

MHSOAC Innovation Evaluation Project

Deliverable 2: MHSA INNOVATION EVALUATION INVENTORY

Agreement #: 12MHSOAC015

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Contractor: California Institute for Behavioral Health Solutions (CIBHS)

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Introduction

On November 2, 2004, California voters passed the Mental Health Services Act (MHSA), Proposition 63, which provides mental health treatment, prevention and early intervention, education and training to Californians affected by mental illness. The MHSA is funded through an annual one percent (1%) tax on personal incomes in excess of \$1 million.

California Welfare and Institutions Code (WIC) Section 5830 provides for the use of MHSA funds for Innovative Programs and requires 5% of the Community Services and Supports and Prevention and Early Intervention MHSA funding be devoted to Innovative Programs. MHSA Innovative Programs are intended to pilot and evaluate time-limited new or changed mental health practices, with a primary focus on contributing to learning rather than on providing service. Innovation funds are intended to provide counties with the opportunity to test new or changed approaches with the potential to strengthen current and future mental health practices in the originating county and throughout California communities.

By providing the opportunity to ‘try out’ new approaches that can inform current and future [mental health] practices/ approaches in communities, an Innovation contributes to learning in one or more of the following three ways:

- Introduces new mental health practices/approaches including prevention and early intervention that have never been done before, or
- Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community, or
- Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings.

The MHSA originally gave the responsibility for approving proposals submitted by counties for Innovative Programs to the Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC performed this function until the passage of Assembly Bill 100, Chapter 5 of Statutes of 2011, which removed the requirement for MHSOAC approval. The MHSOAC retained, however, the responsibility for “issuing guidelines for the expenditure of funds” for the Innovation component of the MHSA. On June 27, 2012, AB 1467 was enacted, amending Welfare and Institutions Code Section 5830(e) to re-instate the role of the MHSOAC in the review and approval of county Innovative Programs.

The following Innovation Project Inventory was funded by the MHSOAC and was developed as a collaborative between the California Institute for Behavioral Health Solutions (CIBHS), county MHSA staff, and stakeholders. The purpose of the Inventory was to document the work that has

been done so far and to disseminate the Inventory to counties and stakeholders to increase learning, regarding how to evaluate Innovative Projects, across the State¹.

To create the Inventory, CIBHS conducted a two-step data collection process to: 1) verify planned, in progress, and completed Innovative Projects and 2) gather information on the confirmed Innovative Projects and evaluations through surveys. The information was collected from individuals most knowledgeable about the Innovative Projects and the evaluations in each county. Respondents were asked to complete the surveys in writing. Two different surveys were used to gather information. One survey focused on the nature of the evaluation including evaluation design, types of evaluation tools, and evaluation activity participants. The other survey focused specifically on how, if applicable, evaluation results were disseminated either within ones own county or outside. In addition, this survey asked respondents to reflect on challenges and successes related to evaluating Innovative Projects and to provide lessons learned. Most survey items asked for narrative/open-ended responses. Some survey items were categorical such as data on Primary Purposes of the project or types of evaluation designs. To the extent possible, CIBHS tried to reduce the burden on the counties by prepopulating data requests with information available from existing sources, such as information that had already been submitted to the state, was posted on county websites, or was available in writing in a report or analysis. Counties were asked to confirm prepopulated information and to provide information where none was available. Data verification efforts took place between April and October 2014. Survey data was collected between November 2014 and February 2015. CIBHS also convened an Advisory Group Committee consisting of representatives from counties, stakeholder groups, and subject matter experts to give advice on data collection methodology and survey content².

Below is a State-wide overview that summarizes, in trend analysis format, the data that was collected. This section includes graphical depictions of the most important findings from the survey collection. Listed here are the least and most common trends across the projects. Included are also narrative responses for technical assistance needs and useful/not useful evaluation elements. Please note that headings in this section were taken directly from the surveys to show exactly what respondents were asked to provide data on³.

¹ See Appendix V for a Inventory Dissemination Plan

² See appendix VI and VII for a description of Advisory Committee participation and a list of Advisory Committee members

³ Unless otherwise stated, N values in the heading of each graph represent the number of projects for which data was available. The n values in each graph represent a number out of the before mentioned N value. (I.e. 140 projects (N=140) provided Primary Purpose data. Of these 140 projects, 70 (n=70) improved the quality and outcomes of services (see graph on page 10).

State-wide overview



- 52 Counties and 2 City Regions included in Inventory
 - 166 Innovative Projects reviewed
 - Status of projects as of July, 2014
-

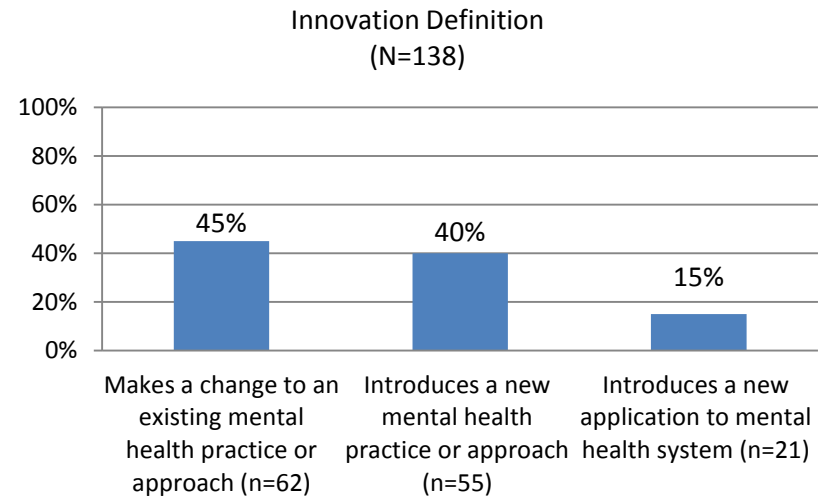
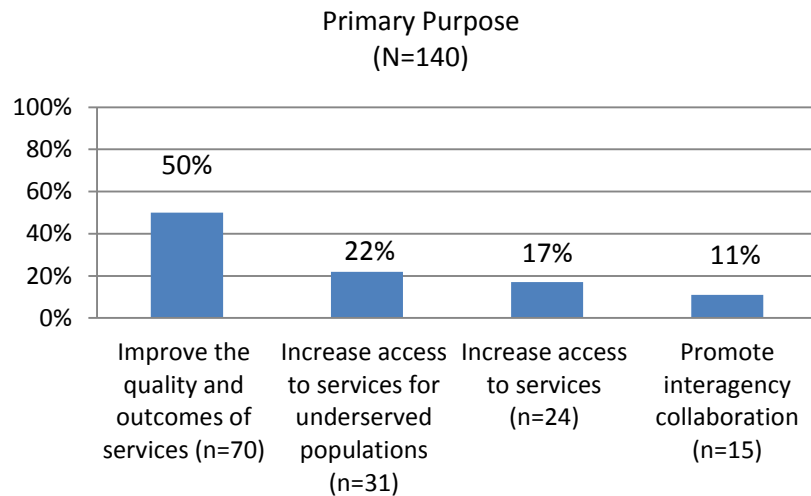
- Projects completed: 81
- Projects still in process: 71
- Projects on hold: 2
- Projects abandoned: 7
- Projects not yet started: 5

Projects by County/City Region⁴

County	Number of Projects	County	Number of Projects
Alameda	1	Orange	14
Amador	2	Placer	1
City of Berkeley	7	Riverside	4
Butte	5	Sacramento	1
Calaveras	3	San Benito	1
Colusa	1	San Bernardino	7
Contra Costa	6	San Diego	9
Del Norte	1	San Francisco	14
El Dorado	1	San Joaquin	2
Fresno	4	San Luis Obispo	8
Glenn	1	San Mateo	1
Humboldt	1	Santa Barbara	1
Imperial	1	Santa Clara	9
Inyo	1	Santa Cruz	1
Kern	1	Shasta	1
Kings	1	Solano	1
Lake	1	Sonoma	3
Los Angeles	4	Stanislaus	12
Madera	2	Sutter-Yuba	3
Marin	1	Tehama	1
Mariposa	1	Tri-Cities	2
Merced	2	Trinity	1
Modoc	1	Tulare	2
Mono	1	Tuolumne	2
Monterey	6	Ventura	4
Napa	1	Yolo	1
Nevada	3		

⁴ See Appendix I for list of project titles and populations served.

What is the Primary Purpose of this Innovative Project *and* what specific Innovation Definition applies?⁵



Trend Data:

- Most Common Primary Purpose: Improve the quality and outcomes of services (50%)⁶.
- Most Common Innovation Definition: Makes a change to an existing mental health practice or approach (45%)⁷.
- Least Common Primary Purpose: Promote interagency collaboration (11%).
- Least Common Innovation Definition: Introduces a new application to mental health system (15%).

Summary:

Half of the 140 projects, for which Primary Purpose data was provided, were designed to improve the quality and outcomes of services. Increasing access to services, both for underserved populations and in general, were the second most common purposes. The least common purpose was to promote interagency collaboration. For the 138 projects, for which Innovation Definition data was available, most projects either

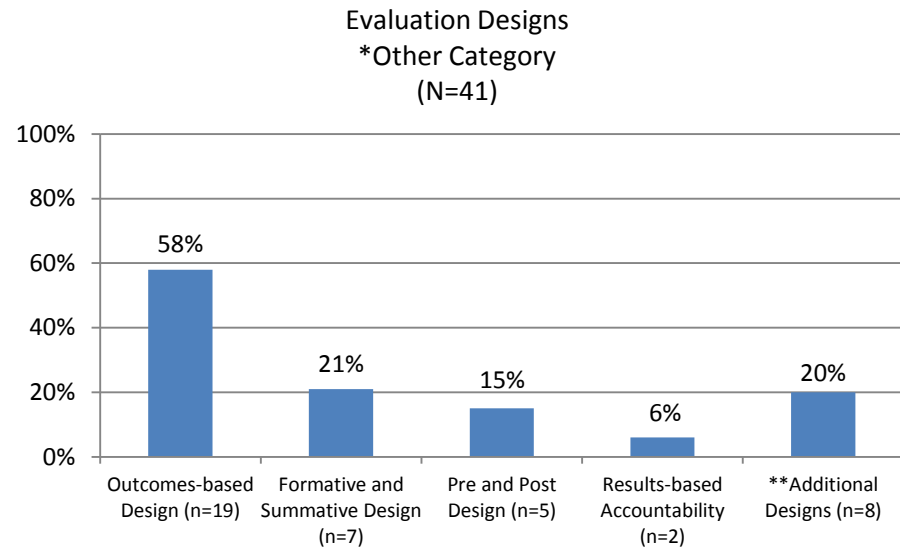
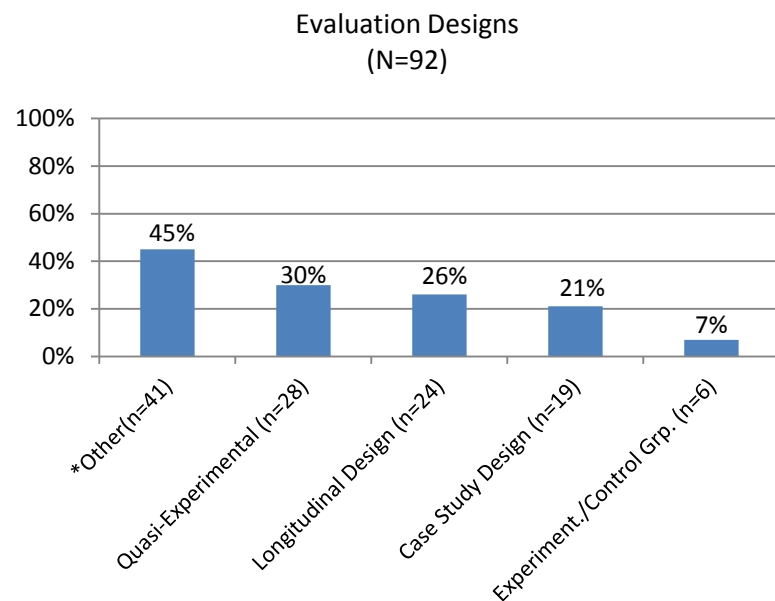
⁵ See Appendix II for list of projects by Primary Purpose and Appendix III for list of projects by Definition.

⁶ Note: Data missing for 26 of the 166 projects.

⁷ Note: Data missing for 28 of the 166 projects.

made a change to an existing mental health practice or introduced an entirely new practice (85% combined). Only a relatively small number (n=21) of projects introduced a new application to the mental health system.

Please check all Evaluation Designs that apply to this Innovative Project



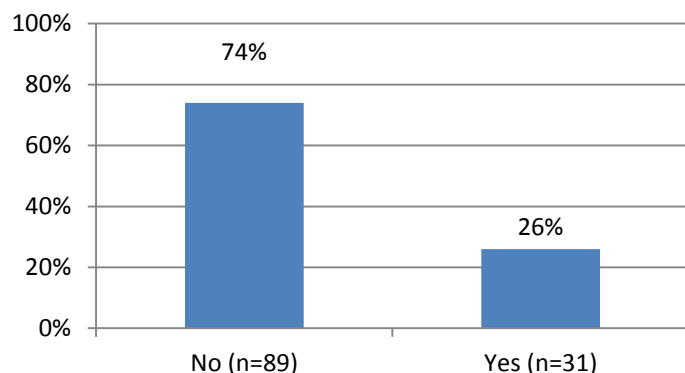
**Additional designs (n=8): Quantitative and qualitative data analyses, Processes and workflow across systems, objective goals evaluation and subjective stakeholder groups feedback, developmental, collection and analysis of observational data, scoring and review of grant applications, school survey to identify priority recommendations, Action Research, review of service utilization.

Trend Data:

- Most Common Evaluation Design⁸: Other (45%). (See graph to the right above).
- Least Common Evaluation Design: Results-based Accountability (6%).

⁸ Note: data missing for 42 projects. Not included in the graph are 32 projects for which respondent replied 'unsure'. Data was provided for 92 projects. Most of these were evaluated using more than one evaluation design, which is why individual n values do not add up to 92.

Will/was a comparison group used for the design?
(N=120)



For most projects, a comparison group design was *not* used. For the 31 projects for which a comparison group design was used, descriptions of the design were provided for 25 projects. The following descriptions of the comparison group design were provided⁹:

- Client receiving Innovation services compared to clients who did not receive Innovation services (n=14), (45%).
- Innovation project years Comparisons (n=6), (4%).
- Pre and Post data Comparison (n=3), (n=10%).
- Outcomes before and after Innovation Services (n=2), (6%).

Trend Data:

- Most Common: No Comparison Group¹⁰ (74%).
- Most Common Comparison Group Design: Client receiving Innovation services compared to clients who did not receive Innovation services (60%).

Summary: Quasi-Experimental Evaluation Design was the most commonly used design (30%). This most often included a pre and post assessment design, comparing baseline data to post intervention/service data. Longitudinal and case study designs were also commonly used (26% and 21%, respectively). In responding to the Evaluation Design question, many respondents indicated 'Other', In most of these cases 'other' referred to a design focused on tracking outcomes linked specifically to the Evaluation Questions and Goals of the project (n=19) (referred to here as 'Outcomes-based Designs'). For 31 projects, respondents indicated that a comparison group design was used. This mostly included comparing outcomes for clients who were *not* in the Innovation project to outcomes for Innovation project clients (45%).

⁹ Note: Data missing for 6 projects. Percentages represent number out of the 25 projects for which data was provided.

¹⁰ Note: Data missing for 46 projects.

What is/was the total budget for the entire duration of this Innovative Project (and for each aspect that apply)?

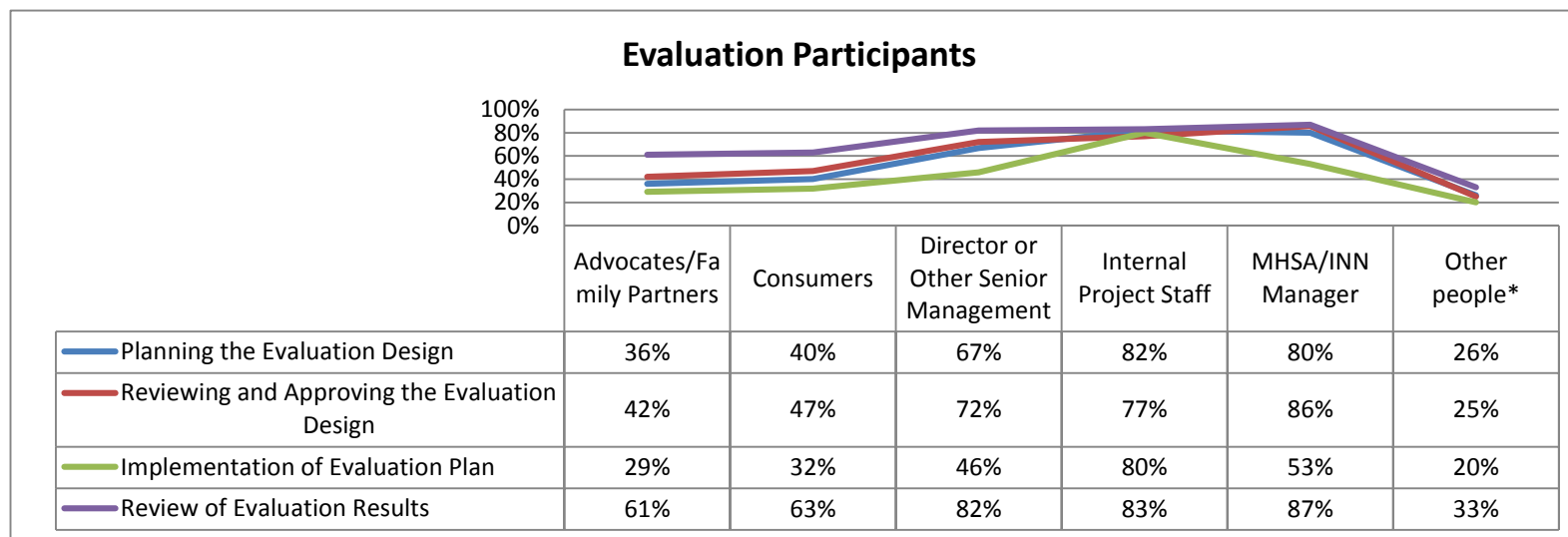
Total Budget/ Total Estimated Costs: (N=92)	*Minimum: \$41,759. Maximum: \$8,300,000. Average: \$1,122,742.
External Evaluation Budget (N=30)	*Minimum: \$1,071. Maximum: \$500,000. Average: \$60,914.
Internal Evaluation Budget (N=24)	*Minimum: \$1,112. Maximum: \$210,000. Average: \$47,013.

**Respondents who reported \$0.00 not included.*

Trend Data:

- On average, external evaluation carried a higher cost than internal evaluation (An average of approximately \$13,000 more).
- Minimum costs for external and internal evaluation were within a narrow range of each other (\$41.00).
- Maximum cost for external evaluation was approximately \$300,000 dollars above that of internal evaluation.

In addition to the evaluator(s), who else participated in the following evaluation activities?



Note: Participation by external/contracted staff not included since these only apply to some projects.

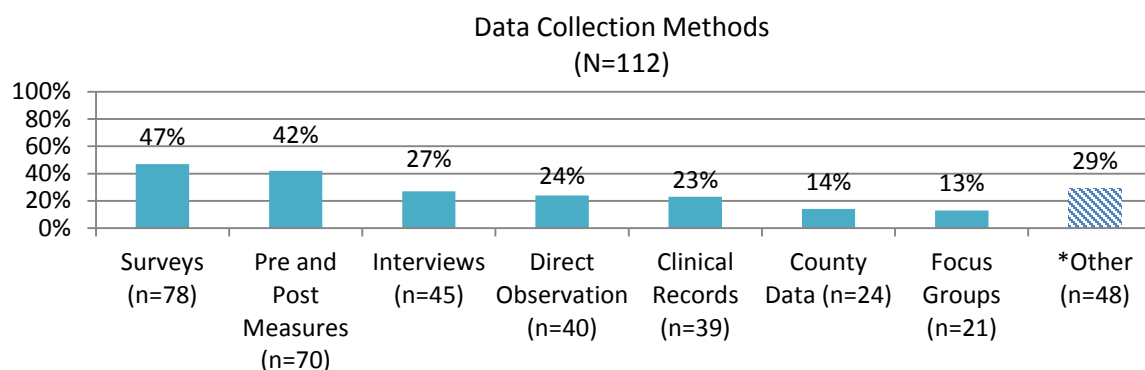
Trend Data:

- Most likely to participate in evaluation activities: Internal project staff (81% average participation rate across activities).
- Least likely to participate in evaluation activities: Advocates/family partners (42% average participation rate across activities).

Summary: In general, respondents reported the evaluation process to be collaborative, meaning involving a wide range of individuals including both county senior staff, project staff, consumers and advocates/family partners, as well as stakeholders. This was especially true for *review of evaluation results*. *Implementation of the evaluation plan* most often included internal project staff, whereas approval of the evaluation design most often included the MHSA Coordinator. *Other people* refers to Advisory Groups, Board of Supervisors, stakeholder groups, provider

research department staff, Board members, Community partners, Institutional Review Board. Although still a relatively high percentage rate, Advocates and Family partners were less likely to participate in evaluation activities.

What data collection methods are/were/will be used for the evaluation?



Number of counties applying each method:

Surveys: 36

Pre and Post Measures: 32

Interviews: 25

Direct Observation: 25

Clinical records: 29

Focus Groups: 15

Currently Available county data: 13

*Other: 21

*Other: PBIS tracking tool, SIMON data system, tracking outcomes (i.e. hospitalization, student progress, utilization of services, Anecdotal success stories, billing information, document review.

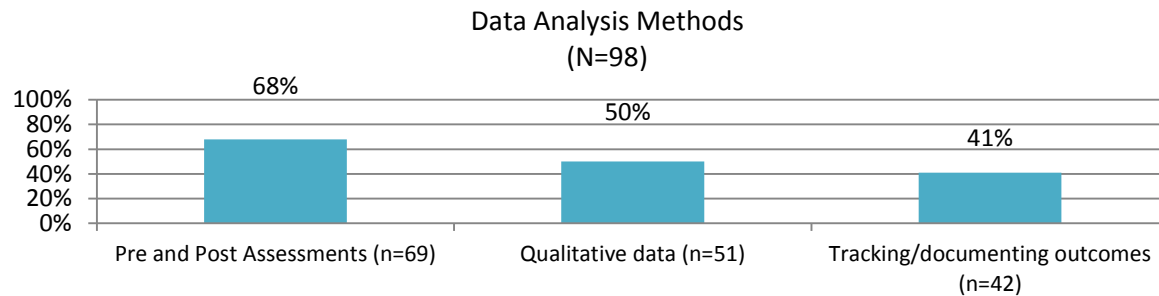
Trend Data:

- Most Common Data Collection Method: Surveys¹¹ (47%).
- Least Common Data Collection Method: Focus Groups (13%).

Summary: Surveys and Pre and Post Assessments were the most common data collection methods (89% combined). In describing surveys, respondents often indicated surveys that were designed by project staff to assess outcomes unique to the project. When using Pre and Post Assessments some projects reported using a paired samples T-test to assess statistical significant change from time 1 to time 2. In some cases, Pre and Post Assessments were developed or selected by the developers of the practice and came with specific analysis guidelines. This could include looking at pre and post scores in relation to clinical cut points or assessing reliable change using a Reliable Change Index. The least likely data collection method was focus groups. However, many sites used interviews with project participants, community partners, caregivers, or staff to assess project effectiveness. 'Other' collection methods that were mentioned (n=48) included using tracking forms (completed by either staff or consumers to track outcomes such as number of psychiatric hospitalizations, utilization of services, or referrals made. Only a few respondents (n=4) indicated the use of just one data collection method. The rest of the projects used a variety of quantitative and qualitative data collection methods (in some cases as many as 6) to assess project effectiveness.

¹¹ Note: Data provided for 112 projects. Projects often used multiple data collection methods which is why n values in the graph do not add up to 112.

How were data analyzed or what is the plan for data analysis?



- Statistical Analyses used to assess outcomes: Chi Square, frequency count, trend analysis, Bonferroni Method, Percent change, Reliable Change, Clinical Change, Factor Analysis.

Trend Data:

- Most Common Data Analyses Methods: Pre and Post Assessments¹² (68%).
- Least Common Data Analyses methods: Tracking/ documenting outcomes (41%).

Summary: Three data analysis methodologies emerged as the most commonly used methods: *Pre and Post Assessment Analyses*, *Qualitative data analyses*, and *Tracking/documenting outcomes*.

- Pre and Post Assessments: Of the 69 projects using pre and post assessments, 20 (29%) reported using a paired Samples T-test to assess for statistical significant change. Pre and Post Assessments included standardized measures as well as pre and post self-rating tools and surveys. As such, pre and post assessments constituted the most commonly used method for assessing program effectiveness.
- Qualitative Data: Qualitative data included iterative consensus, narrative summaries, confirmatory content analyses, review of interview, focus group and survey data, anecdotal story data, and review of consumer feedback.
- Tracking/Documenting Outcomes: Descriptive statistics were often used to document or track outcomes specific to the project. Examples included tracking hospitalization rates, participation rates, physical health outcomes, etc.

¹² Note: Data provided for 98 projects. Projects often used multiple data analysis methods which is why n values in the graph do not add up to 98.

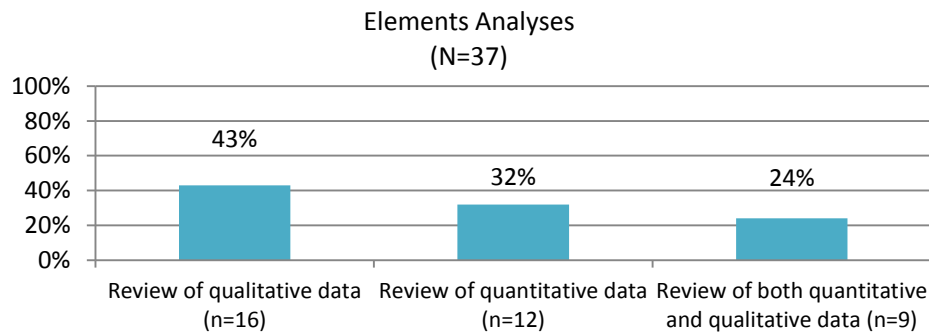
Evaluation-related Technical Assistance

Technical Assistance Overview:	• 20 counties (38%) reported having used evaluation-related Technical Assistance. • This includes 41 projects.

Technical Assistance Category:	Trend/Summary Data:	
If any training or technical assistance resources were used, please describe any that were particularly Helpful (N=28 projects)		• Internal county evaluation/ IT/database technical support (n=10).
		• CIBHS evaluation Webinar series. (n=8).
		• Training on evaluation protocols by external evaluator (n=7).
		• Training on process improvement from expert consultants.
		• University evaluation technical support.
		• Other.
If any training or technical assistance resources were used, please describe any that were not helpful (N=7 projects)		• Not enough technical assistance meetings with external evaluators (n=6). • Round table discussions with other counties were too specific to the individual counties to be helpful for this project.
What additional training or technical assistance resources would be useful to your county that would facilitate strong evaluation of the innovative concept? (N=76 projects)		• No technical assistance needed (N=19). • Not applicable (N=12)
	Evaluation resources needs:	• A data analyst assigned specifically to this project (n=6). • SPSS license support and technical support and staff training in using SPSS. • Data collection software. • Funding for research and data collection in addition to the INN project budget. • The development and implementation of a single technology resource for data input, collection and tracking. • The funding on evaluation efforts and resources to build specialty data capture systems.

Technical Assistance Category:	Trend/Summary Data:
	• Use of data resource to document, track, and monitor participant outcome data. • Ability to use web scoring component of the eBASIS-24.
	Guideline and Requirement clarification needs: • Requirement/guidelines for evaluation plans/components at the onset of a project (N=6). • State expectations of data and report (N=2).
	Training/support Needs: • An evaluation template (N=3). • How to use Electronic Health Record system to perform high level data analyses and to generate analytical reports. • Training on developing and supporting a client outcome registry. • How to setup and structure the process for evaluation. • Setting up ongoing study designs. • Setting up design, identifying elements to study, what data to collect, how to analyze and best present data. • Creation of a technical assistance group focused specifically on counties working to improve quality of collaboration. • Training to clarify the concept and orientation toward learning within the Innovative Project context, clarifying empirical outcomes as a means of promoting learning, and providing examples of best practice approaches to assure that data collection and analysis serves the learning element of the project. • Ongoing support from the developers of the tool. • Ongoing support/access to other teams and to the faculty (on a periodic basis) after the conclusion of the CCC. • Recommendations/standardization of best practices for Innovation evaluation. • Recommendations/best practices as to how much money, time, and what approach should be used on evaluation in proportion to the project size and scope. • Technical Assistance with the evaluative process prior to implementation.
	Other needs: • Regular updates to the CIBHS websites for PEI and INN programs to avoid duplication for INN programs.

How did/will the evaluators seek to understand what elements of the project were most responsible for the results¹³?



- Qualitative data: Focus groups, direct observation, interviews, satisfaction surveys, recommendations by staff and stakeholders, etc.

- Quantitative data: review of outcomes data (descriptive statistics), pre and post data analyses, and trend data.

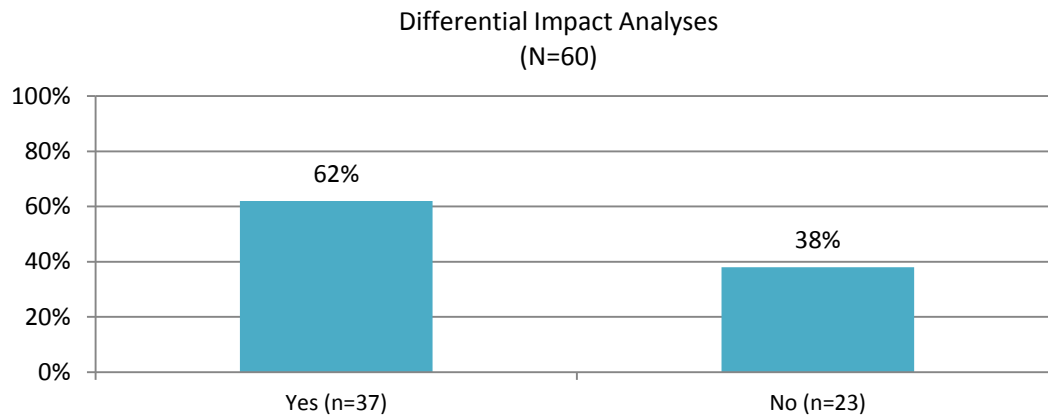
Trend Data:

- Most Common: Review of qualitative Data (43%).
- Least Common: Review of both qualitative and quantitative data (24%).

Summary: Most often, qualitative data such as consumer feedback, satisfaction surveys, community input, interviews with staff and caregivers, and focus group discussions provided insight into which elements of the project were most responsible for results. Although the most common data analysis method was looking at Pre and Post Assessments, these data were not always useful in determining which elements of the project had the most effect. For this, respondents found qualitative data more effective to determine this.

¹³ Note: Data missing for 129 projects.

Were/will data be analyzed to show differential impacts on various populations/situations?



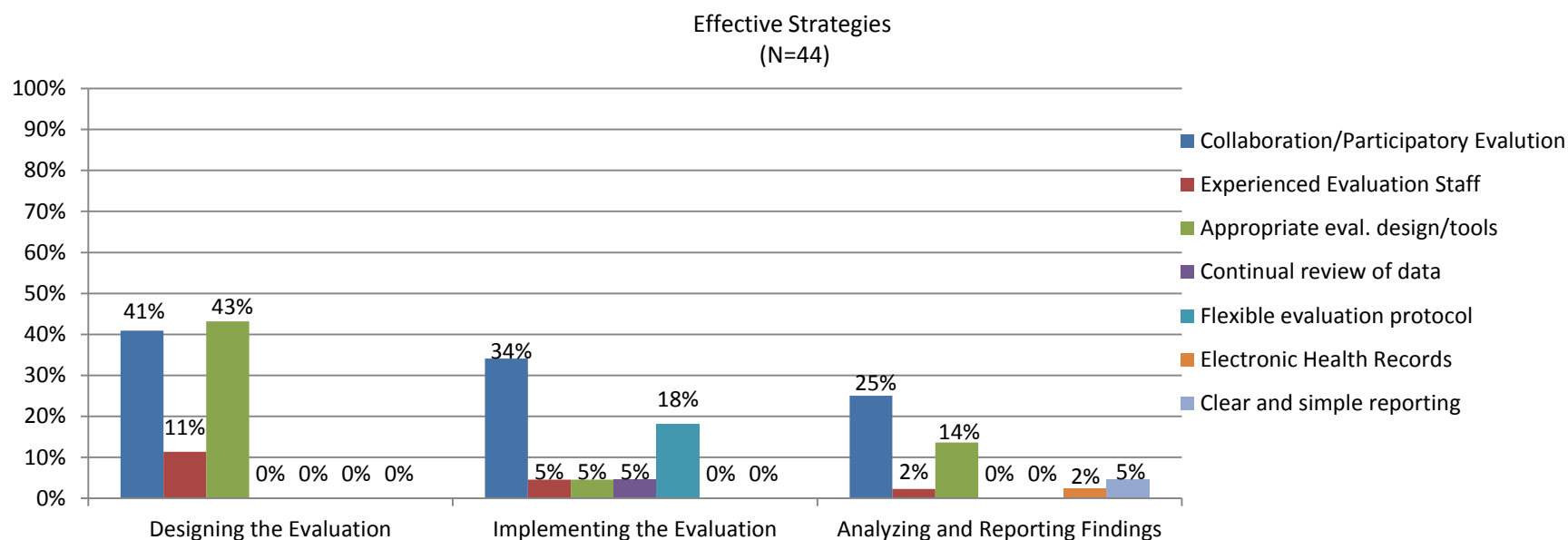
Trend Data¹⁴:

- Most Common: Yes, data will be analyzed to see differential impact on populations/situations (62%).
- Least Common: No, data will not be analyses to see differential impact on populations/situations (38%).

Summary: Sixty (60) projects provided data on whether the evaluation included analysis of differential impact on different populations that were served. Of the 60 projects, 37 (62%) planned to include such analyses whereas 23 (38%) of projects did not. In cases where respondents provided details regarding the types of analyses, data broken out by gender, race and ethnicity was most often mentioned.

¹⁴ Note: Data missing for 73 projects. Respondent stated 'not applicable' for 30 projects. Data 'unknown' for 3 projects.

Lessons Learned: From your perspective what were the *Most Effective Strategies* used in *designing the evaluation, implementing the evaluation and analyzing and reporting evaluation findings*¹⁵

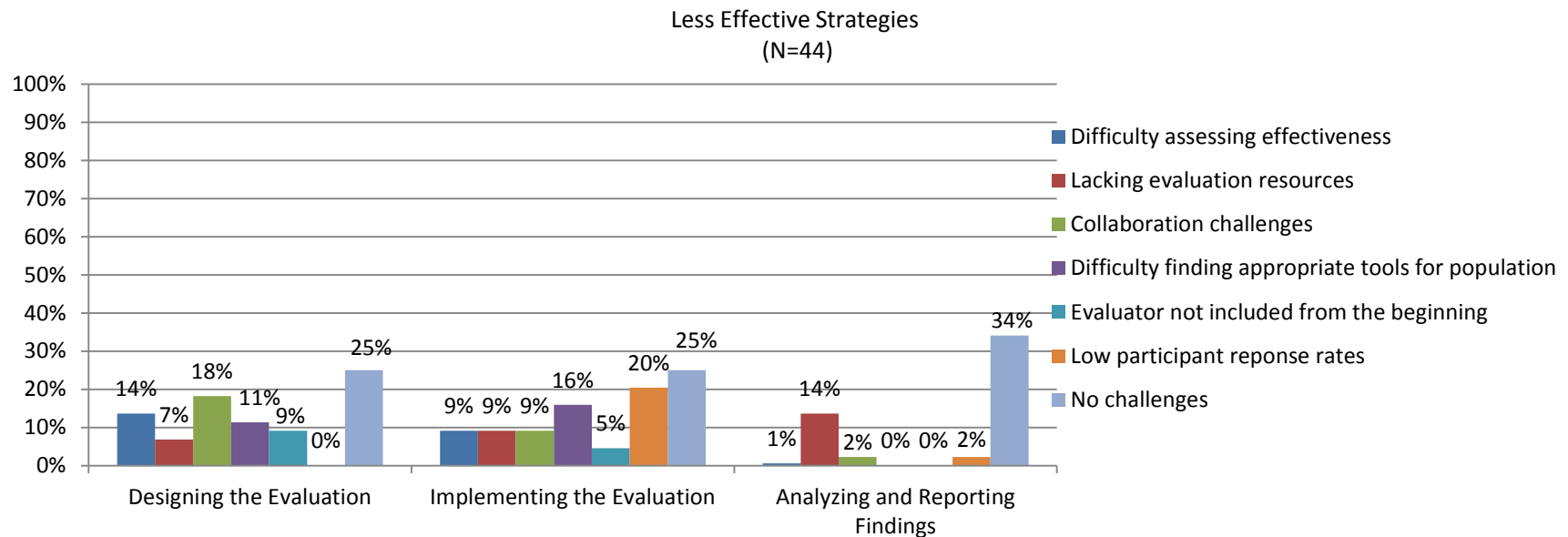


Trend Data:

Evaluation Design:	Most Common: Appropriate Evaluation design/tools, collaboration/using a Participatory Evaluation Method. Least Common: Having experienced evaluation staff.
Evaluation Implementation:	Most Common: Collaboration/using a Participatory Evaluation Method. Least Common: Having experienced evaluation staff/Appropriate eval. design/tools/Electronic Health Record.
Analysis and Reporting:	Most Common: Collaboration/ using a Participatory Evaluation Method. Least Common: Having experienced evaluation staff/Electronic Health Record.

¹⁵ See Appendix IV for narrative responses for the graph above.

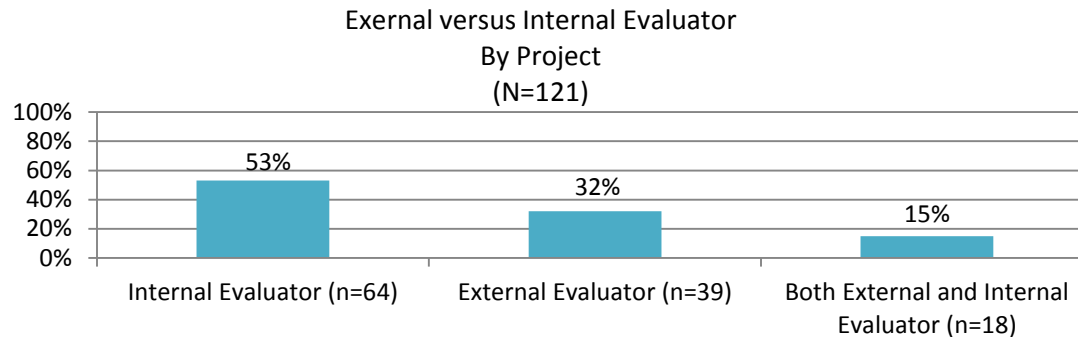
Lessons Learned: From your perspective what were the *Less Effective Strategies* used in *designing the evaluation, implementing the evaluation and analyzing and reporting evaluation findings*?



Trend Data:

Evaluation Design:	Most Common: No challenges. Least Common: Lacking evaluation resources.
Evaluation Implementation:	Most Common: No challenges. Least Common: Evaluator not included from the beginning.
Analysis and Reporting:	Most Common: No challenges. Least Common: Difficulty assessing effectiveness.

What do you see as the advantages and/or disadvantages of using an external evaluator versus an internal evaluator versus both external and internal evaluators?



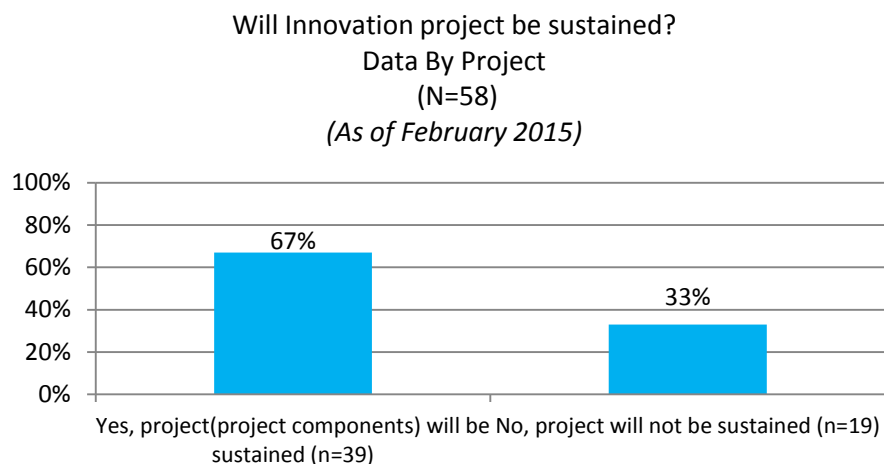
Summary: Most counties used internal evaluator to conduct the evaluation. In many cases, project staff or MHSA coordinators took on the evaluation roles. Below is what respondents stated in describing advantages and disadvantages of their choice of evaluator.

Trend Data:

- Most Common: Internal evaluator (53%)¹⁶.
- Least Common: Both external and internal evaluator (15%).
- Advantages of External Evaluator: Un-biased, objective outside perspective, evaluation expertise not found internally.
- Advantages of Internal Evaluator: Familiar with programs and system of care, more accessible, invested in project, less expensive.
- Disadvantages of External Evaluator: Not accessible enough, unfamiliar with programs and system of care, expensive.
- Disadvantages of Internal Evaluator: Risk of bias, lacks evaluation expertise, time constraints.

¹⁶ Note: Data missing for 45 projects.

At this time, has a decision been made about sustaining the project beyond the current Innovation funding?



39¹⁷ projects will be sustained in the future with the below listed funds (ordered by most to least common):

- MHS Community Support Services funds.
- Prevention and Early Intervention funds.
- Medi-Cal funds.
- Realignment/Cost Savings funds.
- *Miscellaneous funds.

*Miscellaneous funds included: MHS Innovation funds, local tribal gaming funds, Community Program Planning resources, CalWorks, CalFresh, incorporated into the contract agency's existing outreach activities, Office of Education funds, grant funding.

Trend Data:

- Most Common: Project will be sustained (67%)¹⁸.
- Least Common: Project will not be sustained (33%).

¹⁷ Of the 81 completed projects, data was available for 58 projects and 39 of these projects will be sustained.

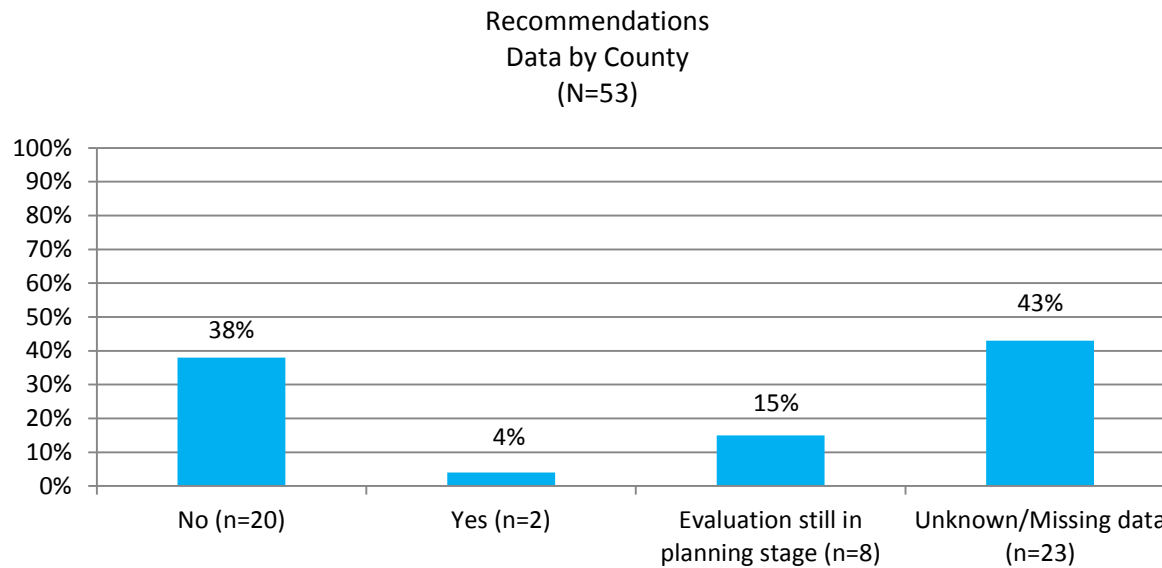
¹⁸ Note: decision not made for 51 projects. Data missing for 57 projects.

