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December 3, 2009

Local Program Support
Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814

Dear Assistant Deputy Director:

The County of San Diego, Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) submitted the Mental Health Services Act (MHSA) Innovation Component Plan on October 22, 2009. The request is in response to DMH Information Notice No: 09-02, Proposed Guidelines for the MHSA Innovation Component of the Three-Year Program and Expenditure Plan.

In response to the Interim Executive Director's letter of November 25, 2009, we are resubmitting all of the Exhibits which include clarifications regarding the community planning process, demonstration of cultural competence, and modified timelines. Our modified Innovation Funding Request (Exhibit E) includes the utilization of $2,802,950 of Community Planning Funds for Innovation Projects. We are requesting a total of $6,272,050 to fund Innovation for two project years.

We request your review and approval of our MHSA Innovation Plan. We appreciate your consideration of this request.

Submitted by,

ALFREDO AGUIRRE, LCSW
Deputy Director
Mental Health Services

cc: MHSOAC

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: San Diego

County Mental Health Director	**Project Lead**
Name: Alfredo Aguirre, LCSW Telephone Number: (619) 563-2700 E-mail: Alfredo.Aguirre@sdcounty.ca.gov	Name: Philip Hanger, PhD Telephone Number: (619) 584-5022 E-mail: Philip.Hanger@sdcounty.ca.gov
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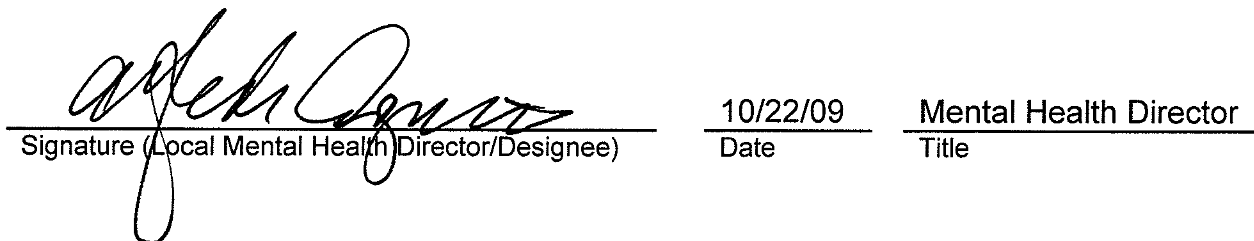
I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will 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.



Signature (Local Mental Health Director/Designee)	10/22/09 Date	Mental Health Director Title

EXHIBIT B

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

County Name: San Diego
Work Plan Name: MHSA 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)

The County of San Diego integrated input from community members, our stakeholder-led councils (Children's System of Care Council, Adult System of Care Council, and Older Adult System of Care Council), the Mental Health Board, providers, and other stakeholders with information from the extensive and ongoing MHSA Community Planning Process to develop our MHSA Innovation Plan. The System of Care Councils provided a forum for members and the public to receive information and participate in the planning and implementation of MHSA programs. Council members also share MHSA information with their constituents and other groups involved in mental health services and issues. The Councils received information, documentation, and presentations monthly on the status of MHSA Innovation development. Community input from these councils was collected during the planning phase and considered in the development of the Innovation Plan.

The MHSA Planning Team also attended, presented, and collected ideas and input for the Innovation plan at a number of community meetings including the National Alliance for the Mentally Ill (NAMI), the San Diego County chapter of the State Mental Health Coalition, the Mental Health Contractor's Association, the Transition Age Youth (TAY) Workgroup, and the Family and Youth Roundtable. These groups represent a wide range of clients, family members, and partners in our mental health community. In addition, the MHSA Planning Team hosted three community forums in different regions throughout the County. The forums provided the community with information on Innovation, presentations from subject matter experts in the field of mental and physical health, and opportunities for questions, discussion and collection of ideas to guide our plan development. These three forums were attended by over 120 stakeholders in our mental health community.

The County of San Diego Mental Health Services partnered with our family and youth client liaison services provider, Family and Youth Roundtable (FYRT), to hold two in-depth focus groups. The focus groups allowed for discussion in a small, relaxed setting and captured ideas from consumers, families, and other stakeholders who may not typically attend large forums. One focus group was held with Spanish-speaking parents

in a community park. Both focus groups gave community members the opportunity to learn about the Innovation component and offer input on potential projects for the plan.

Community and stakeholder input, ideas, and comments were also solicited and collected via telephone (local and toll-free lines), internet, and e-mail using the County's MHSA Proposition 63 comment/question line and through an input form available on the County's Network of Care website. Multi-cultural staff is available for community members to respond to any community and stakeholder inquiries.

Over 230 ideas were submitted during the Community Planning Process. These ideas were synthesized and grouped by common themes. An Innovation Cross-Threading group was then convened to prioritize these projects. The Cross-Threading group included conflict-free individuals who would not financially benefit from an Innovation contract. The group included consumers and family members, providers, and County staff that represented child, TAY, adult, and older adult populations. To better meet the needs of the diverse communities that makeup the San Diego region, various cultures were represented in the group such as African American and Latino. The Cross-Threading group created a prioritization, or ranking, of programs. This prioritization had a direct impact on the selection of programs for our Innovation Plan and also provided a parking lot for future Innovation project ideas.

We collaborated further with FYRT and our adult client liaison service provider, Recovery Innovations of California (RICA), to conduct strategic focus groups to enhance and further develop our work plans. FYRT and RICA held 15 focus groups throughout the County with a variety of community stakeholders. Reflecting the diversity of the demographics of the San Diego region, the focus groups were attended by Caucasian, Hispanic, African American, Asian/Pacific Islander and other cultural groups. The San Diego region is comprised of 50% Caucasian, 30% Hispanic, 11% Asian/Pacific Islander and 5% African American (Data retrieved from San Diego Association of Governments). We also worked with our Alcohol and Drug Services (ADS) department to hold a focus group with ADS clients focused on the parenting program work plan. This additional community development strengthened the stakeholder perspective in the Innovation work plans specifically with regard to learning, impact, and outcomes.

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

Stakeholder entities involved in the Community Program Planning process include:

- Membership within the Children's, Adult, and Older Adult System of Care Councils includes consumers and family members;
- Other key stakeholders in the community such as providers, program managers, representatives of consumer and family organizations, advocacy groups, education representatives, and County partners;

- The Mental Health Board which is comprised of consumers, family members, and individuals from the mental health field representing each of the five County Supervisor districts.
- Client liaison services providers including family members and individuals with lived experience in the mental health system.
- Participants of the focus groups which included families, parents, and youth from our community.
- Alcohol and Drug Services staff, their clients and family members
- Mental Health clients, family members, advocates, providers and other general community stakeholders.

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 County of San Diego conducted a 30-day public review and comment period for the MHSA Innovation Plan beginning September 2, 2009, and ending October 1, 2009. The public hearing was held at the Mental Health Board meeting on October 1, 2009.

Public comments were as follows:

<u>General:</u>

Comment: How will the planning dollars be used?

> Response: In its submission to the State DMH, the County will request to use the remaining Fiscal Year 2008-2009 planning dollars for project submitted.

Comment: I am encouraged by the Plan's scope and intent in all the projects.

Comment: Programmatically, budgets and number of clients served seem off, they should be more aligned - seems like some budgets are large with very small client numbers.

> Response: The number of clients served has been adjusted for all programs.

Comment: An overall comment, since these are innovation projects and as stated we are "testing alternatives," an adequate evaluation of each project will be critical. In most projects baseline is not adequately defined, true controls are not mentioned (particularly where clients can volunteer to be in the intervention), and where the intervention is multi-pronged there is no discussion of testing various individual or combinations of interventions, particularly true for the C & Y project. Hopefully this will be covered in the RFP's.

> Response: Establishment of baselines, controls and outcomes will be clearly defined in the Statements of Work.

<u>INN-01 – Wellness and Self-Regulation for Children and Youth</u>

Comment: Good project.

EXHIBIT B

Comment: Need to include more focus on Native American population, especially their "alternative practices."

> Response: There is no limit to alternative approaches; however, language has been added to include spirituality and alternative practices in the therapeutic day.

<u>INN-02 – Peer and Family Engagement Project</u>

Comment: Concern for duplication and overlap of PEI Bridge to Recovery program. There should be deliberate coordination efforts to avoid duplication. There is a potential to unintentionally exploit peers. Insure proper monitoring and best possible supports are available for peers.

> Response: The target populations of the projects are different: INN-02, Peer and Family Engagement Project, is targeting persons with serious mental illness while the PEI CO-01, Bridge to Recovery project, is targeting persons with lesser mental health issues who primarily need support and linkages to substance abuse or other treatment. Additionally, the COTR of this project and the COTR from the PEI Bridges project will work very closely to insure a coordinated effort in the EPU.

Comment: OA more likely to go to hospital ER's, not EPU, per CHIP data.

> Response: While this is true, INN-02, will not only be visiting clients at the EPU but also will be engaging adults/older adults in the community who have been referred for their first visit to specifically identified outpatient BPSRs.

Comment: Peer and Family Engagement Project projects 500 older adults. Based on our knowledge of the EPU from which presenting clients will be asked to participate in the project, it seems highly unlikely that the predicted number of older adults will be recruited. What is the basis of this estimate?

> Response: While 25% of the funding for this project is allocated as OA funding, the project does not explicitly state it will serve 500 older adults; it has a scope of 2000 adults/older adults. The funding is intended to expand older adult capacity in the workforce so that staff will be knowledgeable re OA issues and resources.

<u>INN-03 – Physical Health Integration</u>

Comment: We don't believe the projection that 30% of clients will be older adults.
Where are the data to support this?

> Response: We cannot predict with certainty the numbers of clients who will be older adults, but we expect that OA clients will be disproportionately represented in the transfer to the primary care homes, because they, especially, often have very complex medical situations that would best be managed in a single setting in which there is adequate attention to their physical health needs.

Comment: In the physical health integration project, the addition of reference to refugee and immigrant communities is confusing. Are these a subset of SMI clients being transferred to a primary care home or does it refer to a different effort to attract such communities to the primary care setting wherein there will be a special effort to identify

mental health needs, therefore would not necessarily be SMI clients?? Not clear where from/who target population is re "Refugee and immigrant"

> Response: These are clients with SMI and other mental illness, whose needs would otherwise not be met, because they present to the primary care clinic with somatic complaints and are generally resistant to referral to the Adult MH System of Care.

Comment: Clearly define SMI clients.

