Napa County Health and Human Services Agency - Mental Health Division

Proposed Mental Health Service Act (MSHA) Innovation Projects for FY 17-18 to FY 18-19

The 30-day Public Review and Comment Period will take place from Friday, May 12 to Monday, June 12, 2017.
A public hearing will be held at a meeting of the Napa County Mental Health Board on Monday, June 12, 2017 from 4-6pm.

NAPA COUNTY CALIFORNIA

A Tradition of Stewardship
A Commitment to Service

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Introduction

Enacted by voters on November 2, 2004, the Mental Health Services Act (MHSA) imposed a 1% tax on every dollar of personal income over $1 million to generate revenue for counties across the state of California to transform the public mental health system by helping systems become more integrated, culturally competent, consumer and family member driven, and wellness and recovery oriented. Through five funding components, MHSA is designed to create the capacity for a broad continuum of prevention, early intervention and treatment services along with the necessary infrastructure, technology, and training elements to support effective mental health system transformation.

One of the five funding components of MHSA is Innovations (INN). The purpose of INN is to implement short-term pilot projects that contribute to new learning in the Mental Health field. These funds provide the opportunity to explore strategies and approaches that can inform future practices in communities/or mental health settings. Innovation projects can target any population and any aspect of the mental health system as long as the strategies or approaches that are being implemented address at least one of the following areas:

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

INN projects must also either: introduce new mental health practices or approaches that have never been done before; or make changes to existing mental health practices/approaches, including adapting them to a new setting or community; or introduce a new promising community-driven practice/approach that has been successful in non-mental health contexts or settings. Counties are required to report on the results of strategies and projects that were implemented through Innovation funding. As with all MHSA components, Innovation funds are made available through an approved Innovations Plan which requires a planning process informed by community stakeholders, plan development, a 30-Day Public Review and Comment Period, a Public Hearing, and obtaining approvals by the County Board of Supervisors and the California Mental Health Services Oversight and Accountability Commission (MHSOAC).

The Napa County Health and Human Services Mental Health Division has worked with local stakeholders and community members to develop the following four proposed Innovations Plans that are included in this document:

- Napa ACEs Innovation Project - $438,869
- Native American Historical Trauma and Traditional Healing Innovation Project - $479,518
- Understanding the Mental Health Needs of the American Canyon Filipino Community Innovation Project - $461,016
- Work for Wellness Innovation Project - $309,250

Each of the proposed Innovations Projects engaged in a robust community planning process, which are detailed in the Innovation Project descriptions. The format of the proposals is based on a template provided by the MHSOAC. The total cost for these projects is $1,688,653 and, if approved, implementation would begin in January 2018 and continue through June 30, 2019.

Local Stakeholder Participation and Engagement

The Mental Health Division has been working collaboratively with the Stakeholder Advisory Committee (SAC) since 2005. SAC members meet on a monthly basis and continue to provide guidance and program monitoring through review of program evaluation, program design and budget allocations. The CSS programs - Children's FSP (CFSP), Transition Age Youth (TAY) FSP, Older Adult (OA) FSP, Mobile Outreach Response and Engagement (MORE) and Project Access programs were developed through the initial county-wide planning process in 2004-2005. Additional CSS Programs – Adult FSP, Children's FSP Expansion, Adult Treatment Team FSP, and Older Adult FSP Expansion - were developed in ensuring years through stakeholder planning efforts.

MHSA Stakeholder Advisory Committee (SAC)

The SAC is the primary stakeholder body that is involved in the Mental Health Division's MHSA Community Program Planning Process and is composed of:

- Chief Probation Officer for Adult and Juvenile Probation representing Law Enforcement
- Representative from Napa Valley Unified School District representing K-12 Education
- Representative from Napa County Office of Education representing K-12 Education
- Representative from Napa Valley College representing Higher Education
- Representatives from the Behavioral Health Committee representing Community Mental Health Service Providers and the Napa Valley Non-Profit Coalition
- Representative from the Napa County Commission on Aging representing Older Adults who also serves on the Mental Health Board
- Representative from the Healthy Aging Population Initiative (HAPI) representing Older Adults
- Representative from Parent-Child Action Network (ParentsCAN) representing family members
- Representative from Napa County Public Health Division representing Health providers
- Representative from Napa County's Alcohol and Drug Services Division representing Substance Abuse Services, Co-Occurring, Prevention and Youth
- LGBTQ Program Coordinator from a local non-profit organization representing the LGBTQ community
- Director of a local inter-tribal organization representing the Native American community
- The Director, Clinical Director and MHSA Staff of the Mental Health Division

Public Review and Comment Period/Public Hearing

The Public Review and Comment Period for the Division's Proposed Innovations Projects for FY 17-18 to FY 18-19 will take place from Friday, May 12 to Monday, June 12, 2017 with a public hearing at a meeting of the Napa County Mental Health Board on Monday, June 12, 2017 from 4-6 pm in compliance

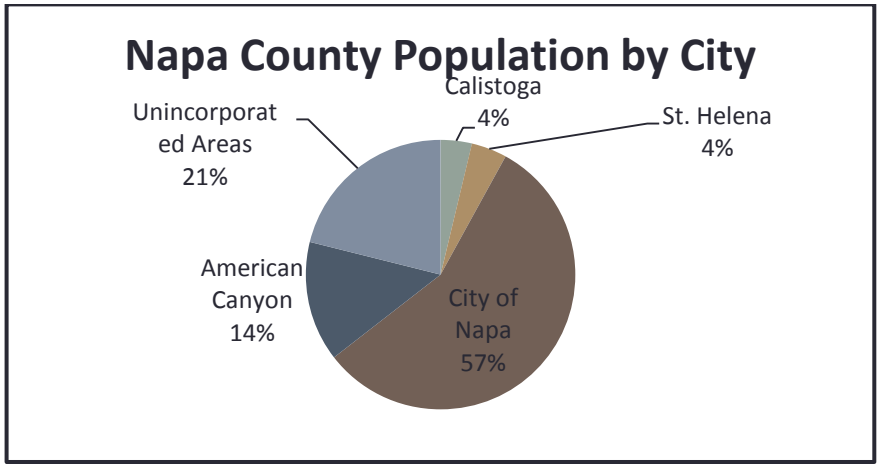
with California Code of Regulations (CCR) 3315(a)(b). During the public review/comment period, the Division's Proposed Innovations Projects for FY 17-18 to FY 18-19 will be posted to community bulletin boards, emailed to all MHSA stakeholders, posted to the MH Division's website, and available to all interested parties at the Mental Health Division office at 2751 Napa Valley Corporate Drive, Bldg. A., in Napa upon request. All community stakeholders will be invited to participate in the public review/comment process.

Overview of Napa County

The Napa Valley, located in the heart of California's pre-eminent wine country is home to some 142,456[1] residents who share a strong sense of community and a legacy of preserving and protecting its rich agricultural heritage. The County's strategic location, sunny Mediterranean climate and abundant natural and cultural resources, provides a mix of small town living and city amenities. With its tradition of stewardship and responsible land use planning, Napa County has maintained a strong rural character.

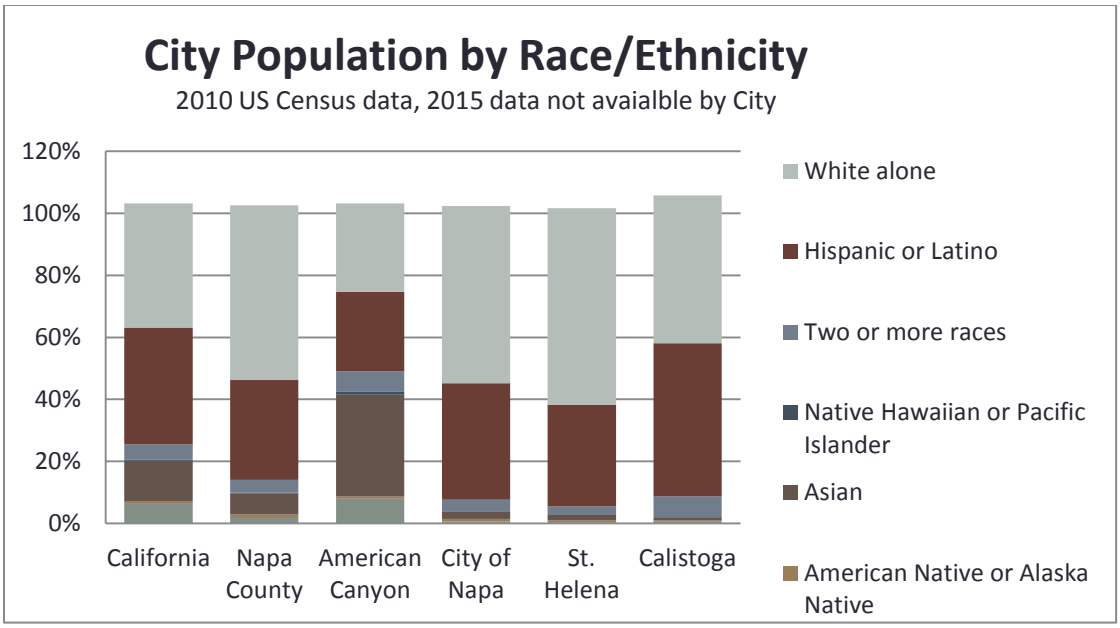
> The most common language spoken in Napa, CA other than English is Spanish. 36.1% of Napa, CA Metro Area citizens are speakers of a non-English language. That is higher than the national average of 21%.[1]

According to 2015 estimates, the population of Napa County is distributed across the County in the following way:



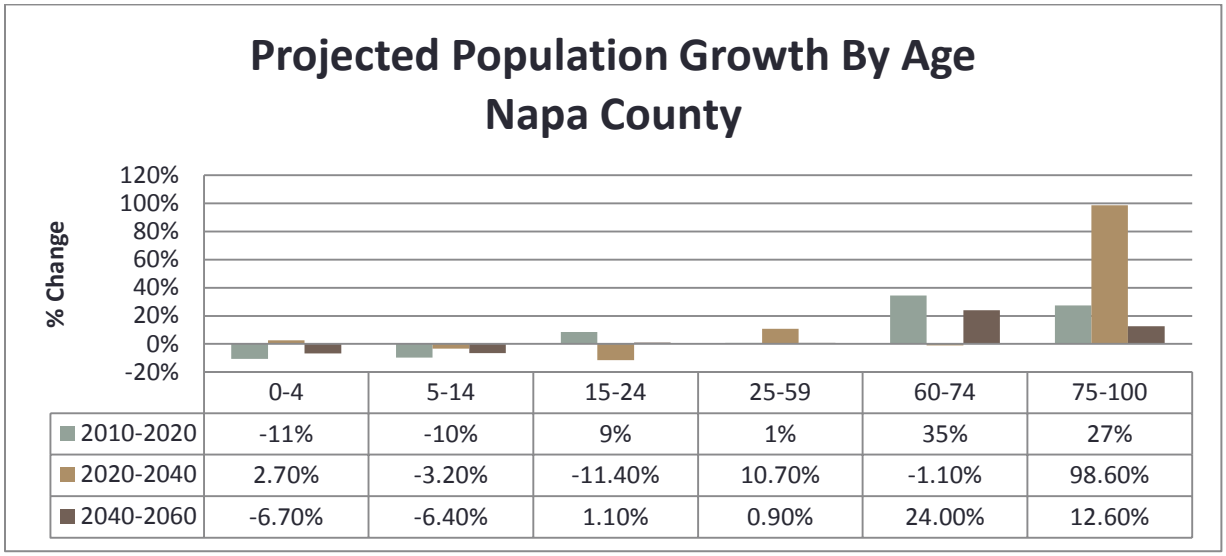
[2]

[1] US Census Quick Facts, Napa County Population. < https://www.census.gov/quickfacts/table/PST045216/0601640,0650258,0664140,0609892,06055>. April 8, 2017.
[2] Populations estimates for 2015 < https://www.census.gov/quickfacts/table/RHI125215/06,0601640,0650258,0664140,0609892,06055>. April 12, 2017.



American Canyon is the most diverse city in Napa County and Calistoga continues to have a large population of Hispanic/Latinos, making it the majority racial/ethnic group in the City of Calistoga.

The California State Department of Finance provides estimated and projected population data by age, race/ethnicity.[3] The table below shows that while most of the population will remain relatively stable, if not slightly decrease in the next 20-40 years, the age group that will continue to grow at a faster pace will be the 60-74 and 75-100 age group.

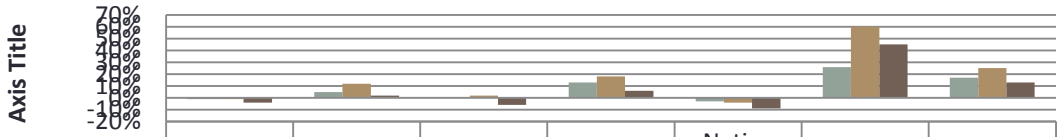


	0-4	5-14	15-24	25-59	60-74	75-100
2010-2020	-11%	-10%	9%	1%	35%	27%
2020-2040	2.70%	-3.20%	-11.40%	10.70%	-1.10%	98.60%
2040-2060	-6.70%	-6.40%	1.10%	0.90%	24.00%	12.60%

Department of Finance data project that the older adult population, particularly the 75+ age range will almost double in the next 20-40 years, while the rest of the age groups will have limited growth or slight

[3] California State Department of Finance Population Projections, < http://www.dof.ca.gov/Forecasting/Demographics/Projections/>. April 8, 2017.

decreases in the same time period. Additionally, the two main racial/ethnic groups that will continue to grow in the County are the Hispanic and Asian populations along with individuals who identify as multiracial.



	White	Black	American Indian/ Alaska Native	Asian	Native Hawaiian / Pacific Islander	Multiracial	Hispanic
2010-2020	-1%	5%	0%	13%	-3%	26%	17%
2020-2040	-1%	12%	2%	18%	-4%	60%	25%
2040-2060	-4%	2%	-6%	6%	-9%	45%	13%

http://www.california-demographics.com/napa-county-demographics#

Project Name: _____Napa Adverse Childhood Experiences (ACEs) Innovation Project____

PLEASE NOTE: USING THIS TEMPLATE IS **OPTIONAL**. It is being provided as a technical assistance tool to staff who wishes to make use of it.

> *The MHSA Innovation Component requires counties to design, pilot, assess, refine, and evaluate a "new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges" (Welfare and Institutions Code Section 5830, subdivision (c)). The eventual goal is for counties to implement successful practices without Innovation Funds and to disseminate successful practices to other counties. In this way, the Innovation Component provides the opportunity for all counties to contribute to strengthening and transforming the local and statewide mental health system and contributes to developing new effective mental health practices. (Mental Health Services Oversight and Accountability Commission, Innovative Projects Initial Statement of Reasons)*

An "Innovative Project" means "a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports" (*California Code of Regulations, Title 9, Sect. 3200.184*). Each Innovative Project "shall have an end date that is not more than five years from the start date of the Innovative Project" (*CCR, Title 9, Sect. 3910.010*). Counties shall expend Innovation Funds for a specific Innovative Project "only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project" (*CCR, Title 9, Sect. 3905(a)*). Further, "The County shall expend Innovation Funds only to implement one or more Innovative Projects" (*CCR, Title 9, Sect. 3905(b)).* Finally, "All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847" (*Welfare and Institutions Code, Sect. 5892(g)).*

The goal of this template is to assist County staff in preparing materials that will adequately explain the purpose, justification, design, implementation plan, evaluation plan, and succession plan of an Innovative Project proposal to key stakeholders, including local and State decision-makers, as well as interested members of the general public. Additionally, a County that fully completes this template should be well prepared to present its project workplan to the Commission for review and approval.

General regulatory requirements for Innovative Projects can be found at CCR, Title 9, Sect. 3910. Regulatory requirements for the Innovation (INN) Component of the 3-Year Program and Expenditure Plan & Annual Update can be found at CCR, Title 9, Sect. 3930. In some cases, the items contained in this **OPTIONAL** template may be ***more specific or detailed*** than those required by the regulations; you may skip any questions or sections you wish.

The template is organized as follows. Part I, Project Overview steps through a series of questions designed to identify what the County has identified as a critical problem it wishes to address via an Innovative Project, the steps the County has taken to identify an innovative strategy or approach to address that critical problem; how it intends to implement the innovative strategy or approach; what it hopes to learn and how those learning objectives relate the innovative strategy or approach to the critical problem it has identified; how it intends to address the learning objectives; and how the County intends to address any transition for affected stakeholders at the end of the time-limited project.

Part II, Additional Information for Regulatory Requirements, poses a series of questions that relate to specific regulatory requirements, either for the proposal or for subsequent reports.

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1) **Primary Problem**

a) **What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.**

CCR Title 9, Sect. 3930(c)(2) specifically requires the Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update to describe the reasons that a County's selected primary purpose for a project is "a priority for the County for which there is a need … to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system." This question asks you to go beyond the selected primary purpose (e.g., "Increase access to mental health services,") to discuss more specifically the nature of the challenge you seek to solve.

What are ACEs?

"Adverse Childhood Experiences are the single greatest unaddressed public health threat facing our nation today." Dr. Robert Block, former President of the American Academy of Pediatrics

In 1997, the Centers for Disease Control (CDC) and Kaiser Permanente published the results of one of the largest retrospective studies to examine the links between adverse childhood experiences (ACEs) and current adult health and well-being.[i] The study showed that exposure to severe or pervasive childhood trauma (including abuse, neglect, parental mental illness or substance dependence, parental incarceration, parental separation or domestic violence) dramatically increases the risk of chronic disease later in life. The study also found that the higher the incidence of exposure, the worse one's health outcome. Individuals who experience four or more ACEs have a 4.5 times greater risk for depression, a 2.5 times greater risk for chronic obstructive pulmonary disease, and 12 times greater risk for suicidality.[ii]

Prevalence of ACEs

Children are most at risk for long-term adverse health impacts because their systems are still developing[iii].

- Of the 76 million children living in the United States, it is estimated that 46 million can expect to have their lives affected by violence, abuse, crime and psychological trauma.[iv]
- One in eight US residents has four or more ACEs.[v]
- In Napa County, 64.5% of the population has at least one ACE[vi]

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(Compared to 67% nationwide)[vii]

- One in five (20%) residents of Napa County has four or more ACEs.[viii] (Compared to 12.5% nationwide).[ix]

Screening for ACEs

The Napa ACEs Connection, a group of social service agencies in Napa County working to implement ACEs screening and treatment, noted that though the member agencies are all interested in addressing ACEs, there is very little screening currently occurring. The one program that is known to screen for ACEs does not use the ACE Questionnaire, but has incorporated questions about ACEs into other parts of its assessment. This program screens about 60 individuals each year. None of the other eight member agencies currently screen for ACEs, despite the tool being available and despite the known link between ACEs, health and wellbeing.

Needs of Paraprofessionals

Paraprofessionals are delegated a portion of professional tasks, but do not have a license to practice as an independent practitioner. Therefore, the supports that are available to licensed professionals to acknowledge and address their own trauma history are not in place for paraprofessionals. When individual's ACEs are identified, they are also offered information and support. This information and support are not offered to paraprofessionals.

Impact on Work

In many agencies, paraprofessionals are individuals' first contact with services. This project seeks to understand how paraprofessionals' own experiences with ACEs changes how they understand the role of ACEs for individuals and how they screen and refer individuals for ACEs. The project offers education and support to paraprofessionals that are available to licensed professionals and clients.

Impact on Workplace Stress

Current research shows that nationwide, 48% of the social work workforce experiences high levels of personal distress as a result of their work.[x] This work-based distress results in high incidence of suicide, high turnover rates in employment, high rates of burnout, and disruptive symptoms to personal lives resulting from traumatic stress.[xi] This project seeks to learn more about how the paraprofessionals' experience with ACEs is related to workplace stress, turnover and burnout and offers self-care options to help paraprofessionals manage stress

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in the workplace.

b) Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

A group of Napa County providers came together in March 2016 with the goal of educating the Napa community about ACEs as well as integrating trauma informed care and resilience building practices into their work, family, community and individual lives. The group is working "to establish a framework in which to work collaboratively to transform Napa County to a place of hope, compassion, healing and resilience for all across the lifespan."[xii] Member organizations of the Napa ACEs Connection (NAC) are listed below:

- Cope Family Center (Family Resource Center)
- On the Move (Family Resource Centers and Youth Support)
- Aldea Children & Family Services (Mental Health Services)
- Napa Court Appointed Special Advocates (CASA)
- NEWS (Domestic Violence and Sexual Assault Services)
- HHSA-Child Welfare Division
- HHSA-Public Health Division
- Up Valley Family Centers (Family Resource Centers)
- First 5 Napa

The planning process for the Napa ACEs Innovation Project began when the NAC began to examine what wasn't working in the current mental health system in regard to ACEs prevention and treatment. The group noted that though the prevalence of ACEs is known and the evidence on the impacts of childhood trauma are known, there were still barriers to the wide-scale prevention and treatment of ACEs.

The NAC wanted to know:

- Why are ACEs not being treated as the public health crisis they are?
- Is it possible we marginalize the issue because it applies to so many of us?
- Is it easier to see the impact of ACEs on others when we recognize the role of ACEs in our own lives?

NAC noted that paraprofessionals, who are often best positioned to intervene in the prevention and treatment of ACEs, have the least professional support to address ACEs in their own lives. Licensed professionals receive training and

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often ongoing supervision to address their own trauma history and how it manifests in their work. This support is not available for the paraprofessionals.

NAC reviewed literature relating to the barriers and found that no research exists on the prevalence and impact of ACEs and Resiliency on paraprofessional staff in social and family service organizations. There are many evidenced-based practices to address secondary trauma for licensed professionals as well as other promising practices designed to help heath care providers and caregivers avoid compassion fatigue and take better care of themselves.

Since paraprofessionals are often the first contact that individuals have with an organization, the group wondered how the individual's experience with and understanding of ACEs affected how paraprofessionals:

- Recognize the role of ACEs in individual's lives
- Screen individuals for ACEs
- Experience workplace stress

Paraprofessionals are a core sub-group of Napa ACEs Connection, and make up about 25% of the membership. The remaining 75% of the members are managers or directors who supervise paraprofessionals. The NAC members are comprised of paraprofessionals and organizations that employ large numbers of paraprofessionals. The group agrees that understanding how to support paraprofessionals is critical to preventing and healing childhood trauma in our community.

Paraprofessionals were involved in (1) initial discussions about the identification of need, (2) development of the idea and (3) review of this project proposal. The following job titles/roles are a sample of paraprofessionals who would be invited to participate in the Napa ACEs Innovation Project.

Sample Job Titles/Roles for Project Participants

Religious Leaders/Ministers	Classroom Aides	Parent Educators
Community Health Aides	School Office staff	Childcare providers
Eligibility Workers	Parent Liaisons	Home visitors/Family Support Providers
CASA Volunteers	Senior Center Staff	Medical Assistants
Crime Victim Advocates	Peer Staff	Family Advocates
Housing Program Intake Staff	Meals on Wheels Volunteers	Family Court Mediators

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2) What Has Been Done Elsewhere To Address Your Primary Problem?
"A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach… (*CCR, Title 9, Sect. 3910(b)*).

The Commission expects a County to show evidence that they have made a good-faith effort to establish that the approach contained within their proposed project either has not been demonstrated to be effective in mental health or is meaningfully adapted from an approach that has been demonstrated to be effective. Describe the efforts have you made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

a) **Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?**

We have been unable to find any meaningful literature or studies on how a paraprofessional's ACEs and Resiliency scores impact their professional work and/or workplace stress.

The ACE Response website offers insight into the importance of self-care for professionals, but does not encourage individuals to acknowledge the role of ACEs in their own work. The tools offered at the site focus on meditation, relaxation and writing exercises to improve helping professionals' self-care.

> *Helping professionals often identify their own ACE Scores. Your own combination of resilience and supports may have brought you to a place of wholeness where you have learned to grow through service.*
>
> *Self-care is important to heal from your own ACEs, manage stressors associated with serving multi-problem populations, prevent burnout, achieve integration and "wholeness," or simply to enhance your presence and ability to build relationships and serve as a role model.*[xiii]

There are evidenced-based practices to address secondary trauma from social work, and promising practices designed to help heath care providers and caregivers to avoid compassion fatigue. These practices do not incorporate an assessment of ACEs and Resiliency and do not directly address the role of a professional's own ACEs as a factor in their work with individuals. In our

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member agencies, the group noted that paraprofessionals do not receive this type of support.

This program is distinctly different from existing practices. It focuses on paraprofessionals, and it directly addresses ACEs and Resiliency. Learning more about how individual's own ACEs impact their work will add to our learning about how to promote the wide-scale screening of ACEs in our communities and how to reduce workplace stress for paraprofessionals.

b) **Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstances?**

The search for programs that address the impact of ACEs on the work of paraprofessionals did not turn up similar programs. Because the search was unsuccessful, Napa County turned to the ACEs Connection website, described below:

> *ACEs Connection is a social network that accelerates the global movement toward recognizing the impact of adverse childhood experiences in shaping adult behavior and health, and reforming all communities and institutions -- from schools to prisons to hospitals and churches -- to help heal and develop resilience rather than to continue to traumatize already traumatized people.*
>
> *The network achieves this by creating a safe place and a trusted source where members share information, explore resources and access tools that help them work together to create resilient families, systems and communities.*[xiv]

The Napa ACEs Connection (NAC) posted the following question to the ACEs Connection website when the project idea was still under development:

> *Looking for data/research on how practitioner's ACE/Resiliency score impacts 1) their decision to enter their field, 2) their ability to provide trauma informed care, 3) burnout from stress. ACEs Connection Napa is considering applying for an innovations grant to provide support to practitioners and develop it into a 'They are We' type of public service*

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campaign. Any links/thoughts appreciated.

The community was supportive of the work, and seven members offered suggestions, some of which are woven into the project plan. Ideas included:

- Incorporating an understanding of how "ACE survivors" are functioning as providers.
- Resources and references for supports for professional caregivers including nurses, social workers, clinical psychologists, doctors, firefighters and first responders.
- Suggestions about using the Devereux Adult Resilience Survey (DARS) to understand practitioners' own resilience.
- Anecdotes about personal experiences with stress and burnout in the workplace.

The respondents were intrigued by and supportive of the idea. They indicated they were eager to either assist with the project and/or learn about the findings. To address this request, the project will post implementation and outcome information on the ACEs Connection website.

The responses did not provide evidence of research, projects or programs that are specific to paraprofessionals and/or how ACEs impact providers' own work.

3) The Proposed Project

Describe the Innovative Project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

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

The Napa ACEs Innovation Project is designed to explore whether identifying and discussing the role of ACEs and Resiliency in the lives of paraprofessionals improves how individuals understand ACEs and Resiliency in the lives of the individuals they serve and/or improves how individuals manage workplace stress.

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Recruitment

To begin, the project will recruit at least forty-five paraprofessionals from organizations in the community. To ensure that the learning from this project is spread throughout agencies in our community that address mental health needs, the organizations contacted will span the geographic range of the county and will serve individuals throughout their lifespan (prenatal to older adult). Additionally, recruitment of participants will include specific organizations with paraprofessionals who work directly with Napa's underserved populations, and/or employ peer staff and family members as paraprofessionals. These organizations include On the Move, Veterans Affairs, Parent University, Napa Valley Community Housing, Family Resource Centers, Innovation Community Center and others serving LGBTQ, Veteran, Older Adult, Latino and very low-income residents.

The forty-five paraprofessionals will all view the movie Resilience. Fifteen will participate in the Assessing and Addressing ACEs and Resiliency Component.