If a decision was made to sustain or not sustain the project, what elements or characteristics of the evaluation process were useful and what elements or characteristics were not useful for making the decision?

Category	Useful elements/characteristics:	Not Useful elements/characteristics:
Projects that will be sustained (n=37)	• Satisfaction surveys (n=3). • Significant changes in pre and post tests (n=3). • The final report. • All evaluation characteristics (n=2). • The numbers and the qualitative interviews of both staff and clients. • Tracking client participation. • Direct observations when working with participants. • Client report cards, client testimonies, staff satisfaction, outside health provider's cooperation. • Initial analysis. • Evaluation of the peer specialist component through an experimental design. • The re-admission data for hospitalizations and reduce hospitalizations. • Consumer and family input. • Police officer surveys which overwhelmingly stated that officer skills were improved. • How many people are being served. • Cost effectiveness. • The scope of support and activities provided to families and the community. • Rich information and stories from the community. • Session attendance. • The collection of demographics and daily participation of youth. • Program proved to be effective in addressing behavioral, attendance and disciplinary issues.	None Stated

Category	Useful elements/characteristics:	Not Useful elements/characteristics:
	• Positive results in increasing access to services for the under-served targeted populations. • Reduced costs in inpatient admissions, length of stay, reduced residential IMD bed days. • High level of consumer satisfaction. • The referrals and utilization of services. • Number of youth that were not readmitted to the hospital. • Performance outcomes reports. • Pre and post health outcome data. • Data are organized and presented on PowerPoint slides in ways that stakeholders can understand. • Clients' first hand self-report. • Psychiatric hospital recidivism, length of stay. • Guests/clients) reporting positive impact on their recovery process. • Clinical outcomes.	
	Useful elements/characteristics:	Not Useful elements/characteristics:
Projects that will <i>not</i> be sustained (n=19)	• Review of data. • All elements were useful. • Cost and numbers served. • Direct observation and participant interviews. • The analysis of program effectiveness section. • The pre and post testing.	• Low response rate to surveys made it difficult to evaluate the effectiveness of this project. • Not having the staff or equipment to provide data was not useful. • Tying transportation to recovery skills was not as useful as many Consumers were unable to readily identify “recovery skills”. • Outcomes were not easily measured by post tests due to very low/unavailable participation; and others needed more refinement to become measurable.

Has any aspect of the evaluation prompted you to recommend successful evaluation approaches to other counties?



Of the 53 counties represented in the data set, 2¹⁹ counties reported having made recommendations to other counties regarding evaluation approaches. The following descriptions of these recommendations were provided:

Recommendations:

- Evaluation strategies were shared with other small counties.
- Shared data collected on client report cards.

¹⁹ Note: data is missing or respondent reported 'unknown' for 43% (n=23) counties.

Summary of Findings

Most of the Innovative Projects reviewed in this inventory were designed to improve the quality and outcomes of existing services. In fact half of the projects had this goal as their primary purpose. A majority of projects were designed specifically to make a change to an existing mental health practice or approach. Most projects were evaluated using an evaluation design focused on documenting and tracking outcomes. Descriptive statistics that were used to interpret data included frequency counts and tests of statistical significance such as chi square tests. Quasi-Experimental Evaluation Design was the second most commonly used evaluation design often including the use of Pre and Post Assessments. A small number of projects used a comparison group design, which mostly involved comparing outcomes for non-Innovation project clients to outcomes for Innovation project clients.

A common trend among projects was the inclusion of a diverse group of individuals in planning, approving, and implementing evaluation protocols as well as reviewing evaluation findings. This included county senior staff, project staff, consumers and advocates/family partners, as well as stakeholders. In addition, many of the evaluations included analyses of differential impact on different populations sorting data by race, ethnicity, gender, age, etc. In many cases, project staff or MHSA coordinators took on evaluation roles, particularly in smaller counties where evaluation resources were often scarce. In describing advantages and disadvantages of their choice of evaluator many saw external evaluators as providing an un-biased, objective, outside perspective and evaluation expertise not always found internally. However, many also described internal evaluators as more familiar with county programs and the System of Care, more accessible, invested in the project, and less expensive. In identifying effective strategies, respondents identified a collaborative approach as being the most effective. At the same time, many respondents also identified the collaboration approach as a challenge because multiple perspectives and time restraints did not always allow for a smooth collaboration process. In most cases where a decision was made about whether or not to sustain the Innovation Project beyond the initial pilot phase, the decision was made to sustain the project, most often with MHSA Community Support Services funding. In order to decide whether to sustain the Innovation Project sites most often relied on qualitative data such as consumer satisfaction data and feedback from stakeholders or the community. In many cases, quantitative data was also reviewed to assess if outcomes were met.

As the inventory shows, most projects included collecting a multitude of data using different data collection methods. Important to note is also the fact that all projects that were implemented included an evaluation protocol to assess program effectiveness. In other words, data on project effectiveness was collected for all projects that were implemented. Very few recommendations have been made so far regarding evaluation approaches. Most sites have shared results primarily within their own county. As the inventory shows, reports are available on line for all the projects.

Innovation Project Inventory

This Inventory provides information about all Innovation evaluations that were in process, completed or planned from the inception of the MHSA Innovations Program through the end of July, 2014 – a total of 166 Innovative Projects from 52²⁰ California counties and 2 city regions (Berkeley City and Tri-Cities). Six²¹ counties either did not implement Innovative Projects or did not supply data. The data for this inventory was collected via surveys with Mental Health Services Act Coordinators, county internal and contracted evaluators, and other county staff administrators. In addition, publicly available reports were used to supplement the Inventory. The Inventory focuses specifically on how projects were evaluated and how/ if evaluation results have been shared and disseminated. The purpose of this inventory is to create an overview of the work that has been done across the state in the area of innovation so that counties can learn from each other. The inventory includes narrative responses with detailed descriptions of successes and challenges of creating evaluation plans and processes that can accurately capture the effectiveness of the projects.

In cases where survey responses were categorical, descriptive statistics were provided to show most common versus least common responses (See State-wide overview above). Most of the survey data consisted of open-ended narrative responses. In those cases, data was analyzed using a constant comparison method. Qualitative data was reviewed for themes and coded according to similar meanings and concepts.

Below is the inventory consisting of 166 Innovative Projects. In presenting the data, the decision was made to leave narrative responses in their raw form, editing only for typos and spelling errors. In addition, long narratives were presented in bullet point format to make the review process easier. Leaving comments in their raw form was done to ensure that answers that were given reflected the complexities and nuances of the evaluation process, including successes and challenges. Blank fields in the inventory indicate situations where respondents did not provide a response *and* data analysts were unsuccessful in identifying the data in publically available reports.

²⁰ See page nine for a list of counties and city regions (highlighted in grey). Please note that Sutter/Yuba are combined as one in the inventory but comprise 2 different counties.

²¹ The six counties are: Alpine, Lassen, Mendocino, Plumas, Sierra, Siskiyou.

Alameda County

Innovative Project:	Project Title:	Population(s) Served:
	Innovative Grant Program	African American children, youth/TAY, adults, older adults

Innovative Grant Program - Alameda

Alameda County Behavioral Health Care Services (ACBHCS) invites members of the community to present fresh and new ideas to be funded as Innovative Projects. A diverse Innovative Grants Selection Board will review the applications and recommend the most promising projects for funding under the Innovative Grants Program. Applicants may submit applications for many different types of Innovative Projects, including:

- Mental health outreach, education and training for mental health and non-mental health providers.
- New treatment interventions or supports that are expected to improve outcomes among individuals and their families with or at risk for mental health issues.
- New organizational practices, processes or procedures to improve collaboration, cultural competence, recovery, efficiencies or revenue.
- Increased mental health advocacy.
- Other creative ideas that are expected to improve the public MH system and reduce the need for longer-term MH Treatment.

Timeline:
January 2010 through January 2014

Total Budget:
\$1.8 Million

Evaluation Budget:
\$0.00

Project Status	• Completed.
Evaluation questions	• 1. What are the cultural and spiritual nuances, beliefs, practices and norms specific to the African American community that should be incorporated into the planning, delivery, and outcomes of mental health and co-occurring conditions services for this community? One or more of the following age groups should be specifically addressed: ✓ Children. ✓ Youth/Transition Age Youth. ✓ Adults.

Innovative Grant Program - Alameda

- ✓ Older Adults.
- ✓ Desired Outcome: Age-based, culturally-informed provider training curriculum designed to improve effectiveness of behavioral health care services to African American Behavioral Health Care Services (BHCS) clients/consumers and their families that has been 'field tested' and evaluated by BHCS clients/consumers, family members and County and contracted community-based providers.
- 2A.How can the mission, services and purpose of BHCS be enhanced through partnerships with African American faith-based and spiritual communities as cultural institutions and natural places for BHCS clients/consumers and families to receive supports in their community?
- 2B.What are effective ways for the African American faith-based and spiritual communities to welcome and integrate mental health clients/consumers into their community and to support social inclusion, decrease stigma and discrimination and provide a safe place for people to receive services and support, outside of the behavioral health care system?
 - ✓ Desired Outcome: A program design that includes a set of specific strategies for the development of an effective partnership between the African American faith-based and spiritual communities and BHCS, capitalizing on the role of these communities as cultural institutions and a natural support for BHCS clients/consumers and their families.
- 3. How might the practice-based evidence, evidence based practices and community-defined strategies of trauma-informed care for African American BHCS clients/consumers and families address the African American community's historical trauma and trauma related to social issues, like stigma, discrimination, violence and poverty? One or more of the following age-groups should be specifically addressed:
 - ✓ Children.
 - ✓ Youth/Transition Age Youth.
 - ✓ Adults.
 - ✓ Older Adults.
 - ✓ Desired Outcome: Development of an age-based provider training curriculum designed to increase BHCS capacity and expertise on trauma informed care for

Innovative Grant Program - Alameda	
	BHCS African American clients/consumers and families that has been ‘field tested’ and evaluated by BHCS clients/consumers, family members and County and contracted community-based providers. 4. What are effective strategies and supports for medically underserved African American adult males with serious mental illness, including those with co-occurring conditions, which will improve their engagement in behavioral health and primary care services? ✓ Desired Outcome: Development of a set of specific strategies, supports and recommendations that will improve the engagement of African American adult males in behavioral health and primary care services that have been ‘field tested’ with BHCS African-American clients/consumers and County and contracted community-based providers and primary care providers.
Innovative elements	- While funding projects in this hybrid venture capitalist/ donor-advised funding has been effective in the free market and with nonprofit service providers, it will be important to assess its effectiveness in BHCS’s organizational quality improvement process. - By altering the current funding process and increasing empowerment in a public mental health agency, BHCS will investigate whether the Innovative Proposed Innovation Grant Program worked to improve the quality of services and outcomes.
Outcomes	BHCS will investigate whether the Innovative Proposed Innovation Grant Program worked to improve the quality of services and outcomes.
Primary purpose	Improve the quality and outcomes of services.
Other purposes	- ACBHCS developed four learning questions to address four critical needs: ✓ Developing culturally responsive practices. ✓ Strengthening our partnership with the faith-based community. ✓ Supporting trauma informed care that recognizes the trauma related to social issues within the African American community. ✓ Engaging African American males in their health care.
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.
Total budget	\$1.8 Million for Round Two grant program.

Innovative Grant Program - Alameda		
Budget for evaluation aspects	External Evaluation:	• \$0.00.
	Internal Evaluation:	• \$0.00.
	Administrative:	
	Other:	
Evaluation designs	• Quasi-Experimental Design. • Case Study Design. • Pilot projects.	
Will/was a comparison group used for the design?	• Yes.	
Describe comparison group design (if applicable)	• BHCS evaluated the INN Round One grant process to improve the INN Round Two grant process.	
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most		

Innovative Grant Program - Alameda	
responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Implementation of the INN Round Two African American culturally responsive provider training curricula will be funded with PEI funds for a limited time.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• ACBHCS will sustain Round One Innovation grant projects. The program design of “Mentors Upon Discharge” is being incorporated into a new program “Post Crisis Peer Support” for FY14-15. • For Round Two Innovation Grant projects, ACBHCS has just completed the project evaluation process and has decided to implement provider training for up to four Innovation Grant projects. • Round Three INN projects are in implementation. Project evaluation is projected to begin March 2016.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Round One INN project findings and outcomes were disseminated at the INN Learning Conference on October 12, 2012, at Oakland Hilton Hotel. • Round Two INN project findings and outcomes were disseminated on February 28, 2014, at Allen Temple Learning Center in Oakland. • INN Grantees, Alameda County community members, providers, consumers, family members, county staff, and state ethnic services managers participated in Round One and Round Two Final Learning Conferences.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Round One Innovation Projects were reviewed by the MHSA Stakeholder Group – INN Committee members. • Round Two Innovation project outcomes will be posted on the INN Grant website by June 2015.

Innovative Grant Program - Alameda	
	Project outcomes will be disseminated to the MHSA Stakeholder Group and the African American Steering Committee.
Sources of Information	http://www.acbhcs.org/MHSA/inn/inn.htm http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/Alameda_County_INN_final.pdf http://www.acbhcs.org/news/news13/ALCOMHSA_FY13-14PlanUpdate.pdf

Amador County

Innovative Projects:	Project Title:	Population(s) Served:
	Community-Driven Self-Management Practices	Adults, particularly underserved population
	Increasing Access to Mental Health Services for Isolated Communities	Adults

Community-Driven Self-Management Practices - Amador

The Self-Management Techniques Project will provide supportive services to Amador County residents suffering from stress-related symptoms. Trainers will offer these services throughout the county and the public will have the opportunity to receive training at no charge in exchange for passing on or “paying forward” what they learn to others in the community.

Timeline:
July 2011 through June 2014

Total Budget:
Approximately \$55,000

Evaluation Budget

Project Status	Completed.
Evaluation questions	1. What are the sources of stress to residents of Amador County (a rural, central California county with many residents living in isolated areas and lack access to reliable transportation)? 2. What are Amador County residents currently doing to alleviate the stress they experience? 3. What stress management tools/services are Amador County residents interested in receiving to help mitigate the stress they experience? 4. Which agencies are currently providing the stress management tools/services that Amador County residents are interested in? 5. What stress management tools/services that Amador County residents are interested in are not currently being offered? 6. What stress management tools/services that Amador County residents are

Community-Driven Self-Management Practices - Amador	
	interested in but not currently available can be offered/implemented by community agencies? 7. Are the Amador County residents who are participating in existing or new stress management activities/tools/services experiencing a reduction in their stress, and if so, to what extent?
Innovative elements	- This project will contribute to learning by exploring how a unique collaboration between the community and ACBH can produce a robust model for community-driven mental health service provision. - The project will assess whether and how the unique factors of an organized network of volunteer wellness trainers, county-based coordination and support, engaged consumers, and a set of promising techniques can combine to create a successful delivery mechanism.
Outcomes	- Assess success in engaging and retaining volunteer providers. - Assess success in increasing access for underserved community and whether participants had positive outcomes.
Primary purpose	Increase access to services.
Other purposes	- All four purposes apply: - Increase access to services. - Increase access to services for underserved populations. - Improve the quality and outcomes of services. - Promote interagency collaboration. ✓ What are the sources of stress to residents of Amador County (a rural, central-California county with many residents living in isolated areas and lack access to reliable transportation)? (Increase access to services, Increase access to services for underserved populations.) ✓ What are Amador County residents currently doing to alleviate the stress they experience? (Increase access to services, Increase access to services for underserved populations.) ✓ What stress management tools/services are Amador County residents interested in receiving to help mitigate the stress they experience? (Increase access to services, Increase access to services for underserved populations, Improve the

Community-Driven Self-Management Practices - Amador

	quality and outcomes of services, Promote interagency collaboration.) ✓ Which agencies are currently providing the stress management tools/services that Amador County residents are interested in? (Increase access to services, Increase access to services for underserved populations, Improve the quality and outcomes of services, Promote interagency collaboration.) ✓ What stress management tools/services that Amador County residents are interested in are not currently being offered? (Increase access to services, Increase access to services for underserved populations, Promote interagency collaboration.) ✓ What stress management tools/services that Amador County residents are interested in but not currently available can be offered/implemented by community agencies? (Increase access to services, Increase access to services for underserved populations, Promote interagency collaboration.) ✓ Are the Amador County residents who are participating in existing or new stress management activities/tools/services experiencing a reduction in their stress, and if so, to what extent? (Improve the quality and outcomes of services, Promote interagency collaboration.)	
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	• Approximately \$55,000.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	• Unsure.	
Will/was a comparison group used for the design?	• No.	
Describe comparison group design (if applicable)	• Not applicable.	
Data collection methods	• Survey.	

Community-Driven Self-Management Practices - Amador	
	• Pre and Post measures.
Timeline for evaluation	• Evaluation is ongoing. A final report will be completed in June/July 2015.
Evaluation Participants	
Evaluation Design: • MHSA/INN Manager • External/contracted project staff • Consumers • Advocates/Family Partners • Other community partner agencies	Review and Approval of Design: • MHSA/INN Manager • External/contracted project staff • Consumers • Advocates/Family Partners • Other community partner agencies
Evaluation Implementation: • External/contracted project staff	Review of Evaluation Findings: • Other community partner agencies
How were data analyzed or what is the plan for data analysis?	• Pre/post surveys of stress levels. • Surveys of interests/programs and implementation of services to meet these needs.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable.
What training or technical assistance resources did the county use during the project, if any?	• Not applicable.
How were/are/will the effects of the project's innovative elements be measured?	• Survey not complete yet.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current	• Not Yet.

Community-Driven Self-Management Practices - Amador	
Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• The project is not completed yet. We have been sharing information via social media, meetings, and reports.
Sources of Information	http://amador.networkofcare.org/mh/content.aspx?id=1387 Amador County Innovation Plan - 01/18/2011 Amador Plan Summary http://amador.networkofcare.org/content/client/166/Amador-County-3YrPlan-FY14-17-DRAFT.pdf

Increasing Access to Mental Health Services for Isolated Communities – Amador

ACBHS funds transportation from isolated areas, such as a nonexistent bus route from the especially isolated River Pines area to the more populous Plymouth area one day per week. Other innovative, new to Amador transportation strategies are being tested, such as funding mileage for transportation volunteers through Amador Transit. In addition, multiple agencies (including First 5, Head Start, the local Community Action Agency, and others) collaborate to relocate key mental health prevention and early intervention services, such as suicide prevention and Mental Health First Aid training, parenting classes, and therapeutic support groups to work in conjunction with these transportation services in order to provide easier access for those who have been historically underserved and may be at risk of mental illness. For those deemed at risk and appropriate for services (i.e., through screening), referrals to behavioral health services will be provided and tracked. Programs will be tracked and participants surveyed to determine which services are most engaged.

Timeline:
March 2014 through June 2016

Total Budget:
Approximately \$65,000

Evaluation Budget

Project Status	In process.
Evaluation questions	Increased access to MH services information for residents of rural communities.
Innovative elements	- While the proposed services offered in Plymouth are not new to the field of mental health, the provision of a public mental health-funded bus route and coordinated day of wellness services with the expected outcome of increasing access to underserved groups is very innovative. - After extensive research online, ACBHS has not been able to find a similar practice in California or beyond. This appears to be the first collaboration of this kind with a public mental health department and a public transit authority. - Collaboration extends to other agencies who have agreed to relocate services to Plymouth on the day of the bus route; this too is new for Amador.
Outcomes	Accurately assess whether transit services have resulted in increased access to mental health services and increased referrals and engagement.
Primary purpose	Increase access to services for underserved populations.
Other purposes	Not applicable.
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.

Increasing Access to Mental Health Services for Isolated Communities – Amador		
Total budget	Approximately \$65,000.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Unsure.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Direct observation.	
Timeline for evaluation		
Evaluation Participants		
Evaluation Design: - MHSA/INN Manager - External/contracted project staff - Consumers - Advocates/Family Partners - Other contract agencies	Review and Approval of Design: - MHSA/INN Manager - External/contracted project staff - Consumers - Advocates/Family Partners - Other contract agencies	
Evaluation Implementation: External/contracted project staff	Review of Evaluation Findings: - External/contracted project staff - Other contract agencies	
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		

Increasing Access to Mental Health Services for Isolated Communities – Amador	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• The program has only operated for about 10 months, but we have disseminated our program successes and internal reports in meetings, on social media, and at public events.

Increasing Access to Mental Health Services for Isolated Communities – Amador

Sources of Information

<http://amador.networkofcare.org/mh/content.aspx?id=1387>

[Amador County Innovation Plan - 01/18/2011](#)

[Amador Plan Summary](#)

<http://amador.networkofcare.org/content/client/166/Amador-County-3YrPlan-FY14-17-DRAFT.pdf>

City of Berkeley

Innovative Projects:	Project Titles:	Population(s) Served:
	African American Community Empowerment Academy	African American youth, adults, and older adults
	Re-entry Systems Synergy (veterans and ex-offenders)	Ex-offenders and veterans
	Sisterhood for Wellness Project for Asians and Pacific Islanders	Asian Pacific Islander communities
	Trauma-Informed Holistic Care Delivery Model for Transition-Age Youth	TAY
	Senior 2 Senior Project	Senior citizens
	Board and Care Nutrition Project	Adults and older adults
	Improve the Access and Quality of Mental Health Services for LGBTQI Individuals	LGBTQI Individuals

African American Community Empowerment Academy - Berkeley

Implemented through McGee Avenue Baptist Church which is located in the community of the target population, this project provides psychoeducational activities and supports for African American youth, Adults, and Older Adults living in South Berkeley. Appropriately named the "Umoja" (the Swahili word for Unity) Project as services focus on empowering participants around social, cultural and spiritual aspects of the African American heritage and enable the exploration of key cultural issues such as "Post Traumatic Slavery Syndrome".

The project utilizes an Afrocentric model that is implemented in a safe, nonthreatening environment. The purpose of the project is to assess whether Cultural Heritage training and Leadership Skill building activities will: improve the mental health of African American consumers; Increase access for those who are in but not currently receiving services; and build community advocates.

Timeline:
June 2012 through June 2015

Total Budget:
\$146,637

Evaluation Budget:
Approximately \$3,143

Project Status	In process.

African American Community Empowerment Academy - Berkeley		
Evaluation questions	• Not applicable (Evaluation in Planning Stage).	
Innovative elements	• Introduce a new mental health approach for South Berkeley African-Americans that utilizes cultural heritage to empower, create peer mentors and develop community advocacy. • Explore cultural issues such as Post-Traumatic Slavery Syndrome in a safe environment.	
Outcomes	• Enhance resiliency and create empowerment in the South Berkeley African-American community around wellness, recovery, and advocacy. • Increase number of advocates in African-American Mental Health community. • Increase access to mental health services for those in need.	
Primary purpose	• Increase access to services.	
Other purposes	• Not applicable.	
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	• \$146,637.	
Budget for evaluation aspects	External Evaluation:	• Approximately \$3,143.
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	• Unsure.	
Will/was a comparison group used for the design	• Not applicable (Evaluation in Planning Stage).	
Describe comparison group design (if applicable)	• Not applicable (Evaluation in Planning Stage).	
Data collection methods	• Not applicable (Evaluation in Planning Stage).	
Timeline for evaluation	• Anticipating a timeframe of 8-9 months.	
Evaluation Participants		

African American Community Empowerment Academy - Berkeley		
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • External/contracted project staff • Consumers • Advocates/Family Partners • MHSA Advisory Committee members		Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager
Evaluation Implementation: • External/contracted project staff		Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Consumers • Advocates/Family Partners • MHSA Advisory Committee members
How were data analyzed or what is the plan for data analysis?	• Not applicable (Evaluation in Planning Stage).	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable (Evaluation in Planning Stage).	
What training or technical assistance resources did the county use during the project, if any?	• Not applicable (Evaluation in Planning Stage).	
How were/are/will the effects of the project's innovative elements be measured?	• Not applicable (Evaluation in Planning Stage).	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Not applicable (Evaluation in Planning Stage).	
Were/will data be analyzed to show differential impacts on various populations/situations?	• Not applicable (Evaluation in Planning Stage).	
Were midcourse changes made as a result of evaluation findings?	• Not applicable (Evaluation in Planning Stage).	

African American Community Empowerment Academy - Berkeley	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• The decision was made to end all seven of the currently funded Innovation Projects by 6/30/15. It is not any reflection on whether the project was worthwhile or successful.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Not applicable (Evaluation in Planning Stage).
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Not applicable (Evaluation in Planning Stage).
Sources of Information	www.ci.berkeley.ca.us/Health_Human_Services/Mental_Health/MHSA_Plans_and_Updates.aspx http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Berkeley_FY11-12_12-13_AnnualUpdates_052913.pdf http://www.ci.berkeley.ca.us/uploadedFiles/Health_Human_Services/Level_3_-_Mental_Health/City%20of%20Berkeley%20MHSA%20Innovations%20Draft%20Plan.pdf

Re-entry Systems Synergy (veterans and ex-offenders) - Berkeley

Implemented through Options Recovery Services this project provides re-entry services for Ex-offenders and Veterans who are struggling with mental health and/or substance abuse disorders providing supports for individuals and their families. The goal of this project is to understand whether participating in informal community-building activities that are offered in a supportive environment by peers, builds resiliency, increases knowledge and awareness, promotes successful re-entry into the community, and increases positive mental health outcomes for Ex-Offenders, Veterans and their families.

Timeline:
June 2012 through June 2015

Total Budget:
\$146,886

Evaluation Budget:
Approximately \$3,143

Project Status	In process.	
Evaluation questions	Not applicable (Evaluation in Planning Stage).	
Innovative elements	Introduce a new mental health approach for working with ex-offenders and veterans and their families that utilizes community-building and peer mentoring for improved outcomes.	
Outcomes	Assess whether community-building activities provided in a supportive environment promotes successful community re-entry for ex-offenders and veterans.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$146,886.	
Budget for evaluation aspects	External Evaluation:	Approximately \$3,143.
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Unsure.	
Will/was a comparison group used for the design?	Not applicable (Evaluation in Planning Stage).	

Re-entry Systems Synergy (veterans and ex-offenders) - Berkeley	
Describe comparison group design (if applicable)	• Not applicable (Evaluation in Planning Stage).
Data collection methods	• Not applicable (Evaluation in Planning Stage).
Timeline for evaluation	• Anticipating a timeframe of 8-9 months.
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • External/contracted project staff • Consumers • Advocates/Family Partners • MHSA Advisory Committee members	Review and approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Consumers • Advocates/Family Partners • MHSA Advisory Committee members
Evaluation implementation: • External/contracted project staff	Review of evaluation findings: • Director or Other Senior Management • MHSA/INN Manager • Consumers • Advocates/Family Partners • MHSA Advisory Committee members
How were data analyzed or what is the plan for data analysis?	• Not applicable (Evaluation in Planning Stage).
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable (Evaluation in Planning Stage).
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	• Not applicable (Evaluation in Planning Stage).
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	

Re-entry Systems Synergy (veterans and ex-offenders) - Berkeley	
Were/will data be analyzed to show differential impacts on various populations/situations?	Not applicable (Evaluation in Planning Stage).
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	The Innovation Project will not be continued past 6/30/15.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	All Innovation Projects will be discontinued after 6/30/15. The decision to discontinue was not a reflection of whether the project was successful or worthwhile.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Not applicable (Evaluation in Planning Stage).
Sources of Information	www.ci.berkeley.ca.us/Health_Human_Services/Mental_Health/MHSA_Plans_and_Updates.aspx http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Berkeley_FY11-12_12-13_AnnualUpdates_052913.pdf http://www.ci.berkeley.ca.us/uploadedFiles/Health_Human_Services/Level_3_-_Mental_Health/City%20of%20Berkeley%20MHSA%20Innovations%20Draft%20Plan.pdf

Sisterhood for Wellness Project for Asians and Pacific Islanders - Berkeley

Implemented through Community Health for Asian Americans (CHAA) this project provides culturally appropriate mental health services and supports to unserved and underserved API communities: The goals of the project are to understand the main challenges and barriers to accessing and utilizing mental health services for Asian Pacific Islanders living in the Berkeley/Albany area. This project seeks to understand this issue through testing whether culturally based activities that foster intergenerational interaction, support continuity in community narratives, build intercultural alliance, and improve the quality and density of social support, can result in a reduction of acculturative stress; promote healthy integration and wellness; and increase the access to, or the outcomes of, mental health services for underserved and unserved API's in Berkeley and Albany.

Timeline:
June 2012 through June 2015

Total Budget:
\$146,886

Evaluation Budget:
Approximately \$3,143

Project Status	• In process.
Evaluation questions	• Not applicable (Evaluation in Planning Stage).
Innovative elements	• This innovative project will increase the access to and quality of mental health services and supports for the Asians and Pacific Islanders (API) population through a new mental health approach that will co-locate mental health services where they are already being provided and will utilize cultural-based outreach and wellness activities to promote healing. • The project will contribute to learning in the mental health field through the following objectives: ✓ To understand the main challenges to accessing and utilizing mental health for unserved and underserved APIs living in the Berkeley/Albany area. ✓ To understand the impact of cultural wellness strategies in addressing mental health issues. ✓ To determine whether culturally based activities that foster inter-generational interaction, support continuity in community narratives, build intercultural alliance, improve the quality and density of social support, can result in a reduction of acculturative stress and promote healthy integration and wellness for unserved and underserved APIs in Berkeley/Albany.
Outcomes	• Creation of a bridge between API communities and mental health services. • Solicit input from consumers who receive services.

Sisterhood for Wellness Project for Asians and Pacific Islanders - Berkeley		
	• Reduce stigma of mental health in API communities. • Reduce stress around acculturation issues.	
Primary purpose	• Increase access to services.	
Other purposes	• Not applicable.	
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	• \$146,886.	
Budget for evaluation aspects	External Evaluation:	• Approximately \$3,143.
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	• Not applicable (Evaluation in Planning Stage).	
Will/was a comparison group used for the design?	• Not applicable (Evaluation in Planning Stage).	
Describe comparison group design (if applicable)	• Not applicable (Evaluation in Planning Stage).	
Data collection methods	Not applicable (Evaluation in Planning Stage).	
Timeline for evaluation	• Anticipating a timeframe of 8-9 months.	
Evaluation Participants		
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • External/contracted project staff • Consumers • Advocates/Family Partners • MHSA Advisory Committee members		Review and approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Consumers • Advocates/Family Partners • MHSA Advisory Committee members
Evaluation implementation: • External/contracted project staff		Review of evaluation findings: • Director or Other Senior Management • MHSA/INN Manager • Consumers

Sisterhood for Wellness Project for Asians and Pacific Islanders - Berkeley	
	• Advocates/Family Partners • MHSa Advisory Committee members
How were data analyzed or what is the plan for data analysis?	• Not applicable (Evaluation in Planning Stage).
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable (Evaluation in Planning Stage).
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	• Not applicable (Evaluation in Planning Stage).
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Not applicable (Evaluation in Planning Stage).
Were/will data be analyzed to show differential impacts on various populations/situations?	• Not applicable (Evaluation in Planning Stage).
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• The Innovation Project will be discontinued after 6/30/15.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• All Innovation Projects will be discontinued after 6/30/15. The decision to discontinue the INN Projects was not a reflection on how worthwhile the project was or whether it was successful.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been	

Sisterhood for Wellness Project for Asians and Pacific Islanders - Berkeley	
disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Not applicable, evaluation has not occurred yet.
Sources of Information	www.ci.berkeley.ca.us/Health_Human_Services/Mental_Health/MHSA_Plans_and_Updates.aspx http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Berkeley_FY11-12_12-13_AnnualUpdates_052913.pdf http://www.ci.berkeley.ca.us/uploadedFiles/Health_Human_Services/Level_3_-_Mental_Health/City%20of%20Berkeley%20MHSA%20Innovations%20Draft%20Plan.pdf

Trauma-Informed Holistic Care Delivery Model for Transition-Age Youth – Berkeley	
Implemented thorough the Niroga Institute this project provides holistic health services for TAY. The goals of the project are: to understand the impact and outcomes on the well-being of TAY who simultaneously receive mental and physical health interventions; to ascertain whether various skills based interventions promote positive health practices and healing; and to assess the impact of receiving services in a culturally appropriate setting from an agency that provides culturally-based services, has on the healing of traumatic issues.	
Timeline: June 2012 through June 2015	Total Budget: \$146,886 Evaluation Budget: Approximately \$3,143
Project Status	In process.
Evaluation questions	Not applicable (Evaluation in Planning Stage).
Innovative elements	This high quality, multi-disciplinary service approach, based at one site focusing on supporting the healing of the whole person, and also providing tangible skills to prevent future trauma is highly innovative and represents a new mental health practice for the TAY population in Berkeley and Albany.
Outcomes	Understand impact and outcomes on TAY who receive mental and physical health interventions.

Trauma-Informed Holistic Care Delivery Model for Transition-Age Youth – Berkeley		
	- Assess whether skills-based interventions promote positive health practices and healing. - Assess impact of culturally based services on healing traumatic issues.	
Primary purpose	Increase access to services.	
Other purposes	Improve the quality of outcomes and services.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$146,886.	
Budget for evaluation aspects	External Evaluation:	Approximately \$3,143.
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Not applicable (Evaluation in Planning Stage).	
Will/was a comparison group used for the design?	Not applicable (Evaluation in Planning Stage).	
Describe comparison group design (if applicable)	Not applicable (Evaluation in Planning Stage).	
Data collection methods	Not applicable (Evaluation in Planning Stage).	
Timeline for evaluation	Anticipating a timeframe of 8-9 months.	
Evaluation Participants		
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - External/contracted project staff - Consumers - Advocates/Family Partners - MHSA Advisory Committee members		Review and approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Consumers - Advocates/Family Partners - MHSA Advisory Committee members
Evaluation implementation: External/contracted project staff		Review of evaluation findings: - Director or Other Senior Management - MHSA/INN Manager

Trauma-Informed Holistic Care Delivery Model for Transition-Age Youth – Berkeley	
	• Consumers • Advocates/Family Partners • MHSA Advisory Committee members
How were data analyzed or what is the plan for data analysis?	• Not applicable (Evaluation in Planning Stage).
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable (Evaluation in Planning Stage).
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	• Not applicable (Evaluation in Planning Stage).
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Not applicable (Evaluation in Planning Stage).
Were/will data be analyzed to show differential impacts on various populations/situations?	• Not applicable (Evaluation in Planning Stage).
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• The Innovation Project will not be continued past 6/30/15.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• All Innovation Projects will be discontinued after 6/30/15. The decision to discontinue was not a reflection of whether the project was successful or worthwhile.
Where have the successful Innovative Projects (or	

Trauma-Informed Holistic Care Delivery Model for Transition-Age Youth – Berkeley	
elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Not applicable (Evaluation in Planning Stage).
Sources of Information	www.ci.berkeley.ca.us/Health_Human_Services/Mental_Health/MHSA_Plans_and_Updates.aspx http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Berkeley_FY11-12_12-13_AnnualUpdates_052913.pdf http://www.ci.berkeley.ca.us/uploadedFiles/Health_Human_Services/Level_3_-_Mental_Health/City%20of%20Berkeley%20MHSA%20Innovations%20Draft%20Plan.pdf

Senior 2 Senior Project - Berkeley	
Implemented through Albany Senior Center, this project provides Technology Support Groups for senior citizens in an effort to decrease isolation, increase social connections, and identify those in need of mental health services. The goals of the project are to understand whether issues of loneliness and isolation can be decreased, and mental health positive outcomes can be increased in the Senior Citizen population through training and access to social media technologies and associated peer supports.	
Timeline: June 2012 through June 2015	Total Budget: \$146,886 Evaluation Budget: Approximately \$3,143
Project Status	In process.
Evaluation questions	Not applicable (Evaluation in Planning Stage).
Innovative elements	- This innovative project represents a new approach to reduce isolation and increase access to services for senior citizens. - This project will contribute to learning through seeking to understand whether issues of isolation and loneliness in the senior citizen population can be reduced through

Senior 2 Senior Project - Berkeley		
	training and access to social media technologies and associated peer support.	
Outcomes	Understand whether use of smart phones and tablet technologies will increase social media participation and thus provide a decrease in isolation and loneliness in senior citizens.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Increase access to services for those in need.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$146,886.	
Budget for evaluation aspects	External Evaluation:	Approximately \$3,143.
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Not applicable (Evaluation in Planning Stage).	
Will/was a comparison group used for the design?	Not applicable (Evaluation in Planning Stage).	
Describe comparison group design (if applicable)	Not applicable (Evaluation in Planning Stage).	
Data collection methods	Not applicable (Evaluation in Planning Stage).	
Timeline for evaluation	Anticipating a timeframe of 8-9 months.	
Evaluation Participants		
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - External/contracted project staff - Consumers - Advocates/Family Partners - MHSA Advisory Committee members		Review and approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Consumers - Advocates/Family Partners - MHSA Advisory Committee members
Evaluation implementation: External/contracted project staff		Review of evaluation findings: Director or Other Senior Management

Senior 2 Senior Project - Berkeley	
	• MHSA/INN Manager • Consumers • Advocates/Family Partners • MHSA Advisory Committee members
How were data analyzed or what is the plan for data analysis?	• Not applicable (Evaluation in Planning Stage).
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	• Not applicable (Evaluation in Planning Stage).
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Not applicable (Evaluation in Planning Stage).
Were/will data be analyzed to show differential impacts on various populations/situations?	• Not applicable (Evaluation in Planning Stage).
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• The Innovation Project will not be continued past 6/30/15.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• All Innovation Projects will be discontinued after 6/30/15. The decision to discontinue was not a reflection of whether the project was successful or worthwhile.

Senior 2 Senior Project - Berkeley	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Not applicable (Evaluation in Planning Stage).
Sources of Information	www.ci.berkeley.ca.us/Health_Human_Services/Mental_Health/MHSA_Plans_and_Updates.aspx http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Berkeley_FY11-12_12-13_AnnualUpdates_052913.pdf http://www.ci.berkeley.ca.us/uploadedFiles/Health_Human_Services/Level_3_-_Mental_Health/City%20of%20Berkeley%20MHSA%20Innovations%20Draft%20Plan.pdf

Board and Care Nutrition Project - Berkeley		
This innovative project will create a partnership between board and care staff, Berkeley mental health clients and staff, and a local culinary school in an effort to improve and/or prevent serious medical conditions and increase positive health outcomes for adults and older adults. The project will target board and care residents in the South Berkeley neighborhood who are severely mentally ill and at risk of developing multiple health conditions such as hypertension, obesity, diabetes, etc., due to poor nutrition and the physical effects of taking anti-psychotic medications. Clients and staff from Russell Street Board and Care, Dwight Way Women's Shelter, and other board and care facilities serving Berkeley mental health clients will participate in a 12 week cooking class that will provide nutrition education and teach skills on how to prepare low cost, healthy meals that can be easily prepared. Berkeley mental health nurses will monitor vital health information (such as weight, blood pressure, heart rate, etc.) of the clients involved in the program in order to measure progress.		
Timeline: June 2012 through June 2015	Total Budget: \$146,886	Evaluation Budget: Approximately \$3,143

Board and Care Nutrition Project - Berkeley		
Project Status	In process.	
Evaluation questions	Not applicable (Evaluation in Planning Stage).	
Innovative elements	- This innovative project will implement a new approach in the mental health field that will collaborate with board and care facilities and a local culinary school to assist mental health clients in creating better nutrition habits, which in turn, should create better overall treatment outcomes. - Many clients at board and care facilities have bad nutritional habits and minimal activity. Therefore, if clients learn to prepare and eat healthier foods, they will begin to feel better physically and emotionally, which can lead to improved self-care and good health habits.	
Outcomes	- Improve knowledge about healthy foods and nutrition. - Increase skills in preparing healthy meals. - Increase self-care and improve physical health.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$146,886.	
Budget for evaluation aspects	External Evaluation:	Approximately \$3,143.
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Not applicable (Evaluation in Planning Stage).	
Will/was a comparison group used for the design?	Not applicable (Evaluation in Planning Stage).	
Describe comparison group design (if applicable)	Not applicable (Evaluation in Planning Stage).	
Data collection methods	Not applicable (Evaluation in Planning Stage).	
Timeline for evaluation	Anticipating a timeframe of 8-9 months.	
Evaluation Participants		

Board and Care Nutrition Project - Berkeley	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • External/contracted project staff • Consumers • Advocates/Family Partners • MHSA Advisory Committee members	Review and approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Consumers • Advocates/Family Partners • MHSA Advisory Committee members
Evaluation implementation: • External/contracted project staff	Review of evaluation findings: • Director or Other Senior Management • MHSA/INN Manager • Consumers • Advocates/Family Partners • MHSA Advisory Committee members
How were data analyzed or what is the plan for data analysis?	• Not applicable (Evaluation in Planning Stage).
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable (Evaluation in Planning Stage).
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	• Not applicable (Evaluation in Planning Stage).
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Not applicable (Evaluation in Planning Stage).
Were/will data be analyzed to show differential impacts on various populations/situations?	• Not applicable (Evaluation in Planning Stage).
Were midcourse changes made as a result of evaluation findings?	

Board and Care Nutrition Project - Berkeley	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• The Innovation Project will not be continued past 6/30/15.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• All Innovation Projects will be discontinued after 6/30/15. The decision to discontinue was not a reflection of whether the project was successful or worthwhile.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Not applicable (Evaluation in Planning Stage).
Sources of Information	www.ci.berkeley.ca.us/Health_Human_Services/Mental_Health/MHSA_Plans_and_Updates.aspx http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Berkeley_FY11-12_12-13_AnnualUpdates_052913.pdf http://www.ci.berkeley.ca.us/uploadedFiles/Health_Human_Services/Level_3_-_Mental_Health/City%20of%20Berkeley%20MHSA%20Innovations%20Draft%20Plan.pdf http://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Mental_Health/MHSA%20FY%202013-14%20Plan%20Update(1).pdf

Improve the Access and Quality of Mental Health Services for LGBTQI Individuals - Berkeley

Implemented through Pacific Center for Human Growth, this project provides no-cost mental health services and supports to LGBTQI-identified residents at collaborating off-site agencies where other public social services are being provided. The main goals of the project are to better understand the needs of those who are marginalized from multiple perspectives; and to gauge whether LGBTQI individuals will be more accepting of mental health services and have better mental health outcomes when culturally competent individuals meet them in their own settings (i.e., agencies where they are already accessing other services). An additional goal is to determine if providing competency training on LGBTQI mental health issues for agencies that do not specifically provide such services, improves outcomes for their LGBTQI clients.

Timeline:
June 2012 through June 2015

Total Budget:
\$146,886

Evaluation Budget:
Approximately \$3,143

Project Status	• In process.
Evaluation questions	• Not applicable (Evaluation in Planning Stage).
Innovative elements	• This innovative project will make a change to the existing mental health practices of outsourcing and co-locating services. • The changes involve the utilization of interns and a staff training component. • Additionally, aside from partnerships for education in the school system, outsourcing and competency training to improve the quality of mental health services to the LGBTQ population has not been implemented in Berkeley and Albany. • It is anticipated that this project will contribute to learning in the mental health field through the following objectives: ✓ To better understand the needs of those who are marginalized from multiple perspectives and gauge whether they will be more accepting of mental health services when culturally competent individuals meet them in their own settings (i.e., agencies where they are already accessing other services). ✓ To ascertain whether those who receive services through this type of accommodation have a better experience with the mental health system than when they try to “fit in” with providers with whom they have little in common, and would be more likely to return for services if needed in the future. ✓ To determine if providing competency training on LGBTQ mental health issues for agencies that do not specifically provide such services, improves outcomes for their

Improve the Access and Quality of Mental Health Services for LGBTQI Individuals - Berkeley		
	LGBTQ clients.	
Outcomes	• Increase understanding of the needs of LGBTQI individuals. • Determine whether providing competency training on LGBTQ mental health issues for agencies that do not normally provide these services, improves outcomes for LGBTQ clients.	
Primary purpose	• Improve the quality and outcomes of services.	
Other purposes	• Increase access to services.	
Innovation definition	• Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	• \$146,886.	
Budget for evaluation aspects	External Evaluation:	• Approximately \$3,143.
	Internal Evaluation:	• Not applicable.
	Administrative:	
	Other:	
Evaluation designs	• Not applicable (Evaluation in Planning Stage).	
Will/was a comparison group used for the design?	• Not applicable (Evaluation in Planning Stage).	
Describe comparison group design (if applicable)	• Not applicable (Evaluation in Planning Stage).	
Data collection methods	• Not applicable (Evaluation in Planning Stage).	
Timeline for evaluation	• Not applicable (Evaluation in Planning Stage).	
Evaluation Participants		
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • External/contracted project staff • Consumers • Advocates/Family Partners • MHSA Advisory Committee members		Review and approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Consumers • Advocates/Family Partners • MHSA Advisory Committee members
Evaluation implementation:		Review of evaluation findings:

Improve the Access and Quality of Mental Health Services for LGBTQI Individuals - Berkeley	
External/contracted project staff	- Director or Other Senior Management - MHSA/INN Manager - Consumers - Advocates/Family Partners - MHSA Advisory Committee members
How were data analyzed or what is the plan for data analysis?	Not applicable (Evaluation in Planning Stage).
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Not applicable (Evaluation in Planning Stage).
What training or technical assistance resources did the county use during the project, if any?	Not applicable (Evaluation in Planning Stage).
How were/are/will the effects of the project's innovative elements be measured?	Not applicable (Evaluation in Planning Stage).
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Not applicable (Evaluation in Planning Stage).
Were/will data be analyzed to show differential impacts on various populations/situations?	Not applicable (Evaluation in Planning Stage).
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	The Innovation Project will not be continued past 6/30/15.
If a decision was made to continue the project without Innovation funds or not to sustain the	All Innovation Projects will be discontinued after 6/30/15. The decision to discontinue was not a reflection of whether the project was successful or worthwhile.