> Response: "SMI clients" is defined as clients with DSM IV diagnoses who have qualified for, or who would otherwise qualify for, treatment in the Adult System of Care. Client population will be clearly identified in the Statement of Work.

Comment: The transfer of MH clients from primary care to mental health clinic should be fluid and seamless.

> Response: There will be an expectation of a clear, client-centered pathway for referrals from one site to the other.

Comment: Build capacity to insure serious mental health issues can be addressed at the primary care for the person whose medical home is at the primary care facility

> Response: The project provides for comprehensive instruction for all staff at the medical home and as ongoing consultation by both an implanted Behavioral Health Consultant, as well as a Psychiatrist.

INN-04 – Mobility Management in North San Diego County

Comment: The amount of funding for 100 clients seems excessive. Maybe more clients can be served.

> Response: A total of 400 clients will be served.

Comment: The Council is very pleased with the selection of this project.

INN-05 – Positive Parenting for Men in Recovery

Comment: Strong support for the proposed innovative programs especially #5, the one dedicated to helping fathers in recovery from chemical dependency and their children.

Innovation Work Plan Narrative

Date: 9/2/09

County: San Diego

Work Plan #: INN-01

Work Plan Name: Wellness and Self-Regulation for Children and Youth

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).

This project is designed to test whether an array of alternative, holistic interventions produces a positive impact with children and TAY within diverse populations.

The stakeholder community in San Diego raised the concept of wellness and innovative services to improve mental and physical health outcomes as a great need in our system of care, especially for one of the most vulnerable yet resilient populations, children and youth with serious emotional disturbance.

Stakeholders expressed that a program with alternative treatment strategies addressing overall well-being could "decrease the weight problem today's youth face," and would allow people to see how "positive interactions can improve the lives of children with mental health problems." Others stated that this type of program would "improve quality of life," and teach kids "different ways to cope with their illnesses." Many stakeholders suggested alternative interventions because of dissatisfaction with medication as the primary method of treatment.

This project combines several different types of non-pharmacological interventions in a new way to restructure the "therapeutic day," and teach children and youth multiple ways to "re-regulate" the following functioning areas: arousal level, mood, physical health, and social interaction. These methods have never been combined in a meaningful, coordinated, layered manner for any mental health population.

On a general level, the ability to calm yourself, regulate your mood, handle frustrations, problem solve effectively, sleep without difficulty, eat the appropriate amount of food, and adaptively enter into social interactions are all functions most take for granted. When these functions are impaired, individuals seek relief from the resulting discomfort in a number of ways. Some of these outlets are reasonable and relatively risk-free, while others are only temporarily effective and have long-term negative consequences.

Children and youth who experience trauma are often raised in non-protective, chaotic environments that impact frequently develop impairments that impact their ability to

function in a healthy manner. Other children and youth may have impairments due to mood or anxiety disorders, substance abuse, thought disorders, or developmental disorders. The maladaptive ways individuals gain relief from impairments includes the use of alcohol and drugs, aggressive and violent outbursts, excessive and inappropriate sexual activity, excessive eating, excessive sleeping, dangerous thrill seeking activities, and smoking cigarettes.

Mental health professionals rely on psychotherapy and psychotropic medication to treat children with severe emotional disturbance in the highest levels of care in our system. While psychotherapy has few recognized side effects, its effectiveness in addressing the spectrum of impairments in this population is limited. Medications have some positive effects, but do not typically result in a person feeling “good” or comfortable and have many side effects.

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.

This innovative approach provides a new, integrated therapeutic experience for 200 children and youth in one or more existing program (residential treatment, day treatment center, or special school site) that uses physical fitness, relaxation training, spirituality, nutritional concepts, social skills activities, drama activities, and gardening in order to positively impact the following identified functional areas: arousal level, mood, appetite and eating behavior, sleep patterns, and social interactions. Activities that is culturally appropriate such as Native American holistic approaches may also be included. If this program is successful, it will increase the quality of services for children and youth with serious emotional disturbance resulting in better mental, physical, and social outcomes.

Currently, psychotropic medication has been the favored intervention for children and youth with serious emotional disturbance who experience aggressive outbursts, extreme moods, excessive frustration, tremendous fear, social avoidance, and ostracism. While helpful in some ways, medications are not a “cure-all” or perfectly safe. This program addresses the issue voiced by consumers and stakeholders regarding the lack of alternative interventions that combat these complex mental, physical, and social impairments while strengthening resilience and recovery.

We will discover if consistent, enjoyable physical activity combined with reinforced relaxation, “mindfulness” techniques, and proven socialization activities result in higher quality services and improved outcomes that lead to children and youth:

1) Self-regulating their arousal level, mood, physical health, and social interactions.
2) Experiencing healthier lifestyles.
3) Reducing self harmful behaviors.

4) Reducing dependence and/or reliance on psychotropic medication.

On a systems level, we hope to see a positive impact in the manner in which kids with serious emotional disturbance are treated in our system of care. This program creates an effective approach that is sensitive and adaptable to unique needs of kids in this program and we will learn who responds differently to the activities based on their distinct age, ethnic, cultural, and personal perspective. These approaches can then be replicated in other programs that serve children and youth with serious emotional disturbance.

This unique program design will also enhance the skills of providers who work with serious behavioral impairments, leading to a stronger mental health workforce that is focused on overall wellness and knowledgeable in alternative interventions to treat mental, physical, and social concerns.

This work plan is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320.

Community Collaboration – The concept for this work plan was developed based on community input specifically regarding medication usage and the need for alternative treatment strategies. This program supports collaboration between a number of different service providers from the mental health, physical health, and social skills building field.

Cultural Competence – As defined in CCR, Title 9, Section 3200.100, this program demonstrates cultural competency and capacity to reduce disparities in access to mental health services and to improve outcomes for children with serious emotional disturbance. A goal of this program is to determine which strategies are effective/ineffective for different age, ethnic, and cultural groups to inform this and other programs throughout the system of care by using effective approaches that are sensitive and adaptable to the unique needs of kids in this program. Also, staff hired shall be linguistically and culturally competent for the population served.

Client and Family Driven Mental Health System – This program includes the ongoing involvement of clients and family in roles such as, but not limited to, implementation, evaluation, and future dissemination. Based on client and family feedback, certain strategies may be added or removed from the program and/or applied in other programs.

Wellness, Recovery and Resilience Focus – This program increases resilience and promotes recovery and overall wellness for children with serious emotional disturbance through innovative strategies designed to strengthen the client's ability drive their recovery and manage symptoms/effects of mental illness.

Integrated Service Experience – This program encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members including mental health counseling and treatment, physical health wellness and education, and social and independent skill-building activities.

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.

This Innovation work plan is a new mental health approach that combines multiple strategies to treat children and youth with serious emotional disturbance holistically for physical, behavioral, and mental wellness. This work plan is unique in that it employs physical exercise and activities (dancing, hiking, obstacle courses, biking, swimming, yoga, meditation, drama techniques) in a focused way to address excessive emotional arousal and serious mood problems in an effort to create healthier individuals and increase the effectiveness of mental health interventions.

We hope to learn which, and how, the strategies in this program will lead to increased quality of services and improved outcomes for children and youth in a number of areas including their mental health and knowledge of coping strategies, physical fitness and overall wellness, and ability to socialize in a positive, appropriate manner. These innovative approaches may provide participants with the skills they need to successfully graduate to lower levels of care, self-regulate, and reduce use of psychotropic medications and self-harmful behavior.

We will also learn how to enhance participants' relationships with family and the unique characteristics of family relationships within diverse populations. One of the key components of this plan is the inclusion of families in treatment. Families will be invited to participate in a variety of wellness activities on-site, two days a week. In this way, the lessons learned by the children and youth can be experienced by their families. These lessons can then be carried home for continued use after the child or youth leaves this program. This learning will also enhance provider's knowledge and ability to work with and include families as part a client's treatment.

The mental health system in San Diego will learn from and expand on the client outcomes described above. We will learn what program components are necessary for successful implementation and effectiveness. This program will provide our system of care with research and an evaluation of alternative strategies that can be integrated into usual care or used as an alternative to therapy and medication.

If the program is successful, it will impact the direction of treatment for children and youth with serious emotional disturbance in other programs and areas of children's services. If certain strategies are effective with the mature youth population, they could be applied to intensive programs serving transition age youth and adults with serious mental illness. Learning from this project may also enhance services to unique cultural or ethnic populations that are not being treated effectively with usual care. Overall, the successful techniques from this program will broaden the array of services available for clients in our system of care.

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.

Implementation/Completion Dates: 12/09 – 06/13
MM/YY – MM/YY

12/09	Anticipated OAC approval
12/09-6/10	Program contract procurement
7/10-8/10	Contract award, initiation of project, staff trainings, acquire equipment, and establish relationship with wellness consultants
8/10	Develop a program assessment with the inclusion of stakeholders
8/10-9/10	Services begin
3/11	Begin ongoing, six-month evaluations
7/11-6/13	Review biannual evaluations
3/13-4/13	Evaluate the comprehensive program assessment and present to community stakeholders
5/13-6/13	Evaluation by Behavioral Health Services contracted research provider, determination of efficacy and feasibility of replication with other funding, dissemination of results

In order to measure the impact of this intervention, this project proposes to follow and assess clients over a three-year period of time. Treatment lengths of 8-12 months with a follow-up several months later will be conducted to measure health and wellness gains made by clients in the program.

At six-month intervals, the participating organization(s) will report results that capture participation rates, self-rating scores, observer ratings, and possibly school functioning reports. Later follow-up reports may include changes in health measurements, sleep patterns, and medication usage.

Evaluations at six-month intervals throughout implementation will allow the program to gather extensive baseline and follow-up information on each participant. Information on the effectiveness and impact of various strategies, especially with regard to different age, ethnic, and cultural populations, will be collected to measure program efficacy. Continuous measurement at the client and larger program level will allow for learning to occur as early as year one. Since assessment is integrated into the program design, the feasibility of replication may be determined within the first year of the project.

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.

Stakeholders will be involved in the design of this project's assessment and surveyed as part of the project evaluation process. This collaboration and evaluation will include clients and staff at participating site(s). Additionally, since this project focuses on the inclusion of families in programming, there is an expectation of continual input and feedback from family members.

