By using a combination of in-class instruction, one-on-one health coaching, and mindfulness learning strategies, the Innovation Project will be evaluated in the following ways: Students who participate in

the Innovation Project will take a pre-test to assess student knowledge, behaviors, and attitudes prior to any instruction or coaching through the project. Post-tests will be conducted at the end of coursework and again following the coaching period to determine the effects of mindfulness on health behaviors such as stress reduction, activity level, consumption of sugary beverages, consumption of fruits and vegetables, self-regulation in sexual settings, and self-awareness and improvement within relationships. The data will be both quantitative and qualitative. A satisfaction survey will provide important program feedback from students to guide continuous quality improvement.

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

The project introduces a new practice or approach to the overall mental health system, including but not limited to, prevention and early intervention.

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

The approach of the Project utilizes staff to create a more comprehensive mental, physical and sexual health program that is student-driven and allows health educators to respond to requests for information as well as identify the areas of greatest need and trends in student health needs. Teen suicides rates have doubled in recent years; college mental health referrals requested by students have strained many university health centers; school counselors, teachers and staff are overwhelmed (Plemmons, et. al, 2018) (Center for Collegiate Mental Health Annual Report, 2017). Though many studies have looked at various potential solutions, incorporating mindfulness awareness practices into existing health curricula may promise the best results. All known studies have tracked mindfulness-based stress reduction (MBSR) programs on adults and youth, the academic benefits to students, or students with diagnosed issues such as attention deficit disorders. However, this project will focus on tracking physical health outcomes through increases in the intentional behaviors resulting from MAPs.

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

Approximately 120 participants will be served in classrooms per academic year across the two sites, with an expected total of 360 participants served over the three academic years of the INNOVATION Project testing period. Health Educators will partner with staff at Morro Bay High School and Lopez Continuation High School to offer the blended INNOVATION Project model. Each academic year, approximately 120 students will be reached via classroom presentations, with approximately 40 of those students participating in one-on-one health coaching.

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

The participants will be youth ages 13-18 from Morro Bay High School and Lopez Continuation High independent of age, gender, sexual orientation, race, ethnicity, language, or disability. Efforts will be made to provide culturally competent services to all participants.

RESEARCH ON INN COMPONENT

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

The INNOvation Project incorporates mindfulness and coping skills training into an existing high school health curriculum and will introduce this model to two school sites not currently being served by CAPSLO staff. Through trained Health Educators, students' intentional behavioral health outcomes will be tracked. These include perceived levels of stress and self-compassion, body awareness, activity level, consumption of sugary beverages, consumption of fruits and vegetables, comfort level within the context of personal relationships, and intended sexual health decisions. Although many studies have reported on the impact of mindfulness training in school settings, none referenced programs that had been added to an existing high school health curriculum using a blend of comprehensive physical health, nutrition and fitness, sexual health, and mindfulness as a cohesive holistic health program. One study looked at the impact of mindfulness on resting and ambulatory blood pressure and heart rate in youth, but not on additional youth health outcomes (Barnes, 2004). Health is often taught in a compartmentalized fashion. This proposal seeks to test a model for comprehensive health education that includes mental, physical, and sexual health components, and tests the link between mindfulness practices and healthy behavior decisions. In addition, this project seeks to identify whether the utilization of one-on-one coaching of students produces a more profound change in knowledge, skills, and health practices when coupled with classroom instruction, as opposed to classroom instruction alone.

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

Multiple searches were conducted on various research, scientific and government websites to determine where gaps in behavioral science research exist. Below is an exhaustive list of the research conducted to validate the gap in research and literature related to mindfulness.

Barnes, V. A., Davis, H. C., Murzynowski, J. B., & Treiber, F. A. (2004). Impact of meditation on resting and ambulatory blood pressure and heart rate in youth. *Psychosomatic Medicine*, 66(6), 909-914.

Bennett, K. & Dorjee, D. (2016). The impact of a mindfulness-based stress reduction course (MBSR) on well-being and academic attainment of sixth form students. *Mindfulness*, 7(1), 105-114. <https://doi.org/10.1007/s12671-015-0430-7>

Bluth, K., Roberson, N., & Gaylord, S. (2015). A pilot study of mindfulness intervention for adolescents and the potential role of self-compassion in reducing stress. *Explore*, 11(4), 292-295. <https://doi.org/10.1016/j.explore.2015.04.005>

Botha; E., Gwin, T., & Purpora, C. (2015). The effectiveness of mindfulness-based programs in reducing stress experienced by nurses in adult hospital settings: A systematic review of quantitative evidence protocol. *JBI Database of Systematic Reviews and Implementation Reports*, 13(10), 21-29. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26571279>

Calma-Birling, D., & Gurung, R. (2017). Does a brief mindfulness intervention impact quiz performance? *Psychology Learning & Teaching*, 16(3), 323-335. <https://doi.org/10.1177/1475725717712785>

Cevasco, M. (2017). *Examining the social-emotional impact of a brief mindfulness program for students in special education*. (Unpublished doctoral dissertation). University of Washington.

Daily, L. (2018). *Association of Mindfulness and Resilience with Stress, Depression, and Anxiety among Freshman Undergraduate Students*. (Unpublished doctoral dissertation). St. Louis University.

Dunning, D. L., Griffiths, K., Kuyken, W., Crane, C., Foulkes, L., Parker, J., & Dalgleish, T. (2018). The effects of mindfulness-based interventions on cognition and mental health in children and adolescents: A meta-analysis of randomized controlled trials. <https://doi.org/10.31234/osf.io/rj5mk>

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Ennis, H. (2018). Credibility in mindfulness training for young people. *Psychology Teaching Review*, 24(1), 59-62.

Erbe, Ryan & Lohrmann, David. (2015). Mindfulness meditation for adolescent stress and well-being: A systematic review of the literature with implications for school health programs. *The Health Educator*, 47.

Galla, B. (2016). Within-person changes in mindfulness and self-compassion predict enhanced emotional well-being in healthy, but stressed adolescents. *Journal of Adolescence*, 49, 204-217.

Greeson, J. M., Juberg, M. K., Maytan, M., James, K., & Rogers, H. (2014). A randomized controlled trial of Koru: A mindfulness program for college students and other emerging adults. *Journal of American College Health*, 62(4), 222-33.

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Mendelson, T., Greenberg, M. T., Dariotis, J. K., Gould, L. F., Rhoades, B. L., & Leaf, P. J. (2010). Feasibility and preliminary outcomes of a school-based mindfulness intervention for urban youth. *Journal of Abnormal Child Psychology*, 38(7), 985–994.

Metz, S. M., Frank, J. L., Reibel, D., Cantrell, T., Sanders, R., & Broderick, P. C. (2013). The effectiveness of the learning to BREATHE program on adolescent emotion regulation. *Research in Human Development*, 10(3), 252–272.

Ong, J., Manber, R., Segal, Z., Xia, Y., Shapiro, S., & Wyatt, J. (2014). Randomized controlled trial of mindfulness meditation for chronic insomnia. *Sleep*, 37(9), 1553–1563. Retrieved from <https://ncch.nih.gov/research/results/spotlight/090114>

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Parish, K.A. (2011). *Quieting the cacophony of the mind: The role of mindfulness in adult learning*. Kay Annette Parish. BiblioBazaar.

Raes, F., Griffith, J. W., Van der Gucht, K., & Williams, J. M. G. (2014). School-based prevention and reduction of depression in adolescents: A cluster-randomized controlled trial of a mindfulness group program. *Mindfulness*, 5(5), 477–486.

Randal, C., Pratt, D. & Bucci, S. (2015). Mindfulness and self-esteem: A systematic review. *Mindfulness*, 6, 1366. <https://doi.org/10.1007/s12671-015-0407-6>

Sanger, K. L., Thierry, G., & Dorjee, D. (2018). Effects of school-based mindfulness training on emotion processing and well-being in adolescents: Evidence from event-related potentials. *Developmental Science*, 21(5), e12646.

Schonert-Reichl, K. A., Oberle, E., Lawlor, M. S., Abbott, D., Thomson, K., Oberlander, T. F., & Diamond, A. (2015). Enhancing cognitive and social–emotional development through a simple-to-administer mindfulness-based school program for elementary school children: A randomized controlled trial. *Developmental Psychology*, 51(1), 52-66.

Semple, R. J., Lee, J., Rosa, D., & Miller, L. F. (2010). A randomized trial of mindfulness-based cognitive therapy for children: promoting mindful attention to enhance social-emotional resiliency in children. *Journal of Child and Family Studies*, 19(2), 218–229.

Sibinga, E. M. S., Webb, L., Ghazarian, S. R., & Ellen, J. M. (2016). School-based mindfulness instruction: An RCT. *Pediatrics*, 137(1), 1-8.

Strowger, M., Kiken, L., & Ramcharran, K. (2018). Mindfulness meditation and physical activity: Evidence from 2012 National Health Interview Survey. *Health Psychology*, 37(10), 924-928. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/30234351>

Zenner, C., Herrnleben-Kurz, S., & Walach, H. (2014). Mindfulness-based interventions in schools—a systematic review and meta-analysis. *Frontiers in Psychology*, 5.