The recruitment will allow individuals to self-select and will encourage organizations to nominate candidates. Participation is voluntary.

Education Component

Forty five individuals will participate in an Education Component about how ACEs and Resiliency impacts individual and community well-being. The movie, Resilience, will be screened and a question and answer period will follow. Prior to the movie and again upon completion of the movie and discussion, participants will complete a survey about how ACEs and Resiliency impact their work and workplace stress. Interested participants will be encouraged to continue with the project.

Project participation is voluntary for all individuals. If there are more than fifteen individuals interested in participating in the next component, a selection process will be used to include representation of peers and family members, racial and ethnic groups, age groups, geography, language, LGBTQ, and veterans.

Assessing and Addressing ACEs and Resiliency

Fifteen participants will assess their own ACEs and Resiliency, and receive further education to consider the role these factors have in their personal and professional lives. To address how ACEs and Resiliency impact their work, the

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participants will complete a Reflective Facilitation session each month. The focus of these groups will be to understand barriers and supports to address ACEs and Resiliency with individuals. To address workplace stress, participants will suggest potential self-care options and will be encouraged to try at least three different options during the project.

Reflective Facilitation to Address Role of ACEs in Work

> *Reflective process is defined as a means for professional development wherein the practitioner continually uses internal knowledge and external knowledge to examine and advance practice.*[xv]

Reflective facilitation is a type of consultative process that will be used to discuss how paraprofessional's own ACEs scores and resiliency factors impact how they do their work with individuals. Napa County currently uses this method process in agencies using the Touchpoints as one of their guiding principles, as well as with professionals who participate in a fellowship addressing infant-parent mental health. Though the method has been used in a variety of settings and with a variety of providers, we did not find evidence of its use to address the role of ACEs specifically or evidence of its use across systems and populations. The role of reflective facilitation in this project is to provide a group setting for a variety of paraprofessionals to specifically address how their own experiences impact how they do their work, and how the work impacts them.

Self-Care Options to Address Workplace Stress

To assist in addressing workplace stress, participants will be offered a variety of options of their choosing. Options will be solicited from participants. Each participant will be encouraged to try at least three options, and participation in any of the self-care options is optional.

Sharing Learning

The project will conclude with an exploration of the participants' own learning about how Assessing and Addressing ACEs and Resiliency impacted their professional life and their workplace stress. Since the project spans populations and systems, the learning will also reflect these varied perspectives.

b) **Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental**

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health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).

This project makes a change to an existing practice in the field of mental health. The types of supports that are available to individuals with a history of ACEs are not made available to paraprofessional staff. The types of supports that are available to licensed professionals are not in use with paraprofessionals. This project turns the resources that are usually given to individuals (self-care options) and/or licensed professionals (reflective facilitation) to the paraprofessionals that work to support both groups.

c) **Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.**

The approaches used in this project are available to individuals and mental health professionals. The personal support options will be determined by the participants, and the professional support is similar to the (1) administrative and reflective/therapeutic/clinical supervision, (2) peer support and (3) multi-disciplinary teams that are used in other settings and with licensed professionals.

4) Innovative Component

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

a) **If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.**

This project adapts the ACEs and Resiliency assessments and supports that are available for individuals and the Reflective Supervision support that is available to professional staff for use by paraprofessionals. This adaptation is hypothesized to change how paraprofessionals address ACEs with individuals and manage workplace stress.

b) **If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental**

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health, and why?

These approaches are not entirely new and have been used in mental health.

5) Learning Goals / Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices. *There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.*

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

This project is designed to create a better understanding of some of the barriers to the community-wide prevention and treatment of ACEs.

One area where we have not found significant information is about how the ACEs that paraprofessionals experience impact their willingness to screen for ACEs with individuals and contribute to their own workplace stress.

The learning goals for the ACEs Innovations Project are as follows:

- How does a paraprofessional's personal history with ACEs and Resiliency impact how they address ACEs with individuals?
- How does a paraprofessional's personal history with ACEs and Resiliency impact their workplace stress?
- Which supports do paraprofessionals find the most effective in changing how they address ACEs with individuals and/or how they manage workplace stress?

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

The education, assessment and self-care components of the project address the first two learning goals directly by providing the information, the support and the guidance that paraprofessionals need to report on how ACEs and Resiliency impact their work with individuals and their workplace stress.

- *How does a paraprofessional's personal history with ACEs and Resiliency*

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impact how they address ACEs with the individuals they serve?

- *How does a paraprofessional's personal history with ACEs and Resiliency impact their workplace stress?*

The evaluation component is designed to assess how the paraprofessionals are able to use the learning to change how they address ACEs and Resiliency and how they manage workplace stress.

- *Which supports do paraprofessionals find the most effective in changing how they address ACEs and Resiliency with individuals and/or how they manage workplace stress?*

6) Evaluation or Learning Plan

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

a) Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?
b) What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.
c) What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by individuals, analysis of encounter or assessment data)?
d) How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?
e) What is the *preliminary* plan for how the data will be entered and analyzed?

This project involves a group of 45 paraprofessionals that will be separated into a comparison group and a participant group. At the end of the project, the results will be compared.

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The learning goals to be assessed and the anticipated methods are shown in the following table:

Learning Goal	Participant Survey	Participant Focus Group
How does a paraprofessional's personal history with ACEs impact how they address ACEs with their individuals?	Comparison and Participant Group, beginning, midpoint and end of project	Participant Group only, midpoint and end of project
How does a paraprofessional's personal history with ACEs impact their workplace stress?	Comparison and Participant Group, beginning, midpoint and end of project	Participant Group only, midpoint and end of project
Which interventions do paraprofessionals find the most effective in changing how they address ACEs with individuals and/or how they manage workplace stress?		Participant Group only, midpoint and end of project

Monthly Meetings: During the 18 months of the project, monthly meetings will be held with the project staff and the evaluator to document the project's progress and assess any changes in learning.

Phase One: The project begins with recruitment and then a screening of the movie, Resilience. The first evaluation will be a participant survey done prior to the movie showing and after the movie is viewed. The pre/post surveys will be developed with the evaluation consultant, project staff and NAC members to ensure the best measures are used for assessment. The results of the first participant surveys will be shared with project staff, participants and with the Napa ACEs Connection group to understand the movie's impact on knowledge and attitudes and to describe the recruitment process.

Surveys will also be administered to the Napa ACEs Connection group and the stakeholders to assess their baseline understanding of the need and demand for support for paraprofessionals.

Phase Two: The second phase of evaluation will include a second participant survey for all 45 participants. 15 will be in the participant group and 30 in the comparison group. This survey will measure changes in knowledge, attitudes and behavior between the comparison group who only participate in the movie viewing and the participant group who receive further education and supports. This round will also include a focus group with the 15 participants. The results of the midpoint evaluation will be the focus of a staff and participant retreat and will be shared with NAC members as indicated to share learning and make any adjustments.

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To encourage participation of the comparison group, an incentive will be offered for the midpoint survey.

Phase Three: The final evaluation phase will include surveys with all paraprofessionals (participant and comparison), a focus group with 15 participants only, and a final survey with the NAC members and stakeholders. The results from the final evaluation will be shared with the participants and with the NAC members and stakeholders.

To encourage participation of the comparison group, an incentive will be offered for the midpoint survey.

Reporting: The reporting will occur at the end of each round of evaluation and a report to the state will be prepared at the end of Phase Three.

Data Entry and Analysis:
The survey data will be collected in hard copy and/or online and entered into the statistical software, Statistical Package for the Social Sciences (SPSS), for analysis.

Focus groups recordings will be transcribed and the transcripts will be used for summary and analysis.

7) Contracting

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

Napa County Mental Health will be contracting out the Innovations project evaluation. The County values and understands the importance of maintaining a healthy relationship with both the evaluator and contractor. The planning process was reflective of that as it involved County staff, evaluation staff and potential contractors working together to ensure that the Innovations plan aligned with Innovations regulations while at the same time ensuring that the plan communicated the desires of the specific stakeholder group and needs of the community. The evaluation staff that have been contracted to work on this process hold those key pieces together for County and contractors to ensure the learning is documented and can be shared with MHSOAC staff and local stakeholders at the end of the project period.

County staff will continue to conduct planned site visits to programs and will also participate in evaluation meetings on a regular basis to ensure that the relationship

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is maintained and consistent throughout the project period.

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1) Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

a) **Adoption by County Board of Supervisors.** Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.

b) **Certification by the County mental health director** that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA). Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and non-supplantation requirements."

c) **Certification by the County mental health director and by the County auditor-controller** if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act."
Of particular concern to the Commission is evidence that the County has satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.

d) **Documentation** that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation.

Note: All certifications will be completed prior to submittal to the MHSOAC as required above.

2) Community Program Planning

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations,

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and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

Napa County Community Program Planning

The planning process for Innovations began in September 2016 with presentations to the Mental Health Board and the Mental Health Services Act Stakeholder Advisory Committee. Community outreach began in October 2016 with outreach to over 350 community providers and individuals who have previously participated in Mental Health Services Act (MHSA) planning. This email outreach was supplemented with phone calls to several individuals who do not have email accounts, and several packets of mailed information to individuals who requested hard copies of the planning documents.

In addition to the presentations with the Mental Health Board and the MHSA Stakeholder Advisory Committee, Mental Health Division staff and consultants presented to consumers and family members at the Innovation Community Center (the local Adult Resource Center), to the Napa County Coalition of Non Profit Agencies and the Coalition's Behavioral Health Sub-Committee. This outreach was done to be sure the community's Innovation questions were addressed.

This process resulted in twelve innovation ideas being submitted in November 2016. Each of the agencies submitted ideas based on the data they had available and community reports compiled by the Mental Health Division about what was not working in the mental health system[xvi] and based on input from their staff and/or individuals about what could be different. These ideas were reviewed by Mental Health Division staff for adherence to the Innovation guidelines. Nine of the ideas were forwarded to the Innovations Scoring Committee for further review and discussion.

Innovations Scoring Committee

The intent of the Innovations Scoring Committee was to provide a proxy for the public, local and state review process. Because of the reversion timeline, the Mental Health Division wanted to ensure the ideas that were developed into workplans were viable.

The eleven member Committee included state-level representatives with expertise in MHSA programming, Innovations, cultural competence, lived experience, and the state mental health system, as well as local representatives who had no ties to the agencies that submitted proposals and who had lived and/or professional expertise in the mental

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health system and/or service systems in Napa County. All Scoring Committee members were screened prior to being included to be sure they did not have any personal or professional conflicts.

The Scoring Committee met in January 2017. Each member scored each proposal, and they brought their notes and scores to the meeting for discussion. The group discussed the ideas overall and particularly focused on areas where their own scores varied from the average scores. All members were encouraged to ask questions, provide expertise and information as indicated and to adjust their notes and scores as they saw fit. Based on the scores and comments from the Scoring Committee, the Mental Health Division selected four ideas to develop into workplans.

Napa ACEs Connection (NAC) and Cope's Community Planning
This planning process is also described previously in the Project Overview Section 1b. This process was how the Napa ACEs Connection and Cope developed the idea and chose to develop it for consideration by the Scoring Committee.

The planning process for the Napa ACEs Innovation Project began when the NAC began to examine what wasn't working in the current mental health system in regard to ACEs prevention and treatment. The group noted that though the prevalence of ACEs is known and the evidence on the impacts of childhood trauma are known, there were still barriers to the wide-scale prevention and treatment of ACEs.

The NAC wanted to know:

- Why are ACEs not being treated as the public health crisis they are?
- Is it possible we marginalize the issue because it applies to so many of us?
- Is it easier to see the impact of ACEs on others when we recognize the role of ACEs in our own lives?

NAC noted that paraprofessionals, who are often best positioned to intervene in the prevention and treatment of ACEs, have the least professional support to address ACEs in their own lives. Licensed professionals receive training and often ongoing supervision to address their own trauma history and how it manifests in their work. This support is not available for the paraprofessionals.

NAC reviewed literature relating to the barriers and found that no research exists on the prevalence and impact of ACEs on paraprofessional staff in social and family service organizations. There are many evidenced-based practices to address secondary trauma for licensed professionals as well as other promising practices designed to help

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heath care providers and caregivers avoid compassion fatigue and take better care of themselves.

Since paraprofessionals are often the first contact that individuals have with an organization, the group wondered how the individual's experience with and understanding of ACEs affected how paraprofessionals:

- Recognize the role of ACEs in individual's lives
- Screen individuals for ACEs
- Experience workplace stress

Paraprofessionals are a core sub-group of Napa ACEs Connection, and make up about 25% of the membership. The remaining 75% of the members are managers or directors who supervise paraprofessionals. The NAC members are comprised of paraprofessionals and organizations that employ large numbers of paraprofessionals. The group agrees that understanding how to support paraprofessionals is critical to preventing and healing childhood trauma in our community.

Paraprofessionals were involved in (1) initial discussions about the identification of need, (2) development of the idea and (3) review of this project proposal.

Revisions

MHSA staff and consultants assisted Cope staff in developing the Innovation workplan based on the feedback from the Scoring Committee. This workplan is the result of several revisions. As the project was aligned with the areas the Scoring Committee indicated were innovative, the changes were reviewed with and approved by the NAC members.

3) Primary Purpose

Select **one** of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

a) Increase access to mental health services to underserved groups

b) Increase the quality of mental health services, including measurable outcomes

c) Promote interagency collaboration related to mental health services, supports, or outcomes

d) Increase access to mental health services

4) MHSA Innovative Project Category

Which MHSA Innovation definition best applies to your new INN Project (select one):

a) Introduces a new mental health practice or approach.

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b) 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.

c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

5) Population (if applicable)

a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?

This project will recruit, and educate 45 paraprofessionals and provide additional training and support to fifteen of these paraprofessionals.

Because of the nature of the project, it is likely that some members will be mental health consumers, family members and/or individuals at risk of serious mental illness/serious emotional disturbance. This project is designed for paraprofessionals and this includes peer support and family member staff currently employed as paraprofessionals. We estimate up to three individuals who identify as a consumer or a family member will participate. This estimate is based on the staff ratios at the agencies where the project will be doing outreach and the expressed interest of peer and family member staff.

b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.

In order to be sure that the learning from this project is spread to all areas of the community, the paraprofessionals who self-select and who are nominated will be chosen based on the widest range of diversity possible. For Napa County this includes:

- Race/Ethnicity: Paraprofessionals who reflect the ethnic and cultural diversity of the community, including individuals who work with and identify as Native American, Hispanic/Latino and/or Asian/Pacific Islander.
- Age of Individuals: Paraprofessionals who work with individuals across the life span (prenatal to older adult)

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- Geography: Paraprofessionals who serve individuals in all areas of Napa County, including American Canyon, UpValley and the unincorporated areas.
- Language: Paraprofessionals who speak Spanish and Tagalog in the workplace
- LGBTQ: Paraprofessionals who work with and/or identify with the LGBTQ community
- Veterans: Paraprofessionals who work with and/or identify as a veterans.

c) Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

The project plans to serve paraprofessionals working in Napa County. There are no specific eligibility criteria, but the project is looking for a diverse and representative group of participants.

6) MHSA General Standards

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

a) Community Collaboration

This project was developed by a collaborative working to bring awareness of ACEs and Resiliency to the Napa County community. The project involves the Napa ACEs Connection as well as other community collaboratives and stakeholders in the design of the project, the recruitment of participants, assessment of the outcomes and in disseminating the learning.

b) Cultural Competency

Napa County's racial/ethnic diversity is reflected in the paraprofessional workforce. Each of the partner agencies strive to hire a workforce reflective of the county's diversity and the agencies' individuals. This has resulted in a multi-cultural and multilingual workforce. The cultural competency in this project is embedded into each phase. During recruitment, efforts will be made to recruit participants who represent the diversity of the county (race/ethnicity, age, geography, language, LGBTQ, and veterans.) Participants will also review the

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evaluation framework, tools and results to provide guidance and context. In the Assess and Address ACEs and Resiliency component, participants will have the opportunity to suggest and try additional culturally appropriate self-care options, and participants will be involved in sharing the learning.

c) Client-Driven

The client in this project is the paraprofessional. Recruitment will take place at agencies employing consumers as paraprofessionals. All participants are volunteers and participation is voluntarily. It is also expected that participants will suggest self-care options during the project. Paraprofessionals are more representative than licensed professionals of the population seeking services and this project aims to strengthen this diverse workforce.

d) Family-Driven

Recruitment will take place at agencies employing family members as paraprofessionals. It is expected that family members employed as paraprofessionals will participate in the project. All participants are volunteers and participation is voluntarily. It is also expected that participants will suggest self-care options during the project.

e) Wellness, Recovery, and Resilience-Focused

The purpose of this project is to understand and address ACEs and Resiliency to aid in wellness and recovery for both the participants and the individuals they serve.

f) Integrated Service Experience for Clients and Families

This project is focused on the paraprofessional and how their own history of ACEs and their own Resiliency impacts the work they do with clients and their workplace stress. Both consumers and family members who are employed as paraprofessionals will be recruited and are expected to participate. It is anticipated that the learning from this project will be reflected in the increased quality of mental health services. At this time it is not known if the learning will specifically address the integrated service experience for clients and families.

7) Continuity of Care for Individuals with Serious Mental Illness

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Will individuals with serious mental illness receive services from the proposed project?
If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

This project does not provide treatment for individuals with serious mental illness. If participants with serious mental illness are identified who need ongoing care, then individuals will be referred to the mental health division for assessment for mental health services.

8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement

a) Explain how you plan to ensure that the Project evaluation is **culturally competent**.
Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.

The evaluation tools will be developed with input from project participants and the Napa ACEs Connection (NAC) members prior to implementation. The current evaluation is a framework but does not yet include the specific questions or measures, as it is anticipated these will be chosen once participants have been selected and weighed in on which tools they are willing to use and are likely to show changes in knowledge, attitudes and behaviors.

Each phase of data collection and reporting includes review of all findings by project participants. This will occur before the findings are shared with the NAC members and stakeholders to ensure the analysis reflects the participants' experience.

Since this is a learning project, one of the aims is to involve the participants in sharing the learning with other stakeholders. To ensure this is culturally competent, participants will be involved in developing the summary of learning materials and presenting them locally and regionally.

b) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation.
Note that the mere involvement of participants and/or stakeholders as participants (e.g.

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participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.

Participants will be involved in choosing outcome evaluation measures, reviewing the findings at the beginning, midpoint, and end of the project and in presenting the learning to the NAC members and additional stakeholders.

In addition to participants, the NAC members and community stakeholders will also act as an evaluation advisory group. They will be involved in reviewing the evaluation findings at the beginning and end of the project, and their ideas will also be incorporated as appropriate.

9) Deciding Whether and How to Continue the Project Without INN Funds
Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

The NAC members and stakeholders will be involved in the learning and decision-making throughout the project and will convene in May/June 2019 with a wider group of stakeholders and community members to decide whether or not to continue the support for paraprofessionals based on the learning from the project. The wider group of stakeholders will include: participants, project staff, NAC members, Kaiser, St Helena Hospital, Queen of the Valley Hospital, Triple P Collaborative, Behavioral Health Committee, funding agencies (Napa Valley Vintners, Community Foundation, Gasser Foundation), representatives from the Napa County Health and Human Services staff, and interested community members and providers that become involved in the project during implementation. There is no identified funding source to continue the project after June 2019, so the involvement of stakeholders, funders and community members throughout the project is vital for encouraging support or successful components after the project is completed.

It is anticipated that the knowledge that the approach is successful will encourage

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member agencies, stakeholders and funders to continue the work.

10) Communication and Dissemination Plan

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

a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?

The lessons learned from this project will be shared with and used by the mental health system is several ways:

- Triple P: Part of the Live Healthy Napa County Behavioral Health Component Plan, Triple P (Positive Parenting Program) is a multi-level system of care that aims to prevent ACEs and build resiliency in parents/caregivers. Since 2014, over 31 Triple P providers from 11 partner agencies have been trained in the curriculum, 26 of who are paraprofessionals. As the Triple P initiative is expected to expand over time, the learning could be incorporated as new paraprofessionals are trained to provide Triple P. The learning will be shared with the Triple P Collaborative at the monthly meetings.
- Kaiser Permanente, Community Benefits: Kaiser's new framework of addressing community trauma aligns with this project. Agencies involved in the Napa ACEs Innovation Project are currently applying for additional resources from Kaiser to support this project. Kaiser will be informed as a stakeholder and encouraged to use the findings of this project in their future funding initiatives.
- Queen of the Valley Hospital and St Helena Hospital's Community Benefits Divisions: The hospitals will be informed as a stakeholder and encouraged to use the findings of this project in their future funding initiatives.
- ACEs Connection: Project implementation and learning will be shared on the national ACEs Connection website and the project manager will keep a quarterly blog to detail the project's progress and insights. Disseminating information on the site will allow for the wide-scale sharing of project data in real-time for ACEs Connection members who are interested, as well as expand the circle of input/feedback available to the Napa ACEs Connection group and project manager as they work to implement the project.
- Local Conferences: The Child Trauma Academy conference is held in June of each year in Napa, and the learning will be shared with this group as the participants serve families of young children. This is a likely opportunity for

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participants to present about the project's learning. The Healthy Aging Population Initiative (HAPI) Conference is held in January of each year, and this information would be relevant in their work supporting older adults, their families and their caregivers.

b) How will program participants or other stakeholders be involved in communication efforts?

It is anticipated that the project manager will be the facilitator for the communication efforts, and that the participants will develop, format and present the findings whenever possible. Discussion with potential participants indicated they were most comfortable with panel presentations, and that will be considered as the project begins to share findings.

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

- Impact of ACEs and Resiliency on paraprofessionals
- Impact of ACEs and Resiliency on paraprofessionals screening of individuals for ACEs
- Impact of ACEs and Resiliency on paraprofessionals workplace stress
- Preferred self-care options in addressing workplace stress in paraprofessionals

11) Timeline

a) Specify the total timeframe (duration) of the INN Project:

One Year, Six Months

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

- Start Date: January 1, 2018
- End Date: June 30, 2019

Note: Please allow processing time for approval following official submission of the INN Project Description.

c) Include a timeline that specifies key activities and milestones and a brief explanation of how

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the project's timeframe will allow sufficient time for

i. Development and refinement of the new or changed approach;

The development and refinement of the new or changed approach will begin as an in-kind activity prior to the beginning of the project and continue throughout the project implementation. The input from participants, the NAC member organizations, Triple P Collaborative, Kaiser, ACEs Connection, and the local conferences will be used throughout the project to adapt the ideas for the paraprofessionals.

The specific activities in this area include:

Recruitment and Education Component

- Developing recruitment and application materials
- Invite all paraprofessionals to screening of Resiliency movie (45 expected to attend)
- Screen Resilience movie.
- Encourage attending paraprofessionals to continue in project.
- Selection of participants (if more than 15 are interested)
- Contracting with the project manager and the ACEs Educator
- Evaluate learning from recruitment and education component, and share with participants and stakeholders

Assess and Address ACEs Component

- Review ACEs curriculum and adapt for paraprofessionals as indicated
- Provide ACEs education for fifteen participants
- Assess participants' ACEs and Resiliency Scores
- Provide participants with reflective facilitation to enhance their understanding how ACEs and Resiliency impact their work with individuals and their workplace stress.
- Work with participants to develop ideas for self-care options.
- Contract with self-care providers.
- Provide participants with a variety of self-care supports.
- Conduct a participant retreat at the midpoint of the project to assess learning and make adjustments as indicated.
- Evaluate learning from Assess and Address ACEs Component and share with participants and stakeholders at midpoint and end of project for feedback.

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Adjust and refine project as indicated.

ii. Evaluation of the INN Project;

The evaluation will occur in each of the three components and will be incorporated into the refining of the project. The intention of the Napa ACES Innovation Project is to share the learning frequently and widely to get immediate feedback about how the project can be improved.

Process Evaluation

To document the implementation and review any evaluation findings, the project staff will meet with the evaluator monthly. These meetings will be focused on how the activities are progressing, how the learning is being assessed, shared and incorporated into the project implementation, and how the outcome evaluation can be adjusted to accommodate implementation changes.

Outcome Evaluation

It is expected that the outcome evaluation will be modified as the project is implemented to address participant and stakeholder input as well as changes in activities and/or learning. The evaluation will focus on the knowledge, attitudes and behavior changes for the participants and the changes in knowledge and attitudes for the NAC members and stakeholders.

Participants

All forty five participants will be surveyed at the beginning and end of the screening of the Resilience movie.

The fifteen individuals who chose to participate further will be surveyed at the beginning of the Assess and Address ACEs Component as well as at the midpoint and at the end of the project. The remaining 30 individuals will be considered a comparison group and will be offered incentives to complete an online survey at the midpoint and end of the project.

Two focus groups with participants will be conducted at the midpoint and end of the project to review the evaluation findings and to get additional qualitative feedback about what the participants are learning, changes that are occurring and how participants are sharing the findings.

NAC Members and Stakeholders

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NAC members and stakeholders will be surveyed twice during the project. The first survey will be administered after they participate in the discussion about the recruitment and the demand for paraprofessional support. The final survey will be given after the presentation about the project findings and whether or not the supports should be continued.

iii. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;

The NAC members and stakeholders will be involved in the learning and decision-making throughout the project and will convene in May/June 2019 with a wider group of stakeholders and community members to decide whether or not to continue the support for paraprofessionals based on the learning from the project. The wider group of stakeholders will include: participants, project staff, NAC members, Kaiser, St Helena Hospital, Queen of the Valley Hospital, Triple P Collaborative, Behavioral Health Committee, funding agencies (Napa Valley Vintners, Community Foundation, Gasser Foundation), representatives from the Napa County Health and Human Services staff, and interested community members and providers that become involved in the project during implementation. There is no identified funding source to continue the project after June 2019, so the involvement of stakeholders, funders and community members throughout the project is vital for encouraging support or successful components after the project is completed.

iv. Communication of results and lessons learned.

This will be ongoing throughout the project and will conclude with the decision making about whether or not to continue funding for the project.

Napa ACEs Innovation Project Timeline

		2018												2019					
Timeline Element	**2017**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
Development and refinement of the new or changed approach																			
Recruitment																			

I. Additional Information for Regulatory Requirements

Education Component																			
Assess and Address ACEs Component																			
Evaluation of the INN project																			
Decision making about whether and how to continue project																			
Communication of results and lessons learned																			

12) INN Project Budget and Source of Expenditures

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

a) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)

b) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)

c) BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources)

12a. Budget Narrative:

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…").

Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

As the lead agency, Cope Family Center will be responsible for oversight of the project. A Project Manager will be hired by Cope to implement the work plan in coordination with Napa ACEs Connection.

Personnel Costs: FY17-18: $76,440; FY18-19: $142,350; Total: $218,790

- **Project Manager (1 FTE):** The Project Manager will work 40 hours per week to implement the project work plan in coordination with the Napa ACEs Connection

I. Additional Information for Regulatory Requirements

Steering Committee and the evaluator. They will oversee the recruitment and support of the cohort participants, assist in planning and outreach for community events, share the results of the program on ACEs Connection website and work with evaluation consultant to develop tools, collect and analyze data.

- **Executive Director (0.20 FTE):** As the lead agency, Cope's Executive Director will work 8 hours per week to provide oversight during the 18 month project. This support is provided in-kind.
- **Operation Director (.05 FTE):** The Operations Director will work with ACEs Connection Committee under the direction of the Executive Director to develop recruitment and application materials for Project Manager in advance of the project start date (September-December 2017). The OD will recruit and orient the Project Manager in advance of the contract initiation in January 2018. This support is provided in-kind.
- **Indirect costs (25%)** for Personnel include costs associated with supporting the project from the Finance Director, Community Engagement Manager, Development Director, Program Director and Accounting Assistant.
- **Benefits:** Cope Family Center calculates per staff benefit packages at 30%.

