San Luis Obispo County
Mental Health Services Act

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

Revised & Submitted for Approval
February 10, 2011

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

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: San Luis Obispo

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

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

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

Karen Baylor

Signature (Local Mental Health Director/Designee)	12-20-10 Date	Director Title

SAN LUIS OBISPO COUNTY HEALTH AGENCY

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San Luis Obispo County Innovation Plan

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

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

The San Luis Obispo County INN Plan consists of eight distinct projects ranging in duration from 24 to 36 months. The total cost of the eight projects including administration services is projected to be approximately $2.6 million. The projects will be funded completely from the County's INN allocations. The table below depicts the projected expenditures for each project and for administration from FY10-11 through FY14-15.

Number	Work Plan	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	Grand Total	*MHSA Funding Request
1	INN-1	$10,276	$103,178	$45,241	$0	$0	$158,694	$158,694
2	INN-2	$13,745	$122,377	$122,377	$129,986	$9,498	$397,983	$258,499
3	INN-3	$0	$100,906	$100,906	$9,498	$0	$211,310	$201,812
4	INN-4	$0	$88,346	$88,346	$9,498	$0	$186,190	$176,692
5	INN-5	$0	$103,456	$103,456	$111,114	$9,498	$327,523	$318,026
6	INN-6	$0	$188,921	$168,921	$176,530	$9,498	$543,870	$188,921
7	INN-7	$0	$130,846	$130,846	$9,498	$0	$271,189	$130,846
8	INN-8	$0	$152,572	$152,572	$9,498	$0	$314,641	$305,144
	INN Admin	$12,882	$62,792	$62,792	$62,792	$62,792	$264,050	$138,466
Total		$36,903	$1,053,393	$975,457	$518,412	$91,284	$2,675,450	$1,877,100

*Highlighted cells are included in current MHSA Funding Request

MHSA funds will be used to implement the following eight new projects with many services expected to begin in Spring 2011. They were selected based on MHSA's required outcomes, general standards and the community's input and priorities. Innovation represents a significant opportunity to engage new systems and gain knowledge around many difficult mental health system issues. The projects listed herein are:

System Empowerment for Consumers, Families, and Providers: An effort to engage and increase understanding amongst consumers, family members, and providers, the project creates an approach to mutual learning and enhanced collaboration, including: a trust-building retreat designed to engage providers, consumers and family members in building literacy amongst their respective needs and issues; and development of core training for all participants within the public mental health system.

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

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

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

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

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

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

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

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

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EXHIBIT B

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

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

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

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

San Luis Obispo County's Innovation Plan, consisting of eleven exciting learning projects, was developed with community input over a period of *14* months. San Luis Obispo County Behavioral Health Department's (SLOBHD) former MHSA Division Manager, Nancy Mancha-Whitcomb oversaw the launch of the process, and the project was turned over to current MHSA Division Manager Frank Warren in January 2010.

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

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

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

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

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

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

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

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

- Mental Health Board (MHB) members.
- Members of underserved communities, including participants of the County's Cultural Competence Committee which advises the department on how to improve services for underserved ethnic and cultural groups.
- Consumers and family members (youth and adult) as well as organizations that represent them such as the National Association of Mental Illness.
- Community mental health system providers, including staff and peer advocates from Transitions Mental Health Association (TMHA), Wilshire Community Services, SLO Child Abuse Council, United Way, Community Action Partnership (CAPSLO), and Family Care Network.
- Other County agencies, including Probation, Office of Education (administrators, teachers, counselors), and Drug and Alcohol Services.
- Staff and managers, including the Mental Health Director, clinicians, case managers and medical professionals of the County Behavioral Health Department.
- Local college and high school students *and educators* took part in both the Planning Team as well as specific focus groups.

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

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

EXHIBIT B

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

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

The plan was posted for 30-day stakeholder review on October 19, 2010. Notice of the Innovation Plan's availability for review and of the November 17, 2010 public hearing was posted on the SLOBHD website and sent to participants of the Innovation Planning Process, the MHSA e-mail list (a compiled list from other local MHSA planning stakeholders and other interested community members), County Board of Supervisors, all SLOBHD staff, and the SLO County Mental Health Board. Notification flyers were posted at SLOBHD offices, and County libraries. A legal notice was published in the Tribune, the only countywide daily newspaper.

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

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

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

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

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

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

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

Following the County's initial submission of its Innovation Plan, the immediate review and subsequent technical assistance provided by the Oversight and Accountability Commission (OAC) and CIMH yielded further revisions, and needs to address concerns with specific proposals. After deliberating with State reviewers, technical assistance providers, local stakeholders, and County administrators, the decision was made to suspend submitting proposals for three of the County's original eleven projects. These proposals did not meet the State's guidelines for Innovation funding as conceived, and will be brought back to the community for future Innovation planning.

EXHIBIT C

SLO County Innovation Work Plan: SLO INN P1

Innovation Work Plan Narrative

Date: 02-07-11

County: San Luis Obispo

Work Plan #: SLO INN P1

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

Purpose of Proposed Innovation Project (check all that apply)

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

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

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

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

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

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

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

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

Project Description

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

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

The System Empowerment for Consumers, Families, and Providers Retreat will take place at one of the county's excellent teambuilding environments (i.e. Camp Ocean Pines). The Retreat will be held with approximately 40 participants representing consumers, family members, caregivers, service providers, and community support programs. The County will invite ten consumers, and their family members (approximately 10 to15) who are current clients of the local mental health system, having between one and ten years of services. Ten service providers from the clinical arena (therapists, medication managers, etc.) will be joined by ten staff invited from various local support services, including Transitions Mental Health Association (TMHA) and the local NAMI chapter, to round out the experience. A professional facilitator will be contracted to guide the group through teambuilding exercises along with large and small group conversations designed to explore the feelings, misperceptions, and expressions of needs amongst all parties. The facilitator will then begin the development of core principles all parties believe need to be part of regular and ongoing training.

From there, a workshop-style training will be developed by a workgroup made up of retreat participants from each group which will help providers better understand the needs and concerns of families entering the mental health system or taking part in the support and system navigation of their loved one. This training will be held at least twice over the year following the retreat, for over 200 providers, with the County requiring all staff providers and contracted agency partners to attend and receive a completion certificate. Finally, through TMHA's Family Services Program, a training tool will also be developed for all family members and loved ones to better understand the nature of treatment and the expectations they should have when working with providers.

This Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, section 3320.

Client and Family Driven Mental Health System: The System Empowerment for Consumers, Families, and Providers Innovation, including the concept of a Retreat designed to improve training development, was conceived and constructed by consumers and family members. Working in partnership with public mental health system providers, the clients and families involved in this trial will have the opportunity to drive the outcomes of the process, provide input towards provider policies and procedures, and ultimately improve client care across the continuum.

Wellness, Recovery, and Resilience Focused: The activities which make up this Innovation trial are designed to build capacity both amongst providers and amongst clients and their families in order to ultimately improve those services which promote wellness and recovery. By engaging each other in a safe, team-building environment, clients, family members and providers will take part in a healthy activity; modeling a supportive recovery practice for partners to emulate within normal service provision.

Cultural Competence: At the root of the System Empowerment for Consumers, Families, and Providers Innovation is understanding; and embracing the unique perspectives of each client, family member, and provider within the public mental health system. It is projected the use of a Retreat to develop future training will yield deeper understanding of the biases, perceptions, and misinformation which limits quality care. This includes those biases around race, ethnicity, sexual orientation, age, gender, and culture which will affect both the provider and the client. This Innovation project will build cultural competence by engaging clients, family members, and providers who represent the diverse cultural needs of the County in a dialogue to improve training for providers and education for consumers.

Integrated Service Experience: This Innovation project will engage participants across the spectrum of the public mental health system, including County as well as community mental health program providers to listen to and share with consumers. Clients and their family members will share their experiences and needs with providers who represent a broad range of services across the county, including support groups, recovery services, treatment providers, and family education.

Community Collaboration: The System Empowerment for Consumers, Families, and Providers Innovation, including the Retreat and subsequent training development is a collaborative effort relying on participation from the entire mental health system, and with support from agencies, businesses, providers, clients, and family members in successfully meeting the objectives of the plan. The outcomes of the trial will inform the entire community regarding collaborative training development with the goal of improved mental health services.

Contribution to Learning

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

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

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

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

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

What Will Be Learned

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

- What gaps in communication and expectations exist between all those involved in the mental health system?
- Whether families increase literacy of the rules and processes which guide the treatment providers.
- If providers will increase literacy of the needs, experiences, and expectations families bring to the system ultimately resulting in better case management and enriched recovery for their loved ones.
- Whether this collaborative strategy can be replicated in other environments, or for different purposes.

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

The County and its Innovation stakeholders will identify the successes and challenges with each phase of this project and will recommend future use of the strategies being tested based on the measurement design described here. In measuring the success of the System Empowerment for Consumers, Families, and Providers Retreat, the County will have two distinct outcomes to assess. First, the County's Innovation evaluator will develop and use pre and post test tools to assess the levels of knowledge, attitudes, and beliefs of the Retreat participants. The measurement tool will assess participant knowledge of mental health terminology, risk and protective factors, and services available in the community. The tool will measure self-reported attitudes, likely using a scale of measure, towards mental illness (stigma), clinicians, consumers, family members, and community support programs. Finally, the tool will assess participant beliefs about the goals of treatment and recovery, the practice of mental health treatment, and the roles of family members in the treatment and recovery process. This will likely be done in statement ratings. Post-retreat assessment of each measure demonstrating increases in knowledge, improvements in scales of attitudes, and changes in statement ratings will be one objective in determining the success of the Retreat.

Additionally, the County wants to know if the collective engagement of consumers, family members and providers will yield any further collaboration. A participant survey will be conducted after the retreat to determine satisfaction with the process and whether those in attendance would recommend the process for future collaborations. The Innovation Stakeholders will monitor and provide input to future projects across the public mental health system which may be informed by this unique strategy for bringing mental health service participants and providers together.

The reports of participants in the Retreat phase of the project will inform the work of the Curriculum Development Phase. The pre-test factors will provide the team developing training materials to assume the point of view of the audiences being engaged. Changes in measures will assist in setting learning goals for the training curriculum and materials being constructed.

The success of the training development phase will be measured, ultimately, by the success of the training itself. Again, the County will use pre and post test measurement tools to be given before and after consumers, family members, or providers take part in the training which had been developed in the prior

phase. Similar to the data points measured in the Retreat, the goal will be to have knowledge increased, attitudes improved, and beliefs challenged or substantiated.

The Innovation Stakeholders will make a recommendation to the County Mental Health Director as to its capacity to be replicated. For this innovative project design to be successful enough for development of future applications, the Retreat phase will need to demonstrate successes strong enough to inform and energize the training development phase.

Timeline

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

Implementation/Completion Dates: 01/11 – 01/13
MM/YY – MM/YY

This model requires time and buy-in from the County mental health system. The project's scope of work is based on three key activities (the retreat, training development and policy, and testing of the developed curriculum and training model).A full year will be devoted to training implementation, allowing for a proper saturation of the training materials throughout the County mental health system, including rural and outlying areas. This will allow for a more thorough evaluation of the project's effectiveness, and clear communication to County Behavioral Health, Community Based Organizations, and the Innovation Planning team. Tools and curricula developed will increase the likelihood of replication and sustainability.

February 2011 Anticipated DMH/OAC approval

March – May 2011 Development Phase

- Selection of Retreat Participants through informal RFA
- Selection of retreat location and time
- Contract with retreat facilitator and documentarian
- Priority planning for retreat agenda, activities, and desired outcomes with consumers, family members, and providers from Innovation Planning Team.

June – August 2011 Retreat Phase

- Preliminary data collected
- Retreat held
- Training and Curriculum development committee established
- Community specific training/curriculum needs and priorities determined
- Policies for training/curriculum developed
- Post retreat data collected

September 2011 Retreat Evaluation and Curriculum and Training Development Phase

- Final report of retreat findings presented to stakeholders
- Curriculum development and training schedule presented to Mental Health Board including tools to be created and distributed (multimedia, printed materials, etc)
- Training policy implemented

October 2011- 2012 Demonstration of Training Model

- Pre-Post data collection is ongoing throughout the testing phase, to allow for improvements in the training events and materials.

October –January 2013 Final Data Analysis and Information Dissemination

- Data will be analyzed and impact on the County mental health system will be assessed. A final report will be submitted to the Mental Health Board, Community Based Organizations, and County Behavioral Health Administration and staff. Report will be presented in person by Innovation Evaluator, and also posted in an electronic form

Project Measurement

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

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

Outputs

- One retreat held with approximately 40 participants representing consumers, family members, caregivers, service providers, and community support programs. One training developed (including materials, media, etc.) to provide County Mental Health staff and other providers with insight to family member issues and needs.
- At least one training tool (i.e. short film, resource binder, etc.) will be created and produced for family members entering the mental health system to further their skills at navigating and advocating for their loved one. Two trainings annually attended by at least 100 staff and community mental heath system providers. Ongoing orientation training will be available for 100 new consumers and family members in the community.
- The County Mental Health Director will issue a policy requiring all staff providers and contracted agency partners to annually attend training, developed in this project, focused on better understanding the needs and concerns of clients and families entering the mental health system or taking part in the support and system navigation of their loved one.
- Transitions Mental Health Association, a community provider of client and family support services will implement the new training as part of their orientation process for new families and clients.

Outcomes and Measurement

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

- The Retreat measurement tool will assess participant knowledge of mental health terminology, risk and protective factors, and services available in the community. The tool will measure self-reported attitudes, likely using a scale of measure, towards mental illness (stigma), clinicians, consumers, family members, and community support programs. This will include an indicator of trust between consumers and family members and system providers, with the assumption these rates will improve after the Retreat. Finally, the tool will assess participant beliefs about the goals of treatment and recovery, the practice of mental health treatment, and the roles of family members in the treatment and recovery process.
- Family members will demonstrate an increased knowledge of provider processes, rules, and ethical issues; increased understanding of mental health diagnoses, prescribed medication, and system programs and services, (i.e. SSI Supported Employment, and housing).
- Providers will demonstrate an increased knowledge of family needs, concerns, and expectations when engaging the mental health system; increased awareness of the role that family input, history and concerns observed by families on a day to day basis can play in the recovery, diagnosis, and treatment plan of the consumer.

- A participant survey will be conducted after the retreat to determine satisfaction with the process and whether those in attendance would recommend the process for future collaborations amongst consumers, family members, and County and community mental health providers.
- Surveys of both retreat participants and subsequent training attendees will attempt to determine if the method of holding a collaborative retreat amongst consumer, family, and provider partners was an effective tool for developing training.

Long-term impacts may include:

- Future public mental health system projects will utilize this collaborative strategy to increase engagement amongst mental health service participants and providers. The Innovation Planning Team's stakeholders will identify this outcome by routine monitoring public mental health system activities.
- Indicators of improved trust will include decreased consumer complaints in the mental health system, improved client satisfaction, and increased treatment/recovery plans which include family input.
- Interviews with Innovation stakeholders who will monitor the project, consumer and family members who receive new training and County staff training attendees over the trial period will assess whether the policy to implement training across the public mental health system will lead to improved trust between consumers, families and providers, and improved capacity for successful treatment and recovery. This will be analyzed as part of the final evaluation.

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

Leveraging Resources (if applicable)

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

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

County Facility Use for provider trainings Media equipment

Data instrument development

EXHIBIT D

SLO County Innovation Work Plan: SLO INN P1

Innovation Work Plan Description
(For Posting on DMH Website)

County Name

San Luis Obispo

Work Plan Name

System Empowerment for Consumers, Families, and Providers

Annual Number of Clients to Be Served (If Applicable)
N/A Total

Population to Be Served (if applicable):

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

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

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

EXHIBIT C
SLO County Innovation Work Plan: SLO INN P2

Innovation Work Plan Narrative

Date: 02-07-11

County: San Luis Obispo

Work Plan #: SLO INN P2

Work Plan Name: Atascadero Student Wellness Career Project

Purpose of Proposed Innovation Project (check all that apply)

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

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

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

No programs in local CSS, PEI, or WET plans currently address this particular combined service and learning gap. Elements of stigma prevention, student peer counseling and college-preparatory behavioral health education are in place locally and across the country. Stakeholders on the county's Innovation Planning Team felt that, individually, these programs were not successful in providing high school youth an example of a public mental heath system approach to reduce campus mental health issues and increase student engagement in behavioral health career development.

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

> *As youth we have identified depression and mental health as a major issue in our community and school. Self injury, suicidal thoughts, sadness, hopelessness, despair, vulnerability, thinking you're alone, the inability to function. These are the feelings that our students, our family members, and our friends are having. Who are we supposed to tell if our friend is depressed? Where can we go?*

How do we reach out to them? Unfortunately students in our community feel they can't talk about their feelings, or ask for somebody to help. Depression and mental health can be treated and helped, however only 20% of depressed teens ever receive help. We need a safe environment, where professionals and teens partner to serve a population of people, specifically high school age youth, who will not ask their parents or teachers for help, or who may not understand their feelings.

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

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

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

Innovation Work Plan Narrative

Project Description

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

San Luis Obispo County is proposing to test an innovative solution for the need to reduce stigma and engage youth in mental health education and careers. Using a youth development strategy, the Atascadero Student Wellness Career Project tests an expanded, public mental health system approach to a peer-based student counseling model with the learning goal of determining if combining prevention strategies, peer counseling, and behavioral health career development will have a greater impact on decreases in stigma and increased student pursuit of college behavioral health education than traditional peer counseling models alone.

The Atascadero Student Wellness Career Project tests the hypothesis that stigma towards mental health services can be reduced when provided on campus by peers; and if reduced stigma along with early exposure to mental health careers will increase student pursuit of college behavioral health education. As high school peer counseling models exist across the country, this model shifts the focus - from service delivery on campus to increase access to counseling for youth at risk - to replicating a continuum model on campus exposing youth in the general school population to mental health education, reducing stigma, providing early intervention, and developing career pathways for students to enter behavioral health degree programs at the college level.

