County of San Diego — Urban Beats (INN 16)

MHSOAC Approval Date: February 26, 2015 **Original Program Dates:** July 1, 2015 – June 30, 2018

Original Budget: $1,208,488 **Original Budget for Evaluation:** $57,547 (5% of total)

1. Primary Problem

Transition age youth (TAY) are difficult to engage and retain in traditional models of behavioral health services and often report feeling disconnected from traditional services and the people providing them. Additionally, TAY often encounter stigma within their community regarding both accessing and maintaining behavioral health services. The field recognizes that "the most effective program models are those that address the personal, familial, and societal variables that are essential to healthy transitional age development and are community based. These programs help the transitional age youth in developing increased personal competence and connectedness to pro-social elements of a larger community" (California Institute for Mental Health (CIMH); 2005). In recent webinar trainings on TAY with serious mental illness (SMI), it was indicated that engaging this population with unique strategies, including social media and expressive arts, is essential to addressing barriers to engagement and retention in services. (Engaging (while not engaging) Youth and young adults' webinar- November 15, 2016, Wayne Munchel, LCSW).

In non-clinical fields, there has been research around music education and mentoring at-risk (not mental health related) urban youth (e.g Shields, 2001) as well as using hip-hop to promote academic literacy among urban youth (Morrell & Duncan-Andrade, 2002). Similarly, there has been research in the clinical mental health field regarding the utilization of music therapy. However, while there are Evidence Based Practices regarding music therapy, these practices are used as tools to assist in the administration of mental health treatment by a licensed professional (American Music Therapy Association). There is little to no research on engaging and retaining TAY with SMI or at-risk TAY who show existing or emerging diagnostic characteristics consistent with early onset of Severe Emotional Disturbance (SED) or Serious Mental Illness (SMI) via multiple models of artistic expression through the utilization of peers in a therapeutic, but non-clinical manner as an ancillary service to improve treatment outcomes.

2. What Has Been Done to Address Your Primary Problem?

San Diego Behavioral Health Services (BHS) created an Innovations project called Urban Beats, beginning in July 2015, with the goal of increasing the quality of services, including better outcomes by reducing behavioral health services access barriers to persons ages 16-25 (TAY) with SED/SMI or at-risk TAY who show existing or emerging diagnostic characteristics consistent with early onset of SMI. The goal is integration of multiple models of artistic expression including visual arts, spoken word, music, videos and performances into anti-stigma and educational messaging. Enrolled participants in Urban Beats may be TAY with SED/SMI who are currently connected to a mental health program or TAY who are at risk of mental health challenges with the goal of reducing stigma associated with mental health treatment thereby improving their engagement and access to services thereby resulting in better outcomes. Urban Beats employs and all of the performances are created and presented by TAY. This program does not presently provide any clinical treatment.

Urban Beats delivers a customized service targeting SED/SMI and at-risk TAY that incorporates artistic expression creatively combining therapeutic, stigma reducing, cultural expression, and social justice messaging to the TAY community. Urban Beats currently provides services to youth in the Central San

Diego region with an emphasis in the African American and Latino populations. During Fiscal Year (FY) 15/16 a total of 94 TAY were enrolled in the Urban Beats program. The participants reflected substantial racial/ethnic diversity and diversity of sexual orientation. Participants who enrolled in the Urban Beats program had concerns about their ability to handle stress, earn enough income to meet their needs, and the quality of their social relationships and health. TAY participating in Urban Beats are enrolled in 20-week "academies" designed to focus on engagement, artistic exploration, expression and delivery of anti-stigma messaging via performances, and social media in various existing TAY friendly community locations with the goals of enhancing empowerment, increasing participation and/or accessing quality treatment/services, increasing level of functioning, and reducing stigma, in this often difficult to engage population. These 20-week academies culminate in performances to the TAY community delivering the message that have been created by TAY for TAY. These performances are designed to help educate the community about mental health issues and reduce the stigma associated with mental illness. Performances are currently delivered to a minimum of 600 TAY annually who are then asked to complete a two page survey.

In its first year, Urban Beats showed promising outcomes. For FY 15/16, of the 55 TAY enrolled in the program for 180 days, 23.8% had a reduction in emergency services (PERT, EPU and Inpatient), 78% were satisfied with program, 77.8% felt that they were appropriately supported by staff when they encountered challenges, 68% indicated that they were more comfortable seeking help, 59.1% dealt more effectively with daily problems and 65.2% were less bothered by their symptoms. The program participants reflected substantial racial/ethnic diversity and diversity of sexual orientation. 43% identified as Hispanic, 36% African-American, and 27% were multi-racial/ethnic. 16% of participants identified as bisexual, pansexual, or sexually fluid.

For FY 15/16, a total of 234 persons (TAY and non-TAY) who attended the five community performances completed the two-page survey. As a result of the performance, 86.8% of those surveyed agreed or strongly agreed that they had a better understanding that anyone can experience mental health challenges. Sixty-eight percent of those surveyed agreed or strongly agreed that they had a better understanding of how to access mental health resources. Lastly, 62.9% of those surveyed agreed or strongly agreed that they had increased knowledge of sexual health. It was concluded that the response patterns between TAY (n=100) and non-TAY (n=134) that attended the performance were nearly identical.