Specific data collected by clients, staff, and physical and mental health providers to be reviewed and evaluated for the program includes, but is not limited to, the following:

1) Reduction in suffering as measured by self and observer ratings of:
    a. Mood, thoughts of self-harm, self-harmful acts, and aggressive acts.
2) Improved functioning as measured by self and observer ratings of:
    a. Ability to focus on tasks, completion of tasks, and school grades.
3) Improved safety as measured by a reduction in:
    a. Self-harmful acts, use of restraints, and accidental injury.
4) Reduced need for psychotropic medication and high level of care.
5) Improved physical health indicators.
6) Improved social functioning as measured by self and observer ratings of:
    a. Activities, interpersonal communication skills, satisfaction, self-esteem, and family relationships
7) Other outcomes as indicated by stakeholders during the review process

In addition, the following data will be collected to assess the system level impact of this program:

1) Effectiveness and impact of each innovative strategy across age, gender, ethnicity, and culture of participants.
2) Level of knowledge gained and successful implementation of integrated program approach by staff and providers.
3) Other outcomes developed during planning and implementation.

The County utilizes an extensive information-sharing and collaboration process to ensure that stakeholders receive information and are able to provide feedback on MHSA programs. For this project, we will provide regular updates to our stakeholder-led Children's, Adult, and Older Adult System of Care Councils, post information on our community Network of Care website, and provide opportunities for stakeholders to offer input at the program, client, family, staff, and community levels. Final reports may also be distributed to existing mental health service providers for posting.

Leveraging Resources (if applicable)

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

To be determined.

Innovation Work Plan Narrative

Date: 10/20/09

County: San Diego

Work Plan #: INN-02

Work Plan Name: Peer and Family Engagement 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).

We intend to address a number of quality and access issues in a recovery-focused manner by utilizing a combination of peer support specialists and family members to engage new clients and families from the moment that clients first encounter the mental health system, prior to formal "treatment." Clients and families in the past have entered treatment with a "fail first" orientation. In this project, they will instead begin their experience with a strong recovery message – an expectation that recovery is not only possible, but highly likely.

Mental health stakeholders identified a need for better engagement of clients and families, assistance in navigating the mental health (MH) system, and support during significant life transitions such as initial engagement of services; transitions between different MH programs; changes in living situations; reengagement with school, employment and various community resources; and eventual transition out of the MH system. During our community planning process, many stakeholders recommended the use of recovering peers and family members in service delivery, as they possess unique capabilities to assist and support clients and other families through the MH system.

Stakeholders felt a peer-based engagement program would "reduce stress and increase the likelihood of (clients) following through with their treatment plan and appointments." With regard to recovery, one stakeholder stated that this type of program may bring "hope for wellness" and allow individuals "to reach their full potential." Many expressed support for the roles of peers and family members because individuals will "learn from others who have been in similar situations" and feel that "they are not alone." Another individual felt that "family partners cannot only bring their experience, but they can also bring about change."

By creating a system in which clients and families have first contact and ongoing support from peer and family engagement specialists at an emergency room or clinic site, it is our hypothesis that we will be able to increase access, encourage service utilization and recovery, and change the nature of the subsequent treatment experience.

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.

The Peer and Family Engagement Project (PFEP) will employ integrated teams of transition age youth (TAY, 18-25 years), adult, older adult, and family support specialists to engage 2,000 clients (and their families if desired) in two distinct areas: 1) at initiation of treatment at the County's Emergency Psychiatric Unit (EPU), and 2) prior to their first visit to a MH clinic.

There is a traditional focus on the use of medications to resolve acute emergencies, followed by a referral to outpatient services. However, this referral often does not result in clients obtaining services. The effort to transform this often traumatic experience into a positive one represents a significant innovation for users of emergency mental health services. By offering clients a rich peer and family recovery program, we hope to positively reframe their mental health experience. The goal is to increase access to and utilization of mental health resources and encourage clients to begin identifying personal recovery goals. Family engagement will also be an important element of this program, which, to our knowledge, has never been attempted in an emergency setting like the EPU.

PFEP teams will be staffed with peers and family members that are linguistically and culturally competent to those being served. Clients and their families at the County's EPU will be offered an opportunity to engage with a PFEP team that is available seven days a week to provide a message of hope and to orient them to behavioral health services, community resources, peer support, and immediate crisis resolution in both a group and individual format. This EPU team will be led by a Registered Nurse, preferably with lived client experience, which will support the integrated PFEP team and serve as a liaison to the EPU nursing staff. The EPU-based team may also provide ongoing recovery support to clients after discharge from the EPU.

In addition to PFEP services at the EPU, team members will also "welcome" clients and families to the outpatient mental health system, emphasizing the hope for recovery and the ability of the client to take an active role in fulfilling personal recovery goals. Every time a new client is referred to an outpatient clinic, they will be contacted by the PFEP team and asked if they would like a visit at their home or place of residence prior to their assessment at the clinic site. The client will also be asked if they would like to involve their family, in which case family may be visited in the same or a separate field visit.

By engaging clients and families *prior* to their clinical intakes, we anticipate that the entire treatment experience will be cast in a significantly different manner, emphasizing client-directed treatment in pursuit of personal recovery goals, which is a significant departure from traditional treatment paradigms.

Positive changes we hope to observe at the client level include, but are not limited to:

1) Increased success in transitioning clients from the EPU to outpatient treatment resources,
2) A decreased rate of involuntary hospitalizations,
3) Increased involvement, trust and support of clients' families, and
4) Increased involvement and decision-making by the client in recovery-focused manner.

Positive changes we hope to observe at the system level include, but are not limited to:

1) Effective PFEP team involvement with different age, ethnic, and cultural groups,
2) Successful integration and collaboration between the PFEP teams and staff at the EPU and clinic site, and
3) Increased recovery focus at the EPU and clinic site.

This work plan is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320.

Community Collaboration – The concept for this work plan was developed with community participation and supports collaboration between a number of different service providers from the mental health, peer and family support community, and emergency/crisis response field.

Cultural Competence – As defined in CCR, Title 9, Section 3200.100, this program will determine which methods of peer engagement and support are most effective for diverse populations in order to reduce disparities in access to services and improve outcomes for adults with serious mental illness and their families. Staff hired shall be linguistically and culturally competent for the population served.

Client and Family Driven Mental Health System – This program includes the ongoing involvement of clients and family in roles such as, but not limited to, education, program implementation, evaluation, and future dissemination. The program engages consumers and families as staff in order to effectively reach clients and families in treatment.

Wellness, Recovery and Resilience Focus – This program increases resilience and wellness and promotes hope for recovery for adults with serious emotional disturbance and their families by providing assistance in navigating the mental health system with a recovery focus that increases access and knowledge of appropriate resources.

Integrated Service Experience – This program provides for access to a full range of services from multiple agencies, programs and funding sources for clients and family

members. It follows clients from initial engagement at the EPU through mental health service utilization, including education on community resources and supports.

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.

This project adapts several approaches to peer engagement at two sites in San Diego County. It combines an emphasis on peer engagement with a systematic effort to engage families in the recovery of their loved ones. The program is expected to contribute to learning by allowing us to gauge whether engagement at the EPU improves access and utilization of mental health services. We will learn more about the role of peer engagement at the clinic site in producing better recovery outcomes for clients. We will learn if peer support specialists are able to build trusting relationships with clients and families at the access points and help them to feel less overwhelmed by the experience.

If this program is successful, we will learn whether early peer and family engagement results in improved access and utilization of mental health services for clients who receive initial engagement at the EPU. The family engagement component will allow us to determine if a systematic effort to involve family members of TAY, adult and older adult clients positively contribute to better outcomes in the psychiatric emergency room. We will learn if effective engagement and linkage by the EPU PFEP team results in greater client retention in mental health services. At the mental health clinic site, we will learn whether peer and family support results in improved long-term recovery outcomes for clients.

On a larger systems level, we will evaluate and learn whether voluntary, recovery-oriented, client-driven services can be successful within a psychiatric emergency room. We will also learn if this active peer engagement approach results in a shift in the culture and attitude of staff toward recovery in outpatient clinics and the EPU.

In order to address diversity issues and utilize culturally competent approaches, we will learn whether specific peer engagement strategies are more or less effective with certain age, ethnic, and cultural groups. A strategy example may include identification of the support circles of the clients, and engagement of those within the support circle. Support circles may include spiritual or tribal leaders, family members, and partners. These results will inform practices for this program, as well as other programs throughout the County.

This program model, if successful, may encourage other emergency departments in San Diego County hospitals to create PFEP teams to provide support and linkage to clients and families. This model could also be implemented in other crisis programs or

used by other entities that engage with individuals experiencing psychiatric emergencies and in need of mental health support.

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.

Implementation/Completion Dates: 12/09 – 06/13
MM/YY – MM/YY

12/09	Anticipated OAC approval
12/09-6/10	Program contract procurement
7/10-8/10	Recruitment and training of peer support staff and orientation, start services
8/10	Develop a program assessment with the inclusion of stakeholders
10/10-11/10	Begin quarterly review of data to include numbers served, rates of service and referral retention, and re-hospitalization rates
7/11-8/11	Review of treatment outcomes data and consideration of program design changes for replication
9/11-6/13	Make program adjustments as necessary based on evaluation
3/13-4/13	Evaluate the comprehensive program assessment and present to community stakeholders
5/13-6/13	Evaluation by Behavioral Health Services contracted research provider, determination of efficacy and feasibility of replication with other funding, dissemination of results

In order to measure the impact of the intervention, this project proposes to follow and assess clients over a three-year period of time. On a quarterly basis, the participating organization(s) will report results that capture participation, satisfaction, and referral rates. Measurement of program impact at the age, ethnicity, and cultural level will be taken to gauge effectiveness.

Quarterly and yearly program assessment will allow for learning to occur as early as year one. Since the assessment component is part of the program design, the feasibility of program replication may also be determined within the first year of the project.

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.

Stakeholders, including clients and staff at participating sites, will be surveyed as part of the project evaluation development process. Additionally, since this project includes family engagement, there is an expectation of continual feedback from families served.

Program evaluation will include administration of the Recovery Self-Assessment[1] (RSA) to assess the degree to which recovery-oriented practices are implemented by the program. The RSA measures recovery at the client, provider, administration, and community level. The evaluation will also include the Recovery Markers Questionnaire[2] (RMQ), which measures a client's recovery needs and the impact of available supports, and the Illness Management and Recovery (IMR) Scale[3], which gauges a client's perspective on illness management and progress toward recovery goals.