The Innovation uses a three-step approach to examine the stated learning goals. First, in partnership with a local high school which has determined mental health issues (including stigma) to be a major concern for campus safety and achievement, a pilot program will be launched to mirror the County's "SLOtheStigma" campaign (aimed at adults) with a student-designed effort. This will be carried out by students engaged in the Student Wellness Career trial. The stigma project will include design, implementation, and evaluation in order to provide students with real-life practice in mental health prevention. Secondly, the trial will include the placing of a public mental health system provider on the Atascadero High School campus to train (using the SBI: Screening and Brief Interventions model which is gaining acceptance as a best practice with college peer health programs) and support 25 students annually in providing early intervention counseling for students who are referred or request help in dealing with emotional problems, peer relation issues, stress, anxiety, or depression. These students will receive "work-study" credit to begin developing college application "points" and career experience. Third, student participants (both peer counselors and consumers) will be provided guidance and exposure to collegiate behavioral health programs, internships, and scholarships which support careers in mental health services.

This comprehensive career development approach broadens the scope of many peer counseling models which focus on intervention service delivery to include exposing students to the growing field of mental health wellness and prevention. The Innovation proposed here replicates a community model on campus exposing students to the public mental health system which addresses mental illness in a continuum. The "SLOtheStigma" documentary film developed in the County's PEI programs has been a popular tool in opening up the dialogue around mental illness. Students at local high schools have been exposed to the film and surveys and focus groups acknowledge that the tool does not address youth within their culture or

vernacular. This provides an excellent project for youth seeking to learn about the development and implementation of a mental health prevention project. As in the community at large, stigma reduction on campus will lead to greater understanding of emotional issues and mental illness, and youth will be more likely to seek counseling.

Twenty-five (25) youth will be selected and trained annually to conduct the stigma education campaign and serve as peer counselors. These juniors and seniors will be screened for interest and demonstrate natural capacities for trust and responsibility which make them excellent candidates to serve in this program. The students will receive training in mental health, trauma, alcohol and other drugs, screening and brief intervention using the SBI: Screening and Brief Interventions model which is gaining acceptance as a best practice with college peer health programs. SBI provides student trainees with a protocol for brief interventions and is focused on Stages of Change theory which will provide a strong foundation for those students entering college behavioral health studies. SBI is an untested strategy in high school peer counseling programs but the Innovation will provide the County, and potentially the State, with information as to its effectiveness within this type of model. Student peer counselors in this model will also receive training in development of outcome measurement and program evaluation, also a preparatory knowledge for those entering higher education in the mental health field in the near future.

The Innovation provides an introduction of behavioral health careers to all campus teens preparing to enter college. This will be done by expanding the campus' career counseling and guidance efforts to include exposure to schools and programs which offer pathways to certificates and licenses in prevention, substance use, therapy, psychology, nursing, and other public mental health system fields. Particular efforts will be made to generate interest in students who represent populations at high risk, or populations with disparities in access. Community mental health providers, including recovery and support programs, will be invited on campus to work with students in the classroom, through campus activities, and with parents, to build exposure to the vast array of career opportunities within the field.

Generally, Atascadero students not inclined to seek college information, and who are geographically distant from the university and community college campuses, are not provided with exposure to many college programs or personnel. Cal Poly and Cuesta College faculty providing behavioral health programs have been active stakeholders in the county's MHSA programs, including Innovation. One activity of the project will coordinate campus exchanges which include college student and faculty presentations made in Atascadero High School classrooms, at college information fairs, and as part of awareness events to allow youth to hear from and engage those in behavioral health majors and programs. Conversely, students will be invited to visit the campuses and participate in shadowing and general recruitment activities. This aspect of the project will be coordinated by the student advisor with support from college program stakeholders, and the county's WET coordinator.

By engaging Spanish-speaking youth to explore behavioral health careers while still in high school the County may also identify and support potential candidates for its hard-to-fill positions, while the community providers may also take the opportunity to develop internship and work-study opportunities to begin identifying future candidates who represent the cultures, communities and populations served locally. The County's Innovation Coordinator will work with the campus and community providers to build collaborations which enhance the school-based Innovation. This may include scholarships, apprenticeships, or college visitation field trips.

Utilizing a youth development strategy, the model being tested is student driven and student led. Students will be at the helm of designing, performing and measuring the campus wellness program. This requires support from adult allies and by partnering with the public mental health system, students participating in the project will have access to training, resources, and activities which require collaboration with County and community mental health providers. County Behavioral Health staff members representing treatment and prevention specialties will be placed on campus to train, advise, and support the students. The advisors will assist the students in engaging community providers, as well as local college officials, to meet the objectives of the trial. Examples of the collaboration include:

- Working with Transitions Mental Health Association and the "SLOtheStigma" campaign in designing a high school component.
- Teaming with the Peer Advocacy and Advisory Team to develop opportunities for teen consumers to expand opportunities for leadership, outreach, and work experience.
- Connections with County and community mental health training opportunities to provide students with skill building and curricula, including training in SBI.
- Specific training on cultural competence and high risk, underserved populations with local experts. Training which addresses LGBTQ youth, ethnic disparities, and culturally competence interventions will be coordinated as part of the ongoing project.
- Coordination with Cuesta College (community) and Cal Poly State University faculty to increase student exposure to behavioral health major, certificate, and license-tract programs available to high school graduates; including any bridge programs allowing high school youth to gain college credit. This part of the project will also engage school guidance counselors and faculty to explore scholarships and programs which attract students seeking behavioral health education.

This Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, section 3320.

Cultural Competence: In conducting a youth development strategy to build the capacity of youth to develop experience and skills which will increase interest in behavioral health careers, this Innovation project will feature training in mental health system issues, including cultural competence. Students will be trained in interventions and practices which identify and respond to cultural needs, and issues of access for underserved cultural populations.

Client and Family Driven Mental Health System: This Innovation project was developed by high school youth affected by the rising level of depression, suicide attempts and pressures mounting across their campus. Consumer stakeholders, including TAY, who helped develop the County's Innovation plan, were supportive of a movement to engage students at younger stages and encourage careers in behavioral health fields. Student peer counseling, in modeling the mental health system, will invite parent and family involvement (based on school privacy and logistics issues) to build an interactive intervention process. This trial will be monitored by the County's MHSA oversight committee which includes consumers and family members. Project reports and results will be regularly communicated with stakeholders, and campus training will feature workshops and ongoing study with local consumer and family outreach groups, such as the Peer Advocacy and Advisory Team, and the consumer-led SLOtheStigma program.

Wellness, Recovery, and Resilience Focused: By training young people in the field of mental health services this Innovation will offer an opportunity for County staff and community partners to engage student trainees in understanding wellness and recovery. The services offered on campus by the student trainees

will primarily focus on education, prevention and early intervention, whereby strategies to build resilience will become a focus of the student counselor curriculum.

Integrated Service Experience: Youth who are provided services by the student trainee counselors will be provided with access to the community's broad range of services, including family supports, education, and assistance in navigating the public mental health system. These supports represent the County's efforts to both train students in designing integrated services as part of their learning, while modeling the existing integrated service practices in the unique environment of a high school.

Community Collaboration: The Atascadero Student Wellness Career Project is an Innovation which relies on a collaborative partnership between high school faculty, administration and students, community college and university programs, community mental health providers, and County Behavioral Health staff. This collaboration will involve communication amongst the partners to ensure ongoing program assessment and improvement.

Contribution to Learning

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

The Atascadero Student Wellness Career Project tests an adaptation to a peer-based student counseling model by adding a public health focus with the learning goals of determining if stigma towards mental health services can be reduced when provided on campus by peers; and if reduced stigma along with early exposure to mental health careers will increase student pursuit of college behavioral health education. Peer counseling and wellness center models exist at the high school and college level focused on providing process groups and early intervention for teens in accessible, safe environments. This innovation changes that objective to focus on expanding peer services to include prevention strategies, primarily stigma reduction, and how the broad continuum of mental health service can be introduced to high school youth with the goal of increasing career development. The project tests a model that looks more like the community – with services ranging from education and prevention to intervention and recovery - than that of strict peer counseling models. While an on-campus, peer-support counseling activity is an aspect of the project, the adaptation being tested here centers on learning if school-wide attitudes and stigma can be affected by openly engaging youth (universal population) around mental health issues, motivating those at high risk to seek and receive help; and if students who are exposed to peer-counseling opportunities and training will pursue behavioral health education and careers.

The adaptation also includes a unique partnership with public mental health system providers. In many college wellness models, the clinical staff supporting the students are employed by the campus. In models, such as Fremont High School's (Los Angeles) Peer Counselor program, licensed school counseling staff advise the students. In this model, the County will provide a therapist and other specialists to train and advise the peer counselors – thus building a bridge between the school and the public mental health system. The model being tested, which is based on a continuum approach on a school campus which resembles that of the community, requires collaboration with public mental health system providers. As explained in the previous section, this collaboration with the public mental health system extends to include exposure to colleges and universities, local cultural organizations, and consumer groups.

What Will Be Learned

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

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

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

To make recommendations for future replication or adaptations within the local public school system or beyond, the County evaluation will pay particular attention to the outcomes presented in the next sections. Students participating as "counselors" will be trained to present pre and post surveys with the general population to test the impact of the stigma campaign and mental health education presented across campus. Students will be given training and tools (including use of SBI materials) to document and changes in the wellness or mental health of peers who come seeking the peer counseling service. These outcomes while not key to the measurement of this model are informative as to the strength of the continuum design and will be analyzed accordingly.

The Innovation evaluator and County coordinators will work with the school, guidance counselors, and faculty from Cal Poly and Cuesta College to establish baseline admission figures and outcomes which will accurately document the impact of the model on expanding student interest in behavioral health education and careers. The plan will also include measuring the growth in internship and work opportunities for high school youth, and surveys of supervisors and participants to measure the impact of those learning activities. Another measure will be to document the interest in participation in the Atascadero High School Peer Wellness Career Project from year to year. It is expected that younger students applying for participation as counselors will grow in the second and third year, indicating an even earlier-age interest in behavioral health education.

Timeline

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

Implementation/Completion Dates: February 2011 – December 2014
MM/YY – MM/YY

This project will require partnership with the Atascadero Unified School District, Atascadero High School, Cuesta College, and California Polytechnic State University (Cal Poly). Along with the schools, staff assigned to the project will develop training and resources amongst the community's public mental health system and other supports. The Atascadero Student Wellness Career model will be tested for a period of three school years to allow for monitoring the long term outcomes of the participants. This timeline also includes time for data analysis and evaluation reporting.

February 2011 Anticipated DMH/OAC approval

Feb. – June 2011 Development Phase

- Preparation of campus program, including assignment of Behavioral Health staff to build partnerships with Atascadero school and district; establishing campus space, curriculum, activity schedule, and recruitment of student participants.
- County staff will attend a Train the Trainer component of SBI and begin to develop adaptations for use with high school peer counselors. Develop Screening and Brief Intervention training; train staff, work with Cal Poly students who have been trained as part of Health Center programs to seek collaboration in training young adults.
- Begin data collection; baseline figures of college applications, admittance, and availability of behavioral health majors.
- Outreach and engagement to recruit internship and work service opportunities
- Selection of high school in region to act as "control group" for comparative measure; including preliminary data collection of control group, using California Healthy Kids Survey data, college figures, etc..

July 2011 – June 2012 First Year Trial of Atascadero Student Wellness Career Project

- Activities will include training of youth participants, establishment of student wellness center, stigma prevention campaign, college visits and presentations by local behavioral health educators, and campus activities to support project.
- Ongoing data collection of student mental health attitudes, perceptions, beliefs, and behaviors – including measures of interest in behavioral health education and careers. This will include tracking college application, work, and community service activity amongst campus population.

- Quarterly meetings with student leaders (including consumers), school and District officials, Innovation stakeholders, County staff and evaluation team to assess project progress and make course corrections when necessary.
- Recruitment of student counselors for following year

July 2012- June 2014 Second and Third Year of Trial Atascadero Student Wellness Career Project

- Ongoing recruitment of future year student participants; ongoing data collection as described above.

July 2014- December 2014 Final Project Analysis and Evaluation

- Final data collection from Atascadero High School and control group; including interviews with participants, college personnel, parents, public mental health system providers, and other stakeholders.
- Data will be analyzed and impact on the school and community will be assessed. A final report will be submitted to the Mental Health Board, School District, County Office of Education, Community Based Organizations, and County Behavioral Health Administration and staff. The report will be presented in person by the Innovation Evaluator, and also posted in an electronic format.

Project Measurement

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

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

Outputs

- The Atascadero Student Wellness Career Project will place a behavioral health counselor on the Atascadero High School campus to train (using Screening and Brief Interventions) and support 25 students (for each of two school years) in providing prevention and early intervention counseling for students who are referred or request help in dealing with emotional problems, peer relation issues, stress, anxiety, or depression.
- The counselor and student team will also create a warm, safe, and receptive space on campus for students to find support, respect, and freedom to express themselves.
- 50 students per year will access services through the Wellness Center.
- A minimum of 200 students per year will be provided training and education regarding stigma around mental health issues from the Peer Student Wellness Center Counselors.
- A minimum of 100 students per year will be exposed to college behavioral health programs via on campus presentations or field trips to Cal Poly or Cuesta College.

Outcomes

- When compared to a local high school with a peer student counseling program, yet no identified prevention or college/career focus, AHS students will demonstrate increased knowledge of mental health issues and resources, reduced levels of negative attitudes and stigma, and interest in pursuing education and careers in behavioral health fields.
- Peer Student Wellness Career participants will demonstrate increased capacities for providing support for peers by receiving training in Screening and Brief Interventions and performing the practice with fidelity.
- When compared to a local high school with a peer student counseling program, yet no identified prevention or college/career focus, Atascadero students will demonstrate increased interest and follow-through in pursuing education and careers in substance use treatment and prevention and mental health fields.
- Freshmen and sophomore students will increase applications for Peer Counselor positions each year of the project.
- Stakeholders, including District personnel, campus faculty, parents, and students, and Innovation Planning Team members will be interviewed to assess the expanded approach model, and to

analyze which aspects of the model – or the combination thereof – have the most significant impact on the project goals.

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

Leveraging Resources (if applicable)

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

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

School facility for Wellness Center	Media equipment
Curriculum	Training for student Peer Counselors

EXHIBIT D
SLO County Innovation Work Plan: SLO INN P2

Innovation Work Plan Description
(For Posting on DMH Website)

County Name

San Luis Obispo

Work Plan Name

Atascadero Student Wellness Career Project

Annual Number of Clients to Be Served (If Applicable)
25 Total

Population to Be Served (if applicable):

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

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

San Luis Obispo County is proposing to test an innovative solution for the need to reduce stigma and engage youth in mental health education and careers. Using a youth development strategy, the Atascadero Student Wellness Career Project tests an expanded, public mental health system approach to a peer-based student counseling model with the learning goal of determining if combining prevention strategies, peer counseling, and behavioral health career development will have a greater impact on decreases in stigma and increased student pursuit of college behavioral health education than traditional peer counseling models alone.

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

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

EXHIBIT C
SLO County Innovation Work Plan: SLO INN P3

Innovation Work Plan Narrative

Date: 02-07-11

County: San Luis Obispo

Work Plan #: SLO INN P3

Work Plan Name: Older Adult Family Facilitation

Purpose of Proposed Innovation Project (check all that apply)

Revised Information Provided:

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

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

Each of the local MHSA community planning processes has identified needs related to older adults and mental health. Stakeholders have been very clear: San Luis Obispo County, with its large percentage of seniors and growing population of retirees, lacks a strategic plan regarding a continuum of care for its older adults. The increased demand for services from this growing population, coupled with the county's lack of strategy, has created a vacuum which results in seniors - who are experiencing behavioral health issues that are too severe for existing Prevention and Early Intervention (PEI) programs, yet not severe enough for Full Service Partnerships (FSP) - being "lost" and forgotten in the system of care. Older adults in San Luis Obispo County who suffer from severe mental illness may be served by a single FSP through Community Services and Supports (CSS); while depression screening, Senior Peer Counseling, and Caring Caller programs were expanded through PEI. Older adults falling in between, those with behavioral health challenges that go beyond early intervention, are often underserved and local experts and stakeholders assign this to the lack of integration amongst providers.

Common barriers in caring for the older adult population include isolation, the inability to travel, and reluctance to seek mental health services in an unfamiliar environment (stigma). For the population in San Luis Obispo County identified in the Innovation Planning process as needing more intensive mental health services, life circumstances are often filled with compounding interconnected issues: depression, hoarding, prescription drug abuse, grief and loss, and poverty. When concerns like this build exponentially something beyond private, one-to-one, counseling is required to comprehensively address the wider range of life issues.

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

> *There are over 37,000 county residents who are 65 years of age or older and over 30,000 county residents with severe disabilities. Already, San Luis Obispo County has a larger percentage of persons over the age of 65 (14%) than the state average (11%)…The current services system will not be able to accommodate the needs of an increasing consumer population. Local and state governments will be stressed by the increased costs of caring for the aged and disabled…*

The Adult Services Policy Council (ASPC) monitors the needs of this growing population, which has become a target for many mental health initiatives across the state. The County Innovation stakeholders on the Planning Team (including members of the ASPC) provided several examples of seniors who are identified within the system yet underserved due to their level of need being beyond PEI and not severe enough for an FSP; compounding this is the observation that many of these same seniors demonstrate increasing levels of anxiety and depression yet go unnoticed because the various providers working with older adults do not have an integrated process for collaborating with eachother, let alone the public mental health system. The following is a case study of a senior currently in a local PEI senior peer counseling program:

Tom is an 85-year old male living alone in a small apartment. Tom spent his life as an Investment Banker and was proud of having raised his sister's two children. He now lives alone and has few social contacts. He still has a close relationship with his niece; however, she lives far away and does not have the ability to visit often. Recently, Tom started to experience frequent falls and high levels of pain. He had gone to the doctor several times but the problem was difficult to identify. As a result of the pain and the changes to his physical health, Tom started experiencing feelings of depression so powerful that he sometimes considered hurting himself. Tom sought help through the Senior Peer Counseling program. His Counselor is pleased with the progress they are making, but is increasingly concerned about Tom's physical health and safety. While the counseling seems to be addressing the emotional concerns in Tom's life, there are other compounding mental health issues that cannot be addressed through counseling alone.