LEARNING GOALS/PROJECT AIMS

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

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

The Innovation Project’s goals are as follows:

- The County and its stakeholders hope to learn if the model effectively increases the ability of teens ages 13-18 to cope with stress and anxiety.
- The County and its stakeholders hope to learn if incorporating the teaching of mindfulness practices in conjunction with other health-focused curriculums increase teens' ability to make healthy decisions regarding their mental, physical, and sexual well-being.
- The County and its stakeholders hope to learn if inclusion of one-on-one coaching increases the likelihood that students will practice what they learned in health classes.
- The County and its stakeholders hope to learn better methods to increase prevention and early detection of mental health-related issues.

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

The overarching goal is to assess whether incorporating the key element of mindfulness training into a high school health curriculum, thereby creating a balanced approach to wellness education that addresses mental health, physical health, and sexual health, will positively impact health behaviors and outcomes. By testing a new health curriculum delivery model that includes these components, the Innovation Project hopes to determine whether mental, physical, and sexual behavior changes occur and, if so, whether they positively impact a young person's measurable health outcomes.

EVALUATION OR LEARNING PLAN

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

Through collaboration with an external evaluator, the Innovation Project will identify and develop questions for pre- and post-assessment surveys to measure goals and objectives. These will include whether mindfulness training is an effective curriculum component for enhancing the current health education model to improve health behaviors and outcomes, while reducing student feelings of stress, anxiety, and/or depression.

The Innovation project's aims/outcomes are the following:

- Increase the mood stability and overall feelings of well-being of the participating students;
 - a) Metrics include pre- and post-surveys of participating students
 - b) Metrics include data from motivational interviews
- Increase the overall student level of physical fitness activity and nutrition knowledge;
 - a) Metrics include pre- and post-surveys of participating students
 - b) Metrics include data from motivational interviewing
- Increase the students' ability to identify and cope with feelings, especially negative emotions such as depression and/or anxiety;
 - a) Metrics include pre- and post-surveys of participating students
 - b) Metrics include data from motivational interviews
- Increase student intentionality regarding behaviors related to health;
 - a) Metrics include pre- and post-surveys of participating students

- b) Metrics include data from motivational interviews
- Determine if one-on-one coaching improves the likelihood that students will utilize the knowledge and tools taught in classroom setting;
 - a) Metrics include pre- and post-surveys of participating students
 - b) Metrics include data from motivational interviews
- Establish a referral process for youth who may need additional assistance;
 - a) Metrics include pre- and post-surveys of participating students
 - b) Metrics include data from motivational interviews
- Increase overall student level of sexual health* knowledge and awareness as it relates to: identifying signs of healthy and unhealthy relationships, identifying how to respond to pressures from peers, media, and society to engage in high-risk behaviors, identifying abstinence as the only 100% safe method to avoid an unplanned pregnancy, sexually transmitted infections (STIs), HIV, and identifying community resources for STI/HIV testing, contraceptive methods, and other sexual and reproductive health services;
 - a) Metrics include pre- and post-assessments of participating students

*Participant learning outcomes, as they relate to sexual health, will adhere to the Evidence Based Program (EBP), Positive Prevention PLUS, which complies with the California Education Code 51935.

Testing and Evaluation of Outcomes

- CAPSLO staff working on the Innovation Project will collaborate with diverse stakeholders and an outside evaluation agency to use culturally-appropriate data collection instruments and metrics to measure perceived stress levels and behavioral intent as they relate to stress alleviation, healthy decision-making, nutrition, physical activity, and relational communication.
- Pre-Instruction surveys will be administered at the beginning of the in-class curriculum.
- Prior to individual coaching, health coaches will evaluate student physical health as well as knowledge and behaviors through free response questions and pre-instruction surveys.
- Physical health outcomes measured will include body mass index and cardiovascular endurance. Other assessments will include student knowledge of food labels, My Plate, sleep, and healthy lifestyle recommendations.
- Post-instruction surveys will be administered at the conclusion of classroom curriculum.
- Health coaching surveys will assess changes to students' behavior by tracking their patterns of sleep, food/drink intake, attainment of fitness goals, and level of physical activity. Innovation Project participants will have the opportunity to share their lived experiences in the form of a retrospective focus group. The narrative data will be coded and transcribed by the evaluation agency.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

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

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

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

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

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

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under 5 served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

A new round of Innovation Projects was launched in October 2018. The first Innovation Stakeholder meeting took place in October 11, 2018, at which new and current Innovation Stakeholders were present to review the innovation guidelines and begin a larger conversation and collaboration process for research and testing new meaningful ideas in our community. Community members ranging from psychologists, to educators, and think tank members were present, as well as mental health providers and partners. The County made available information containing steps to successfully submit an innovation idea, along with providing technical assistance in developing the narrative piece of the proposal. One of the most enthusiastic and eager organizations was CAPSLO. At an initial meeting they presented the first iteration of their idea to integrate and develop a new mental health curriculum that included mindfulness, physical, health, and social-emotional development. This project is part of larger collaboration between CAPSLO

and local high schools, focusing on the development of a new curriculum and delivery model. The project continued to be refined as County staff, CAPSLO, and school representatives were involved. The project's curriculum and delivery method would allow youth to experience a cohesive and comprehensive education focused on mindfulness, physical fitness and nutrition, and sexual health as part of a holistic high school health program. The original project design is the result of community engagement between CAPSLO, local school districts, and youth. Additionally, the Behavioral Health Department has provided technical assistance to refine and coordinate efforts to make the proposal a priority in reference to what the community needs are. The project design utilized feedback from schools identifying the need for additional support and a comprehensive curriculum that addresses the needs in teen developmental areas, including the need to build a curriculum and delivery model that leads to youth being connected to mental health services and a recovery process when needed. The County continues to provide ongoing technical support and procedural information to the development and completion of this proposal. The continued collaboration between stakeholders, community members, and school staff affirms the community-wide acknowledgment of the dire need for a cohesive and comprehensive curriculum so that county youth are provided with an opportunity to feel engaged and to help them achieve success and mental health wellbeing.

The Innovation Project team has solidified their efforts with CAPSLO, schools, and stakeholders to emphasize and facilitate proper coordination and implementation of the proposal. The staff and appropriate partners, such as CAPSLO, school representatives, and stakeholders, will continue to meet regularly during the project development, implementation, and evaluation to identify and address challenges, and to coordinate proper engagement for the intervention being tested. Currently, the County Innovation Coordinator has received feedback from the Mental Health Services Oversight and Accountability Commission (MHSOAC) to ensure Innovation Project guidelines and regulations are met. The feedback and edits have been implemented into the proposal. Part of the efforts for a successful proposal includes the continued collaboration and coordination with the County and community-based organizations to ensure the inclusion of a wide representation of staff, and to ensure planning efforts reflect the community collaboration and the impact on the youth population.

MHSA GENERAL STANDARDS

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

A) Community Collaboration

The Project is designed to facilitate a strong collaboration that includes youth, community-based organizations, school districts, County Behavioral Health Department, and family and community members. The Project fosters and maintains community collaboration through a process of consistent stakeholder advisory group interaction and by representing diverse racial/ethnic, cultural, and linguistic communities. The Project works with family advocates, mental health providers, school district staff, families, parents/caregivers, and other professionals to enhance and develop a cohesive and comprehensive classroom curriculum.

B) Cultural Competency

The Project is designed to impact diverse youth from across the County. The project employs culturally and linguistically appropriate staff who will engage clients through service delivery that fosters equal access to services without disparities. Additionally, through the project design, the stakeholder advisory group incorporates culturally and linguistically appropriate guidance in the administration, implementation, delivery, and evaluation processes. Cultural competency will be achieved by providing participants with the opportunity to participate in the project in which all services will be delivered in the participant's primary language. Services will engage and retain diverse individuals through recruitment by a trusted source. The stakeholder advisory group will monitor the project for disparities in services using process data and community data provided by the project data analyst.

C) Client-Driven

The Project is designed to engage staff who work primarily with youth, which is ultimately the population that will be impacted by the Innovation Project. Individual student experiences and individualized information will provide guidance and lead to a better participant understanding of the curriculum, the best practices, and continual fine-tuning of the approach necessary to identify and engage with those youth who may benefit from a cohesive and comprehensive course.

D) Family-Driven

The Project is designed to engage youth and their direct family support network as the primary agents of information. Their involvement will shape program decision-making and determine which elements of the curriculum and approach are essential to assist youth in developing a mindful, healthy, and informed lifestyle.

E) Wellness, Recovery, and Resilience-Focused

The Project services maintain the philosophy, principles, and practices of the Recovery Vision. Prevention and Early Intervention often prevents or mitigates behavioral and social problems; therefore, early referrals and connection to mental health resources and supports are a focus of the Project. Youth and parental empowerment and social connections are critical to the well-being of the students. Youth are also supported by the Project offering information on accessing services in the community.

F) Integrated Service Experience for Clients and Families

The Project involves an integrated community approach and resource knowledge experience among stakeholders involved. Project partners and staff work on providing seamless coordination between County agencies and community providers as a referral resource available to youth in order to create a larger system of mental health care coordination.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

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

Each student participant will be given in-class time to complete pre- and post-assessments to determine their level of knowledge related to health information, attitudes, and behaviors. In addition, students will be asked to complete a satisfaction survey, designed to gather feedback regarding their perceptions of the quality and usefulness of the information received, their reflections on staff preparedness and sensitivity to the needs of students, their recommendations for changes or improvements, and their overall satisfaction with the program.