Specific data to be gathered and evaluated includes, but is not limited to, the following:

1) Client, family and staff satisfaction and assessment of peer support services,
2) Successful linkage and/or enrollment in MH services for clients from the EPU,
3) Retention of new clients referred from the EPU for outpatient treatment at 1 month, 3 month, 6 month, and 1 year intervals,
4) Rate of acute hospitalization of clients from the EPU,
5) Level of recovery for clients, providers, and administration as measured by the RSA, RMQ and IMR assessments
6) Level of change in recovery culture and provider learning at the EPU and clinic.
7) Effectiveness of peer engagement approaches with diverse groups.
8) Other outcomes as indicated by stakeholders during the review process

The County utilizes an extensive information-sharing and collaboration process to ensure that stakeholders receive information and are able to provide feedback on MHSA programs. For this project, we will provide regular updates to our stakeholder-led Children's, Adult, and Older Adult System of Care Councils, post information on our community Network of Care website, and provide opportunities for stakeholders to offer input at the program, client, family, staff, and community levels. Final reports may also be distributed to existing mental health service providers for posting.

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[1] O'Connell, Tondora, Croog, Evans, & Davidson, 2005
[2] Ridgway & Press, 2004
[3] Mueser, Gingerich, Salyers, McGuire, Reyes, & Cunningham, 2004

Leveraging Resources (if applicable)

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

Current mental health clinics will provide in-kind clerical and clinical support to PFEP staff.

Innovation Work Plan Narrative

Date: 9/2/09

County: San Diego

Work Plan #: INN-03

Work Plan Name: Physical Health Integration 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).

The San Diego County mental health (MH) system treats stable SMI clients, many of whom have successfully recovered and may no longer need specialty mental health services, but who could be followed instead, during the chronic, non-acute phase of their illness, be seen in a primary care setting. As a result, our system cannot always adequately meet the needs of individuals with more acute or complex MH problems.

During the County's community planning process, many clients and families complained about a lack of coordination of mental health and physical healthcare. They wondered how they could be sure they were getting quality services "when their psychiatrists and family doctors never talk to each other." Many also expressed the sentiment that they didn't want their doctors to talk for fear that their primary care providers would stigmatize them and belittle their medical complaints if they knew that the client was also a mental health client. Also, for individuals with SMI, primary care providers often attribute physical symptoms to the psychiatric issue. In addition, we received many suggestions for the establishment of a better integrated healthcare experience for consumers.

This project proposes to transition stable SMI clients in the MH system to a primary care medical home for medication monitoring, chronic disease management education and counseling, and attention to physical health care needs. We will learn whether such a transition can promote interagency collaboration between community health centers and MH service providers and if it will increase access and quality of services for those individuals with acute illness who we are currently unable to serve adequately due to an overburdened MH system.

We will learn if this approach benefits and meets the mental health and physical health needs, and improves the overall outcomes, of the older adult population. We will learn if this approach also benefits and meets the mental health needs of those in the underserved, refugee community that typically present to primary care settings with physical complaints. We want to learn if a systematic investment in the competence of

primary care providers who are linguistically and culturally competent, to recognize and manage mental health needs, will increase their recognition, and referral or treatment of this otherwise poorly served community.

In the 2006 article "Morbidity and Mortality in People with Serious Mental Illness," the Medical Directors Council of the National Association of State Mental Health Program Directors (NASMHPD) officially announced, "…persons with serious mental illness are now dying 25 years earlier than the general population." The Council stated the following two guiding principles: 1) overall health is essential to mental health and 2) recovery includes wellness. This project may also teach us that having stable SMI individuals served in the PC setting will improve MH outcomes.

While reviewing Innovation ideas in focus groups, consumers also shared that the proposed project will emphasize the importance of both mental and physical health, promote a learning environment for both areas, decrease the stigma attached to mental health issues, and reduce the number of programs working in silos.

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.

The *Physical Health Integration Project* proposes an innovative collaboration or "twinning" between an existing mental health clinic and local primary care (PC) clinic to create a new patient-centered medical home for stable SMI individuals in a PC setting. This structure will provide clients with a unique, innovative **continuum of care**, depending on the acuity of their illness – ranging from specialty mental health services in the MH clinic when they are acutely ill, to medication maintenance and recovery-oriented chronic disease management, an adaptation of models such as those used for diabetes, rheumatoid arthritis and COPD, provided by the Primary Care team when the client's condition is stable and also may benefit and meet the mental health needs of underserved community who typically present in the primary care setting.

Not only will we learn if this will relieve the problem of the MH Clinic, of inadequate access for clients with more acute MH needs due to an overburdened system, this project is designed to teach us whether we can enhance overall mental and physical wellness by increasing access to physical health care for individuals with SMI, and through the development of a holistic and collaborative continuum of care.

We are unaware of any collaborative program that provides a similar continuum of care, with psychotropic medication monitoring in a primary care practice that also serves as a "medical home" to address the combined mental and physical health care issues for individuals with SMI. This project includes the following components to assist us in learning which, if any, can make a significant positive impact:

1) Establishment of a formal relationship between the PC clinic and MH clinic for referrals of clients with stable SMI and cross-referrals of primary care patients in need of specialized mental health services.
2) Access to formal and informal psychiatric consultation for the PC team from the partnering MH clinic.
3) Education and training for all staff members at the PC clinic in order to reduce stigma, increase cultural competence and provide skills necessary to work with the vulnerable SMI population. The comprehensive training of the entire PC clinic staff is an innovation, in that previous training approaches have emphasized training of the primary care treatment staff only. By expanding this education to the entire clinic staff, we want to learn if we can address the issues of stigma that permeate the entire negative "customer experience" of MH clients when they visit many primary care settings.
4) Incorporation of a Behavioral Health Consultant (BHS) into a PC clinic team, to assist the team in providing care for stable, seriously mentally ill individuals, and to assist the Family Practitioner in the identification and referral to the MH clinic of clients with acute illness. The application of the BHS concept to the management of individuals with serious mental illness is an innovative application of a best practice that has previously been applied to work with lesser psychiatric conditions commonly seen in primary practices, to allow us to learn whether a BHS can improve primary care doctors' competence to a level that can better allow them to serve the needs of seriously mentally ill clients.
5) Integration of a Registered Nurse Care Coordinator (CC) at the MH clinic site who will be outstationed from the primary care clinic, to assist the MH team in developing a wellness oriented approach to clients in specialty MH services, as well as helping identify clients who need primary care services.
6) Placement of a certified Alcohol and Drug Counselor (ADC) within each team and site (PC clinic and MH clinic) to assist with the integrated treatment of individuals with co-occurring disorders, throughout the continuum of care.
7) Provision of formulary psychotropic medication coverage for primary care providers to treat clients with stable mental illness within the primary care setting.

This work plan is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320.

<u>Community Collaboration</u> – The concept for this work plan was developed with community participation and supports an interagency collaboration between a number of different service providers from the mental and physical health fields.

<u>Cultural Competence</u> – As defined in CCR, Title 9, Section 3200.100, this program demonstrates cultural competency and capacity to reduce disparities in access to mental health services and to improve overall health outcomes for adults and older adults with serious mental illness. For example, we will learn whether the mental health

needs of the underserved refugee community are recognized and addressed in the primary care setting where this community typically presents. Also, staff hired shall be linguistically and culturally competent for the population served, especially the distinct needs of refugees.

Client and Family Driven Mental Health System – This program includes the ongoing involvement of clients and family in roles such as, but not limited to, development and evaluation. Program development and implementation is driven by client needs.

Wellness, Recovery and Resilience Focus – This program increases resilience and promotes recovery and wellness for adults and older adults with serious mental illness by providing a continuum of care ranging from specialty mental health services to recovery oriented, medication and chronic disease management addresses overall health and wellness.

Integrated Service Experience – This program encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients. Clients have access to multiple levels of care for their mental and physical health care needs.

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.

As previously noted, we are unaware of a model that provides psychotropic mental health care monitoring and physical health care services in an integrated primary care setting. Referrals are frequently made across systems, or sometimes across the hall, when PC and MH services are offered in the same building. However, this project proposes to enhance the role that the primary care physician plays in the overall health and recovery of TAY, adults and older adults with SMI. We will learn the following from this project:

1) Is there an improvement in mental health outcomes when clients with SMI receive ongoing physical health care services and/or treatment in a primary care setting?
2) Can the Behavioral Health Consultant (BHC) model, which has proven effective for less serious mental illness, be adapted to assist primary care providers in serving the behavioral health needs of their patients with stable SMI? Can this role also help reduce stigmatization of SMI clients with PC staff?
3) Will having this behavioral health integrated approach in the PC clinics with lingustically and culturally competent staff meet the mental health needs of refugee and immigrant populations at the PC setting?

4) Can emergency department (ED) visits be reduced for individuals with SMI receiving ongoing physical health care compared to the current rate for clients in the MH system?
5) Does the transfer of stable SMI clients from the mental health clinic into the PC setting provide the ability for the County to serve more severe SMI clients within the mental health system?

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.

Implementation/Completion Dates: 12/09 – 06/13
MM/YY – MM/YY

12/09	Anticipated OAC approval
12/09-6/10	Program contract procurement
7/10	Initiation of project, staff trainings, initiation of process to identify stable clients with uncomplicated SMI for referral to primary care clinic for comprehensive treatment inclusive of psychotropic management
7/10	Develop a program assessment with the inclusion of stakeholders
9/10-3/13	Program in place, quarterly assessment of numbers of clients served to assure that sufficient SMI clients being followed by primary care providers for comprehensive treatment
7/11-6/13	Review quarterly assessments and yearly learning outcomes measures with panel to evaluate results
9/11-6/13	Make program adjustments as necessary based on evaluation
3/13-4/13	Evaluate the comprehensive program assessment design and present to community stakeholders.
5/13-6/13	Evaluation by Behavioral Health Services research provider, determination of efficacy and feasibility of replication with other funding, dissemination of results to stakeholders

This integrated program is designed to run over the course of three years, ensuring that multiple opportunities for assessment and evaluation can occur throughout program implementation. This will allow sufficient time for learning and adaptation to occur in a

way that will improve the feasibility of the program. Ongoing assessment and a generous amount of time allotted for the final evaluation ensures that the process and product are comprehensive, inclusive of stakeholders, and accurate for replication elsewhere.

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 reviewed annually with a final comprehensive assessment after two full years of operation. Stakeholders, including clients and providers, will be involved in the design of this project's assessment and surveyed as part of the evaluation process. Assessments will be submitted for consideration by the Mental Health Quality Review Council, which includes stakeholders as members. In addition, there will be specific outcome measures related to consumer and staff satisfaction and other health outcomes at both the mental health (MH) clinic and primary care (PC) clinic sites.