Operating Costs: FY 17-18: $35,960; FY18-19: $57,750; Total: $93,710
To ensure **stakeholder engagement**, we are utilizing multiple incentives for participation.

- **Participant Group Stipends (15):** In order to compensate for cohort participation, participants will receive a stipend of $25 per hour for a total of 8 hours per month. Stipends will be paid for a total of 15 months. Total: $45,000
- **Comparison Group Stipends (30**): Participants from the comparison group (n=30) will receive a stipend of $20 to complete two sets of surveys (midpoint and end). Total: $1200.
- **Supplies, Meeting Space, Travel** expenses included for 45 cohort participants.
- **ACEs and Resiliency Training & Focus Groups**: Costs associated with screenings of Resilience movie for Participant and Comparison Groups, focus groups, as well as ACEs and Resiliency training for Participant Group in first months of project.
- **Conferences**: Participant Group will attend local annual conferences (topics to address ACEs across the lifespan) to extend and share their learning in the program. The Child Trauma Academy, held annually in June is $60/participant (costs for 2018 and 2019). An additional $2,750 is included for each year to host local conference in June 2018 and June 2019 with key partners (First 5 Napa and Triple P Collaborative).
- **Indirect** expenses for Cope include the following indirect costs: Accounting, Auditing, Legal Fees, Insurance, Real Estate Taxes, Administrative staff, Senior

I. Additional Information for Regulatory Requirements

Management, Office Supplies, Equipment Rental and maintenance, Depreciation, and fundraising.

Consultants/Contracts: FY 17-18: 27,500; FY 18-19: $9,000; Total: $36,500

- Participant Group will be offered education and support eight hours/month for 15 months. Two hours a month of Reflective Facilitation will be provided to participants by certified reflective practice professional. Experts in the field of ACEs, Resiliency, Alternative, Non-Traditional and Complimentary therapies will be contracted to provided specific self-care options for the 15 members of the participant group. Each participant will be encouraged to try at least three.

Project Evaluation (In Budget 12C): FY 17-18: $10,000; FY 18-19: $22,625; Total: $32,625

Evaluation Description

This project involves a larger group of participants that will be separated into a control group and a treatment group. At the end of the project, the results for each group will be compared.

Monthly Meetings: During the 18 months of the project, monthly meetings will be held to document the project's progress and assess any changes in learning.

Phase One: The project begins with recruitment and then a general education and assessment component. The first evaluation will take place after the general education and assessment component and will include all participants (comparison and participant). The results of the first participant surveys will be shared with participants and with the Napa ACEs Connection group to understand how paraprofessionals compare to the general population and to understand the recruitment process.

Phase Two: The second round of evaluation will include a second survey for all 45 participants. 15 will be in the participant group and 30 in the comparison group. This survey will measure changes in knowledge, attitudes and behavior between the group who only view the movie and those who receive further education and supports. This round will also include a focus group with the project participants. The results of the midpoint evaluation will be shared with Project staff and NAC members as indicated to promote learning and make any adjustments.

Phase Three: The final evaluation Round will include surveys will all participants (comparison and participants), focus group with 15 participants only, and a final survey with the NAC members and stakeholders. The results from the final evaluation will be shared with the participants and with the NAC members and stakeholders.

Reporting: The reporting will occur at the end of each round of evaluation and a report to the state will be prepared at the end of Round Three.

I. Additional Information for Regulatory Requirements

Budget

	Labor Hours		
Tasks	**FY 18-19**	**FY 19-20**	**Total**
MEETINGS	36	72	108
PHASE			
Develop, Administer and Analyze Participant Surveys	20	20	40
Focus Groups with Participants	0	29	29
Survey with NAC and Stakeholders	14	10	24
REPORTING	10	50	60
Total Labor Hours	80	181	261

12b. New Innovative Project Budget By FISCAL YEAR (FY)*				
PROJECT EXPENDITURES				
PERSONNEL COSTS (salaries, wages, benefits)		**FY 17-18**	**FY 18-19**	**Total**
1.	Salaries	$ 40,000	$ 80,000	$ 120,000
2.	Direct Costs	$ 12,000	$ 24,000	$ 36,000
3.	Indirect Costs (DD, CEC, FD, AA, OD, PD)	$ 24,440	$ 38,350	$ 62,790
4.	Total Personnel Costs	$ 76,440	$ 142,350	$ 218,790
OPERATING COSTS		**FY 17-18**	**FY 18-19**	**Total**
5.	Direct Costs	$ 30,535	$ 49,300	$ 79,835
6.	Indirect Costs	$ 5,425	$ 8,450	$ 13,875
7.	Total Operating Costs	$ 35,960	$ 57,750	$ 93,710
NON RECURRING COSTS (equipment, technology)		**FY 17-18**	**FY 18-19**	**Total**
8.		$ 0	$ 0	$ 0
9.		$ 0	$ 0	$ 0
10.	Total Non-recurring costs	$ 0	$ 0	$ 0
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		**FY 17-18**	**FY 18-19**	**Total**
11.	Direct Costs	$ 27,500	$ 9,000	$ 36,500
12.	Indirect Costs	$ 0	$ 0	$ 0
13.	Total Consultant Costs	$ 27,500	$ 9,000	$ 36,500
OTHER EXPENDITURES (please explain in budget narrative)		**FY 17-18**	**FY 18-19**	**Total**
14. In-Kind Direct		$ 0	$ 0	$ 0
15. In-Kind Indirect		$ 0	$ 0	$ 0
16. Total Other expenditures		$ 0	$ 0	$ 0
PROJECT BUDGET TOTALS		$	$	$
Personnel (line 1)		$ 40,000	$ 80,000	$ 120,000
Direct Costs (add lines 2, 5 and 11 from above)		$ 70,035	$ 82,300	$ 152,335
Indirect Costs (add lines 3, 6 and 12 from above)		$ 29,865	$ 46,800	$ 76,665
Non-recurring costs (line 10)		$ 0	$ 0	$ 0
Other Expenditures (line 16)		$ 0	$ 0	$ 0
TOTAL INNOVATION PROJECT BUDGET		$ 139,900	$ 209,100	$ 349,000

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

12c. Expenditures By Funding Source and FISCAL YEAR (FY)							
Evaluation:							
A.	**Estimated total Evaluation expenditures for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 17-18**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$10,000	$22,625				$32,625
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	$10,000	$22,625				$32,625
County Administration (15%):							
B.	**Estimated total mental health expenditures for County Administration for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 17-18**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$22,485	$34,759				$57,244
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed County Administration**	$22,485	$34,759				$57,244
TOTAL:							
C.	**Estimated TOTAL mental health expenditures (including administration) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 17-18**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$172,385	$266,484				$438,869
2.	1991 Realignment						
3.	Behavioral Health Subaccount						
4.	Other funding*						
5.	**Total Proposed Expenditures**	$172,385	$266,484				$438,869
*If "Other funding" is included, please explain.							

[i] (Centers for Disease Control and Prevention [CDC], 2012).http://www.socialworkers.org/assets/secured/documents/practice/children/acestudy.pdf

[ii] CDC-Kaiser Study: http://www.cdc.gov/violenceprevention/acestudy/

[iii] American Journal of Preventative Medicine: http://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract
[iv] US Justice Department, 2012 & www.socialworkers.org/asset
[v] CDC-Kaiser Study: http://www.cdc.gov/violenceprevention/acestudy/
[vi] Center for Youth Wellness: https://app.box.com/s/nf7lw36bjjr5kdfx4ct9
[vii] American Journal of Preventative Medicine: http://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract
[viii] Center for Youth Wellness: https://app.box.com/s/nf7lw36bjjr5kdfx4ct9
[ix] American Journal of Preventative Medicine: http://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract
[x] (Strozier & Evans, 1998).
[xi] (Figley, 2002; McCann & Pearlman, 1990; Meyers & Cornille, 2002; Pryce, Shackleford, & Pryce, 2007; Valent, 2002).

[xii] http://www.acesconnection.com/g/napa-county-ca-aces-connection
[xiii] Get Help: Self Care. Aceresponse.org http://www.aceresponse.org/get_help/subpage.cfm?ID=73, Accessed 03 15 17
[xiv] http://www.acesconnection.com/pages/about Accessed 03 15 17
[xv] Brandt, Kristie C.N.M. D.N.P., Bruce D. Perry M.D. Ph.D., et al. "Infant and Early Childhood Mental Health: Core Concepts and Clinical Practice"
[xvi] All data sources were posted to the Napa County Health and Human Services website on the Mental Health Services Act page. The pdf can be accessed here: http://www.countyofnapa.org/Pages/DepartmentContent.aspx?id=4294967939

Project Name: Native American Historical Trauma and Traditional Healing Innovation Project: A New Model for Collaboration with Mental Health Providers

PLEASE NOTE: USING THIS TEMPLATE IS **OPTIONAL**. It is being provided as a technical assistance tool to staff who wishes to make use of it.

> *The MHSA Innovation Component requires counties to design, pilot, assess, refine, and evaluate a "new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges" (Welfare and Institutions Code Section 5830, subdivision (c)). The eventual goal is for counties to implement successful practices without Innovation Funds and to disseminate successful practices to other counties. In this way, the Innovation Component provides the opportunity for all counties to contribute to strengthening and transforming the local and statewide mental health system and contributes to developing new effective mental health practices. (Mental Health Services Oversight and Accountability Commission, Innovative Projects Initial Statement of Reasons)*

An "Innovative Project" means "a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports" (*California Code of Regulations, Title 9, Sect. 3200.184*). Each Innovative Project "shall have an end date that is not more than five years from the start date of the Innovative Project" (*CCR, Title 9, Sect. 3910.010*). Counties shall expend Innovation Funds for a specific Innovative Project "only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project" (*CCR, Title 9, Sect. 3905(a)*). Further, "The County shall expend Innovation Funds only to implement one or more Innovative Projects" (*CCR, Title 9, Sect. 3905(b)).* Finally, "All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847" (*Welfare and Institutions Code, Sect. 5892(g)).*

The goal of this template is to assist County staff in preparing materials that will adequately explain the purpose, justification, design, implementation plan, evaluation plan, and succession plan of an Innovative Project proposal to key stakeholders, including local and State decision-makers, as well as interested members of the general public. Additionally, a County that fully completes this template should be well prepared to present its project workplan to the Commission for review and approval.

General regulatory requirements for Innovative Projects can be found at CCR, Title 9, Sect. 3910. Regulatory requirements for the Innovation (INN) Component of the 3-Year Program and Expenditure Plan & Annual Update can be found at CCR, Title 9, Sect. 3930. In some cases, the items contained in this **OPTIONAL** template may be ***more specific or detailed*** than those required by the regulations; you may skip any questions or sections you wish.

The template is organized as follows. Part I, Project Overview steps through a series of questions designed to identify what the County has identified as a critical problem it wishes to address via an Innovative Project, the steps the County has taken to identify an innovative strategy or approach to address that critical problem; how it intends to implement the innovative strategy or approach; what it hopes to learn and how those learning objectives relate the innovative strategy or approach to the critical problem it has identified; how it intends to address the learning objectives; and how the County intends to address any transition for affected stakeholders at the end of the time-limited project.

Part II, Additional Information for Regulatory Requirements, poses a series of questions that relate to specific regulatory requirements, either for the proposal or for subsequent reports.

I. Project Overview

1) Primary Problem

a) What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.

CCR Title 9, Sect. 3930(c)(2) specifically requires the Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update to describe the reasons that a County's selected primary purpose for a project is "a priority for the County for which there is a need … to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system." This question asks you to go beyond the selected primary purpose (e.g., "Increase access to mental health services,") to discuss more specifically the nature of the challenge you seek to solve.

The incidence of mental illness in the Native American population is higher than in the general population,

- Native Americans are 1.5 times more likely to experience "serious psychological distress", and
- Twice as likely to experience post-traumatic stress disorder.
- "The most significant mental health concerns today are the high prevalence of depression, substance use disorders, suicide and anxiety".[i]

The most recent data shows that despite the increased prevalence of serious mental illness, very few Native American individuals seek treatment services in Napa County.

- In Napa County, the estimated prevalence of Serious Mental Illness for Native Americans is 8.7%, twice the rate for the general population (4.1%).
- In 2014, 51 individuals who identified as Native American were eligible for public mental health services. Eight received services.[ii] In 2015, 42 individuals qualified and 4 were served.[iii]

Mental Health America explains that Native American worldviews can be useful in finding more effective ways to provide support.

> *There have not been many studies about Native American attitudes regarding mental health and mental illness. There is a general Native American worldview that encompasses the notions of connectedness, reciprocity, balance and completeness that frames their views of health and well-being. Studying this experience may help lead to the rediscovery of the fundamental aspects of psychological and social well-being and the mechanisms for their maintenance.*[iv]

I. Project Overview

There are few culturally-competent resources available to the population of Native Americans in Napa County. Those that exist are not focused on increasing the cultural competency of the mental health system though the estimated incidence of serious mental illness for Native Americans is higher than in other populations. This project is designed to address the gap in culturally-competent services by sharing the information about historical trauma and healing practices with mental health providers.

b) Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Napa County is an urban/rural area with an officially listed terminated tribe. This has resulted in a diverse Native community. After many meetings with elders, native community healers, tribal members and assimilated Native Americans, a consensus was reached that a safe unrestricted land base was an integral component to addressing intergenerational grief and healing. This base, Suskol House, is currently under construction in Pope Valley, an unincorporated area of rural Napa County. As the local Native community awaits this resource, they have begun to use the land for healing ceremonies.

Suscol Intertribal Council's current work through the Mental Health Services Act Prevention and Early Intervention funding has brought education about traditional healing to mental health consumers and their family members. Some of the workshops have been held at the Innovation Community Center. These workshops often begin with smudging, a traditional practice to cleanse a space using the smoke of sage. Over time, consumers, family members, and providers have asked the Native American educators how to use the smudging. Can they grow sage themselves? Can they burn sage at home?

This curiosity led to the development of this work plan. The educators have had several informal conversations with curious individuals about the cultural context and purpose of the smudging as well as how to use it. This project expands this informal work to a more structured approach and moves the information to providers themselves.

Additionally, during the Scoring Committee's review of the originally submitted idea, many of the reviewers indicated that they were not familiar with historical trauma. Suscol Intertribal Council considered how to combine the community's

I. Project Overview

curiosity about wellness and healing with knowledge of culture, experiences and historical trauma.

Suscol Intertribal Council has been educating individuals in Napa County about historical trauma and its impact on the Native community since 1992. They have noted that often the information is difficult for individuals to hear the first time. One of the ways to help people receive the information is to also share ways to heal the trauma as they learn about it.

By combining information about cultural strengths and the historical trauma with the experience of a healing tradition, Suscol Council hopes to change providers understanding of and compassion for the Native American experience and encourage each participant to use and share the traditional Native American healing practices in their personal lives and professional service delivery.

2) What Has Been Done Elsewhere To Address Your Primary Problem?

"A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach… (CCR, Title 9, Sect. 3910(b)).

The Commission expects a County to show evidence that they have made a good-faith effort to establish that the approach contained within their proposed project either has not been demonstrated to be effective in mental health or is meaningfully adapted from an approach that has been demonstrated to be effective. Describe the efforts have you made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

a) Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?

A review of the literature found that the link between historical trauma and mental health in the Native American community had been studied and examined by several authors. There was also evidence about the importance of traditional healing ceremonies and providers' cultural identity.

We did not find literature about how educating mental health providers about historical trauma and healing traditions impacts their compassion and advocacy for the Native American communities and/or how it changes their treatment plans

I. Project Overview

or self-care. The typical cultural competency training about Native American culture for western providers did not provide the combination of cultural and historical trauma information and experience with the healing options.

Historical Trauma

The study that is cited most frequently in the literature about historical trauma in the Native American communities was done in 1998 by Maria Yellow Horse Brave Heart, PhD, and Lemyra M. DeBruyn, PhD.[v] The authors describe the impact of historical trauma and the interventions used to heal trauma in traditional ceremonies and in "modern western treatment modalities".[vi]

A research summary related to historical trauma in the American Indian and Alaska Native communities was created by the University of Minnesota Extension: Children Family and Youth Consortium. This summary is focused on working with families in the child welfare system, and incorporates the historical trauma research from Maria Yellow Horse Brave Heart and extends it to a "colonial trauma response" which brings in "the contemporary and individual responses to injustice, trauma or microagression."[vii]

Traditional Healing

There are additional studies describing the importance of traditional healing for Native American individuals, and offering ideas to healthcare providers about how to "integrate indigenous healing"[viii]

> *Today Native Americans frequently combine traditional healing practices with allopathic medicine to promote health and wellbeing. Ceremony, native herbal remedies, and allopathic medications are used side by side. Spiritual treatments are thus an integral part of health promotion and healing in Native American culture.*
>
> *Yet, the role of spirituality in health promotion and wellness is uncomfortable for many allopathic providers. Advanced practice nurses with their tradition of holism that embraces the bio-psycho-social-spiritual nature of health have an opportunity to suggest new ways to care modeled on traditional [Native American] practices. The inclusion of family and community in treatment plans decreases the isolation often found in allopathic care. And, thinking about the lack of person-environment harmony and balance may important clues for the diagnostic process[ix].*

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Importance of Culture in Care

One study noted the link between how closely health care providers identify with the Native American culture and level of agreement on the patient's health status. The study examined 115 patient reports and compared each to the physician's reports. Individuals who identified more closely with each other were more likely to have similar health status reports. Since all seven of the physicians who participated in the study identified strongly as White-American, the study showed more agreement when the patients more strongly identified as White-American.[x] Those who identified as American-Indian were less likely to agree with the physician's assessment of their health. We did not find a similar study that included mental health professionals or providers who identified strongly with Native American cultures.

b) Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstances?

Though we found efforts that were similar to pieces of this work plan, there were several limitations:

- We did not find an evidence-base for these types of programs,
- We did not find a program focused on training mental health professionals through a combination of education and experiential learning, and
- We did not find evaluated interventions.

Provider Training about Historical Trauma

We found several examples of training for professionals working to address health and/or substance use in the Native American community. We did not find examples of training for mental health providers that combined education about historical trauma and experiential learning about healing traditions.

Native American students seeking careers in public health are trained on historical trauma at Stone Mountain College[xi] in Montana. The curriculum used spans three college courses and "uses a spiral model …for in-depth and repeated explorations of the key concepts of historical trauma from different perspectives, always with a focus on: What does historical trauma look like? How does it feel? What does it feel like to be healed?"[xii]

I. Project Overview

The Native American Training Institute in New Mexico is "devoted to addressing alcohol substance use/abuse prevention, intervention and treatment from a distinctly Native American perspective."[xiii] This organization provides an annual conference for service providers in Albuquerque, New Mexico.

Changing Treatment Practices

We did not find models specific to changing the personal self-care practices of mental health professionals in order to change their professional practices.

We found one example of a narrative that offered techniques to change mental health practices, but it was exercises for therapists to do with clients, not an immersive experience with traditional healing methods.

Leslie E. Korn, MPH, PhD wrote a book titled, "Rhythms of Recovery," that describes how historical trauma is addressed in the health care industry.[xiv] She notes that the treatment of mental health is separate from physical health and there is a need to think about health as a whole, not in pieces. This book "includes participatory exercises for therapists and clients…designed to increase self-awareness of both for a more effective therapeutic relationship."[xv]

3) The Proposed Project

Describe the Innovative Project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

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

This Innovation Project is focused on combining education about varied Native American cultures, histories and historical trauma with training on traditional wellness and healing practices. The project is a series of workshops that take providers through the use and benefits of smudging, writing/art, drum circles, clapper sticks, drum making and drum blessings. The workshops will include the

I. Project Overview

production of videos that will be used to share the learning and will be available for training purposes after the project concludes.

Recruit Advisors
To begin, the project staff will reach out to Native American Cultural Advisors with expertise in Native American history, experience and healing practices and Mental Health Advisors with experience in the public mental health system. These Advisors will be asked to assist in the curriculum development, to refine the evaluation framework and tools, to review the learning from the project and to share the learning with their colleagues and peers. This is the first time in Napa County that Native American Cultural Advisors will lead an advisory group that includes mental health professionals to develop a culturally-relevant curriculum to change the mental health system.

Develop Curriculum
The curriculum for the workshops will be developed by project staff with the input of Cultural Advisors and Mental Health Advisors. Though each workshop will highlight a different traditional wellness and healing practice, each will use the following outline:

- The varied culture and history of Native Americans in California, including strengths of cultures, experience with trauma and impact of historical trauma.
- Introduction to traditional healing method and its use for wellness and healing.
- Context of traditional healing method, how to acquire materials, and how to use it appropriately and respectfully.
- Use of method for self-care
- Use of method in professional practice
- Discussion about how to continue the Native American narrative to begin healing from historical trauma.

Recruit Participants
Prior to beginning recruitment, the project staff will send a survey to mental health providers in Napa County to better understand individuals' current familiarity with Native American culture, history, experiences and healing traditions.

I. Project Overview

A workshop led by project staff and the Advisors will be held in Napa County to share the survey findings. Napa County mental health providers will be invited to attend the introductory workshop and interested providers will be encouraged to participate in the Innovation project.

Facilitate Provider Workshops

The workshop series are designed for up to 30 participants in each of the two cohorts. The first cohort of 30 participants will occur from April to August 2018, and the second cohort will occur from September to January 2019. In February and March 2019, all cohort participants will be invited to a drum making and drum blessing ceremony at the Suskol House.

Each workshop will be led by a Native American educator, and will address the culture and history of Native Americans in California, the context and use of a healing method and how the method can be used personally and professionally. The workshops will include the production of videos that will be used to share the learning and will be available for training purposes after the project concludes.

Every workshop will end with time for participants to journal about their experiences and learning. The journaling prompts will include reflections on how to use the learning in their personal and professional pursuits. Journals will be used by participants to reflect on their learning, but will NOT be reviewed or collected by project staff or evaluators.

b) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).

This project makes a change to an existing practice in the field of mental health**.**

Currently, historical trauma is taught to mental health providers in an academic or western setting without the experience of the traditional healing methods. Our research showed that traditional healing methods are taught to Native American community members, rather than mental health providers working in the public mental health system.

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This project is shifting the education about culture, history and historical trauma and about traditional wellness and healing methods to the providers currently working in the public mental health system. The workshops combine education and experience and encourage the use of the practices in providers' own self-care as well as with the individuals they serve. This project is the beginning of a healing process to mend relationships between the mental health system and Native American communities in Napa County.

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

Both the education and healing approaches are currently in use. The education component is used in both the mental health provider and the Native American communities, and the healing traditions are currently used with the Native American community. This project is testing the hypothesis that combining the two will result in providers adopting the practices for personal and professional use.

4) Innovative Component

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

a) If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.

This project is shifting the education about Native American culture, history and historical trauma and the experience of using traditional wellness and healing methods from Native American individuals and providers to western mental health providers currently working in the public mental health system.

We believe this is important because we'd like to understand how both traditions (cultural healing practices and public mental health services) can be used to promote mental wellness and address mental health concerns for Native American individuals. We are also interested in how this learning can be sustained to improve collaboration between Native American communities,

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Native American healers and mental health providers.

b) If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?

Traditional Native American healing practices are being introduced to public mental health providers. These practices are used to address trauma in Native American communities, and are not familiar to or used by providers in the mental health system. The innovation is sharing the traditional Native American healing practices and encouraging mental health providers to use them in their own self-care as well as within their professional practice with Native American individuals in need of mental health services.

5) Learning Goals / Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices. *There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.*

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

Does the workshop series change mental health providers' understanding and compassion for Native American individuals with mental health concerns and a traditional view of trauma?

Do providers integrate the learning into their own self-care? Why or why not?

Do providers use their knowledge of Native American culture and history and their experiences with traditional wellness and healing methods to change their professional practice? How? Why?

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

Integrating the education about historical trauma and an immersive experience with traditional healing for Mental Health Providers

Area of Inquiry: Different levels and intensities of information about trauma and traditional healing.

Learning: Does the workshop series change mental health providers'

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understanding and compassion for Native American individuals with mental health concerns and a traditional view of trauma?

Area of Inquiry: Different settings for the trainings: mental health providers' offices, Suscol Council's offices in Napa, and the Suskol House property in Pope Valley.

Learning: Does the workshop series change mental health providers' understanding and compassion for Native American individuals with mental health concerns and a traditional view of trauma?

Area of Inquiry: How does information about historical trauma and traditional healing relate to a provider's personal history and experience? Do they recognize any part of their own experience?

Learning: Do providers integrate the learning into their own self-care? Why or why not?

Area of Inquiry: What changes can/will a provider make in how they address historical trauma with the Native American individuals they serve?

Learning: Do providers use their knowledge of Native American culture and history and their experiences with traditional wellness and healing methods to change their professional practice? How? Why?

6) **Evaluation or Learning Plan**

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

a) Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?

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As part of the recruitment and evaluation, an online survey will be sent to mental health providers in Napa County to assess familiarity with Native American culture, experiences and healing traditions.

The 60 cohort participants will all be included in the surveys and focus groups. The participants will be recruited by project staff in March 2018 and August 2018.

b) What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.

The quantitative data will be collected on use of practices, including frequency and breadth of use both personally and professionally. Qualitative data will be collected through focus groups to understand shifts in attitudes and behavior that occur throughout the project. Data collection tools will be developed in the first three months of the project and participants will keep personal journals so they can reflect on learning at the end of the workshop series. Journals will NOT be collected or reviewed by project staff or evaluators.

c) What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?

A pre and post-test survey will be used with all participants in each cohort. The surveys will be administered at the start of the workshop series, and the end of the series and again after the drum ceremony. Focus groups will be conducted at the end of the workshop series and at the end of the drum ceremony. Participants will keep personal journals throughout the project to aide them in reflecting on their experiences when the data is collected. Journal prompts will be used by the project staff to help focus participant reflections for evaluation. Journals are for the use of participants only and will not be reviewed or collected by project staff or evaluators.

d) How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?

The participant surveys will be administered to all participants at the first and last workshop and at the end of the drum blessing ceremony.

The focus groups will occur at the final workshop for each cohort and at the end

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of the drum blessing ceremony.

The survey distributed to all mental health providers in Napa County at the beginning of the project will be an online survey and will be distributed electronically.

e) What is the *preliminary* plan for how the data will be entered and analyzed?

The survey data will be collected in hard copy and/or online and entered into the statistical software, Statistical Package for the Social Sciences (SPSS), for analysis.

Focus group recordings will be transcribed and the transcripts will be used for summary and analysis.

7) Contracting

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

Napa County Mental Health will be contracting out the Innovations project evaluation. The County values and understands the importance of maintaining a healthy relationship with both the evaluator and contractor. The planning process was reflective of that as it involved County staff, evaluation staff and potential contractors working together to ensure that the Innovations plan aligned with Innovations regulations while at the same time ensuring that the plan communicated the desires of the specific stakeholder group and needs of the community. The evaluation staff that have been contracted to work on this process hold those key pieces together for County and contractors to ensure the learning is documented and can be shared with MHSOAC staff and local stakeholders at the end of the project period.

County staff will continue to conduct planned site visits to programs and will also participate in evaluation meetings on a regular basis to ensure that the relationship is maintained and consistent throughout the project period.

II. Additional Information for Regulatory Requirements

1) Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

a) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.

b) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA). Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and non-supplantation requirements."

c) Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act."

   Of particular concern to the Commission is evidence that the County has satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.

d) Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation.

   Note: All certifications will be completed prior to submittal to the MHSOAC as required above.