An advisory group of stakeholders at each school will gather the perspectives and recommendations for continuous quality improvement. The advisory groups will include a variety of school personnel, parents, students, and community members with backgrounds in health/behavioral health, fitness, or mindfulness. There will be regular updates on the program, results, feedback, and support. Research questions will also be shared with advisory groups to ensure that questions are age-appropriate and sensitive to the cultural backgrounds of students.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

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

In addition to the staff training and administrative costs of implementing the program at two sites, there will be project costs associated with the staffing, design of assessments, data collection, reporting and evaluation. After the initial training and joint implementation costs are incurred, stakeholders hope grants and partnerships with local government, individual schools, community groups, and health agencies (such as CHC) will protect the continuity of care for students if the model proves to be effective. Also, any savings to the County derived from the process of teaching students to better cope with stress and anxiety can be expanded by implementing the model at other local schools. This could prevent the development of more debilitating mental health problems, which would add to the drain on the County's Health Agency. Early intervention through the process of educating and coaching students will potentially lessen the number of teens and young adults needing additional, expensive mental health services. Any teens needing additional health services will be referred to medical professionals, school counselors, or mental health service agencies both during and after the project period.

COMMUNICATION AND DISSEMINATION PLAN

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

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

The Innovation Project will produce quarterly reports with detailed information on the program accomplishments and challenges. Online quarterly newsletters will also become available and will be posted on social platforms such as Instagram and Facebook pages. Content will be developed in concert with student participants and school personnel to communicate how the project is evolving and what is being learned. We plan to include testimonials from students, parents, and school staff. At the end of the four-year grant, there will be a comprehensive and detailed report available to the County and the stakeholders.

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

Teen Health and Wellness

School-based Wellness Training
Holistic Adolescent Health
Comprehensive Teen Health Education

TIMELINE

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

- Start: October 1, 2019 End: September 30, 2023

B) Specify the total time frame (duration) of the INN Project

- Four years

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

Ramp up/Planning: October - December 2019

- Develop and finalize the curriculum
- Plan and solidify implementation logistics with school sites
- Hire and train Health Educators
- Contract with research partner
- Develop data collection tools
- Coordinate the health curriculum delivery schedule with health teachers

Implementation Cohort 1: January - June 2020

- Provide 15 in-classroom health modules to approximately 60 students, ages 13-18 years, across two high school sites. Administer pre- and post- instruction assessments. Recruit student participants for one-on-one health coaching sessions.
- Provide health coaching to approximately one-third (20) of the students from the in-classroom modules who opt to receive a series of six one-on-one health coaching sessions.
- Administer pre- and post-coaching assessment to student participants.
- Communicate with Research Partner and receive evaluation/assessment results for Cohort 1.

Implementation Cohort 2: August - December 2020

- Provide 15 in-classroom health modules to approximately 60 students, ages 13-18 years, across two high school sites. Administer pre- and post- instruction assessments. Recruit student participants for one-on-one health coaching sessions.
- Provide health coaching to approximately one-third (20) of the students from the in-classroom modules who opt to receive a series of six one-on-one health coaching sessions.
- Administer pre- and post-coaching assessment to student participants.
- Communicate with Research Partner and receive evaluation/assessment results for Cohort 2.

Implementation Cohort 3: January - June 2021

- Provide 15 in-classroom health modules to approximately 60 students, ages 13-18 years, across two high school sites. Administer pre- and post- instruction assessments. Recruit student participants for one-on-one health coaching sessions.

- Provide health coaching to approximately one-third (20) of the students from the in-classroom modules who opt to receive a series of six one-on-one health coaching sessions.
- Administer pre- and post-coaching assessment to student participants.
- Communicate with Research Partner and receive evaluation/assessment results for Cohort 3.

Implementation Cohort 4: August - December 2021

- Provide 15 in-classroom health modules to approximately 60 students, ages 13-18 years, across two high school sites. Administer pre- and post- instruction assessments. Recruit student participants for one-on-one health coaching sessions.
- Provide health coaching to approximately one-third (20) of the students from the in-classroom modules who opt to receive a series of six one-on-one health coaching sessions.
- Administer pre- and post-coaching assessment to student participants.
- Communicate with Research Partner and receive evaluation/assessment results for Cohort 4.

Implementation Cohort 5: January - June 2022

- Provide 15 in-classroom health modules to approximately 60 students, ages 13-18 years, across two high school sites. Administer pre- and post- instruction assessments. Recruit student participants for one-on-one health coaching sessions.
- Provide health coaching to approximately one-third (20) of the students from the in-classroom modules who opt to receive a series of 6 one-on-one health coaching sessions.
- Administer pre- and post-coaching assessment to student participants.
- Communicate with Research Partner and receive evaluation/assessment results for Cohort 5.

Implementation Cohort 6: August - December 2022

- Provide 15 in-classroom health modules to approximately 60 students, ages 13-18 years, across two high school sites. Administer pre- and post- instruction assessments. Recruit student participants for one-on-one health coaching sessions.
- Provide health coaching to approximately one-third (20) of the students from the in-classroom modules who opt to receive a series of six one-on-one health coaching sessions.
- Administer pre- and post-coaching assessment to student participants.
- Communicate with Research Partner and receive evaluation/assessment results for Cohort 6.
- Begin developing final evaluating program results.
- Explore possible community partnerships and leverage funding opportunities.
- Explore possible opportunities to publicize and disseminate results.

Ramp down/Evaluation: January - July 2023

- Collaborate with the Research Partner to publish results of the study.
- Secure funding needed for replication if this holistic teen health education model proves successful.

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

- A) **BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)**
- B) **BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)**
- C) **BUDGET CONTEXT (are MHSA funds being leveraged with other funding sources?)**

BUDGET NARRATIVE

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

The four-year budget is designed to withstand increases in personnel and operating costs such as rents. The program is not leveraging other funds at this time. Salaries for the four years include a 2% COLA increase and any anticipated promotions. Fringe benefit costs includes the following: FICA, SUI, Health Insurance, Disability Insurance, Workers Compensation, and Retirement. We anticipate that most fringe benefit items will increase and are calculated with per annual increases.

Personnel Expenditures

Health Educators @ 50% FTE (2 Employees): Each Educator will deliver curriculum content at the two schools and collect pre/post-test and satisfaction survey data; assist in the refinement of the instruction model.

Sexual Health Education Coordinator @ 9% (1 Employee): The Coordinator will manage curriculum development and implementation with the two school sites; assist in the development of data collection tools; communicate regularly with the Wellness Project Supervisor and Youth Programs Director regarding the status of work at each of the two sites.

Wellness Project Supervisor @ 10% (1 Employee): The Supervisor will monitor staff time, program implementation objectives, and development of reports; coordinate with San Luis Obispo County Behavioral Health representatives and Philliber Research staff in developing planning adjustments and data collection procedures.

Youth Programs Administrative Assistant @ 9% (1 Employee): The Administrative Assistant will help with collecting and mailing data to Philliber Research, report preparation, scheduling planning meetings, preparing invoices, vouchers, purchases, and other assistance as needed.

Youth Programs Director @ 9% (1 Employee): The Youth Programs Director will facilitate contracts, budgeting, and reporting for the project; work with Wellness Project Supervisor, San Luis Obispo County Behavior Health, and Philiber Research on development of performance measures; ensure that stakeholders are included in the planning and feedback processes.

Division Director @ 2% (1 Employee): The Director will monitor and approve written agreements and budgets for the Innovation Project.

Operating Expenditures

Program Supplies: Supplies required for the operation of the program, duplication, materials, print cartridges, signs, evaluation tools and rosters.

Local Mileage: Reimburse staff for the use of personal vehicles for program business.

Vehicle Maintenance: Ongoing upkeep of organization vehicles used by staff for program business, such as preparing events. This includes fuel, maintenance and DMV fees.

Rent: Includes the space used by staff at the San Luis Obispo Office.

Utilities: Includes gas, water, trash, and electricity for program office.

Janitorial: Services for program office.

Equipment Repair and Maintenance: Includes the upkeep and maintenance of office equipment, including copiers, computers, and printers.

Liability Insurance: The share of the cost of liability insurance for the program office, program employees, and vehicles.

Printing: Includes staff business cards, program brochures, referral cards, training materials for health clinics, social workers and parent education workshops, and promotional flyers for teen events and school administrators and students.

Telephone: Phone service for program staff.

Indirect: The agency indirect rate for expenses is 8%, which include administrative costs.

Contracts

Evaluation Consultant: Design of evaluation tools to measure achievement of E-B curriculum objectives and outcomes, and efficacy of CAG community mobilization and program dissemination activities; measure program outcomes to determine the extent to which they are the result of the program; design a comprehensive community needs assessment; prepare an implementation study report; and prepare a final outcome evaluation report that summarizes results of the study.