As the Senior Peer Counselor explores various resources that could potentially help Tom, she discovers that he has a primary care physician, a neurologist, a home health agency providing nursing care and physical therapy, a personal care agency providing assistance with activities of daily living, and a concerned family member. It seemed as though Tom has more services at his fingertips than most individuals in similar situations, yet he still feels alone, frustrated and hopeless.

Though this net of services seems strong; there are inconsistencies and holes whereby things that are most essential to keeping Tom safe go overlooked. Tom is still missing doctor's appointments, not eating nutritiously (his weight has dropped dramatically) and he is misusing his medication, subjecting him to frequent hospitalizations. Crucial supportive resources are not communicating with one another and things are going unaddressed.

The County held focus groups with seniors and older adult program advocates to assess this problem and heard many similar stories. Seniors making their way to the doctor is sometimes not enough to manage the degradation of a home environment, the struggles for independency from adult children, the fear of loss, crippling grief, the complexities of financial matters, and the simple needs of food and shelter. Families attempting to assist their loved senior may be accessing various services interdependently without coordination which can improve health outcomes. For instance, like Tom, many seniors receiving counseling who need higher levels of care may not be stable enough to advocate for their own concerns. In these instances often family members and providers are also not working together to assure the breadth of issues are being properly addressed – so a treatment referral may be missed, a client's wish to see a different physician may go unheeded, or adult caretaker siblings in different cities may be unaware of the local resources which may give their parent relief.

The consensus amongst the Innovation stakeholders and Planning Team informs the following trial proposal. A need has been identified for a model which addresses the mental health service requirements of seniors unable to be served by PEI or CSS programs (due to severity level).The Innovation herein designates two primary purposes. First, the model needs to take into consideration the complex array of issues surrounding a traumatized, depressed, or otherwise mentally struggling senior; including the family members and other supports which affect the decisions and environments of the older adults identified. The model needs to unify the many available resources and community-based services that often do not integrate in the interest of individuals. This includes multiple, pre-existing nonprofit agencies, mental health system, and primary older adult programs based in San Luis Obispo County. These programs are currently engaged in limited direct collaboration, yet taken as a whole they represent an accessible continuum of service options for older adults and their families.

Finally, this Innovation will test a unique blend of practices which individually have found success working in frameworks which can inform the need identified here. The creative approach settled upon by the Innovation Planning Team, with support of stakeholders including those providing older adult services, is a model which unites elements from a family decision making model (primarily used with families of young children) and that of a mediation design, popular with elder arbitration cases. It is assumed that a model with the proper elements aimed at unifying family members and resources around the desire and direction of the older adult client will support better mental health outcomes. By bridging the gap between one-to-one counseling services, and by using a more comprehensive network of community supports connected through the proposed Client Centered Family Facilitation meeting structure, the project aims to demonstrate creative approaches to increasing the quality of services for the older adult population.

Project Description

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

This innovation project unites multiple pre-existing nonprofit agencies and older adult programs based in San Luis Obispo County targeting older adults who are not FSP clients, but require a deeper intervention than can be offered with PEI services. This Innovation creates a new, untested model of client-centered, strength-based, and family-focused best practices, combining elements from Elder Mediation and Child Welfare Services' Family Group Decision Making (FGDM) model; which will provide seniors with meaningful connections to the variety of community resources and supports available. These programs are currently engaged in limited direct collaboration, yet taken as a whole they represent an accessible continuum of service options for older adults and their families. While fifteen (15) new clients will be served annually by this new model, it is projected that approximately 45 family members will be engaged with support services, skill building, and resources because of the collaborative nature of the design.

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

The Innovation utilizes a strategy designed for working with family management issues to test its efficacy with older adults. This model acknowledges that older adults often find themselves losing autonomy and control of their own lives as they become more reliant on their adult children, or are placed in long term care facilities. Clients who choose to participate in the Older Adult Family Facilitation model will be selected based on desire and need. In this new model the client, supported by the professional facilitator, and PEI Older Adult Therapist will choose what family members participate, and what community resources will be included in the meetings, with the ultimate goal of having the older adult live in a way in which they are most happy; including independence if desired, thus keeping the older adult mentally well, and empowered. The Innovation builds in absolute protections for the client to assure their health, wellness and legal needs are met before a situation escalates and more drastic interventions must be taken (such as involving Adult Protective Services).

Elder Mediation expands a traditional conflict resolution model to address transitional disputes such as caregiver expectations, living arrangements, long-term care placement, estate and guardianship matters, and many more issues affecting seniors and their families. When effective and respectful communication is made possible, issues that may have been avoided for years can safely surface for discussion. The mediation process decreases the stress and confusion that can often escalate with conflict. Elder Mediators are professionally trained to focus on forward-looking solutions that enhance choice, safety, comfort and well-being for older adults. The Elder Mediation model honors the needs and desires of the clients and their

family members, protecting the rights of each consumer (including family members with legal responsibility) to make decisions regarding their care. Elder Mediation experts at Creative Mediation understand the complex family dynamics, unique circumstances, and high emotions that accompany difficult conversations and challenging decisions.

At the core of the Innovation is the combining of resources which are then wrapped around the older adults who otherwise may be neglected by the public mental health system. Specifically, the model will blend the family centered collaborative approach previously used in both the legal and child welfare settings, adapting it to a mental health setting – extending the mental wellness of our Older Adult population. The Elder Mediator will act as an advocate for the client, ensuring the client's best interest remains the focus of care. The core elements of the project will include:

- Increased community and family collaboration and communication via monthly Client Focused Facilitated Family Meetings (facilitated by the Elder Mediator) with the client, their treatment provider, and their support system to enhance communication and empower the client's decision-making capacity around a wider set of issues and circumstances affecting the senior.
- Improved outcomes as a result of this innovative approach

As with the County's PEI Older Adult programs which provide mobile services delivered where the client is most comfortable and able to receive services (home, senior center, etc), the Client Centered Family Facilitation model will also be conducted in the field.

This Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, section 3320.

Cultural Competence: Cultural issues surrounding aging and caring for elders will certainly need to be understood and addressed for the best possible outcomes to be generated by this model. Program direction and staffing will be led by Wilshire Community Services which specializes in older adult services and is an agency respected in the County's diverse older adult community. The agency has experience with ethnic and racial issues which may impact stigma towards treatment, the family process, and barriers to primary physical or mental health care. By utilizing Wilshire's expertise, the County will gain knowledge from the documentation of the trial to improve culturally competent services for elders throughout the public mental health system. Building upon the cultural competence of existing older adult (PEI) programs, providers will be trained in cultural competence, and when necessary, bilingual staff will be utilized to deliver services. Organizations who serve specific cultural populations (Latino Outreach Program, Veteran's Services, GALA etc) will be engaged to participate in the proposed innovation, and utilized in appropriate cases. The program will seek the greatest possible diversity in ethnicity, socio-economic status, marital status, and pre-existing medical conditions. Evaluation of the pilot program will benefit from a wide variety of senior participants and their unique challenges.

Integrated Service Experience: The Older Adult Family Facilitation trial seeks to increase access for clients and their family members to the broad range of community support opportunities and providers. Family Facilitation will be supported by community mental health partners such as Caring Callers and Senior Peer Counseling, while engaging clients and families in other services which support wellness across the county.

Community Collaboration: Older Adult Family Facilitation is designed to increase the opportunities for seniors with mental illness or those exhibiting risk to engage in community supports. The collaboration

being tested in this model includes the engagement of community services like churches and social clubs in providing ongoing mental health and wellness supports for consumers.

Client and Family Driven Mental Health System: This Innovation project was developed specifically to test a new model of a client and family driven process. The trial conducted in this project will include new methods for engaging clients and their family members in designing programs which support their needs while protecting the right of the client (or those caregivers with power of attorney) to choose their care options and request the best supports available per their individual situations. Monthly client and family communication with providers is a major tenet of this trial approach being proposed.

Wellness, Recovery, and Resilience Focused: By working with older adults within their homes and neighborhoods, improving access, providers will assist clients in developing recovery and wellness strategies in safe, comfortable settings which can be strengthened with family support. Clients will be supported to maintain self-management of their wellness, including coping and stress-relief skills, along with their family and community partners. Monthly client and family meetings with providers will focus on tools and strategies for self-monitoring, community engagement, and access to support systems. The program is designed to strengthen participant seniors' ability to drive their recovery and effectively manage their symptoms. The Client Centered model will be offered and provided to seniors without requiring that they engage in any other County mental health services, and may be accessed without having any traditional psychological consultations, diagnosis, or treatments.

Contribution to Learning

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

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

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

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

What Will Be Learned

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

- A Client Centered Family Facilitation model, combining elements of Elder Mediation and Child Welfare Services' Family Group Decision Making (FGDM), will be a more effective way to address these interrelated and compounding issues that reduce the efficacy of individual counseling interventions.
- The addition of an innovative Client Centered Family Facilitation model, and increased collaboration amongst community agencies and providers, addressing interrelated and compounding issues faced by older adult,s will deepen and sustain the outcomes of early intervention counseling services delivered through PEI.
- The combined components of the Client Centered Family Facilitation model will contribute to better outcomes
    - Current providers of Elder Mediation and FGDM will be asked to monitor the trial to assess which aspects of each strategy are best suited for the population being served.
    - The presence of the Elder Mediator, and their expertise in issues specific to older adults will lead to improved outcomes related to the concerns of the older adult clients, and the

satisfaction of their families.

- The Client Centered decision-making will empower the senior consumer to increase self-management, resilience, and lead to improved wellness indicators such as reduced depression.

Careful data collection, measurement, and analysis will result in a robust evaluation which will inform the County and the Innovation Planning Team as to the efficacy of this model. Quarterly reviews, as well as a final report, will allow the County and its partners in the public mental health system to monitor the progress of this new model and make plans for sustaining the strategy if successful. During those reports and evaluation reviews, it will be important to measure the impact of the new, combined model. This will involve some comparison with a "control group" from other older adult programs (i.e. FSP, Senior Peer Counseling) which may not include the FGDM or Elder Mediation models. Outcomes which appear to be stronger (or weaker) in comparing the approaches will inform the County and its stakeholders will inform future planning and recommendations.

Participants' (clients and their family members) satisfaction will be the most significant outcome measured. Older adults and their family members should experience positive, efficient services from this model. Satisfaction scales will monitor comfort, wellness, feelings of trust, confidentiality, and happiness with personnel. Mental health outcomes (e.g. reductions in depression, anxiety, improvements in levels of hope and recovery) will also be monitored to assess the capacity of the new, blended model to be used as a public mental health strategy. All measures will be combined within an analysis by the Innovation evaluation team, and reported to stakeholders in making recommendation to the County and MHSA Advisory group for future replication.

Timeline

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

Implementation/Completion Dates: February 2011 – December 2013
MM/YY – MM/YY

This project will require partnership with a provider with the capacity to draw together the Elder Mediation and FGDM models and provide countywide services to the target population. The actual model will be tested for a period of two years. The timeline includes the time needed to select a provider, finalize the contract, and receive Board of Supervisor approval of the provider. This timeline also includes time for data analysis and evaluation reporting.

February 2011 Anticipated DMH/OAC approval

Feb. – July 2011 Development Phase

- Prepare RFP, Issue RFP and select Provider
- Award and finalize contract - which includes refining the scope and approach of the project, including necessary protocols and parameters, and finalizing the data collection surveys and measurement tools to determine the efficacy of the proposed innovation

July 2011 – June 2013 Demonstration of Older Adult Family Facilitation Model

- The provider and PEI Older Adult Counselor will determine critical factors that suggest appropriateness of clients for participation in the Client Centered Family Facilitation Model, and engage 15-20 clients to participate in the pilot.
- Based on the client's requests and the Counselor's assessment, the provider will select and engage 3 - 5 Community Based Organization representatives to participate in each Client Centered Family Facilitation case, and conduct pre-post surveys of CBOs, clients, and family participants regarding the efficacy of the project throughout the testing phase.
- The client with the support of designated Elder Mediator will determine counseling goals, needed extended supports, and identify parties to be involved in Facilitated Family Meetings.
- Elder Mediator will conduct monthly Facilitated Family Meetings with each client to address issues, concerns, conflicts, etc. Meetings will be used to assess appropriateness of care plan and to make necessary adjustments to ensure improved wellness of the client.
- Provider will submit quarterly progress reports during model demonstration and submit to the innovation planning team and discuss any opportunities of ongoing refinement.

July- December 2013 Assessment and Information Dissemination Phase

- Final surveys of participating clients, families and community based organizations.
- Data will be analyzed and impact on the County mental health system will be assessed. A final report will be submitted to the Mental Health Board, Community Based Organizations, and County Behavioral Health Administration and staff. The report will be presented in person by the Innovation Evaluator, and also posted in an electronic format.

Project Measurement

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

The project will be measured by observice the Older Adult program participants, their families and and participating community providers. The criteria for program eligibility will continue to be refined by staff and the strategic task force, but for the purposes of the pilot phase preliminary criteria will include:

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

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

Outputs

- The County will select one organization to coordinate a Client Centered Family Facilitation model program.
- The Provider will engage a minimum of three other entities *per case* to provide integrated services within the model.
- 15 - 20 older adults and families, each year, will participate in the Family Facilitation model program.

Outcomes

- Program participants (and their family members) will demonstrate increased satisfaction with services, and increased perception of being cared for (i.e. not feeling “lost” or “between the cracks.”).
- Program participants will report increased factors of wellness (i.e. decreased depression), health, and overall happiness. This will include participants remaining autonomous, and in their own homes.
- Project provider, community partners, staff, and volunteers will report increased feeling of satisfaction and rates of success with the proposed methods and practices.

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

Leveraging Resources (if applicable)

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

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

Training	Collaboration partner expenses
Publicity	Referral Costs

EXHIBIT D

SLO County Innovation Work Plan: SLO INN P3

Innovation Work Plan Description
(For Posting on DMH Website)

County Name

San Luis Obispo

Work Plan Name

Older Adult Family Facilitation

Annual Number of Clients to Be Served (If Applicable)
15 Total

Population to Be Served (if applicable):

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

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

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

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

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

EXHIBIT C
SLO County Innovation Work Plan: SLO INN P4

Innovation Work Plan Narrative

Date: 02-07-11

County: San Luis Obispo

Work Plan #: SLO INN P4

Work Plan Name: Nonviolent Communication℠ (NVC) Education Trial

Purpose of Proposed Innovation Project (check all that apply)

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

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

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

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

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

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

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

Project Description

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

According to Marshall B. Rosenberg (2003), in Nonviolent Communication: The Language of Compassion (2nd Ed.), NVC is described as "…a form of precise communication that focuses on observing present emotions and needs of the involved individuals." This proposed Innovation project, the Nonviolent Communication (NVC) Education Trial, will engage a group of Transitional Age Youth (TAY) experiencing mental and/or emotional difficulties and exhibiting anger, aggression, or conflict with parents or caregivers. Trial participants will receive NVC training as an early intervention strategy to reduce the escalation of problems, improve pathways to treatment, and ultimately improve communication between the client and family. The trial will, each year, target forty-eight TAY (aged 16-25) and their parents or caregivers (potentially 96 additional participants) identified as unamenable to treatment and recovery because of aggression, conflict or a lack of communication, identified through schools, clinics, private therapists, community programs, and self-referral. Mental health system providers, including contract agencies and school-based services, will provide outreach to TAY consumers and family members to engage them in the project.
Trial participants will be identified by the following methods:

- TAY in school (community, continuation, mainstream, etc.) counseling programs exhibiting early onset of mental illness or emotional distress, and who are screened for aggression, conflict or anger issues with parents and caregivers. Screening will likely be conducted by school-based therapists and counselors in other mental health system programs on countywide campuses.
- TAY entering County and community mental health services (including private therapists) assessed for difficulties in cooperating with early intervention, treatment or family-based recovery services due to tense and/or abusive communication between TAY and their parents or caregivers.
- A "control group" will be monitored for outcome comparison. This will be done by having pre and post tests (likely to be retrospective) completed by both the trial participants and an equal size group of TAY and their parents/caregivers in their first year of mental health system services.

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

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

The local NVC Leadership Group will provide oversight of the project in collaboration with community organizations such as Transitions Mental Health Association and its TAY consumers on the Peer Advisory

and Advocacy Team, United Way (including its Youth Board), Behavioral Health, and other interested partners (NAMI, Family Care Network, YMCA, etc.). The NVC Leadership Group will provide on-going consultation to participating agencies, the evaluation provider, and the group leaders.

This Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, section 3320.

Integrated Service Experience: This Innovation was created in partnership with local NVC advocates and public mental health system consumers. Organizations representing many community interests (schools, CBO's, community therapists, etc.) were engaged in designing the NVC Education Trial, and will remain in communication with the County in order to monitor the trial and to develop future uses of NVC methods. The trial will provide training in NVC education to community providers and agencies who serve youth and TAY on the Central Coast. Local schools have tested NVC projects in recent years and this information, along with learning from the Innovation trial, will be shared amongst the NVC Leadership Group.

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

Cultural Competence: In testing a new early intervention strategy to build the capacity of TAY and their families which will increase their ability to communicate in a positive, non-violent manner, this Innovation project will support cultural competence by conducting services in environments, languages, and geographic regions which increase participant comfort and access. Trial participants will represent the ethnic diversity of the county and providers will be prepared to offer Spanish materials when necessary. At this stage of development, it is unknown what cultural barriers will impact NVC education for TAY consumers and their families. The project evaluation will include assessment of cultural issues that arise and this data will inform future applications of NVC in mental health environments.