Improve the Access and Quality of Mental Health Services for LGBTQI Individuals - Berkeley	
project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Not applicable (Evaluation in Planning Stage).
Sources of Information	www.ci.berkeley.ca.us/Health_Human_Services/Mental_Health/MHSA_Plans_and_Updates.aspx http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Berkeley_FY11-12_12-13_AnnualUpdates_052913.pdf http://www.ci.berkeley.ca.us/uploadedFiles/Health_Human_Services/Level_3_-_Mental_Health/City%20of%20Berkeley%20MHSA%20Innovations%20Draft%20Plan.pdf http://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Mental_Health/MHSA%20FY%2013-14%20Plan%20Update(1).pdf

Butte County

Innovative Projects:	Project Title:	Population(s) Served:
	Working Innovations Network (WIN) -- Effectiveness of Services for People Experiencing a Mental Health Crisis	Adults, youth and their families
	Homeless Peer Partner Program -- Homeless Shelter Collaboration	Homeless population
	Zoosiab Program--A Community-Based Tx for Historical Trauma to Help Hmong Elders	Hmong Elders
	Early Interventions Systems for Youth Task Force	Youth
	Therapeutic Wilderness Experience	Youth

Working Innovations Network (WIN) - Effectiveness of Services for People Experiencing a Mental Health Crisis - Butte

The Working Innovations Network (WIN) provides services for adults, youth and their families experiencing a mental health crisis that has resulted in psychiatric hospitalization. WIN partners with consumers and family members to promote recovery by providing and coordinating innovative supportive services for those in crisis. WIN helps individuals and families understand the nature of mental illness, the process of recovery and the systems that offer treatment. WIN guides individuals and families in how to connect with outpatient care and community resources, facilitating a resumption of daily life activities while preventing re-hospitalization.

Timeline:
July 2010 through April 2013

Total Budget:
\$2,215,743

Evaluation Budget:

Project Status	Completed.
Evaluation questions	1. What is the length of short-term intensive case management that should be provided to avoid a repeat mental health crisis and achieve stabilization? 2. What is the intensity (frequency and number of staff) of intensive case management services that should be provided to avoid a repeat mental health crisis and achieve

Working Innovations Network (WIN) - Effectiveness of Services for People Experiencing a Mental Health Crisis - Butte

	stabilization? • 3. What is the best configuration of the intensive case management team for effective services? • 4. Has there been a decrease in readmit rates to the Psychiatric Health Facility (PHF)?
Innovative elements	• The project will possibly change existing mental health practices by learning the best type of active support team. For example, which configuration of staff, consumers and family members will best help people who experience a mental health crisis? Currently the people who provide the support for people leaving the PHF or Crisis Stabilization Unit are mental health clinicians and doctors. It is possible that adding consumers and family members after discharge will increase the likelihood that follow-up appointments are kept and that the consumers' family members will be connected to the case, as allowed by the consumer who is in crisis. • The project will introduce new applications or practices/approaches that have been successful in non-mental health contexts. In physical health, the patient is provided with a team of follow-up practitioners and education about their condition, before they leave the hospital. Examples are seen in cardiac care and diabetes. Phone calls are made to the patient, appointments to appropriate care are made, and family members are trained to take care of the patient at home. • We will teach the mental health consumer and their family (when allowed) about their condition, the mental health care system, other supportive services, and how to prevent another mental health crisis.
Outcomes	• The questions to be studied are: ✓ What is the length of short-term intensive case management that should be provided to avoid a repeat mental health crisis and achieve stabilization? ✓ What is the intensity (frequency and number of staff) of intensive case management services that should be provided to avoid a repeat mental health crisis and achieve stabilization? ✓ What is the best configuration of the support team for effective services? (i.e., medical staff, family members, consumers).

Working Innovations Network (WIN) - Effectiveness of Services for People Experiencing a Mental Health Crisis - Butte

Primary purpose	• Increase access to services.	
Other purposes	• Increase the quality and outcomes of services: ✓ This project will increase the quality of services by determining what level of treatment and combination of staff and consumer/family member support provides the best outcome for individuals experiencing a mental health crisis. ✓ This will allow mental health service centers to improve services resulting in a decrease in the level of recidivism and an increase a sense of wellbeing and control amongst consumers and their families. Fewer and less severe mental health crises will result.	
Innovation definition	• Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	• \$2,215,743.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	• \$292,991.
	Other:	
Evaluation designs	• Experimental/Control Group Design. • Outcome expectations.	
Will/was a comparison group used for the design?	• Yes.	
Describe comparison group design (if applicable)	• A six-month study on PHF consumers who received or did not receive Working Innovations Network (WIN) services. • Compared discharge and readmission percentages. • The data showed a significant decrease in readmission to the PHF when a consumer had received a WIN service.	
Data collection methods	• Survey. • Clinical records.	
Timeline for evaluation	• Original timeline:	

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- 7/10: Clinical records started.
- 7/10-8/10:
 - ✓ Convene family members, consumers, evaluation experts and staff.
 - ✓ Gather input via workgroup/focus groups and individual meetings with consumers and family members who have had an array of experiences from challenging to positive, with moving from crisis services to ongoing services.
 - ✓ Have focus groups identify what worked, what didn't work and what would be helpful for consumers and family members in a crisis situation.
 - ✓ From these focus groups identify consumers and family members who will be involved in developing components of this service.
- 7/10- 10/10: Workgroup of consumers, family members, staff, and evaluation experts will develop program components and training plan.
 - ✓ Will identify measurement tools and create timeline for periodic review of data with method for applying the knowledge learned to the program.
 - ✓ Name a process such as PDSA's (Plan, Do, Study, Act). This process will allow for ongoing adjustment of services provided ensuring that the program evolves in a thoughtful manner when challenges occur.
 - ✓ A key philosophy of this program and of training will be that this project will not jeopardize anyone from receiving current exit services and when studying levels of service staff will always provide services determined by the need of the consumer, not determined by an artificial time line designed to study the questions we are asking. This will demand a high level of flexibility and a variety of ways to capture data to answer the questions asked by this project.
- 12/10-4/11: Recruit, hire and train staff and volunteers.
- 5/11-12/11: Provide services, develop measurement tools, and identify baseline data sources.
- 12/11-4/13: Study past and present years of project.
- 7/12: Start collecting discharge outcome data.
- 12/12: System Performance and Evaluation Unit will develop evaluation design and

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	MHSA Coordinator will need to approve. The evaluation design marks specific outcomes and measurements for the WIN program that were not established previously.	
Evaluation Participants		
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners		Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff		Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• Data was analyzed utilizing Crystal Report software, Access, and Excel. • Crystal Reports is report software that connects directly to our electronic health record (clinical records) and extracts data based on report design. This provided data on discharge outcomes (connected with primary care, decreased stress, increased understanding of own mental health, increased mental health/wellbeing), consumers served, and consumers hospitalized. • Excel was used to analyze phone survey data, discharge/readmission percentages, and hospital percentages. • Access was used to confirm and validate data.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Electronic health record (MyAvatar) was used to collect clinical records and Excel was used to collect phone survey data.	
What training or technical assistance resources did	• None.	

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the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	• Data was analyzed utilizing Crystal Report software, Access, and Excel. • Crystal Reports is report software that connects directly to our electronic health record (clinical records) and extracts data based on report design. This provided data on discharge outcomes (connected with primary care, decreased stress, increased understanding of own mental health, increased mental health/wellbeing), consumers served, and consumers hospitalized. • Excel was used to analyze phone survey data, discharge/readmission percentages, and hospital percentages. • Access was used to confirm and validate data.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• The main component of this program was implementing staff therefore the outcomes were directly attributed to the addition of the staff.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Different populations were not analyzed.
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Some of the activities were maintained due to an increase in CS&S funding.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or	• In our county.

Working Innovations Network (WIN) - Effectiveness of Services for People Experiencing a Mental Health Crisis - Butte

elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	We have talked about the success during meeting where our department staff, community members, consumers, family members, and contract providers were present.
Sources of Information	http://www.buttecounty.net/LinkClick.aspx?fileticket=cEquy_3vKQM%3D&portalid=5 (Annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Butte_County.pdf (Inn Plan 2010) http://www.buttecounty.net/cob/Agendas/2011/Agenda_041211/3.05.pdf (Annual Update FY11-12) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Butte_FY12-13_AnnualUpdate_081413.pdf (Annual Update FY12-13) http://www.mhsoac.ca.gov/meetings/docs/Meetings/2010/June/Comm_Tab_3_Butte%20INN_Plan_Approval_Summary.pdf (INN Summaries)

Homeless Peer Partner Program - Homeless Shelter Collaboration - Butte

This program is a collaboration involving Butte County Department of Behavioral Health (BCDBH), the Torres Homeless Shelter, and Northern Valley Catholic Social Services. It uses peer partners to provide support to shelter guests who are experiencing mental illness. The goal is to increase the shelter guests' ability to effectively partake in services and to reinforce stable and secure housing. Peer partners are available during the Torres Shelter evening hours, building relationships with shelter guests, decreasing stigma around mental health issues, and guiding guests towards self-sufficiency.

Timeline:
July 2010 through June 2013

Total Budget:
\$736,583

Evaluation Budget:

Project Status	Completed.

Homeless Peer Partner Program - Homeless Shelter Collaboration - Butte		
Evaluation questions	1. Does the utilization of a mobile van combining behavioral health, social services and public health services for testing and assessment encourage homeless individuals to access follow-up services? 2. Does the new service delivery system (on-site & including the collaboration between behavioral health, social services, and public health) increase utilization of services? 3. Will outreach services to the shelter reduce hospitalization and/or crisis contacts? 4. Will the provision of collaborative services provided by behavioral health, social services and public health keep people at the shelter longer and make a difference in outcomes for people with mental illness? 5. How does this collaborative approach to service combining behavioral health, social services and public health increase the length of stay at the shelter? 6. Is there a reduction in shelter recidivism?	
Innovative elements	- A mobile medical unit will provide testing and assessment for medical and behavioral health issues. - Other follow-up services including financial eligibility, counseling and health education, will be provided at the shelter as needed.	
Outcomes	- Homeless individuals with mental illness who are utilizing shelter services will increase their use of services that improve physical and mental health. - Decrease shelter recidivism, hospitalizations and crisis calls. - Provision of a safety net as individuals leave shelter.	
Primary purpose	Promote interagency collaboration.	
Other purposes		
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$736,583.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	

Homeless Peer Partner Program - Homeless Shelter Collaboration - Butte		
	Administrative:	\$99,518.
	Other:	
Evaluation designs	Outcome expectations.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Outreach Data Collection Form and Outcome Form.	
Timeline for evaluation	- Original timeline: 7/10-8/10: Gather consumer and family member input via workgroup/focus groups and individual meetings with consumers to identify what consumers see as valuable components to this project. From these focus groups identify consumers and family members who will be involved in developing and evaluation this project. 7/10- 10/10: Workgroup of consumers, family members, staff, and evaluation experts will develop program components and training plan. - Will identify measurement tools and create timeline for periodic review of data with method for applying the knowledge learned to the program. - Name a process such as PDSA’s (Plan, Do, Study, Act). This process will allow for ongoing adjustment of services provided ensuring that the program evolves in a thoughtful manner when challenges occur. 7/10 – 8/10: Identify/hire staff, develop MOU’s, identify baseline data sources, develop program assessment with stakeholder inclusion. 8/10: Services begin. 7/12: Outcome and data requirements implemented. Development of the Outreach Data Collection Form and screen in our electronic health record (MyAvatar) occurred. 12/12: System Performance and Evaluation finalized evaluation design and MHSA Coordinator approval.	
Evaluation Participants		

Homeless Peer Partner Program - Homeless Shelter Collaboration - Butte			
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners		Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners	
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff		Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	
How were data analyzed or what is the plan for data analysis?	• Data was analyzed utilizing Crystal Report software, Access, and Excel. • Crystal Reports connects to data resources (electronic health record) and analyzes data based on report design. The reports developed analyzed Outreach Data Collection data. • Excel was used to analyze outcome data. • Access was used to confirm and validate data. A database for outcome data was developed as well.		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Electronic health record (MyAvatar) was used to collect clinical records and Excel was used for outcome data.		
What training or technical assistance resources did the county use during the project, if any?	• None.		
How were/are/will the effects of the project’s innovative elements be measured?	• Data was analyzed utilizing Crystal Report software, Access, and Excel. • Crystal Reports connects to data resources (electronic health record) and analyzes data based on report design. The reports developed analyzed Outreach Data Collection data. • Excel was used to analyze outcome data. • Access was used to confirm and validate data. A database for outcome data was		

Homeless Peer Partner Program - Homeless Shelter Collaboration - Butte	
	developed as well.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	The addition of Peer Assistants interacted with guests, made referrals, and led groups with the intention of achieving the program's goals, however not enough data was collected to determine the effects of the program.
Were/will data be analyzed to show differential impacts on various populations/situations?	Different populations were not analyzed.
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	The services at the Torres Shelter have been funded at a smaller amount through CS&S funds.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Other.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	They have not at this point in time.
Sources of Information	http://www.buttecounty.net/LinkClick.aspx?fileticket=cEquy_3vKQM%3D&portalid=5 (Annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Butte_County.pdf (Inn Plan 2010) http://www.buttecounty.net/cob/Agendas/2011/Agenda_041211/3.05.pdf (Annual Update FY11-12)

Homeless Peer Partner Program - Homeless Shelter Collaboration - Butte

	http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Butte_FY12-13_AnnualUpdate_081413.pdf (Annual Update FY12-13) http://www.mhsoac.ca.gov/meetings/docs/Meetings/2010/June/Comm_Tab_3_Butte%20INN_Plan_Approval_Summary.pdf (INN Summaries)

Zoosiab Program--A Community-Based Tx for Historical Trauma to Help Hmong Elders - Butte

Zoosiab staff will work to decrease the cultural and linguistic barriers that Hmong elders experience in accessing community and mental health services. To help elders recover from mental illness, the Zoosiab Program will utilize both Western and traditional cultural practices to support the Hmong communities of Butte County. This combination of both practices will effectively recover from the mental health conditions of stress, isolation, stigmatization, depression and/or trauma of the Hmong elderly that they carried over decades after the Vietnam War. Zoosiab will provide outreach and client support services to the Hmong Elders in Butte County.

Timeline:
September 2010 through June 2013

Total Budget:
\$1,030,469

Evaluation Budget:

Project Status	Completed.
Evaluation questions	1. How important is it to address unresolved trauma to address mental health symptoms in Hmong elders (most programs for Hmong elders have focused on either treating depressive symptoms of isolation, sadness, and hopelessness that may be caused by unresolved trauma or the programs have reducing cultural barriers using community health workers similar to a Los Promotores type model)? 2. Can the Paving the Red Road to Wellness Model be adapted for Hmong Americans to treat historical and intergenerational trauma in Hmong Americans? 3. Can Hmong cultural practices be integrated with western trauma treatments to more effectively reduce trauma symptoms? 4. Are Hmong cultural healing practices effective in reducing trauma symptoms and dysfunctional coping strategies such as gambling addiction and substance abuse as well

Zoosiab Program--A Community-Based Tx for Historical Trauma to Help Hmong Elders - Butte		
	as demonstrate wellness in regained self-worth and personal value, improved self-esteem, more engagement in healthy activities outside the home, feel more satisfied among family members of other generations, and laugh more?	
Innovative elements	- Adapt elements from "Paving the Red Road to Wellness" to provide culturally relevant assistance to Hmong elders. - Western services, Hmong spiritual practices focused on healing, and Hmong cultural practices will be combined to assist in trauma recovery and empowerment. - Services will be provided by Hmong counselors, healers and peer partners.	
Outcomes	Assess usefulness of adapting the "Paving the Red Road to Wellness Model." Assess whether Hmong cultural practices can be integrated with Western trauma treatment to effectively reduce symptoms in Hmong elders. Assess effectiveness of Hmong cultural healing practices on decreasing dysfunctional coping strategies.	
Primary purpose	Increase access to services for underserved populations	
Other purposes	- Increase Quality of Mental Health Services, Including Better Outcomes: ✓ While we do have a small number of older Hmong consumers in county mental health services, we have not been able to reach most older Hmong people who are isolated and experience mental health problems due to trauma. Our existing services do not meet their needs in that progress towards reducing mental health symptoms is very gradual. ✓ By providing trauma services that are culturally and age relevant, we will improve the quality of life and mental health of these older Hmong people.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$1,030,469.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	\$136,487.
	Other:	

Zoosiab Program--A Community-Based Tx for Historical Trauma to Help Hmong Elders - Butte	
Evaluation designs	• Outcome expectations.
Will/was a comparison group used for the design?	• No.
Describe comparison group design (if applicable)	• Not applicable.
Data collection methods	• Outreach Data Collection Forms and Outcome Data Forms.
Timeline for evaluation	• Original timeline: • 9/10 – 11/10: Meet with Hmong community to gather input into program design and finalize program components and implementation process based on Hmong community, family and elders' needs. • 7/10 – 11/10: County budgeting component in place, RFP for contractor, develop MOUs, identify and train staff, identify baseline data sources. • 11/10: Program begins. • 12/10-11/12: Ongoing services for Hmong elders, length of service based on individual needs. • 7/12: Developed Outreach Data Collection Form and screen in electronic health record (MyAvatar) to capture data. • 12/12: System Performance and Evaluation finalize refining evaluation design and MHSA Coordinator approves.
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff

Zoosiab Program--A Community-Based Tx for Historical Trauma to Help Hmong Elders - Butte	
How were data analyzed or what is the plan for data analysis?	• Data was analyzed utilizing Crystal Report software, Access, and Excel. • Crystal Reports connects to data resources (electronic health record) and analyzes data based on report design. The reports developed analyzed Outreach Data Collection data. • Excel was used to analyze outcome data. • Access was used to confirm and validate data. A database for outcome data was developed as well.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Electronic health record (MyAvatar) was used to collect Outreach Data Collection and Excel was used for outcome data.
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• Data was analyzed utilizing Crystal Reports software, Access, and Excel. • Crystal Reports connects to data resources (electronic health record) and analyzes data based on report design. The reports developed analyzed Outreach Data Collection data. • Excel was used to analyze outcome data. • Access was used to confirm and validate data. A database for outcome data was developed as well.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• A program addressing Hmong elders did not exist prior to this Innovation. • Data has shown an increase in participant involvement since implementation and continued acceptance of the program by participants.
Were/will data be analyzed to show differential impacts on various populations/situations?	• The program is specific to the Hmong culture. All participants receiving services or therapy are Hmong. The Hmong population is an underserved group.
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.

Zoosiab Program--A Community-Based Tx for Historical Trauma to Help Hmong Elders - Butte	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	The project will be funded under CS&S at a reduced level, but will continue to provide services to this underserved population in the community.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Other.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	They have not besides in the annual Leadership Report that is created for the Butte County Department of Behavioral Health's Administration Team.
Sources of Information	http://www.buttecounty.net/LinkClick.aspx?fileticket=cEquy_3vKQM%3D&portalid=5 (Annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Butte_County.pdf (Inn Plan 2010) http://www.buttecounty.net/cob/Agendas/2011/Agenda_041211/3.05.pdf (Annual Update FY11-12) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Butte_FY12-13_AnnualUpdate_081413.pdf (Annual Update FY12-13) http://www.mhsoac.ca.gov/meetings/docs/Meetings/2010/June/Comm_Tab_3_Butte%20INN_Plan_Approval_Summary.pdf (INN Summaries)

Early Interventions Systems for Youth Task Force - Butte
The proposed Butte County Continuum of Care for Youth Task Force will establish a county-wide multi-system collaborative process to assess the Continuum of Care system for youth mental health services. The project will focus on the development of the collaborative process including youth consumers. The Task Force will explore how the innovation of focusing on establishing the collaborative process, including youth, instead of specific

Early Interventions Systems for Youth Task Force - Butte

services, will transform and institutionalize increased collaboration ultimately resulting in better access to services.

The Task Force process will include an assessment of the continuum of services using identified models mentioned, a gap analysis both of services and collaboration efforts will develop a plan of policy recommendations to address identified gaps and sustainability of the collaborative process, and identify the level of training needed to support the recommendations.

Timeline:
August 2010 through July 2011

Total Budget:
\$80,000

Evaluation Budget:

Project Status	Completed.
Evaluation questions	1. How can the development of the collaborative task force process improve collaboration resulting in formal policy and improved access to services? 2. How will the inclusion of youth consumers affect the process? 3. How will individual stakeholders' learning from participating in the process be transferred to organizational learning?
Innovative elements	- The Continuum of Care for Youth Task Force will contribute to learning through exploring how the inclusion of youth in a collaborative process to develop and establish policy for a continuum of care for youth mental health services will affect the collaborative effort, access to services, and the intractable problem of barriers to true collaboration across mental health youth serving organizations. - The Continuum of Care for Youth Task Force is interested in and will document the level of organizational learning that will take place through the stakeholders involved in the process i.e., will the individual stakeholders involved in the process as representatives of organizations be able to transfer their learning to their organizations that would result in formal cross systems policy.
Outcomes	- Test a model for youth involvement and engagement in a collaborative process used to create policy and service recommendations. - Develop an Early Intervention Action Plan that includes recommendations to address gaps including resource development and evaluation indicators to assess effectiveness of an early intervention system. - Develop dissemination plan of the Action Plan findings for critical stakeholders

Early Interventions Systems for Youth Task Force - Butte		
	including youth. • Conduct a county-wide workshop in which youth are involved in both planning and presentation to discuss the Action Plan and involve a broader range of stakeholders to become involved in exploring next steps to address recommendations.	
Primary purpose	• Promote interagency collaboration.	
Other purposes	• Not applicable.	
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	• \$80,000.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	• \$12,000.
	Other:	
Evaluation designs	• A school survey was conducted to identify priority recommendations.	
Will/was a comparison group used for the design?	• No.	
Describe comparison group design (if applicable)	• Not applicable.	
Data collection methods	• Survey.	
Timeline for evaluation	• 8/10-9/10: Develop recruitment strategies for stakeholders. • 8/10-10/10: Develop initial collaborative model to include additional recruitment, strategies to prepare and support youth participation, schedules that take into account youth school hours; convene stakeholders to meet monthly for 2 hours for one year. • 9/10-12/10: Develop and conduct and assessment of current early intervention services both school and community based (first and second quarters of the project). • 11/10-1/11: Review data from the assessment and determine gaps in the infrastructure and research best practices to provide guidance towards developing consistent “principles and procedures” for an effective early intervention county-wide system (second quarter of the project). • 2/11-4/11: Develop recommendations and an Early Intervention Services for Youth	

Early Interventions Systems for Youth Task Force - Butte

	Plan that includes a resource development and evaluation components to assess effectiveness of services and collaboration. Develop and implement a plan to disseminate the Early Intervention Services for Youth Plan to identified stakeholders including youth. (Third quarter of the project.) • 2/11-7/11: Research, develop, and submit at least one proposal for funding to support the Plan's recommendations. (Third and fourth quarter of the project.) • 5/11-7/11: Develop and provide a county-wide workshop that will highlight the plan and provide opportunities for discussion to explore a broader collaboration. (Fourth quarter of the project.) • 5/11-7/11: Develop next steps to sustain the information sharing process and update the Early Intervention Services for Youth Plan including evaluating the progress of recommendations. (Fourth quarter of the project.)
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff
How were data analyzed or what is the plan for data analysis?	• The survey data was analyzed by a contracted evaluator and results were provided to the Task Force.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• None.

Early Interventions Systems for Youth Task Force - Butte	
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• The project was measured by the successful award of a grant to carry out the Task Force's recommendations.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• The project was dependent on the recommendations of the Task Force.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Different populations were not analyzed.
Were midcourse changes made as a result of evaluation findings?	• No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• This project was only funded for a year. The lead on the project knew that it was time limited funding and was working under that assumption.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• A final meeting of the Task Force was held and the results were shared with stakeholders.

Early Interventions Systems for Youth Task Force - Butte

Sources of Information	http://www.buttecounty.net/LinkClick.aspx?fileticket=cEquy_3vKQM%3D&portalid=5 (Annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Butte_County.pdf (Inn Plan 2010) http://www.buttecounty.net/cob/Agendas/2011/Agenda_041211/3.05.pdf (Annual Update FY11-12) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Butte_FY12-13_AnnualUpdate_081413.pdf (Annual Update FY12-13) http://www.mhsoac.ca.gov/meetings/docs/Meetings/2010/June/Comm_Tab_3_Butte%20INN_Plan_Approval_Summary.pdf (INN Summaries)

Therapeutic Wilderness Experience – Butte

The intractable problem that this Innovation aimed to address is long-term out of home placement for teenagers. These youth use public and private services at a much higher rate than youth who remain at home. They become "high end users" causing a great expense to the social service system. Problems continue into adulthood, negatively affecting their own children, criminal justice services, and health systems.

One intervention that seems to have promise with this group is Therapeutic Wilderness Experiences. However these programs are expensive and hard to access and the weak links in these types of programs are family involvement, and aftercare. Youth often return home after a transformation experience unable to put into practice what they learned in the wilderness. The youth's family has not had a transformational experience and is frustrated by the youth's past behavior and has a hard time trusting the youth and supporting the changes the youth has made. The youth's community is the same and there are no other youth that have gone through a similar experience that can form a support network. This project will address the lack of family and community involvement in Therapeutic Wilderness Experiences.

Timeline:
Never started

Total Budget:
\$542,000

Evaluation Budget:

Project Status:	Abandoned.
Evaluation questions	1. Will a community based therapeutic wilderness program allow at-risk youth to successfully implement what they learned in the wilderness at home? 2. Will family involvement provide the foundation necessary for the youth to live at home after the wilderness experience? 3. Will a community based support group increase family and youth functioning satisfaction after the wilderness experience is completed? 4. What aspects of family involvement work best? According to whom? Youth, parents, siblings? 5. Are there different types of family involvement that work better with different cultures? 6. Will there be other impact on family other than the youth involved in the program?
Innovative elements	- Wilderness programs are typically only available at high cost, out of state, with long distance family participation, and exclude the home community of the participants. - The Butte County program will take place in Butte and nearby counties, integrate family members during all phases of the program, and incorporate the home

Therapeutic Wilderness Experience – Butte		
	community's natural support systems as the key resource to establish youth on a new path after the program ends.	
Outcomes	- Youth and families will stay together as a family rather than the youth going into placement. - Family members will have a local support system and be able to implement changes in everyday life.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$542,000.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	\$81,300.
	Other:	
Evaluation designs	Not applicable.	
Will/was a comparison group used for the design?	Not applicable.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Not applicable.	
Timeline for evaluation	- Program never started. - Original timeline: 7/10-8/10: Gather consumer and family member input via workgroup/focus groups and individual meetings with consumers to identify what consumers and family members want to develop and include in this program. This will include level and type of family involvement and identifying level of pre-wilderness training for youth, and level of staff training needed to provide necessary safeguards for consumers and family members participating in wilderness experiences. 7/10-11/10: RFP for contractor, develop MOUs, identify staff, identify baseline data	

Therapeutic Wilderness Experience – Butte

	sources. • 11/10-4/11: Program is development and implementation: ✓ A workgroup including youth and family members, staff, and evaluation experts develop program details including level and type of family involvement. ✓ Program philosophy and youth and family therapeutic components developed. ✓ Field test portions of the program. ✓ Program policies and procedures developed with an intentional focus on developing the necessary safeguards for youth and family participating in wilderness experiences. This will include requiring the necessary level of staff training and certifications (i.e. first aid; how to live safely in the wilderness etc.). ✓ Evaluation procedures are refined and measurement tools and evaluation timeline developed. • 4/11: Phase One of first group starts. • 5/11: Phase Two of first group starts. • 6/11: Phase Three of first group starts. • 5/11-6/11: Evaluate program aspects and make adjustments. • 7/11: Second group begins program with adjustments based on evaluation of first group. • 7/11: Phase 3 ongoing with members of groups one and two. • 7/11-ongoing: Evaluate program aspects after each group finishes the initial phase three program and make adjustments. • 6/11-5/12 Two groups of youth will complete the program. • 6/12-5/13: Two groups of youth will complete the program. Annually: Evaluation of all groups, report preparation, determine efficacy and feasibility of replication of model, local broadcast of results. • 5/13-6/13: Final evaluation will be completed. Report will be written to highlight lessons learned; suggestions for further study; and an outline for program replication. This report will be disseminated through MHSA statewide and regional collaborations and will be submitted for presentation at conferences.
Evaluation Participants	
Evaluation Design:	Review and Approval of Design:

Therapeutic Wilderness Experience – Butte	
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	Not applicable.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	None.
What training or technical assistance resources did the county use during the project, if any?	None.
How were/are/will the effects of the project's innovative elements be measured?	Not applicable.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Not applicable.
Were/will data be analyzed to show differential impacts on various populations/situations?	Not applicable.
Were midcourse changes made as a result of evaluation findings?	Not applicable.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	- The project was time limited due to the nature of its design. - It was intended to be a study-like project to see if involving youth in the process would yield certain outcomes. - It was not sustained past the timeline originally given.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.

Therapeutic Wilderness Experience – Butte	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	There was a report out to the Task Force, but that was all.
Sources of Information	http://www.buttecounty.net/LinkClick.aspx?fileticket=cEquy_3vKQM%3D&portalid=5 (Annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Butte_County.pdf (Inn Plan 2010) http://www.buttecounty.net/cob/Agendas/2011/Agenda_041211/3.05.pdf (Annual Update FY11-12) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Butte_FY12-13_AnnualUpdate_081413.pdf (Annual Update FY12-13) http://www.mhsoac.ca.gov/meetings/docs/Meetings/2010/June/Comm_Tab_3_Butte%20INN_Plan_Approval_Summary.pdf (INN Summaries)

Calaveras County

Innovative Projects:	Project Title:	Population(s) Served:
	Community Support Groups.	Families, TAY, Adults, Older Adults, Native Americans, and Latinos.
	Garden to Families Program.	FSP adult clients.
	Integrated Dual Diagnosis (IDD).	Dual-diagnosis consumers.

Community Support Groups - Calaveras

The first Innovation Project that Calaveras County Behavioral Health Services (BHS) has selected is the provision of time-limited therapeutic support groups in communities throughout the county. This concept received the largest support during the planning process, with over 45% of participants requesting additional support groups in their area. Each group will be based on the needs of the community, per input from the planning process, and will be open to anyone, regardless of insurance eligibility.

Timeline:

September 2009 through June 2013.

Total Budget

Evaluation Budget

Project Status	Completed.
Evaluation questions	
Innovative elements	- While support groups in themselves are not new to the field of mental health, the provision of community-based groups that use a common interest (i.e. men's or women's issues, Native American spirituality, art therapy) to bring together those with mild, moderate, and serious mental health issues is new for Calaveras County. - The goal of decreasing stigma in the community through this grouping is also unique to these groups.
Outcomes	Increased access to services for those with serious mental illness (SMI) served by Public Mental Health and those with mild or moderate mental health concerns who receive

Community Support Groups - Calaveras		
	services from private therapists or who have not yet engaged services through open, time-limited therapeutic support groups. Access will increase with the provision of a new support and through referrals to BHS for those not yet diagnosed with SMI. - Increased engagement to services through community-based, time-limited groups. - Increased access and tracking through BHS referrals to and from each group.	
Primary purpose	Increase access to services for underserved populations.	
Other purposes	Increase access to services.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Surveys.	
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	- BHS will utilize satisfaction surveys for each group to determine if referrals have been successful, participant expectations are met, and what improvements are needed. - BHS is also committed to measuring the recovery outcomes for participants and will	

Community Support Groups - Calaveras	
	research recovery based surveys to utilize as well. An additional satisfaction survey will be designed in conjunction with the Consumer Leadership Team.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	

Community Support Groups - Calaveras	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Calaveras_FY12-13_AnnualUpdate_080513.pdf http://calaveras.networkofcare.org/content/client/167/Calaveras-FY-11-12-Annual-Update.pdf http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Calaveras.pdf

Garden to Families Program - Calaveras		
The second Innovation Project that Calaveras County Behavioral Health Services (BHS) has selected is partnership with the local Gardens to Families program to provide consumers with stipended volunteer opportunities to cultivate produce for donation to the Calaveras County Food Bank. This concept received generous support during previous planning processes, as this program has been highly beneficial to families in need. Consumers will have the opportunity to learn new, marketable skills for a rural area and will ideally gain the confidence and resiliency associated with rewarding work-thus becoming an improved mental health outcome that BHS is able to provide.		
Timeline: September 2010 through June 2013	Total Budget:	Evaluation Budget
Project Status	On Hold.	
Evaluation questions		
Innovative elements	Collaborating with the Garden to Families program with the goal of improving consumer outcomes "introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings."	
Outcomes	- Increase the success of consumer recovery goals through meaningful and rewarding volunteer work with the Garden to Families program. - Decrease hospitalization and criminal justice system involvement for consumers participating in the Garden to Families program.	

Garden to Families Program - Calaveras		
	Identify potential community partnership to sustain this project on a long term basis if the project proves successful.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	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.	
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Surveys.	
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	- BHS will utilize staff and/or contractors to assist with consumer participation, baseline assessment, ongoing data collection, and final evaluation of this project. - Surveys will be used bi-annually in each group to determine individual participant progress and group success. - BHS will likely use the Beck Depression Inventory as a baseline and update survey to track the progress of individual group participants, as depression co-occurs with many other mental illnesses, and is a major risk factor for suicide. - BHS is also committed to measuring the recovery outcomes for participants and will	

Garden to Families Program - Calaveras	
	research recovery based surveys to utilize as well. An additional satisfaction survey will be designed in conjunction with the Consumer Leadership Team.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?)	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	

Garden to Families Program - Calaveras	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Calaveras_FY12-13_AnnualUpdate_080513.pdf http://calaveras.networkofcare.org/content/client/167/Calaveras-FY-11-12-Annual-Update.pdf http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Calaveras.pdf

Integrated Dual Diagnosis (IDD) - Calaveras	
The overall learning goal of the IDD project is finding out how to move dual-diagnosis consumers from active drug and alcohol use to recovery/remission and help them stay in recovery model, using both an innovative rural self-help model along with creating a system of integrated dual-diagnosis supports and services.	
Project Timeline:	Total Budget: \$997,883 over a five year period Evaluation Budget \$150,000 over a five year period
Project Status	• In process.
Evaluation questions	• The overall learning goal of the new project is finding out how to move dual-diagnosis consumers from active drug and alcohol use to recovery/remission and help them stay in recovery model, using both an innovative rural self-help model along with creating a system of integrated dual-diagnosis supports and services. • The primary learning goals of this project that will include the identification of best rural practices are: ✓ To determine the best way to design, pilot, and evaluate a new approach to providing and supporting rural peer-run DRA support groups. ✓ To determine and provide the best training and support methods to ensure competent and skilled peer DRA facilitators.

Integrated Dual Diagnosis (IDD) - Calaveras		
	✓ To determine if the ongoing training, peer support and consultation for the peer facilitators creates sustainable DRA support groups over the five year project period. ✓ To determine whether the overall Innovation Project increases the quality of services for consumers, resulting in measurable improvement in dual diagnosis outcomes. ✓ To determine that this project will be sustainable after the 5 year proposed project period. ✓ To determine if this Innovative Project can be replicable for other small rural counties in California if successful in creating a new consumer-driven recovery and wellness peer-support model in Calaveras County.	
Innovative elements		
Outcomes	• Consumers will actively be participating in the peer run Dual Diagnosis Recovery groups in six isolated areas of Calaveras County. • An ongoing peer-support training and support program will be created and in use for peer Dual Diagnosis Recovery facilitators. • A significant reduction in relapse of substance abuse and mental illness will occur, and a reduction in arrests, incarcerations and hospitalizations. • An increase in medication compliance, program attendance and significant progress in WRAP and treatment plan goals and objectives that will be well documented. • An overall decrease in symptoms and improvement in the participants' quality of life.	
Primary purpose	• Increase access to services (for isolated communities).	
Other purposes	• Increase the quality of services, including better outcomes.	
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	• \$997,883 over a five year period.	
Budget for evaluation aspects	External Evaluation:	• Estimated at \$100,000 over a five year period.
	Internal Evaluation:	• Estimated at \$50,000 over a five year period.

Integrated Dual Diagnosis (IDD) - Calaveras		
	Administrative:	10% of total costs.
	Other:	
Evaluation designs	Unsure.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Focus Groups. - Clinical records. - Direct observation. - Pre and Post measures.	
Timeline for evaluation	- Year 1: - Month 1-3: Implementation Planning and Start Up: ✓ Ensure project is fully staffed and DRA Volunteers are recruited. ✓ Secure six locations to hold weekly DRA groups. ✓ Train all staff and volunteers. ✓ Develop specific measurable project goals, evaluation framework, indicators, measurement tools and data collection protocols. ✓ Develop service delivery protocols and procedures. - Month 5-12: Early Implementation: ✓ Implementation of project activities. ✓ Initial data collection. ✓ Gradual increase in number and types of activities during this period. ✓ Data collection of process measures. - Year 2-5: Project Operations: ✓ Ensure project is fully implemented with ongoing evaluation activities. ✓ Test additional strategies if process evaluation shows need for changes in project design. ✓ Collect outcome data and analyze and report to project participants and community stakeholders.	

Integrated Dual Diagnosis (IDD) - Calaveras	
	• Final 6 months of Year 5: ✓ Project evaluation will be completed, the results analyzed, and recommendations made to BHS as to whether and/or how to incorporate this project as an ongoing program, funded through MHSA Community Services and Supports component with additional Medi-Cal reimbursement. ✓ Aspects of the project that were not successful will be reviewed to assess impact on future Calaveras Innovation Projects, as well as current BHS services. ✓ These results will be disseminated to the stakeholder community. ✓ This is expected to begin in Year 5 and will likely continue into Year 5, as we work with MHSA to determine how best to communicate results to other small rural counties in California.
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• Intended Outcome: Consumers will actively be participating in the peer run Dual Diagnosis Recovery groups in six isolated areas of Calaveras County. • Evaluation Data Source: ✓ Group attendance records.

Integrated Dual Diagnosis (IDD) - Calaveras

- ✓ Referral records (to establish link between peer outreach and group attendance).
- ✓ Consumer survey (to assess the role of peers in):
 1. Connecting consumers to services.
 2. Reducing barriers for consumers' participation.
 3. Enabling/encouraging ongoing participation.
 4. Influencing consumer attitudes about seeking and receiving services and expectations about and satisfaction with services.
- ✓ Interviews or focus group with consumers (to explore how peers' involvement in outreach and group facilitation helped them participate, and what specific aspects of peers' approach were most valuable in engaging consumers).
- Intended Outcome: An ongoing peer-support training and support program will be created and in use for peer Dual Diagnosis Recovery facilitators.
- Evaluation Data Source:
 - ✓ Peer facilitator survey (to assess how well peers felt their training and ongoing support prepared them for connecting isolated consumers to groups and other services, and for keeping those consumers engaged in services).
 - ✓ Interviews or focus group with peer facilitators.
- Intended Outcome: A significant reduction in relapse of substance abuse and mental illness will occur, and a reduction in arrests, incarcerations and hospitalizations.
- Evaluation Data Source:
 - ✓ CCBHS electronic health records and other administrative data (comparing relapse and institutionalization rates for consumers prior to and after participating in peer groups for comparable time periods).
- Intended Outcome: An increase in medication compliance, program attendance and significant progress in WRAP and treatment plan goals and objectives that will be well documented.
- Evaluation Data Source:
 - ✓ Service utilization records and case notes (for group participants using other behavioral health services (Anasazi)).
- Intended Outcome: An overall decrease in symptoms and improvement in the participants' quality of life.

Integrated Dual Diagnosis (IDD) - Calaveras	
	- Evaluation Data Source: ✓ Consumer surveys (to assess baseline and follow up symptoms as well as aspects of wellness and recovery proven in the literature to be linked to peer support, such as hope, resiliency, personal empowerment, sense of self, social connectedness, and the belief that life has meaning).
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Anasazi electronic health records.
What training or technical assistance resources did the county use during the project, if any?	- Linda Gertson, IDDT consultant, will be providing 5 years of both training and technical assistance. - Mental Health First Aid training will be provided to peer support facilitators Psychosocial Rehabilitation classes through Columbia College.
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Too soon to respond.
Were/will data be analyzed to show differential impacts on various populations/situations?	Too soon to respond.
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	- We believe it is important to begin integrating both mental health and substance abuse services no matter the outcome of this 5 year project - and using the peer recovery model a part of this project will be critical to ongoing success. - This project will be moved to our MHSA CSS component after the 5 year period.
If a decision was made to continue the project without Innovation funds or not to sustain the	This project will be moved to our MHSA CSS component after the 5 year period.

Integrated Dual Diagnosis (IDD) - Calaveras	
project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Too soon to respond.
Sources of Information	http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Calaveras_FY12-13_AnnualUpdate_080513.pdf http://calaveras.networkofcare.org/content/client/167/Calaveras-FY-11-12-Annual-Update.pdf http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Calaveras.pdf

Colusa County

Innovative Project:	Project Title:	Population(s) Served:
	Telepsychiatry for Children	Children

Telepsychiatry for Children - Colusa		
Project was abandoned because it was not considered to be innovative.		
Timeline:	Total Budget:	Evaluation Budget
Project Status	Abandoned.	
Evaluation questions		
Innovative elements		
Outcomes		
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		

Telepsychiatry for Children - Colusa	
Data collection methods	
Timeline for evaluation	
Evaluation Participants	
Evaluation Design:	Review and Approval of Design:
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project	

Telepsychiatry for Children - Colusa	
without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Colusa_FY12-13_AnnualUpdate_093013.pdf http://williamspioneer.com/mhsa-proposition-63-in-action/

Contra Costa County

Innovative Projects:	Project Titles:	Population(s) Served:
	Promoting Wellness, Recovery, and Self-Management through Peers	Adults
	Social Supports for LGBTQQI2-S Youth	LGBTQQI2-S youth/TAY, their families and caregivers, straight peers, and allies
	Trauma Services for Sexually Exploited Youth : Creating a Safe Haven to Support Transgender and LGBTQQI2-S Youth	LGBTQQI2-S youth/TAY
	Trauma Services for Sexually Exploited Youth: Reluctant to Rescue	LGBTQQI2-S youth/TAY
	Interagency Perinatal Depression Treatment Program	Mothers
	Libby Madelyn Collins Trauma Recovery Program	Adults (particularly Spanish-speaking populations and TAY)

Promoting Wellness, Recovery, and Self-Management through Peers - Contra Costa

This 12-month program will pilot using trained Peer Wellness Coaches to provide wellness services in mental health clinics. The target population consists of consumers who receive services in the county-operated adult mental health clinics. The goals of the project are to learn if and how adding Peer Wellness Coaches to health integration projects will:

- 1) improve wellness and health outcomes for consumers.
- 2) increase primary and mental health care staffs' understanding of mental health "consumer culture" and recovery principles.
- 3) increase the number of consumers with wellness, recovery and/or self-management goals.
- 4) reduce feelings of stigmatization.
- 5) enhance recovery.