Outcomes measures will include, but not be limited to:

1) Effective treatment and improved outcomes for clients served by the PC medical home model.
2) Improved mental health outcomes due to integrated treatment and disease management support.
3) Client satisfaction in both the MH and PC clinics.
4) Physical health parameters (blood pressure, Glucose, body mass index, lipid profiles, etc.) of clients as identified in the MH clinic by the Care Coordinator (CC) and then after referral to the PC clinic.
5) Increase in number of clients served by the partnering MH clinic.
6) Staff satisfaction in both the MH and PC clinics.
7) Numbers of clients referred from MH to PC for physical health needs only.
8) Numbers of clients successfully referred from MH and maintained in PC medical "home" for comprehensive attention by PC providers to medical needs and SMI monitoring.
9) Number of emergency services visits of referred clients for both mental and physical health issues.
10) Other outcomes as indicated by stakeholders during the review process.

The County utilizes an extensive information-sharing and collaboration process to ensure that stakeholders receive information and are able to provide feedback on MHSA programs. For this project, we will provide regular updates to our stakeholder-led Children's, Adult, and Older Adult System of Care Councils, post information on our community Network of Care website, and provide opportunities for stakeholders to offer

input at the program, client, family, staff, and community levels. Final reports may also be distributed to existing mental health service providers for posting.

Leveraging Resources (if applicable)

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

To be determined.

Innovation Work Plan Narrative

Date: 9/2/09

County: San Diego

Work Plan #: INN-04

Work Plan Name: Mobility Management in North San Diego County

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 a well established fact that current systems of transportation in San Diego County do not meet the needs of the people who must rely on public transit or private transportation (Full Access & Coordinated Transportation, Inc.). Numerous stakeholders have expressed this need throughout the MHSA Community Planning Process.

Stakeholders stated that a peer-based transportation program could “increase self-sufficiency,” provide “more access to patient services,” and lead to “a lot less appointments missed.” Other benefits stakeholders identified were the opportunity to “build relationships with peers while sharing rides,” the reduction of “family’s stress because they will know that transportation assistance is possible,” and the reduction of “isolation because clients will need to get out and talk with peers in order to get to their appointments.”

Studies clearly demonstrate that older adults are underserved by community mental health systems for a number of reasons. One significant cause is the inability for individuals to access adequate services. In addition, changes in regional demographics and land use patterns require new approaches for providing transportation services, particularly for underserved adults and older adults in North San Diego County. North San Diego County consists of a geographic region larger than the state of Rhode Island and over half of the area is rural. Historically, due to low population numbers, these areas consistently struggle with securing adequate resources to provide comprehensive health and social services to community residents.

According to findings of the study, “Transportation Concerns and Needs of Mental Health Client Populations in North San Diego County” (AMMA Transit Planning), residents have limited knowledge of available transportation resources. Evidence suggests that *some* consumers are reaching out and effectively connecting with public transit options, however, it is not the majority.

Transportation plays a critical role in providing access to employment, health care, education, community services, and activities necessary for daily living. The importance is underscored by the variety of transportation programs created in conjunction with

health and human services programs and the significant federal investment in accessible public transportation systems (United We Ride).

In response to a great community need, this project will combine several innovative strategies to reduce barriers and increase mobility and transportation options for adults and older adults with mental illness in North San Diego County, thereby increasing access to these underserved groups.

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.

This project will provide several innovative strategies to increase access to transportation for adult and older adult mental health clients including, but not limited to:

1) Travel Buddy System – A peer information sharing and support network led by consumers with experience using public transportation to provide assistance to those who are unfamiliar with transit options. These innovative "travel buddies" partner with inexperienced consumers to demystify the transportation system and make it a fun rather than fearful experience.
2) Transportation Coordinator – The primary role of the coordinator is to assist and educate consumers and agency staff on accessing transportation resources. The goal of the Transportation Coordinator is to act as a "travel agent/service coordinator" to seek the most effective means for meeting an individual's unique transportation needs through mobility management. Mobility management focuses on a "family of transportation services" that is matched to community demographics and needs to reach a wide range of consumers. The Coordinator will also outreach and link with existing transit workgroups to market the program, encourage collaboration, and leverage resources. In this way, the Coordinator will learn about other strategies that may work for certain age or ethnic populations. In addition, the Coordinator's role will enhance the larger system impact of this innovative project for San Diego County.
3) Ride Share Program – Creation of a peer "Ride Share" program that links consumers needing transportation assistance with other consumers that own private vehicles and have expressed an interest in participating in the program. This registry/network will be maintained by the Transportation Coordinator.

The above strategies aim at improving the availability, quality, and efficient delivery of transportation services for adults, older adults, people with disabilities, and individuals with low incomes. It is projected that 400 clients in the North Regions of San Diego County will be served by this program.

This project will create positive change on two levels. First, the individuals who participate in this project will increase their independence and ability to attend health and social activities in the community. These individuals may also form support

networks and friendships with the Travel Buddies, strengthening their social skills and enhancing resilience and hope for recovery. Second, this project will allow San Diego County to learn if coordination of transportation resources and involvement with the transportation community leads to an improved transit system and increased mobility for mental health clients. We will also gauge system impact at the mental health program level to see whether changes are made in scheduling of client appointments and other activities affected by transportation.

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

Community Collaboration – The concept for this work plan was developed based on local community participation in a transportation study by AMMA (page 1) and involves ongoing collaboration between community members and a number of different service providers from the mental health, transportation, and peer community.

Cultural Competence – As defined in CCR, Title 9, Section 3200.100, this program demonstrates cultural competency and capacity to reduce disparities in access to mental health services and to improve outcomes for unserved and underserved adults and older adults with mental illness. One major goal of the program is to determine what transportation strategies are effective/ineffective for diverse cultural groups in order to improve access and reduce isolation/exclusion. Any staff hired shall be linguistically and culturally competent for the population served. Efforts will be made to ensure that those participating in the travel buddy and ride share programs are matched with peers sharing the same cultures and languages.

Client Driven Mental Health System – This program includes the ongoing involvement of clients in roles such as, but not limited to, implementation, evaluation, and future dissemination. The unique design of this innovative project is based on peer participation via the Travel Buddy and Ride Share components.

Wellness, Recovery and Resilience Focus – This program increases resilience and promotes recovery and wellness for adults and older adults with serious mental illness by increasing individual mobility, socialization, and access to services. The goal is for clients to become more independent and obtain services that promote wellness and recovery.

Integrated Service Experience – This program encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members including mental health providers, transportation providers, peer supports, other health providers, and 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.

Through this program, we hope to learn if increased information and support improves access to mental health services for unserved and underserved adults and older adults. We also hope to learn if these innovative strategies increase quality of life and mobility of these often underserved consumers. These new and adapted approaches will address expressed consumer concerns including the cost of transportation, difficulty learning the public transit system due to culture and language barriers, fear of getting stranded, difficulty waiting for transportation, and fear of first-time use of public transportation.

Because this project is focused on a defined area of North San Diego County, there is an opportunity to learn about transportation preferences for different ethnic, cultural, and age groups. For example, we may discover that the Ride Share program is better for older adults compared to the Travel Buddy due to the stress of public transit or we may discover that it is more comfortable for peers sharing the same culture and language to ride public transit together.

Based on individual preferences and system impacts, we hope to adapt and create strategies that will further contribute to learning and improve the efficacy of this program. This project may increase personal contact and encouragement through an appointment reminder call back system or offer bilingual education to families and providers about public transportation. By remaining aware of ethnic, cultural, and age-related preferences and maintaining program flexibility, San Diego County will learn how to better address the needs of the diverse population in North County.

On a systems level, we will learn whether collaborating with public transit workgroups improves transportation options and resources for the mental health system in San Diego County. Networking with transit groups may also strengthen the impact of this project by providing new strategies to apply to diverse age, ethnic, and cultural groups. These outcomes will allow for proper evaluation of the study and improve future implementation in other areas/populations throughout the County.

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.

Implementation/Completion Dates: 12/09 – 06/13
MM/YY – MM/YY

12/09	Anticipated OAC approval
12/09-6/10	Program contract procurement
7/10	Contract award, initiation of project, staff trainings, acquire equipment, and recruit Transportation Coordinator
8/10	Develop a program assessment with the inclusion of stakeholders
8/10	Services begin

8/10	Coordinator begins collaborating with other transportation agencies
9/10	Coordinator begins outreach and education about transportation program to mental health programs and clients
2/11	Begin ongoing, six-month client service and impact evaluations
3/13-6/13	Make program adjustments as necessary based on evaluations
3/13-4/13	Evaluate the comprehensive program assessment and present to community stakeholders
5/13-6/13	Evaluation by Behavioral Health Services contracted research provider, determination of efficacy and feasibility or replication with other funding, dissemination of results

Due to the challenging and diverse geographic and demographic characteristics of North San Diego County, we must establish collaborations with mental health service providers, transportation providers, and health and social service agencies in order to effectively test the various innovative transportation strategies.

Our collaborations with various mental health providers will also include training and education on this program and resources in the community. The goal is to increase learning and coordination between transportation and human services programs in order to make a successful impact at a systems level. During this time, the Transportation Coordinator will acquire new transportation resources and establish linkages with existing transportation networks.

An evaluation component will take place in the final year of the project to determine program effectiveness and identify the most successful practices from the implementation phase and measure system impact. This will also allow for review of new and adapted strategies that may increase the feasibility of the program for future replication.

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.

Stakeholders will be involved in the design of this project's assessment and surveyed as part of the project evaluation process. This collaboration and evaluation will include clients and staff at participating site(s).

Specific data at the participant level to be reviewed and evaluated for this program includes, but is not limited to, the following:

1) Increase in adult/older adult access to services as measured by self and observer ratings of number of daily transports completed.

2) Improved daily functioning of adult/older adult mental health consumers as measured by self and observer ratings on completion of activities of daily living.

3) Improved access to physical and mental health services as measured by self and observer ratings of appointment completions.

4) Improved social functioning as measured by self-ratings of social activities, skills, and satisfaction.

5) Other outcomes as identified by stakeholders prior to the final review process.

Other elements that will be measured to gauge the system impact for this study includes, but is not limited to:

1) Success of transportation strategies for unique age, ethnic, and cultural groups served by the program.

2) Effectiveness and impact of Transportation Coordinator collaborations with transit workgroups.