Client and Family Driven Mental Health System: The ultimate goal of this trial is to improve the capacity of TAY and their families to communicate in order to achieve positive mental health outcomes. In testing the NVC methods with both TAY clients and their families, this Innovation will lead to study in how best to deflate conflict in order for TAY clients and their families to be heard and actively take part in their treatment planning and recovery success. TAY consumers and their families participating in the trial will be interviewed and surveyed to determine their attitudes and perceptions of the intervention and its efficacy; and to provide input to the NVC Leadership Group and Innovation Planning Team for course improvements, and the potential for future replication.

Wellness, Recovery, and Resilience Focused: The NVC methodology being tested herein supports wellness, recovery, and resilience as it targets the communication necessary between TAY clients and their parents and caregivers with the intention to reduce barriers to treatment and recovery. The skills developed during the training will be useful i*n all family communication and will provide consumers with capacities that will be critical in adulthood.*

Contribution to Learning

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

The proposed NVC Education Trial is a unique approach to mental health services with the learning goal of determining the efficacy of this adopted strategy as an early intervention tool for reducing stress and anger while improving partnerships amongst transitional age youth and their parents or caregivers identified as unamenable to treatment and recovery because of aggression, conflict or a lack of communication. By focusing on TAY entering the public mental health continuum, the project

NVC is now being taught in corporations, classrooms, prisons, and mediation centers around the globe. Proponents spotlight the method's influence on cultural shifts as institutions, corporations, and governments integrate NVC consciousness into their organizational structures and their approach to leadership. These methods are popular in business models because it has been shown that giving employees and their employers a common language based on meeting individual needs increases overall productivity. In this Innovation, the county will test a model that provides this approach to young people

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

There have been documented uses of NVC with the TAY population in juvenile detention centers and camps for juvenile offenders. It is also a popular tool for parent education and in universal motivational work. In this trial, the County will support a project that will provide NVC education as an early intervention for TAY experiencing the onset of mental illness and their families in an effort to reduce stress, aggression, and conflict. Trial participants will receive NVC training as an early intervention strategy to reduce the escalation of problems, improve pathways to treatment, and ultimately improve communication between the client and family.

What Will Be Learned

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

- Will training and implementation in Nonviolent Communication in a Mental Health setting have similar results in reducing stress as it has in other environments (e.g. schools, business, etc.)?

- Will NVC training improve communication, and demonstrate greater reductions in anxiety, violence, hostility, and other barriers to treatment (running away, depression, etc.,) than those receiving early intervention and treatment services which do not include NVC training?

The test being conducted here includes an examination of NVC methods within a mental health early intervention construct. The goal to reduce conflict and increase communication within families of TAY entering the mental health system will need to be measured in context of other services for the population being targeted here. The Innovation evaluation team will need to assess the attitudes, behaviors, and beliefs of the participants (and their family's perceptions) in comparison to a group of TAY who are in early stages of their mental health treatment and identified by system providers as having issues of conflict, anger, and communication struggles with family. It is projected that NVC participants will demonstrate improvements which support treatment and recovery goals, beyond that of their peers not engaged in NVC. This outcome could be used to recommend further use of NVC in the public mental health system, including trials with different age groups, cultural populations, and at later stages of treatment.

Timeline

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

Implementation/Completion Dates: February 2011 – December 2013
MM/YY – MM/YY

This project will require partnership with local NVC-certified trainers and educators, as well as County and community-based mental health providers. The NVC Communication model will be tested for a period of two years to allow for a more longitudinal study of TAY participants. The timeline includes the time needed to select a provider, finalize the contract, and receive Board of Supervisor approval of the provider. This timeline also includes time for data analysis and evaluation reporting.

February 2011 Anticipated DMH/OAC approval

Feb. – June 2011 Development Phase

- Prepare RFP
- Issue RFP and select Provider
- Award and finalize contract - which includes refining the scope and approach of the project, including necessary policy and parameters, and finalizing the data collection surveys and measurement tools that will be used to determine the efficacy of the proposed innovation
- Outreach and engagement to recruit participants (which will be ongoing, and overlap into the demonstration phase)
- Selection of control group
- Preliminary data collection of control group

July 2011 – June 2013 Demonstration of Nonviolent Communication Trial for TAY

- Provider will enroll TAY and family participants in 6-week NVC sessions.
- Three sessions will be held annually.
- Pre-post data collected for each session.
- Providers will also offer additional training booster sessions for program "graduates" to collect follow up data.

July - December 2013 Assessment and Information Dissemination Phase

- Final post surveys and interviews will be conducted of participating clients and community based organizations.
- Final data collection from control group
- Data will be analyzed and impact on the County mental health system will be assessed. A final report will be submitted to the Mental Health Board, Community Based Organizations, and County Behavioral Health Administration and staff. The report will be presented in person by the Innovation Evaluator, and also posted in an electronic format.

Project Measurement

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

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

Outputs:

Over a 2 year period:

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

Outcomes:

Participants in NVC counseling will be surveyed using pre and post scales; and counseling staff will track and monitor document participant and family member outcomes:

- Reduced feelings of anxiety, hostility, and violence towards self and others.
- An increased ability to honestly express what they are feeling and needing in any situation.
- An increase in empathetic connections with what others are feeling and needing.
- Reduction in negative behaviors, including incidence of violence, running away, etc.
- Family member participants will demonstrate reduced feelings of anxiety, hostility, and hopelessness when applying NVC with their TAY.
- Family member NVC participants will demonstrate increased involvement in TAY intervention or treatment programs.
- TAY participants referred to treatment will have more successful follow-through (less attrition in first six months) and increased family involvement based on self-reports and in comparison to TAY and families not engaged in the NVC trial.

Satisfaction and feedback surveys will be provided to the participants and providers in addition to the measurement tools detailed above. Surveys and interviews will also be held with referring sources, agencies, and mental health system providers who have perspectives on the NVC trial which may lend information to the evaluation as to the method's efficacy. The Innovation Planning Team, including community representatives, consumers, and family members, will select an evaluator (or evaluation team) amongst available resources. Data collected throughout the process (surveys, pre-posts, etc.) will be analyzed and presented to the Innovation Planning Team. Outcomes will be measured comparing means established in baseline data gained in pre-tests and reported in retroactive surveys. The Planning Team will make a recommendation based on this analysis to County Behavioral Health Administration in the final quarter of the project.

Leveraging Resources (if applicable)

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

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

County Facility Use for provider trainings Media equipment

Data instrument development

EXHIBIT D
SLO County Innovation Work Plan: SLO INN P4

Innovation Work Plan Description
(For Posting on DMH Website)

County Name

San Luis Obispo

Work Plan Name

Nonviolent Communication℠ (NVC) Education Trial

Annual Number of Clients to Be Served (If Applicable)
48 Total

Population to Be Served (if applicable):

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

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

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

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

EXHIBIT C
SLO County Innovation Work Plan: SLO INN P5

Innovation Work Plan Narrative

Date: 02-07-11

County: San Luis Obispo

Work Plan #: SLO INN P5

Work Plan Name: Wellness Arts 101

Purpose of Proposed Innovation Project (check all that apply)

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

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

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

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

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

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

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

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

Project Description

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

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

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

The program design of Wellness Arts 101 includes thoughtful strategies to create a safe, stigma-free experience for students:

- This program will partner with Cuesta College which is equipped to offer the Wellness Arts 101 course, providing a classroom environment for students to engage and enroll for course credits. By partnering with the college, the County will be able to offer the class to a targeted population with referral required for registration.
- Students will be provided with information and referrals to the class from several sources. Students in the general population who seek counseling or guidance for feelings of anxiety, depression, or other mental health issues may be referred as part of the campus' response protocol.
- Referring sources will include public mental health system programs, private providers, and college counselors. TAY participants in various MHSA programs (i.e. FSP, PEI's "Successful Launch") as well as those affiliated with foster programs (i.e. California Youth Council) or community schools will be invited to enroll in the Wellness Arts 101 Course, along with student consumers identified through campus recruitment and counseling who may be recent transplants to the community.
- The project's instructor will outreach to campus faculty and student organizations to encourage linkage with the campus counseling center; ultimately providing more opportunities for students in

need to be referred to the Wellness Arts course. Referring sources will be able to describe the elective course to clients and consumers, and offer the client a choice in participation.

- A minimum target of 20 students per semester (40 annual) will be enrolled in the course. It has yet to be determined if it is possible to conduct the course in two sections per week, thereby increasing the capacity to serve 40 students per semester (80 annual), and to expand the course so a student may participate in a Fall and Spring session. There is also a possibility that Cuesta College may be able to offer the course at both of its county campuses.
- The County's Innovation partners at Cuesta College, along with the course instructor will create a safe, confidential pathway for referral and registration. Like remedial courses offered on campus with little or no stigma, the college is well suited for conducting sensitive placement and meeting student needs. TAY stakeholders were specific in proposing a classroom setting within the routine daily setting of the college was more appealing for reducing stigma than a club or special group designed to serve mentally ill students.
- The Innovation Plan will provide for a mental health professional trained in art therapy and qualified to teach within the community college system. This course instructor will also lead the project's implementation, referral process, course design, and therapeutic activities.
- The course will use a curriculum which utilizes an art appreciation focus to demonstrate how various forms of art (painting, music, drawing, etc.) may be used for self-expression. The curriculum may include historical perspectives on how art has been used therapeutically, and a cultural lens for seeing how art can express cultural experiences and feelings.
- Class sessions will include a therapeutic means for art expression such as music, theater, and visual arts. Coursework will include lecture, practice, and application. The course will not be designed as a process group, but the instructor will use the curriculum to allow for open expression and discussion. For example, a section of the curriculum may focus on self-portraits and inspire discussions of self-perceptions and esteem. Students needing further counseling will be provided resources outside of the classroom setting.
- Semesters may end, if students choose, with a showcase on-campus or in a local venue to allow participants an opportunity to engage with an audience and to share their talents.

Evaluating the course will include retrospective surveys which measure student wellness factors as well as understanding and interest in art as a therapeutic or coping skill. Students will provide important input to future course planning, project design, and the capacity of the course to alleviate student anxiety. Students will be invited to allow family members to provide feedback to the evaluation team to identify the potential efficacy of the course, its setting, and perceptions of how consumer participants may have been affected.

This Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, section 3320.

Wellness, Recovery, and Resilience Focused: Education in the use of art as a means of self-expression and empowerment, provided within the context of a supportive college classroom environment meets the standard for being a mental health service with a wellness, recovery and resilience focus. The students engaged in Wellness Arts 101 will have the opportunity to build coping skills and socialization strategies supporting their resilience. The opportunity for mentally ill students to gather in a safe education setting with a focus on therapeutic arts provides the campus with a wellness approach unlike any other student mental health program.

Cultural Competence: Providing supportive services in a non mental-health setting, the Wellness Arts 101 Innovation will provide students with mental health issues a safe, supportive environment. Ultimately the strategy will support students representing the cultural makeup of the community in their learning environment which will reduce barriers to service. By partnering with Cuesta College, which has a diverse faculty and many resources for language and cultural needs of its students, the Wellness Arts 101 project will be able to offer students translation, materials, or supports which increase comfort and accessibility. The choice of an arts curriculum also allows for a greater discussion of culture in the role of mental health than in most courses. Cuesta College works with its faculty to assure students of diverse ethnic, racial, and cultural backgrounds are respected, comfortable and provided with the supports to succeed.

Client and Family Driven Mental Health System: This Innovation project was developed by TAY consumers concerned with the need for services which would reduce stigma and create practical opportunities to both build socialization in real-world settings and to build applicable skills. Client and family involvement will continue as class participants will actively take part in designing class activities and giving feedback to the Innovation Planning Team and, ultimately, the community as to the efficacy of this new approach.

Community Collaboration: The Wellness Arts 101 Innovation project is based on a collaborative model that will ultimately inform the County in designing future partnerships with higher education services. This project will involve planning and ongoing monitoring amongst the County's Innovation coordination and evaluation team, Cuesta College and its faculty, students, and trustees, community mental health providers including the Peer Advisory and Advocacy Team, NAMI, and the arts education community. Partners will provide recommendations for curricula, scheduling, class and college promotion and policies, as well asn feedback regarding the project.

Integrated Service Experience: Student participants in Wellness Arts 101 will have the opportunity to engage in a unique mental health service which relies on collaboration amongst providers and community schools and organizations. The mentally ill students enrolled in Wellness Arts and, when appropriate, their families, will have access to resources and referrals with several agencies, support programs, funding sources, and levels of engagement.

Contribution to Learning

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

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

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

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

What Will Be Learned

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

- Participants in the "Wellness Arts 101" project will be surveyed, with additional input provided by the course instructor, to determine if they exhibit improved communication of emotions and needs, increased wellness factors (reduced depression, anxiety, etc.), and better peer relations.
- Whether, and how, this on-campus course with registration exclusively for referred, mentally ill students, is an effective strategy for reducing feelings of stigma amongst participants.

The goal of this learning opportunity is to assess whether the County and its mental health system, including community partners, should focus programming on mentally ill college students. It is expected that this Innovation will yield strong outcomes and provide a good basis for evaluation. To make recommendations for future replication or adaptations within the local community college system or beyond, the County evaluation will include input and analysis from all project partners centered on the outcomes

presented in the next sections. Students participating in the Wellness Arts 101 trial will be surveyed at the end of the semester, and follow-up interviews will be held one semester after their last class to gain perspective on the efficacy of the model.

The Innovation evaluator and stakeholder group, including TAY, college faculty, and family members, will analyze the data collected from students, family members, faculty, and referring sources to assess the impact of the program. The evaluation will include an analysis of student perceptions of stigma issues. This will also include analyzing the second and subsequent semester registrations to determine if students were attracted to the design, or if a variable (possibly stigma) would be a deterrent to participation. The evaluation will use pre and post tools to measure student attitudes, behaviors, and beliefs to provide stakeholders with information indicating whether the goals of the trial (i.e. reduction of student anxiety and increases in academic skills) were met due to the course.

Timeline

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

Implementation/Completion Dates: February 2011 – December 2014
MM/YY – MM/YY

This project will require partnership with Cuesta College to provide space, accredited education, staff support, outreach and engagement, and data collection. The Innovation model will be tested for a period of 3 academic years (or 6 semesters).

February 2011 Anticipated DMH/OAC approval

February – July 2011 Development Phase

- Contract and Collaboration with Cuesta College to refine the Wellness Arts 101 Model. Cuesta College will be responsible for:
    - Curriculum Development and Staff Recruitment
    - Outreach and Engagement to target population
    - Outreach and engagement to local TAY providers (TAY FSP, Successful Launch, Community Schools, etc) this is ongoing and overlaps into testing phase
    - Preliminary data collection at outreach and engagement presentations assessing student perceptions of stigma

August 2011 – May 2014 Testing Phase

- Wellness Arts 101 will be offered for six (6) consecutive semesters (Excluding Summer)
- Upon each semester, participating students will complete retrospective surveys to measure increased wellness factors, specifically improved socialization and stigma reduction.
- TAY providers will also be surveyed
- Follow up interviews will also be conducted one semester after course completion.
- Cuesta College and Innovation Evaluator report to stakeholders at the end of each semester to determine what improvements can be made to the model in subsequent semesters, and to analyze why mental health and/or academic outcomes were improved.

June – December 2014 Evaluation and Information Dissemination

- In addition to the surveys and follow up interviews, focus groups of TAY participants, providers, parents, and faculty will be held to discuss the overall program success.
- Data will be analyzed and impact on the County mental health system will be assessed. A final report will be submitted to the Mental Health Board, Community Based Organizations, other Academic Institutions, and County Behavioral Health Administration and staff. The report will be presented in person by the Innovation Evaluator, and also posted in an electronic format.

Project Measurement

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

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

Outputs

- Two Wellness Arts courses (one per semester) held during each project year. It is possible (yet undetermined) if the course may be held in two sections per semester, thereby doubling the capacity and offering a continuation course in Fall and Spring semesters.
- An minimum average of 20 youth engaged per session
- Collaborative inter-agency partnerships developed to support instruction and performances, and to recruit participants from various services

Outcomes

- Overall increased measures in participant-reported self-esteem, communication, satisfaction, and happiness scales
- Overall increased measures in participant-reported technical/artistic skill self-assessment
- Overall increased measures in academic outcomes (ie attendance, grades, school bonding, etc.)
- Overall decreased measures in depression, anxiety, and school-related stress/trauma.
- The course design will be assessed to reduce, or not increase, levels of stigma due to the exclusivity of the registration geared towards mentally ill students. This will include tracking attrition and increases in registration per semester.
- Faculty, referring sources, and family members will report satisfaction with course design and outcomes, indicating a desire to continue offering the arts curriculum for mentally ill community college students.

The Innovation Planning Team will select an evaluator (or evaluation team) amongst available resources. The Innovation evaluator and stakeholder group, including TAY, college faculty, and family members, will analyze the data collected from students, family members, faculty, and referring sources to assess the impact of the program. The evaluation will include an analysis of student perceptions of stigma issues. This will also include analyzing the second and subsequent semester registrations to determine if students were attracted to the design, or if a variable (possibly stigma) would be a deterrent to participation. The evaluation will use pre and post tools to measure student attitudes, behaviors, and beliefs to provide stakeholders with information indicating whether the goals of the trial (i.e. reduction of student anxiety and increases in academic skills) were met due to the course. The Planning Team will make a recommendation based on this analysis to County Behavioral Health Administration in the final quarter of the project.

Leveraging Resources (if applicable)

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

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

County Facility Use for provider trainings Media equipment

EXHIBIT D
SLO County Innovation Work Plan: SLO INN P5

Innovation Work Plan Description
(For Posting on DMH Website)

County Name
San Luis Obispo

Work Plan Name
Wellness Arts 101

Annual Number of Clients to Be Served (If Applicable)
40 Total

Population to Be Served (if applicable):

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

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

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

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

EXHIBIT C
SLO County Innovation Work Plan: SLO INN P6

Innovation Work Plan Narrative

Date: 02-07-11

County: San Luis Obispo

Work Plan #: SLO INN P6

Work Plan Name: Warm Reception & Family Guidance

Purpose of Proposed Innovation Project (check all that apply)

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

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

As local mental health system improvements have taken shape since the onset of MHSA components, the prevailing theme of improving "customer service" has been expressed in each community planning process. Planning participants, including focus groups, stress the need for positive, warm engagement at the first step of the mental health process in order to build confidence and competence in following through with treatment and support. The result of poor orientation and welcoming practices is attrition, miscommunication between providers, consumers, and their caregivers, and ultimately a poor prognosis for treatment and recovery. The Innovation Planning Team's consumers, family members, providers, and County Mental Health Staff immediately identified the opportunity provided through Innovation to improve "front door" practices, inter-agency communication and client care, and system navigation.