One of the strategies utilized by Urban Beats to effectively access the TAY population is the use of social media. As a result of year one (FY 15/16), there was significant social media contact:

a) Facebook Reach- 16,122

b) Website visits- 3,940

c) Facebook Page Likes- 326

d) Instagram Followers- 94

e) Twitter Followers- 30

3. Primary Purpose/Change Request

To continue and expand upon the learnings of this innovative program, it is proposed to change/add the following effective this fiscal year (17/18):

a) Extend duration of contract by 2 years

b) Increase access to TAY population by expanding to the North Central Region of San Diego County

c) Add transportation to remove this barrier to participation

d) Add therapist to provide in program assessment and engagement in services

e) Add an East African TAY specific component

4. The Proposed Change

With the limited number of participants enrolled in Urban Beats in FY 15/16 (n=94), limited number of performances (five), and the short time frame of one year, the outcomes (however promising) cannot be cited as definitive evidence that the program model works. Therefore, expansion into the North Central Region is essential. One of the learnings from year one (1) is that TAY lack readily available transportation, thereby limiting access to the program academies and performances. The addition of a van would address this barrier.

An additional learning in year one was that the program consistently encountered TAY with mental health needs that needed additional support in the program and in transitioning to ongoing care. While creating art and performances, the TAY often discussed their own experience with trauma and mental illnesses. The addition of a therapist would address both in-the-moment mental health needs during the academies and allow for a clinical assessment, consultation, short-term treatment and a warm and overlapping referral to resources in the community to address longer-term behavioral health needs, especially for those participants who have SMI and are not connected.

Additionally, since the original inception of Urban Beats, stakeholders, particularly the East African community, have advocated for culturally sensitive services geared towards their youth. Three meetings were held between Behavioral Health Services and the United Women of East African and Nile Sisters Development Initiative in which the stakeholders indicated escalated gang activity and increased mental health needs within the East African community, which prompted a public identification for program expansion specifically targeting East African SMI and at risk TAY. It is the intent of this expansion is to add a third academy track through a subcontract, specifically for the purpose of attaining culturally competent services as well as engagement with the East African TAY community through cultural brokers.

This request also includes adding two additional years in order to obtain more enrolled participants in both the academies and increase the number of outreached TAY surveyed in the performances. By adding two additional years, we will be able to review a larger sample size over multiple years, which we anticipate will produce statistically valid results from the additional component areas noted above (1. Expansion into North Central Region, 2. Van, 3. Therapist, 4. East African Subcomponent). The enhanced program components will require start up time and the structure of the program requires a

full 20-week cycle before commencement with performances where initial data will be obtained. The plan is to prorate the funding and outcome objectives to begin November 2017.

This request does not include any changes in approved purpose or expected outcomes. This proposed extension and expansion would meet the criteria for an adaptation for a new setting, population or community due to an additional region and modifying the programming to meet the cultural needs of the East African community.

5. Population

The Urban Beats program is for TAY ages 16-25 with SED/SMI or at-risk TAY who show existing or emerging diagnostic characteristics consistent with early onset of SED/SMI. The current contract target is outreach to 600 TAY individuals who attend performances and complete surveys. In FY 17/18, the program will enroll a minimum of 100 TAY participants in the academies. This proposal will increase the number of TAY enrolled in the academies to 200 TAY and will target a total of 1,400 TAY individuals who attend the performances and complete surveys. This will be accomplished with the addition of the academies in the North Central Region and the East African Community component. The program design is intentional to allow for intimate academies where enrolled participants can create a safe environment wherein they can express themselves through various art mediums.

The model requires the program to provide two 20-week academies to SED/SMI or at-risk TAY annually that produce a minimum of three performances. These performances are expected to be attended by a total of 600 TAY who then complete the two-page survey. For FY 16/17, Urban Beats exceeded their expectations with 983 total TAY surveyed at 29 performances. The number surveyed does not include surveys received outside the targeted TAY group (adults). The TAY population heavily utilizes technology with most using their phones and other handheld devices to access social media regularly. As a result of this learning, the program augmented their survey in fiscal year two to include collection of survey responses online. The program has been successful in their second year by increasing the number of performances and by allowing participants to complete surveys online.

The program would seek to replicate these efforts in the North Central Region to obtain an additional 600 Surveys and an additional 200 surveys via the East African academy for a total of 1400 TAY surveys annually. One of the learnings of this program/model was that an adjustment (increase) of the number of performances was needed to obtain 600 TAY surveys. In the second fiscal year, Urban Beats increased the number of performances after each academy to engage and outreach additional TAY.

6. Innovative Component

The Urban Beats program is designed to innovatively increase the engagement and retention rates in mental health treatment of SED/SMI and creating knowledge of and access to services for at risk TAY by incorporating a TAY focused recovery message into artistic expression and social marketing/media. The intent is to provide TAY with better outcomes by increasing access to and knowledge of wellness services while also reducing the stigma surrounding mental illness. This is accomplished by assisting TAY with developing and performing artistic expressions of their mental illness/experience with mental illness for a TAY community audience. This program continues to be innovative in that there are still learnings to be identified with increasing the number of participants by adding an additional region to determine if preliminary results initially are valid. Additionally our County will assess the impact of removing transportation as a barrier to participation in addition to reviewing the innovative component and impact of having a therapist on staff. Finally, the addition of an East African TAY cohort in this program

is innovative and will assist us in better learning if this model is effective in a culturally competent manner with this unique cohort.

7. Learning Goals / Project Aims

This Innovation program is based on artistic expression to address mental health and wellness in TAY. The performances and activities include messages about life circumstances, hope, wellness, mental illness, and how to access services. The program uses social media as a tool to inform the community about performances including how to access services (including physical, behavioral, spiritual, and mental wellness information) while promoting stigma reduction. The artistic expression encourages TAY to share their stories and experiences through a process of creating the narrative via music, spoken word, and creative expression, promoting positive mental health messaging, well-being and connection among TAY.