3) Level of change at the program level as measured by an increase in transportation knowledge of providers and adaptations in scheduling, etc. related to transportation for clients.

4) Other outcomes developed during planning and implementation.

The County utilizes an extensive information-sharing and collaboration process to ensure that stakeholders receive information and are able to provide feedback on MHSA programs. For this project, we will provide regular updates to our stakeholder-led Children's, Adult, and Older Adult System of Care Councils, post information on our community Network of Care website, and provide opportunities for stakeholders to offer input at the program, client, family, staff, and community levels. Final reports may also be distributed to existing mental health service providers for posting.

Leveraging Resources (if applicable)

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

This plan will provide additional staff support and transportation resources that will contribute to leveraging the following resources:

1) Existing transportation programs including Ride Share and Public Transit

2) North San Diego County Mental Health Service Providers

Innovation Work Plan Narrative

Date: 9/2/09

County: San Diego

Work Plan #: INN-05

Work Plan Name: Positive Parenting for Men in Recovery

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).

This parenting program for fathers was selected based upon input from stakeholders during our Innovation community planning process. This program addresses a number of concerns frequently expressed during stakeholder events including co-occurring disorders, prevention of childhood trauma and abuse, wellness, and the need for skill-building educational opportunities.

Stakeholders expressed that a program specifically for men, if successful, would demonstrate that fathers are "taking the steps necessary to change their lives and make positive changes to be there for their kids." Stakeholders believe this type of program could show "how drugs and alcohol can affect someone's mental health," teach men "that it is important to prevent their children and family from experiencing trauma," and raise awareness of "co-occurring disorders…and the need to make more treatment available." Stakeholders also felt that this type of program would "increase men's self-esteem" and "show them how to instill self-esteem in a child."

Many men receiving treatment for substance abuse suffer from depression, high levels of stress, and loss of self-esteem. Many also have a history of childhood abuse and neglect. An important goal of substance abuse treatment is learning how to maintain healthy relationships. This is directly related to parenting, as a critical skill for parents is learning how to nurture relationships with their children. The knowledge, skills, and ability to provide a healthy environment for children are lost when a parent is struggling with addiction, leading to high rates of child maltreatment. Studies show that up to 80% of children in the Child Welfare System have parents with alcohol and drug problems.

California law requires alcohol and drug treatment programs serving pregnant and parenting women to provide gender-specific, comprehensive parenting education. However, there is no such requirement or infrastructure in place for fathers. Many stakeholders noted that parenting empowerment opportunities are unavailable for men within treatment settings.

In addition to the lack of parenting education program options available to fathers that offers an integrated educational approach, the significant negative impact on children of these men presents an issue that must be addressed. Childhood maltreatment and trauma are significant risk factors for later psychiatric problems. Children are considerably impacted by their father's substance abuse and research has demonstrated that daughters experience depression, trauma, promiscuity, pregnancy and substance abuse, while sons are increasingly prone to develop destructive peer groups, participate in delinquent activities, academic failure and substance abuse (McMahoon, Winslow, & Rounsaville, 2008; McMahon & Rounsaville, 2002; Sanders & Mayeda, 2008).

Childhood maltreatment has developmental, behavioral, and emotional consequences that continue into adolescence and adulthood. When children who are victims of maltreatment become adults, they tend to repeat the dysfunctional cycle of their parents and often lack the ability to trust, make healthy partner choices, manage stress constructively, and nurture themselves and others. It is imperative that parents receiving alcohol and drug treatment have the opportunity to learn positive, healthy parenting skills to break the cycle of maltreatment and the resulting consequences.

As a result of these factors, this innovative parenting program for fathers was created to test the efficacy of an integrated approach that combines education by culturally and linguistically competent staff on mental health, wellness and substance abuse with parenting skill building. By creating an integrated strategy that promotes wellness and prevents future negative consequences of poor parenting and co-occurring disorders, fathers will have the opportunity to support healthier environments for their children and 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.

This innovative parenting project offers a culturally competent, integrated approach to education that incorporates parenting skills, mental health wellness, substance abuse education, and violence/trauma prevention for 300 fathers who are in Alcohol and Other Drug (AOD) treatment. The program is completely voluntary. These men may have co-occurring mental health issues to tackle in addition to the emotional and behavioral issues of their children. This program will enhance parenting and coping skills for these fathers and address negative issues that arise from trauma, mental illness, substance abuse, and violence in order to produce better outcomes for them and their children. Classes in different languages may be offered based on need.

Fathers in this program will be able to address issues related to their own parents and upbringing. For example, many men struggling with substance abuse were abandoned

by their fathers, increasing the likelihood that they will abandon their children. As a result, many fathers lacked sufficient male role models as children.

Culturally and linguistically competent staff with experience in substance abuse treatment and co-occurring disorders will facilitate the parenting program and offer referral and linkage to specialty mental health services as appropriate. The curriculum will address child development milestones, the impact of child abuse and its influence on social and emotional growth and development, communication and coping skills, tools to address reunification, and mental health and substance abuse issues and how they impact children. The curriculum will also incorporate role playing and modeling of parenting skills.

This program strives to create positive change for fathers by enabling them to make critical connections between parenting practices, substance exposure, mental health, violence/trauma and the well being of their children and families. This project will provide opportunities for clients to learn behavior management skills that focus on teaching self-regulation, thus enabling recovering males to gain better control of their lives and reduce dependence/reliance on illicit substances. The program will also affirm, strengthen, and celebrate the role of fathers.

We will test whether this program will positively impact service delivery throughout the behavioral health system in San Diego by proactively addressing how child abuse affects parenting patterns and providing the tools necessary to prevent future generations from struggling with emotional, mental health, and/or substance abuse issues. This program has the potential to be expanded throughout the alcohol and drug treatment system as well as being adopted within mental health treatment programs. The program may have potential application in areas outside of behavioral health, such as the justice system and child welfare services.

This work plan is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320.

Community Collaboration – The concept for this work plan was developed with participation from the mental health and alcohol and drug stakeholder community and supports collaboration between a number of different service providers from the mental health, alcohol and drug, and educational fields.

Cultural Competence – As defined in CCR, Title 9, Section 3200.100, this program demonstrates cultural competency and capacity to reduce disparities in access to mental health services and to improve outcomes for fathers in AOD treatment and their children and families. Staff hired shall be linguistically and culturally competent for the population served.

Client and Family Driven Mental Health System – This program includes the ongoing involvement of clients in roles such as, but not limited to, implementation, evaluation, and future dissemination. Ultimately, the program strives to create healthier families in our community. The curriculum will be selected and evaluated with stakeholder input.

Wellness, Recovery and Resilience Focus – This program increases resilience and promotes recovery and wellness for fathers in AOD treatment and their families through an integrated approach that combines parenting skills with co-occurring disorders and mental wellness education, and violence/trauma prevention to strengthen family resources, interaction patterns and coping skills.

Integrated Service Experience – This program encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members. The curriculum integrates service approaches from the mental health, educational, and alcohol and drug systems. Men will have a greater knowledge of available resources upon program completion for a range of concerns.

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.

This innovation project is a new integrated mental health approach designed to produce better outcomes for an underserved population of fathers in non-residential AOD treatment programs. This unique approach allows fathers to engage in an integrated educational program to enhance their parenting skills, address their unique needs as men in substance abuse treatment and receive mental health resources and prevention education. Another goal is to improve outcomes for the children and families of these men by preventing future trauma, violence, and mental health issues.

This program is expected to contribute to learning on a number of levels. We will learn whether the skills and knowledge that fathers gain via this program that is culturally and linguistically sensitive will lead to better parenting skills, less/no substance abuse, an awareness of mental health symptoms and resources and violence/trauma prevention. Ultimately, we hope to learn if utilizing this integrated approach to education will lead to better outcomes for children of the fathers that participate. However, we recognize that due to the short time frame of this project, it will be difficult to measure the long-term impact on these children.

In order to understand the impact of this program for children, we must measure elements of the father’s knowledge of mental health wellness, violence and trauma prevention, and substance abuse and behavior related to interactions with their children. We will learn if fathers who graduate from this AOD treatment and education have more successful relationships with their children and families. We hope to learn that this program, by providing culturally and linguistically competent mental health education and resources, will lead to more fathers in substance abuse treatment receiving mental health services and support. This knowledge of community resources will also help fathers identify potential mental health concerns in their children. We will also learn if there is a significant reduction in the incidents of violence in families with fathers who

have completed the program. By measuring these elements, we can capture the short term impact of this program at the client and family level.

On a systems level, we will learn if this culturally competent, integrated curriculum approach will lead to more fathers getting their mental health needs met and, thus, may be incorporated into combined mental health and alcohol and drug treatment in future programs. We will learn which modalities of the approach are most valuable in terms of increasing parenting skills and substance abuse, mental health, and prevention knowledge and practices. It will also be imperative to understand how these elements are received by fathers in the program who differ across age, age of their children, race, ethnicity, and culture. This learning will inform efficacy of the program, as well as future replication efforts.

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.

Implementation/Completion Dates: 12/09 – 06/12
MM/YY – MM/YY

12/09	Anticipated OAC approval, internal planning
12/09-1/10	Hire consultant; begin collaboration with stakeholders for project development including choosing curriculum; determination of funding allocations, requirements for quality control, and participating facilities
4/10-5/10	Execute contract; initiate project; conduct staff trainings and curriculum preparation
5/10	Develop program assessment and evaluation tools
5/10-6/10	Begin services and ongoing pre and post-testing of participants
11/10	Begin ongoing six month program evaluation
11/10-6/13	Make program adjustments as necessary based on evaluations
12/11-1/12	Evaluate the comprehensive program assessment and present to community stakeholders
2/12-3/12	Conduct final evaluation and disseminate findings

This integrated program is designed to run over the course of two years with ongoing evaluations to measure learning and program impact at the client, facilitator, and program level. Continuous assessment and a generous amount of time allotted for the

final evaluation ensures that the process and product are comprehensive, inclusive of stakeholders, and accurately documented for replication purposes.

The program will also focus on gathering data on outcomes for each participant demonstrating the effectiveness of each component of the program. It will also be imperative to measure efficacy across characteristics of diversity including age, age of children, race, ethnicity, and cultural background.

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.

Stakeholders will be involved in the overall design of this project, from the curriculum chosen to the final assessment and evaluation process. This collaboration and evaluation will include clients and staff at participating sites. An important element to the project assessment will be feedback from community referral entities. A survey will be conducted at least annually with referral sites to gauge participation rates and service impact.