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

Not only are many consumers unable to emotionally navigate through orientation to the mental health system, they have difficulty accessing counseling services and support groups when "front door" staff of the County and community programs are unaware of resources. Stakeholders reported that consumers and families may, for instance, enter a community mental health provider facility and, based on assessment, be referred and redirected to the County's Mental Health Services. Conversely, a client may enter the County facility and need supports unavailable at that facility. Consumers report that, additionally, when system engagement is delayed or confusing, they have great difficulty in getting basic needs met such as shelter, nutrition, transportation, and employment.

For their part, both the family members of consumers and the staff from local mental health providers (including County) recognize this disconnect of mental health services. Family members on the Innovation Planning Team clearly articulated their desire for "warm reception and family guidance" from providers. The

family member stakeholders described confusion, anxiety, and frustration when trying to navigate the public mental health system. Case and medication managers are also unaware of all of the resources available in the county, and are unable to provide clients with recommendations for outside services (for instance, applying for disability, housing, or legal system assistance).

Simultaneous to the Innovation planning process, the County was engaged in assessing its cultural competence plan for a required report to the Department of Mental Health. Consumer and family stakeholders in that process also reflected the need for improving the orientation capacity of the County and its community partners in serving monolingual Spanish speaking families. Many younger consumers coming from these families are bilingual, but the intake process does not currently engage their monolingual parents and offer an easy path to access resources, such as family support groups. The groups exist, but providers are not always aware of who, when, and where the resources are conducted in order to make a referral – let alone a warm hand-off. This is sometimes due to a lack of coordination, and some times a cultural barrier between the provider and the family.

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

The Warm Reception and Family Guidance project will test a model for "front door" and communication improvements to provide consumers and families long term success from the beginning. The Innovation purpose is, ultimately, to increase access to the variety of services available for consumers and their family members in San Luis Obispo County. To do this, the Innovation proposed will need to address improved quality of internal practices and customer service, while increasing communication and collaboration with organizations and resources within the community which serve, or may be able to serve, consumers and their families.

Project Description

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

The Warm Reception and Family Guidance model will increase successful access for, and engagement of, new clients and their families within the public mental health system. The trial seeks to find an effective strategy for bridging the gaps between first contact with County Mental Heath and the consumer's intake appointment, and the family's need to understand the issues facing their loved one in order to play a significant role in recovery from the very first moments. This will involve increasing cooperation between agencies, promoting knowledge of resources to clients and staff, helping reduce confusion by minimizing the amount of misinformation, and increasing acceptance and support.

The County will adopt Stanford's Cancer Center "Cancer Concierge Services" model to serve Mental Health Services clients in a trial to meet the learning goal of determining if the Stanford medical patient and family engagement design can be successful in increasing access to services in San Luis Obispo County's mental health system. Stanford's program, as described in its promotional materials, "provides patients, their families and caregivers with highly personal services and a strong support network. Whether (the) needs are directions, a one-on-one appointment…related to treatment or simply a newspaper to read while you wait, we will do everything to ensure that you have the best experience possible." The model being adopted herein will utilize the framework of Stanford's program in a meaningful attempt to discover new methods for providing mental health consumers and their families with support. Aspects of this model will include:

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

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

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

A key component to facilitating this trial will be the increase in coordinated consumer and family engagement between providers. This will be accomplished by adopting an "any door" agreement and policy amongst key mental health ports of entry in the County (e.g. Transitions Mental Health Association, Family Care Network, and County Mental Health), allowing families to enter community provider or County facilities with staff at each prepared to warmly guide clients to the appropriate provider. This is based on recommendations from community focus group members who had experience with the Stanford Cancer Center. Their input stressed the importance for the communication and guidance they received from their physicians and other local supports who guided their journey to the Cancer Center many miles away. They reported feeling more comfortable and receptive when entering the Center because of how they were warmly "handed off" by their personal doctors; and how Stanford personnel communicated openly with their local medical supports, strengthening their confidence and reducing anxiety.

It is projected that fifty (50) new clients, annually, will take advantage of the Warm Reception and Family Guidance model – with approximately 100 family members utilizing resources, education courses, and support activities which are presented through the program. All materials, support activities and education services will be provided in Spanish either in print or translation along with bilingual (bicultural when possible) project and reception staffing.

This Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, section 3320.

Integrated Service Experience: The Warm Reception and Family Guidance Innovation has, at its core, a commitment to service integration that will benefit clients entering the public mental health system. By expanding orientation programming and cross-training County and community partner providers, clients and family members will have access to the wide array of available services no matter how they enter the system.

Client and Family Driven Mental Health System: The Warm Reception and Family Guidance Innovation was designed by a group of consumers, family members, community support program providers, and County staff looking to resolve the issues of dormant waiting periods when clients and family members fall away from contact; delayed starts in services when clients and family members could be engaged in education and building peer support even before therapy begins; and the lack of understanding that although a client may walk in to a County clinic or a community program office, there are services available outside of that immediate agency that can support the client's many needs.

Cultural Competence: The County and its stakeholders identified the need for improved orientation to build client and family comfort when entering the public mental health system. This will necessarily include appropriate materials and environments which meet the linguistic and cultural needs of the community. All printed materials will be offered in Spanish, the County's threshold language. Staffing for the project will be bilingual and bicultural (Latino) when possible.

Wellness, Recovery, and Resilience Focused: The client and family member stakeholders, in developing this Innovation, cited the need for strong relationship building amongst providers and consumers at the outset of services in order to build successful recovery over time. This model will provide education and peer support services which build on that client-therapist relationship and strengthen wellness and resilience amongst consumers and their families.

Community Collaboration: Community partners, ranging from peer support and socialization programs, to parent education and family support networks, will be coordinated to take part in aspects of the Warm Reception and Family Guidance trial. Like the Stanford Cancer Center model being replicated here, the Innovation requires collaboration with services and supports beyond the scope of mental health services in order to give families and consumers access to community resources.

Contribution to Learning

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

The County will adopt Stanford's Cancer Center "Cancer Concierge Services" model to serve Mental Health Services clients in a trial to meet the learning goal of determining if the Stanford medical patient and family engagement design can be successful in increasing access to services in San Luis Obispo County's mental health system. By applying this model to County Mental Heath, we will learn if providing the Stanford Cancer Center's model system of supports for someone newly diagnosed with mental illness and their family results in making their treatment more successful and thus creating better outcomes. By reducing the added anxiety of navigating the system and assisting clients with ancillary life issues associated with mental illness, positive outcomes will be achieved. This will involve expanding cooperation amongst system provider agencies to increase client and family care when moving between services and supports.

The Warm Reception and Family Guidance Innovation project introduces new applications that have been successful in non-mental health contexts. The Stanford Cancer Center "Cancer Concierge Services" model allows the patient newly diagnosed with cancer to feel safe, secure, informed, and supported so that they may focus on treatment and recovery. The model uses an element of peer-based system navigation, similar to those in many mental health programs. However, the model being tested herein is built on the combination of new intake procedures and waiting period referral activities (Consumer Care Organizer, Supportive Care Program); the increase in coordinated consumer and family engagement between providers (promoting an "any door" policy which allows families to enter community provider or County facilities with staff at each prepared to warmly guide clients to the appropriate provider); and the System Navigators who facilitate the model in partnership with the County staff assigned to coordinating the project.

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

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

What Will Be Learned

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

- Will improving the reception and guidance practices of County Mental Health result in better rates of follow-through amongst new clients?

- Will family members and caregivers be stronger advocates and maintain more positive relationships with providers when given education and organizational materials upon entering the system?
- Will a model of services meant to reduce anxiety and improve comprehension in an inpatient medical setting work in outpatient mental health?

This trial will test a combination of new practices for the County and the mental health system. Particular attention will be paid to how each of the three key elements of the Stanford model are adopted and measured. It is assumed that each element on its own - the Consumer Care Organizer, System Navigator, and Supportive Care Program – will be effective in improving consumer and family outcomes related to knowledge and wellness. The project evaluation will assess the outcomes associated with the Stanford mode adoption in the context of the entire project's goal to improve access, including the reduction of no-shows and increases in family involvement from the beginning. All aspects which demonstrate success will be reported to the County and the Innovation stakeholders. The trial is designed to test the combination of elements as a means for improved access, which will be the basis for any recommendations for future application of the model.

Timeline

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

Implementation/Completion Dates: February 2011 – July 2014
MM/YY – MM/YY

This project will require partnership with a local program(s) to provide Supportive Care Programs, consumer support staff. As the model is an adaptation, it requires fairly intensive developmental including production of printed materials. Once refined, the model will be tested for a period of three years. This allows for evaluation of the project as a whole, but also a deeper examination of the three key elements that are being adapted, and which, if not all, are most effective in a Mental Health setting.

February 2011 Anticipated DMH/OAC approval

February - June 2011 Development Phase

- Recruitment and hiring of Project Coordinator who will serve as lead consumer and family System Navigator.
- Contract with Community Provider for Consumer support staff
- Key Project staff travel to Stanford for interviewing and shadowing Cancer Concierge staff
- Creation of Consumer Care Organizers
- Planning and scheduling of groups and activities (orientation groups, support groups, workshops – community provider educational forums, etc)
- Outreach and engagement to community providers for participation in the Supportive Care Program is ongoing and overlapping into the testing phase
- Policy and procedure development for the testing of the new practices at San Luis Obispo County Mental Health Outpatient

July 2011 – June 2014 Testing of Cancer Concierge Service Adaptation

- The project will continue with monthly meetings of Project Coordinator, County Patient right's Advocate, MHSA Division Manager, and Evaluator to monitor project outcomes.
- Quarterly reports will be
- Surveys will be conducted throughout the testing phase to measure the program as a whole addition to each of the three key elements (Consumer Care Organizer, System Navigator, and Supportive Care Program) and to allow for continued refinement.

July 2014 – December 2014 Final Evaluation and Information Dissemination

- Follow up interviews of participating consumers and family members, as well as a wider survey of community based providers and Behavioral Health staff will be conducted to measure collaboration and impact of system change.
- Data will be analyzed and impact on the County mental health system will be assessed. A final report will be submitted to the Mental Health Board, Community Based Organizations, other and County Behavioral Health Administration and staff. The report will be presented in person by the Innovation Evaluator, and also posted in an electronic format

Project Measurement

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

The goal of this project is to test a model successful in the medical health arena and determine if improved reception and navigation services will reduce the drop-off rate due to client confusion, frustration and anxiety. The first initial ten days of the client's experience will be used to build a firm foundation of trust, safety, education, and understanding, hence facilitating long term success for the client. A projected group of 50 new intake clients annually will take part in the menu of services offered by this trial. Approximately 100 family members will be engaged through system supports and resources.

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

Outputs:

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

Outcomes:

- Improved access for consumers entering and remaining in the public mental health system when guided to the most appropriate agency. This will be measured by client and family surveys regarding attitudes and beliefs prior to and post initial engagement, along with County and community provider statistics demonstrating penetration and intake rates for the trail period.
- Increased retention of consumers in consistent and continuous treatment program. This will be demonstrated by reduced "no-shows" and attrition within the first 90 days of services. Consumer and family surveys will also measure perceptions, levels of comfort (i.e. reduced anxiety and confusion) and commitment for recovery.
- Increased feelings of self efficacy and evidence of self sufficiency from consumers and families participating in the program. This will be demonstrated by consumer and family use of the Consumer Care Organizer, along with self reports in surveys.
- Overall increases in consumer and family satisfaction with Mental Health Services, including a high level of satisfaction with intake (i.e. "warm welcome") and "any door" interagency process.

The Innovation evaluation will provide an analysis of the various components of the trial and how they individually impact outcomes (i.e. do families report the Consumer Care Organizer contains information that

would otherwise force the family to research on their own, increasing self-sufficiency?). The evaluation will also provide analysis of how the components interrelate to improve outcomes. For example, will County Mental Health clients whose family members participate in orientation groups during the waiting period (before the first appointment) be more likely to track treatment information in their Consumer Care Organizer? Client and family feedback will be the primary indicator of which elements of the Innovation are successful. The project has the potential to identify new tools, individually and in combination which can improve outcomes across the local public mental health system. The evaluation phase of the project will determine, and communicate to stakeholders and other Counties, the elements of the project which provide benefits and efficiencies to improve the intake and early stages of engagement.

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

Leveraging Resources (if applicable)

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

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

County Facility Use for provider trainings Media equipment

Data instrument development

EXHIBIT D
SLO County Innovation Work Plan: SLO INN P6

Innovation Work Plan Description
(For Posting on DMH Website)

County Name

San Luis Obispo

Work Plan Name

Warm Reception and Family Guidance

Annual Number of Clients to Be Served (If Applicable)
50 Total

Population to Be Served (if applicable):

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

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

The Warm Reception and Family Guidance model will increase successful access for, and engagement of, new clients and their families within the public mental health system. The trial seeks to find an effective strategy for bridging the gaps between first contact with County Mental Heath and the consumer's intake appointment, and the family's need to understand the issues facing their loved one in order to play a significant role in recovery from the very first moments. This will involve increasing cooperation between agencies, promoting knowledge of resources to clients and staff, helping reduce confusion by minimizing the amount of misinformation, and increasing acceptance and support.

The County will adopt Stanford's Cancer Center "Cancer Concierge Services" model to serve Mental Health Services clients in a trial to meet the learning goal of determining if the Stanford medical patient and family engagement design can be successful in increasing access to services in San Luis Obispo County's mental health system. Stanford's program, as described in its promotional materials, "provides patients, their families and caregivers with highly personal services and a strong support network. Whether (the) needs are directions, a one-on-one appointment…related to treatment or simply a newspaper to read while you wait, we will do everything to ensure that you have the best experience possible." The model being adopted herein will utilize the framework of Stanford's program in a meaningful attempt to discover new methods for providing mental health consumers and their families with support. Aspects of this model will include:

EXHIBIT C
SLO County Innovation Work Plan: SLO INN P7

Innovation Work Plan Narrative

Date: 02-07-11

County: San Luis Obispo

Work Plan #: SLO INN P7

Work Plan Name: Operation Coastal Care

Purpose of Proposed Innovation Project (check all that apply)

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

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

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

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

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

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

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

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

Project Description

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

Operation Coastal Care tests a unique community collaboration providing licensed mental health therapists to partner with local "surf" recreation/rehabilitation programs for veterans and other high-risk individuals. This model has been designed to test a new practice meant to increase access to mental health services for veterans and other individuals at high-risk for mental health issues such as amputees, disabled persons, chronically ill persons, and TAY. This program will partner with community-based organizations that provide surfing instruction to veterans, such as Van Curaza Surf School and Amazing Surf Adventures (amongst others); and embed a mental health therapist as part of the activity.

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

Local surf program providers informed the Innovation Planning Team that at least twelve (12) events will be held throughout the year along Central Coast beaches. Operation Coastal Care will serve a minimum of 20 clients in the first year, with an expectation of 25 in the second year. Growth is expected as the program becomes more established and the therapist assigned to the project builds more trust amongst surf camp participants. This will be accomplished by having the therapist be seen as a part of the camp provider team, seamlessly integrating mental health services amongst the physical health activities.

The surf events being partnered with in the trial operate by recruiting participants from a wide array of high risk populations. Marketing is done through veterans' services statewide, local medical agencies and physical therapists, and at-risk youth programs. Camps are also marketed in newspapers and social media. The participants are primarily male, ranging in age from 17 to 50. Camps are structured to provide on-shore training, safety lessons, and ultimately, water-based surfing, long-boarding, kayaking, and body boarding. Beach activities include stretching and breathing exercises, team-building games and opportunities for participants and their families to meet peers and gain support. The organizations responsible for the events also conduct social and rehabilitative events for participants, including recreational activities, community service, and other non-surf opportunities.

In this model, a licensed therapist from the County Mental Health Services staff will attend local surf rehabilitation events in partnership with organizations participating in the Innovation trial. Recruitment for the event will include information alerting "surfers" and their families that a mental health professional will be on hand to meet and support participants. At the events the therapist will be introduced as part of the training team, allowing participants to identify the provider. During the event the therapist will be able to talk with participants and their families to generate discussions and be available for questions, and to assess potential needs of the veterans and other high risk individuals in attendance. This may be done in one-on-one private conversations, in small groups, or casually within the environment. The method for

communication will be determined as each activity takes place in order to reflect the spirit and atmosphere, and to lessen the formality, of the positive activity.

The activities on shore will include a process group, conducted by the therapist, to help participants connect their water activities with coping mechanisms they can employ outside of the event to deal with their physical and emotional issues. At the end of the event, participants will be invited by the therapist to follow up with an appointment at the most convenient County Mental Health facility. The therapist assigned to the trial will have appointment and space access at locations countywide. During initial appointments clients (and their families who will be encouraged to accompany their loved one) will be assessed and provided with information on available resources and supports. Those individuals seeking or being recommended for treatment will be provided with options for services, including being seen by the Operation Coastal Care therapist.

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

The embedded therapist will act as the project coordinator and will collaborate with local community-based surf programs. The therapist will establish a partnership with programs and create a schedule which allows for attendance at events throughout the county's coastal region. The model will be measured and evaluated to determine its capacity to engage veterans in mental health services outside of the military environment. Additionally, it is projected that the trial will also improve access to mental health services for populations not currently being monitored, yet anecdotally presumed to be reluctant to address emotional concerns in light of serious physical issues. Evaluation will determine if the County, through this trial, experiences an increase in services for non-military clients who are primarily being treated for physical injury, illness, or trauma. Project evaluators will conduct retrospective pre and post testing to assess participant experiences and attitudes about their mental health care. This will include having veterans identify the strengths and needs of various military and non-military mental health services in order to compare the appeal of this innovation strategy.

This Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, section 3320.

Wellness, Recovery, and Resilience Focused: By combining mental health therapeutic services with the physical therapy offered in veterans-based surf camps and activities, the Innovation truly captures the need for a wellness, recovery and resilience focus. High risk participants will have opportunities for early intervention and treatment leading to guidance towards improved mental health, coping skills, and strategies for engaged family members.

Community Collaboration: Operation Coastal Care is a model Community Collaboration as it builds a relationship amongst community-based surf programs and public mental health system providers. Along with therapist services, the surf programs will be able to offer high-risk clients supports from the community's vast array of programs including family supports, health education, and peer activities.

Integrated Service Experience: The high-risk clients engaged in Operation Coastal Care will likely represent consumers of services within and outside of military service, local hospitals, and other social service supports. This Innovation will provide partnership for those other entities through the public mental health system. Partnership will include working with doctors and physical therapists (serving both military personnel and non-military residents) in recruitment and follow-up activities.

Client and Family Driven Mental Health System: Operation Coastal Care is an Innovation designed by veterans and their family members in focus groups which detailed the need for services outside of normal military or mental health settings. As the trial progresses, the veterans engaged as clients will provide feedback through communication with program providers. Family members are invited to participate in surf events and will be engaged by staff in order to offer resources and support, as well as to track family attitudes and beliefs regarding mental health services. Consumer and family stakeholders (including veterans' family members) on the Innovation Planning Team will monitor the program and provide the County with feedback throughout the design and evaluation processes.

Cultural Competence: This Innovation's primary target population is veterans, specifically aimed at providing services in a non-military environment. Studies support the need for mental health services in non-military settings, yet attuned to military culture, in order to increase opportunities for communication between client and therapist. One of the potential, ancillary learning outcomes is for the County to improve its outreach strategies with ethnic and racial groups which the local surf programs have been successful in engaging. Attention will be paid to cultural groups who both access the surf programs, and those who do not to determine if mental health services in this setting are able to reduce stigma or disparities.

Contribution to Learning

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

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

- The locations used will be local beaches not on military bases. The surf academies and organizations being partnered with conduct non-surf, community-based socialization, community service, and other complimentary activities which will also engage the population. This is based on the theory of increasing access by making treatment more neighborhood-focused, thus reducing stigma.
- The Innovation expands the target population centered on veterans to also engage other high risk individuals. The model will engage surf event participants representing physically injured, chronically ill, and other non-military individuals who also suffer from anxiety and depression in correlation to their physical health. This is testing the therapeutic model amongst various high-risk-for-mental-illness groups to determine efficacy across populations.
- The Innovation formalizes the mental health therapist's role. Embedded therapists will provide on-site support along with follow-up access to assessment and ongoing treatment in clinic and community settings.

What Will Be Learned

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

- Whether, and how, this model will reduce stigma amongst veterans and their families leading to increased interest in and seeking of mental health services.
- Whether, and how, this program will increase access to mental health services for high risk populations engaged in physical surf rehabilitation activities (veterans, physically ill and disabled, TAY, and trauma-exposed individuals).
- Whether, and how, the embedding of a mental health professional as part of the community-based surf program will be effective in increasing follow-up access to assessment and ongoing treatment in clinic and community settings.

The model will be measured and evaluated to determine its capacity to engage veterans in mental health services outside of the military environment. Additionally, it the trial will be monitored to determine if the

strategy of integrating a mental health therapist's services within a rehabilitative surf program improves access to mental health services for populations not currently being tracked as high risk, yet anecdotally presumed to be reluctant to address emotional concerns in light of serious physical issues. Evaluation will determine if the County, through this trial, experiences an increase in services for non-military clients who are primarily being treated for physical injury, illness, or trauma.

Project evaluators will conduct retrospective pre and post testing to assess participant experiences and attitudes about their mental health care. This will include having veterans identify the strengths and needs of various military and non-military mental health services in order to compare the appeal of this innovation strategy. Family members of surf program participants will also be surveyed to assess the attitudes, perceptions, and opinions regarding mental health care received (or not) in military and non-military settings. Military family stakeholders (and military personnel consulted in the Planning process) have been integral in the design of this trial and will be provided with regular reports from the assigned program staff and evaluation team in order to monitor the Innovation's progress.

Primarily, the County is interested in reducing the barriers which limit access for veterans. The Innovation trial being conducted in this proposal seeks a unique venue and environment to conduct services which has already been demonstrated to attract veterans and other high risk populations. The County will monitor the trial with particular focus on how the surf program participants engage with the therapist; how family members regard the service; and the perceptions and satisfaction expressed by surf program coordinators, veterans services personnel, physicians, and other sources of participant referral.

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

Timeline

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

Implementation/Completion Dates: February 2011 – June 2013
MM/YY – MM/YY

This project will require partnership with a local program(s) to provide surf instruction. This timeline includes time to hire a project coordinator, and establish a partnership with local surf providers, and time for a thorough evaluation of the proposed project. The actual model testing will take place over a period of two years.

February 2011 Anticipated DMH/OAC approval

Feb. – June 2011 Development Phase

- Recruitment and hiring of Mental Health Therapist/Project Coordinator
- Establish contract with local surf therapy providers
- Refine program evaluation to measure overall project success, as well as which aspect of the project contributed most to success or failure (environment and location of service, embedding of therapist, stigma reduction)
- Refine program calendar to create a culturally competent program, including group and individual sessions.

July 2011 – June 2013 Testing of Operation Coastal Care Model

- Operation Coastal Care will work with camps and surf events throughout the summer and fall seasons, participants will continue to receive treatment sessions during the surf "off season"
- Evaluations tools (surveys, and where appropriate, interviews) will be administered to program participants, families, and involved community providers.
- During the surf "off season" the therapist will meet with the Innovation Planning Team, stakeholders, Mental Health Boards, military personnel, and providers of the surf activities to share progress of the test, analyze data, and collaborate in ongoing program improvement.

July – December 2013 Evaluation and Information Dissemination

- Data will be analyzed and impact on the County mental health system will be assessed. A final report will be submitted to the Mental Health Board, Community Based Organizations, other and County Behavioral Health Administration and staff. The report will be presented in person by the Innovation Evaluator, and also posted in an electronic format.

Project Measurement

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

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

Outputs

- Project staff will participate in a minimum of 10 rehabilitative surf activities (plus an equal amount of non-surf activities in the community) each year to engage veterans and other high risk individuals
- Operation Coastal Care will provide screenings and early intervention for 50 individuals annually, and treatment for a minimum of 20 individuals annually.

Outcomes

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

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

Leveraging Resources (if applicable)

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

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

County office space and supplies	Media equipment
Data instrument development	Evaluation Services

EXHIBIT C
SLO County Innovation Work Plan: SLO INN P7

Innovation Work Plan Description
(For Posting on DMH Website)

County Name

San Luis Obispo

Work Plan Name

Operation Coastal Care

Annual Number of Clients to Be Served (If Applicable)
20 Total

Population to Be Served (if applicable):

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

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

Operation Coastal Care tests a unique community collaboration providing licensed mental health therapists to partner with local "surf" recreation/rehabilitation programs for veterans and other high-risk individuals. This model has been designed to test a new practice meant to increase access to mental health services for veterans and other individuals at high-risk for mental health issues such as amputees, disabled persons, chronically ill persons, and TAY. This program will partner with community-based organizations that provide surfing instruction to veterans, such as Van Curaza Surf School and Amazing Surf Adventures (amongst others); and embed a mental health therapist as part of the activity.

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

EXHIBIT D

SLO County Innovation Work Plan: SLO INN P8

Innovation Work Plan Narrative

Date: 02-07-11

County: San Luis Obispo

Work Plan #: SLO INN P8

Work Plan Name: *Multi-Modal* Play Therapy Outreach Trial

Purpose of Proposed Innovation Project (check all that apply)

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

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

Services for young children (ages 0 to 5) and families in San Luis Obispo County had been in development and growing when the first local MHSA planning processes (CSS) began five years ago. Few new programs have been developed through the MHSA initiatives since the County has focused on its child assessment and treatment center ("Martha's Place"), located in the City of San Luis Obispo. The center is a full service facility with physicians and therapists who collaborate to provide thorough screening and subsequent treatment programming for children presenting a variety of issues, primarily attachment disorders, often related to Fetal Alcohol Syndrome. However, two primary, and somewhat related, concerns about the access to services and the efficacy of the strategies employed were identified by Innovation stakeholders. The center faces distinct challenges which prohibit many families from accessing the County-funded service. Although staff capacity is often full, and a wait list is routinely in place, the center experiences a great deal of no-shows and attrition. When families do not keep appointments, it is unclear whether those children who had been referred ever get seen by mental health professionals (or physicians or other services for that matter). Additionally the modalities of play therapy used in the center aimed at parents and children may be seen as too intense, or not enough, to compel parents to stay engaged. The Innovation component of MHSA provided stakeholders with an opportunity to identify and respond to this local challenge in a manner which may serve to improve children's interventions and treatment across the State.

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

In San Luis Obispo County, pre- or post-natal maternal substance abuse is a common factor in diagnosed attachment disorders. In a presentation to stakeholders last year, Dr. Ira Chasnoff of the Children's Research Triangle presented local prenatal substance use screening data. He showed that, relative to the state of California, San Luis Obispo County continues to have higher rates of alcohol and marijuana use during pregnancy. Nearly one-third (30%) of all pregnant women in the county report using alcohol in the first three months of pregnancy – twice that of the state's average.

Innovation stakeholders, including therapists, child development specialists, school counselors, parents, community advocates, and consumers associated with childhood mental health services were quick to identify "parental resistance" to services as the major factor in the access and strategy challenges facing Martha's Place. Parental resistance to services was explained by local stakeholders in many ways, including issues of geography, stigma, and the complexities of the mental health system and its practices.

San Luis Obispo County is a large geographic area with several rural communities that are challenged to access services by the lack of transportation options. The northern and southern parts of the county may be up to two hours away (by public transportation) from the County's centrally located child assessment center, so low-income and rural families are challenged to commute for services. Additionally, parents who need to work (or attend college) during the day are often reluctant to take time off and bring their child into the center for appointments which may take several hours. These burdens hit low-income families the hardest: the lack of money for gas, limited time off from work, and resistance to losing income by taking time off to assist their small child in getting help. In addition, San Luis Obispo has a large population of college students who are parenting and often these young adults are less likely to take time off from school in order to make their appointment. Local providers identify these families as also having higher rates of stigma towards receiving mental health services, correlating with fears of entering their child into services.

Parents of young children identified for behavioral health issues are often challenged to understand, or believe, that their child may be "mentally ill." Therefore, seeking services from a County mental health facility is a very difficult step to take. The stigma which exists for parents facing behavioral health issues with their child is often insurmountable. The notion of being "labeled" is a genuine fear, and prohibitive concern. When parents receive a referral to assessment services they may be afraid of subjecting their child to "testing" which may lead to further tests or treatments. This escalation of mental health services, real or perceived, without consultation, is often enough to keep parents from following through on referrals or appointments.

Another and equally prohibitive challenge for parents is the resistance which occurs when services appear to be invasive, overwhelming, or complicated. Mental health assessments and treatment for children may involve a variety of observations, interactive sessions, physical exams, and questions from therapists. Coupled with the anxiety of having to navigate future appointments and ongoing treatment regiments, or simply the fear of having a child diagnosed with a mental illness, some parents are reluctant to bring their child to Martha's Place. Finally, once a parent does engage in a primary assessment and diagnosis within the County's mental health system for their young child, it is a challenge to keep them engaged. Local experts, including County child treatment specialists, theorize that a large majority of those who stop coming to Martha's Place after services begin are resistant to the style of therapy which often addresses attachment issues between parent and child.

Play therapy is a common therapeutic practice in addressing issues of attachment. Studies continue to support an array of play therapy styles in treating various issues of attachment, all of which are strengthened with parent and family involvement. County staff are trained in various modalities, with Theraplay® being a common practice at Martha's Place. This treatment, unlike other forms of play therapy, uses few materials and focuses on the child and parent together with the therapist coaching activities and providing constant feedback. Stakeholders agreed that some parents have resistance to the immediacy and intensity of the treatment, resulting in dropping out or not following the therapists' directions. Play therapists traditionally work in consistent manners: Using constant locations and environments which allow for maintaining materials and convenience for the therapist; and exercising modalities which are based on the therapist's capacity and competency. These consistencies, stakeholder believe, need to be malleable in order to engage the population who are not accessing the County center.

It is this combination of reasons that stakeholders wanted to seek a new way of engaging these resistant parents in order to increase assessments and treatment for children referred within the county. When parents do not engage in services for their young children, or are resistant to participation in their child's therapy, it is likely the behavioral issues identified in their child will become more pronounced and difficult to treat over time. Parents are not engaged as much as professionals would desire due to the difficulties stated previously. The Innovation Planning Team developed the following proposal to reduce parental resistance to assessment and treatment for their children, increase access to services, and improve those services which address attachment issues amongst children.

Project Description

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

San Luis Obispo County is proposing to test an innovative approach to providing play therapy by creating a new, untested multi-modal strategy in home and community settings for clients (children) currently not engaged by the public mental health system. The trial will be conducted by a community mental health provider with the intended outcomes of reducing parental resistance and improving play therapy treatments to better engage parents and caregivers, while increasing access and maintenance. The model being proposed will provide the County with important information regarding how to best engage and serve children with attachment disorders outside of the clinic setting and better involve parents in the process. This study will inform the State, and ultimately the entire play therapy field, as to the efficacy of this community-based multi-modal approach.

The Innovation will test a unique model of "Multi-Modal Attachment Focused Play Therapy" (MMAFPT) to address behavioral issues (in children age 0-6) diagnosed with attachment problems. It is expected that this model will serve a minimum of 15 new clients per year. This model's parent-driven, multimodal approach combines three evidence-based practices: Theraplay®, Filial Play Therapy and Non-Directive Play Therapy directed at promoting secure bonding in families where child and caregiver currently display detachment issues. In this trial, trained and qualified therapists will work with parents to select the most appropriate elements of the three modalities which reflect the needs and capacities of the families with which they engage.

- Theraplay is a structured form of play therapy for children and their parents. Its goal is to enhance attachment, self-esteem, trust in others and joyful engagement. The method uses fun, physical, and intimately interactive activities replicating natural, healthy interaction between parents and young children. The Theraplay approach assumes that the primary motivating force in human behavior is a drive toward relatedness. Children experiencing success with this treatment include those who have been referred for a wide variety of problems including withdrawn or depressed behavior, overactive-aggressive behavior, temper tantrums, phobias, and difficulty socializing and making friends. The practice has also been successful in treating those with various behavior and interpersonal problems resulting from learning disabilities, developmental delays, and pervasive developmental disorders. Because of its focus on attachment and relationship development, Theraplay has been growing in popularity locally. Unique to this practice amongst the three modalities being combined, Theraplay parent participants are actively guided through each movement and activity by the therapist, acting similarly to a coach. Another distinction between Theraplay and the two other practices is the lack of toys or materials necessary, as the focus is between the parent and child as being the primary objects of interest in the relationship.
- Filial therapy is an alternative method for treating emotionally disturbed children in which the parent is used as an ally in the therapeutic process. The goal of the treatment is to engage the parent as the child's primary therapeutic agent. Parental involvement in a child's developmental process facilitates the parent's motivation to continue sessions and thus tends to eliminate the typical parental resistance that is encountered when the parent is not involved in the child's therapy. After the initial assessment of the family, the therapist spends two or three weeks training the parents in the basic Filial skills. Parents practice the skills several times before they hold the first play session with their child. Parents hold Filial sessions with their child every week at the same time, on the same day, and in the same place. The

therapist observes the session and afterward (while the child is looked after by another adult) parent and therapist talk through what happened, looking for all the positive points and highlighting maybe one or two difficulties or questions.

- Non-directive play therapy is primarily a child-centered approach which is based on basic principles used to guide non-directive therapists. Responsibility and direction are left to the child, unlike directive play therapy, in which the therapist may assume responsibility for guidance and interpretation of the therapy. This approach uses a consistent "playroom" with materials and toys, and emphasizes empowering the child, self-awareness, decision-making, and acceptance of the child's self. The playroom is established as a warm, supportive, friendly, and accepting atmosphere. The therapist suggests that the playroom is the client's own special place, and in the playroom, he or she can play with things just about any way he or she would like. Non-directive play therapy is based on respect for the child and confidence in their ability to direct their own process. It requires that the therapist maintain unconditional acceptance and positive regard for the child. Because children do not have the cognitive and language skills to communicate their emotional experiences, by observing a child's play sequences and play themes, the therapist can gain great insight into the child's inner world. By creating a safe, free and protected space, the child is provided the opportunity to work through deeper emotional fears, wounds and experiences. Unlike Theraplay and Filial Therapy, the relationship at the core of the treatment experience is between the child and therapist.

By conducting the play therapy activities in client homes or neighborhood centers (i.e. schools, community facilities) access will be significantly increased for parents and families who otherwise would be challenged to travel to services for their children. Mobilizing the play therapist is not a learning activity of this Innovation, but necessary for conducting the trial using homes and other accessible, comfortable settings to retain parent involvement.

In this model a community-based provider with qualified staff therapists will work with County mental health services staff (Martha's Place), local physicians, school psychologists, social service providers, and private clinicians. In the trial model these referrers who diagnose children with attachment disorders may provide families with the option of making an appointment with Martha's Place or receiving a home visit by the MMAFPT provider. Currently the County center has limited Spanish language capacity so the trial provider will offer that service in an effort to further reduce barriers. The community provider of the MMAFPT will schedule an appointment and discuss with the family the best time, day, and environment for conducting play therapy sessions. Although play therapy is traditionally conducted in consistent spaces with a variety of toys and tools, local providers have tested "rolling" play therapy and have had success with mobilizing the service, including the opportunity to present the model at a National Healthy Start conference.