2) Community Program Planning

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

Include a brief description of the training the county provided to community planning participants

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regarding the specific purposes and MHSA requirements for INN Projects.

Napa County Community Program Planning

The planning process for Innovations began in September 2016 with presentations to the Mental Health Board and the Mental Health Services Act Stakeholder Advisory Committee. Community outreach began in October 2016 with outreach to over 350 community providers and individuals who have previously participated in Mental Health Services Act (MHSA) planning. This email outreach was supplemented with phone calls to several individuals who do not have email accounts, and several packets of mailed information to individuals who requested hard copies of the planning documents.

In addition to the presentations with the Mental Health Board and the MHSA Stakeholder Advisory Committee, Mental Health Division staff and consultants presented to consumers and family members at the Innovation Community Center (the local Adult Resource Center), to the Napa County Coalition of Non Profit Agencies and the Coalition's Behavioral Health Sub-Committee. This outreach was done to be sure the community's Innovation questions were addressed.

This process resulted in twelve innovation ideas being submitted in November 2016. Each of the agencies submitted ideas based on the data they had available and community reports compiled by the Mental Health Division about what was not working in the mental health system[xvi] and based on input from their staff and/or individuals about what could be different. These ideas were reviewed by Mental Health Division staff for adherence to the Innovation guidelines. Nine of the ideas were forwarded to the Innovations Scoring Committee for further review and discussion.

Innovations Scoring Committee

The intent of the Innovations Scoring Committee was to provide a proxy for the public, local and state review process. Because of the reversion timeline, the Mental Health Division wanted to ensure the ideas that were developed into workplans were viable.

The eleven member Committee included state-level representatives with expertise in MHSA programming, Innovations, cultural competence, lived experience, and the state mental health system, as well as local representatives who had no ties to the agencies that submitted proposals and who had lived and/or professional expertise in the mental health system and/or service systems in Napa County. All Scoring Committee members were screened prior to being included to be sure they did not have any personal or professional conflicts.

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The Scoring Committee met in January 2017. Each member scored each proposal, and they brought their notes and scores to the meeting for discussion. The group discussed the ideas overall and particularly focused on areas where their own scores varied from the average scores. All members were encouraged to ask questions, provide expertise and information as indicated and to adjust their notes and scores as they saw fit. Based on the scores and comments from the Scoring Committee, the Mental Health Division selected four ideas to develop into workplans.

This work plan was developed from an idea submitted by Suscol Intertribal Council, a local agency whose mission is "the preservation of Native American Culture and the continued maintenance and development of 'Suskol House,' a safe land base to practice traditional ceremonies. Suscol also works in conjunction with other community based organizations to protect indigenous sacred sites and human rights globally."[xvii]

Suscol Intertribal Council Community Planning

This planning process is also described previously in the Project Overview Section 1b. This process was how the Suscol Intertribal Council developed the idea and chose to develop it for consideration by the Scoring Committee.

Napa County is an urban/rural area with an officially listed terminated tribe. This has resulted in a diverse Native community. After many meetings with elders, native community healers, tribal members and assimilated Native Americans, a consensus was reached that a safe unrestricted land base was an integral component to addressing intergenerational grief and healing. This base, Suskol House, is currently under construction in Pope Valley, an unincorporated area of rural Napa County. As the local Native community awaits this resource, they have begun to use the land for healing ceremonies.

Suscol Intertribal Council's current work through the Mental Health Services Act Prevention and Early Intervention funding has brought education about traditional healing to mental health consumers and their family members. Some of the workshops have been held at the Innovation Community Center. These workshops often begin with smudging, a traditional practice to cleanse a space using the smoke of sage. Over time, consumers, family members, and providers have asked the Native American educators how to use the smudging. Can they grow sage themselves? Can they burn sage at home?

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This curiosity led to the development of this work plan. The educators have had several informal conversations with curious individuals about the cultural context and purpose of the smudging as well as how to use it. This project expands this informal work to a more structured approach and moves the information to providers themselves.

Additionally, during the Scoring Committee's review of the originally submitted idea, many of the reviewers indicated that they were not familiar with historical trauma. Suscol Intertribal Council considered how to combine the community's curiosity about wellness and healing with knowledge of culture, experiences and historical trauma.

Suscol Intertribal Council has been educating individuals in Napa County about historical trauma and its impact on the Native community since 1992. They have noted that often the information is difficult for individuals to hear the first time. One of the ways to help people receive the information is to also share ways to heal the trauma as they learn about it.

By combining information about cultural strengths and the historical trauma with the experience of a healing tradition, Suscol Council hopes to change providers understanding of and compassion for the Native American experience and encourage each participant to use and share the traditional Native American healing practices in their personal lives and professional service delivery.

Revisions

Mental Health Division staff and consultants assisted Suscol Intertribal Council in developing the Innovation workplan based on the feedback from the Scoring Committee. This workplan is the result of several revisions. As the project was aligned with the areas the Scoring Committee indicated were innovative, the changes were reviewed with and approved by Suscol Intertribal Council's Cultural Committee.

3) Primary Purpose

Select **one** of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

a) Increase access to mental health services to underserved groups

b) Increase the quality of mental health services, including measurable outcomes

c) Promote interagency collaboration related to mental health services, supports, or outcomes

d) Increase access to mental health services

4) MHSA Innovative Project Category

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Which MHSA Innovation definition best applies to your new INN Project (select one):

a) Introduces a new mental health practice or approach.

b) 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.

c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

5) Population (if applicable)

a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?

This project is designed for mental health providers working with individuals in Napa County and does not include direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance.

b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.

This project is designed for mental health providers working with individuals in Napa County. Recruitment efforts will include specific outreach to peer professionals, as well as individuals that reflect the racial and ethnic diversity of our county. The recruitment for participants will include outreach to a variety of organizations serving all gender identities, age groups, sexual orientations and geographic areas.

c) Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

Mental health providers will be recruited from the Napa County HHSA Mental Health Division peer and professional staff, community agencies providing mental health services, and private providers. There are no additional eligibility criteria. If more than 30 providers are interested in participating in a cohort, a selection process will be used to maximize the diversity of the group.

6) MHSA General Standards

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

a) Community Collaboration

The project was developed with the input of current consumers, providers and community members. Their questions and curiosity led to the idea of sharing the culture, history and healing traditions with a wider range of professionals in the community.

The project incorporates a community component by inviting Mental Health and Cultural Advisors to assist in developing curriculum, discussing the learning from the project and making recommendations. The intent of this process is to be sure the learning is embedded in both systems of care.

b) Cultural Competency

Cultural competency will be addressed by inviting Cultural Advisors to develop the curriculum, review the learning and participate in sharing the findings. This is the first time in Napa County that Native American Cultural Advisors will lead an advisory group that includes mental health professionals to develop a culturally-relevant curriculum to change the mental health system.

Additionally, all workshops will be developed by and led by Native American educators.

c) Client-Driven and Family-Driven

The project was developed after noting the curiosity of individuals with Serious Mental Illness and their family members. Their questions about the context and appropriate use of healing methods prompted the Native American educators to think about how to share the information with the broader mental health community to make it more widely available to interested individuals.

d) Wellness, Recovery, and Resilience-Focused

This project aims to improve the wellness of providers as well as to address the wellness, recovery and resilience needs of individuals using mental health services. The healing options discussed in the workshops are designed to

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directly address trauma and the project is focused on providing more options for individuals seeking care.

e) Integrated Service Experience for Clients and Families

The use of the Cultural and Mental Health Advisors is to bring the learning into the Native American community as well as the public mental health community. It is expected that through discussion and the development of recommendations, the mental health system will learn how to provide more culturally-competent and effective services to Native American clients and their families.

7) Continuity of Care for Individuals with Serious Mental Illness

Will individuals with serious mental illness receive services from the proposed project?
If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

This project is designed for mental health professionals and will not provide services to individuals with serious mental illness.

8) INN Project Evaluation, Cultural Competence and Meaningful Stakeholder Involvement.

a) Explain how you plan to ensure that the Project evaluation is **culturally competent**.
Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.

The evaluation plan for this project has been developed and designed by Suscol Intertribal Council, a Napa County non-profit agency that works to promote and support the local Native American Community. To further ensure cultural competence, the Suscol Council's Cultural Committee has reviewed the workplan, the intended learning and the evaluation.

Suscol Council intends to recruit one to two technical experts who have experience in program evaluation, the mental health community and the Native American community. These experts will refine the evaluation framework and

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help to develop the tools to be used in the evaluation. Additionally, the Cultural Advisors for this project will review the evaluation framework, tools and results.

b) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation. *Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.*

The intent of the Advisors in this project is to involve both the Native American stakeholders and stakeholders in the public mental health system to help develop the curriculum, refine the evaluation design and tools, review the learning and create recommendations.

Suscol Council intends to recruit one to two technical experts who have experience in program evaluation, the mental health community and the Native American community. These experts will refine the evaluation framework and help to develop the tools to be used in the evaluation.

9) Deciding Whether and How to Continue the Project Without INN Funds

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

There is no identified funding source to continue the project after June 2019, so the involvement of stakeholders, funders and community members throughout the project is vital for encouraging support for successful components after the project is completed.

It is anticipated that the successful elements of the project will be integrated into the participants' practices and agencies.

The workshops will include the production of videos that will be used to share the learning and available for training purposes after the project concludes.

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The decision about whether and how to continue the project will be addressed throughout the project. As successful elements are identified, the Advisors will discuss how to use the learning in both the Native American and public systems of care, and the participants will reflect on how to use the elements in their personal and professional lives.

After all of the data is collected, Advisors will share the learning with the regional Native American health and mental health providers and with the regional mental health communities. The Advisors and interested participants will be encouraged to co-present the findings and the recommendations.

10) Communication and Dissemination Plan

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

a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?

This project includes the development of training videos for use during the provider workshops. It is anticipated that these videos can be used to assist in disseminating the learning during the project and after the project has ended.

To distribute the learning in the Native American community, advisors and participants will be asked to assist project staff in presenting the findings to the following groups:

- Suscol Intertribal Council's Cultural Committee: Individuals on this committee represent several nearby counties
- Regional Native American community and/or service providers: Lake County Tribal Health, Feather River, Santa Ynez, Shingle Springs, and other regional providers.
- Indian Health Services (IHS) annual conference

To disseminate the findings to the mental health community, advisors and participants will be asked to assist project staff in presenting the findings to the following groups:

- Napa County Stakeholder Advisory Committee

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- Napa County Mental Health Board
- Napa County Health and Human Services, Mental Health Division staff
- Napa Valley Coalition of Non Profits Behavioral Health Committee
- Innovation Community Center (the local Adult Resource Center)

b) How will program participants or other stakeholders be involved in communication efforts?

The learning from the project will be shared with advisors and project participants as it is developed. Advisors and project participants will be encouraged to assist in developing materials to summarize the learning, and to participate in the local and regional dissemination of the findings.

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

- Educating Mental Health Providers about Historical Trauma and Traditional Healing Practices in the Native American Communities
- How mental health providers integrate Traditional Healing Practices into their work with clients
- How mental health providers integrate Traditional Healing Practices into their own self-care

11) Timeline

a) Specify the total timeframe (duration) of the INN Project:

One Year, Six Months

b) Specify the expected start date and end date of your INN Project:
Note: Please allow processing time for approval following official submission of the INN Project Description.
January 1, 2018: Start date
June 30, 2019: End date

c) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for

i. Development and refinement of the new or changed approach

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January to March 2018

- Recruit Advisors: Five Cultural and five Mental Health Advisors will be recruited to develop curriculum and review learning.
- Develop curriculum for all workshops (Overview, Smudging, Art/Writing, Clapper Stick, Drum Circle, Drum Making and Drum Blessing)
- Develop and distribute survey to mental health providers in Napa County.
- Present Community Workshop to share survey findings and encourage participation in project.
- Recruit Cohort One by doing outreach to county mental health staff, community providers and others who provide mental health services and supports in Napa County. 30 participants will be recruited, and 20 are projected to complete all of the workshops in Cohort One.

April to August 2018

- Facilitate five workshops for Cohort One. Workshops will occur monthly for five months. Each session will be two and a half hours long and will incorporate culture, history, historical trauma and learning about at least one of the healing methods.
- Recruit Cohort Two: In August 2018, recruitment will begin for the second cohort. 30 participants will be recruited, and 20 are projected to complete all of the workshops in Cohort Two.

September 2018 to January 2019

- Facilitate five workshops for Cohort Two. Workshops will occur monthly for five months. Each session will be two and a half hours long and will incorporate culture, history, historical trauma and learning about at least one of the healing methods.

February to March 2019

- Facilitate drum making and drum blessing workshops for both cohorts at Suskol House. Up to 40 cohort members are expected to participate.

ii. Evaluation of the INN Project;

The project evaluation will consist of a pre and post-test for each cohort series and focus groups with small groups of participants at the end of each cohort. The participants will use the journals during the workshops to reflect on learning throughout the project. The survey tools and the focus group protocols will be

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developed with input and guidance from the project staff, the Suscol Intertribal Council's Cultural Committee, and the Cultural and Mental Health Advisors.

January to March 2018

- Develop data collection tools, including community survey, pre and post-test survey, journal prompts and focus group protocols
- Distribute mental health provider survey: This survey will assess the familiarity of Napa County mental health providers with the Native American culture, experience and healing traditions.
- Summary and analysis of data from Provider Survey (community-wide).

April to August 2018

- Collect data from Cohort One: The pre-test will be collected in the first workshop and journal prompts will be used in each workshop. In the final workshop in August 2018 the post test will be collected and small focus groups will be facilitated with participants. Participants will be encouraged to use the journal entries they have written at each workshop to reflect on their learning.

September 2018 to January 2019

- Summary and Analysis of data from Cohort One: All data collected in Cohort One will be summarized for review by participants and the project staff. Once reviewed, it will be shared with Suscol Intertribal Council's Cultural Committee and the Advisors. The project staff and Advisors will make adjustments to the project as indicated and the findings will be shared with the Native American and public mental health communities.
- Collect data from Cohort Two: The pre-test will be collected in the first workshop and journal prompts will be used in each workshop. In the final workshop in January 2019 the post test will be collected and small focus groups will be facilitated with participants. Participants will be encouraged to use the journal entries they have written at each workshop to reflect on their learning.

February to March 2019

- Summary and Analysis of data from Cohort Two: All data collected in Cohort

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Two will be summarized for review by participants and the project staff. Once reviewed, it will be shared with Suscol Intertribal Council's Cultural Committee and the Advisors. The project staff and Advisors will make adjustments to the project as indicated and the findings will be shared with the Native American and public mental health communities.

- Collect final data from all participants: At the end of the drum making and blessing workshop, a final survey and focus group will be conducted with all participants. Participants will be encouraged to use the journal entries they have written during the drum workshops to reflect on their learning.

April 2019

- Summary and Analysis of final data from all participants: All data collected after the drum blessing workshop will be summarized for review by participants and the project staff. Once reviewed, it will be shared with Suscol Intertribal Council's Cultural Committee and the Advisors. The findings will be shared with the Native American and public mental health communities.

iii. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;

April-June 2019

At the end of the workshops, the data for the entire project will be reviewed by the project staff, the Suscol Intertribal Council's Cultural Committee and the Advisors. With input from this review, the Advisors will develop recommendations about how learning can be used to improve wellness and address mental health concerns in both the traditional and western systems of care and will bring the learning to the local and regional Native American and mental health providers. These will discussions be used to decide whether and how to continue the project.

iv. Communication of results and lessons learned.

The communication of the results will be ongoing throughout the project and learning will be shared as it is noted. Given the timing of the survey, the workshops and the data collection and analysis, the following key dates are anticipated:

March 2018

II. Additional Information for Regulatory Requirements

Share summary of the mental health provider survey with the mental health provider community.

September 2018

Share the findings and learning from Cohort One with the Suscol Intertribal Council's Cultural Committee and the Advisors.

February 2019

Share the findings and learning from Cohort Two with the Suscol Intertribal Council's Cultural Committee and the Advisors.

April to June 2019

Share the findings and learning from the full project with the Suscol Intertribal Council's Cultural Committee and the Advisors. Bring learning to Native American provider community and mental health provider community. Presentations to be developed and delivered by project staff, participants and/or Advisors.

Timeline

	2018												2019					
Timeline Element	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

II. Additional Information for Regulatory Requirements

Development and refinement of the new or changed approach																		
Recruit Advisors																		
Develop Curriculum																		
Recruit Participants																		
Develop and Distribute Provider Survey																		
Facilitate Provider Workshops: Cohort One																		
Facilitate Provider Workshops: Cohort Two																		
Facilitate Provider Workshops: Drum Making and Drum Blessing																		
Evaluation of the INN project																		
Decision making about whether and how to continue project																		
Communication of results and lessons learned																		

12) INN Project Budget and Source of Expenditures

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

a) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)

b) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the

II. Additional Information for Regulatory Requirements

project by funding category and fiscal year)

c) BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources) **–HHSA to Complete**

12a. Budget Narrative:

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…").

Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

Personnel Costs: FY 17-18: $55,801 FY 18-19: $111,603.; Total: $167,404

- **Executive Director** Total of $39,000 at $50/hour for 10 hours/week for 18 months. The Executive Director will maintain major oversight of the program and will advise video consultant; assist in development of curriculum for cohort workshops. ED will oversee and coordinate all the details for Cultural advisors, mental health workers and Mental Health Stakeholders and report back to communities follow up after program completed.

- **Project Coordinator** Total of $46,800 at $30/hour for 20 hours/week for 18 months to handle office aspects of logistics e-mails, paperwork, billing, scheduling and program bookkeeping and reports. This person will develop recruitment materials and scheduling of office locations for monthly workshops. This person will work closely with and under supervision of Suscol Executive Director.

- **Workshop Facilitator** Total of $46,800 at $30/hour for 20 hours/week for 18 months to handle community recruitment and retention of individuals involved in program. Facilitator will be of Native American descent and familiar with cultural norms and practices to share in culturally sensitive ways the traditions of those involved. Facilitator will work with the Executive Director to recruit mental health care workers. Facilitator will also receive quarterly consultation with mental

II. Additional Information for Regulatory Requirements

health stakeholders and cultural consultants. This person will work closely with video consultant and under direction of Executive Director.

- **Administrative Costs** $34,804 includes accounting and IT expenses, office communications phone, fax, and web site updates and internet access.

Operating and One-Time Costs: FY 17-18: $14,643; FY 18-19: $35,900; Total: $50,543

One-time equipment purchases; **Total: $13,293**

- Laptop/Software: $950
- Journals for 60 @ $15 each: $900
- Conference phone: $187
- Projector: $299
- Flip Charts/Easels/Markers: $200
- Adobe software editing subscription: $1,440.
- Equipment for Suskol House two picnic tables: $338
- Drum making materials and drum making teacher costs: $9,000 for 30 participants, two-day workshop

Operating Expenses

- **Food** $13,500
- **Office Supplies**: $3,600
- **Mileage**: $3,800
- **Insurance costs** $1,050 for 18 months of project**.**

Consultant Costs/Contracts: FY 17-18: $23,680; FY 18-19: $121,720; Total: $145,400

- **Video Consultant** Total of $39,000 at $50/hour for 10 hours/week for 18 months. This person will have their own video equipment. They will be responsible for workshop videos. They will be responsible for editing and finalized working copies for sharing in public venues as education and documentation tools. Video consultant will also assist in production of 6 video documentaries to help convey messages of embedded trauma in Native Americans DNA. This person will work closely with workshop coordinator and under direction of the Executive Director.

- **Evaluation Expert** Total of $2,000 for a total of 60 hours at $35/hour. The evaluation expert will work closely with the Project Coordinator and will be familiar with Native American culture, and the mental health system. Will

II. Additional Information for Regulatory Requirements

coordinate work with county supported evaluation consultant as well.

- **Cultural Advisors** Total of $45,000 for five advisors at 10 hours/month for total at $60/hour for 15 months of the program. The cultural advisors will be acknowledged elders proficient in Native American traditional skills such as ceremonial songs, dances or sweat lodge and smudge ceremonies. They will be available once a month for an 8 hour day collectively or separately as determined by needs of program. They will be available to review the program and evaluation design. The extra two hours would be allowed for program run-overs and prep time. They will work in coordination with Workshop coordinator and under direction of executive director. Stipend is inclusive of travel costs.

- **Mental Health Advisors** Total of $5,400 at $90/hour for a total of 20 hours for up to three of the five advisors (2 may potentially be County Employees and cannot accept stipends as part of their work). These five advisors will be involved in 10 meetings (maximum). The Advisors will be available for consultation overview to give feedback on relevance of information being gathered and disseminated as to relevance of Mental Health cultural competency and self-care.

- **Mental Health Participants** Total of $54,000 at $60/hour for 2.5 hours a month for 12 months for 60 participants, also inclusive of travel costs. County staff will not be separately compensated.

Project Evaluation: FY17-18:$16,750; FY18-19: $36,875; Total: $53,625
This project includes 60 participants and 10 Advisors.

Monthly Meetings: During the 18 months of the project, monthly meetings will be held with project staff to document the project's progress and assess any changes in learning.

Journal Prompts: Each of the participant workshops will conclude with a journaling exercise for providers. The evaluation support will include assistance developing the journal prompts to help individuals focus on their learning and to help them recall it during data collection.

Participant Survey: Participants will complete a survey about their knowledge, attitudes and behaviors at the beginning and end of the workshop series and after the drum workshops. The survey will be developed at the beginning of the project with the input of participants and Advisors and will be refined based on feedback and analysis.

Focus Groups with Participants: Focus groups will be used at the end of each workshop series and at the end of the drum workshops. The participants will be divided into smaller groups each time to ensure all individuals are heard.

II. Additional Information for Regulatory Requirements

Reporting: Three interim reports and a final report are included in this evaluation support. The first interim report will be the summary of the community survey. The rest of the interim reports will be developed for the project staff, participants and Advisors and a final report to the state will be completed in June 2019.

Budget

	Labor Hours		
Tasks	**FY 18-19**	**FY 19-20**	**Total**
Monthly Meetings	60	120	180
Journal Prompts	6	18	24
Community Wide Survey	28	0	28
Participant Surveys	30	44	74
Focus Groups with Participants	0	63	63
Reporting	10	50	60
Total Labor Hours	**134**	**295**	**429**

12b. New Innovative Project Budget By FISCAL YEAR (FY)*				
EXPENDITURES				
Personnel Costs (salaries, wages, benefits)		**FY 17-18**	**FY 18-19**	**Total**
1	Salaries	$ 44,200	$ 88,400	$ 132,600
2	Direct Costs	$ -	$ -	$ -
3	Indirect Costs	$ 11,601	$ 23,203	$ 34,804
4	Total Personnel Costs	$ 55,801	$ 111,603	$ 167,404
Operating Costs		**FY 17-18**	**FY 18-19**	**Total**
5	Direct Costs	$ 500	$ 18,600	$ 19,100
6	Indirect Costs	$ 850	$ 17,300	$ 18,150
7	Total Operating Costs	$ 1,350	$ 35,900	$ 37,250
Non Recurring Costs (equipment, technology)		**FY 17-18**	**FY 18-19**	**Total**
8	One-time Equipment Purchases (in narrative)	$ 13,293	$ -	$ 13,293
9			$ -	$ -
10	Total Non-recurring costs	$ 13,293	$ -	$ 13,293
Consultant Costs/Contracts (clinical, training, facilitator, evaluation)		**FY 17-18**	**FY 18-19**	**Total**
11	Direct Costs	$ 23,680	$ 121,720	$ 145,400
12	Indirect Costs	$ -	$ -	$ -
13	Total Consultant Costs	$ 23,680	$ 121,720	$ 145,400
Other Expenditures (please explain in budget narrative)		**FY 17-18**	**FY 18-19**	**Total**
14		$ -	$ -	$ -
15		$ -	$ -	$ -
16	Total Other Expenditures	$ -	$ -	$ -
BUDGET TOTALS				
Personnel (line 1)		$ 44,200	$ 88,400	$ 132,600
Direct Costs (add lines 2,5, and 11 from above)		$ 24,180	$ 140,320	$ 164,500
Indirect Costs (add lines 3,6, and 12 from above)		$ 12,451	$ 40,503	$ 52,954
Non-recurring costs (line 10)		$ 13,293	$ -	$ 13,293
Other Expenditures (line 16)		$ -	$ -	$ -
TOTAL INNOVATION BUDGET		$ 94,124	$ 269,223	$ 363,347

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

12c. Expenditures By Funding Source and FISCAL YEAR (FY)							
Evaluation:							
A.	**Estimated total Evaluation expenditures for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 17-18**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$16,750	$36,875				$53,625
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	$16,750	$36,875				$53,625
County Administration (15%):							
B.	**Estimated total mental health expenditures for County Administration for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 17-18**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$16,631	$45,915				$62,546
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed County Administration**	$16,631	$45,915				$62,546
TOTAL:							
C.	**Estimated TOTAL mental health expenditures (including administration) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 17-18**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$127,505	$352,013				$479,518
2.	1991 Realignment						
3.	Behavioral Health Subaccount						
4.	Other funding*						
5.	**Total Proposed Expenditures**	$127,505	$352,013				$479,518
*If "Other funding" is included, please explain.							

[i] American Psychiatric Association. (2010). Mental Health Disparities: American Indians and Alaska Natives. http://www.integration.samhsa.gov/workforce/mental_health_disparities_american_indian_and_alaskan_natives.pdf, accessed 4/1/17.

[ii] Mental Health Data Dashboard, Utilization Review Steering Committee, 02/16/17, page 3. Provided by Napa County Mental Health Division Staff, 03/01/17. For more information about this data contact Jim Diel, LMFT: Jim.Diel@countyofnapa.org, or (707) 253-4174.
[iii] Ibid.
[iv] Native American Communities and Mental Health. Accessed at Mental Health America, http://www.mentalhealthamerica.net/issues/native-american-communities-and-mental-health, 04/01/17.
[v] Brave Heart, M.Y.H & DeBruyn, L.M. (1998). The American Indian Holocaust: Healing Historical Unresolved Grief. American Indian and Alaska Native Mental Health Research. 8(2), 60-82. Accessed at http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%208/8(2)_YellowHorseBraveHeart_American_Indian_Holocaust_60-82.pdf, 03/21/17.
[vi] ibid
[vii] Michaels, Cari, MPH "Historical Trauma and Microagressions: A Framework for Culturally-Based Practice". eReview, University of Minnesota Extension: Children, Youth and Family Consortium, Child Welfare Series, October 2010, Accessed at http://conservancy.umn.edu/handle/11299/120667, 03/21/17.
[viii] Koithan, Mary, PhD, RN-C, CNS-BC and Farrell, C. Indigenous Native American Healing Traditions , J Nurse Pract. 2010 Jun 1; 6(6): 477–478. Accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2913884/, 03/21/17
[ix] Ibid.
[x] Garroutte, Eva Marie PhD, et al. "Cultural Identities and Perceptions of Health Among Health Care Providers and Older American Indians, J Gen Intern Med. 2006 Feb; 21(2): 111–116. Accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1484651/, 03/21/17.
[xi] Allery, V.P. "The Fire that Is Beginning to Stand": Teaching Historical Trauma at Stone Child College, Tribal College: Journal of American Indian Higher Education, Volume 28, No. 3-Spring 2017, accessed at www.tribalcollegejournal.org, 03/21/17.
[xii] Ibid
[xiii] Accessed at http://www.nmnati.org/about-us.aspx, 03/21/17
[xiv] Korn, Leslie. E Rhythms of Recovery: Trauma, Nature and the Body, 2013.
[xv] Gilio-Whitaker, Dina "Healing Historical Trauma Through Promoting Traditional Culture in Mainstream Medicine", Indian Country Media Network, 12/2/13. Accessed at www.indiancountrymedianetwork.com, 03/21/17
[xvi] All data sources were posted to the Napa County Health and Human Services website on the Mental Health Services Act page. The pdf can be accessed here: http://www.countyofnapa.org/Pages/DepartmentContent.aspx?id=4294967939
[xvii] From the Suscol Intertribal Council newsletter, Volume 25, Issue I, January 2017, page 1.