Specific data collected by providers to be reviewed and evaluated for the program includes, but is not limited to, the following:

1) Pre and post testing of knowledge completed by clients
2) Effectiveness of integrated parenting, mental health, substance abuse, and prevention curriculum
3) Impact of integrated educational strategies and interventions across race, ethnicity, and cultural group
4) Staff assessments of fathers' parenting approaches
5) Fathers' ratings of social activities, skills, wellness and family functioning (especially with regard to the relationship between father and child)
6) Staff ratings of fathers' reported social activities, skills, satisfaction, wellness and family functioning
7) Client, family, and staff satisfaction
8) Participation rates and service impact collected from key referral sources
9) Other outcomes as indicated by stakeholders during the review process

The County utilizes an extensive information-sharing and collaboration process to ensure that stakeholders receive information and are able to provide feedback on MHSA programs. For this project, we will provide regular updates to our stakeholder-led Children's, Adult, and Older Adult System of Care Councils, post information on our community Network of Care website, and provide opportunities for stakeholders to offer input at the program, client, family, staff, and community levels. Final reports may also be distributed to existing mental health service providers for posting.

Leveraging Resources (if applicable)

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

This parent education program will be implemented into existing AOD treatment facilities that will provide space and other resources for the program.

EXHIBIT D

Innovation Work Plan Description
(For Posting on DMH Website)

County Name

San Diego

Work Plan Name

INN-01: Wellness and Self-Regulation for Children and Youth

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

Population to Be Served (if applicable):

This work plan is designed to serve children, youth, and transition age youth (through age 18) with serious emotional disturbance that are residing in a residential treatment center and/or participating in day treatment services.

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

This work plan combines several different types of non-pharmacological interventions in a new way to restructure the “therapeutic day” and teach children and youth multiple ways to re-regulate the following functional areas: arousal level, mood, physical health, and social interaction. The Innovation is to create an integrated therapeutic experience that uses physical fitness, relaxation training, nutritional concepts, social skills activities, drama activities, spirituality and gardening in order to positively impact the identified functional areas and produce better outcomes for kids. Activities that are culturally appropriate such as Native American holistic approaches may also be included.

One of the key components to this plan is the inclusion of families in treatment. Families are invited at least one night per week and one weekend day to participate in a variety of wellness activities. In this way, the lessons learned by the children and youth can be experienced by their families. These lessons can then be carried home for continued use after the child or youth leaves this program.

We will discover if consistent, enjoyable physical activity combined with reinforced relaxation, “mindfulness” techniques, and proven socialization activities result in higher quality services and improved outcomes that lead to children and youth:

1) Self-regulating their arousal level, mood, physical health, and social interactions.
2) Experiencing healthier lifestyles.
3) Reducing self harmful behaviors.
4) Reducing dependence and/or reliance on psychotropic medication.

EXHIBIT D

Innovation Work Plan Description
(For Posting on DMH Website)

County Name

San Diego

Work Plan Name

INN-02: Peer and Family Engagement Project

Annual Number of Clients to Be Served (If Applicable)
2,000 Total

Population to Be Served (if applicable):

This work plan serves 900 transition age youth (TAY, 18-25 years), adult, and older adult clients at an outpatient mental health clinic. This work plan also serves 1100 TAY, adult, and older adult clients utilizing services at the County Emergency Psychiatric Unit (EPU).

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

The Peer and Family Engagement Project (PFEP) employs integrated teams of TAY, adult, older adult and family support specialists to engage clients and families 1) prior to their first visit to a mental health clinic and 2) during their treatment at the County's EPU. PFEP teams are integrated into provider teams at outpatient clinics and the EPU with a focus on outreach, engagement, referral and linkage.

Initial engagement visits orient clients and families using a recovery-based approach that conveys: 1) service options, 2) the need for clients to develop recovery expectations, 3) how best to use services to achieve personal goals, and 4) the expectation that recovery is possible.

Ongoing peer and family support groups are held covering topics such as wellness education, orientation to community supports, options for school and employment, sexuality and gender issues, and smoking cessation.

We will learn whether early peer and family engagement results in improved access and utilization of mental health services for clients who receive initial engagement at the EPU and greater client retention in mental health services. The family engagement component will allow us to determine if a systematic effort to involve family members of TAY, adult and older adult clients positively contributes to better outcomes in the psychiatric emergency room. At the mental health clinic site, we will learn whether peer and family support results in improved long-term recovery outcomes for clients.

EXHIBIT D

Innovation Work Plan Description

(For Posting on DMH Website)

County Name

San Diego

Work Plan Name

INN-03: Physical Health Integration Project

Annual Number of Clients to Be Served (If Applicable)

600 Total

Population to Be Served (if applicable):

This work plan serves 300 transition age youth (TAY, 18-25 years), adults, and older adults with serious mental illness (SMI) who are clients in an outpatient mental health clinic. The work plan will also provide 300 TAY, adult, and older adult clients with behavioral health services at a primary care clinic site. These individuals are typically underserved or unserved by the mental health system.

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

The *Physical Health Integration Project* proposes an innovative collaboration or "twinning" between an existing mental health clinic and local primary care (PC) clinic to create a new patient-centered medical home for stable SMI individuals in a PC setting. This structure will provide clients with a unique, innovative **continuum of care**, depending on the acuity of their illness – ranging from specialty mental health services in the MH clinic when they are acutely ill, to medication maintenance and recovery-oriented chronic disease management, an adaptation of models such as those used for diabetes, rheumatoid arthritis and COPD, provided by the Primary Care team when the client's condition is stable and also may benefit and meet the mental health needs of underserved community who typically present in the primary care setting.

We will learn the following from this project:

1) If there is an improvement in mental health outcomes when clients with SMI receive ongoing physical health care services and/or treatment in a primary care setting;
2) Whether the Behavioral Health Consultant model be adapted to assist primary care providers in serving the behavioral health needs of their patients with stable SMI and whether this role also helps to reduce stigmatization of SMI clients with PC staff;
3) If this behavioral health integrated approach in the PC clinics meets the mental health needs of refugee and immigrant populations at the PC setting; and
4) Whether emergency department visits are reduced for individuals in this program compared to the current rate for clients in the MH system.

EXHIBIT D

Innovation Work Plan Description
(For Posting on DMH Website)

County Name

San Diego

Work Plan Name

INN-04: Mobility Management in North San Diego County

Annual Number of Clients to Be Served (If Applicable)

400 Total

Population to Be Served (if applicable):

This mobility management work plan is designed to serve adults and older adults (age 18 and above) with serious mental illness in the North Region of San Diego County.

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

This project provides several innovative strategies to increase access to transportation for adult and older adult mental health clients including, but not limited to:

1) Travel Buddy System – Development of a transportation information sharing and support network led by peers with experience using public transportation that assist those who are unfamiliar with transit options.
2) Transportation Coordinator – The primary role of the Coordinator is to educate and assist clients and agency staff with accessing transportation resources to address their unique needs. The Coordinator also links with existing transit workgroups in the community to observe best practices and leverage resources.
3) Peer "Ride Share" Program – Creation of a ride share program that links consumers needing transportation assistance with other consumers that own private vehicles. This registry/network is maintained by the Transportation Coordinator.

We will learn if increased information and support improves access to mental health services and if these strategies increase quality of life and mobility of these often underserved consumers. We also have an opportunity to learn about transportation preferences for different ethnic, cultural, and age groups. For example, we may discover that the Ride Share program is better for older adults compared to the Travel Buddy due to the stress of public transit.

EXHIBIT D

Innovation Work Plan Description

(For Posting on DMH Website)

County Name

San Diego

Work Plan Name

INN-05: Positive Parenting for Men in Recovery

Annual Number of Clients to Be Served (If Applicable)

300 Total

Population to Be Served (if applicable):

This work plan is designed to serve transition age youth (TAY, 18-25 years) and adult fathers who are enrolled in non-residential alcohol and other drug (AOD) treatment programs.

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

This innovative parenting project offers an integrated approach to education that incorporates parenting skills, mental health wellness, substance abuse education, and violence/trauma prevention for 300 fathers who are in Alcohol and Other Drug (AOD) treatment. These men may have co-occurring mental health issues to tackle in addition to the emotional and behavioral issues of their children. This program will enhance parenting and coping skills for these fathers and address negative issues that arise from trauma, mental illness, substance abuse, and violence in order to produce better outcomes for them and their children. This project will test whether the integration of services produces improved outcomes for the children and families of these men by preventing future trauma, violence, and mental health issues.

This program is expected to contribute to learning on a number of levels. We will learn whether the skills and knowledge that fathers gain via this program will lead to better parenting skills, less/no substance abuse, an awareness of mental health symptoms and resources and violence/trauma prevention. We will learn if fathers who graduate from this AOD treatment and education have more successful relationships with their children and families. We will also learn if there is a significant reduction in the incidents of violence in families with fathers who have completed the program. Ultimately, we hope to learn if utilizing this integrated approach to education will lead to better outcomes for children of the fathers that participate. By measuring these elements, we can capture the short term impact of this program at the client and family level. However, we recognize that due to the short time frame of this project, it will be difficult to measure the long-term impact on these children.

EXHIBIT E

Mental Health Services Act
Innovation Funding Request

County: San Diego

Date: 10/22/2009

	Innovation Work Plans		FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
	No.	Name		Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	INN-01	Wellness & Self-Regulation for Children & Youth	$2,000,000	$1,800,000	$200,000	$0	$0
2	INN-02	Peer and Family Engagement Project	$3,000,000	$0	$750,000	$1,500,000	$750,000
3	INN-03	Physical Health Integration Project	$1,600,000	$0	$160,000	$960,000	$480,000
4	INN-04	Mobility Management in North San Diego County	$400,000	$0	$0	$100,000	$300,000
5	INN-05	Positive Parenting for Men in Recovery	$500,000	$300,000	$100,000	$100,000	$0
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25							
26	Subtotal: Work Plans		$7,500,000	$2,100,000	$1,210,000	$2,660,000	$1,530,000
27	Plus County Administration (10%)		$750,000				
28	Plus Optional 10% Operating Reserve		$825,000				
29	**Total MHSA Funds Required for Innovation**		**$9,075,000**				
30	**CPP Planning Funds (previously approved)**		**$2,802,950**				
31	**Total for this Request**		**$6,272,050**				

29 Includes $1,448,900 of previously approved Community Program Planning funds for Fiscal Year 2008-09 and $1,354,050 of previously approved Community Program Planning funds for Fiscal Year 2009-10.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: San Diego Fiscal Year: 2009/2010

Work Plan #: INN-01

Work Plan Name: Wellness and Self-Regulation for Children and Youth

New Work Plan ☑

Expansion ☐

Months of Operation: 11/09 - 06/10
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures			$480,000	$480,000
2. Operating Expenditures			$600,000	$600,000
3. Non-recurring expenditures			$80,000	$80,000
4. Training Consultant Contracts			$840,000	$840,000
5. Work Plan Management				$0
6. Total Proposed Work Plan Expenditures	**$0**	**$0**	**$2,000,000**	**$2,000,000**
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	**$0**	**$0**	**$2,000,000**	**$2,000,000**

Prepared by: Karen Ventimiglia Date: 10/22/2009

Telephone Number: (619) 584-3012

Date: 10/22/09

County: **SAN DIEGO**
Program ID/Name: **INN-01** **Wellness and Self-Regulation for Children and Youth**

Program Budget - Proposed project services will be provided by a County contracted service provider. The project service provider will be selected from current Residential Treatment Centers currently providing services to children and youth. County staff will negotiate with the Recovery Centers to develop and implement innovative proposals that optimize performance and cost effectiveness.