The main learning goals are to assess:

a) Does the purposeful integration of various artistic expressions with mental health messaging increase TAY knowledge of and engagement in services.

b) Is there a reduction in emergency services for TAY engaged in the academies?

c) Does this program decrease stigma?

d) Does transportation improve participation in the academies and performances?

e) Does adding a therapist to the program improve engagement in services?

f) Is there increased access to or utilization of behavioral health services to advance the well-being and treatment outcomes for TAY enrolled in BHS?

g) Does this innovative program engage TAY from the East African community effectively in a culturally competent manner?

8. Evaluation or Learning Plan

During FY 15/16, 23.8% of TAY enrolled in the academies had a reduction in emergency services (Psychiatric Emergency Response Team, and Inpatient). Additionally, approximately 80% of the 94 enrolled TAY reported being satisfied with the program despite the short timeframe since implementation. The majority indicated that as a result of participating in the program they knew where to get help, were more comfortable seeking help, could more effectively deal with problems, and were less bothered by symptoms. Results from FY 16/17 are not yet available.

Key qualitative focus groups findings indicated that: 1) youth expressed satisfaction and reported positive outcomes from Urban Beats activities/classes and the performances, which underscored its value as a strengths based program, and 2) outreach and recruitment activities evolved as staff worked to expand the program, moving away from traditional mental health venues and into schools and other types of community programming.

There will be no changes in the collection of data outcomes with the expansion. Evaluations will be conducted annually to determine learnings and identify any modifications that need to be made to the

model. At monthly intervals, the contractor will report results that capture participation rates, self-rating scores, observer ratings, and other measurable outcomes.

Evaluations at monthly intervals and annual reviews throughout implementation will also 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. Also evaluated will be TAY engagement and participation, increased knowledge of or access to services, reduced stigma and increased community engagement and support.

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

a) Number of SMI and at-risk TAY who have an increased knowledge of how to access care

b) Number of SMI or at-risk TAY who's access to services has improved/increased

c) Number of SMI TAY engaged in treatment services who's level of clinical impairment improved (e.g. MORS)

d) Number of TAY who demonstrate reduced stigma via pre and post-test

e) Number of TAY who have an increased knowledge of whole health, including sexual health

f) Number of TAY who report a positive impact from the artistic expression model

g) TAY community and staff satisfaction surveys

h) Number of TAY who show improved social functioning/connectedness

i) Number of TAY with reduced emergency services

9. Contracting

The current contractor, Pathways Community Services (formerly Providence Community Services), will continue to provide services and be expanded to include the North Central Region and a subcontract will be executed to address the East African community expansion.

Quality and regulatory compliance elements are included in each contract, specific to the funding source and purpose of the service. A Contract Officer's Representative (COR) with Behavioral Health Services assumes responsibility for ongoing monitoring of the contract for compliance and outcomes, working with the Department of Purchasing and Contracting (DPC), along with Administrative Contract Support (ACS). Monitoring includes regular site visits, review of documentation, and oversight of applicable laws and regulations.

Contractors will have a dedicated COR or Program Monitor from Behavioral Health Services who will develop a contract monitoring plan containing activities that will be conducted each year on their Statement of Work (SOW). Monthly COR meetings are routine.

There will be a minimum of four monitoring activities per contract year, including a minimum of one site visit, with subsequent visits, as needed, if identified issues have not been resolved. Monthly COR meetings and site visit activities include but are not limited to deliverables review,

technical assistance and consultation, review of fiscal and claim documentation and annual inventory update, emergency planning documentation, corrective action plans, discussion of strengths and weaknesses of contractor's deliverable outcomes.

There will be monthly review of SOW contract deliverables to determine contractor's performance in meeting contract objectives, review contractor exclusion/debarment/Medi-Cal Sanctions lists employee review process as well as a minimum of one in-depth invoice review annually.

A total of 5% of project funds is set aside for evaluation analysis and outcome reporting through an existing contract with the University of California, San Diego.

10. Community Planning

During August through October, 2016, more than 650 individuals participated in BHS' 2016 Community Engagement process: 551 community members and providers at twelve (12) regional forums and more than 100 representatives from targeted populations (Native American, Southeastern San Diego Community, Justice Partners, Male and Female incarcerated individuals and Peer Workers) who attended six special focus groups. Behavioral Health Services (BHS) engaged consultant Hoffman & Clark to facilitate the forums and focus group and analyze feedback. Participants provided commentary through a group process that asks questions aimed at strengthening system capacity by focusing on productive potential.

The focus of the discussions centered around four topics: Children's Behavioral Health; Unserved/ Underserved; Care Coordination; and the proposed concepts for Innovation projects, which had emerged from previous years of the Community Planning Process. Statistical analysis of the forum discussions showed 15 "Essential Themes." The themes of Access & Services, Continuum of Care, and Education & Awareness stood out across the three topics and were considered when making decisions for the expansion and extension of existing Innovation programs.

Throughout the year, BHS' stakeholder-led monthly councils provide a forum for council representatives and the public to stay informed of MHSA programs and offer input. BHS' MHSA Coordination team presented the proposed expansion and extension of existing Innovation programs to the Adult System of Care (ASOC) Council, the Older Adult Council, the Children, Youth and Family System of Care (CYFSOC) Council, and the Housing Council for their input. Stakeholders were asked to complete a community feedback questionnaire individually or as a council. The CYFSOC assigned a sub-committee to consider and provide comment, and the ASOC reviewed the Innovations programs as part of their meeting and provided written feedback. Additionally, BHS utilized an expansive, stakeholder email listserv to distribute the Innovation proposals and provide recipients a Survey Monkey link for their electronic feedback. Furthermore, the proposed Innovation programs were posted on BHS' MHSA website along with the Survey Monkey link for feedback.