Project Name: Understanding the Mental Health Needs of the American Canyon Filipino Community

PLEASE NOTE: USING THIS TEMPLATE IS **OPTIONAL**. It is being provided as a technical assistance tool to staff who wishes to make use of it.

> *The MHSA Innovation Component requires counties to design, pilot, assess, refine, and evaluate a "new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges" (Welfare and Institutions Code Section 5830, subdivision (c)). The eventual goal is for counties to implement successful practices without Innovation Funds and to disseminate successful practices to other counties. In this way, the Innovation Component provides the opportunity for all counties to contribute to strengthening and transforming the local and statewide mental health system and contributes to developing new effective mental health practices. (Mental Health Services Oversight and Accountability Commission, Innovative Projects Initial Statement of Reasons)*

An "Innovative Project" means "a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports" (*California Code of Regulations, Title 9, Sect. 3200.184*). Each Innovative Project "shall have an end date that is not more than five years from the start date of the Innovative Project" (*CCR, Title 9, Sect. 3910.010*). Counties shall expend Innovation Funds for a specific Innovative Project "only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project" (*CCR, Title 9, Sect. 3905(a)*). Further, "The County shall expend Innovation Funds only to implement one or more Innovative Projects" (*CCR, Title 9, Sect. 3905(b)).* Finally, "All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847" (*Welfare and Institutions Code, Sect. 5892(g)).*

The goal of this template is to assist County staff in preparing materials that will adequately explain the purpose, justification, design, implementation plan, evaluation plan, and succession plan of an Innovative Project proposal to key stakeholders, including local and State decision-makers, as well as interested members of the general public. Additionally, a County that fully completes this template should be well prepared to present its project work plan to the Commission for review and approval.

General regulatory requirements for Innovative Projects can be found at CCR, Title 9, Sect. 3910. Regulatory requirements for the Innovation (INN) Component of the 3-Year Program and Expenditure Plan & Annual Update can be found at CCR, Title 9, Sect. 3930. In some cases, the items contained in this **OPTIONAL** template may be ***more specific or detailed*** than those required by the regulations; you may skip any questions or sections you wish.

The template is organized as follows. Part I, Project Overview steps through a series of questions designed to identify what the County has identified as a critical problem it wishes to address via an Innovative Project, the steps the County has taken to identify an innovative strategy or approach to address that critical problem; how it intends to implement the innovative strategy or approach; what it hopes to learn and how those learning objectives relate the innovative strategy or approach to the critical problem it has identified; how it intends to address the learning objectives; and how the County intends to address any transition for affected stakeholders at the end of the time-limited project.

Part II, Additional Information for Regulatory Requirements, poses a series of questions that relate to specific regulatory requirements, either for the proposal or for subsequent reports.

I. Project Overview

1) Primary Problem

a) What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.

CCR Title 9, Sect. 3930(c)(2) specifically requires the Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update to describe the reasons that a County's selected primary purpose for a project is "a priority for the County for which there is a need … to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system." This question asks you to go beyond the selected primary purpose (e.g., "Increase access to mental health services,") to discuss more specifically the nature of the challenge you seek to solve.

This project was prompted after Napa Valley Unified School District staff noted a disparity in mental health risks reported in the California Health Kids Survey data for Filipino students in American Canyon. After review of service usage data from the district and Napa County Health and Human Services, Mental Health Division, NVUSD staff learned that Filipino youth are not using the existing mental health services and supports at the same rate as other populations. District staff held focus groups and distributed surveys to the Filipino community in American Canyon to get a better perspective about what may help.

This project is designed to learn how to (1) increase empathy and understanding about the wellness needs of Filipino students and parents, (2) increase the willingness of Filipino students and parents to use mental health supports, and (3) make changes to the screening process to identify mental health needs and increase access to the supports available to Filipino youth and their families in Napa County.

The following narrative describes the findings.

I. Project Overview

Napa Valley Unified School District Findings:

Filipino students report more mental health risks but are not well identified with existing screenings and use less mental health supports.

The Napa Valley Unified School District administers the California Healthy Kids Survey[i] every two years. This data shows higher levels of reported depression, anxiety and suicidal ideation for students who identify as Filipino compared to those who identify as another race or ethnicity.

Table 1 shows the differences for depression symptoms.

Table 1.
In the past 12 months have you ever felt sad or hopeless almost every day for 2 weeks?
Percentage of American Canyon students responding "Yes"[ii]

		Percentage Responding "Yes"	
		2013	2015
9th grade students	Filipino	33%	35%*
	Non-Filipino	27%	27%*
11th grade students	Filipino	30%	39%*
	Non-Filipino	34%	28%*

**Indicates the difference between Filipino and Non-Filipino students is statistically significant. (p<.01).*

From 2013 to 2015, the percentage of Filipino students indicating they had experienced symptoms of depression increased for both 9th and 11th graders. For non-Filipino students, the percentage was the same or decreased in the same time period. In 2015 there were statistically significant differences in reported depression symptoms between the Filipino and Non Filipino students at both grade levels (p<.01).

I. Project Overview

In 2015, students were also asked to report anxiety symptoms. See Table 2.

Table 2.
In the past 6 months, did you feel so nervous, anxious, frightened, or worried that you had difficulty concentrating?
Percentage of American Canyon High School students responding "Yes"[iii]

		Percentage Responding "Yes"
		2015
9th grade students	Filipino	59%*
	Non-Filipino	43%*
11th grade students	Filipino	61%**
	Non-Filipino	53%**

**Indicates the difference between Filipino and Non-Filipino students is statistically significant. (p<.01). **Indicates the difference is significant at p<.05.*

- The percentage of Filipino students reporting anxiety symptoms was significantly higher than non-Filipino students in 2015.

The 9th and 11th grade students were also asked about suicidal ideation. See Table 3.

Table 3.
In the past 12 months did you ever seriously consider suicide?
Percentage of American Canyon High School students responding "Yes"[iv]

		Percentage Responding "Yes"	
		2013	2015
9th grade students	Filipino	30%*	17%*
	Non-Filipino	20%*	11%*
11th grade students	Filipino	23%	22%**
	Non-Filipino	23%	16%**

**Indicates the difference between Filipino and Non-Filipino students is statistically significant. (p<.01). **Indicates the difference is significant at p<.05.*

- Overall, students' report of suicidal ideation decreased from 2013 to 2015.
- This decrease was much smaller for 11th grade Filipino students.
- In both years, more than one in five 11th grade Filipino students reported suicidal ideation.

I. Project Overview

- The results are significantly different for 9th grade Filipino students in both years and for 11th grade Filipino students in 2015.

Identification of Needs

In addition to the increased reports of symptoms and ideation, American Canyon Middle School and American Canyon High School report that Filipino students are less likely to be identified in the screenings for mental health concerns and less likely to use the existing mental health supports.

American Canyon Middle School (ACMS) screens all students for mental health concerns at the beginning of each school year. Filipino students are identified at less than half the rate as non-Filipino students. This was statistically significant in both years.

Table 4. Universal Screening at American Canyon Middle School, 2015-16 and 2016-17[v]

		Percentage Identified with Mental Health Concerns	
		2015-16	2016-17
American Canyon Middle School			
	Filipino	5%*	5%*
	Non-Filipino	14%*	13%*

**Indicates the difference between Filipino and Non-Filipino students is statistically significant. (p<.01).*

Of concern is that the **rate of identification is lower, and the rates of risks are higher**. The Universal Screening protocol currently used at the middle school is not in place at the high school. Before it is introduced, American Canyon High School (ACHS) staff is interested in revising the screening tool/process to incorporate areas of risk that are being overlooked.

Utilization of Services

The school district's internal data system, Aeries, was queried to better understand whether or not Filipino students are using the school-based counseling services at the same rate as the overall student body. The school-based services incorporate both academic and mental health counseling.

I. Project Overview

Table 5. Use of School Counseling Services by Filipino Students, American Canyon Middle School and American Canyon High School, 2016-2017, as of March 2017.[vi]

	Enrollment	Used Counseling Service	Percentage of Students who Use Counseling Services (Used Counseling Service/Enrollment)	Total Number of Counseling Service Visits	Number of Visit per Student (Total Number of Counseling Visits/Used Counseling Service)
American Canyon Middle School					
Filipino	260	66	25%*	217	3.3
Non-Filipino	800	361	45%*	1349	3.7
American Canyon High School					
Filipino	428	161	38%*	314	2.0
Non-Filipino	1121	583	52%*	1349	2.3

**Indicates the difference between Filipino and Non-Filipino students is statistically significant. (p<.01).*

Less likely to use services:

- Filipino students are less likely to use school counseling services at the middle school and at the high school. This is statistically significant in both settings.
- For the Filipino students who do use services, they appear to use them at a similar rate to Non-Filipino students.

The American Canyon PEI Project provides the Student Assistance Program (SAP) services for youth at the American Canyon Middle School and American Canyon High School. The project provides universal mental health prevention messages throughout the school and specialized services for students who are identified by teachers or administrators. The program data for this project was also examined to understand how Filipino and non-Filipino students are using this resource. *Statistical testing was not feasible because of small sample size.*

I. Project Overview

Table 6. Percentage of Students enrolled in the American Canyon PEI Project, 2016-2017, as of March 2017.[vii]

	Total Number of Students Enrolled at School	Total Number of Students Enrolled in Project	Percentage of Students in Project
American Canyon Middle School			
Filipino	260	3	1.2%
Non Filipino	800	44	5.5%
American Canyon High School			
Filipino	428	2	0.5%
Non Filipino	1121	29	2.6%

- Non-Filipino students were 4-5 times more likely than Filipino students to be enrolled in the American Canyon PEI project at both school sites in 2016-2017, despite the reports of higher risks and needs for Filipino students.
- There are culturally-appropriate services available for Latino students (another identified underserved community), but there are no existing services specifically for Filipino students. The data shows they are not being identified and served with existing mental health systems and supports.

b) Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Napa County Health and Human Services, Mental Health Division Findings:

Filipino youth experience serious mental health risks at the same rate as other populations but use very few mental health services.

To understand how needs are being met, prevalence data and service data from the Napa County Health and Human Services, Mental Health Division were reviewed. The data showed a very large gap between prevalence and service use for young Asian Pacific Islander residents.

- **Prevalence of mental illness for youth is similar to other groups.** In Napa County, the prevalence of serious emotional disturbance for Asian/Pacific Islander residents age 0-17 is estimated to be 7.4%. This is similar to the overall prevalence rate of 7.6% for all race/ethnicities.[viii]
- **The use of mental health services by Filipino youth is 40 times lower**

I. Project Overview

than other groups. The level of need met for Filipino youth is 0.9% compared to an overall level of need met of 40.8%.

- Additionally, the utilization rate for Asian/Pacific Islander residents (all ages) in calendar year 2014 and 2015 was lower than the small county and statewide averages and declined from 2014 to 2015[ix] See Table 7.

Table 7. Asian/Pacific Islander Utilization Rates for Behavioral Health Services (all ages)[x]

	2014	2015	Change
Napa County	2.28%	1.63%	-0.65%
Small Counties in California	2.38%	2.21%	-0.17%
California	2.94%	2.57%	-0.37%

Input from Filipino Youth and Parents

There are many barriers to understanding the mental health in the Filipino community, and there is a need to develop different types of support.

In November 2016, The American Canyon High School and American Canyon Middle School administrative teams asked to meet with members of the Filipino community in an effort to better understand the results and to develop ideas to address the disparities.

- The first focus group was held at American Canyon Middle School. In attendance were 12 Filipino parents, 4 high school students, and 1 community member.
- The second focus group was held at American Canyon High School with 5 Filipino high school students.
- After the second focus group, students offered to distribute a survey to other Filipino students for further input. Twenty surveys were completed by high school students.
- In March 2017, NVUSD staff returned to the students to get more information about how to address mental health concerns. Twenty three Filipino and Asian American students participated in a focus group.

In each focus group and survey, the participants were asked to identify the needs associated with the mental health data and asked to generate potential ways to address the needs.

I. Project Overview

The following needs were identified and discussed:

Generational Barriers: Filipino youth, especially the children of immigrants, reported that they feel unable to talk to their parents about any feelings of depression they might be having. These children are aware that their parents, with rare exception, have had much harder life experiences than they have had, and they fear ridicule if they were to express a sentiment that suggested "my life is hard." Even if their parents greeted their comments of depression with compassion, many students would still feel guilty of adding to the burden of their already overworked and overstressed parents. Filipino youth reported feeling guilty just for having such feelings. They understand that others have sacrificed for them, that they have many creature comforts that their elders did not have, and they "should" be filled with feelings of joy and gratitude, rather than sadness and resentment. This communication barrier leads to withdrawal, isolation and significant mental distress.

- *For some of us it is hard to communicate to your parents. If it is hard to tell your parents "I love you" then…*
- *There is a disconnect between adults and their children.*
- *Educate parents about mental health, they don't understand how serious it is and they should be available to their children for this type of thing. My dad doesn't understand so he is more brutal about these things.*
- *Some parents don't know how to deal with a child with depression, or who is sad. When I was sad my mom would ask 'are you depressed?' she didn't take it seriously.*

Stigma: Both focus groups identified a strong stigma against users of mental health services within the Filipino community.

- *Maybe they don't feel as comfortable seeking help.*
- *Don't want parents to know.*
- *They don't think anyone would understand*

Pressure: Both Filipino youth and parents immediately acknowledged an intense pressure for academic achievement as a major stressor for all generations. Further discussion revealed a separate intense pressure to maintain neatness and cleanliness in all areas of life.

- *Some parents care too much about the grades we get rather than [our]*

I. Project Overview

mental health

Isolation: Each of the focus groups discussed some uncertainty around how and when to affirm their Filipino cultural heritage. There was speculation that many members of the community felt little sense of belonging, and that this isolation created stress which led to poor mental health.

- *Lack of friendships, isolation, lack of belonging – need to know how to make friends and cope…*

Need for a different solution: In two of the focus groups, participants were asked if they would be more likely to seek out mental health support from "a counselor who had special expertise in bicultural issues". In neither group did this proposal receive support. In the third group, the students were simply asked, "What do you think would help?"

- *Most people don't feel comfortable talking to the adults. They are afraid they won't understand…. counselors are trained for this sort of things but kids associate and project that the school people will react the same way as their parents.*
- *Need to be able to let it out and tell someone, like a friend who has been through it themselves and can help them rethink their choices about suicide*
- *It is easier to talk more to my peers. I am not comfortable talking to my mom about stress, she would tell me that I should know what to do.*
- *Just talking to adults only could be a little scary. [Maybe] you could talk to both your peers and adults combined.*

In summary, this project is designed to address the disparities identified by the school district, county mental health services and the Filipino community and to learn about how to more effectively identify and support the mental health needs of Filipino youth and their families in Napa County.

2. What Has Been Done Elsewhere To Address Your Primary Problem?

"A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach… (*CCR, Title 9, Sect. 3910(b)*).

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The Commission expects a County to show evidence that they have made a good-faith effort to establish that the approach contained within their proposed project either has not been demonstrated to be effective in mental health or is meaningfully adapted from an approach that has been demonstrated to be effective.

Describe the efforts have you made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

a) Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?

A Google search was undertaken to understand how the mental health needs of the Filipino population have been addressed with evidence-based practices. The search revealed that the Filipino population, particularly Filipino children and youth, have been significantly underrepresented in the research.[xi] There have been some recent efforts to document the elevated levels of depression and the low levels of utilization of mental health services in the Filipino population[xii].

A search of the SAMSHA database for evidence-based interventions did not reveal any evidence-based interventions that are appropriate for Filipino students in middle school and high school and their families[xiii]. The four interventions that were discussed are focused on family therapy and/or parenting classes for elementary school aged children. These are not interventions that were noted as desirable by the Filipino community in American Canyon. The families specifically asked for an intergenerational group and did not respond well to offers of either parenting classes or more traditional counseling.

b) Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstance?

To better understand existing practices, NVUSD staff contacted three other programs providing mental health services for the Filipino community. Each of the programs confirmed the generational barriers and stigma, and described how they build relationships with families over time and then introduce mental health services and supports.

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Bayanihan Community Center offers the Galing Bata afterschool program to serve Filipino students and families in the South of Market neighborhood in San Francisco. The program is "a Filipino cultural enrichment after-school program for children in Kindergarten through 7th grade."[xiv] This project offers workshops that address topics of interest, and then ties the topic to mental wellness during the presentation. The two most popular topics are healthy eating and college options. The staff indicated that another of their most popular events is a movie night featuring Filipino movies. The program staff distributes surveys to the community to indicate topics of interest for the workshops, but does not participate in an evaluation.

Project staff noted that stigma and generational differences are a barrier for providing mental health supports, and they recommended "someone from the community that knows the language."[xv] They have also observed that in many families, grandparents are caring for the children and are isolated (due to language and cultural differences) and unaware of how to access services.

This project serves younger children and families, is adult-driven (rather than youth-driven) and has not been evaluated.

Asian Pacific Community Counseling agency operates the Transcultural Wellness Center. This program provides "*a full range of coordinated therapeutic and support services for all ages, including children, transitional age youth, and older adults, with a special emphasis on the Asian and Pacific Islander language and cultural groups in Sacramento County (i.e., Cambodian, Chinese, Fijian, Filipino, Hawaiian, Hmong, Japanese, Korean, Laotian, Mien, Samoan, Tongan, and Vietnamese).*"[xvi]

NVUSD staff contacted two staff from the center to discuss how they are currently serving the Filipino community. Both individuals emphasized the need to address stigma by building trust and normalizing the challenges. They use a mentoring approach for families as a "softer" way to introduce services. With youth, a group approach has been helpful. Family therapy or counseling is not the first step. The service is available when the family is ready, but the relationships need to be established first.

One staff person spoke at length about the need to acknowledge the role of

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acculturation. The generational differences arise because the children acculturate much faster than the adults. In their experience, youth have been more likely to approach an adult in their community who is more acculturated when they encounter mental health challenges. Normalizing the challenge and addressing acculturation has been a successful approach for this project.

This project uses a peer mentor and a combination of education and support to reach families. They are not currently evaluating the interventions, and recommended using interviews and/or written narratives to measure impact.

San Mateo Filipino Mental Health Initiative is part of the County of San Mateo Health System. Funded by MHSA, its mission is "to improve the well-being of Filipinos in San Mateo County by reducing the stigma of mental health, increasing access to services, and further empowering the community through outreach and engagement."[xvii] Staff from this program also identified stigma as the primary barrier for Filipinos seeking services. This project also provides workshops that are focused on topics of importance and then incorporate mental health. For example they will present "How to Succeed in High School" and then address mental health and wellness as one of the tools and stress as an obstacle. Staff recommended a strength based approach about being mentally healthy and having the tools you need. Also noted that getting families to workshops is difficult and they are still working on ways to improve attendance (child care, gift cards, food, etc.).

Also of note was the observation that mental health is often addressed by praying. So when youth encounter difficulties, family members will suggest praying about it. Religious leaders in San Mateo were often more open to educating parishioners about mental illness and how to get support.[xviii]

In 2015, the project produced a presentation summarizing their findings. In addition to depression, anxiety and suicidal ideation, they also reported about body image issues for both male and female youth. The project used PhotoVoice with youth and young adults to document findings and then presented to high school youth about their experiences.

This project is an extensive needs assessment and has documented the needs of the Filipino community around mental health. Project staff indicated they are not currently evaluating interventions.

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Each of these projects described finding similar needs in the Filipino communities they serve. Stigma and generational barriers are foremost and are difficult to overcome. Each project offered suggestions about how to bridge the barriers, including: Workshops, peer mentors and group counseling. The limitations are in the lack of evaluation findings about the effectiveness of these interventions.

This project is designed to learn about how to (1) increase empathy and understanding about the wellness needs of Filipino students and parents, (2) increase the willingness of Filipino students and parents to use mental health supports, and (3) make changes to the screening process to identify mental health needs and to the supports available to Filipino youth and their families in Napa County.

2) The Proposed Project

Describe the Innovative Project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

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

This project will pilot an intergenerational, community-building approach to understanding the mental health needs of Filipino students and their families in American Canyon. The learning from this project will inform both school district staff and mental health providers about how to identify and address the mental health needs of Filipino students and their families.

Phase One: Community Survey and Event (January-June 2018) To be sure the project includes a variety of representatives from the Filipino community; we will begin Phase 1 with a community survey in order to identify ways to engage the Filipino community, students and families around the topics of success and wellness. Questions will ask respondents about preferred events and topics.

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Students and families who participated in the planning for this project will assist in distributing the survey and encouraging participation.

The event will be planned by Filipino youth at American Canyon High School with the support of the community liaison hired for this project. The topic and format of the event will be determined by the community survey.

At the event, attendees will be asked to participate in Phase Two. The sign up for Phase Two will include an area to suggest further activities to continue the conversation about success and wellness in the Filipino community.

Phase 2: Understanding the Needs (August-December 2018)
This phase is intended to (1) increase empathy and understanding about the wellness needs of Filipino students and parents and (2) increase the willingness of Filipino students and parents to use mental health supports.

This phase will include at least three **intergenerational activities and conversations**. The activities will build on the ideas from the sign up forms for Phase Two and areas that were successful at the event. This phase of the project is meant to build trust and common language between students and families as they discuss success and wellness. Based on the input from Filipino students and parents, the following areas are anticipated to be included in the conversation.

- Definitions of success and wellness
- Ideas about how to *recognize* someone who is struggling with success and wellness
- Ideas about how to *support* someone struggling with success and wellness
- Discussion about how to *share the ideas* with others.

Phase 3: Sharing Learning and Recommendations (January 2019-June 2019)
The Phase Two participants will be supported by project staff to prepare a summary of their learning and recommendations. The learning and recommendations will address changes in screenings and supports for Filipino youth and their families.

The summary of the learning and recommendations will be shared with district staff and mental health providers. A full summary of all three phases of the project will be captured through the creation of video and website content and will be posted to the

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district's Wellness Program website (www.nvusdwellness.org). The sharing of the learning and recommendations will begin in February/March 2019 with a student-led community event at American Canyon High School. In April and May 2019 the students and families will take the presentations to the school district and mental health community.

The district anticipates sharing the learning in the following areas:

- Wellness Center at American Canyon High School (pending opening in February 2018),
- Wellness Program Initiative throughout NVUSD,
- Schools throughout the district via training and professional development of teachers, staff and administrators.
- Open house at American Canyon High School to present learning to Students, staff and families.
- Parent Teacher Clubs: sharing learning about how to engage families and students.
- English Language Advisory Committee (ELAC) meetings

Mental health providers anticipate sharing the learning and recommendations in the following areas:

- Napa County Health and Human Services, Mental Health Division
- Napa County Health and Human Services website
- Napa County MHSA Stakeholder Advisory Committee
- Napa County Office of Education
- Live Healthy Napa County (a local community health needs assessment with the goal of improving health and wellbeing for everyone in Napa County)
- Napa County Health and Human Services Wellness Fair
- Ole Health (the local Federally Qualified Health Center)
- Village: Napa (a group of Napa County educators, mental health professionals and parents creating a community of support for teen mental health)
- Napa County Coalition of Non Profit Agencies, Behavioral Health Committee
- Regional Agencies that serve Filipino Communities: Banyanihan Community Center, Asian Pacific Community Counseling and San Mateo Filipino Mental Health Initiative.

The final summary of the project and the results will also be presented to the larger social services community in Napa County in an effort to improve outcomes for

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Filipino youth and families. This includes family resource centers, public agencies and other interested organizations. At this time, the Filipino youth involved in developing this project have expressed interest in presenting the learning. During the project, interested family members will be encouraged to participate in sharing of the results.

b) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).

This project makes a change to an existing practice in the field of mental health. Currently, the services that are offered and available for the Filipino community are not being accessed. This project is seeking ideas about how to change the screening process and supports to improve identification of mental health concerns and use of services.

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

This project addresses mental health need through a community planning process. It highlights the importance of health and well-being in schools and in the community. It relies on the ideas and insights from the members of the Filipino community who participated in the planning. The approach was also encouraged by the agencies that were contacted who serve the Filipino community in the Bay Area.

3) Innovative Component

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

a) If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.

The approach that received the most support and the approach that we did not find in the literature was the intergenerational aspect of the project. This project

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is a community planning process that uses an intergenerational group of Filipino students and families to develop ideas about how to identify the need for mental health supports and how to support students who are struggling.

b) If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?

Community planning for mental health services has been used in the mental health field and is not entirely new.

4) Learning Goals / Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices. *There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.*

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

The needs identified by the data review showed disparities in the level of reported depression, anxiety and suicidal ideation for Filipino students. School district data showed that the students are less likely to use the mental health supports in place. This was confirmed by focus groups and surveys with the Filipino students and their families. This project is designed to learn about how to (1) increase empathy and understanding about the wellness needs of Filipino students and parents, (2) increase the willingness of Filipino students and parents to use mental health supports, and (3) make changes to the screening process to identify mental health needs and to the supports available to Filipino youth and their families in Napa County.

Learning Goals

Does an intergenerational approach to mental health support change

- Intergenerational empathy and understanding about wellness needs of parents and students?
- Willingness of Filipino youth and families to use supports to promote and maintain wellness?

I. Project Overview

Do the ideas generated by the intergenerational approach change how the district and mental health providers support changes to:

- Screening process to identify mental health risks of all students, not just those with external behaviors?
- Supports available to promote and maintain wellness for all students?

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

The primary purpose of this project is to learn about how to more effectively identify and support the mental health needs of Filipino youth and their families in Napa County. The learning goals explore each of the areas where disparities were noted to understand how an intergenerational approach can help reduce disparities in identification of mental health risks and the use of mental health services and supports.

5) Evaluation or Learning Plan

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

a) Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?

The data sources for this project are the project participants (Filipino youth and their families), the school district staff and mental health providers. Surveys and interviews will be conducted throughout the project.

- Phase One: Community survey and participant survey
- Phase Two: Interviews and written surveys with project participants
- Phase Three: Interviews and written surveys with project participants, written/online survey with district staff and mental health providers.

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b) What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.

The data to be collected describes the process of the intergenerational group convening and working together to develop the recommendations. It also describes the outcomes of the project.

Process:

- How the Filipino youth and families are engaged in the project
- How the definitions and descriptions of success and wellness are developed
- How the recommendations about how to recognize and assist someone who is struggling are developed.

Outcome:

- In Phase One, the anticipated outcomes are (1) attendance at the event (2) interest in participating in the project, and (3) increased awareness about how wellness supports success.
- In Phase Two, the expectations increase to (1) developing definitions of success and wellness and a description of how to identify someone who is struggling, and (2) increased intergenerational empathy and (3) increased understanding about the wellness needs of families and students and (4) increased willingness of Filipino youth and families to use supports to promote and maintain wellness
- In Phase Three, the outcomes shift to focus on the sharing of the learning and how the recommendations are received by district staff and mental health providers.

The specific measures will be developed with the Advisory Committee and will be reviewed by project participants.

c) What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?

The data sources for this project are the project participants (Filipino youth and their families), the school district staff and mental health providers. Surveys and interviews will be conducted throughout the project.

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- Phase One: Community survey and participant survey
- Phase Two: Interviews and written surveys with project participants
- Phase Three: Interviews and written surveys with project participants, written/online survey with district staff and mental health providers.

d) How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?