Timeline:
On hold

Total Budget:
\$250,000

Evaluation Budget:

Promoting Wellness, Recovery, and Self-Management through Peers - Contra Costa

Project Status	On hold.	
Evaluation questions	- This program will pilot using trained Peer Wellness Coaches to provide wellness services in mental health clinics. - The target population consists of consumers who receive services in the county-operated adult mental health clinics. - The goals of the project are to learn if and how adding Peer Wellness Coaches to health integration projects will: ✓ Improve wellness and health outcomes for consumers. ✓ Increase primary and mental health care staffs' understanding of mental health "consumer culture" and recovery principles. ✓ Increase the number of consumers with wellness, recovery and/or self-management goals. ✓ Reduce feelings of stigmatization. ✓ Enhance recovery.	
Innovative elements	Trained Peer Wellness Coaches will provide wellness services in mental health clinics.	
Outcomes	To assess whether adding Peer Wellness Coaches to health integration projects will improve wellness and health outcomes, increase staff understanding of mental health consumer culture, increase the number of consumers with wellness/recovery goals, and reduce feelings of stigmatization.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$250,000.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	

Promoting Wellness, Recovery, and Self-Management through Peers - Contra Costa		
	Other:	
Evaluation designs	Longitudinal Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Pre and Post measures. - Currently available county data resources (PSP/InSyst system - service utilization and billing data).	
Timeline for evaluation	- Contra Costa County will establish a baseline for all indicators during the first three months of Work Plan Implementation. - The county will then collect data about indicators on a monthly, quarterly, twice annual or annual basis (frequency of measurement will depend on the indicator). - The county will write annual updates and/or reports for stakeholders as appropriate. The county will share data with stakeholders during various committee meetings, public meetings and/or forums, mental health commission meetings and integration pilot learning collaborative team meetings. During these presentations, the county will request feedback from stakeholders about potential changes to the Work Plan. - The county will share data with work plan staff as well as members of the integration pilot learning collaborative team and discuss potential changes to the Work Plan on a monthly basis.	
Evaluation Participants		
Evaluation Design: - MHSA/INN Manager - Internal Project Staff - Consumers - Advocates/Family Partners - Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public		Review and Approval of Design: - MHSA/INN Manager - Internal Project Staff - Consumers - Advocates/Family Partners - Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public

Promoting Wellness, Recovery, and Self-Management through Peers - Contra Costa	
services, such as education and social services	services, such as education and social services
Evaluation Implementation: • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services
How were data analyzed or what is the plan for data analysis?	• To be determined.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• County PSP/InSyst system - service utilization data, and demographic info.
What training or technical assistance resources did the county use during the project, if any?	• Wellness Coach Training - peer provider/Community Support Worker training.
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most	

Promoting Wellness, Recovery, and Self-Management through Peers - Contra Costa	
responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Project will be continued without Innovation funds.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Innovation funds will not be needed to sustain the project because the activities are already aligned with the agency's existing outreach activities.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Updates are regularly presented to our internal Innovations Committee, as well as to the Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services.
Sources of Information	http://cchealth.org/mentalhealth/mhsa/pdf/2013-mhsa-plan-final.pdf (Annual Update 2013-14) http://cchealth.org/mentalhealth/mhsa/ (County Website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/ContraCostaINNrevised4-14-10.pdf (INN Plan) http://cchealth.org/mentalhealth/mhsa/pdf/2012-plan-update.pdf (MHSa Update FY12-13) http://cchealth.org/mentalhealth/mhsa/cpaw/pdf/2012-1101-reports.pdf

Social Supports for LGTBQQI2-S Youth - Contra Costa

The project seeks to attempt to reduce family, peer, and/or community rejecting behaviors and increase accepting behaviors. It will test the effectiveness of various modes of engagement and service provision and will develop best practices toolboxes for engaging/serving youth and their social supports. The project's target population is LGTBQQI2-S youth/TAY as well as their families and caregivers, straight peers and allies, providers, schools, faith-based organizations and community-based organizations. One key component of the project has been to strengthen mission driven agencies by building a learning collaborative, called the Contra Costa LGBTQ Youth Advocacy Collaborative, to increase the capacity of local organizations already serving LGBTQ youth.

Timeline:
July 2010 through June 2017

Total Budget:
\$500,000

Evaluation Budget:
\$126,644.74 (split time between
Innovation Projects and other
MHSA components)

Project Status

- In process.

Evaluation questions

- Whether applying a Social Support Model to mental health services targeting LGTBQQI2-S Youth/TAY will improve their mental health outcomes.
- With secondary learning goals to determine:
 - ✓ What constitutes a social support model in Contra Costa County?
 - ✓ Who comprises the key components of this model, for example, existing families, peers and/or community members and groups?
 - ✓ Which methods of engaging and educating each social group is most effective and for which cultural groups?
 - ✓ Does this model change family, peer and/or community attitudes about and behaviors affecting LGTBQQI2-S youth, leading to a decrease in the number of rejecting behaviors experienced by LGTBQQI2-S youth?
 - ✓ Does one component, or social group, of the model improve participation in services and promote behavior change more than another?
 - ✓ Is this model useful to consumers, families, peers, communities, and/or providers?
 - ✓ Is it possible to validate the model?

Social Supports for LGTBQQI2-S Youth - Contra Costa		
Innovative elements	- Most research focuses on LGTBQQI2-S individuals, neglecting the impact of empowering family, peers, and community members to change the social climate of a community. - The innovative work plan will determine if it is possible to empower family members and peers to support LGTBQQI2-S youth; thereby improving not only the health outcomes of the youth, but their resiliency as well. - Empowerment will potentially lead to youth and their communities changing their behaviors and creating a sustainable culture of support and acceptance.	
Outcomes	Improved social support and empowerment of LGTBQQI2-S families and peers which will result in positive health and developmental outcomes for youth.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$500,000.	
Budget for evaluation aspects	External Evaluation:	Not applicable.
	Internal Evaluation:	\$126,644.74 (salary plus benefits) - split time between Innovation Projects and other MHSA components.
	Administrative:	
	Other:	
Evaluation designs	- Longitudinal Design. - Case Study Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Clinical records. - Pre and Post measures. - Currently available county data resources (Demographics, Service Utilization).	
Timeline for evaluation	The County anticipates Social Supports for LGTBQQI2-S Youth will be able to start in	

Social Supports for LGBTQQI2-S Youth - Contra Costa

July of 2010.

- During spring of 2010, after receiving approval from the state, community members and organizations will submit proposals for prospective programs.
- By the end of June 2010 the County and a representative board of stakeholders will select the programs for implementation.
- The first four months of the project, July 2010 through October 2011, will entail building partnerships within the community, hiring staff, confirming facilities, developing and/or adapting the programs and materials, printing materials, training trainers and staff, designing the evaluation, and collecting baseline data.
- Program implementation will take thirty months, November 2010 through April 2013.
- Program implementation occurring past fiscal year 2011 will be dependent on whether the State will provide additional funding. Work plan evaluation will occur throughout the program:
 - ✓ During the first four months with baseline data collection, then subsequently every six months to ensure the work plan is running as planned and to make any needed adjustments, and finally after work plan implementation is complete.
 - ✓ The reports of the evaluation findings will be written, tailored for various stakeholder groups, and distributed during May and June of 2013.
 - ✓ Because the work plan will likely use and provide supplemental funds as appropriate to existing resources in the community, such as community centers, there will be no need to build facilities. However, as a Social Support Model for LGBTQQI2-S youth does not exist and will have to be developed, the county expects it will take three years to implement the work plan and achieve its learning goals.
 - ✓ It will take four months to setup the project. Because implementation consists of both education and behavior change, the program requires thirty months to implement. Because Caitlin Ryan is developing educational materials for various reading levels, two reading levels will be available in year one and three in year two.
 - ✓ All materials will be minimally available in English and Spanish.
 - ✓ After the organizations implementing the work plan design their train-the trainer

Social Supports for LGBTQI2-S Youth - Contra Costa

	program, training of providers will occur on an ongoing basis as needed; this is because, as participation increases, new service providers will join throughout the course of the work plan. ✓ It will take two months to collect final outcome data, analyze the work plan results, determine if the work plan met the primary and secondary learning goals, and write final reports for various stakeholder groups. ✓ At the conclusion of the work plan, in order to disseminate findings to the community, the county intends to conduct a forum to educate community members. This will also allow stakeholders to address their concerns about the progress and implementation of the Innovation work plans. ✓ If the approach is effective the County intends to apply the approach to services for similar target populations. ✓ Upon approval, the county will work with appropriate partners to publish its findings in order to inform the public, practitioners, and policy makers about the effectiveness of applying a Social Support Model to mental health services. ✓ Note, because three years was not sufficient time to address all of the learning goals, the program will be extended until June of 2017.
Evaluation Participants	
Evaluation Design: • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services	Review and Approval of Design: • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services
Evaluation Implementation: • MHSA/INN Manager	Review of Evaluation Findings: • Director or Other Senior Management

Social Supports for LGBTQQI2-S Youth - Contra Costa

• Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services	• MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services
How were data analyzed or what is the plan for data analysis?	• The short-term work plan outcomes may be measured by indicators such as: ✓ Developed and/or adapted educational materials and systems for Social Support Model, including family, peer, and/or community components. ✓ Materials developed and/or adapted. ✓ Community partnerships and organizations using the educational materials. ✓ Types of community organizations using the materials. ✓ Number of times stakeholders involved in designing, implementing, and evaluating the model and defined specific roles. ✓ Trained youth and family service providers. ✓ Number of youth and family service providers trained and retained. ✓ Integrated and implemented Social Support Model targeting LGBTQQI2-S youth and their families. ✓ Providers. ✓ Materials distributed. ✓ Classes taught or activities completed. ✓ LGBTQQI2-S youth served. ✓ Families, peers, and/or community members served. ✓ Community partnerships maintained. ✓ Improved social support and empowerment of LGBTQQI2-S families and peers which will result in positive health and developmental outcomes for youth ✓ Increase in positive health outcomes.

Social Supports for LGTBQQI2-S Youth - Contra Costa

	✓ Reduction of poor health outcomes (reduction of suicide rates, HIV incidence, depression rates, isolation). ✓ Reduction of high risk behaviors (decreased substance abuse and other risky behaviors) Changes in LGTBQQI2-S youth, family, peer, community, provider perceptions of discrimination and support (shown by increased outreach and an increase in the methods of outreach). ✓ Changes in attitudes towards LGTBQQI2-S youth. ✓ Changes in LGTBQQI2-S youth trust with family, peers, communities, providers. ✓ Number of times community discrimination observed (defined by number of decreased community rejecting behaviors and increased accepting behaviors). ✓ Family support behaviors (defined by number of rejecting behaviors versus accepting behaviors). ✓ Peer support behaviors (defined the same as family support). ✓ Times stakeholders involved in designing, implementing, and evaluating the model and documented defined specific roles. • The community members and organizations selected to implement their programs will decide which measurement tools to use, what to measure, who collects the data, and how frequently to collect the data.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• County internal billing/service utilization system – PSP/InSyst system.
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	

Social Supports for LGTBQQI2-S Youth - Contra Costa	
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Innovation funds would not be needed to sustain the project because the activities were already aligned with the agency's existing outreach activities.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Updates are regularly presented to our internal Innovations Committee, as well as to the Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services.
Sources of Information	http://cchealth.org/mentalhealth/mhsa/pdf/2013-mhsa-plan-final.pdf (Annual Update 2013-14) http://cchealth.org/mentalhealth/mhsa/ (County Website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/ContraCostalNNrevised4-14-10.pdf (INN Plan) http://cchealth.org/mentalhealth/mhsa/pdf/2012-plan-update.pdf (MHSA Update FY12-13) http://cchealth.org/mentalhealth/mhsa/cpaw/pdf/2012-1101-reports.pdf

Trauma Services for Sexually Exploited Youth: Creating a Safe Haven to Support Transgender and LGTBQQI2-S Youth - Contra Costa

36-month project will target LGTBQQI2-S youth who are (or at high risk of) being sexually exploited. The goal of this project is to create a new street-based venue intended to increase youth's access to a comprehensive array of social and support services, delivered at a site specifically designed to support their needs. This project is being piloted in Central Contra Costa County and has developed a safe space and drop-in project targeting LGTBQQI2-S youth with a specific focus on youth who are gender variant and/or transgender-identified and who engage in street socialization, commercial sex work and/or survival sex.

Additional project goals include developing replicable outreach methods that support the ability to identify and reach this underserved group; the development of assessment tools that will support identification of sexual exploitation in this population; and establishment of a referral network that will increase LGBTQ youth's ability to integrate into mainstream social service projects.

Timeline:
Fall 2011 through Summer 2014

Total Budget:
\$187,358

Evaluation Budget:
\$126,644.74 (split time between
Innovation Projects and other
MHSA components)

Project Status	Completed.
Evaluation questions	36-month project will target LGTBQQI2-S youth who are (or at high risk of) being sexually exploited. - The goal of this project is to create a new street-based venue intended to increase youth's access to a comprehensive array of social and support services, delivered at a site specifically designed to support their needs. - This project is being piloted in Central Contra Costa County and has developed a safe space and drop-in project targeting LGTBQQI2-S youth with a specific focus on youth who are gender variant and/or transgender-identified and who engage in street socialization, commercial sex work and/or survival sex. - Additional project goals include: ✓ Developing replicable outreach methods that support the ability to identify and reach this underserved group.

Trauma Services for Sexually Exploited Youth: Creating a Safe Haven to Support Transgender and LGTBQQI2-S Youth - Contra Costa

	✓ The development of assessment tools that will support identification of sexual exploitation in this population. ✓ Establishment of a referral network that will increase LGBTQ youth's ability to integrate into mainstream social service projects.
Innovative elements	• In year one this innovative project will contribute to learning by determining if such a drop-in center and the proposed prevention, early intervention, harm reduction and peer wellness and recovery services (specifically designed around sexual exploitation education and intervention) does indeed promote and sustain the engagement of sexually exploited LGTBQQI2-S youth with services. • In year two, it will determine what additional services and or interventions are necessary to increase the ability of sexually exploited LGTBQQI2-S youth to make healthy choices. It will also determine if it increases the number of such youth who recognize they can make choices about their behaviors; thereby decreasing the likelihood of LGTBQQI2-S Contra Costa East County youth being sexually exploited on the streets of larger metropolitan areas.
Outcomes	• Increased referrals into project(s). • Increased number of youth utilizing services. • Increased project retention. • Decreased relapse behaviors among youth. • Decreased arrest rates among youth. • Increased knowledge of life skills among participating youth and improved health outcomes. • Increased number of youth who recognize they can make healthy choices in their lives. Increased caregiver knowledge about parenting issues related to caring for a sexually exploited youth. • Increased length of home-stay among youth whose caregivers attended the caregiver training. • Changes in police policies/protocols for dealing with sexually exploited youth.
Primary purpose	• Improve the quality and outcomes of services.

Trauma Services for Sexually Exploited Youth: Creating a Safe Haven to Support Transgender and LGTBQQI2-S Youth - Contra Costa		
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$187,358.	
Budget for evaluation aspects	External Evaluation:	Not applicable.
	Internal Evaluation:	\$126,644.74 (salary plus benefits) - split time between Innovation Projects and other MHSA components.
	Administrative:	
	Other:	
Evaluation designs	- Longitudinal Design. - Case Study Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Clinical records. - Pre and Post measures.	
Timeline for evaluation	- Contra Costa County will collect data about indicators at baseline and on a monthly, quarterly, twice annual or annual basis; frequency of measurement will depend on the indicator. - The county will write annual updates and/or reports for stakeholders as appropriate. - The county will share data with stakeholders during various committee meetings, public meetings and/or forums, mental health commission meetings and team meetings. During these presentations, the county will request feedback from stakeholders about potential changes to the Work Plan. - The county will share data with Work Plan staff as well as other members of the County agencies and discuss potential changes to the Work Plan.	
Evaluation Participants		

Trauma Services for Sexually Exploited Youth: Creating a Safe Haven to Support Transgender and LGTBQQI2-S Youth - Contra Costa

Evaluation Design: • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services	Review and Approval of Design: • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services
Evaluation Implementation: • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did	

Trauma Services for Sexually Exploited Youth: Creating a Safe Haven to Support Transgender and LGTBQQI2-S Youth - Contra Costa

the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	The lessons learned from this project have been incorporated into the contract agency's existing outreach activities, and therefore will be sustained, without innovation funds, or even additional funding.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Innovation funds would not be needed to sustain the project because the activities were already aligned with the agency's existing outreach activities.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Updates are regularly presented to our internal Innovations Committee, as well as to the Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community

Trauma Services for Sexually Exploited Youth: Creating a Safe Haven to Support Transgender and LGTBQQI2-S Youth - Contra Costa

	based organizations, and individuals representing allied public services, such as education and social services.
Sources of Information	http://cchealth.org/mentalhealth/mhsa/pdf/2013-mhsa-plan-final.pdf (Annual Update 2013-14) http://cchealth.org/mentalhealth/mhsa/ (County Website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/ContraCostalNNrevised4-14-10.pdf (INN Plan) http://cchealth.org/mentalhealth/mhsa/pdf/2012-plan-update.pdf (MHSa Update FY12-13) http://cchealth.org/mentalhealth/mhsa/cpaw/pdf/2012-1101-reports.pdf

Trauma Services for Sexually Exploited Youth: Reluctant to Rescue - Contra Costa

This 36-month project will target sexually exploited youth in Central and East County. The goals of the project are to: 1) gather information from sexually exploited youth about their backgrounds and reasons for entering and remaining in sexually exploitative situations as well as feedback on what would motivate and/or help them to leave these situations; 2) create a drop-in center to provide the youth needed support and services; 3) develop a training project for the care providers of sexually exploited youth; 4) determine the most effective ways of promoting and sustaining youth engagement with services; 5) determine how projects can decrease the attraction of the lifestyle some sexually exploited youth associate with their exploitation; and 6) determine what additional services and/or interventions are necessary to increase the ability of sexually exploited youth to access healthy choices and increase the number of youth who recognize they can make choices about their risk behaviors.

Timeline:
Spring 2012 through Spring 2017

Total Budget:
\$378,000

Evaluation Budget:
\$126,644.74 (split time between
Innovation Projects and other
MHSa components)

Project Status	In process.
Evaluation questions	This 36-month project will target sexually exploited youth in Central and East County. The goals of the project are to:

Trauma Services for Sexually Exploited Youth: Reluctant to Rescue - Contra Costa	
	✓ Gather information from sexually exploited youth about their backgrounds and reasons for entering and remaining in sexually exploitative situations as well as feedback on what would motivate and/or help them to leave these situations. ✓ Create a drop-in center to provide the youth needed support and services. ✓ Develop a training project for the care providers of sexually exploited youth. ✓ Determine the most effective ways of promoting and sustaining youth engagement with services. ✓ Determine how projects can decrease the attraction of the lifestyle some sexually exploited youth associate with their exploitation. ✓ Determine what additional services and/or interventions are necessary to increase the ability of sexually exploited youth to access healthy choices and increase the number of youth who recognize they can make choices about their risk behaviors.
Innovative elements	
Outcomes	• Increased referrals into project(s). • Increased number of youth utilizing services. • Increased project retention. • Decreased relapse behaviors among youth, decreased arrest rates among youth. Increased knowledge of life skills among participating youth and improved health outcomes. • Increased number of youth who recognize they can make healthy choices in their lives. • Increased caregiver knowledge about parenting issues related to caring for a sexually exploited youth. • Increased length of home-stay among youth whose caregivers attended the caregiver training. • Changes in police policies/protocols for dealing with sexually exploited youth.
Primary purpose	• Improve the quality and outcomes of services.
Other purposes	• Not applicable.
Innovation definition	• 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.

Trauma Services for Sexually Exploited Youth: Reluctant to Rescue - Contra Costa		
Total budget	\$378,000.	
Budget for evaluation aspects	External Evaluation:	Not applicable.
	Internal Evaluation:	\$126,644.74 (salary plus benefits) - split time between Innovation Projects and other MHSA components.
	Administrative:	
	Other:	
Evaluation designs	- Longitudinal Design. - Case Study Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Focus Groups. - Direct observation. - Pre and Post measures. - Currently available county data resources.	
Timeline for evaluation	- The proposed project will be a three-year project and will operate in three phases: ✓ 1) Learning and Developing, months 1 – 4. ✓ 2) Testing and Implementing, months 5 – 36. ✓ 3) Looking Forward and Sustaining, ongoing as appropriate.	
Evaluation Participants		
Evaluation Design: - MHSA/INN Manager - Internal Project Staff - Consumers - Advocates/Family Partners - Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public		Review and Approval of Design: - MHSA/INN Manager - Internal Project Staff - Consumers - Advocates/Family Partners - Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public

Trauma Services for Sexually Exploited Youth: Reluctant to Rescue - Contra Costa			
services, such as education and social services		services, such as education and social services	
Evaluation Implementation: • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services		Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services	
How were data analyzed or what is the plan for data analysis?		• Contra Costa County will collect data about indicators at baseline and on a monthly, quarterly, twice annually or annual basis (frequency of measurement will depend on the indicator). • The county will write annual updates and/or reports for stakeholders as appropriate. • The county will share data with stakeholders during various committee meetings, public meetings and/or forums, mental health commission meetings and team meetings. During these presentations, the county will request feedback from stakeholders about potential changes to the Work Plan. • The county will share data with Work Plan staff as well as other members of the county agencies and discuss potential changes to the Work Plan. • The evaluation plan will measure the project plan outcomes and learning goals utilizing the following indicators in response to specific interventions: ✓ Retention of youth in services (measure participation). ✓ Relapse behaviors of participants. ✓ Re-arrest rates of participants (for those who have been arrested).	

Trauma Services for Sexually Exploited Youth: Reluctant to Rescue - Contra Costa

	✓ Self-reported re-involvement in CSEC experiences regardless of arrest. • The project will develop or select specific pre-existing evaluation tools to measure outcomes of specific services and their overall impact on relapse behaviors. (For example, the project may utilize mental health assessments or specific tools measuring life skills.) • To measure outcomes of CSEC care provider trainings, CVS will measure the length of stay of the youth with the care provider, number of runaway/being kicked out reports, the number of crisis calls care providers place to project staff, and any resolution of those calls. • Depending on the caregiver-training curriculum ultimately selected, CVS will also measure caregiver knowledge pre and post training sessions. • The primary institutional change measured will be with the following outcomes related to law enforcement: ✓ Number of police departments and service providers with established CSEC protocols. ✓ The formation of a coordinated CSEC response team. ✓ Increased number of CSEC referrals from police and probation from 20 to 50 annually.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• PSP/InSyst system - billing and service utilization data.
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	

Trauma Services for Sexually Exploited Youth: Reluctant to Rescue - Contra Costa	
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Innovation funds would not be needed to sustain the project because the activities were already aligned with the agency's existing outreach activities.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Updates are regularly presented to our internal Innovations Committee, as well as to the Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services.
Sources of Information	http://cchealth.org/mentalhealth/mhsa/pdf/2013-mhsa-plan-final.pdf (Annual Update 2013-14) http://cchealth.org/mentalhealth/mhsa/ (County Website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/ContraCostalNNrevised4-14-10.pdf (INN Plan) http://cchealth.org/mentalhealth/mhsa/pdf/2012-plan-update.pdf (MHSA Update FY12-13) http://cchealth.org/mentalhealth/mhsa/cpaw/pdf/2012-1101-reports.pdf

Interagency Perinatal Depression Treatment Program - Contra Costa

This project will pilot the integration of perinatal/post-partum depression services into the services currently provided at the Central County WIC office. The target population consists of mothers who receive services from the Central County WIC office who screen positive for perinatal and/or post-partum depression.

The goals of the project are to learn:

- 1) Which elements of the collaboration are most/least effective and why.
- 2) If the collaboration leads to an increase in awareness about mental health services and a decrease in the mothers' perception of stigma associated with depression.
- 3) Improved health outcomes for the women participating in the collaboration.

Timeline:
December 2012 through Current

Total Budget:
\$250,000

Evaluation Budget:
\$126,644.74 (split time between
Innovation Projects and other
MHSA components)

Project Status	• In process.
Evaluation questions	• Will the interagency collaborative effort result in improved working relationships and a shared sense of purpose between Mental Health and Public Health? • Will the provision of screening and intervention for depression at a site associated with support for mothers and their children result in improved compliance with treatment? • Will the provision of Mental Health services at the WIC site increase awareness about mental health and reduce the stigma of receiving Mental Health Services? • Will the women who participate in this pilot engage in their recovery? • Will the women who participate in this pilot experience a decrease in their level of depression as a result of participation in the program?
Innovative elements	
Outcomes	• Improvement in depression scores and treatment outcomes. Positive feedback from mothers and providers. Increased service utilization. Changes in perceptions about stigma related to seeking mental health care. Increased awareness about mental health and mental health services. Progress towards achieving wellness/recovery goals.

Interagency Perinatal Depression Treatment Program - Contra Costa		
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$250,000.	
Budget for evaluation aspects	External Evaluation:	Not applicable.
	Internal Evaluation:	\$126,644.74 (salary plus benefits) - split time between Innovation Projects and other MHSA components.
	Administrative:	
	Other:	
Evaluation designs	- Longitudinal Design. - Case Study Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Interviews. - Direct observation. - Pre and Post measures. - Currently available county data resources (PSP/InSyst system - service utilization and billing information).	
Timeline for evaluation	Depending on the indicator, staff will collect data to answer the learning goals at baseline, as well as, on a monthly, quarterly, twice annual and/or annual basis. Staff will also conduct a final evaluation.	
Evaluation Participants		
Evaluation Design: - MHSA/INN Manager - Internal Project Staff - Consumers - Advocates/Family Partners - Consolidated Planning Advisory Workgroup (CPAW) - advisory		Review and Approval of Design: - MHSA/INN Manager - Internal Project Staff - Consumers - Advocates/Family Partners - Consolidated Planning Advisory Workgroup (CPAW) - advisory

Interagency Perinatal Depression Treatment Program - Contra Costa		
group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services		group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services
Evaluation Implementation: • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services		Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services
How were data analyzed or what is the plan for data analysis?	• To be determined.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Public Health Electronic Health Record information (Persimmony), PSP/InSyst system - mental health service utilization records.	
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		
Were/will data be analyzed to show differential		

Interagency Perinatal Depression Treatment Program - Contra Costa	
impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Innovation funds would not be needed to sustain the project because the activities were already aligned with the agency's existing outreach activities.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Updates are regularly presented to our internal Innovations Committee, as well as to the Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services.
Sources of Information	http://cchealth.org/mentalhealth/mhsa/pdf/2013-mhsa-plan-final.pdf (Annual Update 2013-14) http://cchealth.org/mentalhealth/mhsa/ (County Website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/ContraCostaINNrevised4-14-10.pdf (INN Plan) http://cchealth.org/mentalhealth/mhsa/pdf/2012-plan-update.pdf (MHSA Update FY12-13) http://cchealth.org/mentalhealth/mhsa/cpaw/pdf/2012-1101-reports.pdf

Libby Madelyn Collins Trauma Recovery Program - Contra Costa

This project will pilot the use of a Trauma Recovery Group (TRG) with consumers diagnosed with co-occurring Post-Traumatic Stress Disorder (PTSD) and schizophrenia, schizoaffective disorder, bipolar disorder and/or cluster B personality disorders who receive mental health services at the county-operated adult mental health clinics. The project is currently in its second year.

The goals of the project are to determine:

- 1) If offering this group to consumers will improve mental health outcomes and promote recovery.
- 2) How peer providers can support the group.
- 3) If the group is effective among various cultural populations, particularly Spanish-speaking populations and TAY.

Timeline:

November 2011 through December 2013

Total Budget:

\$250,000

Evaluation Budget:

\$126,644.74 (split time between Innovation Projects and other MHS components)

Project Status	Completed.
Evaluation questions	- No previous study of the CR treatment protocol has focused solely on consumers with schizophrenia, schizoaffective disorder, bipolar disorder, and cluster B personality disorders. ✓ Will this treatment lead to a reduction in primary, Serious Mental Illness (SMI) diagnosis and PTSD symptoms? ✓ Will this treatment be effective among consumers with these severe and persistent primary diagnoses? - Past efforts to utilize the CR program have taken place among almost 100% Caucasian consumers. ✓ Will this treatment be effective among a culturally diverse population? ✓ Will there be a significant reduction in involuntary hospitalizations among participating consumers? - Unlike all previous studies of the Trauma Recovery Group protocol, the Innovation will ensure that 50% of participants have current substance abuse problems. ✓ Will the treatment lead to a reduction in substance abuse among participants?

Libby Madelyn Collins Trauma Recovery Program - Contra Costa	
	- No previous study of this treatment has included the evaluations of case managers, psychiatrists, peer support workers and consumers regarding the improvement of consumers. ✓ What is the opinion of the case managers, psychiatrists, peer support workers and consumers of participating consumers as to their progress across multiple behaviors, employment ability to maintain housing, etc.? ✓ Does adding peer support to TRG improve program outcomes?
Innovative elements	- In the research, there has been no formal effort to incorporate the evaluations of case managers and psychiatrists as to the progress, or lack thereof, of their clients, or to have consumers evaluate their progress. - The Innovation will also provide a 7-point Likert scale questionnaire to each consumer's case manager and psychiatrist, asking them to evaluate their clients SMI/PTSD symptoms as well as behaviors such as ETOH and drug use, involuntary hospitalization (or consideration of same), evictions, progress toward achieving partnership plan goals, etc. - These case manager/psychiatrist evaluations will be completed at the same points (before/after treatment, 3,6,12, and 24 months follow-up) as the consumers are evaluated. - Not only will this provide additional data as to treatment effectiveness, it will allow the Innovation to track the real-world impact on the system of care and increased Utilization Review (UR) compliance. - A similar Likert scale questionnaire will be provided to group participants, asking them to evaluate their progress as well as the group process and peer support.
Outcomes	- Increased knowledge about PTSD on the part of clients and staff. - Changes in group and one-on-one attendance. - Improvement in clinical assessments and assessment scores. - Positive client feedback about the Trauma Recovery Project services. - Progress towards achieving client goals. - Decreased number of involuntary hospitalizations. - Decreased number of involvements with the criminal justice system.

Libby Madelyn Collins Trauma Recovery Program - Contra Costa		
	- Decreased number of evictions. - Decrease in alcohol use and substance abuse.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$250,000.	
Budget for evaluation aspects	External Evaluation:	Not applicable.
	Internal Evaluation:	\$126,644.74 (salary plus benefits) - split time between Innovation Projects and other MHSA components.
	Administrative:	
	Other:	
Evaluation designs	- Longitudinal Design. - Case Study Design.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	Previous groups where 100% of population was Caucasian.	
Data collection methods	- Pre and Post measures. - Currently available county data resources (PSP/InSyst system - service utilization and billing data).	
Timeline for evaluation	- Depending on the indicator, Work Plan staff will collect data to answer the learning goals at baseline as well as on a monthly, quarterly, twice annual and/or annual basis. - Work Plan staff will conduct a final evaluation of both the pilot and study of the feasibility of replication during the final month of the Work Plan. - Contra Costa County will create tailored reports for various stakeholder groups. - The county will report on the following schedule: monthly to Work Plan staff and the County agencies involved, quarterly reports to Innovation Committee and annually to stakeholders and the State.	
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:

Libby Madelyn Collins Trauma Recovery Program - Contra Costa		
• MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services		• MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services
Evaluation Implementation: • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services		Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services
How were data analyzed or what is the plan for data analysis?	• The Innovation proposes utilizing pre and post tests as one measure of the effectiveness of the treatment effectiveness. The plan is to utilize testing instruments immediately before treatment, and again at the conclusion, and then follow-up at 3, 6, 12, and 24 months after treatment (depending upon when during program implementation the consumer is enrolled in the program, follow-up may be less than 24 months). One instrument to measure PTSD will be the PTSD Checklist (PCL), which is a self-report evaluation of trauma symptoms as defined in DSM-IV-TR. The Innovation will also use the Clinician-Administered PTSD Scale (CAPS), which research indicates is a reliable measure of PTSD among the co-morbid SMI/PTSD population who utilize	

Libby Madelyn Collins Trauma Recovery Program - Contra Costa

	community mental health services. • In the research, there has been no formal effort to incorporate the evaluations of case managers and psychiatrists as to the progress, or lack thereof, of their clients, or to have consumers evaluate their progress. • 100% of the initial group participants will have been involuntarily hospitalized within the previous two years. • The Innovation will also ensure 50% of group members have recent substance abuse problems. • It will track all group members for post treatment involuntary hospitalizations, and screen all who complete the group for substance abuse. Additionally, it will track use of county medical services, evictions, criminal justice involvement, and compare the results to 3,6,12, and 24 months prior to treatment. • If the results show a significant reduction in involuntary hospitalizations, substance abuse, evictions, and criminal justice involvement, Contra Costa County Mental Health will be a national leader in addressing the problems, and resulting behavior, of a large portion of the consumers who utilize community mental health. More importantly, the Innovation will have facilitated improvement in the lives of local consumers whose pretests and treatment admission criteria will have shown to be presently treatment resistant, with measurable costs to an already strained system of care. • The Innovation will track the process learning goals by documenting learning, barriers and solutions associated with implementation of the model.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	• Kim Mueser, PhD of Dartmouth University Medical School has agreed to support the Innovation in its efforts, and Contra Costa will consult with him regarding utilization of other instruments to evaluate PTSD and co-morbid disorder(s) symptoms.
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not	

Libby Madelyn Collins Trauma Recovery Program - Contra Costa	
limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Innovation funds would not be needed to sustain the project because the activities were already aligned with the agency's existing outreach activities.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Updates are regularly presented to our internal Innovations Committee, as well as to the Consolidated Planning Advisory Workgroup (CPAW) - advisory group appointed by the Contra Costa Behavioral Health Director comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services.
Sources of Information	http://cchealth.org/mentalhealth/mhsa/pdf/2013-mhsa-plan-final.pdf (Annual Update 2013-14) http://cchealth.org/mentalhealth/mhsa/ (County Website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/ContraCostaINNrevised4-14-10.pdf (INN Plan) http://cchealth.org/mentalhealth/mhsa/pdf/2012-plan-update.pdf (MHSA Update FY12-13)

Libby Madelyn Collins Trauma Recovery Program - Contra Costa

<http://cchealth.org/mentalhealth/mhsa/cpaw/pdf/2012-1101-reports.pdf>

Del Norte County

Innovative Project:	Project Title:	Population(s) Served:
	TAY Collaboration: Rural Connection for Leadership, Advocacy, and Support	TAY

TAY Collaboration: Rural Connection for Leadership, Advocacy, and Support - Del Norte

The TAYC includes all interested individual and agencies from both public and private agencies. The TAY Council, composed of youth age 16-25, will serve as a voice for youth and young adults and conduct social marketing of services and resources best suited to support their success. The TAY council will take on a leadership and advocacy role and provide feedback to the TAY Collaborative as to how services can be tailored to meet the needs and to lead better outcomes. The population will include those at risk due to either being involved in public school systems, HS drop out, or community Day Schools, homeless, living with disabilities or special needs, pregnant or parenting.

Timeline:
October 2011 through June 2014

Total Budget:
\$474,525

Evaluation Budget:
\$11,102

Project Status	Completed.
Evaluation questions	- By developing a Transitional Age Youth Council that works with and is supported by the Department and local Transitional Age Youth services providers and agencies, can we increase access to services for underserved populations, particularly those at higher risk due to being either: involved in public systems, high school drop-out or community day school, homeless, living with a disability or special needs, or pregnant and parenting? - If supported by the Collaborative, can the TAY Council be empowered to connect TAY and TAY peers, mentors, resources and services? - Can the TAY Council assess the services and resources that are beneficial to local transitional age youth?

TAY Collaboration: Rural Connection for Leadership, Advocacy, and Support - Del Norte		
	Can we increase access to services for underserved groups by having the youth council conduct social marketing of services and resources through social media?	
Innovative elements	The purpose of the Innovations plan was to increase access to services for underserved groups, particularly those at higher risk due to being either: involved in public systems, high school drop-out or community day school, homeless, living with a disability or special needs, or pregnant and parenting.	
Outcomes	A critical learning goal is to learn what ways an empowered TAYC can make recommendations for improving access to services and whether the TAYC can promote local services and resources via a website and other social networking sites. The Innovations plan was also developed to increase the quality of services, including better outcomes, promote interagency collaboration, and to increase to services for transitional age youth.	
Primary purpose	Increase access to services for underserved populations.	
Other purposes	- a.) Can the Youth Council assess the services and resources that are beneficial to local transitional age youth? The Youth Council along with assistance from the TAY Collaborative completed a survey of over 400 transitional age youth to assess the services and resources that local TAY felt would help them make a successful transition into adulthood. - b.) Can we increase access to services and resources for underserved groups by having the Youth Council conduct social marketing of services and resources through social media such as Facebook and a web site? The Youth Council created a Facebook page to disseminate information about TAY services and resources. By the end of the project The Coastal Connections Facebook page had over 500 youth connected to the page who received information about access to services and resources in the community for TAY.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$474,525.	
Budget for evaluation aspects	External Evaluation:	Not applicable.

TAY Collaboration: Rural Connection for Leadership, Advocacy, and Support - Del Norte		
	Internal Evaluation:	\$11,102.
	Administrative:	\$33,000.
	Other:	
Evaluation designs	Longitudinal Design.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	Comparing second and third year Innovations participation rates to the first year.	
Data collection methods	- Survey. - Interviews. - Demographics and Program participation.	
Timeline for evaluation	Data was collected daily and measured annually.	
Evaluation Participants		
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff		Review and Approval of Design: Director or Other Senior Management
Evaluation Implementation: - MHSA/INN Manager - Internal Project Staff		Review of Evaluation Findings: - MHSA/INN Manager - Internal Project Staff - External/contracted project staff
How were data analyzed or what is the plan for data analysis?	Data was collected daily and measured annually.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Not applicable.	
What training or technical assistance resources did the county use during the project, if any?	California Center for Rural Policy assisted in facilitation of the Innovations planning process.	
How were/are/will the effects of the project’s innovative elements be measured?	Center use and program participation.	

TAY Collaboration: Rural Connection for Leadership, Advocacy, and Support - Del Norte	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Evaluation design was inadequate to determine specific effects. Project did increase access to information in regards to services and resources through Facebook and Social media site.
Were/will data be analyzed to show differential impacts on various populations/situations?	Only with respect to demographics information and program participation.
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	The innovations project has been continued through PEI funding.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	The Innovation project was continued through PEI funding due to the success in increasing access to services for Transitional Age Youth.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Other.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/DelNorte_FY12-13_AnnualUpdate_070612.pdf http://www.countyofdelnorte.us/agendas/bos/MG91617/AS91628/AI91991/DO92009/DO_92009.PDF

El Dorado County

Innovative Project:	Project Title:	Population(s) Served:
	Closing the Gap through Community Capacity Building	Adults

Closing the Gap through Community Capacity Building – El Dorado		
Project discontinued effective Sept. 2012. Program was not effective nor supported by the public.		
Timeline:	Total Budget:	Evaluation Budget
Project Status	Abandoned.	
Evaluation questions		
Innovative elements		
Outcomes		
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		

Closing the Gap through Community Capacity Building – El Dorado	
Describe comparison group design (if applicable)	
Data collection methods	
Timeline for evaluation	
Evaluation Participants	
Evaluation Design:	Review and Approval of Design:
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	

Closing the Gap through Community Capacity Building – El Dorado	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	

Fresno County

Innovative Projects:	Project Title:	Population(s) Served:
	Overnight Stay (Emergency Department Team)	Adults and older adults
	Integrated Discharge Teams	Adults and older adults
	Holistic Culturally Competent Wellness Center	Native American, Southeast Asian/Asian, African American, Hispanic cultures, Veterans, plus other underserved groups
	Jail: Community Re-integration Mental Health Team	Newly released adult inmates

Overnight Stay (Emergency Department Team) - Fresno

The Overnight Stay and Support (SOS) program is an innovative approach in addressing effective linkage and referral for clients presenting at local hospital emergency departments (EDs) at times (8:00 PM-8:00 AM) where other mental health supports may not be available. Current trends indicate that during the time period of 8:00 PM to 8:00 AM, a large number of clients entering EDs in Fresno County are waiting long periods of time for assessment and effective linkage to appropriate services. During these specific hours, many clients are unable to be linked to mental health services or are often incorrectly assessed to higher levels of care (including inpatient hospitals) or not offered continued treatment and are occasionally lost in the system. In the proposed plan, clients will be offered overnight stay, other supports (food, effective assessment, etc.) and linked to appropriate levels of care.

Timeline:
May 2012 through June 2017

Total Budget:
\$3,927,419.

Evaluation Budget

Project Status	In process.
Evaluation questions	The evaluation question that this Innovative Project is addressing is: Does a Support and Overnight Stay Program address the needs of County Behavioral Health clients and decrease readmission to local emergency departments and designated 5150 facilities?
Innovative elements	This is a modified approach from other Mental Health practices relating to ED and linkage services. This approach differs due to the targeted populations to be served

Overnight Stay (Emergency Department Team) - Fresno		
	and the type of service delivery to be provided by this team. • Other distinctive factors in this approach versus other models are: ✓ Peer support. ✓ Overnight stay. ✓ Links to recovery and wellness resources. ✓ Focus on peer support including essential role of peer counselors on team. ✓ Provision of essential practical survival resources, and focus on cultural appropriateness including cultural brokers and referrals to cultural and spiritual resources, as well as working closely with hospital staff. • By offering a wide range of support services and appropriate linkages to the targeted population, Fresno County stands to learn a great deal about the target population and increasing access to mental health services within the County.	
Outcomes	• One learning goal Fresno County proposed was to identify the target consumer population and see a positive change in lower recidivism rates at the hospital EDs, including proper linkage to appropriate services for the individuals. Follow-up by SOS staff encourages individuals to utilize services offered by community organizations and agencies. • An additional learning goal is local agencies and organizations will be part of and see more interaction with Fresno County through constant contacts for linkages and referrals that is a means to identify the gaps and shortages of needed services which we hope will inspire these agencies and organizations to look at their operations and create new and various services that will fill this potential void.	
Primary purpose	• Increase access to services for underserved populations.	
Other purposes	• A secondary purpose of this Innovative Project is to 'Promote interagency collaboration'. The Support and Overnight Stay program works closely with local emergency departments and designated 5150 facilities to provide a temporary overnight alternative while connecting clients to needed services in the community.	
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	• \$3,927,419.	
Budget for evaluation aspects	External	• Not applicable.