The Program Budget includes funding for 2 fiscal years.

A Expenditures:

1 *Personnel Expenditures*

Personnel budget includes the salaries and benefits costs for the contracted service provider staff to operate the wellness events at the Residential Treatment Centers. In addition to frontline program staff, evening and weekend staff such as Child Care Counselors and support staff are also included in the personnel budget to assist with the wellness events.

2 *Operating Expenditures*

The Operating Expense budget includes both program Indirect/Administration costs and operating expenses such as basic office services, supplies and equipment.

Materials and equipment necessary for the scheduled activities and education related to the integrated therapeutic program are also included in the operating budget. Anticipated expenses will include but are not limited to:
- Exercise and musical equipment for fitness activities
- Yoga mats, music and aroma
- Site rental for activities to include rock climbing, skating and swimming
- Nutrition education materials, gardening supplies and food costs
- Spiritual materials

3 *Non-recurring Expenditures*

One-time costs are projected for the initial program development and implementation including training provided by professionals. Fitness, Yoga, Nutrition and Spiritual experts will train the selected service provider on techniques to ensure the establishment of an effective wellness and self-regulation program. Non-recurring expenditures are required for the first year of the program only.

4 *Training Consultant Contracts*

Expert professionals are anticipated to provide ongoing consultation to support weekly adjustments to the program, staff and family motivation.

5 *Work Plan Management*

B Revenues:

Program specifications to be issued as part of the competitive procurement and service provider selection criteria will require that potential service providers propose any other revenues that may be leveraged to enhance or expand services.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: San Diego

Fiscal Year: 2009/2010

Work Plan #: INN-02

Work Plan Name: Peer and Family Engagement Project

New Work Plan ☑

Expansion ☐

Months of Operation: 11/09 - 06/10
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures			$2,640,000	$2,640,000
2. Operating Expenditures			$300,000	$300,000
3. Non-recurring expenditures				$0
4. Training Consultant Contracts			$60,000	$60,000
5. Work Plan Management				$0
6. Total Proposed Work Plan Expenditures	**$0**	**$0**	**$3,000,000**	**$3,000,000**
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	**$0**	**$0**	**$3,000,000**	**$3,000,000**

Prepared by: Karen Ventimiglia

Date: 10/22/2009

Telephone Number: (619) 584-3012

Date: 10/22/09

County: **SAN DIEGO**
Program ID/Name: **INN-02** **Peer and Family Engagement Project**

Program Budget - Proposed project services will be provided by a County contracted service provider. The service provider will be selected through a competitive procurement with negotiation process. The competitive procurement process is expected to generate innovative proposals that improve on County projected Program staffing, performance, and cost effectiveness.

The Program Budget includes funding for 2 fiscal years.

A Expenditures:

1 *Personnel Expenditures*

Personnel budget includes the salaries and benefits for an estimated 15.0 FTEs. Staffing for the Peer and Family Engagement Project will consist of three (3) Peer Engagement Specialists, a Registered Nurse as team leader, a Project Manager and administrative support staff.

2 *Operating Expenditures*

The Operating Expense budget includes both Indirect/Administrative costs and operating expenses such as basic office supplies, equipment and program material. The purchase of laptops and equipment are also anticipated during the initial year of the program.

3 *Non-recurring Expenditures*

4 *Training Consultant Contracts*

Estimated ongoing costs for consultants to support the program objectives and monitor program effectiveness.

5 *Work Plan Management*

B Revenues:

Program specifications to be issued as part of the competitive procurement and service provider selection criteria will require that potential service providers propose any other revenues that may be leveraged to enhance or expand services.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: San Diego Fiscal Year: 2009/2010

Work Plan #: INN-03

Work Plan Name: Physical Health Integration Project

New Work Plan ☑

Expansion ☐

Months of Operation: 11/09 - 06/10
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures			$940,000	$940,000
2. Operating Expenditures			$320,000	$320,000
3. Non-recurring expenditures			$100,000	$100,000
4. Training Consultant Contracts			$240,000	$240,000
5. Work Plan Management				$0
6. Total Proposed Work Plan Expenditures	**$0**	**$0**	**$1,600,000**	**#########**
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	**$0**	**$0**	**$1,600,000**	**#########**

Prepared by: Karen Ventimiglia Date: 10/22/2009

Telephone Number: (619) 584-3012

Date: 10/22/09

County: **SAN DIEGO**
Program ID/Name: **INN-03** **Physical Health Integration Project**

Program Budget - Proposed project services will be provided by a County contracted service provider. The service provider will be selected through a competitive procurement with negotiation process. The competitive procurement process is expected to generate innovative proposals that improve on County projected Program staffing, performance, and cost effectiveness.

The Program Budget includes funding for 2 fiscal years.

A Expenditures:

1 *Personnel Expenditures*

Personnel budget includes the salaries and benefits for an estimated 5.0 FTEs. Staffing for the Physical Health Integration Project will consist of a Behavioral Health consultant, a Registered Nurse Coordinator, an Alcohol and Drug Counselor, a Project Manager and adminstrative support staff.

2 *Operating Expenditures*

The Operating Expense budget includes both program Indirect/Administrative costs and operating expenses such as basic office services, supplies and equipment.

3 *Non-recurring Expenditures*

Start-up/one-time costs are projected during the initial year of the program. Non-recurring expenditures are required for the first year of the program only. Proposed costs include, though are not limited to:
- Furnitures, Fixtures and Equipment
- IT-related costs
- Training

4 *Training Consultant Contracts*

Estimated ongoing costs for consultants to support the program objectives and monitor program effectiveness.

5 *Work Plan Management*

B Revenues:

Program specifications to be issued as part of the competitive procurement and service provider selection criteria will require that potential service providers propose any other revenues that may be leveraged to enhance or expand services.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: San Diego Fiscal Year: 2009/2010

Work Plan #: INN-04

Work Plan Name: Mobility Management in North San Diego County

New Work Plan ☑

Expansion ☐

Months of Operation: 11/09 - 06/10
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures			$280,000	$280,000
2. Operating Expenditures			$120,000	$120,000
3. Non-recurring expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Total Proposed Work Plan Expenditures	**$0**	**$0**	**$400,000**	**$400,000**
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	**$0**	**$0**	**$400,000**	**$400,000**

Prepared by: Karen Ventimiglia Date: 10/22/2009

Telephone Number: (619) 584-3012

Date: 10/22/09

County: **SAN DIEGO**
Program ID/Name: **INN-04** **Mobility Management in North San Diego County**

Program Budget - Proposed project services will be provided by a County contracted service provider. The service provider will be selected through a competitive procurement with negotiation process. The competitive procurement process is expected to generate innovative proposals that improve on County projected Program staffing, performance, and cost effectiveness.

The Program Budget includes funding for 2 fiscal years.

A Expenditures:

1 *Personnel Expenditures*

Personnel budget includes the salaries and benefits for an estimated 2.5 FTEs. Staffing for the Mobility Management Project will consist of a Transportation Lead and two (2) Peers. The budget also includes $10,000 in Flexible Spending funds.

2 *Operating Expenditures*

The Operating Expense budget includes both program Indirect/Administrative costs and operating expenses such as basic office services, supplies and equipment.

3 *Non-recurring Expenditures*

4 *Training Consultant Contracts*

5 *Work Plan Management*

B Revenues:

Program specifications to be issued as part of the competitive procurement and service provider selection criteria will require that potential service providers propose any other revenues that may be leveraged to enhance or expand services.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: San Diego Fiscal Year: 2009/2010

Work Plan #: INN-05

Work Plan Name: Positive Parenting for Men in Recovery

New Work Plan ☑

Expansion ☐

Months of Operation: 11/09 - 06/12
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures			$394,400	$394,400
2. Operating Expenditures			$87,600	$87,600
3. Non-recurring expenditures			$18,000	$18,000
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Total Proposed Work Plan Expenditures	**$0**	**$0**	**$500,000**	**$500,000**
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	**$0**	**$0**	**$500,000**	**$500,000**

Prepared by: Karen Ventimiglia Date: 10/22/2009

Telephone Number: (619) 584-3012

Date: 10/22/09

County: **SAN DIEGO**
Program ID/Name: **INN-05** **Positive Parenting for Men in Recovery**

Program Budget - Proposed project services will be provided by a County contracted service provider. The project service provider will be selected from any or all of the nine Regional Recovery Centers currently providing alcohol and drug treatment services. County staff will negotiate with the Recovery Centers to develop and implement innovative proposals that optimize performance and cost effectiveness.

The Program Budget includes funding for 2 fiscal years.

A Expenditures:

1 *Personnel Expenditures*

Personnel budget includes the salaries and benefits for an estimated three (3) FTEs.

2 *Operating Expenditures*

The Operating Expense budget includes both program Indirect/Administrative costs and operating expenses such as basic office services, supplies and equipment.

3 *Non-recurring Expenditures*

One-time costs are projected during the initial year of the program. The proposed budget includes the cost for a consultant to assist with the development and implementation of program material for up to six (6) Regional Recovery Centers. Non-recurring expenditures are required for the first year of the program only.

4 *Training Consultant Contracts*

5 *Work Plan Management*

B Revenues:

Program specifications to be issued as part of the competitive procurement and service provider selection criteria will require that potential service providers propose any other revenues that may be leveraged to enhance or expand services.