11. MHSA Innovative Project Category

a) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.

12. MHSA General Standards

a) Community Collaboration: The concept for this proposal was developed with community participation and supports collaboration between different service providers from the mental health, peer and family support and community partners such as schools, community centers, faith communities and our TAY Workgroup representatives and the East African community including the United Women of East Africa and Nile Sisters Development Initiatives.

b) 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 this diverse population in order to reduce disparities in access to services and improve outcomes for TAY with serious mental illness. Staff hired shall be linguistically and culturally competent for the population served.

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

d) Family Driven Mental Health System: This program will include ongoing involvement of TAY family members, if the TAY gives permission for said involvement. Engaged family members will be involved in activities including but not limited to implementation, evaluation and future dissemination. Family members will also provide feedback that may inform different strategies or augmentations to the original model.

e) Wellness, Recovery and Resilience Focus: This program focuses on reducing stigma via TAY to TAY messaging, increases resilience and promotes recovery and wellness for Transition Age Youth who have a serious mental illness or are at risk through an integrated approach that combines artistic expression and social media that provides increased knowledge of mental health counseling and treatment, physical health wellness and education, trauma prevention, and social and independent skill-building activities.

f) Integrated Service Experience: This program encourages and provides access to a full range of TAY services provided by multiple agencies, programs and funding sources for clients and family members including mental health providers, peer supports, other health providers, and community resources. The overall objectives of this program is to evaluate if the creation and expression of multiple artistic models by TAY with serious mental illness or at risk TAY promotes wellness, reduces stigma and increases access to services for TAY in urban settings.

13. Continuity of Care for Individuals with Serious Mental Illness

If the County is not able to continue with this program, Behavioral Health Services will link clients to the appropriate level of care for continued mental health services.

14. INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement

a) Ensure 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 to improve outcomes and to implement treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations

b) Ensure meaningful stakeholder participation: Program will ensure that the client identifies the goals important to them for ongoing stability to make certain that treatment planning remains a collaborative process. Continued opportunities are available to engage community members through the System of Care Councils, community forums, etc.

15. Deciding Whether and How to Continue the Project Without INN Funds

a) Throughout the duration of the project, steps will be taken to review the effectiveness of the approach.

b) If effective, alternative funding streams will be considered.

16. Communication and Dissemination Plan

a) Information regarding this project will be disseminated through multiple collaborative groups, such as the Behavioral Health Advisory Board, the Children's System of Care Council and the Adult System of Care Council. Information regarding the program will also be available on the County of San Diego website.

b) Involvement of program participants and other stakeholders

17. Budget

a)	Original Total:	$1,211,613
b)	Proposed Total Addition:	$2,256,322
c)	Proposed New Total (includes evaluation):	$3,467,935

County of San Diego — Urban Beats (INN 16)

Cycle 3 INN – 16 Urban Beats						
Innovative Project Budget by FISCAL YEAR (FY)						
BUDGET TOTALS	FY 15/16	FY 16/17	FY 17/18 (Current program and November-June Expansion only)	FY 18/19	FY 19/20	TOTAL
			Expansion	Expand and Extend	Expand and Extend	
Urban Beats Base (Central Region)	$ 383,677	$ 383,677	$ 383,677	$ 383,647	$ 383,647	$ 1,918,325
North Central Region S&B			$ 169,045	$ 289,792	$ 289,792	$ 748,629
North Central Region Operating Costs			$ 54,423	$ 93,296	$ 93,296	$ 241,015
East African Component (Operating)			$ 51,083	$ 88,547	$ 88,547	$ 228,177
Expansion Indirect Costs (13%)			$ 35,766	$ 61,313	$ 61,313	$ 158,391
INNOVATION BUDGET SUBTOTAL	$ 383,677	$ 383,677	$ 310,317	$ 916,595	$ 916,595	$ 2,910,860
Total Evaluation	$ 20,194	$ 20,194	$ 36,526	$ 48,242	$ 48,242	$ 173,398
Original Total with Evaluation	$ 403,871	$ 403,871	$ 403,871			$ 1,211,613
Program Summary						
North Central and East African Extention and Expansion			$ 310,317	$ 916,595	$ 916,595	$ 2,143,506
Proposed Increase Cost to Evaluation			$ 16,332	$ 48,242	$ 48,242	$ 112,816
Proposed Addition			$ 326,649	$ 964,837	$ 964,837	$ 2,256,322
New Total	$ 403,871	$ 403,871	$ 730,520	$ 964,837	$ 964,837	$ 3,467,935

*Current funding not included in expansion FY 17/18 total

- The breakdown for the proposed North Central, East African, and transportation expansion includes the following recurring costs:

  a) Personnel: $289,792 (.05 Regional Director, .08 Clinical Supervisor, 1.0 Pre-licensed therapist, 4 Youth Support Partners, and a .05 Office Assistant I) with benefits at 22%.

  b) Operating: $93,296 (including the van lease at $12,000 annually, satellite location at $19,000 annually, performance related supplies at $7,000 annually, printed materials at $1,000 annually, studio equipment at $2,000 annually, client incentive gift cards at $6,000 annually, and sub-agreements for Creative coaching and Social Media content at $14,000 annually) and other program related expenses at $32,296.

  c) Indirect Cost: $61,313 (13%).