Other Expenditures

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

PERSONNEL COSTS (salaries, wages, benefits)		Ramp up Period FY 19/20	Program Year 1 FY 20/21	Program Year 2 FY 21/22	Program Year 3 And Eval Period FY 22/23	TOTAL
1.	Salaries	\$52,344	\$76,910	\$77,502	\$59,545	\$266,301
2.	Direct Costs	\$18,241	\$28,828	\$28,786	\$21,834	\$97,689
3.	Indirect Costs	\$5,647	\$8,459	\$8,503	\$6,510	\$29,119
4.	Total Personnel Costs	\$76,232	\$114,197	\$114,791	\$87,889	\$393,109
OPERATING COSTS		FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
5.	Direct Costs	\$19,596	\$34,750	\$34,200	\$31,950	\$120,496
6.	Indirect Costs	\$1,568	\$2,780	\$2,736	\$2,556	\$9,640
7.	Total Operating Costs	\$21,164	\$37,530	\$36,936	\$34,506	\$130,136
NON-RECURRING COSTS (equipment, technology)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
8.		\$0	\$0	\$0	\$0	N/A
9.		\$0	\$0	\$0	\$0	N/A
10.	Total Non-recurring costs	\$0	\$0	\$0	\$0	N/A
		\$0	\$0	\$0	\$0	N/A
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
11.	Direct Costs	\$20,930	\$14,605	\$14,605	\$20,930	\$71,070
12.	Indirect Costs	\$1,674	\$1,168	\$1,168	\$1,675	\$5,685
13.	Total Consultant Costs	\$22,604	\$15,773	\$15,773	\$22,605	\$76,755
OTHER EXPENDITURES (please explain in budget narrative)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
14.		\$0	\$0	\$0	\$0	N/A
15.		\$0	\$0	\$0	\$0	N/A
16.	Total Other Expenditures	\$15,000	\$15,000	\$15,000	\$15,000	\$60,000
		\$0	\$0	\$0	\$0	N/A
BUDGET TOTALS						
Personnel (line 1)		\$52,344	\$76,910	\$77,502	\$59,545	\$266,301
Direct Costs (add lines 2, 5 and 11 from above)		\$58,767	\$78,183	\$77,591	\$74,714	\$289,255
Indirect Costs (add lines 3, 6 and 12 from above)		\$8,889	\$12,407	\$12,407	\$10,741	\$44,444
Non-recurring costs (line 10)		\$0	\$0	\$0	\$0	N/A
Other Expenditures (line 16)		\$15,000	\$15,000	\$15,000	\$15,000	\$60,000
TOTAL INNOVATION BUDGET		\$135,000	\$182,500	\$182,500	\$160,000	\$660,000

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

ADMINISTRATION:

A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1.	Innovative MHSA Funds	\$135,000	\$182,500	\$182,500	\$160,000	\$660,000
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	Total Proposed Administration					

EVALUATION:

B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1.	Innovative MHSA Funds					
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	Total Proposed Evaluation					

TOTAL:

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1.	Innovative MHSA Funds					
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	Total Proposed Expenditures	\$135,000	\$182,500	\$182,500	\$160,000	\$660,000

*If "Other funding" is included, please explain.

Resource References:

California Health Care Foundation. (2018). California Health Care Almanac. *Mental Health and Substance Use: A Crisis for California's Youth*.

CalSCHLS (2018). *California Healthy Kids Survey*. Retrieved from <https://calschls.org/reports-data/dashboard/>

Center for Collegiate Mental Health. (2018). 2017 Annual Report. *Community Health Improvement Plan*. (STA 18-166). Retrieved from https://ccmh.psu.edu/files/2018/02/2017_CCMH_Report-1r4m88x.pdf

Children Now. (2018). *2018 California Children's Report Card*. Retrieved from <https://www.childrennow.org/reports-research/2018cachildrensreportcard/>

County of San Luis Obispo. (2018). *2018 Community Health Improvement Plan*. Retrieved from <http://www.slohealthcounts.org/tiles/index/display?alias=CHIP>

Diringer, Joel. (2018). *How Are We Doing? A Summary of Community Data on San Luis Obispo County*. Retrieved from <https://www.cfsloco.org/wp-content/uploads/2019/01/The-Community-Foundation-How-Are-We-Doing-Community-Data-Report.pdf>

Ed-Data. Retrieved from <http://www.ed-data.org/school/San-Luis-Obispo/>

Family Care Network. (2019). Retrieved from <https://fcni.org/behavioral-health>

Kidsdata.org Retrieved from <https://www.kidsdata.org/topic/1969/aces-brfss/table#fmt=2486&loc=2,361&tf=91&ch=89,90,1273,1256,1274,1259&sortColumnId=0&sortType=asc>

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County Name: San Luis Obispo

Date Submitted: May 19, 2019

Project Title: BHARP (Behavioral Health Assessment & Response Project)

Total amount requested: \$879,930.40

Duration of project: 4 years

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

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

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT

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

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

CHOOSE A PRIMARY PURPOSE

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

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

Section 2: Project Overview

PRIMARY PROBLEM

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

San Luis Obispo County lacks the infrastructure, as well as a coordinated and collaborative model and system to assess and intervene as necessary with school-based threats. The lack of structure and current siloed agencies leave our County vulnerable to situations of threat. Little or no information is available locally as agencies work independently without a cohesive plan and model to intervene and educate the community in cases of threats.

Presently, none of the educational, law enforcement, or mental health institutions in San Luis Obispo County have the infrastructure, coordinated model, and a regular data base that monitors the number of apparent threats made, whether level of threat, type of threat, by whom, and whether the threat warrants a multi-agency response. San Luis Coastal Unified School District provided the following information based upon a review of threat assessment reports from the past several years. These cases are frequencies and presented in a range as each year may differ.

High Level Threats	Requiring Multi-Agency Response	Requiring Mobile Crisis or Hospitalization	Amount of Staff Time (Paperwork and Follow-up)	Ongoing Monitoring
9-12 per year	2-4 per year	2-3 per year	2-3 weeks	2 months

It should also be noted that there have been several cases in the last five years that have required multi-agency involvement, one including FBI involvement with a student and parent.

Cal Poly noted that neither the university nor campus police track data related to threats on campus. There is not a formal threat assessment team; therefore, data related to level, type of threat, and threat source are not obtained. Administrators indicated that they have had four high level cases in the past three years. One situation involved a student making a bomb threat on a public bus. Another involved a student making several threats via email and verbal statements in classrooms over a two-year period. Another involved an employee stalking and threatening another employee. Finally, a student made several threats against a political speaker who was coming to campus. This garnered the involvement of the FBI. An out-of-state, private, and price-prohibitive Threat Assessment was conducted. Although the student was expelled, charges made, and treatment recommended, the individual remained in the community. There was not a specific recommendation or guidance from the Threat Assessment Report about how local agencies should continue to monitor for potential threats from the individual.

In 2014, the FBI released *A Study of Active Shooter Incidents in the United States Between 2000 and 2013*, which reviewed 160 incidents involving an individual who attempted to kill people in a confined/populated area. Only twelve incidents, or 7.5%, occurred at institutions of higher education; however, nearly one quarter of the incidents studied occurred at educational settings and these accounted for some of the highest casualty counts. The individuals who engaged in violence included

students, former students, employees, and a visitor (Blair & Schweit, 2014). The report also contains information regarding incidents occurring at commerce and employment settings, which may be relevant findings for the San Luis Obispo community.

The Center for Homeland Defense and Security's K-12 School Shooter database (www.chds.us) indicates that in 2018, there have been 92 school shooting incidents, double the number of incidents for 2016 and 2017, with the most frequent ages of the perpetrator between 16 and 17 years. Thus, nationally, incidents are increasing. More recently, there have been incidents that have occurred locally and regionally. These have included the following incidents as captured by headlines:

1. A 17 year old Morro Bay High School student was arrested this week on suspicion of making threats against the school, police say. March 26th, 2018.
2. Atascadero High student threatened to 'shoot up' school. March 14th, 2018
3. Isla Vista Mass Murder, May 23, 2014
4. Individual in mental health therapy makes a threat toward Ventura Schools. www.vcstar.com/story/news/education/2018/08/29/ventura-unified-school-district-potential-threat-parents
5. Borderline Bar and Grill Shooting, Thousand Oaks, CA. November 7th, 2018

Although threat assessments and monitoring have become a staple practice in educational institutions, recent case study reviews have noted that isolated, inconsistent, and ineffective implementation of threat assessment and monitoring can leave educational institutions vulnerable to violent incidents (Goodrum et. al 2018, White 2017). With the increasing, ongoing threats and lack of a coordinated and collaborative model system, San Luis Obispo County is at a disadvantage to assess and engage youth in these situations.

Threat Assessment Models are available in Los Angeles and San Diego. These models stem from a legal and criminal perspective that does not support a comprehensive and collaborative community-based approach to threat assessment. Based on their large and available funding streams, resources, and infrastructure they address and engage threats with a different lens, which is not applicable in the provincial and dispersed community makeup of San Luis Obispo County. Due to the vulnerability the County is experiencing in terms of fragmented information and processes to handle threats, the County is interested in piloting an innovation project which will adapt the threat assessment model of these larger counties in order to determine which parts may be useful for a smaller county. Additionally, because there is no coordinated system of exchanging threat assessment information between responding agencies/institution, the County is proposing to develop such a collaborative as well as provide a learning mechanism to other interested counties. By creating an integrated system and infrastructure, all partnered agencies involved will gain a holistic understanding of the psychological, social, and family components that might explain the result of the threat behavior. This, in turn, will lead to a focus on proper referrals, intervention, and prevention.