Overnight Stay (Emergency Department Team) - Fresno		
	Evaluation:	
	Internal Evaluation:	• Not applicable.
	Administrative:	• \$397,689. Reflects total administrative costs for contract term.
	Other:	
Evaluation designs	• Unsure.	
Will/was a comparison group used for the design?	• No.	
Describe comparison group design (if applicable)	• Not applicable.	
Data collection methods	• Currently available county data resources. • Data collection methods that will be used for the evaluation process may include: ✓ Outcome reports. ✓ Avatar software program. ✓ Department of Behavioral Health evaluations.	
Timeline for evaluation	• The evaluation for this Innovative Program is ongoing and may include information on data collection from the contract start date of May 22, 2012 through the contract term and the use of performance outcome reports on a monthly basis.	
Evaluation Participants		
Evaluation Design: • MHSA/INN Manager • Internal Project Staff		Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff
Evaluation Implementation: • External/contracted project staff		Review of Evaluation Findings: • MHSA/INN Manager • Internal Project Staff • The Fresno County Mental Health Board will be provided with the evaluation findings for their review.
How were data analyzed or what is the plan for data analysis?	• The planned data analysis is currently in process and will involve case management to ensure non-recidivism.	
What, if any, county information technology or data resources were/will be used to collect and/or	• Data resources that will be used to collect and analyze data will include: the County Software - Avatar, performance outcomes, and Department of Behavioral Health	

Overnight Stay (Emergency Department Team) - Fresno	
analyze data?	evaluations.
What training or technical assistance resources did the county use during the project, if any?	While the project is ongoing, there are several resources available for use. They include the Avatar software program, current outcome reports, staff development, and bench marking tools.
How were/are/will the effects of the project's innovative elements be measured?	The effects of the project's Innovative elements will be measured through Department of Behavioral Health involvement by evaluation of the progress of the overall program, budget oversight and performance/data outcome reports provided by the contracted provider.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	The elements of the project that will be and are most responsible for the results include the availability of the contracted provider to transport and transfer clients with behavioral health disorders to a temporary facility while linkage services are determined and scheduled.
Were/will data be analyzed to show differential impacts on various populations/situations?	Data will be analyzed to show different impacts on various populations/situations, including different ethnic and racial populations.
Were midcourse changes made as a result of evaluation findings?	Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	The decision to continue and expand the Overnight Stay project was made. It will be sustained with funds from the Mental Health Services Act (MHSA) Innovation funds.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been	A report was submitted to MHSOAC as part of a request to expand the Overnight Stay program to a 24/7 model and to extend the contract for 2.5 years, through June 30,

Overnight Stay (Emergency Department Team) - Fresno	
disseminated?	2017. Annual outcomes have been reported to the Fresno County Mental Health Advisory Board and to the Fresno County Board of Supervisors for the overnight stay program.
Sources of Information	http://www.co.fresno.ca.us/DepartmentPage.aspx?id=42796 http://www.co.fresno.ca.us/uploadedFiles/Departments/Behavioral_Health/MHSA/MHSA%20Programs%20Summary%2002-06-14%281%29.pdf

Integrated Discharge Teams – Fresno	
The Integrated Discharge Team (IDT) is an innovative approach in addressing effective discharge planning for clients admitted to short term stays at inpatient psychiatric facilities. Current trends show a large number of clients entering inpatient hospitals for short term stays (approximately within 24 hours) and are later discharged. This quick discharge indicates that clients may have received incorrect admission assessments into hospitals and that lesser levels of care may be needed. This also indicates that clients may need to be offered other forms of treatment/linkage and/or natural supports to avoid repeated admissions into inpatient hospitals. The IDT shall create and test a new approach to discharge planning that can engage consumers who are admitted into inpatient psychiatric facilities prior to discharge. The team shall assist consumers with the development of a consumer focused wellness focused discharge plan which sets goals on recovery and links clients to appropriate levels of care. Discharge planning is to include methods that help the consumer identify and understand the triggers that lead to a need to seek services and to know of other alternatives of seeking help that doesn't include the EDs and inpatient psychiatric facilities. The IDT will be a multi-disciplinary team that is responsible for engagement, assessment, outreach, linkage, peer and family support, follow up and case management.	
Timeline: August 2011 through July 2014	Total Budget: Evaluation Budget
Project Status	Completed.
Evaluation questions	
Innovative elements	The Integrated Discharge Team (IDT) is an adapted approach to the identified problem. It differs from other models in that it incorporates a diverse team of individuals in

Integrated Discharge Teams – Fresno	
	order to serve a diverse group of consumers. Discharge planning models have documented the importance of family involvement, going to the patient (Assertive Community Treatment model), and focusing on practical steps to recovery (Illness Management and Recovery Model). Fresno County’s proposed model includes these important elements, and combines them with new elements, in a new approach that includes the following innovative elements: ✓ Diverse multi-disciplinary teams, working in a team setting with inpatient hospital staff. ✓ A focus on culturally appropriate peer support services, links to cultural navigators, support within 24 hours of admission. ✓ Links to a rich array of culturally diverse recovery and wellness resources. ✓ Support to develop WRAP plans, transportation, and frequent follow-up services. • Discharge planning that combines these elements is new to the field of mental health.
Outcomes	• One learning goal Fresno County proposes is to identify the target consumer population and see a positive change so that a lower recidivism rate occurs. Included in that positive change is proper linkage to appropriate services for the individuals. The IDT will keep solid records of how many referrals are made and to what organization/agency. The involved organizations/agencies will provide Fresno County with records of actual utilization of the services referred to, in order to ensure that the consumers are learning/making progress and following through. There will be follow-up by the IDT to help encourage individuals to utilize services. • An additional learning goal is local agencies and organizations will be part of and see more interaction with the Department through constant contacts for linkages and referrals that is a means to identify the gaps and shortages of needed services which we hope will inspire these agencies and organizations to look at their operations and create new and various services that will fill this potential void. • The collaboration of Inpatient Hospital staff and IDT staff is a key element in this program.
Primary purpose	
Other purposes	
Innovation definition	

Integrated Discharge Teams – Fresno		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:	Review and Approval of Design:	
Evaluation Implementation:	Review of Evaluation Findings:	
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		
Were/will data be analyzed to show differential impacts on various populations/situations?		

Integrated Discharge Teams – Fresno	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.co.fresno.ca.us/DepartmentPage.aspx?id=42796 http://www.co.fresno.ca.us/uploadedFiles/Departments/Behavioral_Health/MHSA/MHSA%20Programs%20Summary%2002-06-14%281%29.pdf

Holistic Culturally Competent Wellness Center – Fresno

Holistic Cultural Education and Wellness Center will provide an innovative approach in addressing mental health/behavioral health related issues for underserved and un-served clients who may typically not seek traditional (Western clinically based) mental health services, and may be more responsive if County staff and County understand and incorporate alternative culturally and ethnically focused wellness and recovery practices. The Holistic Center shall be welcoming and focus on MHSA principles of wellness and recovery, providing education, referral, linkage, to culturally appropriate alternative/holistic opportunities based around a holistic wellness and recovery approach that will be used to create positive change and meet the unique needs of individuals/community groups.

Timeline:
August 2011 through July 2014

Total Budget:
\$2,164,434

Evaluation Budget
\$37,082

Project Status	Completed.
Evaluation questions	- Is the HCEWC (Holistic Cultural and Educational Wellness Center) reducing stigma and discrimination against those with mental illness with and across diverse cultural populations? - Is the HCEWC increasing overall health awareness in the community? - Has the HCEWC increased the number of programs and activities that are directed at the un-served and underserved cultural, ethnic, and linguistic communities? - Has the HCEWC increased the services which are available to prenatal and postpartum women? - Has the HCEWC increased services to veterans?
Innovative elements	The learning experience Fresno County will gain from the Holistic Center will be revolutionary in the approach in the treatment of mental illness. Holistic Centers are used all over the country in the treatment of mental illness, and successfully so. However the current models for Holistic Centers are not appropriate for Fresno County due to the unique needs of the diversity of Fresno County consumers. Other models don't have all cultures located in one location center. The other models do not incorporate the Behavioral Health Departments with the Holistic Center as a collaborative partner to not only address mental health, but the overall health and wellness of consumers. Our plan has adapted this approach by proposing to collaborate with a large variety of diverse cultures and ethnic groups to reach the

Holistic Culturally Competent Wellness Center – Fresno	
	identified un-served and underserved populations. The adaptation of a Holistic Center also differs from other models in that an integrated approach to recovery and wellness will be used which incorporates unique cultural practices, traditional mental health training on signs of mental illness, and identifying evaluation measures that capture the success of the alternative/holistic treatment compared to traditional mental health clinical treatment by bringing different cultural groups together in one Center as opposed to separate centers for each group.
Outcomes	- What we will need to determine based on the outcomes, will be if this is a successful approach to a Holistic Center that meets the needs of Fresno County consumers. . In order to determine if this project is successful the success rate of consumers who are referred to the Holistic Center must be evaluated by effective follow up with consumers who are referred to the Holistic Center. Progress should be compared back to when consumers were seeking clinical approaches to address their mental health issues. - Additional outcome measurement to include reporting of culturally/linguistically competent documentation in consumer records (of those engaged in ‘traditional’ care) due to the increased awareness and possible linkages based on consumer input. - There should also be a comparison of other models versus our Holistic Center model.
Primary purpose	Increase access to services for underserved populations.
Other purposes	- HCEWC has been able to identify and engage 85 Holistic Practitioners and or Healers which is the HCEWC’s first list of alternative mental health professionals, traditional holistic experts, and ethnic and spiritual healers who are able to serve as an alternative to individuals and families who do not wish to seek traditional Western mental health services. - There is currently work being done on establishing a process for enlisting alternative Holistic Healers (who will have been screened and approved through a formalized process) for consumers with an application submitted in accordance with policies which have been described in the Alternative Holistic Healers Policy Procedure Guide (developed by the HCEWC). The outcome of this process will create a "List of Healers" of Alternative Healers that will be available to consumers. - Once the Policy Procedure Guide has been fully approved and is operational, the

Holistic Culturally Competent Wellness Center – Fresno		
	evaluators, in collaboration with the Advisory Council, Fresno County, Cultural Brokers, and consumers, will develop an evaluation process to address how the List of Healers will be provided to consumers, follow-up will be accomplished, and satisfaction with the services which are being provided by the Healer.	
Innovation definition	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.	
Total budget	\$2,164,434.	
Budget for evaluation aspects	External Evaluation:	\$37,082.
	Internal Evaluation:	
	Administrative:	\$176,244.
	Other:	
Evaluation designs	- Longitudinal Design. - Case Study Design. - Self-Report Surveys. - Focus groups. - Action research.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Focus Groups. - Direct observation. - Pre and Post measures.	
Timeline for evaluation	Individual interviews were originally conducted with the Cultural Brokers, other staff and Advisory Council members to access their perspectives and understanding of the HCEWC's mission and vision with any recommendations for needed changes. Reoccurring interviewee responses were analyzed to determine themes and presented	

Holistic Culturally Competent Wellness Center – Fresno

	to all groups for further input and discussion. • The various evaluation tools which have been designed for this project are related to the type of service offered—(activities, workshops, training, and referrals). • Activity assessment surveys are used with the consumers to measure the effectiveness of the activity and impact on the consumer’s well-being. They assess satisfaction, knowledge, and perceived benefits, and are implemented by the Cultural Brokers on a weekly, bi-weekly, and monthly basis. • Reflection sessions by the Cultural Brokers also capture comments on how these activities have influenced the consumers with feedback on how to improve them. These are picked up by the evaluators on a weekly basis and are returned to the Cultural Brokers once the data has been processed and analyzed.
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • External/contracted project staff • Consumers • Other participants in the evaluation activities included the HCEWC Advisory Council which had a role in the designing and developing the HCEWC focus in promoting cultural awareness, education and training as it relates to mental health issues. Specifically the Subcommittee on Communications assisted in helping to establish communication strategies which were designed to support the work that was being carried out by both their collaborative partners and cultural brokers. The Fresno County Mental Health Board was also instrumental in reviewing all of the evaluation activities and offering feedback for all of the outcomes and evaluation activities.	Review and Approval of Design: • Director or Other Senior Management • External/contracted project staff
Evaluation Implementation: • Director or Other Senior Management • External/contracted project staff • Other participants in the evaluation activities included the	Review of Evaluation Findings: • Director or Other Senior Management • External/contracted project staff • Other participants in the evaluation activities included the HCEWC

Holistic Culturally Competent Wellness Center – Fresno

HCEWC Advisory Council which had a role in the designing and developing the HCEWC focus in promoting cultural awareness, education and training as it relates to mental health issues. Specifically the Subcommittee on Communications assisted in helping to establish communication strategies which were designed to support the work that was being carried out by both their collaborative partners and cultural brokers. The Fresno County Mental Health Board was also instrumental in reviewing all of the evaluation activities and offering feedback for all of the outcomes and evaluation activities.

Advisory Council which had a role in the designing and developing the HCEWC focus in promoting cultural awareness, education and training as it relates to mental health issues. Specifically the Subcommittee on Communications assisted in helping to establish communication strategies which were designed to support the work that was being carried out by both their collaborative partners and cultural brokers. The Fresno County Mental Health Board was also instrumental in reviewing all of the evaluation activities and offering feedback for all of the outcomes and evaluation activities.

How were data analyzed or what is the plan for data analysis?

- Educational workshops are evaluated with pre and post surveys to assess the content learning and knowledge which has been gained along with a satisfaction survey to access the appropriateness and/or usefulness of the information/topics for the consumer's ability or knowledge of the presenters and the effectiveness of the presenters. These are collected weekly and analyzed with the information being presented to all of those who were involved with the workshops.
- Focus groups are being designed and conducted by the evaluators for several activities which have spanned the previous two years on an ongoing basis to better understand why these have been successful and the impact on the consumers who have continued to attend during this time. Notes are being taken and charted during their group meetings in order to have clarification from consumers related to the purpose and outcomes of these activities. Themes are being tracked and the data is being presented to the Brokers and staff.
- Referrals are being tracked by the Cultural Brokers with a form which includes follow-up to access the satisfaction of the services which were offered and if any additional support is needed. These forms are being processed by the evaluators on a monthly basis and returned to the Brokers for consumer files.
- Qualitative data is being processed from the focus groups, staff and Advisory Council interviews and Cultural Broker reflection sessions, highlighting themes and trends, while noting areas requiring possible further action.
- Quantitative data is being processed with pre/posttest analysis and a post survey

Holistic Culturally Competent Wellness Center – Fresno	
	average of participant's answer selections along with numbers of consumers. Activity Assessment Surveys are tabulated with satisfaction data and returned to the Cultural Brokers upon completion.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	While the Evaluation team has continued to explore how to track and measure prison incarceration and hospitalization recidivism, it appears that it is an unrealistic expectation to even partially fulfill collecting reliable data which addresses the possible reduced incarceration and hospitalization rates with the populations which the center is serving at its central location as well as the two Satellite locations. Since the HCEWC is not providing direct mental health services, it is almost impossible to utilize the existing data tracking systems for hospitals and incarceration sites for additional data which can be accessed and utilized.
What training or technical assistance resources did the county use during the project, if any?	- The Department of Behavioral Health provided the project staff with 12 hours of training in identifying signs, symptoms, and manifestation of mental illness that affect members of the community. The County's Cultural Competency Committee also provided ongoing cultural competency training. Project staff also benefited from the various workshops and trainings that were offered directly by the Holistic Center. Some of those were: ✓ Mental Health First Aid. ✓ Igniting Your Dreams – Dream Again. ✓ Valor Training. ✓ Foster Care Evaluation Training. ✓ Nutrition and its Benefits to the Mind. ✓ Assessing Mental Health by Measuring the Energy Body.
How were/are/will the effects of the project's innovative elements be measured?	- Activity Satisfaction Survey: ✓ Question one reads, "How long have you been participating in this activity?" followed by section choices of (less than a week; 1-3 week; 1-2 months; 3-6 months; 7-12 months; and more than 12 months). It is essential the average satisfaction levels are rated high to indicate meaningful and significant effects on participants. A Likert scale from 1-5 (where 1 = strongly agree; 2 = agree; 3 = don't know; 4 = disagree; and 5 = strongly disagree) is used to indicate the level of agreement to each statement about benefits and satisfaction. Part "B" is used

Holistic Culturally Competent Wellness Center – Fresno

only for physical activities and focuses on health and wellbeing.

- Workshop Satisfaction Survey:
 - ✓ Each question is followed by answer selections indicating satisfaction levels—on a Likert scale: d = Very Much c = Moderately b = Minimally a = Not at All
 - ✓ Questions #1 - #2 pertain to the facilitator’s knowledge and effectiveness; Questions #3-#4 pertain to the level of relevancy to the individual and the likeliness they will attend again; and Question # 5 pertains to whether the participant will recommend the workshop to other people.
- Workshop Knowledge Survey
 - ✓ Using a Likert scale for measuring knowledge gained by participants. Questions 1–4 focus on knowledge about unique topics within workshop presentations; Question 5 asks whether “you” will share about the workshop with others. Mental Health Follow-up consists of two questions pertaining to the emotional state of individuals before and after receiving mental health services, which are indicated by individual’s mark on an un-numbered Likert Scale of: Very poor, poor, moderate/undecided, good, and very good. The above selections are coded in the following order: -2, -1, 0, 1, and 2 for data analysis for tracking changes in mental health status during the period which a consumer seeks treatment.
- Data Analysis
 - ✓ The survey data is quantitatively measured using the general statistical analyses of mean, standard deviation, frequencies, percentages, and t-tests.
 - ✓ The mean (M) is calculated by adding all answer selections within each question and dividing by the number (amount) answered. For example: $[3+2+4+4+2+3=18/6=3]$, where the total of three reads as (M=3).
 - ✓ The standard deviation (SD) is the average distance between the mean of each answer, where a high (SD) compared with a low signifies either low correlation, a significant difference in number of responses, or missing data within answer types.
 - ✓ Frequencies represent the number of times a selection is made (i.e. how many participants attended). Percentages are used as a graphical representation for comparing the differences between attendances by each ethnicity.
 - ✓ T-tests measure the level of significance within answer responses of pre and post

Holistic Culturally Competent Wellness Center – Fresno

	selections, where a p-value below [.05] is the standard measure for determining statistical significance (relevance).
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• In understanding and examining the elements of what was responsible for the results/outcomes at the HCEWC, it was necessary to factor in the needs and values of the many different cultures which the HCEWC was serving. It was important to ensure assessment tools were culturally sensitive and appropriate to the communities that were being served which had different world- views, values, languages, etc. • While the use of Cultural Brokers, who represented the diverse cultures in Fresno County, was a way to build trust with their identified community, turnover in the Cultural Broker position often required time for re- connection to the designated community to ensure respect and trust was once again present. • A recent change in leadership at the HCEWC brought about enhancing team collaboration and an increased understanding by the Cultural Brokers of the HCEWC's mission. Building on refining the evaluation tools for the needed outcomes and providing a tracking system for the collection of the data was important for the continuation of the Project and determining its strengths and successes. • Feedback from the HCEWC's consumers resulted in a developing a Healing Garden where all cultures have been represented and connected through the planting/growing of the garden's various herbs as well as the creation of a book of how the herbs are used, grown, etc. • An increased demand for a Holistic Day Camp was also implemented which served large numbers of children representing diverse ages as well as cultures during the summer months. • Both of these projects are representative of the growing number of activities at the HCEWC where many different cultural groups are interrelating and connecting with each other in various types of activities—many of which were originally focused on a particular group of consumers.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Differential impacts/outcomes of the various populations which have been and are being served by the HCEWC makes it difficult to compare data because their interests and activities are very different and often specific to their culture. Cross cultural interests have increased in the last year and there have been successful events with

Holistic Culturally Competent Wellness Center – Fresno	
	large numbers of participants. Utilizing the data from many of the activities, the strengths of the individual cultures have been applied in designing new activities which have included elements of: arts & crafts, music, cooking and dance. • Additionally, there have been events in which various groups have collaborated and celebrated together (e.g., Hmong attending the Dia de La Muertos holiday celebration). The HCEWC focus has been in bringing people together as opposed to separating them for comparisons.
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• The Behavioral Health Department Division with oversight responsibilities for the Holistic Center contract has recommended to the Director of the Behavioral Health Department that the Holistic Center program be extended beyond the initial 3 year (Innovation) period. We are confident the Holistic Center program will be sustained beyond the current Innovation period, but approval of the recommendation has not yet been formally announced.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• The evaluation is not yet finalized so results are not yet known at this time.
Sources of Information	http://www.co.fresno.ca.us/DepartmentPage.aspx?id=42796 http://www.co.fresno.ca.us/uploadedFiles/Departments/Behavioral_Health/MHSA/MHSA%20Programs%20Summary%2002-06-14%281%29.pdf

Jail: Community Re-integration Mental Health Team – Fresno

Staff assigned to this program shall engage consumers who are referred by the Probation Department to provide mental health services to include, assessment, individual therapy, medications, case management, and linkage to other appropriate supports in the community. Services shall be provided based on a consumer focused wellness approach. A plan shall be developed which sets goals on recovery and links clients to appropriate levels of care. In addition to providing mental health services, the AB 109 team shall also provide appropriate linkage to other mental health services such as the AB109 FSP team, AB109 Substance Abuse/Co-occurring teams and related community providers of care.

This team will work in close collaboration with the Fresno County Probation Department to follow their model for effective intervention. Staffing for this innovation program shall be a multi-disciplined team that is responsible for engagement, assessment, mental health therapy, medications, linkage, peer and family support, follow up and case management. This team will consist of peer support specialists, Case Managers, (Community Mental Health Specialists), and clinicians. Transportation, temporary housing, food, and other supports will be available as needed to assist clients in their wellness and recovery.

Timeline:
August 2011 through June 2014

Total Budget:

Evaluation Budget

Project Status	Completed.
Evaluation questions	
Innovative elements	This approach is a new plan or at least a modified version from other Mental Health practices relating to recently released inmates and mental health/linkage services; this approach or service delivery has not been done before in this County by offering a wide range of support services and appropriate linkages to the targeted population.
Outcomes	- One of the learning goals for this program is to identify who these clients are, and identify their unique needs (i.e. will an effective peer support/family support system be critical to their success, will periodic mental health therapy services in combination with linkage to natural supports - faith based/spiritual support - assist in their recovery, etc.). - Another contribution to the learning goal will be to assess the matrix of services these clients will need in coordination with the Probation Department to increase the probability that these clients will not recidivise or relapse. - Another learning goal Fresno County proposes is to effectively identify the target

Jail: Community Re-integration Mental Health Team – Fresno		
	consumer population and see a positive change in lowering the recidivism rate of recently released inmates being incarcerated. Included in that positive change is proper linkage to appropriate services for the individuals.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		

Jail: Community Re-integration Mental Health Team – Fresno	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.co.fresno.ca.us/DepartmentPage.aspx?id=42796 http://www.co.fresno.ca.us/uploadedFiles/Departments/Behavioral_Health/MHSA/MHSA%20Programs%20Summary%2002-06-14%281%29.pdf

Glenn County

Innovative Project:	Project Title:	Population(s) Served:
	Community Services (Weekend) Wellness Project	Adults

Community Services (Weekend) Wellness Project - Glenn

The Glenn County Innovation Weekend Wellness Project hired three (3) case managers and one (1) coordinator/clinician to offer supportive services and wellness activities on Saturdays and occasional evenings during the week. This program serves between 12 and 15 clients at a time. Staff provide services at the adult Harmony House Wellness Center, as well as in the client's home, as needed, to ensure that they are complying with medications; have adequate food and other staples; transport the client to services, as needed; and/or help de-escalate a potential crisis.

The Weekend Wellness program offers services every Saturday, from 9:00 am to 3:00 pm. Clients and staff participate in a number of different activities, cook and share a meal together, and plan events in the community and surrounding towns. This program has created a "family-like" environment for the clients, providing them with a "home" on the weekends, to support each other, share fun activities, and attend community and regional events. They treat each other with respect, support each other to participate in activities, and create strong friendships outside of the mental health system.

Timeline:
June 2011 through June 2014

Total Budget:
\$693,038

Evaluation Budget
\$41,582

Project Status	Completed.
Evaluation questions	Will supportive services offered on the weekends, in a home-like environment, help clients who are high-risk for out-of-home placement remain stable in their living environments?
Innovative elements	Development of targeted supportive activities to help engage clients on the weekends to help keep them stable. Supportive activities offered at Harmony House by case managers. Weekend activities that encourage clients to be group leaders. Coordination with drug and alcohol services. Offering representative payee services through a contract provider.

Community Services (Weekend) Wellness Project - Glenn		
Outcomes	• Reduce the number of crisis calls on the weekend. • Improve client outcomes by reducing the number of clients who are admitted to Inpatient Services, IMDs and residential living situations. • Improve perception of mental health services. • Increase the number of clients who participate in Harmony House. • Increase the number of clients who lead group activities.	
Primary purpose	• Improve the quality and outcomes of services.	
Other purposes	• Not applicable.	
Innovation definition	• Makes a change to an existing mental health practice or approach, such as adaption to a new population or setting.	
Total budget	• \$693,038 (Estimated 3 Year Total).	
Budget for evaluation aspects	External Evaluation:	• \$41,582 (estimate).
	Internal Evaluation:	• 0.
	Administrative:	• \$79,875 (estimate).
	Other:	• 0.
Evaluation designs	• Case Study Design.	
Will/was a comparison group used for the design?	• No.	
Describe comparison group design (if applicable)	• Not applicable.	
Data collection methods	• Focus Groups. • Clinical records.	
Timeline for evaluation	• 1. Prior to client's admission into Weekend Wellness Program. • 2. Monthly review of crisis and inpatient services. • 3. Monthly review of admissions to higher residential levels of care (e.g., Board and Care, IMD). • 4. Focus Groups – Annually. • 5. Annual Analysis of use of Inpatient and higher levels of care.	
Evaluation Participants		
Evaluation Design: • Director or Other Senior Management		Review and Approval of Design: • Director or Other Senior Management

Community Services (Weekend) Wellness Project - Glenn	
• MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners	• MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• This program was highly successful. We calculated outcomes on inpatient utilization by comparing each person's history of inpatient admissions prior to admission and after one year in the Weekend Wellness program and found that 74% remained out of inpatient. One (1) person had the same number of admissions, and 21% had more inpatient hospitalizations. Only one client was re-admitted to an IMD. All other clients remained stable in their community living situation. Clients reported high satisfaction with the program.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• We utilized EHR and fiscal information on crisis calls, inpatient hospitalizations, IMD placements, and residential placements.
What training or technical assistance resources did the county use during the project, if any?	• Not applicable.
How were/are/will the effects of the project's innovative elements be measured?	• The Weekend Wellness program only accepted the highest need, highest risk clients who were either being discharged from IMD, had one or more inpatient hospitalizations, and frequently called the crisis line (especially on the weekends). • We calculated the effects of the project by examining outcomes on inpatient utilization by comparing each person's history of inpatient admissions prior to admission and after one year in the Weekend Wellness program and found that 74% remained out of inpatient. One (1) person had the same number of admissions, and 21% had more inpatient hospitalizations.

Community Services (Weekend) Wellness Project - Glenn	
	There was also a reduction in the use of the crisis line, especially on the weekends. Only one client was re-admitted to an IMD. All clients reported high satisfaction with the program.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	- The clients, during Focus Groups, reported the most significant component of the project: The fact that they 'felt like a family'. Staff and clients had successfully created an environment that was different than the 'traditional' services offered during the week day. Part of this effect was that the group of clients and the staff working on the project were very stable during the program. - The group of clients stayed the same during the time period, with only one or two changes in clients. Similarly, the staff was consistent. This helped create an environment of trust among the clients ('we respect each other, and listen to what they have to say') and continuity across staff.
Were/will data be analyzed to show differential impacts on various populations/situations?	There were no differences between the outcomes for Caucasians and Latinos; younger and older clients; males and females.
Were midcourse changes made as a result of evaluation findings?	Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	We are continuing our Weekend Wellness Program and sustaining the services through Medi-Cal bill and MHSA CSS funding. We have experienced significant savings by reducing inpatient hospitalization admissions for our highest need clients, reduced the length of hospital stays, and maintained clients in community-based living situations. This approach has also helped reduce admissions to IMDs and other high-cost residential facilities.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative	In our county.

Community Services (Weekend) Wellness Project - Glenn	
Projects (or elements of projects) and evaluation results been disseminated?	• Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Reports have been shared within our county. In addition, we have shared our successful program model with other small- and medium-sized counties.
Sources of Information	http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY11-12/Glenn_FY11-12_AnnualUpdate_042711.pdf http://www.glennccic.org/documents/GlennMHSAFY13-14AnnualUpdateASPOSTED05-21-13.pdf

Humboldt County

Innovative Project:	Project Title:	Population(s) Served:
	Adaptation to Peer Transition-Age Youth	TAY

Adaptation to Peer Transition-Age Youth - Humboldt

This Innovation Project is an adaptation to mental health peer support. The essential learning goal is to find out if and how the adaptations improve outcomes. The adaptation to mental health peer support is the integration with social service peer support. This Project will address the issue of improving outcomes for older transition age youth with severe mental illness. If successful this adapted peer support will facilitate the provision of improved service delivery and create positive changes such as decreased hospitalization, decreased psychiatric emergency visits, decreased incarceration, and increased success of self defined recovery goals in areas such as housing, education, vocation, and relationship permanency. Each client will be paired with a Peer Support Specialist. While no client is obligated, they will be encouraged to voluntarily participate in Mental Health Branch activities as well as other Department of Health and Human Services initiatives at the Social Services and Public Health Branches.

Timeline:
May 2010 through January 2015

Total Budget:
\$707,137

Evaluation Budget:
\$85,502

Project Status	In process.
Evaluation questions	- Will the use of Peer Partners improve services to the TAY population by decreasing hospitalizations, homelessness, restrictive placements and incarcerations? - Also by increasing residential stability, educational goals, vocational goals and relationship permanency.
Innovative elements	Adaptations will be made to existing recovery-based peer support mental health services by integrating with social service peer support to learn if those changes better serve older transition age youth with severe mental illness.
Outcomes	The essential learning outcome of this project is to increase the quality of services including improving outcomes for this unique population. Positive outcomes may include, but are not limited to: Increased residential stability; educational goals;

Adaptation to Peer Transition-Age Youth - Humboldt		
	vocational goals; relationship permanency. Reduced psychiatric hospitalizations; psychiatric emergency visits; restrictive placement levels; incarceration.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Increase access to services by providing supports that other services lack at this time.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$707,137. (This represents actual project expenditures).	
Budget for evaluation aspects	External Evaluation:	Not applicable.
	Internal Evaluation:	\$85,502.
	Administrative:	\$64,235.
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Clinical records. - Direct observation.	
Timeline for evaluation	Data was collected in real time using clinical records from February 2012 to December 2013.	
Evaluation Participants		
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Advocates/Family Partners		Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Advocates/Family Partners
Evaluation Implementation: - Director or Other Senior Management - MHSA/INN Manager		Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager

Adaptation to Peer Transition-Age Youth - Humboldt	
• Internal Project Staff • Consumers • Advocates/Family Partners	• Internal Project Staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• Pre and post data will be reviewed and assessed by the project evaluation team, which will include, but not be limited to, clients, family members, transition age youth, mental health, public health, social services, clients and Peer Support Specialists who participated in the project, and other stakeholder groups. Humboldt County's unique Children and Families' Committee of its Mental Health Board, a partnership of community members and DHHS staff, potentially could be such a team. • The project evaluation team will review the results of the essential learning outcome the county hopes to achieve. The essential learning outcome of this project is to increase the quality of services including improving outcomes for this unique population. Positive outcomes may include, but are not limited to: ✓ Increased: residential stability, educational goals, vocational goals, relationship permanency. ✓ Reduced: psychiatric hospitalizations, psychiatric emergency visits, restrictive placement levels, incarceration.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• AVATAR (Humboldt's Electronic Health Record).
What training or technical assistance resources did the county use during the project, if any?	• Internal Technical assistance from Innovation Manager and internal Analysts. • The TAY Unit, including PEER partners, was trained in the TIP Model. The TIP Model is a youth-driven model that focuses on teaching young people how to become self-sufficient in areas such as employment, education, housing, personal relationships, life skills and creating supportive social networks within their communities. • The TAY team is committed to helping youth successfully transition from adolescence into adulthood.
How were/are/will the effects of the project's innovative elements be measured?	• Client outcomes are pulled from the electronic health records and data is collected.
How did/will the evaluators seek to understand what elements of the project (including	• The elements that are being considered are: Increased: residential stability, educational goals, vocational goals, relationship permanency. Reduced: psychiatric hospitalizations,

Adaptation to Peer Transition-Age Youth - Humboldt	
but not limited to the new/changed element) were most responsible for the results?	psychiatric emergency visits, restrictive placement levels, incarceration.
Were/will data be analyzed to show differential impacts on various populations/situations?	Due to the small sampling, data will not be analyzed for differential impact.
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	- Humboldt will be continuing the use of Peer Partners and has plans to hire more partners. - Humboldt Co intends to sustain the TAY peer partnership through integrated funding including, but not limited to, CWS realignment, CalWorks and CalFresh, MHSA Prevention and Early Intervention, and cost avoidance through reduction in high end services due to earlier intervention strategies.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	The project has been successful. Peer Partners have helped improve service to our community and have been helpful in providing cultural and consumer viewpoints in several related projects.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- In our county. - Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Reports to PLT, Board of Behavioral Health, State agencies and to TAY Unit staff.
Sources of Information	https://co.humboldt.ca.us/hhs/mhb/mhsa/ https://co.humboldt.ca.us/hhs/mhb/mhsa/documents/final%20for%20submission%20to%20state%20mhsa%20innovation%20plan%203-15-10.pdf https://co.humboldt.ca.us/hhs/mhb/mhsa/documents/draft%20for%20public%20comment%20mhsa%20annual%20update%20fy13-14%20ver%209-6-13.pdf (Annual Update FY 13-14)

Imperial County

Innovative Project:	Project Title:	Population(s) Served:
	First Step to Success	Kindergarten-age children

First Step to Success - Imperial

This Innovation Plan will consist of ICBHS staff delivering services in the school settings where they will have daily interaction with school personnel. Staff from both agencies will attend training and work together in the implementation of an intervention program that will result in the early identification of at risk behaviors in young children. They will also work with parents and children to provide necessary information and interventions. Through the process of delivering services, staff will introduce information about mental illness to parents and teachers in order to facilitate dialogue, problem solving, and referrals.

The implementation of services will require the training of ICBHS staff and Education on conducting age-appropriate comprehensive assessment and age-appropriate interventions. These trainings will enhance the skills of staff that will result in the early identification of behavioral and emotional problems in kindergarten-age children and the timely use of appropriate interventions that will prevent the development of serious behavioral problems and mental illness.

Timeline:
May 2014 through June 2017

Total Budget:
\$979,341

Evaluation Budget

Project Status	• In process.
Evaluation questions	• Increase in access to services. • Reduction of stigma. • Improvement of quality of services.
Innovative elements	• Development of a unique collaborative relationship between behavioral health and education. It will be developed in the process of implementing a school-based program that targets kindergarten-age children to provide services in the classroom

First Step to Success - Imperial		
	and at home.	
Outcomes	• ICBHC and Education will develop and sustain a collaborative relationship. • Increase in mental health awareness and access to service. • Decrease in mental health stigma.	
Primary purpose	• Increase access to services.	
Other purposes	• Increase the quality of services, including better outcomes. • Promote interagency collaboration. • Increase access to underserved groups.	
Innovation definition	• Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	• \$979,341.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods	• Currently available county data resources. • Other (organizational assessment tool, collaboration performance review tool).	
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:	Review and Approval of Design:	
Evaluation Implementation:	Review of Evaluation Findings:	
How were data analyzed or what is the plan for data analysis?	• A collaboration performance review tool will be designed and used to collect information from ICBHS and Education staff who participates in the Innovation Plan to evaluate the success of this project. The collaboration performance review tool will	

First Step to Success - Imperial

	address the following areas: ✓ Elements of collaboration that were effective. ✓ Elements of collaboration that were not effective. ✓ Effectiveness of the methods and approaches used to overcome the barriers to collaboration. ✓ Unique aspects and approaches tried in this collaboration. ✓ Effectiveness of the resources and supports used during this project. ✓ Quality of the relationship between collaboration partners. ✓ g. Components of this collaborative can be applied in other settings. • An organizational assessment tool will be used to measure the success of this Innovation Plan in the following areas: ✓ Sustainability. ✓ Expansion of this collaboration to other school districts. ✓ Increased referrals for the population targeted. ✓ Continued collaboration overtime.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	

First Step to Success - Imperial	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://imperial.networkofcare.org/content/client/180/MHSA-Innovation-Revised-2013.pdf (INN work plan) http://imperial.networkofcare.org/content/client/180/MHSA%20Plan%20Update%20FY%2013-14v2.pdf (MHSA Update FY13-14)

Inyo County

Innovative Project:	Project Title:	Populations(s) Served:
	Coordinated Care Collaborative	Adults

Coordinated Care Collaborative - Inyo

The Inyo County Community Care Collaborative (CCC) was selected to improve coordination of care with primary health care services for adults, ages 18 and older, with a serious mental illness. By coordinating and co-locating health and mental health services, we will be able to improve outcomes for our clients and improve access to primary care services.

The vision of Inyo County Behavioral Health (ICBH) is to build and support healthy futures in which people with a serious mental illness (SMI) are able to achieve health, wellness, and recovery through the development of integrated health care services and identification of a person-centered health care home. To achieve this vision, this Innovation project will develop strategies to integrate health care, mental health, and substance use services to improve health outcomes for our clients.

The CCC Innovation Project will provide the foundation for integrating health and behavioral health care services through enhanced communication, shared tracking of client health indicators, and supportive services to improve wellness and manage chronic illness. Currently, the Behavioral Health clinic and the two Rural/Indian Health Clinics share a number of patients, but do not routinely share information on patients served, reconcile medications across providers, discuss health indicators and services received, or measure health indicators over time. This project will provide the opportunity to support these health care entities, as well as develop relationships with healer and/or alternative medicine providers in the community, to communicate, share strategies for sharing information, and develop shared health indicators to improve health outcomes for clients.

Timeline:
September 2013 through 2016

Total Budget:
\$322,600

Evaluation Budget:
Approximately \$210,000

Project Status	In process.
Evaluation questions	1. Will improved care coordination between Behavioral Health providers and primary health providers improve health outcomes in consumers who have a severe mental illness?

Coordinated Care Collaborative - Inyo		
	• 2. Will peer support help SMI consumers to improve self-care? • 3. Will better coordination between behavioral health and primary health care providers result in fewer hospitalizations and emergency room visits? • 4. Will better care coordination decrease overall health care costs for patients? • 5. Will better care coordination increase consumer and provider satisfaction?	
Innovative elements	• Integrate physical and mental health care services through shared tracking of client health indicators. Provide supportive services to improve wellness and manage chronic illness.	
Outcomes	• Improved outcomes in physical and mental health for clients. Improved access to services. Enable individuals with serious mental illness to achieve wellness and recovery through use of integrated health care services.	
Primary purpose	• Improve the quality and outcomes of services.	
Other purposes	• Promote interagency collaboration as measured by number of persons with reconciled medication lists and number of persons with shared health care plans.	
Innovation definition	• Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	• \$322,600.	
Budget for evaluation aspects	External Evaluation:	• Not applicable.
	Internal Evaluation:	• Approximately \$210,000.
	Administrative:	• Approximately \$36,300.
	Other:	• Approximately 76,300 (nurse position).
Evaluation designs	• Longitudinal Design.	
Will/was a comparison group used for the design?	• Yes.	
Describe comparison group design (if applicable)	• Target population baseline data for utilization and cost for 6 months prior to study as well as target population baseline data on health indicators.	
Data collection methods	• Survey. • Clinical records. • Hospital and Behavioral Health billing and utilization (for example: costs, bed days,	

Coordinated Care Collaborative - Inyo	
	type and number of services).
Timeline for evaluation	Most data is collected, compiled and reported internally and to the CCC monthly. Eventually, we will be able to look at year to year data comparison.
Evaluation Participants	
Evaluation Design: - Director or Other Senior Management - Internal Project Staff - External/contracted project staff	Review and Approval of Design: Director or Other Senior Management
Evaluation Implementation: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff	Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners - All MHSA Stakeholders, HHS Management, Board of Supervisors, Hospital Board, BH Advisory Board
How were data analyzed or what is the plan for data analysis?	Due to the small numbers in target population, sophisticated statistical analysis is not warranted. Most data analysis includes counts and percentages of the target population.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Electronic Health Record, including billing and clinical portion.
What training or technical assistance resources did the county use during the project, if any?	Participation in the CCC Learning Collaborative.
How were/are/will the effects of the project's innovative elements be measured?	Yet to be determined.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most	Yet to be determined, considered review and discussion with the CCC team.

Coordinated Care Collaborative - Inyo	
responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	• Will be compared with other like-size counties.
Were midcourse changes made as a result of evaluation findings?	• No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• It is quite likely that we will continue the project but it is too early in the process.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Not applicable.
Sources of Information	http://inyocounty.us/MHSA/MHSA-1314_AnnualUpdate.pdf

Kern County

Innovative Project:	Project Title:	Population(s) Served:
	The Freise Hope House	Adults

The Freise Hope House - Kern

Freise HOPE House provides an innovative program based on peer support combined with a holistic approach to wellness and recovery by providing a unique curriculum that focuses on the recovery pathways through hope, choice, empowerment, recovery environment, and spirituality. Patients are referred to as “guests” at the HOPE House. Guests are empowered to develop their own solutions guided towards wellness and recovery and actively participate and direct their recovery plan with their team. Throughout this process, participants are provided with consistent peer support by skilled Recovery Coaches who provide their personal recovery stories as a tool to provide hope and empower the guest to work on their own recovery journey. Freise HOPE House provides a short term residential alternative for up to 14 individuals experiencing an acute psychiatric challenge or crisis.

Timeline:
July 2009 through July 2014

Total Budget:
Approximately 5 million

Evaluation Budget:

Project Status	Completed.
Evaluation questions	- The role of peer support in a crisis setting: ✓ Question asked: Will outcomes be better when utilizing a majority "peer" staff in crisis services than a non-peer services crisis residential program?
Innovative elements	- Crisis residential and/or adult residential programs are not, in and of themselves, new to the public mental health system. However, the concept of consumers managing and facilitating these programs while assisting consumers in crisis is a new practice/approach for the public mental health system. - Mental health consumers are reported to operate or play a significant role in a wide range of programs, including self-help groups, drop-in centers, clubhouses, independent living centers, advocacy organizations, case management services,

The Freise Hope House - Kern		
	supported housing, and information and referral lines (Greenfield et al., 2008). • Research indicates that consumers are reporting a value of consumer-managed mental health programs, as are the consumers and family members in Kern County. However, the research also states that there is a great need to obtain evidence-based data to substantiate this claim. • The Freise HOPE House introduces new practices/approaches through the consumer managed and recovery-oriented program design within the crisis residential program. The term “Peer Specialist” refers specifically to staff who themselves have personally experienced mental health and/or substance use challenges and have received treatment for those issues. We plan to sub-contract with Recovery Innovations of California, an organization with extensive experience in developing recovery-based programs. • One of the key components of the Recovery Innovations service model has been the training and employment of a peer workforce. The peer staff will have completed the Recovery Innovations 80-hour Peer Employment Training course and be hired to work in the discipline of Peer Support.	
Outcomes	• The program goals include the following: ✓ To provide information on the impact of utilizing mental health peers in a crisis residential setting. ✓ Reduce hospitalization, incarceration, and homelessness for individuals participating in the Freise HOPE House program.	
Primary purpose	• Improve the quality and outcomes of services.	
Other purposes	• Provide services for underserved population of individuals (homeless mentally ill adults). • Decrease inpatient hospitalizations and length of stay in inpatient settings by providing an alternative to crisis services.	
Innovation definition	• Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	• Approximately 5 million.	
Budget for evaluation aspects	External Evaluation:	• Not applicable.

The Freise Hope House - Kern		
	Internal Evaluation:	Not applicable.
	Administrative:	Total costs covered by County Department and contract personnel providing services.
	Other:	
Evaluation designs	- Longitudinal Design. - Case Study Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Clinical records. - Pre and Post measures.	
Timeline for evaluation	- Annual evaluation for MHSA Annual Updates. - Monthly reviews internally. - Surveys. - Pre/post surveys (started FY 14-15). - Hospital recidivism rates. - Hospitalization length of stays.	
Evaluation Participants		
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners		Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Consumers - Advocates/Family Partners
Evaluation Implementation: - Director or Other Senior Management - Internal Project Staff - External/contracted project staff		Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff

The Freise Hope House - Kern	
	• External/contracted project staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• Monthly reviews to assess progress toward targeted population and objectives.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Anasazi/Electronic Health Record.
What training or technical assistance resources did the county use during the project, if any?	• Anasazi training for clinical staff.
How were/are/will the effects of the project's innovative elements be measured?	• A pre and post admission survey provides information directly from the participants as to what elements were most effective. The Anasazi EHR provides information on hospitalization rates pre and post program participation.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Pre and post evaluations and satisfaction surveys- related questions to peers and recovery.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Not for this project.
Were midcourse changes made as a result of evaluation findings?	• No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Medi-Cal and Realignment funding will be used to sustain this project.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• The high quality of programming, leadership of the contract agency to implement strong peer-based program design; program is showing positive outcomes for many adults with SMI who previously did not benefit from traditional mental health

The Freise Hope House - Kern	
	treatment services.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. • Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Annual MHSA Updates and current Three-year Program & Expenditure Plan.
Sources of Information	http://www.co.kern.ca.us/artman2/kcmh/publish/mhsa/ http://www.co.kern.ca.us/kcmh/MHSA/KernINNRevisedJuly09.pdf (Inn plan) http://www.co.kern.ca.us/kcmh/mhsa/MHSAUpdate11-12_V3_Final.pdf http://www.co.kern.ca.us/kcmh/mhsa/MHSA_Annual_Update_20122013.pdf http://www.co.kern.ca.us/kcmh/mhsa/MHSA_Update_2013_pt1.pdf

Kings County

Innovative Project:	Project Title:	Population(s) Served:
	Youth Transitions	Native American Youth

Youth Transitions - Kings		
The proposed Youth Transitions program establishes an Implementation and Learning Council (ILC) made up of Behavioral Health staff, Central Union School District teachers and administrators, Tachi Yokut tribal leaders and family members, other local Native American service providers, and contracted Equine Facilitated Psychotherapy providers. The ILC will collaborate to implement an innovative adaptation of the Equine Facilitated Psychotherapy model and will work with an independent evaluator to study the processes and outcomes of their effort. The ILC has named the project Circle of the Horse in its first year, and is now referred to locally and by participants as Circle of the Horse.		
Timeline: April 2011 through December 2015	Total Budget: \$900,000	Evaluation Budget: \$75,000
Project Status.	• In process.	
Evaluation questions	• 1). Has the program using Equine Facilitated Psychotherapy been effective in improving the targeted population student's behavioral, academic, attendance, and discipline issues? • 2) How have the partners who traditionally haven't work together collaborated in implementing the project?	
Innovative elements	• Youth Transitions seeks to adapt an existing mental health practice, Equine-Facilitated Psychotherapy (EFP), to meet the needs of a traditionally underserved and often inappropriately served population. The adaptations include: ✓ Service coordination between the EFP practitioners and community, school and county service providers. ✓ Infusion of cultural and historical enrichment activities. Service delivery on school and tribal sites in order to help youth seamlessly transition between those periods in their life that otherwise might result in alienation from teachers, family and	

Youth Transitions - Kings		
	peers. ✓ Classroom activities that parallel EFP activities to reinforce cultural learnings and social-emotional skill-building.	
Outcomes	- To what extent did the model impact classroom cohesion, including reduced bullying and prejudicial behaviors? - To what extent did the model affect participant outcomes? - What aspects of the model were perceived to have had the greatest impact on participants? - Which domains saw the greatest improvement? - For whom was the impact greatest? - To what extent did the model increase positive perceptions of and knowledge about Behavioral Health Services among Tachi Yokut and other Native American community members?	
Primary purpose	Increase access to services for underserved populations.	
Other purposes	The secondary focus of this project and the innovative component was getting organization who had traditionally not worked together (schools, local Native American tribe, Behavioral Health, and the CBO) to collaborate on a implementing and then running the project for under-served and inappropriately served youth.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$900,000.	
Budget for evaluation aspects	External Evaluation:	\$75,000.
	Internal Evaluation:	Not applicable.
	Administrative:	\$152,000.
	Other:	\$673,000 (Equine Facilitated Psychotherapy).
Evaluation designs	Case Study Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	

Youth Transitions - Kings	
Data collection methods	• Survey. • Interviews. • Clinical records. • Direct observations. • Pre and Post measures. • Student Progress was measured by using the Behavioral and Emotional Rating Scale (BERS2). The assessments have been done with student, parents, and teachers.
Timeline for evaluation	• Data is collected each semester for each cohort, and the reports are done yearly (depending on how timely the data collection is). Currently working on the draft of the cumulative 3 year report.
Evaluation Participants	
Evaluation Design: •	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Advocates/Family Partners • ILC partners which have been Central Union School, and the Santa Rosa Rancheria Tribal Social Services.
Evaluation Implementation: • Internal Project Staff • External/contracted project staff • Advocates/Family Partners • Other people* *Others include the ILC partners which have been Central Union School, and the Santa Rosa Rancheria Tribal Social Services.	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • ILC partners which have been Central Union School, and the Santa Rosa Rancheria Tribal Social Services.
How were data analyzed or what is the plan for data analysis?	• The data is both qualitative (interviews and direct observations) and quantitative such as the BERS2, actual student attendance, disciplinary reports/ suspensions, etc.