  Total: $355,299 (Pro-rated for November 2017 start, without evaluation cost)

- The breakdown for the proposed East African expansion (included in Total above) includes the following recurring costs:

  a) Operating: $75,000.00

  b) Indirect Cost: $13,547.00.

  Total: $59,031 for November 2017 start, (Full year- $88,547).

18. Timeline

a) Proposed extension of program: 7/1/18 — 6/30/20 (2 years)

b) Proposed expansion program dates: 11/1/2017 — 6/30/20 (2 years, 8 months)

c) Key activities timelines and milestones

INN 16 Urban Beats	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20
Initial Contract	July 2015 (3 yrs) June 2018				
Expansion (enhanced services)			Nov 2017 (2 yrs, 8 mos) June 2020		
Extension (additional years)				July 2018 (2 yrs) June 2020	

TARGET DATES	KEY MILESTONES
November, 2017	Existing contract amended to include new region and scope of services.
December, 2018	Initiation of subcontract and hiring of staff for East African component of expansion.
June, 2018	Completion of site visit to verify compliance with terms of contract.
July, 2018- June 2020	Continuation of regular contract monitoring activities, including review of invoices, performance, and quality standards. Completion of annual evaluations reviewed by Behavioral Health Services to gauge effectiveness of the program specific to the target population and planned interventions.
June, 2020	End of program.
November, 2020	Evaluation of total program to include all years concluded. Results to be disseminated.

County of San Diego – CREST (INN 17)

MHSOAC Approval Date: February 26, 2015 **Original Program Dates:** Jan 1, 2016 – Dec 31, 2018

Original Budget: $1,331,919 **Original Budget for Evaluation:** $66,596 (5% of total)

1. Primary Problem

Hoarding is particularly dangerous for older adults, who may have physical and cognitive limitations. Basic functioning in the home may be impaired as the acquisition of items prevents the use of rooms for their intended function. One study found that 45% could not use their refrigerators; 42% could not use their kitchen sink; 20% could not use their bathroom sink; and 10% could not use their toilet. Hoarding can present a physical threat due to fires, falling, unsanitary conditions, and inability to prepare food. People who hoard may suffer social impairment due to the unwelcoming state of the home. Older adults may live on a fixed income and suffer from financial problems due to paying for extra storage space, purchasing unneeded items, and/or the cost of house fires. Older adults are at risk for eviction or premature relocation to less desirable housing (International Obsessive Compulsive Disorders Foundation).

2. What Has Been Done to Address Your Primary Problem?

The County of San Diego Health and Human Services Agency Behavioral Health Services (BHS) created an Innovations project called Innovative Mobile Hoarding Intervention Program (IMHIP) with the primary purpose to reduce hoarding behaviors, improve health and safety, quality of life, and housing stability through the provision of evidence-based services to older adults suffering from serious mental illness (SMI) whose hoarding behaviors place them at risk for homelessness. The mobile nature of the project allows for accessibility to services for a population of older adults who tend to be isolated and who have many times lost their social contacts and family connections due to the hoarding behaviors. The eligible population is uninsured, Medi-Cal and or Medi-Cal/Medicare beneficiaries who are 60 and older who meet medical necessity criteria for SMI.

The program name was changed from IMHIP to Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST) Community Program by the contractor (University of California, San Diego) to reflect the treatment paradigm. The program began seeing clients in March 2016 (representing a delay in the launch timeline due to the contracting process). The program currently serves clients living in zip codes in the Central and North Central Regions of San Diego County.

Components of the CREST Community Program include several evidence based practices:

a) Outreach and education about the program, review of referrals and collaboration with mental health providers, primary care, Aging and Independent Services, Psychiatric Emergency Response Team (PERT), Fire Dept., Vector Control, Code Enforcement, Animal Services, private fiduciaries, professional organizers, etc. Referrals are also accepted from family members.
b) Screening and hoarding to establish baseline using the Clutter scales and/or other hoarding measures
c) Using the Screening, Brief Intervention and Referral to Treatment (SBIRT) for Older Adult Prescription/Alcohol misuse
d) Home-based Exposure/sorting therapy along with adapted Cognitive Behavior Therapy
e) After-care support group to maintain acquired skills

f) Psychoeducation components developed from following possible models such as:
   a. 24-26 weeks of Cognitive Rehabilitation and skill building
   b. 15 week support group, graduates become "action group" which follows with intense 8 weeks of active de-cluttering with a clutter buddy

The concept for this program was developed with participation from the Older Adult Council and San Diego Hoarding Collaborative. This program includes the ongoing involvement of clients and family members in roles such as, but not limited to, outreach, implementation, evaluation, and future dissemination. Peer staff are also part of the outreach and treatment team.

Between March 2016 and June 30, 2017, 33 unduplicated clients from the Central and North Central regions of San Diego have been enrolled. One outcome thus far is that of the 33 clients enrolled, there are no evictions. Upon entry into the program, 82% of the clients had multiple eviction risk factors and twenty one were in the process of eviction. The CREST team was able to work closely with landlords and halt the eviction process in these cases.

While completed treatment outcomes are not yet available due to the short amount of time that CREST has been operational, several challenges have arose. The first challenge is the small number of clients involved in the program. The small number is due to program design of serving 30 unduplicated clients annually, well short of the need; with 33 unduplicated clients currently enrolled CREST has exceeded the target of 30 unduplicated clients served annually. Furthermore, of the 149 older adults that contacted the CREST Community Program between March 2016 and June 30, 2017, aside from the 33 clients that were enrolled, an additional 22.5% older adults met diagnostic criteria but were not enrolled due to living outside of the eligible zip codes of the Central and North Central Regions in San Diego County.