PROPOSED PROJECT

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

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

The project is designed to develop a coordinated and collaborative training model and system to learn, assess, and intervene when cases of threat become apparent or imminent. The innovation project is also designed to create a new learning and language model between the mental health system (MHS), law enforcement (LE), and educational institutions (EI) employing a new curriculum derived from proven and effective models, but tailored to San Luis Obispo and directed towards coordinating efforts between MHS, LE, and EI. The innovation project is meant to educate and decrease the criminalization and stigmatization of youth in cases of threats. Education becomes an important outcome of this project as it allows the participants to align their professional lens to a mental health approach to best engage with the community and de-stigmatize notions of mental illness associated with threats. This will be accomplished by creating a community-based approach imbedded in the training component and system to be tested by the participants.

Through education and ongoing training, community partner teams and the public involved in the referral, assessment, and monitoring of threats will learn the psychological, behavioral, social, and familial signs strongly associated with threatening behavior. With further education, the teams will begin to recognize components of threatening behavior that may likely warrant a mental health treatment response. This will refocus community partners toward prevention and intervention responses rather than prosecution. Although threat assessment models are available in Los Angeles and San Diego, these models stem from a legal and criminal perspective that does not support a comprehensive and collaborative community-based approach to threat assessment. Based on their large and available funding streams, resources, and infrastructure they address and engage threats with a different lens, which is not applicable in the provincial and dispersed community makeup of San Luis Obispo County.

Key Components:

Development and Implementation of a SLO-Centric Threat Assessment Model in County-Examine Community Model

The project builds a unique model upon examining diverse approaches to threat assessment and creating protocols to identify, manage threats of target-based violence, and follow-through. Threat Assessment Teams can implement preventative strategies to school, campus, workplace, or community violence.

Collaboration and Training

The project creates a system of collaboration and experts trained in the new threat assessment process based on a multi-disciplinary team approach from various backgrounds (education, mental health, and law enforcement), employing fact-based predictors of violence, and applying an individualized and preventative approach. A single model across multiple agencies creates a common language that allows for expedient and clear communication.

Educating the Community-Students, Parents, Mental Health Professionals and CBO's.

This process requires educating students, parents, school employees, coworkers, supervisors, etc. on how to identify behaviors that may reveal an individual's potential intent to do harm to others and empowering them with the ability to lead and achieve the referral process. Referrals are provided by the following process: 1) assess the components, 2) manage threats, and 3) obtain appropriate mental health support if warranted. By educating community individuals on making specific referrals, this likely prevents a situation in which information and knowledge slips through the system. Education

empowers community stakeholders to report information to appropriate persons to initiate a Threat Assessment Process.

Mental Health Capacity Building

This step is about the development of a community-based system to receive reports from the community, accurately assess the potential violence, and respond with appropriate support strategies to stabilize and mitigate the threat. This includes finding the proper therapeutic intervention approach (inpatient hospitalization, medication, family therapy, CBT) as well as monitoring potential reduction in violence.

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

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

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

Threat Assessment Teams are presently operating to some level in the San Luis Obispo County, yet these are siloed approaches and there is not a coordinated and collaborative system and model focused on assessment approaches, access to school resource officers, and mental health treatment and engagement. Historically, research has indicated that K-12 districts, campus-based, or university-based systems have run their threat assessment and threat responses in isolation either in their assessments, law enforcement responses, or mental health intervention. A direct collaborative system and integrated model has yet to be put into place. By creating an integrated system, all agencies involved will gain a holistic understanding of the psychological, social, and family components that might explain the result of the threat behavior. This, in turn, will lead to a focus on variables needing intervention and prevention rather than highlighting only the threatening behavior for discipline.

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

Approximately 50 participants every fiscal year will be part of the Innovation Project, which will include participants from the Mental Health field, Law Enforcement, and Educational Institutions.

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

The participants will be Mental Health Professionals, Law Enforcement, Educational Institution Staff. A large sample will be drawn from the County to cover all regional areas.

RESEARCH ON INN COMPONENT

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

Unlike the START Program from LA County and the San Diego Program, which are both centralized, comprehensive programs in a large urban area stemming from legal and criminal lenses, the BHARP Program proposal aims to develop a system within a mostly provincial area with limited access to resources. It will focus by creating a community-based approach and training model that supports the logistical infrastructure and coordinated and collaborative system between MHPs, LE, and EI staff. The SMART program in Glenn County is a multi-agency crisis response focusing only on K-12 student behaviors beyond those of threat assessment such as suicide behavior, violence, and bullying. BHARP creates a new system and infrastructure never tested before in a medium-size county focused on a community-based approach centered in prevention, intervention, referral, and monitoring for various age groups (children to adults). The BHARP's monitoring process focuses on response to various types of psychological intervention for all individuals rather than focusing on crisis relapse using wrap-around models. LA, San Diego, and Glenn counties' programs focus on students and parents who make high-level threats, a reactive model. What is unique of BHARP is the use of a comprehensive community-based model to engage parents in the K-12 and college area to educate them about threat assessment and include them in the referral and preventative model. BHARP is also designed to support individuals who are determined not to pose a high-level threat but may need mental health support. This approach reduces stigmatization and criminalization of individuals who go through the threat assessment process.

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

There are Threat Assessment programs and models that are in place, but there is not a specific training model targeted to MHPs, LE, and EI staff to work in a coordination to address, assess, intervene, and provide services as described by the Innovation Project. The proposed INNnovation project aims to develop first the curriculum, model, and infrastructure for participants (MHPs, LE, and EI staff) in order for them to properly communicate and share only potential and pertinent client information among their jurisdictions. These elements will help us understand what processes and agreements must be established for organizations to coordinate communication and collaboration.

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices. (See Attachment 1)

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

The Innovation Project's goals/aims are the following:

1. Provide Stakeholder/Participant Training - The County and its stakeholders hope to learn more about the best approaches for teaching and training of threat assessment procedures for MHPs, LE, and EI staff in a community with limited resources.

2. Develop a Community Threat Assessment System - The County and its stakeholders seek to understand the best components that make an efficient, coordinated, and collaborative system and model related to threat assessment for MHPs, LE, and EI staff.
3. Community Education and Outreach on Warning Signs - The County and its stakeholders seek to learn better methods to increase prevention and early detection and engagement as it relates to threat assessment.
4. Increase Knowledge of Mental Health Intervention Approaches - The County and its stakeholders seek to better understand how MHPs should approach and treat individuals who have made threats or gestures towards homicidal violence.

The Innovation Project's objectives/metric outcomes are the following:

- a) Increase the level of skill and knowledge for MHPs, LE, and EI staff to identify and prevent school and community threats as defined and assessed by a training model.
 - 1) Metrics include the number of pre/post retrospective surveys, the number of reports testing objective and training/consulting expert progress. And a Multiple-Choice Pre-test of the adopted Threat Assessment Principles will be conducted.
- b) Increase the level of interagency collaboration through the development and use of the coordinated and collaborative training system and model for threat assessment.
 - 1) Metrics include documentation of interagency meetings, case review questionnaire, number of coordinated collaborative threat assessments, awareness of potential stereotypes via reflections and open-ended responses, and communication assessment within interagency BHARP team.
- c) Decrease the number and level of potential threats identified through referral.
 - 1) Metrics include the number of threats and their levels before the participants attend training and after the participants attend training, the number of threat referrals, and source of referral (parent, teacher, student, etc.).
- d) Increase the number of MH professionals available to provide therapy to individuals who make serious threats.
 - 1) Metrics include documented training and presentations to MH professionals on threat assessment process, pre/post survey of MH professionals receiving referrals, and the number of referrals provided to MH professionals based upon threat assessment recommendations.

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

These learning goals are directly related to the innovative components previously described, namely, the testing of a new, never-before-designed, coordinated, and collaborative training system and model focused on threat assessment.

EVALUATION OR LEARNING PLAN

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

The Innovation Project will collect the following data for each goal:

1. The number of participants involved in each training or workshop

2. The number of threat assessments conducted, including type of threat and level of threat
3. The number of mental health referrals provided during the training period stemming from threat assessments
4. The number of case consultation conferences held annually
5. Pre- and post- assessment/evaluations conducted before and after each training process
6. Case Review Questionnaires

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

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

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

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

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

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

COMMUNITY PROGRAM PLANNING

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

A new round of innovation launched in October 2018. The first Innovation Stakeholder meeting took place on October 11, 2018, where new and current Innovation Stakeholders were present to review the innovation guidelines and begin a larger conversation and collaboration process for research and testing new meaningful ideas in our community. Community members ranging from psychologists, to educators, and think-tank individuals were present as well as mental health providers and partners. The County made available information containing steps to successfully submit an innovation idea, along with providing technical assistance in developing the narrative piece of the proposal. One of the most eager and profoundly interested community members was Dr. Joseph Holifield. At an initial meeting he presented the first iteration of his idea to integrate and develop a new coordinated and collaborative training model and system to learn, assess, and intervene when threats become apparent or imminent in the educational system. Dr. Holifield had based his idea on years of performing threat assessments and leading threat assessment teams in several local school districts (2000-2017). He blended his experience with new information about community-based models discussed at a recent Threat Assessment Conference he attended in August 2018. Dr. Holifield had also taught at Cal Poly for 15 years (2000-2015), and he covered the topic of School Shootings in one of his lectures. After each lecture, several students would typically approach him about ongoing concerns they had about students on campus. He recognized, at that time, there was not an internal system of review for threats. Based upon his academic knowledge and experiences with threat cases, he recognized that the community had a fragmented approach to threat assessment. Dr. Holifield reached out to community partners with whom he previously had been involved. By working privately outside of each system, he wanted to devote his time to assist in developing a system that would both work for both community partners as well as bring other agencies such as law enforcement and mental health to the table for a collaborative project. Having practiced psychology in the San Luis Obispo Community for 19 years, he also understood the current limitations in the community about mental health support for individuals who present with these issues.