Youth Transitions - Kings	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	No IT or Data Resources were used by Behavioral Health for this project. No Electronic Health Records were used for evaluation.
What training or technical assistance resources did the county use during the project, if any?	None.
How were/are/will the effects of the project's innovative elements be measured?	Both quantitative and qualitative, as some of the outcomes can be measured using assessments, etc., but some of it is based on interviews and feedback that can not always be quantified. Also in dealing with the local native American tribe, presenting just quantitative outcome numbers do not resonate as would qualitative personal stories and experiences.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	That was done via direct observation and also interviews from parents, providers, participants, and educators.
Were/will data be analyzed to show differential impacts on various populations/situations?	The project did not have those options and thus no evaluation was done looking at such differences.
Were midcourse changes made as a result of evaluation findings?	Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	- The program has been well received by the participating agencies and it is desired by all to continue, but the program will not continue to be funded by Innovation Plan funds (or MHSA funds). The project targeted students from the local Santa Rosa Rancheria, and it planned for the program to continue, but for the local tribe to fund the project with the service provider. The Innovation Learning Council (ILC) which is one of the main components of this project all agreed that this would be the most effective way to sustain the project. The ILC will be presenting a proposal for the program to the Tribal Counsel for funding. - Initial reports are that the Tribe will fund the project. We've noted that once the Tribe funds the program they can change the parameters of participants (i.e. how

Youth Transitions - Kings	
	participants are selected, if it will be for all children of a certain grade, etc). The tribe has revenue it received through gaming and would be able to contract with the provider to fund the services yearly, and still collaborate with the local school as well as Behavioral Health who can link or provide additional services to the participants and or their families.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Behavioral Health would not be able to fund the program long-term due to the cost of the program. Additionally the program while very effective in its prevention and early intervention efforts with an under-served or inappropriately served population, the number of participants that can access services under this program is limited due to funds. • The Tribe has the revenues and resources to fund and sustain the program for the targeted population and can also increase funding to create greater access for the number of participants. As part of its MHSA 3 Year Plan Update, Behavioral Health is seeking to target another undeserved population in Kings County and that is the Transition Aged Youth (TAY). • Future Innovation Projects will be used to work with TAY to develop programs specific and responsive to TAY who reside in small rural communities.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• The Annual Reports are shared with all the stakeholders, with the Kings County Behavioral Health Advisory Board, the Board of Supervisors, as well as sharing the information with local press, and posting on our website when new reports are published.
Sources of Information	http://www.kingscountybehavioralhealth.com/mhsa.html (annual updates and INN plan found here) http://www.kingscountybehavioralhealth.com/pdf/mhsa_plans/2011/Innovation%20Plan-Revised%20State%20Approved.pdf http://www.kingscountybehavioralhealth.com/pdf/mhsa_plans/201213final.pdf (1st year eval found within)

Lake County

Innovative Project:	Project Title:	Population(s) Served:
	Peer-Informed Access	Community members

Peer-Informed Access - Lake

This project aims to establish a diverse group of community members representative of the populations within the county, in order to create a well-informed Peer committee that will assist in steering the development of a more welcoming, engaging, and culturally relevant experience for those seeking services. The committee will receive training. The group will assess the current consumer experience and make recommendations to improve. The group will also work to improve networking between service providers.

Timeline:
January 2012 through June 2014

Total Budget:

Evaluation Budget

Project Status	Completed.
Evaluation questions	
Innovative elements	- The plan is to implement a series of systemic changes, driven by a well prepared and culturally diverse committee of peers tasked with identifying barriers to access services. Changes to improve the consumer experience may include new practices and approaches, changes to existing practices, or adopting other approaches that have been successful in non-mental health settings. - The project will contribute to the learning around cultural acceptance, influence, and reciprocity in relation to the diversity of the participating individuals and populations served.
Outcomes	The goal will be to create a "no wrong door" approach throughout a networked system of clinics and wellness centers where an individual or family from any background would be able to access needed services in a warm, welcoming, and engaging manner.

Peer-Informed Access - Lake		
	Data from the project will provide information around barriers to access, including cultural competency, resistance to multiculturalism, knowledge of both minority and majority.	
Primary purpose	Increase access to services for underserved populations	
Other purposes	This project also served to promote interagency collaboration. The evaluation supported interagency collaboration through the facilitation of a steering committee that included a number of peer/wellness center staff as well as offering training for the committee, department, and community on issues related to diversity, cultural relevance, and specific underserved groups.	
Innovation definition	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.	
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Direct observation. - Pre and Post measures.	
Timeline for evaluation	- Clinic observation data was collected at a single point in time for each clinic. - The consumer perception survey was collected pre and post site assessment.	
Evaluation Participants		
Evaluation Design: Director or Other Senior Management		Review and Approval of Design: Director or Other Senior Management

Peer-Informed Access - Lake		
• MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • This evaluation included representatives from underserved groups reflective of the diversity of Lake County, including a variety of racial/ethnic and other cultural groups		• MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • This evaluation included representatives from underserved groups reflective of the diversity of Lake County, including a variety of racial/ethnic and other cultural groups
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • This evaluation included representatives from underserved groups reflective of the diversity of Lake County, including a variety of racial/ethnic and other cultural groups		Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • This evaluation included representatives from underserved groups reflective of the diversity of Lake County, including a variety of racial/ethnic and other cultural groups
How were data analyzed or what is the plan for data analysis?	• Site assessment and consumer perception data was analyzed using descriptive statistics.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?	• At project launch, the Resource Development Associates (RDA) facilitated a variety of trainings for committee members to prepare them for planning and implementing the evaluation project. This included training on evaluation, MHSA and INN, and this specific project design, as well as training in the recovery model and its history, proactive and assertive communication, and culture and mental health. • Throughout evaluation planning and in the first cycle of site assessments, RDA provided ongoing monthly training on evaluation concepts including logic modeling,	

Peer-Informed Access - Lake	
	tool development, etc. • RDA facilitated monthly meetings where committee members participated in a repeating cycle of data collection, analysis/interpretation, and development of recommendations. • RDA also provided or organized monthly learning communities (e.g. trainings) on issues related to diversity, culture and mental health, and specific underserved groups in Lake County.
How were/are/will the effects of the project's innovative elements be measured?	• The systematic changes were tracked using a checklist to measure implementation of committee recommendations. • The pre-post consumer satisfaction survey provides an interim measure of changes in access. As many of the recommendations are longer term, access to services are expected to continue improvement following the completion of this project.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	• Access data is expected to change over time as this project is expected to have longer term effects that exceed the project timeline.
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• It will be funded with community program planning (CPP) resources.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or	• Outside of our county.

Peer-Informed Access - Lake	
elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	The learning from the project will continue and has been used already on a statewide basis by the contractor to evaluate counties' CPP processes.
Sources of Information	http://www.co.lake.ca.us/Assets/Mental+Health_AODS/docs/MH/Innovation+Plan+w+Signature.pdf (INN Plan) http://www.co.lake.ca.us/Government/Directory/Behavioral_Health/MHSA.htm (County MHSA Website)

Los Angeles County

Innovative Projects:	Project Title:	Population(s) Served:
	Integrated Clinic Model	Homeless, uninsured, under-represented ethnic groups
	Community-Designed Integrated Service Management Model	Under-represented ethnic groups
	Integrated Mobile Health Team Model	Homeless population
	Integrated Peer-Run Model	Homeless population

Integrated Clinic Model – Los Angeles

The Integrated Clinic Model combines physical health, mental health, and substance abuse services in a community-based site, such as a primary care clinic or mental health clinic, to more fully address the spectrum of needs of individuals who are homeless, uninsured, and/or members of under-represented ethnic populations (UREP). This strategy seeks to increase access to the aforementioned services to those for whom services are fragmented and resources limited.

This strategy could potentially transform access in Los Angeles County as it increases the capacity for physical health, mental health, and substance abuse programs in organizations and systems where people in the community already go. It also seeks to increase the quality of services, including better physical health and mental health outcomes, as providers work together to coordinate care across practices. The utilization of existing infrastructure and the leveraging of other programs will create an efficient and cost-effective system that promotes interagency collaboration between Los Angeles County departments and providers.

Timeline:
July 2012 through June 2014

Total Budget:
\$1.2 million.
(All 4 Innovation Projects)

Evaluation Budget:

Project Status	Completed.
Evaluation questions	Will this project Increase the quality of services, including better physical and mental

Integrated Clinic Model – Los Angeles		
	health outcomes for homeless and uninsured in Los Angeles County? Will this project promote interagency collaboration and increase efficiency and cost-savings?	
Innovative elements	- The Integrated Clinic Model changes an existing model of integrated care by applying it to specific, vulnerable populations in a large urban environment and complex care system. - Embedding mental health into primary care or primary care into mental health. - We expect that the model will help us understand how best to integrate mental health, physical health, and substance abuse care for uninsured, homeless, or underrepresented ethnic populations in a complex urban environment such as Los Angeles.	
Outcomes	- Increase the quality of services, including better physical and mental health outcomes for homeless and uninsured in Los Angeles County. - Promote interagency collaboration and increase efficiency and cost-savings.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	- Increase access to services. - Increase access to services for underserved populations. - Promote interagency collaboration.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	Budget not broken out by model for evaluation. Annual INN evaluation budget for all models is \$1.2 million.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	Each model has an administrative lead. DMH oversight of evaluation is part of the MHSA Implementation and Outcomes Division. Training coordinators also associated with INN.
	Other:	

Integrated Clinic Model – Los Angeles		
Evaluation designs	• Longitudinal Design. • Outcomes-based evaluation.	
Will/was a comparison group used for the design?	• No.	
Describe comparison group design (if applicable)	• Not applicable.	
Data collection methods	Outcomes measures: • Self-Rating Scale (PROMIS Global Health Scale). • Self-Rating Scale (CHOIS Supplement). • Self-Rating Scale (Internalized Stigma of Mental Illness scale (ISMI)). • Clinician completed Assessment (Illness Management and Recovery Scale (IMR)). • Clinician completed Assessment (Milestones of Recovery Scale (MORS)). • Currently available county data resources (Service Utilization Data). • Integrated Treatment Tool (ITT). • Clients were asked to report frequency of hospitalization, use of illicit drugs/off-label prescription medication.	
Timeline for evaluation	• July 2012 through June 2014.	
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis	• Participatory Evaluation method. • Paired samples t-tests (to examine statistical significance). • Chi-square tests (to examine statistical significance). • Minimal Important Difference (MID) to determine clinical significance.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Service Utilization data.	
What training or technical assistance resources did the county use during the project, if any?	• Master learning document available, including a summary of all training associated with each model.	
How were/are/will the effects of the project’s innovative elements be measured?	• Via the evaluation – see final report.	
How did/will the evaluators seek to understand	• Evaluation rubric – see final report.	

Integrated Clinic Model – Los Angeles	
what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	The evaluation is by model.
Were midcourse changes made as a result of evaluation findings?	Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	LA's Innovation models have the potential to transform not only the service system but also evolve our approach to using data guide decision-making.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	A recommendation has been made by our stakeholders to continue the successful models with CSS funding, based on the outcomes achieved.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- Conferences. - Quarterly Learning Sessions with Innovation Project providers and evaluation team staff.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- Conferences. - Quarterly Learning Sessions with Innovation Project providers and evaluation team staff.
Sources of Information	http://file.lacounty.gov/dmh/cms1_159416.pdf (Inn plan) http://lacdmh.lacounty.gov/News/Board_Correspondence/Adopted_Board_Letters/Adopted%20BL_MHSA%20Annual%20Update_061813.pdf (annual update FY 13-14)

Community-Designed Integrated Service Management Model – Los Angeles

The Community-Designed Integrated Service Management Model (ISM) envisions a holistic model of care whose components are defined by the community itself and also promotes collaboration and partnerships between regulated entities, contract providers, and community-based organizations to integrate health, mental health, substance abuse, and other needed care to support the recovery of consumers with particular attention to under-represented ethnic populations.

The ISM model consists of discrete teams of specially-trained and culturally competent “service integrators” that help clients use the resources of both “formal” (i.e., mental health, health, substance abuse, child welfare, and other formal service providers) and “nontraditional” (i.e., community defined healers) networks of providers, and who use culturally-effective principles and values. The ISM Model services are grounded in ethnic communities with a strong foundation of community-based, non-traditional, and natural support systems such as faith-based organizations, voluntary associations, and other service groups.

In this model, ISM teams will integrate formal and informal provider and community-based resources through the following:

- 1) community-specific outreach and education.
- 2) community-specific enhanced engagement practices.
- 3) enhanced linkage and advocacy.
- 4) harmonious intertwining of formal and non-traditional services and supports through facilitation of inter-provider clinical communication.

ISM teams will work with each client to ensure service access, coordination, understanding, follow-up, and inter-provider clinical communication. The teams will consist of both service professionals and specially-trained peers who will meet regularly with clients and provide information, transportation, motivation, encouragement, and help with provider communication.

Timeline:
July 2012 through June 2014

Total Budget:
\$1.2 million.
(All 4 Innovation Projects)

Evaluation Budget:

Project Status	Completed.
Evaluation questions	Will this model facilitate culturally informed peer-based services?
Innovative elements	LAC-DMH is adapting an existing model for application in five distinct, diverse urban communities. The significance of these models of care is that they will illuminate, via outcome measures, the extent to which the model will facilitate culturally informed

Community-Designed Integrated Service Management Model – Los Angeles		
	peer-based services; measure the degree, nature and success of service integration; and provide feedback on which services prove to be the most effective for each ethnic community in developing culturally-competent models of care.	
Outcomes	Understand the extent to which the model will facilitate culturally informed peer-based services. It will measure the degree, nature and success of service integration.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	- Increase access to services. - Increase access to services for underserved populations. - Promote interagency collaboration.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	Budget not broken out by model for evaluation. Annual INN evaluation budget for all models is \$1.2 million.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	Each model has an administrative lead. DMH oversight of evaluation is part of the MHSA Implementation and Outcomes Division. Training coordinators also associated with INN.
	Other:	
Evaluation designs	- Longitudinal Design. - Outcomes-based evaluation.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Outcomes measures: - Self-Rating Scale (PROMIS Global Health Scale). - Self-Rating Scale (CHOIS Supplement). - Self-Rating Scale (Internalized Stigma of Mental Illness scale (ISMI)). - Clinician completed Assessment (Illness Management and Recovery Scale (IMR)).	

Community-Designed Integrated Service Management Model – Los Angeles			
		• Clinician completed Assessment (Milestones of Recovery Scale (MORS)). • Currently available county data resources (Service Utilization Data). • Integrated Treatment Tool (ITT). • Clients were asked to report frequency of hospitalization, use of illicit drugs/off-label prescription medication.	
Timeline for evaluation		• July 2012 through June 2014.	
Evaluation Participants			
Evaluation Design:		Review and Approval of Design:	
Evaluation Implementation:		Review of Evaluation Findings:	
How were data analyzed or what is the plan for data analysis?		• Participatory Evaluation method. • Paired samples t-tests (to examine statistical significance). • Chi-square tests (to examine statistical significance). • Minimal Important Difference (MID) to determine clinical significance.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		• Service Utilization data.	
What training or technical assistance resources did the county use during the project, if any?		• Master learning document available, including a summary of all training associated with each model.	
How were/are/will the effects of the project’s innovative elements be measured?		• Via the evaluation – see final report.	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		• Evaluation rubric – see final report.	
Were/will data be analyzed to show differential impacts on various populations/situations?		• The evaluation is by model.	
Were midcourse changes made as a result of evaluation findings?		• Yes.	
At this time, has a decision been made about sustaining the project beyond the current		• Yes.	

Community-Designed Integrated Service Management Model – Los Angeles	
Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	LA's Innovation models have the potential to transform not only the service system but also evolve our approach to using to data guide decision-making.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	A recommendation has been made by our stakeholders to continue the successful models with CSS funding, based on the outcomes achieved.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- Conferences. - Quarterly Learning Sessions with Innovation Project providers and evaluation team staff.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- Conferences. - Quarterly Learning Sessions with Innovation Project providers and evaluation team staff.
Sources of Information	http://file.lacounty.gov/dmh/cms1_159416.pdf (Inn plan) http://lacdmh.lacounty.gov/News/Board_Correspondence/Adopted_Board_Letters/Adopted%20BL_MHSA%20Annual%20Update_061813.pdf (annual update FY 13-14)

Integrated Mobile Health Team Model – Los Angeles
The Integrated Mobile Health Team Model is a client-centered, housing-first approach that uses harm reduction strategies across all modalities of mental health, physical health, and substance abuse treatment. This will be done in collaboration with the housing developers that have units available for this population in addition to accessing Federal housing subsidies and other housing resources. In this model, the primary goal is to address the fragmentation of services to the homeless population, many of whom are uninsured and are members of UREP. This model proposes to deploy a mobile, enhanced, integrated, multi-disciplinary team that includes physical health, mental health, and substance abuse professionals and specially-trained peers and that is managed under one agency or under one point of supervision. This model will develop individualized client care plans that contain physical health, mental health, and substance abuse client-centered treatment goals and objectives.

Integrated Mobile Health Team Model – Los Angeles

Another unique feature of this model is that individuals will have access to the Integrated Mobile Health Team services through multiple points of entry, whether initially seeking assistance with physical health, mental health, substance abuse, or housing. It will increase access to services and leverage multiple funding sources including capital for housing development and Federal Qualified Health Center funding.

Timeline:
July 2012 through June 2014

Total Budget:
Total Budget:
\$1.2 million.
(All 4 Innovation Projects)

Evaluation Budget:

Project Status	Completed.
Evaluation questions	- Will his project eliminate fragmentation of physical health, mental health, and substance abuse needs for homeless individuals? - Will this project maximize the coordinated use of all funding resources?
Innovative elements	- The Integrated Mobile Health Team Model contributes to learning by changing existing integrated service models which remain fragmented because of separate funding streams, charts, care plans, and lines of supervision. This model will provide important information and data that will help us understand how best to integrate mental health, physical health, and substance abuse care for homeless individuals with these treatment needs. Mobile teams are not the innovation; previous multi-disciplinary teams have worked together but have been hampered by accountability to different agencies and/or supervisors. - This model will explore the effectiveness of having one point of supervision or accountability for the multi-disciplinary mobile team, which is unusual in a complex system such as Los Angeles with multiple departments and agencies. Previous multidisciplinary teams also found that disparate funding streams were barriers to integrating care. Therefore, this model will test the efficacy of “braiding” a variety of existing funding streams (such as FQHC, Medical, Drug Medi-Cal, and veterans programs) so as to better integrate the funding of services and consequently, the services themselves over the long term. - This model also addresses the systemic need for increased permanent supportive

Integrated Mobile Health Team Model – Los Angeles		
	housing units for clients with mental illness and their families. Borrowing concepts successfully used in Section 8 project-based rental subsidies, LAC-DMH plans to innovatively use project-based service vouchers to create a market that draws affordable housing developers and service agencies into a collaborative effort to increase the number of PSH units available. When partnered with Integrated Mobile Health Teams, project-based service vouchers can encourage the creation of both single-site and scattered-site permanent supportive housing.	
Outcomes	Eliminate fragmentation of physical health, mental health, and substance abuse needs for homeless individuals. Maximize the coordinated use of all funding resources.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	- Increase access to services. - Increase access to services for underserved populations. - Promote interagency collaboration.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	Budget not broken out by model for evaluation. Annual INN evaluation budget for all models is \$1.2 million.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	Each model has an administrative lead. DMH oversight of evaluation is part of the MHSA Implementation and Outcomes Division. Training coordinators also associated with INN.
	Other:	
Evaluation designs	- Longitudinal Design. - Outcomes-based evaluation.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Self-Rating Scale (PROMIS Global Health Scale).	

Integrated Mobile Health Team Model – Los Angeles			
		• Self-Rating Scale (CHOIS Supplement). • Self-Rating Scale (Internalized Stigma of Mental Illness scale (ISMI)). • Clinician completed Assessment (Illness Management and Recovery Scale (IMR)). • Clinician completed Assessment (Milestones of Recovery Scale (MORS)). • Currently available county data resources (Service Utilization Data). • Integrated Treatment Tool (ITT). • Clients were asked to report frequency of hospitalization, use of illicit drugs/off-label prescription medication.	
Timeline for evaluation		• July 2012 through June 2014.	
Evaluation Participants			
Evaluation Design:		Review and Approval of Design:	
Evaluation Implementation:		Review of Evaluation Findings:	
How were data analyzed or what is the plan for data analysis?		• Participatory Evaluation method. • Paired samples t-tests (to examine statistical significance). • Chi-square tests (to examine statistical significance). • Minimal Important Difference (MID) to determine clinical significance.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		• Service Utilization data.	
What training or technical assistance resources did the county use during the project, if any?		• Master learning document available, including a summary of all training associated with each model.	
How were/are/will the effects of the project’s innovative elements be measured?		• Via the evaluation – see final report.	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		• Evaluation rubric – see final report.	
Were/will data be analyzed to show differential impacts on various populations/situations?		• The evaluation is by model.	
Were midcourse changes made as a result of		• Yes.	

Integrated Mobile Health Team Model – Los Angeles	
evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• LA's Innovation models have the potential to transform not only the service system but also evolve our approach to using to data guide decision-making.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• A recommendation has been made by our stakeholders to continue the successful models with CSS funding, based on the outcomes achieved.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Conferences. • Quarterly Learning Sessions with Innovation Project providers and evaluation team staff.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Conferences. • Quarterly Learning Sessions with Innovation Project providers and evaluation team staff.
Sources of Information	http://file.lacounty.gov/dmh/cms1_159416.pdf (Inn plan) http://lacdmh.lacounty.gov/News/Board_Correspondence/Adopted_Board_Letters/Adopted%20BL_MHSA%20Annual%20Update_061813.pdf (annual update FY 13-14)

Integrated Peer-Run Model – Los Angeles
The Integrated Peer-Run Model supports people with mental health needs who also have additional health and/or substance abuse treatment needs to become well and stay well by providing new programs that are designed and run by people with lived experience of mental health issues. This model incorporates two innovative strategies: Peer-Run Integrated Services Management (PRISM) and Alternative Peer-Run Crisis Houses. PRISM is a client-driven, holistic alternative to traditional community mental health services that allow uninsured peers to secure needed physical health, mental health, and substance abuse options as part of a program designed to support and empower people to take responsibility for their

Integrated Peer-Run Model – Los Angeles

own recovery. PRISM is based upon a “whatever it takes” philosophy in a context of personal choice. It consists of innovative specially-trained peer teams that share features of ISM teams in the Community- Designed ISM Model. As in the ISM model, the teams work with clients to ensure service access, coordination, understanding, follow-up, and inter-provider clinical communication. Also as with ISM teams, PRISM teams will meet regularly with clients and provide information, transportation, motivation and encouragement, and help with provider communication. However, unlike the teams in the ISM model, PRISM teams will consist entirely of specially-trained peers who will coordinate the provision of clinical services and coordinate and deliver peer-run/self help services.

Peer-Run Crisis Houses are client-driven, holistic alternatives to hospitalization and are designed to provide a warm, safe, welcoming environment for uninsured people in psychiatric distress who are not a danger to others. These houses will be located in two places in separate service areas, and one of them will be dedicated to providing peer support to people in crisis who are being released from jail. Together, these strategies expand the range of peer run options within the public mental health system.

Timeline:

February 2013 through February 2015

Total Budget:

Evaluation Budget:

Project Status	• In process.
Evaluation questions	• Will this project eliminate fragmentation of physical health, mental health, and substance abuse needs for homeless individuals? • Will this project maximize the coordinated use of all funding resources?
Innovative elements	• The Integrated Peer-Run Model brings three important innovations to peer-run strategies in the context of the Los Angeles County public mental health system. ✓ The first is the use of an Integrated Service Management (ISM) team approach to peer-run strategies. The ISM team that is supervised, administered, and implemented by peers for the coordination of mental health, physical health, and substance abuse services is new. ✓ Second, the model combines two peer-run strategies, PRISM and the Alternative Peer-Run Crisis Houses, to work in tandem to offer consumers a broader array of peer run supports. ✓ The third type of innovation is the integration of multiple forms of peer supports. The Integrated Peer-Run Model seeks to effectively coordinate and deliver different types of peer supports in the consumers’ recovery. Peer support can

Integrated Peer-Run Model – Los Angeles		
	come from consumers in recovery, parents, family members, and caregivers. This model utilizes peer support to coordinate physical health, substance abuse, and mental health care across systems in an integrated way.	
Outcomes	- Eliminate fragmentation of physical health, mental health, and substance abuse needs for homeless individuals. - Maximize the coordinated use of all funding resources.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	- Increase access to services. - Increase access to services for underserved populations. - Promote interagency collaboration.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	Budget not broken out by model for evaluation. Annual INN evaluation budget for all models is \$1.2 million.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	Each model has an administrative lead. DMH oversight of evaluation is part of the MHSA Implementation and Outcomes Division. Training coordinators also associated with INN.
	Other:	
Evaluation designs	- Longitudinal Design. - Outcomes-based evaluation.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Outcomes measures: - Self-Rating Scale (PROMIS Global Health Scale). - Self-Rating Scale (CHOIS Supplement). - Self-Rating Scale (Internalized Stigma of Mental Illness scale (ISMI)).	

Integrated Peer-Run Model – Los Angeles		
		• Clinician completed Assessment (Illness Management and Recovery Scale (IMR)). • Clinician completed Assessment (Milestones of Recovery Scale (MORS)). • Currently available county data resources (Service Utilization Data). • Integrated Treatment Tool (ITT). • Clients were asked to report frequency of hospitalization, use of illicit drugs/off-label prescription medication.
Timeline for evaluation		• February 2013 through February 2015.
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		• Participatory Evaluation method. • Paired samples t-tests (to examine statistical significance). • Chi-square tests (to examine statistical significance). • Minimal Important Difference (MID) to determine clinical significance.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		• Service Utilization data.
What training or technical assistance resources did the county use during the project, if any?		• Master learning document available, including a summary of all training associated with each model.
How were/are/will the effects of the project's innovative elements be measured?		• Via the evaluation – see final report.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		• Evaluation rubric – see final report.
Were/will data be analyzed to show differential impacts on various populations/situations?		• The evaluation is by model.
Were midcourse changes made as a result of evaluation findings?		• Yes.

Integrated Peer-Run Model – Los Angeles	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• LA's Innovation models have the potential to transform not only the service system but also evolve our approach to using to data guide decision-making.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• A recommendation has been made by our stakeholders to continue the successful models with CSS funding, based on the outcomes achieved.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Conferences. • Quarterly Learning Sessions with Innovation Project providers and evaluation team staff.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Conferences. • Quarterly Learning Sessions with Innovation Project providers and evaluation team staff.
Sources of Information	http://file.lacounty.gov/dmh/cms1_159416.pdf (Inn plan) http://lacdmh.lacounty.gov/News/Board_Correspondence/Adopted_Board_Letters/Adopted%20BL_MHSA%20Annual%20Update_061813.pdf (annual update FY 13-14)

Madera County

Innovative Projects:	Project Title:	Population(s) Served:
	Increase Access to Services	TAY
	Linkage to Physical Health by Pharmacist and Reverse Integration from Mental Health to Physical Health	Adults

Increase Access to Services - Madera

This Project will employ an integrated team of transition age youth (TAY) and adult/family support specialists to engage clients (and families) at initiation of mental health crisis services at the Hospital's Emergency Department. Through the client/family support specialists providing engagement services, clients/family members will see that people can and do recover from mental health challenges. They enter the system with a strong recovery message—an expectation that recovery is not only possible but highly probable. This team will provide engagement services at the ER or after the client is released from being hospitalized.

The model for providing these engagement services will be developed with input from clients, family members, stakeholders and staff. Client/family member staff, stakeholder and crisis/assessment staff input will be sought as well as seeking input via surveying the clients/family members who received services. It will be through this input that the identification and development of strategies that promote continued client engagement and motivation to move forward with successive recovery goals will be developed and refined.

Timeline:
July 2010 through June 2013

Total Budget:
\$347,803 for three years

Evaluation Budget:

Project Status	Completed.
Evaluation questions	- Madera County BHS Learning/Practice. Change Goal: - Hypothesis—MCBHS will have peer/family member (including TAY) staff at the emergency room engaging clients/family members and will provide follow-up engagement if necessary, after the client leaves the ER (including after hospitalization). Will this engagement lead to an increased access and utilization of mental health services? Is there a difference between the engagement at the ER and/or for those

Increase Access to Services - Madera	
	who are discharged from the ER and followed by peer/family member services after they have returned home? ✓ Goal/Outcome—Clients seen in the ER or who are hospitalized will access and utilize services at higher rates. ✓ b. Goal/Outcome—Peer/Family member engagement services will be more successful with certain age, gender, cultural groups, etc., than the current referral process for ongoing services. ✓ c. Goal/Outcome—Youth and TAY seen at the ER or who were hospitalized will access services at higher rates due to outreach and engagement by a TAY peer provider. ✓ d. Goal/Outcome—TAY engagement services will be more successful in getting youth and TAY into services than the current referral process. ✓ e. Goal/Outcome—Youth/TAY and adults will access services equally whether engaged at the ER or on the next business day by peer/family member staff. • 2. Hypothesis—can voluntary, recovery-oriented, peer driven services be successful in a general hospital emergency room? ✓ a. Goal/Outcome—by providing peer/family services, there will be better recovery outcomes and access to treatment. ✓ b. Goal/Outcome—by providing TAY peer services, there will be better recovery outcomes and access to treatment by the youth and TAY population. ✓ c. Goal/Outcome—by providing peer/family services, there will be a change in the attitude of the ER staff towards recovery and mental health services. In particular there will be a change in the attitude towards youth and TAY recovery and mental health services.
Innovative elements	• This Project’s model of peer/clinical staff partnership will be new and different. MCBHS wants to focus the learning portion of this project on how a new model of clinical/peer/family member partnership can increase access and retention for the unserved and underserved population of a small rural county mental health service system.
Outcomes	• Through this project we will learn: ✓ What does and doesn’t make a difference?

Increase Access to Services - Madera		
	✓ What impacts does this have on clients in receiving quality services, retention, access, etc.? ✓ What impacts will this have on staff in the provision of services, working relationships, etc.? ✓ Will this new model improve penetration and retention by adapting/modifying a peer service model for unserved and underserved populations? ✓ Through increasing penetration and retention rates for unserved and underserved populations, can this new model change the quality of mental health services?	
Primary purpose	• Increase access to services.	
Other purposes	• Not applicable.	
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before	
Total budget	• Madera County requested \$347,803 for new Innovation work plans, which included \$213,200 from Fiscal Year 11/12 planning estimates, \$134,603 from Fiscal Year 10/11 planning estimates for the Fiscal Year 11/12 INN Plan update.	
Budget for evaluation aspects	External Evaluation:	• \$0.00.
	Internal Evaluation:	• \$0.00.
	Administrative:	• \$39,771 for three years.
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?	• Yes.	
Describe comparison group design (if applicable)	• Only 22% of those individuals accessing crisis services (Fiscal Year 08/09) followed through with on-going outpatient services. The numbers were fewer (4%) for those who are hospitalized. These figures were the original data. The data from INN project was then compared to these figures.	
Data collection methods	• Currently available county data resources (interviews, computer/electronic health record data).	
Timeline for evaluation	• Annually after the close of the fiscal year.	

Increase Access to Services - Madera			
Evaluation Participants			
Evaluation Design: Director or Other Senior Management		Review and Approval of Design: Director or Other Senior Management	
Evaluation Implementation: Director or Other Senior Management		Review of Evaluation Findings: Director or Other Senior Management	
How were data analyzed or what is the plan for data analysis?	Data was evaluated to see if there was an increase in the number of people receiving on-going mental health services.		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Electronic Health Records.		
What training or technical assistance resources did the county use during the project, if any?	None.		
How were/are/will the effects of the project’s innovative elements be measured?	- For Fiscal Year 10/11, 11/12, and 12/13: ✓ How many people were seen in crisis services? ✓ How many of those seen in crisis services received any follow-up services? ✓ How many of those people were seen in crisis services were hospitalized and then received follow-up crisis services? ✓ Did the protocol of having people seen through our access/crisis services, have contact with people with lived experience help them to connect with outpatient services for follow-up services? - We wanted to increase the number of people who were seen in crisis services following through with outpatient services.		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	If there was an increase in the number of people seeking outpatient services after being seen in crisis and/or after being hospitalized.		
Were/will data be analyzed to show differential impacts on various populations/situations?	No.		
Were midcourse changes made as a result of evaluation findings?	No.		

Increase Access to Services - Madera	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Decision was made not to continue the project as written.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Innovation funds were used to fund a different project since we were not allowed to do the same project over again.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. • Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Through reports (presentations) and through our annual reports to MHOAC.
Sources of Information	http://www.madera-county.com/index.php/forms-and-documents/category/89-mental-health-services-act-documents http://www.madera-county.com/index.php/forms-and-documents/category/89-mental-health-services-act-documents http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/Madera_INN_ApprovalSum.pdf http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Madera_FINAL.pdf http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY10-11/Madera_FY10-11_AnnualUpdate_FINAL_042910.pdf http://www.madera-county.com/index.php/mental-health-services-act-information

Linkage to Physical Health by Pharmacist and Reverse Integration from Mental Health to Physical Health – Madera

This INN component involves the contracted services of a pharmacist and a psychiatrist who will be available for consulting with emergency room staff and primary care providers to provide linkage of mental health and physical health. This model of using a pharmacist and psychiatrist to consult with health practitioners was developed based on mental health staff reports that health practitioners in general do not respond to their letters or phone calls but do tend to respond to contacts by pharmacists or psychiatrists. The INN component also is working with the contracted pharmacist to move stable, medication only clients back into Primary Care for their on-going medication needs.

Timeline:
July 2010 through June 2013

Total Budget:
\$57,600 for three years

Evaluation Budget:

Project Status	Completed.
Evaluation questions	- This project's learning goal is to see if a contracted pharmacist providing the coordinating linkage between mental health and primary care would result in increased inter-agency collaboration, linkage, communication and coordination of physical and mental health services. - The second learning goal would promote inter-agency collaboration through the pharmacist transitioning stable SMI clients from the mental health system to a primary care medical home for medication monitoring and attention to physical health needs. ✓ Has there been improved outcomes for clients served by the medical home model of services? ✓ Have there been improved mental health outcomes due to integrated treatment and disease management support? ✓ Has client satisfaction increased for both mental health and primary care services? ✓ Is there an increase in the number of physical health clients referred for mental health services? ✓ Is there an increase in staff satisfaction with both the primary care staff and mental health staff who are part of this Project? ✓ Has there been an increase in the number of mental health clients referred for physical health services?

Linkage to Physical Health by Pharmacist and Reverse Integration from Mental Health to Physical Health – Madera

Innovative elements	MCBHS' innovation project will use a pharmacist as the primary person in linking clients with mental health conditions to physical health. This is new and a change from the existing way mental health has tried to coordinate physical and mental health care/services in the past. This will allow our clients to have integrated care and a medical home. Madera County wants to learn the following; will having a pharmacist coordinating physical and mental health care increase interagency collaboration?	
Outcomes	An increase the number of clients able who get physical health care after the linkage by the pharmacist. An increase in clients who indicate that they felt more understood by primary care staff. An increase in clients who indicated their primary care staff was more informed about their mental health issues. An increase in the number of clients who indicate they were more satisfied with the services they received from their primary care staff after being linked by the pharmacist. Primary care staff would learn more about mental health issues and medications and indicate they are more comfortable with serving the SMI population.	
Primary purpose	Promote interagency collaboration.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$57,600 for three years,	
Budget for evaluation aspects	External Evaluation:	None.
	Internal Evaluation:	None.
	Administrative:	\$20,505 for three years.
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Clinical records.	

Linkage to Physical Health by Pharmacist and Reverse Integration from Mental Health to Physical Health – Madera

	• Spreadsheets in Excel as we could not obtain all of the data from the clinical record.
Timeline for evaluation	• Data was collected when received from or sent to primary care.
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management	Review and Approval of Design: • Director or Other Senior Management
Evaluation Implementation: • Director or Other Senior Management • External/contracted project staff • Consumers • As part of collecting the data and trying to encourage responses from Primary Care, we had the Medical Director of the local FQHC participate in the design/data requested of the letters that were sent to primary care physicians. Data design and collection also included the contracted pharmacist for the Department	Review of Evaluation Findings: • As part of collecting the data and trying to encourage responses from Primary Care, we had the Medical Director of the local FQHC participate in the design/data requested of the letters that were sent to primary care physicians. Data design and collection also included the contracted pharmacist for the Department
How were data analyzed or what is the plan for data analysis?	• Type of data received from primary care regarding chronic health conditions, medications, etc., and in turn data was sent to primary care from Madera County Behavioral Health regarding client's diagnosis, medications, treatment, etc.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Electronic Health Records along with an Excel spread sheet.
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• Not applicable.
How did/will the evaluators seek to understand what elements of the project (including but not	• We were able to get responses from primary care physicians from the letters sent by our contracted pharmacist which included physical health conditions, lab, dates of

Linkage to Physical Health by Pharmacist and Reverse Integration from Mental Health to Physical Health – Madera

limited to the new/changed element) were most responsible for the results?	physical health exams, on-going medications.
Were/will data be analyzed to show differential impacts on various populations/situations?	No.
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	It is being paid for through other funds as we cannot use the Inn funds again for the same project.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Because you have to do a new project. We were not allowed to continue the project using Inn funds.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- In our county. - Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	At presentations and during our annual report to the OAC.
Sources of Information	http://www.madera-county.com/index.php/forms-and-documents/category/89-mental-health-services-act-documents http://www.madera-county.com/index.php/forms-and-documents/category/89-mental-health-services-act-documents http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/Madera_INN_ApprovalSum.pdf http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Madera_FINAL.p

Linkage to Physical Health by Pharmacist and Reverse Integration from Mental Health to Physical Health – Madera

df

http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY10-11/Madera_FY10-11_AnnualUpdate_FINAL_042910.pdf

<http://www.madera-county.com/index.php/mental-health-services-act-information>

Marin County

Innovative Project:	Project Title:	Populations(s) Served:
	Client Choice and Hospital Prevention Program	Adults

Client Choice and Hospital Prevention Program - Marin

The proposed project will combine three effective strategies consumer-developed crisis plans, community-based crisis services, and integrated peer/professional staffing -in a unique way and will seek to embed the concept of operating as a hospital prevention organization as a core system value.

Timeline:
February 2011 through June 2014

Total Budget:
\$3,072,596 (Three Years)

Evaluation Budget:
To date: \$32,425

Project Status	Completed.
Evaluation questions	How does the implementation of new practices (Crisis Planning, Crisis Residential, Peer-Professional Staffing, SBIRT) change the crisis mental health system in Marin County? Specifically, how does it change the conversations between the partners (peers and professionals), change the understanding and response to crisis mental health needs, and change the mental health outcomes of those who use the services?
Innovative elements	- Marin's proposed Innovation project provides a new approach for dealing with psychiatric crises by means of a unique combination of the systematic use of consumer-driven crisis plans, community-based crisis services, and integration of consumer and family providers, into the provision of crisis services for adults. - This project further meets Innovation criteria by piloting the use of Screening, Brief Intervention, and Referral for Treatment (SBIRT) in the project's community-based crisis service. SBIRT is an early intervention approach for treating substance use problems that has been proven effective in non-mental health settings.
Outcomes	With this project, Marin seeks to understand the impact of this unique approach on individuals experiencing psychiatric crisis and ultimately on how the mental health

Client Choice and Hospital Prevention Program - Marin		
	system deals with psychiatric crises. We are interested in determining whether this project will promote Marin's goal of further system transformation by becoming a hospital prevention organization. The Client Choice and Hospital Prevention project will help us determine whether and which components of the project are successful in transforming our system's response to psychiatric crisis.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	The total Three-Year Innovation Budget is \$3,072,596, funded by Medi-Cal and other health coverage (\$1,590,796) and MHSa Innovation funds (\$1,481.800) allocated by the State in FY2008-2009 through FY2010-2011. The Innovation Project completion date is June 30, 2015.	
Budget for evaluation aspects	External Evaluation:	To date: \$32,425.
	Internal Evaluation:	Not applicable.
	Administrative:	\$307,260.
	Other:	
Evaluation designs	Quasi-Experimental Design.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	The evaluation will be looking at the use of the crisis mental health system for clients who use the integrated services (crisis planning, crisis residential) and those who don't. The current data collection that is done by crisis mental health is not specifically designed to determine this outcome, and the efforts to get the appropriate data are ongoing.	
Data collection methods	- Survey. - Interviews. - Focus Groups. - Clinical records.	