3. Primary Purpose/Change Request

a) Increase the quality of mental health services, including measurable outcomes.
b) An increase in expenditures, such that more funds are expended than previously approved.

4. The Proposed Change

When the program was initially approved, the design included 30 unduplicated clients in the Central and North Central Regions due to budgetary constraints at that time. It is now requested that CREST be extended for an additional 1.5 years to add more time for data to be included. It is also requested that CREST be expanded countywide to increase its ability to provide services to more clients. Being that the Hispanic/Latino population is the largest minority group in San Diego County (33%) with the South Region having 61% of the population identified as Hispanic/Latino with 19% monolingual Spanish speakers, and 36.5% bilingual it is requested that CREST have bilingual Spanish/English staff to enable the program to implement and test CREST bilingually. East Region has 20% Hispanic population with North Coastal 26% and North Inland 24%. With the regions having a quarter of their population identifying as Hispanic and Spanish being the second largest language provided in services to older adults with serious mental illness we have chosen to include a bilingual (English-Spanish) speaking therapist in our expanded regions to address cultural competency barriers. This request does not include any changes in approved purpose or expected outcomes.

The proposed expansion to the program will serve 90 clients countywide and will cover the cost of adding full-time bilingual Spanish/English Licensed Clinical Social Workers per Region and two hubs (one (1) for East/South Region and one (1) for North Region). Neither has fiscal impact on the already cost per client.

In order to establish the effectiveness of CREST we will randomize clients to the active community treatment as usual control group. After 6 months of ongoing monthly assessments the clients will be offered the CREST program.

5. Population

a) Number served- Current target is 30 clients; proposed will increase target to 90 clients
b) Target groups- Older adults (60 and older), identified as exhibiting serious mental illness with serious hoarding behaviors.

6. Innovative Component

There is little research about treatment for hoarding behaviors in older adults; nevertheless, late life hoarding is a serious psychiatric and community problem that draws considerable attention from stakeholders through community feedback. A recent study written in the American Journal of Geriatric Psychiatry (March 2017) included an objective of estimating age-specific prevalence, in males and females using a large population-based sample (N = 15,194 and the age range 15-97). The results were "prevalence of provisional Hoarding Disorder diagnoses increased linearly by 20% with every 5 years of age...". There is also a lack of awareness and reporting from those who might be able to identify persons with at risk hoarding behaviors before a crisis develops which would allow the time required for significant improvement to be demonstrated. Furthermore, there are few trained professionals that have specialized expertise in this area, for any adult much less older adults, and fewer still are willing or able to make house calls to coach individuals to de-clutter and/or teach them new skills to manage compulsive hoarding. This program design addresses these issues and further, provides case management, peer support, family services, collaboration with the older adult's other treatment professionals, linkage to additional community services and aftercare services with the goal of increasing the number of clients served countywide, decrease in evictions, decrease at risk of homelessness or homelessness and increase in long-term coping skills to avoid hospitalizations and legal issues.

The CREST Community Program has been operating for nearly 18 months and is unique in the county. Early feedback indicates that the CREST services are innovative in that the services address not only the symptoms of hoarding in older adults with serious mental illness by utilizing a cognitive behavioral rehabilitation therapy in the client's home, but also includes aftercare and peer support, collaboration with primary care providers and linkage to appropriate community supports.

Expanding and extending this project will allow for a promising practice to be field-tested for effectiveness with older adults with serious mental illness and hopefully introduce a new practice or approach that can be replicated countywide and in Spanish/English.

7. Learning Goals / Project Aims

a) What is an effective model to treat hoarding behaviors in older adults with serious mental illness?
b) What are the most effective ways to engage an older adult with serious mental illness to participate in interventions geared for hoarding behaviors?
c) Are peer supports effective with older adults with serious mental illness who have hoarding behaviors either individually and/or as part of an aftercare support group?
d) What is the effectiveness of the CREST program compared to community treatment as usual?
e) Can CREST be effectively delivered in a bilingual/bicultural (Spanish/English, Hispanic/ Latinos) format?

8. Evaluation or Learning Plan

This project is expected to add new learning to the mental health field on effective practices to abate hoarding behaviors in older adults with serious mental illness. Research on treatment models for hoarding behaviors is relatively new and there is limited knowledge (usually single case studies) on how to effectively treat the condition in older adults particularly those with serious mental illness. Studies by Dr. Catherine Ayers show that effective hoarding interventions for older adults with serious mental illness require specialized training such as adapted Cognitive Behavior Therapy/Cognitive Restructuring along with home-based coaching. CREST is currently testing this in the field.

The following items will be tracked and measured. The project will be assessed on an annual basis, per fiscal year, and the resultant report will be made available to the County of San Diego's Older Adult Council, composed of older adult stakeholders, for review and questions. The County's internal Performance Outcomes team will also review the reports.