This project is part of larger collaboration between local organizations around the creation of a coordinated and collaborative training system and model to best approach, treat, and assess threat situations in our community. The project continued to be refined as County staff, Dr. Holifield, California Polytechnic State University, and school district representatives were involved. The project design is the result of community engagement led by Dr. Joseph Holifield with local School Districts. Additionally, the Behavioral Health Department has provided support in the form of technical assistance to best refine and coordinate efforts to make the proposal a priority in reference to what the community needs are. Additional interest in implementation and processes came from California Polytechnic State University – San Luis Obispo. The project design became apparent as feedback included the need to build a training system and infrastructure to allow for better engagement and response to threats that are present in the community, assisting youth and college students in connecting to mental health services and a recovery process before a threat is made. The County continues to provide technical assistance and support in the development of the proposal, as well as providing procedural information to the development and completion of the proposal. The continued collaboration between stakeholders, community members, and advocates stems from understanding the dire need to ensure a coordinated and collaborative training approach bringing MHPs, LE, EI staff together to address and deescalate threat situations, while providing youth with an opportunity to feel better engaged and to help them experience success and mental health wellbeing.

The innovation project team has solidified its efforts with Dr. Holifield, school districts, Cal Poly, and stakeholders to emphasize and organize proper coordination and implementation of the proposal. The staff and appropriate partners, such as Dr. Holifield, school district representatives, and other stakeholders will continue to meet regularly during the project development, implementation, and evaluation to identify and address challenges, and to coordinate proper engagement for the intervention being tested. Currently the County Innovation Coordinator has received feedback from the Mental Health Services Oversight and Accountability Commission (MHSOAC) to ensure Innovation guidelines and regulations are met. The feedback and edits have been implemented into the proposal. Part of our efforts for a successful proposal includes the continued collaboration and coordination with the County and community-based organizations to ensure the inclusion of a wide representation of staff, and to ensure planning efforts reflect the community collaboration and the impact on the youth population.

MHSA GENERAL STANDARDS

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

A) Community Collaboration

The project is designed upon a stronger collaboration that includes youth, Law Enforcement, the County Probation Department, Educational Institutions (K-12 schools and Higher Education), County Behavioral Health Department, and family and community members. The project fosters and maintains community collaboration through a process of consistent stakeholder advisory group interaction representing diverse racial/ethnic, cultural, and linguistic communities. The project works with mental health providers, law enforcement agencies, a regional university, school district staff, families, parents/caregivers, and other professionals to enhance and develop an appropriate training model to best identify threats.

B) Cultural Competency

The project is designed to impact diverse communities from all regions of the County. The project employs culturally and linguistically appropriate staff who will engage clients in service delivery that fosters equal access to services without disparities. Additionally, the stakeholder advisory group incorporates into the project design culturally and linguistically appropriate guidance in the administration, implementation, delivery, and evaluation processes. This will be achieved by providing participants to be part of the project and by providing all services in the primary language of the participant. Services will engage and retain diverse individuals through recruitment by a trusted source. The stakeholder advisory group will monitor the project for disparities in services using process data and community data provided by the project data analyst.

C) Client-Driven

The project is designed to engage MHPs, LE, EI staff who work primarily with youth, which are ultimately the population that will be impacted by the Innovation project. Youths' and college students' experiences and information will provide guidance and better understanding to the participants regarding what best practices and approaches are available to identify and engage with youth who may be part of a threat.

D) Family-Driven

The project is designed to engage the participants within the support network of youth and their direct family support network as the primary agents of information. Their involvement will determine decisions as well as what elements of the coordinated and collaborative training system and approach are essential to identify potential threats and how to appropriately respond to them.

E) Wellness, Recovery, and Resilience-Focused

The project services maintain the philosophy, principles, and practices of the Recovery Vision. Early intervention often prevents or mitigates behavioral and social problems; therefore, early referrals and connection to mental health resources and supports are a focus of the project. Youth and parental empowerment and social connections are critical to the youth's well-being and are supported through offering community information to access services.

F) Integrated Service Experience for Clients and Families

The project involves an integrated community approach and resource knowledge experience. Project partners and staff work on providing a seamless system between County agencies and community providers as a referral source available to youth to create a larger system of mental health care coordination.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

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

The cultural competence goals have been incorporated into the project design and will be included in the project administration, delivery, and evaluation. Equal access to services without disparities will be achieved by providing all participants with equal opportunity to participate in the project and by providing the test in the primary language of the participant. The stakeholder advisory group will monitor the project for disparities in services using process data and community data provided by the project data analyst; adjustments will be immediately made to eliminate any disparities found.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

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

The costs associated are for training program development and coordination, initiation, ongoing operation, and evaluation. If the evaluation indicates the coordinated and collaborative training system and model is effective, the County will work collaboratively with MHPs, LE, and EI staff, and other important youth-oriented and campus organizations that have been part of the project to help determine the best public and private funding sources to continue this service, and the challenges and success of the project as informed by evaluation results.

COMMUNICATION AND DISSEMINATION PLAN

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

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

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

- Holding a final report forum, sponsored by the project’s Stakeholder Advisory Committee
- Use of social media and outreach with organization focused on youth development
- Partner newsletters and local media
- Presentations to partner boards of director and county leaders
- Holding semi-annual case review conferences among trainees to review training practices related to the adopted threat assessment model or approach.

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

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

BHARP, Mental Health, Campus, Threat, Assessment

TIMELINE

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

The Innovation Project is expected to start on October 1, 2019 and will end on October 1, 2023.

B) Specify the total timeframe (duration) of the INN Project

Four years starting October 2019 – October 2023

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

The success of the INNnovation Project is predicated upon the professional administration, coordination, and collaboration amongst the implementation team, stakeholders, advisory committee, contractors, and experts to thoughtfully oversee the project. The County will be prepared to successfully put into place the major elements of the project in the six-month ramp-up, the intervention/testing period, and the six-month evaluation phase.

Ramp up/Planning: July - December 2019

- Develop and finalize the curriculum

- Plan and solidify implementation logistics
- Contract with speakers/subject expert matters/trainers
- Develop data collection tools
- Coordinate delivery and training schedule

Year One Major Milestones

- Begin the first Team Class with MHPs, LE, and EI staff
- Year-end report discussion with stakeholder advisory committee

Year Two Major Milestones

- Graduation of first Team Class
- Begin the second Team Class with MHPs, LE, and EI staff
- Review and consider results of first Team Class evaluation and next steps to solidify new lessons learned or revise curriculum
- Year-end report discussion with stakeholder advisory committee

Year Three Major Milestones

- Implementation of recommended pieces as discussed in year one and year two, if applicable
- Graduation of second Team Class
- Begin the third Team Class with MHPs, LE, and EI staff
- Year-end report discussion with stakeholder advisory committee

Ramp down/Evaluation: January - July 2023

- Review all evaluation done to date and implement any additional evaluative tool
- Collaborate with the Research Partner to publish results of the study
- Secure funding needed for replication if optimal teen health model proves successful
- Hold a project end forum to discuss lessons learned, sponsored by the stakeholder advisory group

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

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)**
- B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)**
- C) BUDGET CONTEXT (are MHSA funds being leveraged with other funding sources?)**

BUDGET NARRATIVE

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

Personnel Expenditures

Assistant Grant Coordinator:

The Assistant Grant Coordinator will work under the direction of the Threat Management Coordinator and will be responsible for the day-to-day workflow activities associated with the program. The Assistant will monitor intern time, duties, and program implementation objectives, assist in the development and preparation of reports, prepare invoices, vouchers, and purchases, and provide other assistance as needed. The Assistant Grant Coordinator will update and maintain program content access to the community through brochures and website content. The Assistant Grant Coordinator will schedule ongoing trainings and planning meetings with community partners and contracted experts.

The Assistant Grant Coordinator will be a part-time position starting with 15 hours/week at \$23/hour with \$16,560 for the first 3 years and \$22,080 for final year.

Cal Poly Student Interns

There will be up to 2 interns recruited from the Cal Poly Psychology Department that will participate in data collection, outcome data entry, and will provide additional support with regard to literature reviews, research, and development data-based forms. There will be no cost as students will be gaining experience and obtaining course credit for their participation. (Up to 10 hours a week)

Operating Expenditures:

Rent/Lease Building: Prorated cost of Threat Assessment Manager’s Office to conduct BHARP business. Rent is part of an adjusted modified gross lease with basic utilities included such as garbage pick-up, and other utilities (electric, gas, water, etc.). Address is located at 11549 Los Osos Valley Road, Suite 200, San Luis Obispo, CA 934005. The prorated cost is adjusted base on yearly rent increase within the lease as well as increase in time space is utilized by Threat Management Coordinator.