Client Choice and Hospital Prevention Program - Marin	
	• Pre and Post measures. • Currently available county data resources.
Timeline for evaluation	• To date, the provider survey has been administered every 6 months. Interviews were added after the second and third provider survey to discuss findings and describe system changes. Focus groups with consumers who have used the services are scheduled for December 2014.
Evaluation Participants	
Evaluation Design: • MHSA/INN Manager • Internal Project Staff • Advocates/Family Partners • This project includes consumers in the peer professional staffing portion. I included them above in the advocates/family partners because that is their role in this project.	Review and Approval of Design: • Internal Project Staff • Advocates/Family Partners • This project includes consumers in the peer professional staffing portion. I included them above in the advocates/family partners because that is their role in this project.
Evaluation Implementation: • Internal Project Staff • Advocates/Family Partners • This project includes consumers in the peer professional staffing portion. I included them above in the advocates/family partners because that is their role in this project.	Review of Evaluation Findings: • MHSA/INN Manager • Internal Project Staff • Advocates/Family Partners • This project includes consumers in the peer professional staffing portion. I included them above in the advocates/family partners because that is their role in this project.
How were data analyzed or what is the plan for data analysis?	• To date the data has been summarized using frequencies. Cross tabs may be used if the data supports it. The qualitative data is reviewed for themes by the evaluator.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Client records from Psychiatric Emergency Services. The use of crisis mental health services is used to understand quantitative changes in client outcomes.
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• The changes based on the innovative elements are measured with qualitative methods (interviews and focus groups) as well as quantitative methods (surveys, program and

Client Choice and Hospital Prevention Program - Marin	
	client records). The mixed methods were chosen to capture the changes in several ways and describe them as thoroughly as possible.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	To date, the evaluation is relying on the combination of quantitative and qualitative methods to understand how the various programs are changing crisis mental health services. For example, the provider survey results are used to inform interview and focus group questions, and the interview and focus group responses are used to inform/refine the provider survey.
Were/will data be analyzed to show differential impacts on various populations/situations?	There are three populations being observed in this study: The providers who work together directly to coordinate the integrated services, the providers who work in the broader crisis mental health system and the consumers who use the services. Within these groups, the study will examine the data for different ethnicities reported by consumers if the data supports it.
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	We will be continuing all parts of the direct clinical services. Since we measured "partnership" we will continue this too but that is more of a philosophy than a budgeted program.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	We are still in the evaluation stage so no report or results have been disseminated.
Sources of Information	http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Marin_1-14-

Client Choice and Hospital Prevention Program - Marin

11.pdf (Inn plan)

Mariposa County

Innovative Project:	Project Title:	Population(s) Served:
	MHSA Team Decision-Making	Adults

MHSA Team Decision-Making - Mariposa

It is the desire of Mariposa County to take an evidence-based practice found in the child welfare setting and apply it to the mental health adult population. Team Decision Making meetings for the adult mental health population will lead to positive outcomes. Team Decision Making meetings are held in the child welfare settings at some specific times or decision making points, including: any time a child is at risk of changing placements; when a child has had to be removed from his/her own home; prior to reunifying with a parent/guardian.

In child welfare these Team Decision Making meetings have been found to improve the stability of children in out of home placement and to keep children safe in their own homes, whenever possible. The key assumptions in Team Decision Making meetings include: a group can be more effective in decision making than an individual; families are the experts on themselves; when families are respected and included in the decision making process, they are capable of identifying and participating in addressing their own needs; and members of the family's own community add value to the process by serving as natural allies and experts on the community resources.

Thus, this Innovation Project would utilize Team Decision Making meetings with the adult population in order to achieve an improved integrated approach to the delivery of services. In the proposed Adult Team Decision Making Meeting, the consumer will be the center of the decision-making although he/she will be able to have family/friends who will be able to contribute to the discussion leading up to the ultimate decision. Thus, it is anticipated that this approach will be consumer driven.

In addition, various providers would be included in the meetings, which should then improve the communication issues that currently exist in the county. All meeting participants would be included at the request and agreement of the consumer, to ensure this remain a completely voluntary approach.

Timeline:

Total Budget:

Evaluation Budget:

MHSA Team Decision-Making - Mariposa	
July 2010 through July 2013	
Project Status	Completed.
Evaluation questions	Our innovation project involves using an existing approach - Family Team Decision Meetings - on adults who are struggling with multiple hospitalizations, incarcerations or episodes of homelessness. Our question is whether "Adult Team Meetings" can reduce hospitalizations, incarcerations and homelessness and improve other mental health related outcomes.
Innovative elements	- This MHSA Innovation Project would allow Mariposa County to take this best practice approach used in child welfare and adapt for a mental health setting. It is anticipated that using Team Decision Making meetings for the adult mental health consumers could result in positive outcomes for participants. The consumer, agency staff and members of the community will be exposed to a new practice that is anticipated to result in improved services and better communication amongst all participants. - Current consumers or potential consumers will drive the service plan; however, this innovation plan will allow, at the discretion of the consumer, input from members of their family and community resources persons leaving the consumer to be at the center of finding solutions to their problems. - The intent will be to retain the main principles found in child welfare Team Decision Making meetings but use the meetings with adults who may be in crisis and perhaps facing homelessness; a move to out of home care; or another type of situation that may call for a safety plan to be developed.
Outcomes	It is anticipated that by utilizing this innovative approach, decisions reached as a result of the Team Decision Making meetings will be more responsive to the needs of individual consumers and result in achieving the desired outcomes.
Primary purpose	Improve the quality and outcomes of services.
Other purposes	As described above, improved outcomes include reduced hospitalizations, incarcerations and periods of homelessness, amongst other mental health indicators/outcomes.
Innovation definition	Introduces a new application to the mental health system of a promising, community-

MHSA Team Decision-Making - Mariposa		
	driven practice or an approach that has been successful in a non-mental health context or setting.	
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	• Longitudinal Design. • Case Study Design.	
Will/was a comparison group used for the design?	• No.	
Describe comparison group design (if applicable)	• Our population is too small for a comparison group. That being said, there will be some individuals who are offered the Program and choose not to participate. We will track their outcomes to the best of our ability and do a general comparison although we would not call this a control group as they are self-selecting out of the Program.	
Data collection methods	• Survey. • Interviews. • Focus Groups. • Clinical records.	
Timeline for evaluation	• The evaluation plan is currently being completed and therefore timelines have not yet been determined.	
Evaluation Participants		
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners	
Evaluation Implementation:	Review of Evaluation Findings:	

MHSA Team Decision-Making - Mariposa

• Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners	• Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • We are currently just completing the evaluation design- scheduled to be finalized by the end of January 2015. Our next step is to get consumer/family input from the Mental Health board which consists of consumers, family members, advocates and community members. This group will help us throughout the process to evaluate and review findings as well.
How were data analyzed or what is the plan for data analysis?	• No analysis has been done to date, however, due to the small sample size, we will rely on a combination of qualitative and quantitative data.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Electronic Health Records will be utilized in addition to a series of other surveys (MORS, etc.) and interviews/focus groups.
What training or technical assistance resources did the county use during the project, if any?	• Fresno State University is assisting in the development of the Project Design and Evaluation Design.
How were/are/will the effects of the project's innovative elements be measured?	• This will be completed during our meeting with our evaluators in January.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• This will be completed during our meeting with our evaluators in January.
Were/will data be analyzed to show differential impacts on various populations/situations?	• This will be completed during our meeting with our evaluators in January.
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.

MHSA Team Decision-Making - Mariposa	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Mariposa.pdf (Inn Plan) http://ca-mariposacounty.civicplus.com/DocumentCenter/Home/View/27023 (County 3 -year plan 2014-2017)

Merced County

Innovative Projects:	Project Title:	Population(s) Served:
	Strengthening Families Project	Families
	Strengthening Families Behavioral Health Court Project Expansion	Families

Strengthening Families Project - Merced		
The Strengthening Families Project will be an adapted program from the ideal of the importance of the community “It takes a village to raise a child.” The Project will introduce an adapted mental health practice/approach brought into mental health. Merced County plans to test out the benefits of recruiting family and community developmental partners to focus on learning the developmental milestones of life transitions in diverse and non-traditional settings in order to increase the quality and outcome of services and to improve access to services. This Project will be developed to strengthen families and build on their all ready in place resiliency factors. The Project will focus on decreasing risk factors and build upon protective factors.		
Timeline: August 2011 through August 2014	Total Budget:	Evaluation Budget
Project Status	Completed.	
Evaluation questions		
Innovative elements	It will contribute to learning because it is an approach that has never been brought into mental health. It will test out the benefits of recruiting family and community developmental partners as “Community Educators” focused on prevention and early intervention.	
Outcomes	- People currently unserved will be served. - People will gain access to other services. - Increased knowledge of developmental milestones. Increased confidence in parenting. - Decrease parental stress.	

Strengthening Families Project - Merced		
	• Increase perceived social support.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including		

Strengthening Families Project - Merced	
but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Merced.pdf http://www.co.merced.ca.us/pdfs/mentalhealth/mhsa/final_msha_update_09_30_2013.pdf (Annual Update FY 2013-2014) http://www.co.merced.ca.us/index.aspx?NID=1710 (county website)

Strengthening Families Behavioral Health Court Project Expansion – Merced

Designed as a three year expansion to the Strengthening Families Innovative Project, The Juvenile Behavioral Health Court Program is testing out promoting of interagency collaboration to increase the quality of services for better outcomes for youth and their families in Merced County by connecting the community with a shared vision for strengthening families that will lead to healthy children and families and the community. The overall goal of building collaborations with community partners/agencies (i.e., Probation, Mental Health, Judicial Court and decreasing new referrals through the juvenile justice system by linking youths and their families to adequate services. The Juvenile Behavioral Health Court Program will improve quality of the lives of families living within the community by decreasing mental health symptoms impairing their daily functioning (i.e., legal system, school and academics, relationships with family and peers, family culture).

Timeline:

August 2012 through August 2015

Total Budget:

Evaluation Budget

Project Status	• In process.
Evaluation questions	
Innovative elements	• The program will be an adopted program from the ideal of drug courts, domestic violence courts and community courts. It will contribute to learning because it will test out the benefits of developing a learning model that is inclusive of cultural practices to promote well being and to strengthen families. • The following strategies will be utilized: ✓ Knowledge and preservation of culture and history. ✓ Cultural pride. ✓ Artistic development. ✓ Impact on personal well being. ✓ Community involvement. ✓ Teamwork/Collaboration (Collective energy).
Outcomes	• People currently unserved will be served. • People will gain access to other services. • Increased knowledge of developmental milestones. • Increased confidence in parenting. • Decrease parental stress. Increase perceived social support. • Increase community education and awareness.

Strengthening Families Behavioral Health Court Project Expansion – Merced		
	• Increase community support systems. • Reduce the stigma of mental services.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand		

Strengthening Families Behavioral Health Court Project Expansion – Merced	
what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Merced.pdf http://www.co.merced.ca.us/pdfs/mentalhealth/mhsa/final_msha_update_09_30_2013.pdf (Annual Update FY 2013-2014) http://www.co.merced.ca.us/index.aspx?NID=1710 (county website)

Modoc County

Innovative Project:	Project Title:	Population(s) Served:
	Taking Integration Personally	Individuals with co-occurring mental health diagnoses and substance use disorders and/or serious medical conditions

Taking Integration Personally - Modoc

We will identify, adapt, and test assessment tools, treatment team models, and information exchange models to develop processes and protocols to collaboratively integrate mental health services, alcohol and other drug services, and public health services as needed to deliver consumer-centered, holistic wellness and recovery treatment. The development and testing of an integrated assessment tool as a process to facilitate integrated treatment delivery is the primary focus of the first phase of the project.

Further, we plan to extend the collaborative treatment planning and delivery to demonstrate linkages with other partners to include primary care providers, social services, collaborative treatment courts and other services promoting holistic health and well-being. We are committed to developing and testing client-centered treatment processes so that each person who uses our health services will have a single, integrated treatment plan and potentially a treatment team that is unique to each client, depending on their identified needs.

Timeline:
July 2011 through June 2014

Total Budget:
\$253,900

Evaluation Budget

Project Status	Completed.
Evaluation questions	Collaborative Process Learning: - What is a model that will work in a rural frontier county? - What partners should be included? - How do we engage collaborative members? - How do we retain collaborative members? System Integration Learning: - What elements of system change will result in the desired outcomes?

Taking Integration Personally - Modoc		
	• Time/staffing commitment from partners. • Financial resource allocation to assist with engagement and retention of collaborative • Participants. • Changes in forms (assessment, treatment, consent, referral – especially in reference to primary care providers). • Changes in charting, billing, and software applications. • Training in cultural competence, recovery and resilience, client- & family member. • Centered, stigma, discrimination, cross-training in organizational culture & language, along with other MHSA principles.	
Innovative elements	• Taking Integration Personally is anticipated to adapt existing models of collaboration in order to create a new model of integration of services. This proposed project is set in the context of a rural, frontier setting where resources are limited and the rural culture supports independence. We have experienced more than three years of successful collaboration with our partners in planning MHSA services, which gives us the partnership base to move forward.	
Outcomes	• A fundamental goal of the project is the development of an innovative approach to collaboration. The focus of the project will be the development of a new and effective process of client-centered collaboration, resulting in a new model of integration of services. Specifically, the development of frontier, rural protocols that facilitate collaborative integration of holistic health care, from assessments through fully integrated team service delivery.	
Primary purpose	• Promote interagency collaboration.	
Other purposes	• Not applicable.	
Innovation definition	• Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	• \$253,900.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	

Taking Integration Personally - Modoc		
	Administrative:	
	Other:	
Evaluation designs	• Outcomes-based.	
Will/was a comparison group used for the design?	• No.	
Describe comparison group design (if applicable)	• Not applicable.	
Data collection methods	• Pre and Post measures • Surveys • Clinical records.	
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	Collaborative Process Learning Goal Measurement: • Outcome Learning Goal 1: Increased collaboration among partners in the assessment processes: ✓ Measure Learning Goal 1: ○ a. Pre and post measurement of the number of participant/partners. ○ b. Ongoing attendance records. ○ c. Pre and post measurement of perceived level of collaboration. • Outcome Learning Goal 2: Increased collaboration providing client & family focused unique treatment teams: ✓ Measure Learning Goal #2: ○ a. Measurement and documentation of collaborative treatment team activity in client charts. (Measurement and method of documentation to be determined through PDSA learning cycles). • Outcome Learning Goal 3: Increased collaboration in providing treatment/recovery services: ✓ Measure Learning Goal 3: ○ Measurement and documentation of provision of collaborative treatment/recovery services. (Documented in client charts. Measurement and	

Taking Integration Personally - Modoc

	method of documentation to be determined through PDSA learning cycles). • Outcome Learning Goal 4: Increased cohesion and satisfaction among partners: ✓ Measure Learning Goal 4: ○ a. Pre and Post survey (to be developed) to measure partners' perceptions of cohesion and satisfaction with collaborative processes. System Integration Learning Goal Measurement: • Outcome Learning Goal 1: Better identification of co-occurring needs of clients. ✓ Measure Learning Goal 1: ○ a. Pre and post measurement of number/percentage of clients identified with co-occurring disorders (mental health and substance use disorder and/or major health condition). • Outcome Learning Goal 2: Stronger linkages to primary care: ✓ Measure Learning Goal #2: Pre and post measurement of number/percentage of client charts with: ○ a. Documentation of client's primary care physician. ○ b. Signed release for communicating with primary care physician. • Outcome Learning Goal 3: Use of integrated assessment tools including basic health screening (PH): ✓ Measure Learning Goal 3: ○ a. Pre and post measurement of the number/percentage of client charts with completed integrated assessment. • Outcome Learning Goal 4: Use of integrated treatment plan: ✓ Measure Learning Goal 4: ○ a. Measurement of the number/percentage of client charts with completed integrated treatment plan.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's	

Taking Integration Personally - Modoc	
innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://hs.co.modoc.ca.us/recent-announcements/mhsaannualupdatefy2013-20014 http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Modoc.pdf

Mono County

Innovative Project:	Project Title:	Population(s) Served:
	Peapod Program	Spanish speaking mothers

Peapod Program - Mono

The proposed innovation will provide two new parent support groups in Mammoth Lakes that are ongoing. One will serve Spanish speaking mothers. These groups will run for ten weeks, break for three weeks and run for ten more weeks. Over the course of a year, we will be able to complete four group cycles. We also plan to operate a new parent support group in the Benton/Chalfant area of Mono County (southeast region) that will run for ten weeks twice annually. In the north end of the county we will provide similar support in that we plan two ten week groups each year. In north county we plan to coordinate with the parent educator affiliated with the Marine Base.

Basically, Mono County Mental Health will contract with First 5 Mono County. First 5 Mono will train and offer stipends to group leaders. Topics that will be covered in each new parent support group will include: basic mental health issues, parenting skills and strategies, how to incorporate an infant into existing family structure, breast-feeding support, how to recognize the early signs of depression and other pre- and post-partum mental health issues, nutrition, and discussion of area resources for assistance.

Funding will be included to provide mental health support (therapy, case management and psychiatry) for individuals identified in the New Parent support groups as needing this type of support and who have no other identified payor source.

Timeline:
March 2010 through February 2012

Total Budget:
\$50,000 per fiscal year

Evaluation Budget:
In kind

Project Status	Completed.
Evaluation questions	This program is set up to provide community type groups for new parents and/or parents of children 0-5. These groups include education and skill building as well as the opportunity for the group leaders to evaluate whether a child and/or his/her parents might benefit from mental health treatment. Additionally, this offers an opportunity

Peapod Program - Mono		
	for the leaders to refer women with signs of post-partum depression to our clinic for evaluation; and/or to refer these women to their medical/ob practitioner. This program offers an opportunity to address mental health stigma in the Hispanic community.	
Innovative elements	While new parent support groups are far from a novel idea, using them as a venue to identify clients in need of mental health services, as well as actually providing services for those struggling with mental health issues is innovative. It is quite different from telling a group client, "You don't seem to be coping very well, why don't you call someone for help?"	
Outcomes	- We are hoping to provide a natural, home-like environment that will encourage attendance and participation in our groups. As group participants become more comfortable with the facilitators and their fellow group members, we are hoping that their understanding and acceptance of mental health problems/issues will grow. If things go as planned, we will cull new group facilitators out of our group participant population. - We will collect data on the number of referrals served by the Peapod Program, track the outcomes of our various interventions and try to determine which of our modalities work best for new parents within our county. We also will attempt to refine our mental health offerings to best meet the mental health needs of families with young children, developing strategies appropriate to each offering that are culturally competent.	
Primary purpose	Increase access to services.	
Other purposes	This project provides access to services for underserved populations, primarily those who live in rural outlying areas as well as for Hispanic residents who live in all areas in our county. This also promotes interagency collaboration with First 5 and a variety of other agencies within our county and community.	
Innovation definition	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.	
Total budget	\$50,000 per fiscal year.	
Budget for evaluation aspects	External	In kind.

Peapod Program - Mono		
	Evaluation:	
	Internal Evaluation:	In kind.
	Administrative:	\$7,500.
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Direct observation. - Pre and Post measures.	
Timeline for evaluation	Data is collected and evaluated each quarter and then again annually for each fiscal year.	
Evaluation Participants		
Evaluation Design: - Director or Other Senior Management - Internal Project Staff - Consumers	Review and Approval of Design: - Director or Other Senior Management - Internal Project Staff - Consumers	
Evaluation Implementation: - Director or Other Senior Management - Internal Project Staff - Consumers	Review of Evaluation Findings: - Director or Other Senior Management - Internal Project Staff - Consumers	
How were data analyzed or what is the plan for data analysis?	Group numbers and sizes with previous years and compared numbers, areas of service, and demographics. With this information we able to see trends in group size, attendance and how spread was happening in underserved area and/or for underserved populations.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	We used data provided by the Peapod Program. Only if there were referrals for family or individual behavioral health services would we have tracking in our Electronic Health Record.	

Peapod Program - Mono	
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• We will use the numbers of groups, participants, the location of the groups, the demographics of the participants, the number of referrals to MH services from the groups and the number of trainings provided to Peapod leaders. Since this project was new to our county we have used these as our measures.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Communication between our agency staff and the director of First Five has been our standard for evaluating the project and understanding its role in our communities.
Were/will data be analyzed to show differential impacts on various populations/situations?	• It is a part of the quarterly and annual report.
Were midcourse changes made as a result of evaluation findings?	• No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Net Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• To our Advisory Board via paper and email.

Peapod Program - Mono

Sources of Information

http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY11-12/Mono_FY11-12_AnnualUpdate_031011.pdf

(FY 11-12 Annual Update)

http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/Mono_INN_Plan_Final_02_25_10.pdf (INN Plan)

Monterey County

Innovative Projects:	Project Title:	Population(s) Served:
	Positive Behavioral Intervention Supports	School age children and family
	Juvenile Sex Offenders Response Team	Juvenile sex offenders
	Alternative Healing and Promotores de Salud	Latino community
	Mental Health Evaluation Model, Outcome Data, and Reporting Plan	Mental health consumers
	Pro-Social Skill Development in Youth: Incubation Project	Youth
	Transition Age Youth Housing: A new approach	TAY

Positive Behavioral Intervention Supports - Monterey

Monterey County Behavioral Health is proposing to test a new outcome based framework that measures the effectiveness of instructional and behavioral health practices and interventions. Positive Behavioral Intervention Supports (PBIS) is not a curriculum but rather a systems-focused approach that produces outcomes aimed at reducing problem behaviors such as office referrals and suspensions while increasing academic achievement as demonstrated in test scores, grades, etc. Using an approach adapted from the public health field, PBIS uses a three-tiered system of prevention and support that addressed the spectrum of behavioral health needs of all students.

Tier one acknowledges the typical behavioral development of children and as such focuses on changing environmental stimuli that contributes to disruptive behavior (for example dealing with overcrowding hallways). Tier one is usually where the majority of the student community would fall. Tier two is focused on providing more specialized attention to those students who do not respond well to universal methods (for example those students who exhibit violent behavior in the hallway). Tier three is focused on addressing the needs of students who are the most challenging, usually the smallest of all three tiers. These are students that have serious mental disorders and extreme functional impairment.

Timeline:

January 2010 through June 2012

Total Budget:

Evaluation Budget

Positive Behavioral Intervention Supports - Monterey		
Project Status	Completed.	
Evaluation questions		
Innovative elements	This innovative project offers a new collaborative approach to working with school age children and their families. The fields of mental health and community/public health come together to develop a school framework that integrates the various services available to students and their families while more appropriately addressing the needs of students who have serious mental illnesses. This work plan is unique in that it offers the opportunity to evaluate current collaborative systems and provide an opportunity to restructure and reorganize failing systems to best serve the needs of children and families who need additional supports.	
Outcomes	- By applying PBIS to a school district, the mental health system will learn how to best coordinate services with the academic and public health setting. This project will provide the mental health system with the opportunity to further understand the educational systems and its intricacies and ultimately develop a more effective manner in which to address the needs of children who have serious mental illness. If the model and data proves successful, this model can easily be adopted by the various school districts in the County. - By doing this, all children who would otherwise fall through the cracks due to the lack of coordinated services would receive the quality services that they are entitled to. The services provided by mental health, public health and the educational institution will work in conjunction to ensure the student is receiving the best education possible while meeting their emotional, behavioral and physical health needs.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	

Positive Behavioral Intervention Supports - Monterey		
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		
Were/will data be analyzed to show differential impacts on various populations/situations?		
Were midcourse changes made as a result of evaluation findings?		
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?		

Positive Behavioral Intervention Supports - Monterey

If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Monterey_FINAL.pdf (Inn Plan) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY11-12/Monterey_FY11-12_AnnualUpdate_070611.pdf https://monterey.legistar.com/LegislationDetail.aspx?ID=1155856&GUID=9D6A42BF-0294-4F68-AE23-6D2B73476A4A%20pdf

Juvenile Sex Offenders Response Team- Monterey

Research has shown that Juvenile Sex Offenders (JSO's) who present low-to-moderate risk levels for re-offending can most successfully benefit from mental health treatments when those services are provided within their own community. There are a number of "offense specific" treatment programs in the United States that have developed state-of-the-art treatment approaches for these youth. In combination with effective community-based monitoring and supervision, these youth can remain in their home communities, benefit from mental health treatment and remain safe from committing further harm to other victims.

According to the California State's Attorney's office, there are no counties in California that have developed a county-wide, fully collaborative and

Juvenile Sex Offenders Response Team- Monterey

coordinated approach to responding to this target population. Monterey County's Juvenile Sex Offender Response Team project (JSORT) is an attempt to create and test just such a comprehensive approach. By negotiating and developing a Memorandum of Cooperation, creating and utilizing standardized collaborative protocols, comprehensive procedures and a community supported Multi- Disciplinary Team the JSORT project hopes to effectively marshal the cooperation, resources and expertise of all county and community agencies that respond to or are involved with JSO's.

This will include, though will not be limited to: Monterey County Behavioral Health; community-based mental health providers; private mental health practitioners; Juvenile Probation; victim advocates; all 19 local Law Enforcement jurisdictions within Monterey County; Child Welfare; the District Attorney's office; the County Office of Education; the Public Defender's office; and the Juvenile Court.

Timeline:
July 2011 through June 2015

Total Budget:

Evaluation Budget

Project Status	In process.
Evaluation questions	
Innovative elements	- There currently are "stand alone" programs that provide mental health services to Juvenile Sex Offenders. What has been lacking in Monterey County as well as the entire State of California is a truly comprehensive, county-wide model that: ✓ makes it possible for all responding agencies to work in a truly collaborative, seamless and coordinated fashion towards the common goal of a "best practice" response to JSO's. ✓ creates the opportunity to identify JSO's as early in the development of their offending cycle as possible. ✓ makes it possible for all responding parties to work collaboratively in support of the most effective mental health interventions and responses for JSO's and their families, from first responders all the way through mental health treatment and after care. ✓ develops the conditions that, whenever safety allows, supports mainlining JSO's in their home communities while receiving mental health services, rather than being placed away from families, schools and friends.
Outcomes	To determine if the JSORT model as described increases the number of JSO's identified and referred for specialized mental health assessment and treatment in Monterey

Juvenile Sex Offenders Response Team- Monterey

	County, thus increasing access to specialized mental health services for what in part had previously been a completely unserved population, as well as to an historically underserved group. • To determine the method or methods that can be used to measure the effectiveness of “a fully collaborative and coordinated approach to responding to this target population.” • To determine if as a result of the JSORT model’s development of increased cooperation, collaboration and awareness, youth who sexually offend are, on average, identified at an earlier (and therefore more readily treatable) age. • As a result of continual reassessment and refinement of the JSORT model, show that increases in effectiveness can be further achieved. • To determine if this model can then be presented to other counties and replicated with similar results. • Our hope is that the JSORT model will contribute not only to learning at our own local level, but offer broader opportunities for learning and implementation throughout the State of California and elsewhere.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		

Juvenile Sex Offenders Response Team- Monterey	
Timeline for evaluation	
Evaluation Participants	
Evaluation Design:	Review and Approval of Design:
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the	

Juvenile Sex Offenders Response Team- Monterey	
project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Monterey_FINAL.pdf (Inn Plan) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY11-12/Monterey_FY11-12_AnnualUpdate_070611.pdf https://monterey.legistar.com/LegislationDetail.aspx?ID=1155856&GUID=9D6A42BF-0294-4F68-AE23-6D2B73476A4A%20pdf

Alternative Healing and Promotores de Salud - Monterey	
The goal of this program is to develop a coordinated effort that purposely addresses the mental health needs of individuals of Latino descent. To coordinate these efforts, a steering committee comprised of consumers and family members will team-up with a licensed clinical social worker, the community based Promotores and a psychiatrist knowledgeable about holistic medicine and alternatives to standard psychiatric care to develop a curriculum that provides education and awareness of emotional and mental distress and their symptoms specifically for the Latino community. This curriculum will serve as the guide for the work that Promotores do so well when conducting outreach and education and similarly guide clinical staff who will be caring for those referred who require a higher level of care.	
Timeline: January 2009 through June 2015	Total Budget: Evaluation Budget
Project Status	In process.
Evaluation questions	
Innovative elements	The collaboration between consumer and family members, the Promotores, the clinical social worker and the psychiatrist will offer Monterey County Behavioral Health

Alternative Healing and Promotores de Salud - Monterey

	an opportunity to assess the effectiveness of applying culturally appropriate clinical methods to treating mental illness in the Latino community. In addition, it provides a cross training opportunity for all those involved. • This pilot project will provide Behavioral Health an opportunity to best assess the types of services most acceptable to and effective with the population of focus. The introduction of alternative healing and its connection to cultural practices will provide Behavioral Health with the opportunity to learn more about the acceptance of these practices. This information is useful for future planning purposes and for integration of successful practices into the mental health system. • In addition, the partnership with the Promotores will provide Monterey County Behavioral Health staff with an opportunity to learn more about the methods used in reaching and engaging with the Latino community, a skill that will be required as we continue to provide services to this underserved population. This learning opportunity will best prepare mental health staff to meet the challenges of serving the growing Latino population in Monterey County. • The incorporation of new outreach sites such as worksites, for example, is a new approach. This approach has been useful in other public health arenas and according to the Public Health Administration has been useful in changing patterns of behavior when addressing physical health issues. • The thinking behind this project is guided by the community health model and will serve as the vehicle for developing a curriculum to more appropriately promote mental health education and awareness among the Latino community and integrate culturally-acceptable clinical and medicinal practices into our system of care.
Outcomes	• The success of integrating holistic medicine with traditional mental health practices as measured by consumers and community members receiving the information as measured by their responses to a consumer satisfaction survey. • The level of synchronization and comfort level between the consumers, family members, mental health staff, Promotores and the holistic psychiatrist in the development of the curriculum as demonstrated by their engagement and involvement in the project's development. • The increased skills obtained by mental health staff in identifying successful outreach

Alternative Healing and Promotores de Salud - Monterey

	methods to the diverse Latino community. • Evidence of increased satisfaction regarding the mental health services received by Latinos. • In addition, there will evidence of an increased recognition of the cultural relevancy of the services provided and made available to Latinos in Monterey County. This will be measured by the level of retention in services and responses to consumer satisfaction surveys. • There will be an increased number of Latino clients served throughout the continuum of services provided by the mental health system. • Access to education, prevention and more intensive services will be increased for Latino individuals.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:	Review and Approval of Design:	
Evaluation Implementation:	Review of Evaluation Findings:	
How were data analyzed or what is the plan for		

Alternative Healing and Promotores de Salud - Monterey	
data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been	

Alternative Healing and Promotores de Salud - Monterey	
disseminated?	
Sources of Information	http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Monterey_FINAL.pdf (Inn Plan) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY11-12/Monterey_FY11-12_AnnualUpdate_070611.pdf https://monterey.legistar.com/LegislationDetail.aspx?ID=1155856&GUID=9D6A42BF-0294-4F68-AE23-6D2B73476A4A%20pdf

Mental Health Evaluation Model, Outcome Data, and Reporting Plan - Monterey	
Monterey County's Mental Health Evaluation Model, Outcome Data, and Reporting Plan will provide a comprehensive consumer friendly framework for data extraction, analysis, interpretation, and utilization-based evaluation reporting. Some of the primary issues to be addressed are: Access: number of clients at each level of care and identification of disparities (ethnicity and age); Engagement: the degree of intensity to which clients are engaged; identification of those who require more intense services, those flowing through treatment, and those at risk for dropping out; Service duration: length of time receiving services at each service level; identification of disparities (ethnicity and age); Linkages: identify which inter and intra-agency links appear most beneficial to achieving positive consumer outcomes.	
Timeline: January 2010 through June 2012	Total Budget: Evaluation Budget
Project Status	Completed.
Evaluation questions	
Innovative elements	Monterey County's Mental Health Evaluation Model, Outcome Data, and Reporting Plan will provide a comprehensive consumer friendly framework for data extraction, analysis, interpretation, and utilization-based evaluation reporting
Outcomes	This report "will enable Monterey County Behavioral Health to learn how to put resources to their highest and best use via examination and interpretation of data".

Mental Health Evaluation Model, Outcome Data, and Reporting Plan - Monterey		
	The plan for future years is to use the report and its methodology as a model for conducting more routine cost benefit analysis to ensure that resources are continuously applied in an effective and efficient manner.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		

Mental Health Evaluation Model, Outcome Data, and Reporting Plan - Monterey	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
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Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
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Sources of Information	http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Monterey_FINAL.pdf (Inn Plan) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY11-12/Monterey_FY11-12_AnnualUpdate_070611.pdf https://monterey.legistar.com/LegislationDetail.aspx?ID=1155856&GUID=9D6A42BF-0294-4F68-AE23-6D2B73476A4A%20pdf

Pro-Social Skill Development in Youth: Incubation Project - Monterey

Monterey County did not pursue approval for this project. It was never started.

Timeline:

Total Budget:

Evaluation Budget

Project Status	Abandoned.	
Evaluation questions		
Innovative elements		
Outcomes		
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:	Review and Approval of Design:	
Evaluation Implementation:	Review of Evaluation Findings:	
How were data analyzed or what is the plan for		

Pro-Social Skill Development in Youth: Incubation Project - Monterey	
data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been	

Pro-Social Skill Development in Youth: Incubation Project - Monterey	
disseminated?	
Sources of Information	http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Monterey_FINAL.pdf (Inn Plan) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY11-12/Monterey_FY11-12_AnnualUpdate_070611.pdf https://monterey.legistar.com/LegislationDetail.aspx?ID=1155856&GUID=9D6A42BF-0294-4F68-AE23-6D2B73476A4A%20pdf

Transition Age Youth Housing: A New Approach - Monterey		
Monterey County did not pursue approval for this project. It was never started. Timeline: Total Budget: Evaluation Budget		
Project Status	Abandoned.	
Evaluation questions		
Innovative elements		
Outcomes		
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	

Transition Age Youth Housing: A New Approach - Monterey		
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		
Were/will data be analyzed to show differential impacts on various populations/situations?		
Were midcourse changes made as a result of evaluation findings?		
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?		
If yes on question above, what decision was made? If the decision was made to continue the Innovative		

Transition Age Youth Housing: A New Approach - Monterey	
Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Monterey_FINAL.pdf (Inn Plan) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY11-12/Monterey_FY11-12_AnnualUpdate_070611.pdf https://monterey.legistar.com/LegislationDetail.aspx?ID=1155856&GUID=9D6A42BF-0294-4F68-AE23-6D2B73476A4A%20pdf

Napa County

Innovative Project:	Project Title:	Population(s) Served:
	The Collaborative Project	Mental Health Providers

The Collaborative Project - Napa		
Develop the leadership skills of individuals from identified underserved communities and of individuals working as mental health practitioners.		
Timeline: March 2013 through December 2015	Total Budget: \$875,935	Evaluation Budget: \$45,000
Project Status	In process.	
Evaluation questions	- How can the relationships between mental health providers and consumers/family members be improved? - How can the perceived and actual value of collaboration between mental health providers and consumers/family members be improved?	
Innovative elements	- The Collaborative Project is working to learn how: ✓ (1) to change the relationships between mental health providers and underserved communities. ✓ (2) to increase the perceived and actual value of collaboration between the two groups. As a result of this learning it is anticipated that access to services and the quality of the services will be improved.	
Outcomes	- Increase access to mental health services for all Napa County residents including underserved groups. - Increase the quality of mental health services. - Increase participation and effectiveness in leadership roles within systems that impact the mental health of individuals from identified underserved communities.	
Primary purpose	Promote interagency collaboration.	

The Collaborative Project - Napa		
Other purposes	The original four purposes of MHSA Innovation funding have been updated in the new guidelines to reflect an additional focus on community collaboration. This project is designed to improve collaboration between the mental health provider community and the unserved/underserved communities. In the long term, Napa County is looking to improve the access to services for these populations as a result of the improved collaboration.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$875,935.	
Budget for evaluation aspects	External Evaluation:	\$45,000.
	Internal Evaluation:	\$0.00.
	Administrative:	\$138,489 (includes administrative costs for MH Division at 5% and for the funded program at 15%).
	Other:	Personnel: \$331, 875 Operating: \$360,571.
Evaluation designs	Developmental.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Focus Groups. - Pre and Post measures.	
Timeline for evaluation	A participant survey has been administered approximately every six months. Interviews and focus groups are timed to coincide with key learning in the project, usually after an event or milestone.	
Evaluation Participants		

The Collaborative Project - Napa	
Evaluation Design: • Internal Project Staff • Consumers • Advocates/Family Partners • Mental Health providers from community agencies are participating in the project and have assisted in various aspects of the evaluation	Review and Approval of Design: • MHSA/INN Manager
Evaluation Implementation: • Internal Project Staff • Consumers • Advocates/Family Partners • Mental Health providers from community agencies are participating in the project and have assisted in various aspects of the evaluation	Review of Evaluation Findings: • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Mental Health providers from community agencies are participating in the project and have assisted in various aspects of the evaluation
How were data analyzed or what is the plan for data analysis?	• The participant survey and related quantitative data is analyzed using SPSS. Methods currently include frequencies and may include crosstabs and other analysis if the data supports it. The qualitative data (survey responses, interviews, focus groups) is coded and reviewed for themes by the evaluator. The results of the data analysis are presented to the project participants for review and comment. This is done prior to sharing the findings with the MHSA project coordinator or other oversight committees and is intended to encourage feedback about the findings and to build trust with participants.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• None at this time.
What training or technical assistance resources did the county use during the project, if any?	• Evaluator and MHSA staff participated in the preliminary MHSA Innovation round table discussions early on in the project.
How were/are/will the effects of the project's innovative elements be measured?	• The innovative elements are being measured through a variety of evaluation methods (survey with some pre/post, interviews and focus groups). This developmental

The Collaborative Project - Napa	
	approach was chosen because the project participants were not sure exactly what would be different to indicate the innovation had occurred or specifically which activities would bring about the changes. We are working to describe and understand: ✓ Has the relationship (or the value of collaboration) between consumers/family members and mental health providers changed? ✓ How do you know? ✓ If it is changed, what is different about how you work together because of the change?
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• The data collection is timed in part to coincide with key events in the project. This is in an attempt to capture change as a result of the event. The evaluation is also hoping to use the dosage data (participation in the various components of the project) to suggest which participation patterns are the most and least effective for individuals. The project was modeled on a leadership program that has been implemented over 15 times, but with a lot of flexibility and no previous evaluation. • Documenting what is occurring and who receives each intervention or participates in each activity has been a challenge for the program staff who are used to a more fluid implementation. Despite this challenge, it is anticipated that the dosage data will be available for the final analysis and reporting. • One of the other interesting elements is the emergent changes. The project was originally anticipating changing value of collaboration for the providers and consumers/family members who participated, but have also noted that the effects of the learning within the group have extended into their professional and personal lives outside of the group. The evaluation is currently working to look more closely at these impacts.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Though the participants specifically represent the underserved groups, the sample size of each group is too small for a nuanced analysis by population at this time. The participants are working on ways to change how underserved groups access mental health services, and depending on their projects and the number of participants, more evaluation by population may be added. The project will be describing how the OVERALL project approach attracted/retained/supported each of the individual communities.

The Collaborative Project - Napa	
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Our Innovations Project is not designed to be an ongoing program or service, but we will soon initiate the planning process for our next Innovations Project which will build on what has been learned from this initial effort.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Our Innovations Project will continue for approximately another year, so this question is not relevant.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• We have shared initial results and data from a Town Hall meeting that was held last year that has informed our Innovations Project. We anticipate that the final evaluation will be completed by December 2015 and would disseminate results in our county and share with our colleagues in other counties.
Sources of Information	http://www.countyofnapa.org/HHSA/ (County Website) Google this term " <i>Napa County MHSA FY 13-14 Annual Plan Update</i> "

Nevada County

Innovative Projects:	Project Title:	Population(s) Served:
	Integrated Healthcare	People with illness in multiple domains; including physical health, mental health and substance abuse
	Rehabilitation and Behavioral Health Collaborative	TAY
	Veteran's Family Wellness (no decision-maker info)	Families of veterans

Integrated Healthcare - Nevada

The goal of this project is to expand and improve integrated healthcare for individuals in Nevada County. The BH Dept will partner and work collaboratively with primary care clinics and substance abuse providers to develop and implement a plan to improve clinical outcome for people with illness in multiple domains; including physical health, mental health and substance abuse. Ideally, all health needs would be provided at one location by a single provider or different providers of different disciplines co-located at one site.

Timeline:
October 2011 through June 2015

Total Budget:
\$914,254.

Evaluation Budget:
\$120,000

Project Status	In process.
Evaluation questions	1. Will bi-directional, co-location of primary care and behavioral health services improve health outcomes for persons with a Serious Mental Illness (SMI)? 2. Will persons who receive integrated services benefit from an enhanced, collaborative, person-centered health care system? 3. Will supporting persons with SMI to access integrated health care services and support them to actively participate in their health and wellness improve their health outcomes?
Innovative elements	This project should inform the community and healthcare providers regarding the

Integrated Healthcare - Nevada		
	effectiveness of integrated health approaches at improving outcomes and reducing costs. This project will contribute to learning by adapting Integrated Healthcare models to rural Nevada County.	
Outcomes	Coordinate individual's mental health and primary health care services. Provide Person-centered health care. Promote wellness and recovery. Prevent and/or manage chronic illness.	
Primary purpose	Promote interagency collaboration.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	- The Total budget for the Innovation Project for the three-year period was: \$914,254. - The Budget for the Innovation Project for each of the three years was: ✓ Year I: Federal HRSA Funding \$150,000. County and Other Funding \$150,530. Total Year I: \$300,530.00. ✓ Year II: Federal HRSA Funding \$150,000. County and Other Funding \$132,127. Total Year I: \$282,127. ✓ Year III: Federal HRSA Funding \$150,000. County and Other Funding \$132,127. Total Year I: \$282,127.	
Budget for evaluation aspects	External Evaluation:	\$40,000 per year. \$120,000 for the three (3) year project.
	Internal Evaluation:	Not applicable.
	Administrative:	
	Other:	
Evaluation designs	Case Study Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Clinical records.	