Much of the first visit will be to establish a rapport between the therapist and the child and parents so they both feel comfortable and to address the issues being treated. Parents will provide significant input to the MMAFPT provider regarding their experiences, comfort, and cultural perspectives. Together, the parent and provider will discuss and select the best modality of play therapy to get started. Some families may not be ready for an intensive approach such as Theraplay, but they may feel comfortable with a less intense approach such as Filial Play Therapy. Others, in which caregivers may need to start off as more of an observer (first watching a therapist model interactive behavior between adult and child, known to promote secure bonding) would make Non-Directive Play Therapy the most appropriate first modality for that family.

Parent and caregiver input and feedback is at the core of this plan. Therapists will not identify the first modality or its progression until parents have had the opportunity to experience all three and provide input to their child's treatment plan. During the course of treatment the parent and MMAFPT provider will,

together, create a treatment plan that integrates all three modalities within the sessions with the goal of creating the best progression and integration for families based on their comfort and capacity for success. Therapists will be free to create flexible plans that reflect the circumstantial needs of an often-disorganized parent population. Therapists will keep detailed documentation regarding their treatment plans to allow the program to be accurately monitored and to identify the aspects and elements of the combined modalities which have impact.

Additionally, children and parents participating in the trial will have an opportunity to learn about and be referred to resources and supports throughout the community. For these families unable, or unwilling, to access the County treatment center, access to resources and supports often goes untapped. By placing the MMAFPT therapist in the home or neighborhood, families will have a trusted source for information regarding parenting classes, support groups, health screenings, and further mental health treatment.

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

This Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, section 3320.

Wellness, Recovery, and Resilience Focused: Play therapy addresses children in need of early intervention and mental health treatment in a manner which includes family interaction in order to improve resilience and recovery outcomes. Children develop resilience through better coping and emotional management skills, while parents learn strategies for managing and improving their family's wellness.

Community Collaboration: This Innovation project was developed in collaboration with local child mental health advocates, therapists, family members, and play therapy program providers seeking a more effective strategy for engaging families in the county who are resistant, unable, or not likely, to access services in San Luis Obispo. This collaboration will continue as the model being tested in the project requires consistent communication amongst service providers, the County, and participant families.

Integrated Service Experience: Children and families engaged through the Multi-Modal Play Therapy Trial will have access to a variety of services offered as part of the public mental health system as well as community supports for families ranging from parent education, recreational activities, and medical support services.

Client and Family Driven Mental Health System: The Multi-Modal Play Therapy Outreach Trial is designed to provide child clients and their families with intervention and treatment services which reflect the needs, capacities, and wishes of the parents and children being served. Participant children and families will make significant decisions regarding the treatment through assessment and dialogue with therapists to determine the most appropriate modality for services. Ongoing communication will be improved as access to the play therapist becomes the key to service delivery, eliminating the absence and attrition when services are centralized to San Luis Obispo.

Cultural Competence: Improved access is a key outcome of this trial, and meeting children and their families who cannot, for many reasons, access services in the city of San Luis Obispo will reduce this disparity. Cultural barriers to play therapy treatment will also be considered and addressed by the provider. For example, families who have cultural sensitivities to physical touch or the role of fathers in playing with young children will be engaged in the most competent manner possible. Issues of cultural competence will be documented as part of the trial to determine if future applications of the model may need to address concerns of ethnicity, race, age, or gender. The need for bilingual play therapists will be assessed prior to the trial to determine if language barriers exist between potential clients and current services which are not provided in Spanish.

Contribution to Learning

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

The Multi-Modal Play Therapy Outreach Trial will test a unique model of treatment to learn whether addressing behavioral issues (in children age 0 to 6) diagnosed with attachment problems using a "Multi-Modal Attachment Focused Play Therapy" (MMAFPT), provided in homes and neighborhood centers, will lead to an decrease in parent resistance leading to improvements in overall quality based on family satisfaction and client outcomes; and an increase in the number of children receiving treatment services. Mobilizing the multi-modal play therapist is not a learning goal of the trial, as the Innovation assumes conducting services in client homes and neighborhoods is an obvious method to eliminate barriers. However, the Innovation stakeholders want to know if this particular home-based model can reduce the stigma and resistance which also leads to poor outcomes. Access outcomes in this model include maintenance of engagement and potential self-efficacy.

Primary learning which will stem from this Innovation includes discovering how families with children diagnosed with some form of attachment disorder (or families for which attachment disorder is listed as a "rule out" diagnosis) will adapt to the multi-modal practice. Will families be more responsive to attachment focused therapy if they are given the option of not having to move so quickly to the most intensive modality first (Theraplay); and are offered less-intense modalities initially (Non-Directive Play Therapy and Filial Play Therapy)? Which modalities are more effective when integrated versus when done singularly? Will parents be more receptive to therapy when given the opportunity to create the play therapy plan?

What Will Be Learned

This Innovation will provide the county and the rest of the public mental health system an important study in the efficiency and quality delivery of new, family-driven treatment strategies to outlying areas of the county. The specific learning goals include:

- The project will determine if, and how, a multi-modal approach with parental choice in treatment planning, combining three distinct therapies (Theraplay, Filial Therapy, and Non-Directive Play Therapy) conducted in homes and neighborhood centers will reduce parental resistance and increase acceptance of services.
- The Innovation will test whether, and how, families maintain engagement and consistency, as well as self-sufficiency by being served at home and exposed to multiple techniques.
- The project's final learning objective is to evaluate the attachment disorder symptom outcomes of those children receiving mobilized MMAFPT versus those children receiving services exclusively through the County child assessment clinic.

The evaluation of the Multi-Modal Play Therapy Outreach Trial will determine whether the combination of modalities, overall, was an effective strategy. Efficacy of the model may also include assessment of its cost-benefit potential, determining if issues being addressed in the home-based model reduce the caseload or waitlist capacity issues at Martha's Place. Details of how each case's treatment plan is developed will provide the evaluation (and stakeholders) with knowledge of which modalities, in which combinations, had certain impact amongst the population served. Evaluators will use case studies and triangulation of data, including pre and post surveys and participant interviews, to explain correlations between treatment, outcomes, and the characteristics of the families involved.

Stakeholders and providers in focus groups searched for examples of this multimodal approach and found uses of multiple modalities of treatment utilized when play therapy was one of the modalities – but no tests of multiple play therapy strategies being combined. The County and its community partner providing the trial will track, monitor, and evaluate the project with the ultimate action of presenting this test of "Multi-Modal Attachment Focused Play Therapy," and its results, as a journal article for the Association for Play Therapy (in its semi-annual International Journal of Play Therapy), as well as at its annual conference.

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

Timeline

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

Implementation/Completion Dates: February 2011 – December 2013
MM/YY – MM/YY

This project will require partnership with local play therapy-certified providers, as well as County and community-based mental health providers, schools and community centers (for referrals and locations). The model will be tested over a period of two years. This timeline includes time for in-depth evaluation.

February 2011 Anticipated DMH/OAC approval

Feb. – June 2011 Development Phase

- Collaboration with local providers, schools, and family resource centers to refine model design
- Establish stakeholder steering committee to provide ongoing feedback and monitor testing
- Refine evaluation plan.
    - Child and Adolescent Needs and Strengths (CANS) assessment tool which will be used to measure trial participants alongside those receiving County services only.
    - The Marschak Interaction Method (MIM) is a measurement device which will be used to measure aspects of attachment (Structure, Engagement, Nurture and Challenge) before treatment begins and after each phase of Mobilized Multi-Modal Attachment Focused Play Therapy.
    - A battery of tools to measure parent resistance, satisfaction, and self-sufficiency, including pre-post tests and interviews, will be developed during this period.

July 2011- June 2013 Testing Phase

- Identification and assessment of clients and launch of treatment services.
- Steering committee meets quarterly to evaluate program progress and collect participant (including agencies and therapists) feedback. Parent participants will be encouraged to participate in the steering committee reviews whenever possible.

July – December 2013 Evaluation and Information Dissemination

- Data will be analyzed and impact on the public mental health system will be assessed. A final report will be submitted to the Mental Health Board, Community Based Organizations, other and County Behavioral Health Administration and staff. The report will be presented in person by the Innovation Evaluator, and also posted in an electronic format.
- Findings from the trial will be prepared for presentation as a journal article for the Association for Play Therapy (in its semi-annual International Journal of Play Therapy), as well as at its annual conference.

Project Measurement

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

This project will be evaluated and measured through case study using a triangulation of standardized assessment tools, pre-post (retrospective) surveys of participants, and participant interviews. Standardized tools may include the Child and Adolescent Needs and Strengths (CANS) and Marschak Interaction Method (MIM). Surveys will be given to parents, referring sources and therapists in regards to overall satisfaction with the Multi-Modal Play Therapy Outreach Trial. Baseline data gathered from interviews of local providers around the county will help to gain insight to the number of children, ages 0 to 6, who are currently underserved due to failure to access Martha's Place, and how many children, ages 0 to 6, living in the outlying areas of San Luis Obispo County such as Shandon, San Miguel. and Nipomo are in need of services.

The current wait list and period for services at the County's child assessment and treatment center has been monitored and reported to stakeholders as part of the Innovation planning process. The wait list size, and the duration of time between referral and appointment have been used to create an initial output goal for the Multi-Modal Attachment Focused Play Therapy Trial. The wait list varies approximately between 10 and 20 individuals at any one time, and the average waiting period ranges from 14 – 21 days.

Outputs

- It is expected that this model will serve a minimum of 24 new clients per year.

Outcomes

A battery of tools to measure parent resistance, satisfaction, and self-sufficiency, including pre-post tests and interviews, will be developed to measure outcomes related to this trial. The CANS assessment tool will be used to measure trial participants' mental health and well being alongside those receiving County services only.The MIM is a device which will be used to measure aspects of attachment (Structure, Engagement, Nurture and Challenge) before treatment begins and after each phase of Multi-Modal Attachment Focused Play Therapy. Outcomes will include:

- Reduced parental resistance to mental health services for their children, indicated by decreased missed appointments ("no-shows"), and increased maintenance of services.
- Improved parent satisfaction indicating acceptance of therapy strategies and potential for self-sufficiency.
- Decreased symptoms of attachment disorders and increased wellness as demonstrated in CANS and MIM, and in comparison to clients receiving singular-modality play therapy.
- Self-sufficiency amongst participant parents in maintaining play therapy practices outside of therapist guidance.

Important to the evaluation of this trial is the assessment of which individual and combined components of the model affect the projected outcomes. The data collected through surveys and standardized tools should provide the County with information regarding the impact the overall combination of modalities provides. Additionally, the participant data and provider feedback will lend the evaluation insight as to whether and how the individual modalities worked in various attachment situations, and how modalities worked in various patterns of progression. For instance, will families see greater improvement in attachment issues when progressing from the least parent-intensive (Non-Directive) to the most (Theraplay)? Finally, the

evaluation team will assess and communicate whether parts or the whole of the model, including the location of services, had the most positive impact on family satisfaction and reduced stigma.

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

Leveraging Resources (if applicable)

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

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

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

EXHIBIT D
SLO County Innovation Work Plan: SLO INN P8

Innovation Work Plan Description
(For Posting on DMH Website)

County Name

San Luis Obispo

Work Plan Name

Multi-Modal Play Therapy Outreach Trial

Annual Number of Clients to Be Served (If Applicable)
24 Total

Population to Be Served (if applicable):

The Innovation will test a unique model of "Multi-Modal Attachment Focused Play Therapy" (MMAFPT) to address behavioral issues (in children age 0-6) diagnosed with attachment problems. It is expected that this model will serve a minimum of 15 new clients per year.

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

San Luis Obispo County is proposing to test an innovative approach to providing play therapy by creating a new, untested multi-modal strategy in home and community settings for clients (children) currently not engaged by the public mental health system. The trial will be conducted by a community mental health provider with the intended outcomes of reducing parental resistance and improving play therapy treatments to better engage parents and caregivers, while increasing access and maintenance. The model being proposed will provide the County with important information regarding how to best engage and serve children with attachment disorders outside of the clinic setting and better involve parents in the process. This study will inform the State, and ultimately the entire play therapy field, as to the efficacy of this community-based multi-modal approach.

This model's multimodal approach combines three evidence-based practices: *Theraplay®*, *Filial Play Therapy* and *Non-Directive Play Therapy* directed at promoting secure bonding in families where child and caregiver currently display detachment issues. In this trial, trained and qualified therapists will use elements of the three modalities which reflect the needs and capacities of the families with which they engage.

Exhibit E

Mental Health Services Act
Innovation Funding Request

County: San Luis Obispo Date: 7-Feb-11

	Innovation Work Plans		Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
	No.	Name		Children, Youth,	Transition Age Youth	Adult	Older Adult
1	1	System Empowerment for Consumers, Families, and Providers	$158,694			$142,825	$15,869
2	2	Atascadero Student Wellness Career Project	$258,499	$129,249	$129,250		
3	3	Older Adult Family	$201,812				$201,812
4	4	Nonviolent Communication (NVC) Education Trial	$176,692		$88,346	$88,346	
5	5	Wellness Arts 101	$318,026		$318,026		
6	6	Warm Reception and Family Guidance	$188,921	$18,892	$18,892	$132,245	$18,892
7	7	Operation Coastal Care	$130,846			$130,846	
8	8	Outreach Play Therapy Trial	$305,144	$274,630		$30,514	
26	Subtotal: Work Plans		$1,738,634	$422,770	$554,514	$524,776	$236,574
27	Plus County Administration		138,466				
28	Plus Optional 10% Operating Reserve						
29	Total MHSA Funds Required for Innovation		$1,877,100				

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo Fiscal Year: 2009/10

Work Plan #: 1

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

New Work Plan ☑

Expansion ☐

Months of Operation: 03/11 - 01/13

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	51,123		47,071	$98,194
2. Operating Expenditures	11,690			$11,690
3. Non-recurring expenditures	9,320			$9,320
4. Training Consultant Contracts	14,000			$14,000
5. Work Plan Management	25,490			$25,490
6. Total Proposed Work Plan Expenditures	**$111,623**	**$0**	**$47,071**	**$158,694**
B. Revenues				
1. Existing Revenues				$0
2. Additional Revenues				
a. (insert source of revenue)				$0
b. (insert source of revenue)				$0
c. (insert source of revenue)				$0
3. Total New Revenue	**$0**	**$0**	**$0**	**$0**
4. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. Total Funding Requirements	**$111,623**	**$0**	**$47,071**	**$158,694**

Prepared by: Michael Taylor Date: 2/7/2011

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative

INN 1- System Empowerment for Consumers, Families, and Providers

Months of Operation: 03/11 – 01/13
Months of Funding Request: 03/11 – 01/13
Last Updated: 2-7-11

Expenditures

1. Personnel expenditures include the following positions: Administrative staffing for coordination of project; County staff (i.e. .10 FTE Supervisor, .20 FTE Therapist, & .10 FTE coordinator in first partial year of operation, see annualized costs below) assigned to participate in the Retreat and Training activities; Contract providers of mental health services (including one .20 FTE community provider supervisor to direct the consumer and family employee and voluntary participants; eight .10 FTE consumer and/or family program leaders) participating in the coordination and activities of the project.
   - County Staffing - $51,123 ($10,276 partial year + 1 year @ $30,712 + $10,135 partial year)
   - Contract Providers - $47,071 (1 year @ $35,392 + $11,679 partial year)

Total Personnel Expenditures - *$98,194*

2. Operating expenditures include Services and Supplies, which include rent, desks, computers, office supplies, training media, printed materials, etc
   - General Office - $11,690

Total Operating Expenditures - *$11,690*

3. Non-recurring expenditures include one time work plan costs including the project Retreat's site and food necessary for supplying the consumers and community members taking part in the project activities:
   - Training Site Rental - $5,000
   - Food (2 days x 40 people x $54 for 3 meals a day) - $4,320

Total Non-recurring Expenditures - *$9,320*

4. Training consultant expenditures include costs for the Retreat facilitator who will lead the activities of the initial retreat and document the findings of the activity to inform the training development process; and a provider who will facilitate the training process and coordinate the development of training media to be used in subsequent cross-training amongst County staff, community providers, and consumers.
   - Training Facilitator - $10,000
   - Follow-up Training Consultant - $4,000

Total Training Consultant Contract Expenditures - *$14,000*

5. Work Plan management expenditures including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff and a contracted evaluator.
   - Contracted Evaluator - $12,500
   - County Staff - $12,990

Total Work Plan Management Expenditures - *$25,490*

Total Expenditures $158,694

Revenue

1. Revenue includes:

Total Revenue $0

MHSA Funding Request $158,694

Annual Funding Requirements:

FY 2010-11	$10,276
FY 2011-12	$103,178
FY 2012-13	$45,241
Total	$158,694

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo Fiscal Year: 2009/10

Work Plan #: 2

Work Plan Name: Atascadero Student Wellness Career Project

New Work Plan ☑

Expansion ☐

Months of Operation: 02/11 - 12/14

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	196,009			$196,009
2. Operating Expenditures	37,000			$37,000
3. Non-recurring expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management	25,490			$25,490
6. Total Proposed Work Plan Expenditures	**$258,499**	**$0**	**$0**	**$258,499**
B. Revenues				
1. Existing Revenues				$0
2. Additional Revenues				
a. (insert source of revenue)				$0
b. (insert source of revenue)				$0
c. (insert source of revenue)				$0
3. Total New Revenue	**$0**	**$0**	**$0**	**$0**
4. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. Total Funding Requirements	**$258,499**	**$0**	**$0**	**$258,499**

Prepared by: Michael Taylor Date: 2/7/2011

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative

INN 2- Atascadero Student Wellness Career Project

Months of Operation: 02/11 – 12/14
Months of Funding Request: 02/11 – 06/13
Last Updated: 2-7-11

Expenditures

1. Personnel expenditures include the following positions: Administrative staffing for coordination of project; County staff (.5 FTE Mental Health Therapist, .5 FTE Prevention Specialist, partial Supervisor support time) assigned to conduct activities at Atascadero High School.
   - 0.50 FTE Drug & Alcohol Services Specialist II - $81,308
   - 0.50 FTE Mental Health Therapist IV - $114,701