Outcomes to be tracked:

a) Number of community participants outreached
b) Number of community participants enrolled in program
c) Number of reduced hoarding related evictions
d) Reduce mental health symptoms, compulsive behaviors, and substance use
e) Improve safety of older adult participant by reducing clutter that poses trip danger, fire and pest infestation potential, unhealthy sanitation and other hazardous conditions
f) Improve quality of life as measured by participant report and scale
g) Reduced clutter as evidenced by improved scores on clutter scales (example: recovered a room for intended use) at conclusion of treatment as well as 30, 90, 180 days follow up
h) Improved quality of life as evidenced by client self-reporting (QOL measure; 1 page)
i) Improved mental health by Milestones Of Recovery Scale (MORS) or other measure- Recovery Markers Questionnaire (RMQ)

Monitoring, Data Collection, Outcomes and Evaluation

a) Monthly/Quarterly data tracking reports
b) Annual data tracking per fiscal year; analysis and recommendation reports
c) Evaluation of outcomes – Identify outcomes to be tracked per Innovation regulations
d) Determine role of Quality Improvement

9. Contracting

Quality and regulatory compliance elements are included in each contract, specific to the funding source and purpose of the service. A Contract Officer's Representative (COR) with Behavioral Health Services assumes responsibility for ongoing monitoring of the contract for compliance and outcomes, working with the Department of Purchasing and Contracting (DPC), along with Administrative Contract Support (ACS). Monitoring includes regular site visits, review of documentation, and oversight of applicable laws and regulations.

Contractors will have a dedicated COR or Program Monitor from Behavioral Health Services who will develop a contract monitoring plan containing activities that will be conducted each year on their Statement of Work (SOW). Monthly/Quarterly COR meetings are routine.

There will be a minimum of four (4) monitoring activities per contract year, including a minimum of one (1) site visit, with subsequent visits, as needed, if identified issues have not been resolved. Monthly/ Quarterly COR meetings and site visit activities include but are not limited to deliverables review, technical assistance and consultation, review of fiscal and claim documentation and annual inventory update, emergency planning documentation, corrective action plans, and discussion of strengths and weaknesses of contractor's deliverable outcomes.

There will be monthly/quarterly review of SOW contract deliverables to determine contractor's performance in meeting contract objectives, review contractor exclusion/debarment/Medi-Cal Sanctions lists employee review process as well as a minimum of one in-depth invoice review annually.

A total of 5% of project funds is set aside for evaluation analysis and outcome reporting through an existing contract with the University of California, San Diego.

10. Community Planning

During August through October, 2016, more than 650 individuals participated in BHS' 2016 Community Engagement process: 551 community members and providers at twelve (12) regional forums and more than 100 representatives from targeted populations (Native American, Southeastern San Diego Community, Justice Partners, Male and Female incarcerated individuals and Peer Workers) who attended six special focus groups. Behavioral Health Services (BHS) engaged consultant Hoffman & Clark to facilitate the forums and focus group and analyze feedback. Participants provided commentary through a group process that asks questions aimed at strengthening system capacity by focusing on productive potential.

The focus of the discussions centered around four topics: Children's Behavioral Health; Unserved/ Underserved; Care Coordination; and the proposed concepts for Innovation projects, which had emerged from previous years of the Community Planning Process. Statistical analysis of the forum discussions showed 15 "Essential Themes". The themes of Access & Services, Continuum of Care, and Education & Awareness stood out across the three topics and were considered when making decisions for the expansion and extension of existing Innovation programs.

Throughout the year, BHS' stakeholder-led monthly councils provide a forum for council representatives and the public to stay informed of MHSA programs and offer input. BHS' MHSA Coordination team presented the proposed expansion and extension of existing Innovation programs to the Adult System of Care (ASOC) Council, the Older Adult Council, the Children, Youth and Family System of Care (CYFSOC) Council, and the Housing Council for their input. Stakeholders were asked to complete a community feedback questionnaire individually or as a council. The CYFSOC assigned a sub-committee to consider and provide comment, and the ASOC reviewed the Innovations programs as part of their meeting and provided written feedback. Additionally, BHS utilized an expansive, stakeholder email listserv to distribute the Innovation proposals and provide recipients a Survey Monkey link for their electronic feedback. Furthermore, the proposed Innovation programs were posted on BHS' MHSA website along with the Survey Monkey link for feedback.

11. MHSA Innovative Project Category

a) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.

12. MHSA General Standards

a) Community Collaboration: The concept for this work plan was developed with participation from older adult stakeholders who are part of the County's Older Adult Council. This program includes the ongoing involvement of clients and family members in roles such as, but not limited to, outreach, implementation, evaluation, and future dissemination. Ultimately, the program strives to create healthier older adults in our community who will not be facing the threat of displacement from their homes or apartments due to hoarding behaviors.
b) Cultural Competence: As defined in CCR, Title 9, Section 3200.100, this program demonstrates cultural competency and capacity to the older adult population by employing a diverse workforce to relate to the multiple ethnicities residing in the primary target region where services are to be provided.
c) Client and Family Driven Mental Health System: This program includes the ongoing involvement of clients and family members 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. This system will influence concepts to maintain and increase supports and community activities.
d) Wellness, Recovery and Resilience Focus: This program increases resilience and promotes recovery and wellness for an older adult population at risk of homelessness and physical decline due to safety and sanitary risks associated with compulsive acquisition. The older adults in this project will learn new skills and insight to manage their hoarding behaviors by reducing clutter in their homes, improving safe access throughout the home, improving social interaction by making their home's appearance more welcoming and by participating in an aftercare group which will also support maintenance of new skills. Older adults will also be educated about the proper use of prescribed medication and safe drinking practices for older adults.
e) 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. The program will screen all referrals for mental health and substance use disorders and work to link clients to appropriate services while working to engage qualified clients for

the hoarding interventions provided directly by this project. Clients will be educated about the range of services available for which they are qualified and linked.

13. Continuity of Care for Individuals with Serious Mental Illness

If the County is not able to continue with this program, Behavioral Health Services will link clients to the appropriate level of care for continued mental health services.

14. INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement

a) Ensure 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 to improve outcomes and to implement treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations
b) Ensure meaningful stakeholder participation: Program will ensure that the client identifies the goals important to them for ongoing stability to make certain that treatment planning remains a collaborative process. Continued opportunities are available to engage community members through the System of Care Councils, community forums, etc.

15. Deciding Whether and How to Continue the Project Without INN Funds

a) Throughout the duration of the project, steps will be taken to review the effectiveness of the approach.
b) If effective, alternative funding streams will be considered.

16. Communication and Dissemination Plan

a) Information regarding this project will be disseminated through multiple collaborative groups, such as the Behavioral Health Advisory Board, the Adult System of Care Council, Older Adult Council and Aging Independence Services. Information regarding the program will also be available on the County of San Diego website.
b) Involvement of program participants and other stakeholders
c) Five keywords of phrases for this project to assist with search: Caregiver Stress; Caregiver Stigma; Hoarding; Older Adults

17. Budget

a)	Original Total:	$1,331,919
b)	Proposed Addition:	$2,913,159
c)	New Total:	$4,245,077

County of San Diego – CREST (INN 17)

Innovative Project Budget by FISCAL YEAR (FY)

BUDGET TOTALS	FY 15/16	FY 16/17	FY 17/18 (Current program and January-June Expansion only)	FY 18/19	FY 19/20	TOTAL
			Expansion	Expand and Extend	Expand and Extend	
CREST Base (Central/North Central Region)* (original)	210,887	421,774	421,774	210,887		**1,265,322**
Countywide S&B			267,957	665,759	876,646	1,810,362
Countywide Operating Costs			25,157	76,341	76,341	177,839
Expansion Indirect Costs			43,967	142,947	142,947	329,861
Other Expenditures - HUBS			89,888	179,776	179,776	449,440
INNOVATION BUDGET SUBTOTAL	**210,887**	**421,774**	**848,743**	**1,275,710**	**1,275,710**	**4,032,823**
Evaluation 5% (original)	11,098	22,199	22,199	11,100		66,596
Proposed Increase Cost to Evaluation 5%			22,472	56,043	67,143	145,658
Total Evaluation	**11,098**	**22,199**	**44,671**	**67,143**	**67,143**	**212,254**
Program Summary						
CREST Base (Central/North Central Region)* (original)	210,887	421,774	421,774	210,887	-	1,265,322
Evaluation 5% (original)	11,098	22,199	22,199	11,100		66,596
Original Total	**$ 221,985**	**$ 443,973**	**$ 443,973**	**$ 221,987**	**$ -**	**$ 1,331,919**
Countywide Extention and Expansion			$ 426,969	$ 1,064,823	$ 1,275,710	2,767,501
Proposed Increase Cost to Evaluation	$ -	$ -	$ 22,472	$ 56,043	$ 67,143	145,658
Proposed Addition	**$ -**	**$ -**	**$ 449,441**	**$ 1,120,866**	**$ 1,342,853**	**$ 2,913,159**
New Total	**$ 221,985**	**$ 443,973**	**$ 893,414**	**$ 1,342,853**	**$ 1,342,853**	**$ 4,245,077**

The proposed expansion to the program will serve 90 clients countywide and will cover the cost of adding full-time bilingual Spanish/English Licensed Clinical Social Workers per region and two hubs (one for East/South Region and one for North Region). The salaries in the proposed budget are for full time bilingual Spanish/English Licensed Clinical Social Workers at approximately $71,000 with 26% benefits rate which is compatible with the other county contracts. Also, neither does the expansion nor extension increase the cost per client of $14,000 (which was the original approved cost per client). The cost per client is $4,000 less than that of a client receiving Assertive Community Treatment (ACT) services ($18,000 cost per client). The current services are more intensive than those received by a Strengths Based Case Management client as CREST almost mirrors those of an ACT client. CREST clients receive wraparound services which include more as many visits with clients as needed to avoid evictions in order to avoid homelessness. Services expand to collaborating with a wide array of community partners such as legal, financial/debt, Code Enforcement, assistance with arranging for cleaning and discarding services, waste removal, pest/vector control, etc. The intensity of these wraparound services is very similar to an ACT model.

18. Timeline

a) Proposed extension of program: 1/1/19– 6/30/20 (1 year, 6 months)
b) Proposed expansion program dates: 1/1/18 - 6/30/20 (2 years, 6 months)
c) Key activities timeline and milestones:

INN 17 CREST (formerly IM HIP)	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20
Initial Contract	**Jan 2016 (3 yrs) Dec 2018**				
Expansion (enhanced services)				**Jan 2018 (2.5 yrs) June 2020**	
Extension (additional years)				**Jan 2019 (1.5 yrs) June 2020**	

TARGET DATES	KEY MILESTONES
January, 2018	Existing contract amended to include new regions and scope of services (two full-time bilingual staff per region and two hubs (one in East/South Region and one in North Region) to serve 90 clients countywide).
February, 2018	Target for completion of hiring of staff for amended positions.
June, 2018	Completion of site visit to verify compliance with terms of contract.
July, 2018 - June, 2020	Continuation of regular contract monitoring activities, including review of invoices, performance, and quality standards. Completion of annual reports to include all data elements year to date; analysis of the barriers and successes of the project and recommendations based on lessons learned thus far for the countywide expansion and the use of bilingual staff (Spanish/English). Annual evaluations reviewed by Behavioral Health Services to gauge effectiveness of the program, specific to the target population.
June, 2020	End of pilot program and services.
December, 2020	Evaluation by Behavioral Health Services to determine results and feasibility of integrating into existing programs or replication. Evaluation of total program to include all years concluded. Results to be disseminated.