The data will be collected by Filipino youth in Phase One using an online and paper survey. In the remaining phases, the data will be collected by the project staff and/or evaluator during project meetings.

The students and families will complete a pre/post survey and will also participate in interviews at the end of Phase Two and at the end of the project.

The district staff and mental health providers will complete a pre/post survey at the presentations in Phase Three.

e) What is the *preliminary* plan for how the data will be entered and analyzed?

The survey data will be collected in hard copy and/or online and entered into the statistical software, Statistical Package for the Social Sciences (SPSS), for analysis.

Focus group recordings will be transcribed and the transcripts will be used for summary and analysis.

6) Contracting

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

Napa County Mental Health will be contracting out the Innovations project evaluation. The County values and understands the importance of maintaining a healthy relationship with both the evaluator and contractor. The planning process was reflective of that as it involved County staff, evaluation staff and potential contractors working together to ensure that the Innovations plan aligned with Innovations regulations while at the same time ensuring that the plan communicated

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the desires of the specific stakeholder group and needs of the community. The evaluation staff that have been contracted to work on this process hold those key pieces together for County and contractors to ensure the learning is documented and can be shared with MHSOAC staff and local stakeholders at the end of the project period. County staff will continue to conduct planned site visits to programs and will also participate in evaluation meetings on a regular basis to ensure that the relationship is maintained and consistent throughout the project period.

II. Additional Information for Regulatory Requirements

1) Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

a) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.

b) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA). Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements."

c) Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act."

Of particular concern to the Commission is evidence that the County has satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.

d) Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation.

Note: All certifications will be completed prior to submittal to the MHSOAC as required above.

2) Community Program Planning

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

Include a brief description of the training the county provided to community planning participants

II. Additional Information for Regulatory Requirements

regarding the specific purposes and MHSA requirements for INN Projects.

Napa County Community Program Planning

The planning process for Innovations began in September 2016 with presentations to the Mental Health Board and the Mental Health Services Act Stakeholder Advisory Committee. Community outreach began in October 2016 with outreach to over 350 community providers and individuals who have previously participated in Mental Health Services Act (MHSA) planning. This email outreach was supplemented with phone calls to several individuals who do not have email accounts, and several packets of mailed information to individuals who requested hard copies of the planning documents.

In addition to the presentations with the Mental Health Board and the MHSA Stakeholder Advisory Committee, Mental Health Division staff and consultants presented to consumers and family members at the Innovation Community Center (the local Adult Resource Center), to the Napa County Coalition of Non Profit Agencies and the Coalition's Behavioral Health Sub-Committee. This outreach was done to be sure the community's Innovation questions were addressed.

This process resulted in twelve innovation ideas being submitted in November 2016. Each of the agencies submitted ideas based on the data they had available and community reports compiled by the Mental Health Division about what was not working in the mental health system[xix] and based on input from their staff and/or individuals about what could be different. These ideas were reviewed by Mental Health Division staff for adherence to the Innovation guidelines. Nine of the ideas were forwarded to the Innovations Scoring Committee for further review and discussion.

Innovations Scoring Committee

The intent of the Innovations Scoring Committee was to provide a proxy for the public, local and state review process. Because of the reversion timeline, the Mental Health Division wanted to ensure the ideas that were developed into workplans were viable.

The eleven member Committee included state-level representatives with expertise in MHSA programming, Innovations, cultural competence, lived experience, and the state mental health system, as well as local representatives who had no ties to the agencies that submitted proposals and who had lived and/or professional expertise in the mental health system and/or service systems in Napa County. All Scoring Committee members were screened prior to being included to be sure they did not have any personal or professional conflicts.

II. Additional Information for Regulatory Requirements

The Scoring Committee met in January 2017. Each member scored each proposal, and they brought their notes and scores to the meeting for discussion. The group discussed the ideas overall and particularly focused on areas where their own scores varied from the average scores. All members were encouraged to ask questions, provide expertise and information as indicated and to adjust their notes and scores as they saw fit. Based on the scores and comments from the Scoring Committee, the Mental Health Division selected four ideas to develop into workplans.

This workplan was developed from an idea submitted by Napa Valley Unified School District, based on their work with students in American Canyon.

Napa Valley Unified School District Community Planning
This planning process is also described previously in the Project Overview Section 1b. This process was how the NVUSD developed the idea and chose to develop it for consideration by the Scoring Committee.

Input from Filipino Youth and Parents

There are many barriers to understanding the mental health needs in the Filipino community, and there is a need to develop different types of support.

In November 2016, The American Canyon High School and American Canyon Middle School administrative teams asked to meet with members of the Filipino community in an effort to better understand the results and to develop ideas to address the disparities.

- The first focus group was held at American Canyon Middle School. In attendance were 12 Filipino parents, 4 high school students, and 1 community member.
- The second focus group was held at American Canyon High School with 5 Filipino high school students.
- After the second focus group, students offered to distribute a survey to other Filipino students for further input. Twenty surveys were completed by high school students.
- In March 2017, NVUSD staff returned to the students to get more information about how to address mental health concerns. Twenty three Filipino and Asian American students participated in a focus group.

In each focus group and survey, the participants were asked to identify the needs associated with the mental health data and asked to generate potential ways to address the needs.

II. Additional Information for Regulatory Requirements

The following needs were identified and discussed:

Generational Barriers: Filipino youth, especially the children of immigrants, reported that they feel unable to talk to their parents about any feelings of depression they might be having. These children are aware that their parents, with rare exception, have had much harder life experiences than they have had, and they fear ridicule if they were to express a sentiment that suggested "my life is hard." Even if their parents greeted their comments of depression with compassion, many students would still feel guilty of adding to the burden of their already overworked and overstressed parents. Filipino youth reported feeling guilty just for having such feelings. They understand that others have sacrificed for them, that they have many creature comforts that their elders did not have, and they "should" be filled with feelings of joy and gratitude, rather than sadness and resentment. This communication barrier leads to withdrawal, isolation and significant mental distress.

- *For some of us it is hard to communicate to your parents. If it is hard to tell your parents "I love you" then…*
- *There is a disconnect between adults and their children.*
- *Educate parents about mental health, they don't understand how serious it is and they should be available to their children for this type of thing. My dad doesn't understand so he is more brutal about these things.*
- *Some parents don't know how to deal with a child with depression, or who is sad. When I was sad my mom would ask 'are you depressed?' she didn't take it seriously.*

Stigma: Both focus groups identified a strong stigma against users of mental health services within the Filipino community.

- *Maybe they don't feel as comfortable seeking help.*
- *Don't want parents to know.*
- *They don't think anyone would understand*

Pressure: Both Filipino youth and parents immediately acknowledged an intense pressure for academic achievement as a major stressor for all generations. Further discussion revealed a separate intense pressure to maintain neatness and cleanliness in all areas of life.

- *Some parents care too much about the grades we get rather than [our] mental*

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health

Isolation: Each of the focus groups discussed some uncertainty around how and when to affirm their Filipino cultural heritage. There was speculation that many members of the community felt little sense of belonging, and that this isolation created stress which led to poor mental health.

- *Lack of friendships, isolation, lack of belonging – need to know how to make friends and cope…*

Need for a different solution: In two of the focus groups, participants were asked if they would be more likely to seek out mental health counsel from "a counselor who had special expertise in bicultural issues". In neither group did this proposal receive significant support. In the third group, the students were simply asked, "What do you think would help?"

- *Most people don't feel comfortable talking to the adults. They are afraid they won't understand…. counselors are trained for this sort of things but kids associate and project that the school people will react the same way as their parents.*
- *Need to be able to let it out and tell someone, like a friend who has been through it themselves and can help them rethink their choices about suicide*
- *It is easier to talk more to my peers. I am not comfortable talking to my mom about stress, she would tell me that I should know what to do.*
- *Just talking to adults only could be a little scary. {Maybe] you could talk to both your peers and adults combined.*

In summary, this project is designed to address the disparities identified by the school district, county mental health services and the Filipino community and to learn about how to more effectively support the mental health needs of Filipino youth and their families in Napa County.

Revisions

MHSA staff and consultants assisted NVUSD staff in developing the Innovation workplan based on the feedback from the Scoring Committee. This workplan is the result of several revisions. As the project was aligned with the areas the Scoring Committee indicated were innovative, the changes were reviewed with and approved by NVUSD staff and Filipino youth attending NVUSD schools in American Canyon.

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3) Primary Purpose

Select **one** of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

a) Increase access to mental health services to underserved groups

b) Increase the quality of mental health services, including measurable outcomes

c) Promote interagency collaboration related to mental health services, supports, or outcomes

d) Increase access to mental health services

4) MHSA Innovative Project Category

Which MHSA Innovation definition best applies to your new INN Project (select one):

a) Introduces a new mental health practice or approach.

b) 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.

c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

5) Population (if applicable)

a) **If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number**?

This project will recruit and support 50 Filipino high school students and 50 family members of these students.

Because of the nature of the project, it is likely that some members will be mental health consumers, family members and/or individuals at risk of serious mental illness/serious emotional disturbance, but individuals from these groups will not be specifically sought out. This project is designed for the general Filipino community and is intended to strengthen the system that supports mental health consumers and their family members and individuals at risk of serious mental illness/serious emotional disturbance.

b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a

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reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.

This project is designed specifically for the Filipino high school students and their families in American Canyon. The project will be based at the American Canyon High School. During recruitment, outreach will be done to encourage all genders to participate and to invite adult relatives of all ages to participate. Recruitment will include outreach to the Gay Straight Alliance located at ACHS and to the LGBTQ Connection to encourage Filipino students who identify as LGBTQ to participate. Materials will be available in Tagalog during recruitment and as needed during the project. At least one project staff person will be fluent in Tagalog.

c) Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

The project is designed specifically to serve Filipino high school students at American Canyon High School and their families. The criteria for youth is that they identify as Filipino, attend American Canyon High School, and have family members who are willing to participate.

6) MHSA General Standards

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

a) Community Collaboration

This idea was generated by the Filipino youth and families in American Canyon in response to the school district's inquiry about the students' reports of anxiety and depression. The project is intended to engage the American Canyon High School Filipino community in developing ways to define wellness and success, identify individuals who may be struggling and offer appropriate support.

b) Cultural Competency

The project is designed to promote cultural competency in the schools and in mental health services. To ensure that the project activities and evaluation are culturally competent, an **Advisory Committee** will be convened to provide

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guidance and support. The committee will consist of representatives from the following groups:

- Filipino Students and Families
- Interested Members of the Filipino community
- Representatives from regional agencies that support the Filipino community
- District staff
- Mental Health Provider Staff
- Church/Faith Communities

c) Client-Driven

Filipino students and families developed the idea for this project to address the mental health risks in their community. They will continue as participants in the project to developing ways to define wellness and success, identify individuals who may be struggling and offer appropriate support.

d) Family-Driven

Filipino students and families developed the idea for this project to address the mental health risks in their community. They will continue as participants in the project to developing ways to define wellness and success, identify individuals who may be struggling and offer appropriate support.

e) Wellness, Recovery, and Resilience-Focused

By engaging students and families together, they hope to begin having conversations about what wellness means and how to promote resiliency within their community. By having conversations about success and wellness, improving the ways that mental health needs are identified and providing appropriate support, the participants aim to promote a path to wellness and recovery.

f) Integrated Service Experience for Clients and Families

Phase Three of the project includes developing and sharing recommendations about how to address mental health needs in the Filipino community. During the planning for this project, several informants suggested linking mental health supports with existing supports rather than providing them separately. Suggestions included the schools and churches. This project will encourage the district and the mental health providers to enhance the integrated service

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experience by hearing directly from the community about the types of supports that are needed and how they can be integrated with existing supports.

7) Continuity of Care for Individuals with Serious Mental Illness

Will individuals with serious mental illness receive services from the proposed project?
If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

Because of the nature of the project, it is likely that some participants will be mental health consumers, family members and/or individuals at risk of serious mental illness/serious emotional disturbance, but individuals from these groups will not be specifically sought out.

This project is designed by and for the Filipino community and intended to strengthen the system that supports mental health consumers and their family members and individuals at risk of serious mental illness/serious emotional disturbance.

Individuals with serious emotional disturbance and/or serious mental illness that are identified as part of this project will be referred to services using the same protocol that is currently in place at Napa Valley Unified School District.

8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

a) Explain how you plan to ensure that the Project evaluation is **culturally competent**.
Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.

To ensure that the project activities and evaluation are culturally-competent, an **Advisory Committee** will be convened to provide guidance and support. The committee will consist of representatives from the following groups:

- Filipino Students and Families
- Interested Members of the Filipino community
- Representatives from regional agencies that support the Filipino community
- District staff
- Mental Health Provider Staff

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- Church/Faith Communities

The Advisory Committee will meet during each phase of the project to review the evaluation framework, data collection tools and learning as it is available. Revisions will be made based on feedback.

b) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation. *Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.*

For this project the stakeholders are American Canyon High School Filipino youth and families. They will be the primary participants in the project and will be tasked with developing definitions for wellness and success, ways to identify Filipino individuals who are struggling with wellness and/or success and recommendations about how to provide appropriate support.

Throughout the project, they will be involved in the review of the evaluation framework, the data collection tools and results as they are available. Revisions will be made based on feedback.

Additionally, an **Advisory Committee** will be convened to provide guidance and support. The committee will consist of representatives from the following groups:

- Filipino Students and Families
- Interested Members of the Filipino community
- Representatives from regional agencies that support the Filipino community
- District staff
- Mental Health Provider Staff
- Church/Faith Communities

9) Deciding Whether and How to Continue the Project Without INN Funds

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next

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steps?

American Canyon is the most culturally diverse city in Napa County. Learning from this project is expected to inform future approaches as the school district, mental health providers, and the community reach out to a myriad of cultural groups to better understand their perspectives, strengths and needs regarding mental health supports.

At the end of the project, the participants, district and mental health providers will convene to discuss the learning and how the successful areas of the project can be sustained. There is no identified funding source to continue the project after June 2019, so the involvement of stakeholders, funders and community members throughout the project is vital for encouraging support of successful components after the project is completed.

In Phase Three, the participating students will lead a community event at American Canyon High School to highlight the learning and recommendations. After this event, students and interested family members will take the learning to the school district and mental health community to be sure the learning is shared widely. The decision making about how to continue to provide outreach and support for the Filipino community will occur at these meetings and will be dependent on the recommendations and available funding.

10) Communication and Dissemination Plan

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

a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?

Phase Three of this project is focused on sharing the learning and recommendations.

Phase 3: Sharing Learning and Recommendations (January 2019-June 2019)
The Phase Two participants will be supported by project staff to prepare a summary of their learning and recommendations. The learning and recommendations will address changes in screenings and supports for Filipino youth and their families.

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The summary of the learning and recommendations will be shared with district staff and mental health providers. A full summary of all three phases of the project will be captured through the creation of video and website content and will be posted to the district's Wellness Program website (www.nvusdwellness.org). The sharing of the learning and recommendations will begin in February/March 2019 with a student-led community event at American Canyon High School. After the event, the Filipino students and families will take the learning out to the school district and mental health community to share the recommendations.

The district anticipates sharing the learning in the following areas:

- Wellness Center at American Canyon High School (pending opening in February 2018),
- Wellness Program Initiative throughout NVUSD,
- Schools throughout the district via training and professional development of teachers, staff and administrators.
- Open house at American Canyon High School to present learning to Students, staff and families.
- Parent Teacher Clubs: sharing learning about how to engage families and students.
- English Language Advisory Committee (ELAC) meetings

Mental health providers anticipate sharing the learning and recommendations in the following areas:

- Napa County Health and Human Services, Mental Health Division
- Napa County Health and Human Services website
- Napa County MHSA Stakeholder Advisory Committee
- Napa County Office of Education
- Live Healthy Napa County (a local community health needs assessment with the goal of improving health and wellbeing for everyone in Napa County)
- Napa County Health and Human Services Wellness Fair
- Ole Health (the local Federally Qualified Health Center)
- Village: Napa (a group of Napa County educators, mental health professionals and parents creating a community of support for teen mental health)
- Napa County Coalition of Non Profit Agencies, Behavioral Health Committee
- Regional Agencies that serve Filipino Communities: Banyanihan Community Center, Asian Pacific Community Counseling and San Mateo Filipino Mental

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Health Initiative.

The final summary of the project and the results will also be presented to the larger social services community in Napa County in an effort to improve outcomes for Filipino youth and families. This includes family resource centers, public agencies and other interested organizations. At this time, the Filipino youth involved in developing this project have expressed interest in presenting the learning. During the project, interested family members will be encouraged to participate in sharing of the results.

b) How will program participants or other stakeholders be involved in communication efforts?

Throughout the planning, several ideas have emerged from the focus groups and interviews about how to share the learning during the project. Each of the ideas was generated by students and/or family members. As the project is implemented the ideas will be vetted with participants.

- A student-led blog that shares the learning with peers and parents.
- A performance that showcases Filipino culture and how mental health concerns are addressed.
- A web page that is part of the Wellness Center website and/or the HHSA Mental health division website.
- Potentially using StoryCorps or a similar method to provide a student and family voice and perspective to the learning.
- Developing training videos that can be distributed locally and regionally.
- Developing an ongoing Advisory Group or a School and Community Group made up of students and parents to continue the learning and conversations that begin with this project.

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

- Intergenerational approach to Mental Health for Filipino community
- Addressing disparities in mental health risk for Filipino youth
- Addressing disparities in mental health services for Filipino youth
- Examining how Filipino youth are screened for mental health risks in high

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school

11) Timeline

a) Specify the total timeframe (duration) of the INN Project:

One Year, Six Months

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

- Start Date: January 1, 2018
- End Date: June 30, 2019

Note: Please allow processing time for approval following official submission of the INN Project Description.

c) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for

i. Development and refinement of the new or changed approach;

Phase One: Community Survey and Event (January to June 2018)

- Hire Staff
- Convene Advisory Committee
- Develop and distribute community survey
- Develop data collection tools
- Review summary of community survey and data collection tools with Advisory Committee
- Plan event based on survey findings
- Hold event and recruit youth and family members for Phase Two.
- Survey Phase Two participants for conversation ideas.

NOTE: School is not in session from mid-June to mid-August 2018.

Phase Two: Understanding the Needs (August to December 2018)

- Convene Advisory Committee to review data collection tools, conversation ideas (summary of data from Phase One) and plan the meetings with youth and family members
- Organize and facilitate at least three conversations/meetings with youth and

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family members based on the ideas they submitted in Phase One and input from the Advisory Committee

Phase Three: Sharing the Learning and Recommendations (January to June 2019)

- Summarize learning from conversations and develop data collection tools. Review with participants and Advisory Committee.
- Plan and hold an open house event at American Canyon High School to share learning with the Filipino community, NVUSD staff, and mental health providers.
- Present the learning to district staff and mental health providers at various locations throughout Napa County.
- Present/share the learning with regional providers who participate in Advisory Committee.

ii. Evaluation of the INN Project;

Phase One: Community Survey and Event (January to June 2018)

- Develop community survey
- Develop data collection tools for event (participant surveys)
- Review community survey and data collection tools with Advisory Committee
- Data collection at event

NOTE: School is not in session from mid-June to mid-August 2018.

Phase Two: Understanding the Needs (August to December 2018)

- Summary of data from Phase One for use by project staff, participants and Advisory Committee.
- Develop data collection tools for conversations (participant surveys and participant interview protocols)
- Data collection at conversations

Phase Three: Sharing the Learning and Recommendations (January to June 2019)

- Summary of data from Phase Two for use by project staff, participants and Advisory Committee.

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- Develop data collection tools for events and presentations (written surveys and participant interview protocols)
- Data collection at events and presentations
- Summary of data from Phase Three for use by project staff, participants and Advisory Committee.
- Complete final report for Mental Health Services Oversight and Accountability Committee.

iii. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;

Phase Two: Understanding the Needs (August to December 2018)

- Convene Advisory Committee to review summary of data from Phase One.

Phase Three: Sharing the Learning and Recommendations (January to June 2019)

- Convene Advisory Committee to review summary of data from Phase Two and Phase Three.
- Present learning to district staff and mental health providers in the community to discuss how to use learning in current services and whether or not to continue the project.

iv. Communication of results and lessons learned.

Phase Two: Understanding the Needs (August to December 2018)

- Convene Advisory Committee to review summary of data from Phase One.

Phase Three: Sharing the Learning and Recommendations (January to June 2019)

- Convene Advisory Committee to review summary of data from Phase Two and Phase Three.
- Present learning to district staff and mental health providers in the community to discuss how to use learning in current services and whether or not to continue the project.

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Development and refinement of the new or changed approach

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun
Phase One: Community Survey and Event							School is not in session											
Phase Two: Understanding the Needs																		
Phase Three: Sharing Learning and Recommendations																		

Evaluation of the INN project

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun
Monthly meeting with Staff							School is not in session											
Community Survey																		
Participant Survey																		
Participant Interviews																		
NVUSD and Provider Survey																		

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Decision making about whether and how to continue project

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun
Meeting with Advisory Committee							School is not in session											
Developing Recommendations from Learning																		
Sharing Recommendations with NVUSD and Mental Health providers																		
Sharing Recommendations with Community Providers																		

Communication of results and lessons learned

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun
Meeting with Advisory Committee							School is not in session											
Developing Recommendations from Learning																		
Sharing Recommendations with NVUSD and Mental Health providers																		
Sharing Recommendations with Community Providers																		

II. Additional Information for Regulatory Requirements

12) INN Project Budget and Source of Expenditures

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

a) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)

b) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)

c) BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources)

12a. Budget Narrative:

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…").

The project budget clearly ties to goals, objectives and activities. 100% of paid staff time and resources are committed to the project's deliverables. As indicated in the project design, the Project Coordinator and Community Outreach Liaison will lead the effort to reduce the extreme stigma within the Filipino community towards seeking mental health support. The Community Outreach Liaison will facilitate conversations to increase intergenerational communication. The grant team will assist a student group in organizing the effort to inform others about and celebrate the Filipino Culture. Training, travel and evaluation of the project will ensure that the committed staff is appropriately delivering programming that meets the designed goals and objectives of the project. The administrative support does not exceed 8%. The Project Director will provide supervisory and budgetary oversight at minimal cost to the grant (.1 FTE). Additional administrative costs will include the assistance of a clerical support person.

Personnel: FY17-18: $87,845; FY 18-19: $176,492; Total: $264,337

Grant Personnel: Grant Lead Team Personnel (Project Director, Project Coordinator, Community Outreach Liaison, Clerical support) salaries are estimated and will be adjusted based on the candidate's placement on the salary schedule.

0.10 FTE Project Director will be an NVUSD district administrator who will provide district level grant oversight including budgetary and personnel supervision. This will ensure a solid implementation of the grant program and ensure that the grant staff has the necessary training and support to meet program goals. Having a Project Director who is a district administrator is a mandatory component of any NVUSD grant and will be provided as an in-kind match at no cost to the grant.

0.6 FTE Project Coordinator will provide grant and therapeutic oversight at the school site to ensure a solid implementation of the grant program. The Project Coordinator will have a Masters in Social Work and a Pupil Personnel Services Credential to work in California Schools. The Project Coordinator will bring their experience working in a school setting, coordinating complex systems, and clinical expertise to create the Innovations Project while ensuring that participating students are referred to needed mental health services. The Project Coordinator salary is based on the district School Social Worker annual salary with 192.5 days included the contract. This will allow the Project Coordinator 5 days outside the student/teacher schedule, at both the beginning and end of the year, to prepare and then

bring closure to the annual grant requirements. The Project Coordinator will be hired at .6 so the salary is prorated to be $30,000 dollars for the 2017-18 school year and $60,000 for the 2018-2019 school year.

20 hours per week Community Outreach Liaison (COL) will be integral in the recruitment, coordination and facilitation of the Innovations work groups and conversations. It will be important that the COL is a member of the Filipino community, can speak Tagalog, and have intimate knowledge of cultural values and belief systems. The COL will have experience in working with the Filipino community and facilitating intergenerational conversations. The Community Outreach Liaison salary is based on the NVUSD salary schedule for a Community & Parent Liaison with 3 years of experience.

20 hours per week Clerical Admin Support will provide clerical support with budget, purchasing, and grant reporting requirements. The clerical support salary is based upon the NVUSD salary schedule for classified clerical salary schedule of $20 per hour mid-range.

Professional Development/Substitute Time: An allocation of 8 sub days during Year 1 and 17 days during Year 2 at district negotiated substitute rate ($112 per day). This will allow teachers and staff to be released to attend training on equity and community building in response to learning through the innovations project.

Fringe Benefits: Fringe Benefits have been calculated based on mandated and negotiated benefits packages offered by the school district. This package includes vision and life insurance, unemployment insurance worker's compensation, and personal retirement. Benefits are based on 25% of the base pay formula for the grant lead team personnel. Benefits for the Teacher Hourly Rate and Substitute Time are based on actual numbers from the district's approved salary schedule (11.60% of the hourly rate ($40.00) and substitute rate $112.00).

Operating and Non-Recurring Costs: FY17-18: $19,368; FY18-19: $29,004;Total: $48,372

Travel

Grant Required Travel: Funds include travel for grant staff mileage reimbursement for required meetings and trainings or travel to and from their primary work site.

Equipment

Equipment: 2 laptop computers will be purchased for grant team personnel. The individual computer cost of $2000 x 2 (including tax and shipping) is a one-time expense in year 1. We also will budget for a printer, mouse, and projector as needed.

Supplies: Materials and supplies are needed for general operation of the project. The amount is decreased in year 2 of the grant based on startup costs to provide all sites with ample supplies for all program components and trainings. Other operating expenses include meeting supplies to encourage attendance at night meetings or participation on work groups. Also included are funds for snacks or small prizes, office supplies and

expenses related to professional development, which we view as primarily related to ensuring cultural competence. Students expressed interest in video editing and sound equipment will also be funded through this line.

Consultant Costs/Contracts: FY17-18: $8,150; FY18-19: $20,150; Total: $28,300

Contractual: We will follow the procedures for procurement of contracts under 34 CFR Parts 74.4 - 74.48 and part 80.36. The per diem for consultants/trainer is based upon a $1,800 per diem and a $250 per hour formula) to provide community building and equity training for staff. We will also contract with a videographer and web designer to demonstrate and share our learning with our district, mental health community partners, and community at large. We will contract with Napa County Office of Education to assist with data collection through Aeries, data monitoring system, to progress monitor students.

Indirect cost rate

7.08% of Total Direct Costs. This expense is totaled using the California Department of Education approved indirect rate. Indirect costs are shared costs that cannot be directly assigned to a particular activity, but are necessary to the operation of the organization and the performance of the project. The costs of operating and maintaining facilities, accounting services and administrative salaries are examples of indirect costs, and are commonly referred to as overhead costs

Evaluation Description (included in budget 12C): FY17-18: $11,500; FY18-19:$48,375; Total: $59,875

This project involves 50 Filipino youth and 50 of their family members. NVUSD staff and mental health providers will also be included in the evaluation at the end of the project.

Monthly Meetings: During the 18 months of the project, monthly meetings will be held with project staff to document the project's progress and assess any changes in learning.

Phase One: The project will begin with a community survey. The survey will be drafted for review by the Advisory Committee and distributed by Filipino youth and project staff. The results will be summarized for use by participants, project staff and the Advisory Committee. The youth involved in Phase One outreach will participate in a pre/post survey and the attendees at the community event will complete a survey at the end of the event. All data collection tools will be reviewed by project participants and the Advisory Committee and revisions will be made based on feedback.