Total Personnel Expenditures - $196,009

2. Operating expenditures include Services and Supplies, which include rent, desks, computers, office supplies, classroom (Wellness Center) supplies, curriculum and media campaign supplies, printed materials; etc Transportation costs include the cost of mileage to and from schools, colleges, and work sites, as well as training and field trip expenses for students.
   - Travel and Transportation - $6,910
   - Activities and incidental food costs for client engagement - $2,000
   - General Office - $28,090

Total Operating Expenditures - $37,000

3. Non-recurring expenditures: There are no non-recurring expenditures.

Total Non-recurring Expenditures - $0

4. Training consultant expenditures: There are no plans for establishing any training contracts.

Total Training Consultant Contract Expenditures - $0

5. Work Plan management expenditures including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff and a contracted evaluator:
   - Contracted Evaluator - $12,500
   - County Staff - $12,990

Total Work Plan Management Expenditures - $25,490

Total Expenditures $258,499

Revenue

6. Revenue includes:

Total Revenue $0

MHSA Funding Request $258,499

Annual Funding Requirements:

FY 2010-11	$13,745
FY 2011-12	$122,377
FY 2012-13	$122,377
FY 2013-14	$129,986
FY 2014-15	$9,498
Total	$397,983

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo Fiscal Year: 2009/10

Work Plan #: 3

Work Plan Name: Older Adult Family Facilitation

New Work Plan ☑

Expansion ☐

Months of Operation: 02/11 - 12/13

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures			150,000	$150,000
2. Operating Expenditures	1,422		24,900	$26,322
3. Non-recurring expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management	25,490			$25,490
6. Total Proposed Work Plan Expenditures	**$26,912**	**$0**	**$174,900**	**$201,812**
B. Revenues				
1. Existing Revenues				$0
2. Additional Revenues				
a. (insert source of revenue)				$0
b. (insert source of revenue)				$0
c. (insert source of revenue)				$0
3. Total New Revenue	**$0**	**$0**	**$0**	**$0**
4. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. Total Funding Requirements	**$26,912**	**$0**	**$174,900**	**$201,812**

Prepared by: Michael Taylor Date: 2/7/2011

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative

INN 3 - Older Adult Family Facilitation

Months of Operation: 02/11 – 12/13
Months of Funding Request: 02/11 – 06/13
Last Updated: 2-7-11

Expenditures

1. Personnel expenditures include the following positions: Administrative staffing for coordination support of project; Contract providers of mental health services leading and conducting the activities of the project.
    - Contract provider (Coordinator) - $150,000

Total Personnel Expenditures - $150,000

2. Operating expenditures include Services and Supplies, which include rent, desks, computers, office supplies, promotional and recruitment materials; etc Transportation costs include the cost of mileage to and from various meeting and work sites, as well as transporting participants when needed.
    - Mileage/Travel - $3,000
    - Rent - $3,200
    - General Office - $20,122

Total Operating Expenditures - $26,322

3. Non-recurring expenditures: There are no non-recurring expenditures.

Total Non-recurring Expenditures - $0

4. Training consultant expenditures: There are no plans for establishing any training contracts.

Total Training Consultant Contract Expenditures - $0

5. Work Plan management expenditures including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff and a contracted evaluator:
    - Contracted Evaluator - $12,500
    - County Staff - $12,990

Total Work Plan Management Expenditures - $25,490

Total Expenditures $201,812

Revenue

6. Revenue includes:

Total Revenue $0

MHSA Funding Request $201,812

Annual Funding Requirements:

FY 2011-12	$100,906
FY 2012-13	$100,906
FY 2013-14	$9,498
Total	$211,310

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo Fiscal Year: 2009/10

Work Plan #: 4

Work Plan Name: Nonviolent Communication (NVC) Education Trial

New Work Plan ☑

Expansion ☐

Months of Operation: 02/11 - 12/13
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures			93,600	$93,600
2. Operating Expenditures	1,422		56,180	$57,602
3. Non-recurring expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management	25,490			$25,490
6. Total Proposed Work Plan Expenditures	**$26,912**	**$0**	**$149,780**	**$176,692**
B. Revenues				
1. Existing Revenues				$0
2. Additional Revenues				
a. (insert source of revenue)				$0
b. (insert source of revenue)				$0
c. (insert source of revenue)				$0
3. Total New Revenue	**$0**	**$0**	**$0**	**$0**
4. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. Total Funding Requirements	**$26,912**	**$0**	**$149,780**	**$176,692**

Prepared by: Michael Taylor Date: 2/7/2011

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative

INN 4- Nonviolent Communication (NVC) Education Trail

Months of Operation: 02/11 – 12/13
Months of Funding Request: 02/11 – 06/13
Last Updated: 2-7-11

Expenditures

1. Personnel expenditures include the following positions: Administrative staffing for coordination support of project; Contract providers of mental health services leading and conducting the activities of the project.
    - Contract Instructor - $93,600

Total Personnel Expenditures - $93,600

2. Operating expenditures include Services and Supplies, which include rent, desks computers, office supplies, NVC curriculum and media supplies, printed materials; etc Transportation costs include the cost of mileage to and from various recruitment and work sites, as well as transporting participants when needed.
    - Site - $12,240
    - Audio and Video Equipment - $1,200
    - Travel and Transportation - $6,720
    - Incidental food for clients and outreach activities - $1,200
    - General Office - $36,242

Total Operating Expenditures - $57,602

3. Non-recurring expenditures: There are no non-recurring expenditures.

Total Non-recurring Expenditures - $0

4. Training consultant expenditures: There are no plans for establishing any training contracts.

Total Training Consultant Contract Expenditures - $0

5. Work Plan management expenditures including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff and a contracted evaluator:
    - Contracted Evaluator - $12,500
    - County Staff - $12,990

Total Work Plan Management Expenditures - $25,490

Total Expenditures $176,692

Revenue

6. Revenue includes:

Total Revenue $0

MHSA Funding Request $176,692

Annual Funding Requirements:

FY 2011-12	$88,346
FY 2012-13	$88,346
FY 2013-14	$9,498
Total	$186,190

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo Fiscal Year: 2009/10

Work Plan #: 5

Work Plan Name: Wellness Arts 101

New Work Plan ☑

Expansion ☐

Months of Operation: 02/11 - 12/14
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures			179,445	$179,445
2. Operating Expenditures	3,296		90,555	$93,851
3. Non-recurring expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management	44,730			$44,730
6. Total Proposed Work Plan Expenditures	**$48,026**	**$0**	**$270,000**	**$318,026**
B. Revenues				
1. Existing Revenues				$0
2. Additional Revenues				
a. (insert source of revenue)				$0
b. (insert source of revenue)				$0
c. (insert source of revenue)				$0
3. Total New Revenue	**$0**	**$0**	**$0**	**$0**
4. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. Total Funding Requirements	**$48,026**	**$0**	**$270,000**	**$318,026**

Prepared by: Michael Taylor Date: 2/7/2011

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative

INN 5- Wellness Arts 101

Months of Operation: 02/11 – 12/14
Months of Funding Request: 02/11 – 06/14
Last Updated: 2-7-11

Expenditures

1. Personnel expenditures include the following positions: Administrative staffing for coordination support of project; Contract providers of community college services leading and conducting the activities of the project.
   - Contract Instructor - $134,208
   - Other Support positions - $45,237

Total Personnel Expenditures - $179,445

2. Operating expenditures include Services and Supplies, which include office and classroom space, desks, computers, office supplies, art curriculum and media supplies, printed materials; etc Transportation costs include the cost of mileage to and from various recruitment and work sites, as well as field trips for participants when possible.
   - Mileage/Field Trips - $27,000
   - Curriculum Activities including incidental costs for "commencement reception" food - $6,000
   - General Office - $60,851

Total Operating Expenditures - $93,851

3. Non-recurring expenditures: There are no non-recurring expenditures.

Total Non-recurring Expenditures - $0

4. Training consultant expenditures: There are no plans for establishing any training contracts.

Total Training Consultant Contract Expenditures - $0

5. Work Plan management expenditures including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff and a contracted evaluator.
   - Contracted Evaluator - $18,750
   - County Staff - $25,980

Total Work Plan Management Expenditures - $44,730

Total Expenditures $318,026

Revenue

6. Revenue includes:

Total Revenue $0

MHSA Funding Request $318,026

Annual Funding Requirements:

FY 2011-12	$103,456
FY 2012-13	$103,456
FY 2013-14	$111,114
FY 2014-15	$9,498
Total	$327,523

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo Fiscal Year: 2009/10

Work Plan #: 6

Work Plan Name: Warm Reception and Family Guidance

New Work Plan ☑

Expansion ☐

Months of Operation: 02/11 - 12/14

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	86,376		42,000	$128,376
2. Operating Expenditures	37,800			$37,800
3. Non-recurring expenditures	10,000			$10,000
4. Training Consultant Contracts				$0
5. Work Plan Management	12,745			$12,745
6. Total Proposed Work Plan Expenditures	**$146,921**	**$0**	**$42,000**	**$188,921**
B. Revenues				
1. Existing Revenues				$0
2. Additional Revenues				
a. (insert source of revenue)				$0
b. (insert source of revenue)				$0
c. (insert source of revenue)				$0
3. Total New Revenue	**$0**	**$0**	**$0**	**$0**
4. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. Total Funding Requirements	**$146,921**	**$0**	**$42,000**	**$188,921**

Prepared by: Michael Taylor Date: 2/7/2011

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative

INN 6- Warm Reception and Family Guidance

Months of Operation: 02/11 – 12/14
Months of Funding Request: 02/11 – 06/12
Last Updated: 2-7-11

Expenditures

1. Personnel expenditures include the following positions: Administrative staffing for coordination of project; County staff (i.e. Bilingual Supervising Admin Clerk) assigned to lead and implement the trial activities; Contract providers of mental health services (including consumer 1 FTE Resource Specialist @ approximately $12/hr., and .5 FTE consumer clerical lead in community center @ approx. $16/hr) participating in the coordination and activities of the project in the community. The personnel costs below represent one fiscal year.

- County Staffing - 1.00 FTE Supervising Admin Clerk II - $86,376
- Contract Providers - 1.00 FTE Resource Specialist and 0.50 FTE Clerical Supervisor - $42,000

Total Personnel Expenditures - $128,376

2. Operating expenditures include Services and Supplies, which include rent, desks, computers, office supplies, resource materials; etc Web design and printing of Care Organizers is included. Transportation costs include the cost of mileage to and from various meeting and work sites, as well as transporting participants when needed. Special training and training development costs are included.

- Graphic Design, Web Design and Support - $15,000
- Health and Life Skill Development and other training for clients incl. incidental costs for food $3,800
- Travel and Transportation - $2,455
- General Office - $16,545

Total Operating Expenditures - $37,800

3. Non-recurring expenditures include one time work plan costs to create a warm, engaging reception area, improving the existing space to accommodate new trial practices and policies.

- Front Office Design and Materials - $5,000
- Modular Office Furniture - $5,000

Total Non-recurring Expenditures - $10,000

4. Training consultant expenditures: There are no plans for establishing any training contracts.

Total Training Consultant Contract Expenditures - $0

5. Work Plan management expenditures including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff and a contracted evaluator.

- Contracted Evaluator - $6,250
- County Staff - $6,495

Total Work Plan Management Expenditures - $12,745
Total Expenditures $188,921

Revenue

6. Revenue includes:

Total Revenue $0

MHSA Funding Request $188,921

Annual Funding Requirements:

FY 2011-12	$188,921
FY 2012-13	$168,921
FY 2013-14	$176,530
FY 2014-15	$9,498
Total	$543,870

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo Fiscal Year: 2009/10

Work Plan #: 7

Work Plan Name: Operation Coastal Care

New Work Plan ☑

Expansion ☐

Months of Operation: 02/11 - 12/13

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	91,632			$91,632
2. Operating Expenditures	26,469			$26,469
3. Non-recurring expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management	12,745			$12,745
6. Total Proposed Work Plan Expenditures	**$130,846**	**$0**	**$0**	**$130,846**
B. Revenues				
1. Existing Revenues				$0
2. Additional Revenues				
a. (insert source of revenue)				$0
b. (insert source of revenue)				$0
c. (insert source of revenue)				$0
3. Total New Revenue	**$0**	**$0**	**$0**	**$0**
4. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. Total Funding Requirements	**$130,846**	**$0**	**$0**	**$130,846**

Prepared by: Michael Taylor Date: 2/7/2011

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative

INN 7- Operation Coastal Care

Months of Operation: 02/11 – 12/13
Months of Funding Request: 02/11 – 06/12
Last Updated: 2-7-11

Expenditures

1. Personnel expenditures include the following positions: Administrative staffing for coordination of project; County staff (.5 FTE Mental Health Therapist, .5 FTE Prevention Specialist to coordinate stigma reduction and education projects as part of the surf academy engagement and outreach, partial Supervisor support time) assigned to conduct activities across the county and with existing rehabilitative surf academies.
    - 0.50 Prevention Specialist II - $40,654
    - 0.50 FTE Mental Health Therapist IV - $50,978

Total Personnel Expenditures - $91,632

2. Operating expenditures include Services and Supplies, which include rent, desks, computers, office supplies, resource materials; etc Transportation costs include the cost of mileage to and from various meeting and work sites, as well as transporting participants when needed. Special client activity costs are included.
    - Engagement activities for clients including incidental costs for food - $5,000
    - Travel and Transportation - $6,423
    - General Office - $15,046

Total Operating Expenditures - $26,469

3. Non-recurring expenditures: There are no non-recurring expenditures.

Total Non-recurring Expenditures - $0

4. Training consultant expenditures: There are no plans for establishing any training contracts.

Total Training Consultant Contract Expenditures - $0

5. Work Plan management expenditures including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff and a contracted evaluator:
    - Contracted Evaluator - $6,250
    - County Staff - $6,495

Total Work Plan Management Expenditures - $12,745

Total Expenditures $130,846

Revenue

6. Revenue includes:

Total Revenue $0

MHSA Funding Request $130,846

Annual Funding Requirements:

FY 2011-12	$130,846
FY 2012-13	$130,846
FY 2013-14	$9,498
Total	$271,189

Exhibit F

Innovation Projected Revenues and Expenditures

County: San Luis Obispo Fiscal Year: 2009/10

Work Plan #: 8

Work Plan Name: Outreach Play Therapy Trial

New Work Plan ☑

Expansion ☐

Months of Operation: 02/11 - 12/13

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures			203,914	$203,914
2. Operating Expenditures	24,330		51,410	$75,740
3. Non-recurring expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management	25,490			$25,490
6. Total Proposed Work Plan Expenditures	**$49,820**	**$0**	**$255,324**	**$305,144**
B. Revenues				
1. Existing Revenues				$0
2. Additional Revenues				
a. (insert source of revenue)				$0
b. (insert source of revenue)				$0
c. (insert source of revenue)				$0
3. Total New Revenue	**$0**	**$0**	**$0**	**$0**
4. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. Total Funding Requirements	**$49,820**	**$0**	**$255,324**	**$305,144**

Prepared by: Michael Taylor Date: 2/7/2011

Telephone Number: (805) 781-4783

Exhibit F

Budget Narrative

INN 8- Outreach Play Therapy Trial

Months of Operation: 02/11 – 12/13
Months of Funding Request: 02/11 – 06/13
Last Updated: 2-7-11

Expenditures

1. Personnel expenditures include the following positions: Administrative staffing for coordination support of project; Contract providers of mental health services (play therapist) leading and conducting the activities of the project
   - 1.00 FTE Therapist - $203,914

Total Personnel Expenditures - $203,914

2. Operating expenditures include Services and Supplies, which include rent, desks computers, office supplies, play therapy supplies and materials (mobile); etc Transportation costs include the cost of mileage to and from centers and various work sites, travel to training, as well as transporting participants when needed.
   - Mileage Reimbursement - $20,000
   - Travel and Transportation - $3,000
   - Play Therapy equipment - $4,000
   - Martha's Place Coordinator services - $22,908
   - General Office - $25,832

Total Operating Expenditures - $75,740

3. Non-recurring expenditures: There are no non-recurring expenditures.

Total Non-recurring Expenditures - $0

4. Training consultant expenditures: There are no plans for establishing any training contracts.

Total Training Consultant Contract Expenditures - $0

5. Work Plan management expenditures including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff and a contracted evaluator:
   - Contracted Evaluator - $12,500
   - County Staff - $12,990

Total Work Plan Management Expenditures - $25,490

Total Expenditures $305,144

Revenue

6. Revenue includes:

Total Revenue $0

MHSA Funding Request $305,144

Annual Funding Requirements:

FY 2011-12	$152,572
FY 2012-13	$152,572
FY 2013-14	$9,498
Total	$314,641

Sample Planning Tool

Innovation Focus Group Tool

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

What was the Date and Setting for this Focus Group?

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

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

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

ATTACHMENTS

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

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

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

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

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

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

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

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

Sample Planning Flier

May 14, 2010

3:00pm

Be a part of our

Innovation Panel!

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

Behavioral Health Campus
Red Room, 2180 Johnson Ave.

RSVP by May 13th

to Darci Rourke

drourke@co.slo.ca.us
(805) 788-2156

ATTACHMENTS

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT
And
NOTICE OF PUBLIC HEARING

San Luis Obispo County
Mental Health Services Act

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW

WHO: San Luis Obispo County Behavioral Health Department

WHAT: The Innovations work plan for the Mental Health Services Act is available for a 30-day public review and comment from October 19, 2010 through November 17, 2010.

HOW: To review the proposed plan or submit comments,

Visit: http://www.slocounty.ca.gov/health/mentalhealthservices.htm

Call: (805) 788-2055

Email: fwarren@co.slo.ca.us

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

NOTICE OF PUBLIC HEARING

WHO: San Luis Obispo County Mental Health Advisory Board

WHAT: A public hearing to receive comment regarding the Innovation Plans.

WHEN: Wednesday November 17, 2010, 3:00 p.m. – 4:00 p.m.

WHERE: Behavioral Health Campus, Conference Room, 2180 Johnson Ave, SLO.

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