Year 1- \$950/month X .50 (20 hours/week)= \$475.0/month prorated X 12 months=\$5,700

Year 2-\$988/month X .30 (hours/week)= \$741.0/month prorated X 12 months=\$8,892

Year 3-\$1,028/month X .75 (30 hours/week)= \$771.0/month prorated X 12 months=\$9,252

Year 4-\$1,069/month X .80 (32 hours/week)= \$855.0/month prorated X 12 months=\$10,262

Utilities/Internet: Business Internet/Phone-Prorated at same rent schedule at hours/week
Office Internet Connection and cell phone

Year 1=\$31.25/month X 12=\$375
Year 2=\$37.50/month X 12=\$450
Year 3=\$37.50/month X 12=\$450
Year 4=\$46.87/month X 12=\$562.40

Phone/Fax—Add-on

\$30/month extra added on to the internet provider
Years 1-4 (\$360/year X 4 Years=\$1,440)

Internet Research Access: Years 2-4

APA PsycINFO will be shifted to this line item after the first year.

Non-Recurring Expenditures:

Office Furniture and Tools

Laptop/Chromebook-\$600

BHARP will make a one-time purchase of a laptop/Chromebook in order to utilize to conduct program activities and communication via email. This purchase also includes a subscription to Microsoft Windows-Research that would include Word, Excel, PowerPoint, Access.

Printer-\$450

One time purchase of a basic color laser printer for the program.

Filing Cabinet-\$200

Filing Cabinet for storage of hard copies of program records and activities.

Office Phone-Business Phone-Conference Phone Capabilities-BHARP Program-\$175

Research and Threat Assessment Tools:

American Psychological Association (APA)-PsycINFO®

Centered on psychology and the behavioral and social sciences, the interdisciplinary content in PsycINFO® makes it one of the most highly utilized databases by students, researchers, educators, and practitioners worldwide, and an indispensable tool for the discovery of global scholarly research. With more than 4 million records and upwards of 4,000 expertly-indexed records added each week, this ever-expanding collection of behavioral and social science research, dissertations, and scholarly literature abstracts offers a broad view of the field. Abstracts included with all dissertation records since 1995, and nearly all records from 1967 to present.

The use of this tool will allow the Threat Management Coordinator to research and review scholarly articles that will assist in the design and refinement of threat assessment and intervention support to community partners and mental health professionals.

Cost:

Annual Subscription-\$140 for APA Members
\$560 through the life of the Grant

WAVR-21 3rd Edition- University and Mental Health Focused

Source: www.wavr21.com

The WAVR-21 is among the growing number of “structured professional judgement guides (“SPJs”). The WAVR-21 is not a psychological test or scale and does not generate a quantitative “score.” However, the WAVR-21 exemplifies the growing trend in risk assessment technology toward the use of SPJs. In this organized but non-quantitative format, responders refer to a list of factors, each of which has some form of coding criteria with a demonstrated relationship to violence. Such guidelines improve the consistency and transparency of assessment decision-making. Other structured guides exist to assess the violence risk associated with psychopathy, spousal abuse, stalking, released violent offenders, sex offenders, youth offenders, and discharged mental health patients. SPJs are also generally prescriptive: they identify interventions and actions to manage and mitigate a subject’s possible violence risk.

- 1) *The primary focus of the WAVR-21 is to assess the risk of workplace or campus homicidal targeted violence.* A term originally coined by the behavioral scientists of the US Secret Service, targeted violence refers to situations in which an individual intentionally commits an act of violence against an identified or symbolic target, whether people or places. Also referred to as *intended* violence, these acts are potentially foreseeable, as they are the result of an understandable, evolving and often discernable process of thinking, behavior, and preparation. Several of the WAVR-21 factors incorporate this “pathway to violence” escalation dynamic.
- 2) *The secondary purpose of the WAVR-21 is to capture other forms of problematic aggression.* The WAVR may be used to identify and assess the risk, frequency, and severity of non-homicidal aggression such as stalking, disruptive anger problems, menacing behavior, and bullying. These manifestations of aggression are common and problematic in organizational settings in themselves, and could also figure into the ultimate formulation of a subject who may pose a risk of targeted homicide. This view is consistent with contemporary theories that targeted violence is continuous, contextual, and dynamic.
- 3) *The item domains of the WAVR include both static and dynamic factors.* The WAVR items include psychological, behavioral, historical, and situational factors associated with targeted violence, including intimate partner violence posing a threat to a workplace or campus. In practice, threat assessment and threat management are intertwined. Dynamic risk factors (e.g., acute psychosis, access to weapons or targets) become the focus of interventions intended to reduce risk. Assessment and monitoring are ongoing, and an individual’s response to various interventions (e.g., escalation, de-escalation, or no apparent change) becomes part of the changing opinion of risk level.

Cost:

One Time Manual and Tool Kit- \$199.00
25 Additional Protocols/Forms- \$65.00
Team User Training - \$2,500.00

SAVRY-K-12 and Mental Health Focus

Source: Psychological Assessment Resources (PAR)- <https://www.parinc.com>

The SAVRY is composed of 24 items in three risk domains (Historical Risk Factors, Social/Contextual Risk Factors, and Individual/Clinical Factors), drawn from existing research and the professional literature on adolescent development as well as on violence and aggression in youth.

Features and benefits

- Based on the structured professional judgment (SPJ) model, the SAVRY helps you structure an assessment so that important factors will be emphasized when formulating a final professional judgment about a youth's level of risk.
- Addresses the primary domains of known risk and protective factors and provides clear operational definitions. Risk and protective factors are based on their relationship to adolescents—not to children or adults.
- Not designed to be a formal test or scale, there are no assigned numerical values or specified cutoff scores.
- Both reactive and proactive aggression—aggression subtypes that are extensively theoretically supported—are emphasized.
- Items have direct implications for treatment, including the consideration of dynamic factors that can be useful targets for intervention and risk reduction.

Test structure

- Each risk item has a three-level rating structure with specific rating guidelines.
- Six protective factor items are rated as either present or absent.

Costs

SAVRY Introductory Kit--\$138

SAVRY Team Training--\$1,500

Contracts

Trainers and Consultants:

Threat Management Coordinator: The Threat Management Coordinator is responsible for the overall effectiveness of all aspects of the program. Through the recommendations of expert trainers, the Threat Management Coordinator is responsible for the development of the community threat processes and guidance of community teams. In addition, along with MHS Innovation Team, the Threat Assessment Coordinator will be responsible for the development, collection, and evaluation of various components of the SLO-TAP program.

The Threat Management Coordinator will also be responsible for:

- 1) Coordinating and scheduling trainings for community partners from expert consultants
- 2) Developing presentations and local trainings with community partners (Educational Institutions, Law Enforcement, and Mental Health)
- 3) Assistance with Threat Assessment Team Design with community partners.
- 4) Outreach and recruitment of professionals within community partner agencies to receive additional training and become within agency experts
- 5) Consulting with community partners regarding Threat Assessment Design and Procedures. Assists with various aspects paperwork, procedures, partner meetings, etc.
- 6) Threat Consultation for community partner teams, either in person, via phone, or by encrypted HIPAA compliant Telehealth platform. Issues beyond the scope of training of the Threat Assessment Coordinator, will be directed to the Clinical Threat Management Expert for further consultation and response.
- 7) Under the supervision of the Community Threat Expert, assist in the design, implementation, and coordination of a community threat assessment program.
- 8) Provide community trainings to students, parents, faculty/staff about Threat Assessment Process
- 9) Explore intervention approaches that may be efficacious to treatment of individuals who make threats.

- 10) Outreach, networking, and recruitment of mental health professionals to be trained in the basic components of the Threat Assessment Process.
- 11) Consult and collaborate with community mental health professionals on intervention design and response to intervention for individuals receiving therapy due to psychological and social variables that led to a threat being made.
- 12) Coordination, assignment, and supervision of work responsibilities or student interns other personnel designated to perform activities associated with the BHARP Project.

The Threat Management Coordinator position will initially be part-time consultant position. The goal at the end-of-the grant period is that a full-time community position will be supported by either the County of San Luis Obispo or consortium of community partners. The proposed salary schedule is as follows:

\$90/hour starting at 30 hours a week the first year and for Year 2 and Year 3, and ending at 35 hours a week for the final year of the grant. (\$136,800 to \$151,200). This rate is approximately 1/4 the median rate of \$350/hour for threat private assessment professionals.

Clinical Threat Management Expert:

The role of the Clinical Threat Management Expert is to provide on-site training and mentoring for the Threat Management Coordinator and BHARP community partner threat teams or designated threat professionals. The Clinical Threat Management Expert should be certified as a Certified Threat Manager through the Association of Threat Assessment Professionals. If involved in case consultation for a threat deemed high-level, the Clinical Threat Management Expert will report to and work directly with the Threat Management Coordinator in consulting with the community partner teams.

Through the guidance of the Clinical Threat Management Expert and/or Threat Management Coordinator, community partner teams will have the opportunity to complete threat assessments side-by-side with the local Threat Management Coordinator and/or clinical expert. They will work side-by-side with community partner staff as they work with threat assessments in the replication of strategies and expertise modeled by the Clinical Threat Management Expert or through the Threat Management Coordinator at the guidance of the Clinical Threat Management Expert. The Clinical Threat Management Expert will assist BHARP in the initial design and community partner team training programs and ongoing clinical case reviews. The Clinical Threat Expert can be available for case consultations as well as to assist in the design of clinical forms, clinical reports, and clinical recommendations.