Phase Two: Project participants will take a written survey at the beginning and end of Phase Two. To understand the process and the progress, a sample of 10 participants (5 youth, 5 family members) will be interviewed about changes in knowledge, attitudes and behaviors. The findings will be summarized for use by project participants, staff and the Advisory Committee in Phase Three.

Phase Three: The findings from Phase Two will be summarized for use by project participants, staff and the Advisory Committee.

Project participants will take a written survey at the beginning and end of Phase Three. The same sample of 10 participants (5 youth, 5 family members) who were interviewed in Phase Two will be interviewed about the process and progress. The findings will be summarized for use by project participants, staff and the Advisory Committee. As the participants share the results with the NVUSD staff and mental health providers, staff will distribute a pre/post survey at each presentation.

The findings from all Phase Three data collection will be summarized for use by project participants, staff and the Advisory Committee.

Reporting: The reporting will occur at the end of each Project Phase and a report to the state will be prepared in June 2019.

Budget

	Labor Hours		
Tasks	**FY 18-19**	**FY 19-20**	**Total**
Monthly Meetings	36	72	108
Community Survey	10	0	10
Participant Surveys	30	40	70
Interviews with Participants	0	95	95
Survey with NVUSD and MH Providers	0	44	44
Reporting	0	60	60
Total Labor Hours	**76**	**311**	**387**

12b. New Innovative Project Budget By FISCAL YEAR (FY)*				
EXPENDITURES				
Personnel Costs (salaries, wages, benefits)		**FY 17-18**	**FY 18-19**	**Total**
1	Salaries	$ 62,040	$ 123,080	$ 185,120
2	Direct Costs	$ 7,000	$ 14,000	$ 21,000
3	Indirect Costs	$ 18,805	$ 39,412	$ 58,217
4	Total Personnel Costs	$ 87,845	$ 176,492	$ 264,337
Operating Costs		**FY 17-18**	**FY 18-19**	**Total**
5	Direct Costs	$ 4,750	$ 9,250	$ 14,000
6	Indirect Costs	$ 9,118	$ 17,754	$ 26,871
7	Total Operating Costs	$ 13,868	$ 27,004	$ 40,871
Non Recurring Costs (equipment, technology)		**FY 17-18**	**FY 18-19**	**Total**
8	Computer (2)	$ 4,000	$ -	$ 4,000
9	Printer, mouse, projector, video editing software	$ 1,500	$ 2,000	$ 3,500
10	Total Non-recurring costs	$ 5,500	$ 2,000	$ 7,500
Consultant Costs/Contracts (clinical, training, facilitator, evaluation)		**FY 17-18**	**FY 18-19**	**Total**
11	Direct Costs	$ 8,000	$ 20,000	$ 28,000
12	Indirect Costs	$ 150	$ 150	$ 300
13	Total Consultant Costs	$ 8,150	$ 20,150	$ 28,300
Other Expenditures (please explain in budget narrative)		**FY 17-18**	**FY 18-19**	**Total**
14	NA			$ -
15				$ -
16	Total Other Expenditures	$ -	$ -	$ -
BUDGET TOTALS				
Personnel (line 1)		$ 62,040	$ 123,080	$ 185,120
Direct Costs (add lines 2,5, and 11 from above)		$ 19,750	$ 43,250	$ 63,000
Indirect Costs (add lines 3,6, and 12 from above)		$ 28,073	$ 57,316	$ 85,388
Non-recurring costs (line 10)		$ 5,500	$ 2,000	$ 7,500
Other Expenditures (line 16)		$ -	$ -	$ -
TOTAL INNOVATION BUDGET		$ 115,363	$ 225,646	$ 341,009

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

12c. Expenditures By Funding Source and FISCAL YEAR (FY)							
Evaluation:							
A.	**Estimated total Evaluation expenditures for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 17-18**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$11,500	$48,375				$59,875
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	$11,500	$48,375				$59,875
County Administration (15%):							
B.	**Estimated total mental health expenditures for County Administration for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 17-18**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$19,029	$41,103				$60,132
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Administration**	$19,029	$41,103				$60,132
TOTAL:							
C.	**Estimated TOTAL mental health expenditures (including administration) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 17-18**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$145,892	$315,124				$461,016
2.	1991 Realignment						
3.	Behavioral Health Subaccount						
4.	Other funding*						
5.	**Total Proposed Expenditures**	$145,892	$315,124				$461,016
		FY 17-18	**FY 17-18**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
*If "Other funding" is included, please explain.							

[i] General data available to the public about the California Healthy Kids Survey can be found here: http://chks.wested.org/. The specific data used in this workplan is available only to school districts and was

prepared by staff at Napa County Office of Education (NCOE). For more information contact Julie McClure at NCOE: Jmcclure@ncoe.org, 707.318.1363.

[ii] Ibid

[iii] Ibid

[iv] Ibid

[v] Data provided by staff at the American Canyon Middle School Wellness Center based on the program data collected using the Universal Screening Tool.

[vi] This data was downloaded and summarized from the NVUSD's internal data system, AERES. NVUSD staff, Bea Braun, prepared the report on March 7, 2017.

[vii] Data provided by project staff from the American Canyon PEI Project based on the 2016-2017 program data. For more information contact Steve Perry, PhD: sperry@nvusd.org 707-738-4611.

[viii] Data provided by Napa County Health and Human Services Mental Health Division. Data is from the CCBHC needs assessment. For more information contact Jim Diel, LMFT: jim.diel@countyofnapa.org 707-253-4174

[ix] Data provided Napa County Health and Human Services Mental Health Division. Data is from the URSC, pages 3-4. For more information contact Jim Diel, LMFT: jim.diel@countyofnapa.org 707-253-4174

[x] Ibid

[xi] Javier, JR, et al. 2007 available from: http://www.cdc.gov/pcd/issues/2007/apr/pdf/06_0069.pdf

[xii] Javier, JR, et al 2010 available from; https://www.ncbi.nlm.nih.gov/pubmed/20431400)

[xiii] Search conducted at the SAMSHA website: http://nrepp.samhsa.gov/, using the key words of Asian American/Pacific Islander, Mental Health Promotion and Mental Health Treatment. Accessed on 02/28/17.

[xiv] Bayanihan Community Center website. Accessed at http://www.bayanihancc.org/bcc-programs.html, 4/4/17.

[xv] Phone Interview with Charm Consolacion, staff at Bayanihan Community Center, March 2017.

[xvi] Asian Pacific Community Counseling website. Accessed at http://apccounseling.org/services/the-transcultural-wellness-center/, 04/04/17.

[xvii] County of San Mateo website "Filipino Mental Health Initiative". Accessed at http://www.smchealth.org/bhrs/ode/fmhi, 4/4/17.

[xviii] Phone interview with Eugene Canotal, March 2017.

[xix] All data sources were posted to the Napa County Health and Human Services website on the Mental Health Services Act page. The pdf can be accessed here: http://www.countyofnapa.org/Pages/DepartmentContent.aspx?id=4294967939

Work for Wellness Innovation Project

Project Name: Work for Wellness Innovation Project

PLEASE NOTE: USING THIS TEMPLATE IS **OPTIONAL**. It is being provided as a technical assistance tool to staff who wish to make use of it.

> *The MHSA Innovation Component requires counties to design, pilot, assess, refine, and evaluate a "new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges" (Welfare and Institutions Code Section 5830, subdivision (c)). The eventual goal is for counties to implement successful practices without Innovation Funds and to disseminate successful practices to other counties. In this way, the Innovation Component provides the opportunity for all counties to contribute to strengthening and transforming the local and statewide mental health system and contributes to developing new effective mental health practices. (Mental Health Services Oversight and Accountability Commission, Innovative Projects Initial Statement of Reasons)*

An "Innovative Project" means "a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports" (*California Code of Regulations, Title 9, Sect. 3200.184*). Each Innovative Project "shall have an end date that is not more than five years from the start date of the Innovative Project" (*CCR, Title 9, Sect. 3910.010*). Counties shall expend Innovation Funds for a specific Innovative Project "only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project" (*CCR, Title 9, Sect. 3905(a)*). Further, "The County shall expend Innovation Funds only to implement one or more Innovative Projects" (*CCR, Title 9, Sect. 3905(b)).* Finally, "All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847" (*Welfare and Institutions Code, Sect. 5892(g)).*

The goal of this template is to assist County staff in preparing materials that will adequately explain the purpose, justification, design, implementation plan, evaluation plan, and succession plan of an Innovative Project proposal to key stakeholders, including local and State decision-makers, as well as interested members of the general public. Additionally, a County that fully completes this template should be well prepared to present its project workplan to the Commission for review and approval.

General regulatory requirements for Innovative Projects can be found at CCR, Title 9, Sect. 3910. Regulatory requirements for the Innovation (INN) Component of the 3-Year Program and Expenditure Plan & Annual Update can be found at CCR, Title 9, Sect. 3930. In some cases, the items contained in this **OPTIONAL** template may be ***more specific or detailed*** than those required by the regulations; you may skip any questions or sections you wish.

The template is organized as follows. Part I, Project Overview steps through a series of questions designed to identify what the County has identified as a critical problem it wishes to address via an Innovative Project, the steps the County has taken to identify an innovative strategy or approach to address that critical problem; how it intends to implement the innovative strategy or approach; what it hopes to learn and how those learning objectives relate the innovative strategy or approach to the critical problem it has identified; how it intends to address the learning objectives; and how the County intends to address any transition for affected stakeholders at the end of the time-limited project.

Part II, Additional Information for Regulatory Requirements, poses a series of questions that relate to specific regulatory requirements, either for the proposal or for subsequent reports.

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1) Primary Problem

a) What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.

CCR Title 9, Sect. 3930(c)(2) specifically requires the Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update to describe the reasons that a County's selected primary purpose for a project is "a priority for the County for which there is a need … to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system." This question asks you to go beyond the selected primary purpose (e.g., "Increase access to mental health services,") to discuss more specifically the nature of the challenge you seek to solve.

Individual Placement and Support (IPS) Supported Employment is an evidence-based practice designed to assist individuals with disabilities in obtaining and maintaining employment. Despite the evidence based practice and other supported employment services, statewide and nationwide data show that Individuals with Serious Mental Illness are often unemployed and very few receive IPS and supported employment services. Additionally, it is difficult to get employers to work with the supported employment programs.

Nationwide, a study published in 2014 examined 2009-2010 employment rates for adults with mental illness age 18-64. The authors found that the employment rate declined as the mental illness severity increased. At the time of their study, 45.5% of the individuals with serious mental illness were unemployed or out of the workforce compared to 24.1% of individuals with no mental illness.[i] Other sources show:

- Half of competitive jobs acquired by people with SMI will end unsatisfactorily as a result of problems that occur once the job is in progress, largely the result of interpersonal difficulties[ii].
- Over time, people with SMI may come to view themselves as unemployable and stop seeking work altogether[iii]

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In 2015 **in California,** 8.3% of individuals with serious mental illness were employed (compared to 21.7% nationwide) and 0.1% receive supported employment services compared to 2% of individuals with SMI nationwide.[iv] Data from the National Alliance on Mental Illness (NAMI) confirms the high rate of unemployment nationwide (80%), and indicates that California has the 5th highest rate of unemployment (90%) for individuals with SMI.[v]

In Napa County, supported employment participation is not tracked consistently for all individuals receiving mental health care for SMI in Napa County. To better understand how supported employment works for individuals in Napa County, interviews were conducted with representatives from the Department of Rehabilitation.

- Those interviewed indicated that individuals with Serious Mental Illness are underserved by the existing supported employment services. The available services are time-limited and individuals with SMI often need more time and more support to adjust to the workplace.
- The interviewees also noted that while employer incentives exist to promote the hiring of individuals with serious mental illness, few employers demonstrate a willingness to work with employment programs.[vi]

b) Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

On October 17, 2016, OTM brought together sixteen participants from the current Innovations Project (consumers, family members, and mental health providers), peer providers and On The Move (OTM) staff (a local social services agency that operates the Adult Resource Center, an LGBTQ Connection program, THRIVE (an employment program) and VOICES (a foster youth support program)) to identify areas of the current mental health system that were not effective, and to explore potential learning goals. The attendees vetted many ideas, and the discussion repeatedly turned to the need for connection and self-sufficiency for Individuals with Serious Mental Illness. The group prioritized employment as an area of greatest need and learning potential, particularly the role that community employment could play in enhancing the wellness of individuals with SMI.

On October 25, 2016, THRIVE program coordinators began the Innovations Employment Group, a weekly employment support group at Innovations Community Center, the local Adult Resource Center, with sixteen community members with mild to severe mental illness an opportunity to discuss (1)

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employment goals, (2) past experiences with employers and employment programs, and (3) what constitutes successful and sustainable employment for individuals that struggle with mental health.

In November 2016, THRIVE Enterprises staff conducted interviews with eleven Department of Rehabilitation (DOR) trainees to gain further insight into the challenges of workers with mental illness

Also in November 2016, OTM staff led two focus groups with twenty individuals with mental illness who are employed in community organizations and private businesses. This group met twice to discuss (1) the role of employment in recovery, (2) the challenges of finding and keeping a job, and (3) the dynamics of a successful workplace.

Their insights from the focus groups and interviews were echoed in interviews with Department of Rehabilitation (DOR) staff working in support of Napa County.

The following areas of need were identified:

- **Individuals with SMI are often unemployed.** The current supported employment system does not result in sustained meaningful employment for many individuals with SMI.
    - For example, individuals who complete training with the Department of Rehabilitation face the challenge of moving into more permanent employment in the larger community.
    - It is often difficult to find employment that is flexible enough to meet their individual needs, and doesn't jeopardize public benefits like healthcare and housing.
- **Few employers participate.** In Napa County, a majority of employment opportunities can be found in service-related industries. While local employers are not able to discriminate against people with disabilities including serious mental illness, they are not motivated to hire workers with serious mental illness for frontline positions.
    - Employers are wary of mental illness and are unclear of how they could make accommodations for people in their workplaces.
    - Napa County employers have concerns around accommodation costs and training time, attendance issues, attitudes of co-workers, and reduction in performance and quality levels.
- **Due to funding and regulations, success is defined differently within different parts of the supported employment system.** The definition of success for individuals with SMI varies from (1) a few hours of work in a quiet

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environment to supplement disability to (2) an opportunity to identify with others outside of mental health services to (3) self-employment.

- For some supported employment programs, regulations define as little as one day employed as a success.
- For other supported employment programs the funding requires a commitment from employers to hire individuals with SMI before training begins, and success is defined as sustained employment at that site.

The Work for Wellness project was conceived after noting that individuals, employers and the supported employment providers are all encountering barriers to creating sustained meaningful employment for individuals with SMI. This project is designed to bring the system participants together to (1) create shared measures of success, (2) change how employers, program administrators and individuals with SMI relate to each other and (3) develop and test ideas to implement the shared measures of success.

2) <u>What Has Been Done Elsewhere To Address Your Primary Problem?</u>

"A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach… (CCR, Title 9, Sect. 3910(b)).

The Commission expects a County to show evidence that they have made a good-faith effort to establish that the approach contained within their proposed project either has not been demonstrated to be effective in mental health or is meaningfully adapted from an approach that has been demonstrated to be effective. Describe the efforts have you made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

a) Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?

The literature review found many resources that describe supported employment and the evidence base for the services currently available.

The Johnson & Johnson-Dartmouth Program: This IPS program "assists people with severe mental illnesses in obtaining competitive employment,

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defined as part-time and full-time jobs that are open to anyone and that pay directly to the employee the same wages that others receive for the same work (at least minimum wage)." The program also developed a learning collaborative model for sharing learning across several sites.[vii]

SAMSHA Evidence Based Practice Kit: Supported Employment: This report reviews the current research and lists resources for learning about each area of the model. The kit highlights the 2001 report, "Implementing Supported Employment as an Evidence-Based Practice."[viii] The report discusses the effectiveness of supported employment and also discusses implementation barriers. These include:

- Access to supported employment
- Government Barriers
- Program Administrators
- Clinicians and Supervisors
- Individuals with SMI and their Families

World Health Organization: In 2000, the World Health Organization reported that there are "very few effective vocational programmes available" to individuals with mental illness, and that "there is often an obvious lack of communication between the different agencies responsible for policies and programming."[ix]

<u>This project does not provide supported employment services.</u>

This project focuses on <u>bringing the system participants together</u> to (1) create shared measures of success, (2) change how employers, program administrators and Individuals with SMI relate to each other and (3) develop and test ideas to implement the shared measures of success.

<u>No literature was found on this approach.</u>

b) Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstances?

In discussion with existing supported employment providers, it was noted that there is a lack of funding and focus on relationships between employees, employers and the various supported employment providers. This project will

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explore this area more thoroughly.

Using Google searches, we found several local programs offering supported employment services for individuals who have disabilities:

- **Napa Personnel Systems (NPS)** has had a great deal of success providing employment services to adults with developmental disabilities since 1956. The programs offered provide individuals with opportunities to earn income while allowing them to adjust to their vocational environments at a pace that accommodates their individual needs. NPS does serve individuals with SMI, though it is not an exclusive focus. [x]
- **Project Search** in the East Bay is demonstrating great success placing trainees with developmental disabilities in long-term employment with nonprofit and government programs.[xi]
- **Social Vocational Services** of California serves individuals with intellectual or developmental disabilities throughout the state since it was established in 1977. The success of the program is due to a focus on working closely with participants to develop individualized plans that will help them achieve employment goals.[xii]

We did not find examples of programs in Napa County focused on providing IPS specifically for Individuals with Serious Mental Illness.

To understand the strengths and weaknesses of current IPS projects in California, representatives from San Diego County's Supported Employment Initiative for the Adult and Older Adult System of Care [xiii] and Alameda County's Choices for Community Living Program[xiv] were interviewed by phone.

The interviewees agreed that IPS works because it is a time unlimited service and gives anyone who wants to work a chance to work. Because the project meets individuals with SMI where they are, the services can address the needs of individuals who may be struggling with issues of stabilization at the same time they are seeking employment. When individuals need to leave employment because of mental health concerns (medication changes, hospitalization, destabilization), they remain part of the IPS program and continue to receive services.

The interviewees also reported limitations. Both programs shared that it is difficult to find employers to participate in supported employment. "There is still a significant barrier to employers willingness to hire individuals with SMI due

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stigmas about mental health." Additionally, because the services are not time limited, the projects struggle with program capacity. The current findings about success in IPS were studied in controlled settings, and there is a need to create ways to measure success outside of clinical settings and find ways to score fidelity other than those that have been established by Dartmouth. Not everyone is eligible for IPS, felons and sex-offenders with SMI are excluded from the project because of funding and program guidelines.

Representatives from both projects were supportive of the Work for Wellness project's goals of engaging employers in the discussion of supported employment, addressing stigma and creating shared measures of success. In the IPS models being used, there is no mention of employers being part of the planning process outside of providing a place of employment. Their suggestions included:

- Convening groups of employers to 1) discuss their fears about hiring individuals with SMI, 2) save time by reaching out to more than one employer at a time, and 3) give employers who have not worked with Individuals with SMI a chance to meet employers who have and who have done so with success.
- Develop anti-stigma training for current and potential employers.
- Educate employers and consumers about the appropriateness of temporary placements, and find employers who are willing to hire individuals who may not be able to commit to long-term employment.

While supported employment is designed to include evidence-based practices that engage Individuals with Serious Mental Illness in choosing and planning their vocational service goals, and while there is extensive evidence to show that supported employment services can be successful, it appears that such services (1) are not available and accessible for all individuals with SMI, (2) struggle to find employers participate, and (3) are not based on shared measures of success. There is a need to address stigma and employer concerns, and to design measures of success that apply outside of the controlled settings.

3) The Proposed Project

Describe the Innovative Project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a

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new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

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

The Work for Wellness project is designed to learn what works to address the interpersonal, employer and system barriers in the current supported employment system and to learn how to create sustained, meaningful employment for Individuals with Serious Mental Illness (SMI) based on shared measures of success. The project will use the On the Verge model for community building and leadership to bring together individuals with SMI, employers, and program administrators.

Individuals with SMI: To be sure a wide variety of experiences are incorporated, recruitment will be done with the following populations: Individuals in the Napa County Jail with SMI, Individuals with co-occurring substance use and SMI, Veterans with SMI, and Individuals with SMI who are using self-sufficiency benefits.

Employers will be recruited to represent non-profits, public sector, large and small businesses. There is an intention to include a mix of employers who have previously employed Individuals with SMI and employers who are new to supported employment.

Program Administrators will be recruited from the agencies that provide supported employment services in Napa County: Workforce Investment Board, Cal Works, North Bay Regional Center, Napa Personnel Systems, Napa Valley Products, Services and Industries, and the Department of Rehabilitation

<u>This project does not provide supported employment services.</u>

The Work for Wellness project tests the hypotheses that the key to creating sustained and meaningful employment opportunities is to build relationships between workers with mental illness, employers, and supported employment providers. If these participants have the opportunity to build trust and truly know each other, they will be more open to meeting each other's needs, sharing

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responsibility for success and building a more welcoming work environment across Napa County for people with Serious Mental Illness.

b) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).

This project makes a change to an existing practice in the field of mental health.

Supported employment is an evidence-based practice. Despite this designation, there remains a need to address (1) very limited access to supported employment services, (2) the small number of employers who participate and (3) the varied definitions of success.

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

On The Move has implemented the On the Verge model for 14 years. The model is a community building and leadership program that traditionally brought peers together to work on a community situation. In 2010, On The Move began to use the model with mental health providers, individuals with SMI, and family members to better understand how to improve relationships and the value of collaboration among these groups. The project was funded using the first round of Innovation funds in Napa County.

As the first project comes to a close, much has been learned about how to adjust the model to accommodate individuals with varied power relationships. The learning from the first project is being applied to this new area of learning about improved relationships and collaboration in the supported employment system.

The method is appropriate because it facilitates relationships, shared understanding and shared responsibility. These elements are not currently present in all areas of the supported employment system and the system participants have expressed frustration with the barriers to developing ways to sustain meaningful employment for individuals with SMI.

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4) Innovative Component

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

a) If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.

This project makes an adaptation to the existing supported employment model by using a community building and leadership program to address the access to sustained, meaningful employment for individuals with SMI. Adaptations include involving employers in the planning and discussion about supported employment, and bringing all stakeholders together to create shared measures of success.

b) If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?

This approach is an adaptation and is not entirely new.

5) Learning Goals / Project Aims

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

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

The learning goals for this project are focused on testing ways to address the interpersonal, employer and system barriers in the current supported employment system.

- How to create shared measures of success among all participants in the system?
- How to increase commitment of all system participants to each other?
- How to implement common measures of success in the supported employment system?

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

There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.

The learning goals were developed after discussion and review of the current supported employment system. The goals are specific to the areas that were identified as not currently working for individuals with SMI, employers and/or the system representatives. There are four main activities occurring during the project: Recruitment, Creating Measures of Success, Developing Ideas and Testing Ideas. The learning goals and the related activities are shown below:

- **Learning Goal:** How to create shared measures of success among all participants in the system?

  Activities:
  - Recruiting 20 participants (individuals with SMI, employers, co-workers and system representatives (WIB, Cal Works, NBRC, OJT, NPS, PSI, DOR)) to work together and develop ideas about how to sustain employment for individuals with SMI.
  - Create measures of success that are representative of individual, employer and system perspectives.

- **Learning Goal:** How to increase commitment of all system participants to each other?

  Activities:
  - Recruiting 20 participants (individuals with SMI, employers, co-workers and system representatives (WIB, Cal Works, NBRC, OJT, NPS, PSI, DOR)) to work together and develop ideas about how to sustain employment for individuals with SMI.
  - Create measures of success that are representative of individual, employer and system perspectives.
  - Develop ideas for sustained meaningful employment that incorporate the measures of success.

- **Learning Goal:** How to implement common measures of success?

  Activities:

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- Test ideas within the supported employment system to promote the measures of success and sustained meaningful employment.

6) **Evaluation or Learning Plan**

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

a) Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?

There are two sets of target participants. The first set is those who are recruited to participate in the project and the second set is the advisors to the project.

Participants:

- Individuals with SMI: To be sure a wide variety of experiences are incorporated, recruitment will be done with the following populations: Individuals in the Napa County Jail with SMI, Individuals with co-occurring substance use and SMI, Veterans with SMI, and Individuals with SMI who are using self-sufficiency benefits.
- Employers will be recruited to represent non-profits, public sector, large and small businesses. There is an intention to include a mix of employers who have previously employed individuals with SMI and employers who are new to supported employment.
- Program Administrators will be recruited from the agencies that provide supported employment services in Napa County: Workforce Investment Board, Cal Works, North Bay Regional Center, Napa Personnel Systems, Napa Valley Products, Services and Industries, and the Department of Rehabilitation

Advisors:

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The Supported Employment Committee and Advisory Committee will be recruited from the systems that serve the individuals with SMI. This includes: Health and Human Services (Mental Health, Public Health, Alcohol and Drug Services, Self Sufficiency), Community Mental Health Providers, Probation, as well as the programs that oversee supported employment services: Workforce Investment Board, North Bay Regional Center, Napa Personnel Systems, Napa Valley Products, Services and Industries, and the Department of Rehabilitation.

b) What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.

Participants will complete an initial survey/assessment and then complete additional surveys when they have (1) developed the shared measures of success and after they have (2) developed expectations and tested some of the ideas. Focus groups will be conducted with participants to review the survey findings and to better understand how each of the activities were implemented and completed (creating the measures of success, developing expectations, and testing ideas). At the end of the project, a final focus group will be used to understand how they implemented their ideas and how they are sharing their learning with the larger systems of mental health and supported employment. The evaluation measures will focus on participants' understanding of other each other as system participants, their commitment to sustained meaningful employment for individuals with SMI and their assessment of the measures of success.

The Supported Employment Committee and the Advisory Committee will complete a survey at the end of each of their meetings. The survey will assess their familiarity with the barriers being addressed by the project, their support for the ideas being tested and their willingness to share and to use the learning to make changes in the system.

Additionally, the project will incorporate StoryCorps to document the experiences of five participants from various parts of the system while they participate in the project. This video will be used to illustrate key learning in the evaluation.

c) What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients,

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analysis of encounter or assessment data)?

Monthly meetings with project staff will be used to document changes in the program as it is implemented and to adjust the evaluation as needed.

Surveys and focus groups will be used with participants for process and outcome evaluation.

Surveys will be used with the advisors for outcome evaluation.

StoryCorps will be used to illustrate both the process and outcome evaluation. The StoryCorps portion of the project will be recorded on video.

d) How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?

The surveys, focus groups and video footage will be tracked for the same individuals pre, during and post intervention.

e) What is the *preliminary* plan for how the data will be entered and analyzed?

The survey data will be collected in hard copy and/or online and entered into the statistical software, Statistical Package for the Social Sciences (SPSS), for analysis.

Focus group recordings will be transcribed and the transcripts will be used for summary and analysis.

7) <u>Contracting</u>

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

Napa County Mental Health will be contracting out the Innovations project evaluation. The County values and understands the importance of maintaining a healthy relationship with both the evaluator and contractor. The planning process was reflective of that as it involved County staff, evaluation staff and potential contractors working together to ensure that the Innovations plan aligned with Innovations regulations while at the same time ensuring that the plan communicated the desires of the specific stakeholder group and needs of the community. The evaluation staff that have been contracted to work on this process hold those key

Project Overview

pieces together for County and contractors to ensure the learning is documented and can be shared with MHSOAC staff and local stakeholders at the end of the project period.

County staff will continue to conduct planned site visits to programs and will also participate in evaluation meetings on a regular basis to ensure that the relationship is maintained and consistent throughout the project period.

Additional Information for Regulatory Requirements

1) Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

a) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.

b) Certification by the County Mental Health Director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA). Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and non-supplantation requirements."

c) Certification by the County Mental Health Director and by the County Auditor-Controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act."

Of particular concern to the Commission is evidence that the County has satisfied any fiscal

Additional Information for Regulatory Requirements

accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.

d) Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation.

Note: All certifications will be completed prior to submittal to the MHSOAC as required above.

2) **Community Program Planning**

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

Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

Napa County Community Program Planning

The planning process for Innovations began in September 2016 with presentations to the Mental Health Board and the Mental Health Services Act Stakeholder Advisory Committee. Community outreach began in October 2016 with outreach to over 350 community providers and individuals who have previously participated in Mental Health Services Act (MHSA) planning. This email outreach was supplemented with phone calls to several individuals who do not have email accounts, and several packets of mailed information to individuals who requested hard copies of the planning documents.

In addition to the presentations with the Mental Health Board and the MHSA Stakeholder Advisory Committee, Mental Health Division staff and consultants presented to consumers and family members at the Innovation Community Center (the local Adult Resource Center), to the Napa County Coalition of Non Profit Agencies and the Coalition's Behavioral Health Sub-Committee. This outreach was done to be sure the community's Innovation questions were addressed.

This process resulted in twelve innovation ideas being submitted in November 2016. Each of the agencies submitted ideas based on the data they had available and community reports compiled by the Mental Health Division about what was not working in the mental health system[xv] and based on input from their staff and/or individuals about what could be different. These ideas were reviewed by Mental Health Division staff for adherence to the Innovation guidelines. Nine of the ideas were forwarded to the Innovations Scoring Committee for further review and discussion.

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Innovations Scoring Committee
The intent of the Innovations Scoring Committee was to provide a proxy for the public, local and state review process. Because of the reversion timeline, the Mental Health Division wanted to ensure the ideas that were developed into workplans were viable.

The eleven member Committee included state-level representatives with expertise in MHSA programming, Innovations, cultural competence, lived experience, and the state mental health system, as well as local representatives who had no ties to the agencies that submitted proposals and who had lived and/or professional expertise in the mental health system and/or service systems in Napa County. All Scoring Committee members were screened prior to being included to be sure they did not have any personal or professional conflicts.

The Scoring Committee met in January 2017. Each member scored each proposal, and they brought their notes and scores to the meeting for discussion. The group discussed the ideas overall and particularly focused on areas where their own scores varied from the average scores. All members were encouraged to ask questions, provide expertise and information as indicated and to adjust their notes and scores as they saw fit. Based on the scores and comments from the Scoring Committee, the Mental Health Division selected four ideas to develop into workplans.

The Scoring Committee met in January 2017. Each member scored each proposal, and they brought their notes and scores to the meeting for discussion. The group discussed the ideas overall and particularly focused on areas where their own scores varied from the average scores. All members were encouraged to ask questions, provide expertise and information as indicated and to adjust their notes and scores as they saw fit. The scores and comments from the Scoring Committee were used by MHSA staff to identify four ideas to develop into workplans.

This workplan was submitted by On The Move.

On The Move's Community Planning
This planning process is also described previously in the Project Overview Section 1b. This process was how On The Move developed the idea and chose to develop it for consideration by the Scoring Committee.

On October 17, 2016, OTM brought together sixteen participants from the current Innovations Project (consumers, family members, and mental health providers), peer providers and On The Move (OTM) staff (a local social services agency that

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operates the Adult Resource Center, an LGBTQ Connection program, THRIVE (an employment program) and VOICES (a foster youth support program) to identify areas of the current mental health system that were not effective, and to explore potential learning goals. The sixteen attendees vetted many ideas, and the discussion repeatedly turned to the need for connection and self-sufficiency for Individuals with Serious Mental Illness. The group prioritized employment as an area of greatest need and learning potential, particularly the role that community employment could play in enhancing the wellness of individuals with SMI.

On October 25, 2016, THRIVE program coordinators began a weekly employment support group at Innovations Community Center, the Adult Resource Center, with 16 community members with mild to severe mental illness an opportunity to discuss (1) employment goals, (2) past experiences with employers and employment programs, and (3) what constitutes successful and sustainable employment for individuals that struggle with mental health.

In November 2016, THRIVE Enterprises staff conducted interviews with eleven Department of Rehabilitation (DOR) trainees to gain further insight into the challenges of workers with mental illness

In November 2016, OTM staff led two focus groups with twenty individuals with mental illness who are employed in community organizations and private businesses. This group met twice to discuss (1) the role of employment in recovery, (2) the challenges of finding and keeping a job, and (3) the dynamics of a successful workplace.

Their insights from the focus groups and interviews were echoed in interviews with Department of Rehabilitation (DOR) staff working in support of Napa County.

The following areas of need were identified:

- **Individuals with SMI are often unemployed.** The current supported employment system does not result in sustained meaningful employment for many individuals with SMI.
    - For example, individuals who complete training with the Department of Rehabilitation face the challenge of moving into more permanent employment in the larger community.
    - It is often difficult to find employment that is flexible enough to meet their individual needs, and doesn't jeopardize public benefits like healthcare and housing.
- **Few employers participate.** In Napa County, a majority of employment opportunities can be found in service-related industries. While local employers

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are not able to discriminate against people with disabilities including serious mental illness, they are not motivated to hire workers with serious mental illness for frontline positions.

- Employers are wary of mental illness and are unclear of how they could make accommodations for people in their workplaces.
- Napa County employers have concerns around accommodation costs and training time, attendance issues, attitudes of co-workers, and reduction in performance and quality levels.

- **Success is defined differently within different parts of the supported employment system.** The definition of success for individuals with SMI includes the flexibility to choose (1) a few hours of work in a quiet environment to supplement disability, to (2)an opportunity to identify with others outside of mental health services to (3) self-employment.
  - For some supported employment programs, regulations define success for as little as one day employed.
  - For other supported employment programs, funding requires a commitment from employers to hire individuals with SMI before training begins is required, and success is defined as sustained employment at that site.

The Work for Wellness project was conceived after noting that individuals, employers and the supported employment system are all encountering barriers to creating sustained meaningful employment for individuals with SMI. This project is designed to bring the system participants together to (1) create shared measures of success, (2) change how employers, program administrators and individuals with SMI relate to each other and (3) develop and test ideas to implement the shared measures of success.

Revisions

MHSA staff and consultants assisted On The Move staff in developing the Innovation workplan based on the feedback from the Scoring Committee. This workplan is the result of several revisions. As the project was aligned with the areas the Scoring Committee indicated were innovative, the changes were reviewed with the Innovation Employment Group, and stakeholders who participated in identifying the need and developing the learning goals.

3) **Primary Purpose**

Select one of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

a) Increase access to mental health services to underserved groups

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b) Increase the quality of mental health services, including measurable outcomes

c) **Promote interagency collaboration related to mental health services, supports, or outcome**

d) Increase access to mental health services

4) **MHSA Innovative Project Category**

Which MHSA Innovation definition best applies to your new INN Project (select one):

a) Introduces a new mental health practice or approach.

b) 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.

c) **Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.**

5) **Population (if applicable)**

a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?

Twenty individuals will be recruited for this project. Of these, ten are expected to be individuals with serious mental illness. Given the nature of the project, it is likely that representatives from employers and/or the supported employment system will also be individuals with lived experience and/or family members of individuals with SMI.

b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.
Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

The project will bring together 20 Individuals with SMI, employers, co-workers and supported employment providers (Workforce Investment Board, Cal Works, North Bay Regional Center, Napa Personnel Systems, Napa Valley Products, Services and Industries, and the Department of Rehabilitation) to work together and develop ideas about how to sustain employment for Individuals with SMI.

To be sure a wide variety of experiences are incorporated, recruitment will be

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done with the following populations: Individuals in the Napa County Jail with SMI, Individuals with co-occurring substance use and SMI, Veterans with SMI, and Individuals with SMI who are using self-sufficiency benefits.

- **Race/Ethnicity:** Recruitment will take place at family resource centers, the HOPE day program and faith-based organizations to incorporate the diversity of our community. All individuals are welcome to participate.
- **Age:** The project is open to all individuals with SMI who would like to participate. Recruitment will be from a variety of agencies that serve individuals across the lifespan.
- **Geography:** The project will take place at the Innovation Community Center in Napa. Recruitment will be done throughout the county, and transportation stipends will be made available if needed.
- **Language:** Recruitment materials will be made available in English and Spanish and program staff can accommodate both languages in the project.
- **LGBTQ:** The existing LGBTQ Connections program will be contacted to assist with recruitment.
- **Veterans:** Outreach will be done specifically with the Veterans Resource Center at Napa Valley College and at Vet Connect, a monthly meeting of veterans and service providers.

6) **MHSA General Standards**

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

a) Community Collaboration

This project incorporates community collaboration by bringing together stakeholders from various areas of the community to address sustained meaningful employment for individuals with SMI. It is designed to strengthen the relationships and the communication between the various stakeholders: Individuals with SMI, Employers and Program Administrators and to share the learning with the larger system.

b) Cultural Competency

Efforts will be made to recruit individuals as well as agencies that represent the

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racial, ethnic and cultural diversity in Napa County. To address cultural competency, the project plan, the evaluation framework and the data collection tools will be reviewed by participants and the Supported Employment Committee. All findings will be shared with participants to be sure the content and analysis reflects their experiences, and with the agency representatives on the Supported Employment Committee to address any identified areas of concern. Given the demographics of the county, the project is likely to include participants and committee members who speak Spanish and the project content will be provided in Spanish as well as English.

If there are cultural issues that are identified during the project, an advisory group will be convened to address any areas that need further development.

c) Client-Driven

This project was developed in response to the areas identified by Individuals with SMI as not currently working within the existing mental health system. Individuals with SMI represent half of the participants in the project to be sure that the variety of experiences and voices are represented as changes are suggested.

To be sure the perspective of individuals with SMI is included in the project planning, the evaluation and the project implementation; a consultant with lived experience will:

- Advise the project staff and evaluator
- Facilitate the Advisory Group and the Supported Employment Committee, and
- Meet periodically with the participant group.

d) Family-Driven

During the planning for this project, there was discussion with parents of individuals with SMI to understand their point of view. The conversations revealed that parents are deeply committed to employment supports for individuals with SMI with the goal of them becoming self-sufficient. Family members interested in participating will be considered on a case-by-case basis depending on the other participants. The intention is to allow Individuals with SMI to define success for themselves, and recruitment and selection of individual participants (including family members) will support that intention. It is likely that participants who are representing any of the stakeholder groups (individuals with SMI, employers and/or program administrators) will also be family members.

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e) Wellness, Recovery, and Resilience-Focused

This project was designed based on the feedback from Individuals with SMI, family members and providers that there was a need for connection and self-sufficiency. Employment was prioritized as an area that could greatly enhance the wellness of Individuals with SMI.

f) Integrated Service Experience for Clients and Families

Creating shared measures of success for individuals, employers and program administrators, developing expectations based on these measures and testing ideas is intended to smooth out the system of employment supports by creating a shared understanding of the goal. Though families are not excluded, Individuals with SMI, employers and program administrators are the focus of this project.

7) **Continuity of Care for Individuals with Serious Mental Illness**

Will individuals with serious mental illness receive services from the proposed project?
If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

Individuals with serious mental illness will be participants in the project as representatives of the current supported employment system. For their participation they will receive a monthly stipend based on 8 hours of work at $20/hour.

Participants will not be receiving supported employment or mental health services as part of this project.

During review of the preliminary innovation work plan, individuals with lived experience and advocates noted the need to be cautious about impacting the benefits that are received by Individuals with SMI during the course of the project. To be sure this concern is addressed carefully and appropriately, On the Move staff spoke with a Department of Rehabilitation (DOR) representative. This representative reviewed the work plan and agreed to provide a workshop for OTM staff (for the program administration) and to the participants (for measures of success and planning) to explain how employment opportunities can be structured to avoid termination of disability benefits and to learn how self-sufficiency can be obtained by supplementing disability benefits with earnings from employment.

8) **INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.**

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a) Explain how you plan to ensure that the Project evaluation is **culturally competent**.
Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.

This project is not designed specifically for one cultural group. Recruitment will involve reaching out to the entire community with an emphasis on unserved and underserved populations. The goal is to have a participant group that reflects the ethnic/racial/linguistic diversity of the county.

To ensure cultural competency, the evaluation framework, tools and results will be shared with participants, the Supported Employment Committee and the Innovation Employment Group. Revisions will be made based on feedback. If there are cultural issues that are identified during the project, an advisory group will be convened to address areas that need further discussion and/or development.

At a minimum, all evaluation information will be made available in the primary language of the participants.

b) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation.
Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.

To ensure participant understanding and participation in the evaluation, the framework, tools and results will be reviewed with the project participants prior to dissemination and revisions will be made based on feedback. Participants will review findings at the midpoint of the project and at the end.

To ensure broader stakeholder participation, the advisors (the Supported Employment Committee and the Advisory Committee) will also review the evaluation framework, tools and results after the participant revisions. Advisors

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will review findings at the midpoint of the project and at the end. To be sure the perspective of individuals with SMI is included the evaluation, a consultant with lived experience will: • Advise the project staff and evaluator • Facilitate the Advisory Group and the Supported Employment Committee, and • Meet periodically with the participant group. The evaluation framework, tools and findings will also be reviewed as they are developed with the Innovation Employment Group, a weekly support group for individuals using supported employment services, at the Innovation Community Center (the Adult Resource Center in Napa County).
9) **Deciding Whether and How to Continue the Project Without INN Funds** Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps? On The Move currently operates the Innovation Community Center (ICC), the local Adult Resource Center. If the project is successful, the ideas and the learning will be incorporated into the ICC's services. The project includes several meetings with the Supported Employment Committee and the Advisory Committee. These meetings will be focused on implementation of the project, addressing barriers and on sharing the learning. As part of these meetings, participants will be asked to consider how the learning can be incorporated into the supported employment system. These meetings will be facilitated by a consultant with lived experience. At the end of the project, the participants, stakeholders, funders and community members will convene to discuss the learning and how the successful areas of the project can be sustained. There is no identified funding source to continue the project after June 2019, so the involvement of stakeholders, funders and community members throughout the project is vital for encouraging support for successful components after the project is completed.
10) **Communication and Dissemination Plan** Describe how you plan to communicate results, newly demonstrated successful practices, and

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lessons learned from your INN Project.

a) **How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?**

Supported Employment Committee: The learning from this project will be shared locally with the Supported Employment Committee. This committee will be made up of individuals from the existing systems that serve individuals with SMI: Employers, Jail, Mental Health System, Alcohol and Drug Services, Veteran Services, and Self-Sufficiency. The Supported Employment Committee will be convened four times during the project.

Advisory Committee: A second group, the Advisory Committee will be made up of the decision makers who oversee the systems of care in Napa County. This group will be convened twice during the project to share learning and get input about the ideas being considered and tested.

HHSA Website: The learning will be posted on the Napa County HHSA, Mental Health Division website at the midpoint of the project implementation and after the project is completed. It is intended that the learning will be summarized into a menu of ways to address the measures of success. This learning will be printed onto posters and will be available for download.

StoryCorps: The project will culminate in the production of a film that chronicles the entire process and findings from multiple perspectives: Five project participants including two individuals with SMI, an employer, a manager and/or a decision maker from one of the systems that supports individuals with SMI and a representative from the current supported employment system. These members will be followed throughout the length of project, and their experiences will be recorded in a documentary style film that will be shared with employers in the community and individuals with mental illness and their family members. The resulting video will be screened for the advisors at the midpoint of the project and at the end of the project and to the larger community convening at the end of the project. The goal is for it to be viewed by at least 100 individuals.

b) **How will program participants or other stakeholders be involved in communication efforts?**

The participants will develop the content and present the learning to the Innovation Employment Group, the Supported Employment Committee and the Advisory Committee. The intention is that the learning is shared by a representative set of project participants and that the learning includes recommendations that can be implemented by the advisory committee members

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and the decision makers.

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

- Sustained Meaningful Employment for Individuals with SMI
- Addressing Stigma in Supported Employment for Individuals with SMI
- Measures of Success for Supported Employment for Individuals with SMI

11) **Timeline**

a) Specify the total timeframe (duration) of the INN Project:

- 1 Year, 6 Months

b) Specify the expected start date and end date of your INN Project:
Note: Please allow processing time for approval following official submission of the INN Project Description.

- January 1, 2018: Start Date
- June 30, 2019: End Date

c) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for

i. Development and refinement of the new or changed approach;

- **January-February 2018:** Recruit 20 participants (individuals with SMI, employers, co-workers and system representatives (WIB, Cal Works, NBRC, OJT, NPS, PSI, DOR)) to work together and develop ideas about how to sustain employment for individuals with SMI.
- **March-June 2018:** Create measures of success that are representative of individual, employer and system perspectives.
- **July-August 2018:** Develop ideas for sustained meaningful employment that incorporate the measures of success.
- **September 2018-January 2019:** Test ideas within the supported employment system to promote the measures of success and sustained meaningful employment.

ii. Evaluation of the INN Project;

- **Ongoing:** Develop and/or Refine Evaluation Framework and Tools

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throughout the project. This is most likely to occur just before tools are administered to be sure they are capturing process changes, outcomes and learning.

- **Beginning, Midpoint and End of Project:** Surveys with participants and advisors will be used to understand the changes in knowledge and attitudes that are shifting throughout the project. For participants, areas where learning is expected are after the measures of success are created and after they test their ideas. Advisors will be surveyed at the end of each of their meetings.
- **Midpoint and End of Project:** Focus groups with the participants will be used to understand the survey results and to document the project outcomes. The focus groups will include all of the participants.

iii. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;

- **Midpoint and End of Project:** At each of the meetings where the learning is being shared, the discussion about how to integrate the project's learning into the current supported employment system will be addressed. This will also be the focus of the larger community meeting at the end of the project.

iv. Communication of results and lessons learned.

- **Midpoint and End of Project:** Communication about the project's process, outcomes and learning will be shared with the advisors and with the community. These meetings will be focused on how the results can be integrated into the larger supported employment system.
- **Midpoint and End of Project:** in addition to the advisor and community meetings, a summary of the learning will be posted to the HHSA website at the midpoint and end of the project. And the StoryCorps video will be incorporated into the sharing of the findings.
- **Midpoint and End of Project:** San Diego County was interested in learning more about the project, so part of the dissemination of the learning will include sharing the learning at the midpoint and end of the project with San Diego County and any other counties that indicate interest.

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Development and refinement of the new or changed approach

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun
Participant Recruitment																		
Create Measures of Success																		
Develop Ideas using Measures																		
Test Ideas																		

Evaluation of the INN project (will continue throughout the project period)

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun
Develop/Refine Evaluation Framework and Tools																		
Participant Surveys																		
Participant Focus Groups																		
Advisor Surveys																		

Decision making about whether and how to continue project

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun
Supported Employment Group																		
Advisory Group																		
Community Group (all stakeholders)																		

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Communication of results and lessons learned

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun
Recruitment of Advisory Group and Supported Employment Committee																		
Supported Employment Committee meets																		
Advisory Group meets																		
Posted to HHSA Website																		
StoryCorps Video Screening																		
Sharing learning with other counties																		

12) **INN Project Budget and Source of Expenditures**

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

a) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)

b) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)

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c) BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources)

12a) Budget Narrative:

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…").

The budget can be divided into four key expense categories: Project Personnel, Cohort Expenses, StoryCorps Evaluation and Administrative Costs.

Project Personnel: FY17–18 $40,149; FY18-19 $81,447: Total $121,596

- **Project Coordinator (0.30 FTE):** The Project Coordinator will work 12 hours per week to support the cohort process, assist in planning and outreach for community events, administer the logistics of the pilot project and provide coaching to all participants.
- **Senior Project Coach (0.20 FTE):** The Project Coach will work 8 hours per week to coach the Project Coordinator, support the cohort process and assist in planning community events and work alongside the cohort to implement the StoryCorps filmmaking project
- **3 Assistant Consumer Coaches (.15 FTE):** The consumers will each be employed for 6 hours per week for the entire project period.
- **Benefits:** On The Move calculates per staff benefit packages at 20%.

Cohort Expenses: FY 17-18 $19,713; FY18-19 $51,479; Total $71,192

- **Consumer Stipends (10 total consumers):** In order to compensate for consumer participation, each consumer will receive a stipend of $20 per hour for a total of 8 hours per month. Consumer stipends will be paid for a total of 16 months. Total: $25,600
- **Employer Stipends (10 total employers):** In order to compensate for employer participation, each employer will receive a stipend of $20 per hour for a total of 8 hours per month. Employer stipends will be paid for a total of 16 months. Total: $25,600
- **Food:** In order to create a welcoming meeting environment, food is provided at each cohort meeting. Additionally the cohort will host 2 community events as part of the project to present their findings and recommendations during Phase I and a final community event in Phase III to share the StoryCorps film that will be

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produced. Total: $2,775.

- **Program Supplies:** This amount includes all office and program supplies for the project. Program supplies include: general office supplies to support project, facilitation supplies and necessary supplies provided to cohort members. Total: $7,835.
- **Travel:** As part of the learning process, cohort members will visit three communities to explore successful employment partnerships and models. OTM reimburses travel at $0.50 per mile. Total: $1,000

Administrative Costs: FY 17-18 $7,808; FY 18-19 $17,338; Total: $25,146

- Administrative costs include a portion of the Executive Director & Fiscal Manager's salary, a portion of OTM audit & insurance costs and other fees necessary to administer OTM programs. OTM charges 15% to every program to support administrative costs. Administrative costs are distributed in the personnel costs (direct) and operating costs (indirect).

StoryCorp Video Process: FY 17-18 $5,000; FY 18-19 $21,500; Total: $26,500

OTM will hire a documentary filmmaker to facilitate and produce a StoryCorps-like film that chronicles the project from beginning to end with an emphasis on changes in employer motivation to hire workers with mental illness, the cohort process, lessons learned from the pilot and recommendations going forward. The standard rate for video production is $100 per hour. Editing requires 10 hours of editing for each hour filmed.

Project Evaluation (In Budget 12C): FY 17-18: $15,375; FY 18-19: $34,250; Total: $49,625

This project includes 20 participants and two committees that oversee the learning.

Monthly Meetings: During the 18 months of the project, monthly meetings will be held with project staff to document the project's progress and assess any changes in learning.

StoryCorps: The project will include a film documenting the process and progress of a sample of participants. Each month the evaluation support will include potential prompts for participants to illustrate the learning.

Participant Survey: Participants will complete a survey about their knowledge, attitudes and behaviors at the beginning of the project, after the measures of success have been completed and after they have tested the measures of success. The survey will be developed at the beginning of the project and refined based on feedback and analysis.

Focus Groups with Participants: Focus groups will be used twice during the project, at the midpoint and at the end. The participants will be divided into three groups each time to ensure all individuals are heard.

Additional Information for Regulatory Requirements

Survey with Supported Employment Committee and Advisory Committee: A survey will be developed to measure the knowledge, attitude and behavior changes of the advisors. The survey will be administered at the end of each of the committee meetings. The survey will be developed at the beginning of the project and refined based on feedback and analysis.

Reporting: Four interim reports and a final report are included in this evaluation support. Interim reports will be developed for the supported employment and Advisory Committee meetings, and a final report to the state will be completed in June 2019.

Tasks and Labor Hours:

	Labor Hours		
Tasks	**FY 18-19**	**FY 19-20**	**Total**
Monthly Meetings	36	72	108
StoryCorp Scripts/Prompts	12	24	36
Participant Surveys	42	12	54
Focus Groups with Participants	3	58	61
Survey with Supported Employment Committee and Advisory Committee	20	48	68
Reporting	10	60	70
Total Labor Hours	**123**	**274**	**397**

12b. New Innovative Project Budget By FISCAL YEAR (FY)*				
EXPENDITURES				
Personnel Costs (salaries, wages, benefits)		**FY 17-18**	**FY 18-19**	**Total**
1	Salaries	$ 29,120	$ 58,240	$ 87,360
2	Direct Costs	$ 11,029	$ 23,207	$ 34,236
3	Indirect Costs	$ -	$ -	$ -
4	Total Personnel Costs	$ 40,149	$ 81,447	$ 121,596
Operating Costs		**FY 17-18**	**FY 18-19**	**Total**
5	Direct Costs	$ 17,110	$ 45,700	$ 62,810
6	Indirect Costs	$ 2,603	$ 5,779	$ 8,382
7	Total Operating Costs	$ 19,713	$ 51,479	$ 71,192
Non Recurring Costs (equipment, technology)		**FY 17-18**	**FY 18-19**	**Total**
8	NA			$ -
9				$ -
10	Total Non-recurring costs	$ -	$ -	$ -
Consultant Costs/Contracts (clinical, training, facilitator, evaluation)		**FY 17-18**	**FY 18-19**	**Total**
11	Direct Costs	$ 5,000	$ 21,500	$ 26,500
12	Indirect Costs			$ -
13	Total Consultant Costs	$ 5,000	$ 21,500	$ 26,500
Other Expenditures (please explain in budget narrative)		**FY 17-18**	**FY 18-19**	**Total**
14	NA			$ -
15				$ -
16	Total Other Expenditures	$ -	$ -	$ -
BUDGET TOTALS				
Personnel (line 1)		$ 29,120	$ 58,240	$ 87,360
Direct Costs (add lines 2,5, and 11 from above)		$ 33,139	$ 90,407	$ 123,546
Indirect Costs (add lines 3,6, and 12 from above)		$ 2,603	$ 5,779	$ 8,382
Non-recurring costs (line 10)		$ -	$ -	$ -
Other Expenditures (line 16)		$ -	$ -	$ -
TOTAL INNOVATION BUDGET		$ 64,862	$ 154,426	$ 219,288

* For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

12c. Expenditures By Funding Source and FISCAL YEAR (FY)							
Evaluation:							
A.	**Estimated total Evaluation expenditures for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 18-19**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$15,375	$34,250				$49,625
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	$15,375	$34,250				$49,625
County Administration (10%):							
B.	**Estimated total mental health expenditures for County Administration for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 17-18**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$12,036	$28,301				$40,337
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	$12,036	$28,301				$40,337
TOTAL:							
C.	**Estimated TOTAL mental health expenditures (including administration) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 17-18**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$92,273	$216,977				$309,250
2.	1991 Realignment						
3.	Behavioral Health Subaccount						
4.	Other funding*						
5.	**Total Proposed Expenditures**	$92,273	$216,977				$309,250
*If "Other funding" is included, please explain.							

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[iii] Link B. Mental patient status, work, and income: an examination of a psychiatric label. Am Sociol Rev 1982; 47:202-215. Accessed at http://www.medscape.com/viewarticle/542517, 02/18/17

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[vii] Becker M. Ed, Deborah, et al. Best Practices: A National Mental Health Learning Collaborative on Supported Employment. Psychiatric Services 62:704–706, 2011. Accessed at http://ps.psychiatryonline.org/doi/full/10.1176/ps.62.7.pss6207_0704#, 04/03/17.

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[xi] East Bay Innovations: Project Search, Accessed at http://www.eastbayinnovations.org/services/ses/projectsearch/, 04/03/17.

[xii] Social Vocational Services, Inc. Accessed at: http://www.socialvocationalservices.org/services.htm , 04/03/17.

[xiii] More information about this program can be found here: http://workforce.org/supported-employment

[xiv] More information about this program can be found here: http://www.acbhcs.org/news/news09/choices.htm

[xv] All data sources were posted to the Napa County Health and Human Services website on the Mental Health Services Act page. The pdf can be accessed here: http://www.countyofnapa.org/Pages/DepartmentContent.aspx?id=4294967939