Onsite Clinical Training Workshops

The Clinical Workshops are designed to enhance the clinical knowledge and skills of practitioners from a broad spectrum of specialties (Education, Law Enforcement, Mental Health). Participation in the Clinical Workshops will be designed to increase site and BHARP staff in the ability to provide direct services to children and families affected by substance abuse and to serve as community leaders in the integration of services and systems for women, children, and families. A maximum of 20 participants at a time attend a full and one-half-day program, and through their participation are able to replicate the strategies and expertise developed. Money is also allotted for a refresher course in the third year of the grant program.

Training: Includes workshops, handouts, materials provided by trainer

Travel: Travel cost for the expert includes airfare, hotel, transportation, food.\

Consultation: Expert clinical consultation (threat cases, forms, clinical procedures, review of team threat assessment reports and feedback, etc.) available to Threat Management Coordinator and with Community Partner Team Members.

Costs

The fee for a 1 to 2 day site clinical training is \$8,000-\$10,000
Refresher Workshop (if needed Year 3--\$6,000)

Clinical consultation (Clinical Consultant Rate=\$350/hour). Consultation can occur in-person, phone, video-feed, or email.

Year 1-up to 4 hours month=48 hours Annual Total =\$16,800
Year 2- up to 5 hours month=60 hours Annual Total =\$21,000
Year 3-up to 4 hours month=48 hours Annual Total=\$16,800
Year 4-up to 2 hours month=24 hours Annual Total=\$8,400

Community Threat Expert:

The role of the Community Threat Expert will be to work with the Threat Management Coordinator and community partner administrative team in the planning and development of policies and procedures geared towards the coordinated effort of threat assessment, threat management, intervention, and threat monitoring. This is not an easy approach, since the County will be moving away from a purely single agency approach and towards an integrated and collaborative paradigm. The Community Threat Expert will assist in guiding the Threat Management Coordinator and Community Partners in reviewing current community systems that presently may interact or may be fragmented when a serious threat is made. The Community Threat Expert will guide and assist the Threat Management Coordinator and Community Partners in the design and implementation of a community-based threat assessment approach that integrates multiple systems (education, mental health, law enforcement) that serves to intervene and prevent individuals from carrying out an imminent, large scale threat to commit harm towards students, faculty, staff, and parents in San Luis Obispo County.

Costs

The fee for a 1-2 day community partner training and initial community consultation is estimated to be \$7200.

Community Expert consultation (Consultant Rate=\$250/hour). Consultation can occur in-person, phone, video-feed, or email.

Year 1-up to 2 hours month =up to 24 hours Annual Total =\$6,000
Year 2- up to 1 hour month=up to 12 hours Annual Total =\$3,000
Year 3-up to 2 hours month=up to 24 hours Annual Total=\$6,000
Year 4-up to 1.5 hours month=up to 24 hours Annual Total=\$4,500

Other Expenditures

Conferences

Money will be available for selected Community Partner Team members from EI, LE, or MH to attend conferences or participate in webinars focused on threat assessment topics. Organizations such as NaBITA (www.nabita.org) and Association of Threat Assessment Professionals (ATAP- www.atapworldwide.org) are directly focused on threat assessment and threat management. Other organizations such as American

Psychological Association (APA) and National Association of School Psychologists (NASP) may have focused workshops or presentations that may be related.

The purpose is to develop and grow expertise beyond the clinical training and community training by attending conferences at the national or state level or through webinar training. In turn, they can share information with their agencies and the community partners. A team approach to attending the conferences for the first 2 years is recommended.

The goal is to cover the cost of 1-3 individuals from the team for the first year to attend a threat assessment conference for the first two years. This excludes the Threat Management Coordinator. It is expected that by the end of the fourth year, that Community Partners will fund their own experts to attend these conferences or additional training.

Year 1=\$3,800

Year 2=\$2,800

Year 3=\$1,200

Year 4=\$0

Community Partner Discretionary Funds

In the design and implementation of a community threat assessment program, there may be community partner ideas, training needs, or intervention needs that have not been anticipated in the development of the grant proposal. Money has been set aside for the community partners to equally share on an annual basis. Any money utilized will have to be presented to the Threat Management Coordinator and MHSA Innovation Coordinator for final approval and must be directly related to threat assessment training or enhancement of the threat assessment process in the community. It is designed to increase alongside the increase of hours of Threat Management Coordinator as there is a decrease in the use of the Clinical and Community Threat Experts.

Year 1-\$10,500

Year 2-\$12,000

Year 3-\$13,500

Year 4-\$16,500

Anticipated examples include but are not limited to the following:

- 1) Sending someone to an additional conference or workshop on threat assessment or cover additional costs for an additional professional
- 2) Seeking legal consultation or opinions regarding their agencies' threat assessment design and procedures
- 3) Providing additional professional liability coverage to professionals who may provide intervention to or monitoring of students following a threat assessment
- 4) In Year 2, 3 and 4, provide an incentive stipend to professionals within community partner agencies in allocation of time spent on collecting agency data on threat assessment monitoring and/or providing monitoring of threats within the agency.

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

PERSONNEL COSTS (salaries, wages, benefits)		Ramp up Period FY 19/20	Program Year 1 FY 20/21	Program Year 2 FY 21/22	Program Year 3 & Eval Period FY 22/23	TOTAL
1.	Salaries	\$16,560	16,560\$	\$16,560	\$22,080	\$71,760
2.	Direct Costs	\$	\$	\$	\$	\$
3.	Indirect Costs	\$	\$	\$	\$	\$
4.	Total Personnel Costs	\$	\$	\$	\$	\$
OPERATING COSTS		FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
5.	Direct Costs	\$6,435	\$9,702	\$10,062	\$11,184.40	\$37,383.40
6.	Indirect Costs	\$	\$	\$	\$	\$
7.	Total Operating Costs	\$	\$	\$	\$	\$
NON-RECURRING COSTS (equipment, technology)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
8.		\$0	\$0	\$0	\$0	N/A
9.		\$0	\$0	\$0	\$0	N/A
10.	Total Non-recurring costs	\$6,387	\$0	\$0	\$0	\$6,387
		\$0	\$0	\$0	\$0	N/A
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
11.	Direct Costs	\$159,600	\$160,800	\$159,600	\$164,100	\$644,100
12.	Indirect Costs	\$	\$	\$	\$	\$
13.	Total Consultant Costs	\$	\$	\$	\$	\$
OTHER EXPENDITURES (please explain in budget narrative)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
14.		\$0	\$0	\$0	\$0	N/A
15.		\$0	\$0	\$0	\$0	N/A
16.	Total Other Expenditures	\$29,300	\$29,800	\$29,700	\$31,500	\$120,300
		\$0	\$0	\$0	\$0	N/A
BUDGET TOTALS						
Personnel (line 1)		\$16,560	\$16,560	\$16,560	\$22,080	\$71,760
Direct Costs (add lines 2, 5 and 11 from above)		\$166,035	\$170,502	\$169,662	\$175,284.40	\$681,483.40
Indirect Costs (add lines 3, 6 and 12 from above)		\$	\$	\$	\$	\$
Non-recurring costs (line 10)		\$6,387	\$	\$	\$	\$6,387
Other Expenditures (line 16)		\$29,300	\$29,800	\$29,700	\$31,500	\$120,300
TOTAL INNOVATION BUDGET		\$218,282	\$216,862	\$215,922	\$228,864.40	\$879,930.40

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

ADMINISTRATION:

A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1.	Innovative MHSA Funds	\$218,282	\$216,862	\$215,922	\$228,864.40	\$879,930.40
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	Total Proposed Administration					

EVALUATION:

B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1.	Innovative MHSA Funds					
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	Total Proposed Evaluation					

TOTAL:

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/33	TOTAL
1.	Innovative MHSA Funds					
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	Total Proposed Expenditures	\$218,282	\$216,862	\$215,922	\$228,864.40	\$879,930.40

*If "Other funding" is included, please explain.



NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT

And

NOTICE OF PUBLIC HEARING

**County of San Luis Obispo
Behavioral Health Department
Mental Health Services Act**

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW

WHO: County of San Luis Obispo Behavioral Health Department
WHAT: The MHS Innovation Plan for Fiscal Years 2019-23, is available for a 30-day public review and comment from May 19, 2019 through June 19, 2019.
HOW: To review the proposed plan,
Visit:

To Submit Comments or Questions:

<https://www.research.net/r/SLOCoINNhttps://www.surveymonkey.com/r/Q3LQ8LH>

Comments must be received no later than June 18, 2019.

NOTICE OF PUBLIC HEARING

WHO: County of San Luis Obispo Behavioral Health Advisory Board
WHAT: A public hearing to receive comment regarding the Mental Health Services Act Innovation Plan for FY 2019-2023
WHEN: Wednesday, June 16, 2019, 3:00 p.m.
WHERE: Behavioral Health Campus, Library, 2180 Johnson Ave, SLO.

FOR FURTHER INFORMATION:

Please contact Nestor Veloz-Passalacqua, (805) 781-4064

nvelozpassalacqua@co.slo.ca.us