Integrated Healthcare - Nevada	
	• Pre and Post measures.
Timeline for evaluation	• Health indicator data was collected on each client at admission to the program, every six months, and at discharge.
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • Staff from the Federally Qualified Health Center (FQHC) and FQHC Look-Alike were actively involved in all aspects of the planning, implementation, and evaluation activities. The physician and nurse who worked closely with the team were very important to the success of this project. One FQHC brought their mobile van to the Behavioral Health parking lot weekly, so clients could receive their primary care services in the same location as their behavioral health services. The nurse from the FQHC, the Behavioral Health Program Manager and Project Nurse all worked very closely together, and their relationship was greatly strengthened, as a result of this project.	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • Staff from the Federally Qualified Health Center (FQHC) and FQHC Look-Alike were actively involved in all aspects of the planning, implementation, and evaluation activities. The physician and nurse who worked closely with the team were very important to the success of this project. One FQHC brought their mobile van to the Behavioral Health parking lot weekly, so clients could receive their primary care services in the same location as their behavioral health services. The nurse from the FQHC, the Behavioral Health Program Manager and Project Nurse all worked very closely together, and their relationship was greatly strengthened, as a result of this project.
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • Staff from the Federally Qualified Health Center (FQHC) and	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • Staff from the Federally Qualified Health Center (FQHC) and FQHC

Integrated Healthcare - Nevada	
FQHC Look-Alike were actively involved in all aspects of the planning, implementation, and evaluation activities. The physician and nurse who worked closely with the team were very important to the success of this project. One FQHC brought their mobile van to the Behavioral Health parking lot weekly, so clients could receive their primary care services in the same location as their behavioral health services. The nurse from the FQHC, the Behavioral Health Program Manager and Project Nurse all worked very closely together, and their relationship was greatly strengthened, as a result of this project.	Look-Alike were actively involved in all aspects of the planning, implementation, and evaluation activities. The physician and nurse who worked closely with the team were very important to the success of this project. One FQHC brought their mobile van to the Behavioral Health parking lot weekly, so clients could receive their primary care services in the same location as their behavioral health services. The nurse from the FQHC, the Behavioral Health Program Manager and Project Nurse all worked very closely together, and their relationship was greatly strengthened, as a result of this project.
How were data analyzed or what is the plan for data analysis?	Data was collected, analyzed, and provided back to the client and staff using an Individual Wellness Report format. This Report shows a number of different health indicators over time, including A1C (diabetes), Cholesterol, CO2 (Lung capacity - effects of smoking), etc. Clients receive the report every six months, and staff celebrated their success on improving their health indicators. Summary level data was collected and analyzed on an ongoing basis.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	We utilized the Behavioral Health Electronic Health Record.
What training or technical assistance resources did the county use during the project, if any?	None for evaluation. Staff received training in a number of different areas on understanding health indicator information, techniques for helping clients improve their health, nutrition, exercise, etc. In addition, they received training on Motivational Interviewing and other relevant topics. Several of the staff from the project also participated in a Learning Collaborative on Integrated Health that was held by CIMH.
How were/are/will the effects of the project's innovative elements be measured?	We measured several client-level health indicators to show how integrated health care can improve client's health and wellness.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	The Service Coordinators and Nurse were the key element in helping clients change their health behavior to achieve positive outcomes. We were also able to pay for gym memberships for clients. In order to keep the membership, the client was required to attend the gym at least 10 times each month. This motivated clients to use the facility and make life-changing exercise habits. The physicians and nurses from the FQHC were

Integrated Healthcare - Nevada	
	also instrumental in supporting the health integration collaboration across agencies. This provided an important key to the success of the project.
Were/will data be analyzed to show differential impacts on various populations/situations?	All data is available to be analyzed by age, race/ethnicity, gender, etc.
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	We will be using MHSA CSS/realignment and Medi-Cal funds to sustain the program. We plan on continuing the Healthy Outcomes Integration Team (HOIT) Program with some modifications. We had a Personnel Service Coordinator leave the program this year and we will not be replacing the individual. We are also talking about cutting back supervision of the program. That is all we know at this time.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why: The individual outcomes of the individuals served are very good. We also have clients that are hard to serve participating in health programs; we also believe that integrated health care is the future for healthcare and our clients. This project has got us to interact and work collaboratively with health providers throughout our County. We need to keep this practice alive in some form or another.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	At MHSA meetings, at meetings with other health care service providers, Mental Health Board meetings, at Behavioral Health staff meetings, and included in the MHSA Annual Progress Report.
Sources of Information	http://www.mynevadacounty.com/nc/hhsa/bh/Pages/Mental-Health-Services-Act.aspx (County website) http://www.mynevadacounty.com/nc/hhsa/bh/docs/MHSA%20-%20Public/Innovative%20Programs%20%28Public%29/2011%20Innovation%20Community%2

Integrated Healthcare - Nevada	
	0Proposals/Proposal%2015.pdf

Rehabilitation and Behavioral Health Collaborative - Nevada		
The innovation recommends the creation of a Dept. of Rehab (DR) program at Sierra College/Behavioral Health collaboration to increase access to counseling services for TAY in the Truckee Area. A MHSA funded counselor would assist TAY coordinated with campus efforts to assist the youth in their transition.		
Timeline:	Total Budget:	Evaluation Budget:
August 2011 through August 2014		
Project Status	Completed.	
Evaluation questions	Increase access to mental health services and positive outcomes for transition age youth in the Truckee / North Lake Tahoe area.	
Innovative elements	This is a new project in that it focuses on youth in transition. Strategies for successful self-care and responsible adult behaviors are being taught. The anticipation is that some TAY participants will not require future services and if they do, they will know how to access them. This program would be unique to the Tahoe-Truckee area.	
Outcomes	Continued engagement of individuals served and low dropout rates compared to other transition programs.	
Primary purpose	Increase access to services for underserved populations.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$133,500 = total budget.	
Budget for evaluation aspects	External Evaluation:	

Rehabilitation and Behavioral Health Collaborative - Nevada		
	Internal Evaluation:	
	Administrative:	
	Other:	Personnel= \$126,000 and Training / Consultant Contracts = \$7,500.
Evaluation designs	Unsure.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Interviews. - Direct observation.	
Timeline for evaluation	Other than surveys and data collected at case closure, data was collected at various times over the course of a client's involvement in program.	
Evaluation Participants		
Evaluation Design: - Director or Other Senior Management - External/contracted project staff - Advocates/Family Partners		Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Consumers - Advocates/Family Partners
Evaluation Implementation: External/contracted project staff		Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - External/contracted project staff - Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	None was specified. Below is what was included in their 2012-13 annual report: Outcomes: Six individuals have received services through this collaboration this past school year. Another individual is in the process of being referred at this time. Three of these individuals are ongoing participants in counseling. Three individuals who participated in counseling through NCBH this past year have stopped participating in therapy. Their reasons for separation are varied; one individual stopped when they found full time seasonal work, another stopped when she felt that she no longer	

Rehabilitation and Behavioral Health Collaborative - Nevada

	needed the counseling after making significant personal progress, and a third dropped out immediately when she did not feel understood by the therapist. Two of the three individuals who dropped out of counseling have indicated that they intend to return in the future. • We have seen very positive benefits in the well-being of several of the individuals who have participated in therapy. Dramatic improvements in self esteem, confidence, performance in school, and interpersonal relationships have been observed. A corresponding decrease in the use of medication, self-defeating behaviors, and depressive symptoms has been noted as well. In several individuals who are being served by this collaboration, these behavioral changes appear to be life-altering in positive ways. • The DOR/Sierra College collaboration, augmented by this grant, continues to provide quality support for increasing numbers of DOR clients attending Sierra College's Truckee campus. Last year, more than thirty DOR clients attended the college and all of them received an increased level of support than would have been available without this partnership. Of significance is that throughout the four years of this collaboration, none of the client/students has failed to stay connected to DOR following their separation from the college, a significant finding compared to the high level of DOR-sponsored TAY who stop communicating after not doing well in other schools. • It is our understanding that the extra layer of support provided by these collaborations fills a service gap by providing more personal support than could be, in part, available through disability resources departments. It is also our understanding that this finding illustrates the need for more support services that can address the psychological needs of the TAY population.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• EHR – Anasazi.
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• Changes based on observation, DR system and exit surveys.

Rehabilitation and Behavioral Health Collaborative - Nevada	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	They recognized that collaboration between the Department of Rehabilitation, Sierra College and Nevada County Behavioral Health and were responsible for positive outcomes.
Were/will data be analyzed to show differential impacts on various populations/situations?	All data is available to be analyzed by age, race/ethnicity, gender, etc. However the the number served is very small.
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	We are not continuing the project with MHSA funds. This project was more about building relationships between the DOR and our County Behavioral Health Department. We can continue this without funding. The services to the six individuals will be provided through other funding steams not involving MHSA.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	We are not continuing the project with MHSA funds. This project was more about building relationships between the DOR and our County Behavioral Health Department. We can continue this without funding. The services to the six individuals will be provided through other funding steams not involving MHSA.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	At MHSA Committee meetings, Mental Health Board Meetings, Community Meetings, staff and contractor meetings, and Annual Progress Reports.
Sources of Information	http://www.mynevadacounty.com/nc/hhsa/bh/Pages/Mental-Health-Services-Act.aspx (County website) http://www.mynevadacounty.com/nc/hhsa/bh/docs/MHSA%20-%20Public/Innovative%20Programs%20(Public)/2011%20Innovation%20Community%20Proposals/Proposal%2007.pdf (Inn Plan for this project)

Veteran's Family Wellness - Nevada

The innovation consists of combining several levels of care into an integrated continuum specifically geared towards the needs of the families of veterans who have MRPT (Military Related Psychological Trauma), with measure and published treatment outcomes. Welcome Home Veterans (WHV) will have focus groups that will determine needs and barriers for care. Data will be used to contract with therapists with MRPT to determine best treatment approach. Will have peer-led care as well.

Timeline:
August 2011 through August 2014

Total Budget:
\$140,750

Evaluation Budget:

Project Status	Completed.
Evaluation questions	1. What are the unique needs and barriers to meeting those needs for the family members of military veterans who have MRPT? 2. What activities should constitute the components of a continuum of care for family members of veterans with MRPT that would meet their needs while reducing or eliminating barriers to treatment? 3. Will treatment within the continuum, once established, result in an improvement in functioning for family members and veterans as measured by changes in scores on the EBasis-24 and on the Quality of Life Questionnaire?
Innovative elements	1) Specific needs/barriers of veterans will be identified. 2) Target clients will receive the treatment. 3) Through process of psychotherapy, peer counselors and support groups, leaders will be identified and then trained. 4) Once peer counselors and support groups are in place, referrals will be made to vets and loved ones. 5) Evaluation of client progress, using standardized instruments will be administered at admission and discharge and annually. 6) Results will be reported in a related journal.
Outcomes	1) Improved access, measured by a rate of participation higher than the national average and via client feedback.

Veteran's Family Wellness - Nevada		
	• 2) Retention rate of clients that exceeds national average. • 3) Divorce rate below national Average for families finishing project. • 4) Aggregate data of evaluation tool to show an improvement over time. • 5) Results of a satisfaction survey from clients and providers at 12, 24, and 36 months. • 6) Improved collaboration between agencies serving Vets and loved ones. • 7) Improvement of those in the program compared with improvement of those using Welcome Home Vets (WHVs) solely.	
Primary purpose	• Increase access to services for underserved populations.	
Other purposes	• Not applicable.	
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	• \$140,750.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	• \$11,450.
	Other:	• Therapy = \$129,300.
Evaluation designs	• Pre and post testing of effects on selected measures.	
Will/was a comparison group used for the design?	• No.	
Describe comparison group design (if applicable)	• Not applicable.	
Data collection methods	• Interviews. • Focus Groups. • Pre and Post measures.	
Timeline for evaluation	• Data was collected at the beginning of treatment, one year into treatment, and at the termination of the project.	
Evaluation Participants		

Veteran's Family Wellness - Nevada	
Evaluation Design: • External/contracted project staff • Consumers • Advocates/Family Partners	Review and Approval of Design: • Director or Other Senior Management • External/contracted project staff • Consumers
Evaluation Implementation: • MHSA/INN Manager • External/contracted project staff	Review of Evaluation Findings: • Director or Other Senior Management • External/contracted project staff
How were data analyzed or what is the plan for data analysis?	• Progress or regression will be measured by changes in numerical scores on specific items on eBASIS-24 and Quality of Life Scale, and by overall changes in scores for each individual from beginning of treatment to end.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• None.
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• 1. Changes on eBASIS-24, Quality of Life Questionnaire - chosen as measures of the functional changes that could be expected from a program that proves helpful to the participants. • 2. Participation in the various components of the program as identified through the focus groups, including self-discharge or failure to attend - chosen as subjective measures of the perceived usefulness of each component. (Those with unavoidable reasons for leaving, such as moving out of the area, death, etc., will be excluded).
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Based on subjective feedback from participants as determined by interview or Client Satisfaction Questionnaire.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Data will be analyzed by age group to show differential impacts. Age grouping will reflect the particular combat era and will be compared with data from external sources on treatment available to veterans at each era. There is not enough variation in ethnic or racial population to draw any significance from the results on those parameters.

Veteran's Family Wellness - Nevada	
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	We expanded the definition on who could be served in our CSS funded Veteran's program. We will serve the veteran and the family members.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	At MHSA Committee meetings, Mental Health Board Meetings, Community Meetings, staff and contractor meetings, and Annual Progress Reports.
Sources of Information	http://www.mynevadacounty.com/nc/hhsa/bh/Pages/Mental-Health-Services-Act.aspx (County website) http://www.mynevadacounty.com/nc/hhsa/bh/docs/MHSA%20-%20Public/Innovative%20Programs%20(Public)/2011%20Innovation%20Community%20Proposals/Proposal%2004%20-%20Veteran's%20Family%20Wellness.pdf (INN Plan for this project)

Orange County

Innovative Projects:	Project Title:	Population(s) Served:
	Proactive On-site Engagement in the Collaborative Courts	Prison population
	Religious Leaders Trained in Mental Health First Aid	Religious leaders
	Access to Mobile/Cellular/Internet Devices in Improving Quality of Life	Adults
	Veterans Services for Military/Veteran Families and Caregivers	Family members of veterans
	Skills Sets for Independent Living Project	Chronically ill adults who have been homeless or are at risk of homelessness
	Integrated Community Services	Primary medical care community clinic patients
	Collective Solutions (Family-Focused Crisis Management and Community Outreach)	Family members of people with mental health illnesses
	Volunteer to Work	Consumers who have been out of labor force
	(OC Accept) OK To Be Me	LGBTIQ Individuals
	(OC4Vets)Vet Connect	Veterans
	Community Cares Project	Children, TAY, adults, older adults
	Project Life Coach	Individuals who are living with a mental illness
	Training to Meet the Mental Health Needs of the Deaf Community	Mental health worker students
	Brighter Futures Childhood Mental Health	Families

Proactive On-site Engagement in the Collaborative Courts - Orange

With the development of the mental health criminal courts, participants are now being given an opportunity to reduce the severity of their sentence

Proactive On-site Engagement in the Collaborative Courts - Orange

by completing court ordered requirements, one of which is to attend a community based program to obtain a better understanding of their mental health condition. This project is designed to increase access to mental health services by offering mental health education and peer support, with the belief that these services will significantly reduce recidivism. This project creates positive change in the participant and families' understanding of mental health and how it may affect their daily living.

Timeline:

Total Budget:

Evaluation Budget:

Project Status	• In process.
Evaluation questions	• Will providing mental health education courses increase participants' and their families' understanding of serious persistent mental illness? • Will teaching participants and their families how to navigate the mental health system increase participants' engagement and access to mental health services? • Will mental health education reduce recidivism and hospitalization rates of participants? • Will mental health education and learning how to manage and live well with serious persistent mental illness increase participant's quality of life?
Innovative elements	• This project uses an innovative approach to reach and provide mental health education to those that may not have access to resources through the integration of on-site mental health education with peer driven supportive services for both the probation client and their families.
Outcomes	• Learning outcomes will assess if participation in a peer-led mental health education program combined with supportive services will result in an increase in the quality of services, including better outcomes, as evidenced by: ✓ Providing mental health education courses to increase participants' and their families' understanding of serious persistent mental illness. ✓ teaching participants and their families how to navigate the mental health system to increase participants' engagement and access to mental health services. ✓ reduced recidivism and hospitalization rates of participants as a result of mental health education and learning how to manage and live well with serious persistent mental illness. • If this project is successful, there will be a reduction in recidivism as more probation

Proactive On-site Engagement in the Collaborative Courts - Orange		
	clients and their families learn about mental health, mental health management, County/community resources and how to access/navigate the mental health system.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	This project is being considered to be contracted out to a community based organization. The final budget will depend on the selected contract provider’s proposal.	
Budget for evaluation aspects	External Evaluation:	Unknown at this time.
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Not applicable (Evaluation in Planning Stage).	
Timeline for evaluation	The program design / evaluation design is still in the planning stages.	
Evaluation Participants		
Evaluation Design: Internal Project Staff		Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff
Evaluation Implementation: Internal Project Staff		Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff

Proactive On-site Engagement in the Collaborative Courts - Orange

How were data analyzed or what is the plan for data analysis?	The program design / evaluation design is still in the planning stages.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Not applicable.
What training or technical assistance resources did the county use during the project, if any?	The program design / evaluation design is still in the planning stages.
How were/are/will the effects of the project's innovative elements be measured?	The program design / evaluation design is still in the planning stages.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	The program design / evaluation design is still in the planning stages.
Were/will data be analyzed to show differential impacts on various populations/situations?	The program design / evaluation design is still in the planning stages.
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Not applicable.
How have successful Innovative Projects (or	Not applicable.

Proactive On-site Engagement in the Collaborative Courts - Orange

elements of projects) and evaluation results been disseminated?	
Sources of Information	http://cams.ocgov.com/Web_Publisher/Agenda05_21_2013_files/images/O00113-000371A.PDF (annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Orange.pdf (Inn Plans) http://ochealthinfo.com/bhs/about/pi/mhsa/components/innovation (County Website) http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=34167 (OC MHSa 3 Yr Plan for FY 14/15 to 16/17)

Religious Leaders Trained in Mental Health First Aid - Orange

This project will use a train-the-trainer technique allowing those in the mental health field along with peer specialists, to help train religious leaders in Orange County on Mental Health First Aid (an evidence-based program) with basic skill sets including, but not limited to, basic listening, suicide prevention and supportive skills. Religious leaders will be trained and certified in Mental Health First Aid practices and, in turn, train other congregants with mental health first aid skill sets.

Timeline:

Total Budget:

Evaluation Budget:

Project Status	• Not yet Started.
Evaluation questions	• Will training religious leaders to be certified behavioral health trainers: ✓ Increase participants' understanding of mental health? ✓ Increase the number of lay persons, specifically in various religious communities, trained in basic mental health practice skill sets? ✓ Increase access to mental health services through religious communities?
Innovative elements	• There have been other efforts to educate the religious community on addressing mental health in ministry but no documented project with the targeted purpose of training religious leaders to become trainers themselves combined with Peer Specialist case management supportive services. Training the trainer will multiply the reach into

Religious Leaders Trained in Mental Health First Aid - Orange		
	religious communities and in turn increase advocacy and opportunities for consumers to access professional mental health resources and services. A team of Peer Specialists will staff this project to assist with trainings and any case management for consumers needing referrals/linkages to County and community mental health services and resources.	
Outcomes	- It is expected that participants of the project who enrolled and completed behavioral health training would show improvement in the following areas, as measured by self-assessment tools: ✓ Religious Leader Participants will show an increase in understanding/awareness of mental health, as evidenced by an increase in mental health awareness survey scores. ✓ Trainees (those trained by the Religious Leaders) will show an increase in understanding/ awareness of mental health, as evidenced by an increase in mental health awareness survey scores. - Participants and trainees will report increased referral/linkage to County/community mental health services and resources, as evidenced by self-report data logs.	
Primary purpose	Increase access to services.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	This project is being considered to be contracted out to a community based organization. The final budget will depend on the selected contract provider's proposal.	
Budget for evaluation aspects	External Evaluation:	Unknown at this time.
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		

Religious Leaders Trained in Mental Health First Aid - Orange	
Will/was a comparison group used for the design?	No.
Describe comparison group design (if applicable)	Not applicable.
Data collection methods	Not applicable (Evaluation in Planning Stage).
Timeline for evaluation	The program design / evaluation design is still in the planning stages.
Evaluation Participants	
Evaluation Design: Internal Project Staff	Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff
Evaluation Implementation: Internal Project Staff	Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff
How were data analyzed or what is the plan for data analysis?	The program design / evaluation design is still in the planning stages.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Not applicable.
What training or technical assistance resources did the county use during the project, if any?	The program design / evaluation design is still in the planning stages.
How were/are/will the effects of the project's innovative elements be measured?	The program design / evaluation design is still in the planning stages.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	The program design / evaluation design is still in the planning stages.
Were/will data be analyzed to show differential impacts on various populations/situations?	The program design / evaluation design is still in the planning stages.

Religious Leaders Trained in Mental Health First Aid - Orange	
Were midcourse changes made as a result of evaluation findings?	• Not applicable.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Not applicable.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Not applicable.
Sources of Information	http://cams.ocgov.com/Web_Publisher/Agenda05_21_2013_files/images/O00113-000371A.PDF (annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Orange.pdf (Inn Plans) http://ochealthinfo.com/bhs/about/pi/mhsa/components/innovation (County Website) http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=34167 (OC MHSa 3 Yr Plan for FY 14/15 to 16/17)

Access to Mobile/Cellular/Internet Devices in Improving Quality of Life - Orange

This project is designed to increase access to mental health services and enhance the quality of life of adults living with severe and persistent mental illness through the use of mobile devices, which will thereby: Reduce barriers to accessing mental health services; Reduce social isolation and increase support networks; Increase self-reliance and management of mental health treatment.

Timeline:

Total Budget:

Evaluation Budget:

Project Status	• Not yet started.
Evaluation questions	• Will providing access to mobile devices for those living with a severe and persistent mental illness: ✓ Increase their quality of life and overall well being? ✓ Reduce barriers to accessing mental health services? ✓ Reduce social isolation? ✓ Increase their support networks? ✓ Increase self-reliance and management of mental health treatment?
Innovative elements	• There has been no documented project with the targeted purpose of bringing mobile devices to low-income individuals with severe and persistent mental illness, in an effort to track positive outcomes on access to services, social networks, self-reliance and management of mental health. There is scant research as to how mobile devices could be used to deliver comprehensive aspects of interventions for people with SPMI.
Outcomes	• It is expected that participants of the project who receive access to technology/mobile smart phones would show improvement in the following areas, as measured by self-assessment tools: • Increased access to mental health services (to be measured by self-reports, intake and enrollment information about habits and access before receiving the mobile smartphone to after receipt of by weekly data about mobile smartphone usage, frequency and purpose). • Reduced social isolation and increased support networks (to be measured by self-reports, intake and enrollment information about habits and existing social activities to activities and networks after receipt of the mobile smartphones). • Increased self-reliance and management of mental health treatment (data on usage,

Access to Mobile/Cellular/Internet Devices in Improving Quality of Life - Orange		
	frequency and purpose of mobile smartphone use that might reveal ability to make and keep appointments, medication reminders, etc.). Improved overall quality of life and well-being (to be measured by baseline WHO-5 quality of life survey taken at intake compared to WHO-5 taken at the project's end or when/if a participant leaves the project before its end.	
Primary purpose	Increase access to services.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	This project is being considered to be contracted out to a community based organization. The final budget will depend on the selected contract provider's proposal.	
Budget for evaluation aspects	External Evaluation:	Not applicable at this time.
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Not applicable (Evaluation in Planning Stage).	
Timeline for evaluation	The program design / evaluation design is still in the planning stages.	
Evaluation Participants		
Evaluation Design: Internal Project Staff		Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff
Evaluation Implementation: Internal Project Staff		Review of Evaluation Findings: Director or Other Senior Management

Access to Mobile/Cellular/Internet Devices in Improving Quality of Life - Orange	
	• MHSA/INN Manager • Internal Project Staff
How were data analyzed or what is the plan for data analysis?	• The program design / evaluation design is still in the planning stages.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable.
What training or technical assistance resources did the county use during the project, if any?	• The program design / evaluation design is still in the planning stages.
How were/are/will the effects of the project's innovative elements be measured?	• The program design / evaluation design is still in the planning stages.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• The program design / evaluation design is still in the planning stages.
Were/will data be analyzed to show differential impacts on various populations/situations?	• The program design / evaluation design is still in the planning stages.
Were midcourse changes made as a result of evaluation findings?	• Not applicable.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been	• Not applicable.

Access to Mobile/Cellular/Internet Devices in Improving Quality of Life - Orange	
disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Not applicable.
Sources of Information	http://cams.ocgov.com/Web_Publisher/Agenda05_21_2013_files/images/O00113-000371A.PDF (annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Orange.pdf (Inn Plans) http://ochealthinfo.com/bhs/about/pi/mhsa/components/innovation (County Website) http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=34167 (OC MHS 3 Yr Plan for FY 14/15 to 16/17)

Veterans Services for Military/Veteran Families and Caregivers - Orange	
The OC4Military Families will be an adjunct to the current OC BHS programs that have focused primarily on the veteran. The proposed program will provide trained behavioral health clinicians, and peers to provide services to family members of veterans who are currently either being seen in a behavioral health program (county, VA, or private) and who have direct family members or caregivers that are in need of increased understanding of behavioral health and principles of recovery. Those eligible to participate in the program will be family units/members who have a close family member (i.e. spouse, child, father, or mother) who has served in the U.S. Armed Forces. Each family member enrolled in this program will be screened and a Family (Individual/Caregiver) Service Plan detailing goals, objectives, and Interventions will be developed for him/her. Peers will provide participants with a “warm linkage” to appropriate services. Peers will also provide individual or direct support groups, as well as psycho-social education either individually or in groups to facilitate understanding of behavioral health.	
Timeline:	Total Budget: Evaluation Budget:
Project Status	Not yet started.
Evaluation questions	Does providing Veteran Family members education on mental health symptoms, non

Veterans Services for Military/Veteran Families and Caregivers - Orange		
	confrontational communication and coping skills improve family resiliency and cohesion? Does utilizing Military Family Member peers have a positive impact on improving the understanding, communication and coping skills of military family members enrolled in the program?	
Innovative elements	The innovative part of this program is two-fold. The use of Military Family member peers as well as the use of military veteran/family member clinicians. We are unaware of any other behavioral health program that addresses the family issues of veterans who are in court programs (especially for domestic violence issues), by using military family member peers and a military cultural approach (by using clinicians who are veteran/military family members and veteran geared psych education as well as military aligned assessment tools) to case management.	
Outcomes	The learning goal is to discover whether using Military Family Member peers has a positive impact on improving the understanding, communication and coping skills of military family members enrolled in the program resulting in improved family cohesion and improved communication.	
Primary purpose	Increase access to services for underserved populations.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	This project is still in the planning stages, so it is unknown whether the project will be contracted out to a community based organization, kept within the County of Orange, or include a combination of providers. The budget will depend on the selected contract provider's proposal and /or any County costs.	
Budget for evaluation aspects	External Evaluation:	Unknown at this time.
	Internal Evaluation:	
	Administrative:	
	Other:	

Veterans Services for Military/Veteran Families and Caregivers - Orange	
Evaluation designs	
Will/was a comparison group used for the design?	No.
Describe comparison group design (if applicable)	Not applicable.
Data collection methods	Not applicable. (Evaluation in Planning Stage).
Timeline for evaluation	The program design / evaluation design is still in the planning stages.
Evaluation Participants	
Evaluation Design: Internal Project Staff	Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff
Evaluation Implementation: Internal Project Staff	Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff
How were data analyzed or what is the plan for data analysis?	The program design / evaluation design is still in the planning stages.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Not applicable.
What training or technical assistance resources did the county use during the project, if any?	The program design / evaluation design is still in the planning stages.
How were/are/will the effects of the project's innovative elements be measured?	The program design / evaluation design is still in the planning stages.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	The program design / evaluation design is still in the planning stages.
Were/will data be analyzed to show differential impacts on various populations/situations?	The program design / evaluation design is still in the planning stages.
Were midcourse changes made as a result of	Not applicable.

Veterans Services for Military/Veteran Families and Caregivers - Orange	
evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Not applicable.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Not applicable.
Sources of Information	http://cams.ocgov.com/Web_Publisher/Agenda05_21_2013_files/images/O00113-000371A.PDF (annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Orange.pdf (Inn Plans) http://ochealthinfo.com/bhs/about/pi/mhsa/components/innovation (County Website) http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=34167 (OC MHSA 3 Yr Plan for FY 14/15 to 16/17)

Skills Sets for Independent Living Project - Orange
This project will target underserved, chronically ill, adult participants who have been homeless or are at risk of homelessness to provide them with an opportunity to learn independent living skills prior to being placed in publically subsidized housing or other living situations. The independent living

Skills Sets for Independent Living Project - Orange

skills learned will improve the likelihood of the participants retaining their housing and remaining in stable residences and living situations for longer periods of time. Overall, it is expected that this would reduce the participant's tendency to return to homelessness or transient lifestyles.

Timeline:

Total Budget:

Evaluation Budget:

Project Status	In process.
Evaluation questions	- Will participation in independent living skills courses combined with peer-led supportive services: ✓ Increase participant's understanding of their own mental health diagnosis? ✓ Increase participant's independent living skill sets while managing mental health symptoms? ✓ Increase participant's quality of life?
Innovative elements	- This project will provide a foundation for independent living skill sets to empower participants with the confidence to make a successful transition to independent living. Innovative and unique to this project is that all of the independent living skills are taught through a mental health lens. - The mental health lens will incorporate each participant's individual needs and diagnosis to directly address symptoms and behaviors that could have the potential to be self-defeating and instead turn them around to strength based behaviors.
Outcomes	- Increase participant's understanding of their own mental health diagnosis (to be measured by pre and post-test mental health awareness surveys related to their specific diagnosis and symptoms that are being reviewed and addressed, as related to successful independent living, as identified in each participant's individual service plan). - Increase participant's independent living skill sets while managing mental health symptoms (to be measured by comparing diagnosis and module specific pre/posttests, as outlined in each participant's individual service plan). - Increase participant's quality of life through learning independent living skills (to be measured and compared to periodic self-assessment quality of life (WHO-5) surveys, as evidenced by an increase in the WHO-5 scores).
Primary purpose	Improve the quality and outcomes of services.

Skills Sets for Independent Living Project - Orange		
Other purposes	Not applicable.	
Innovation definition	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.	
Total budget	This project is being considered to be contracted out to a community based organization. The final budget will depend on the selected contract provider's proposal.	
Budget for evaluation aspects	External Evaluation:	Not applicable at this time.
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Not applicable. (Evaluation in Planning Stage).	
Timeline for evaluation	The program design/ evaluation design is still in the planning stages.	
Evaluation Participants		
Evaluation Design: Internal Project Staff		Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff
Evaluation Implementation: Internal Project Staff		Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff
How were data analyzed or what is the plan for	The program design / evaluation design is still in the planning stages.	

Skills Sets for Independent Living Project - Orange	
data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable.
What training or technical assistance resources did the county use during the project, if any?	• The program design / evaluation design is still in the planning stages.
How were/are/will the effects of the project's innovative elements be measured?	• The program design / evaluation design is still in the planning stages.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• The program design / evaluation design is still in the planning stages.
Were/will data be analyzed to show differential impacts on various populations/situations?	• The program design / evaluation design is still in the planning stages.
Were midcourse changes made as a result of evaluation findings?	• Not applicable.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Not applicable.
How have successful Innovative Projects (or elements of projects) and evaluation results been	• Not applicable.

Skills Sets for Independent Living Project - Orange	
disseminated?	
Sources of Information	http://cams.ocgov.com/Web_Publisher/Agenda05_21_2013_files/images/O00113-000371A.PDF (annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Orange.pdf (Inn Plans) http://ochealthinfo.com/bhs/about/pi/mhsa/components/innovation (County Website) http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=34167 (OC MHSA 3 Yr Plan for FY 14/15 to 16/17)

Integrated Community Services - Orange	
This program will provide mental health care at primary medical care community clinics, employing trained consumer/ family member mental health workers as peer specialists and outreach workers supervised by licensed mental health staff. It will also provide psychiatric consultation to primary care physicians seeking consultation about prescribing.	
Timeline: November 2011 through February 2016	Total Budget: \$5,385,457 Evaluation Budget:
Project Status	• In process.
Evaluation questions	• Integrated Community Services (ICS) project explored the following evaluation questions: ✓ Why were participants referred for services? ✓ What is the length of time between program referral and provision of services? ✓ How did the program help to overcome barriers to receiving mental health services? ✓ Do participants have better physical health? ✓ Did participants experience reductions in depression? ✓ Did participants experience reductions in anxiety? ✓ Did participants experience improved quality of life?

Integrated Community Services - Orange	
	✓ What percentage of participants identified for case management were priority populations? ✓ How many visits of direct service did participants receive? ✓ To what extent do medical case managers effectively provide care coordination? ✓ To what extent do peer mentors effectively help participants to navigate the mental health system? ✓ Do members of the care team believe they can rely on peer mentors? ✓ Were participants satisfied with services?
Innovative elements	• This project fits the definition of innovation by introducing a new mental health practice that has never been done before, specifically, by using paid consumer and family member employees to provide medical care coordination and mental health support services, the former within a mental health setting and the latter within a general health setting.
Outcomes	• To assess whether: ✓ Integrated services in both PHS and MHS settings reduce health outcome disparities between persons with severe mental illness and the general population. ✓ Integrated services in both PHS and MHS settings result in cost-effective health care. ✓ An integrated service model improves overall health care utilization regardless of the health care setting; interventions can actively engage and empower health care consumers. ✓ Payer or organization-level incentives and structures are necessary for an integrated physical and mental health care program to be cost-effective and sustainable in the long term. ✓ Mental health consumers can be trained to provide Medical Care Coordination in order to reduce medical risks and improve preventive care in mental health clients. ✓ Mental health services provided in physical health sites or medical health coordination provided in behavioral health sites is more effective in terms of physical and mental health outcomes and client satisfaction.

Integrated Community Services - Orange		
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	ICS is still currently in operation. The total expenditure from project launch date (09/2011) to the most recent fiscal year (06/2014) was \$5,385,457.	
Budget for evaluation aspects	External Evaluation:	Not available at this time.
	Internal Evaluation:	Not available at this time.
	Administrative:	Not available at this time.
	Other:	
Evaluation designs	Experimental/Control Group Design.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	ICS seeks to evaluate the effectiveness of peer specialists in an integrated medical and mental health setting. Program participants are assigned to a nurse case manager (control group) or peer case manager (experimental group) throughout the duration of program services; results of satisfaction surveys are compared to evaluate the effectiveness of peer specialists.	
Data collection methods	- Survey. - Interviews. - Clinical records. - Pre and Post measures.	
Timeline for evaluation	- Behavioral health assessment tools are completed at enrollment and re-administered every six months until program exit. Physical health measures, such as blood pressure, weight, height, Body Mass Index, and waist circumference, etc. are taken at every medical visit. Laboratory measures, such as cholesterol, A1C levels for diabetics, triglycerides, fasting blood sugar, etc. are taken as needed. - In addition to behavioral and physical health measures, participants also complete a satisfaction survey to gauge their satisfaction with program services.	

Integrated Community Services - Orange	
	Lastly, the clinical staff working with peer specialists complete an annual satisfaction survey to gain input into their experiences working with peers.
Evaluation Participants	
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff	Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners
Evaluation Implementation: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers	Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	- A paired sample t-test was used to test whether there was a significant change in pre and post test depression and anxiety scores for those participants whose initial score placed them in the measure's moderate to severe range. In addition, the alpha level was calculated using Bonferroni correction to control for Type I error (i.e., $p < .008$, and $.0125$, respectively). - Data collected from satisfaction surveys did not require statistical analyses and were reported based on the average subscale score and overall program rating. - A paired samples t-test was also used to test whether there was a significant pre/post change in BMI for those clients whose initial BMI measurement classified them in the obese range ($p < .05$). - We also reported the percent of initially obese ICS clients who showed significant weight loss (i.e., $> 5\%$) between their first and last measurement based on the amount of time between measurement (i.e., up to 6 months, 6 months – 1 year, and over 1

Integrated Community Services - Orange	
	year between first and last measurement). • In addition, a paired samples t-test was used to test whether there was a significant pre/post change in blood pressure (systolic and diastolic separately) for those clients whose initial BP classified them as hypertensive ($> 140/90$; $p < .05$). • We also separately reported the percent of ICS hypertensive clients and non-ICS clients being seen at the same clinics who showed blood pressure management over time (BP $< 140/90$; no statistical test computed).
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• ICS utilized the Orange County Health Care Agency Integrated Records Information System (IRIS) to input participant demographics and treatment information. • An ICS Registry was also created to collect additional medical and behavioral health outcomes that are not currently tracked within the IRIS system.
What training or technical assistance resources did the county use during the project, if any?	• ICS received assistance from external evaluators regarding program evaluation and design. • The project also received technical assistance in creating the Registry to collect and track information not captured within the IRIS system. • Program staff were trained to input participant demographic and treatment information into the ICS Registry.
How were/are/will the effects of the project's innovative elements be measured?	• ICS utilizes the most widely used measures of anxiety, depression and quality of life to evaluate participant outcomes, including: ✓ Generalized Anxiety Disorder scale (GAD-7) to measure anxiety. ✓ Patient Health Questionnaire (PHQ-9) to measure depression. ✓ World Health Organization Quality of Life (WHOQOL-BREF) to measure overall life satisfaction. • Lab measures are also taken during each visit to track and monitor progress in participants' health outcomes. ICS also utilized program satisfaction surveys to measure effectiveness of program staff and services.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• An analysis of pre and post test measures allows program staff to evaluate the effectiveness of services in improving behavioral health outcomes. • In addition, continuous tracking and comparison of lab measures evaluates progress in health outcomes.

Integrated Community Services - Orange	
	The employment of peer case managers to provide program services was evaluated through an experimental design. Participants assigned to a peer case manager were compared to participants assigned to a nurse case manager.
Were/will data be analyzed to show differential impacts on various populations/situations?	Data gathered from satisfaction surveys were analyzed to compare or identify significant differences in the service delivery of peer case managers versus nurse case managers.
Were midcourse changes made as a result of evaluation findings?	Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	The Orange County Mental Health Services Act (MHSA) Steering Committee voted to continue funding the ICS program for an additional two years.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Innovation funds are limited to 3 to 4 years. As a result, Innovations will not continue to fund ICS; however, the project will be sustained for an additional two years using unspent MHSA funds. Following this time period, the MHSA Steering Committee will consider alternative funding sources through other MHSA components (CSS or PEI) to sustain the project.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Participant outcomes were analyzed from program launch date (09/11) to the most recent fiscal year (6/14) and presented to the MHSA Steering Committee. Innovations program staff and research analysts provided an overview of ICS program services, innovative components, assessment measures, and participant outcomes to committee and community members. Furthermore, findings are reported as part of a three-year MHSA Annual Plan Update, as well as included in other Orange County reports.

Integrated Community Services - Orange

Sources of Information	http://cams.ocgov.com/Web_Publisher/Agenda05_21_2013_files/images/O00113-000371A.PDF (annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Orange.pdf (Inn Plans) http://ochealthinfo.com/bhs/about/pi/mhsa/components/innovation (County Website) http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=34167 (OC MHSA 3 Yr Plan for FY 14/15 to 16/17)

Collective Solutions (Family-Focused Crisis Management and Community Outreach) - Orange

The aim of Collective Solutions is to educate families about mental illness, reduce future crisis situations, and assist families in learning, as soon as possible, about the support services and resources that are available to families who have a loved one with a mental illness. In addition, Collective Solutions can assist the whole family to develop a plan of action that will serve as a tool in managing crisis situations or supporting their loved one, including safety planning, communication building, de-escalation techniques, and boundary setting. Collective Solutions also assists families in building coping skills and self-care strategies to manage their own well-being as they support their loved ones.

Timeline:
April 2012 through March 2016

Total Budget:
\$586,121

Evaluation Budget:

Project Status	• In process.
Evaluation questions	• Collective Solutions explored the following evaluation questions: ✓ How many total families/participants were reached through community program promotion? ✓ What percentage of families/participants identified for case management were priority populations? ✓ How many hours of direct service did families/participants receive? ✓ Did the program provide case management services for individuals and families? ✓ How did the program help to overcome barriers to receiving mental health services?

Collective Solutions (Family-Focused Crisis Management and Community Outreach) - Orange	
	✓ What percentage of families/participants were either successfully referred or linked with appropriate services? ✓ What percentage of families/participants successfully completed their case plan? ✓ Did families/participants experience reductions in depression? ✓ Did families/participants experience reductions in anxiety? ✓ Did youth experience improved resiliency? ✓ Did families/participants experience improved skills in coping? ✓ Did participants experience improved quality of life? ✓ To what extent do peer specialists effectively help families/participants to navigate the mental health system? ✓ Do members of the care team believe they can rely on peer mentors? ✓ Were families/participants satisfied with services?
Innovative elements	• This project is innovative in that it adapts the NAMI model of family support and empowerment to ethnic and cultural specific groups within the community by offering short term counseling and peer support to assist family members in coping with and managing a loved one's mental illness. It uses trained, paid consumer and family member employees from that community, as well as Master's level clinicians to implement that approach. • It involves several innovative practices, the evaluation of which will contribute to learning. These include, but are not limited to the following: ✓ 1) Determine which priority populations were served. ✓ 2) Determine how the project is contributing to changes in the mental health system of care. ✓ 3) Determine if participants of mental health services and family members can be effectively employed as mental health peer mentors. ✓ 4) Determine to what extent participant are showing improvements in their quality of life, mental health, and/or overall health.
Outcomes	• Help overcome barriers to receiving mental health services. • Improve communication between family members. • Develop a plan of action to deal with crisis situations. • Reduce depression and anxiety in participants and families while increasing coping

Collective Solutions (Family-Focused Crisis Management and Community Outreach) - Orange		
	skills and quality of life.	
Primary purpose	Promote interagency collaboration.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	Collective Solutions is still currently in operation. The total expenditure from project launch date (04/2012) to the most recent fiscal year (06/2014) was \$586,121.	
Budget for evaluation aspects	External Evaluation:	Not available at this time.
	Internal Evaluation:	Not available at this time.
	Administrative:	Not available at this time.
	Other:	
Evaluation designs	Quasi-Experimental Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Pre and Post measures.	
Timeline for evaluation	- Behavioral health assessment tools are administered at enrollment and every four months throughout the duration of program services. In addition, participants also complete a satisfaction survey to gauge their satisfaction with program services. - Initially, surveys were administered at program completion, but this timeline changed to every four months to increase participant response rate. However, additional changes were made to the evaluation design, which resulted in further changes in the timeline. At present, participants complete the satisfaction survey twice annually, during a specified two-week time frame. - Lastly, the clinical staff working with peer specialists complete an annual satisfaction survey to gain input into their experiences working with peers.	
Evaluation Participants		

Collective Solutions (Family-Focused Crisis Management and Community Outreach) - Orange	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• A paired sample t-test was used to test whether there was a significant change in pre and posttest depression and anxiety scores for those participants whose initial score placed them in the measures moderate to severe range. • In addition, the alpha level was calculated using Bonferroni correction to control for Type I error (i.e., $p < .008$, $.008$, and $.0125$, respectively). • Data collected from satisfaction surveys did not require statistical analyses and were reported based on the average subscale score and overall program rating.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Collective Solutions utilized the Orange County Healthcare Agency Integrated Records Information System (IRIS) to input participant demographics and treatment information. In addition, a powerform was built into IRIS to gather and track additional data specific to the project (i.e., assessment tools, additional participants served). Information stored in IRIS is easily accessible for data reporting and analysis as needed.
What training or technical assistance resources did the county use during the project, if any?	• Collective Solutions received assistance in program evaluation and design from external evaluators, specifically in developing evaluation questions and identifying assessment tools to measure target goals. The project also received technical

Collective Solutions (Family-Focused Crisis Management and Community Outreach) - Orange	
	assistance from the IRIS team in building a powerform for project specific data collection. The IRIS team trained program staff in the data entry and retrieval process within the IRIS system.
How were/are/will the effects of the project's innovative elements be measured?	• Collective Solutions utilizes the following measures to evaluate project learning objectives, participant outcomes: ✓ Generalized Anxiety Disorder scale (GAD-7) to measure anxiety. ✓ Patient Health Questionnaire (PHQ-9) to measure depression. ✓ Protective Factors Survey to measure family coping and resiliency. ✓ World Health Organization Quality of Life (WHOQOL-BREF) to measure overall life satisfaction. • These measures were chosen because they are the most widely used measures of specified outcomes. Satisfaction surveys were also administered to measure quality of services, including the effectiveness of peer specialists.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• An analysis of pre and post test measures allows program staff to evaluate the effectiveness of services in improving behavioral health outcomes. In addition, results of satisfaction surveys, designed to evaluate staff and program services, assists in identifying elements responsible for participant outcomes, including effectiveness of peer support.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Not applicable.
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Collective Solutions will end all program services on 12/31/2015.
If a decision was made to continue the project without Innovation funds or not to sustain the	• Innovation funds are limited to 3 to 5 years. As a result, Innovations will not continue to fund Collective Solutions; however, the Mental Health Services Act (MHSA) Steering

Collective Solutions (Family-Focused Crisis Management and Community Outreach) - Orange	
project in the future, explain why	Committee is considering if program services can be incorporated into currently existing programs or components of MHSA (e.g., CSS or PEI).
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- Participant outcomes were analyzed from program launch date (04/12) to the most recent fiscal year (6/14) and presented to the MHSA Steering Committee. - Innovations program staff and research analysts provided an overview of Collective Solutions program services, innovative components, assessment measures, and participant outcomes to committee and community members. - Furthermore, findings are reported as part of a three-year MHSA Annual Plan Update, as well as included in other Orange County reports.
Sources of Information	http://cams.ocgov.com/Web_Publisher/Agenda05_21_2013_files/images/O00113-000371A.PDF (annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Orange.pdf (Inn Plans) http://ochealthinfo.com/bhs/about/pi/mhsa/components/innovation (County Website) http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=34167 (OC MHSA 3 Yr Plan for FY 14/15 to 16/17)

Volunteer to Work - Orange	
This project will demonstrate the value of using trained consumers in a consumer-managed organization, to support, role-model, and assist individuals in finding volunteer opportunities that match their unique skills and goals.	
Timeline: July 2013 through June 2015	Total Budget: \$523,091 Evaluation Budget:
Project Status	In process.

Volunteer to Work - Orange		
Evaluation questions	- Volunteer to Work (VTW) explored the following evaluation question: ✓ Can peer support through goal-directed volunteer work support participants with entry and re-entry into competitive employment?	
Innovative elements	This project fits the definition of innovation by introducing a new mental health practice that has never been done before, which is to use consumer and family member employees to engage clients around their personal interests and to develop socialization and support groups around those interests as way of encouraging and supporting entry into the employment market through volunteer opportunities.	
Outcomes	Assist consumers who have been out of the labor force to achieve meaningful roles in society through volunteering. Build collaboration and capacity of community partners by providing a flexible model to support the goal of consumer integration into society.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	VTW is still currently in operation. The total expenditure from the project launch date (07/2011) to the most recent fiscal year (06/2014) was \$523,091.	
Budget for evaluation aspects	External Evaluation:	Not available at this time.
	Internal Evaluation:	Not available at this time.
	Administrative:	Not available at this time.
	Other:	
Evaluation designs	Quasi-Experimental Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Pre and Post measures.	
Timeline for evaluation	Behavioral assessment tools are administered at three time periods: enrollment,	

Volunteer to Work - Orange	
	placement at host site, and 3 months after program exit. In addition, participants also complete a satisfaction survey to gauge their satisfaction with program staff and services. Initially, surveys were administered at program completion; however, changes were made to the evaluation design, which resulted in the administration of satisfaction surveys twice annually, during a specified two-week time frame.
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• A paired sample t-test was used to test whether there was a significant change in pre and posttest depression and anxiety scores for those participants whose initial score placed them in the measures moderate to severe range. • In addition, the alpha level was calculated using Bonferroni correction to control for Type I error (i.e., $p < .008$, $.008$, and $.0125$, respectively). • Data collected from satisfaction surveys did not require statistical analyses and were reported based on the average subscale score and overall program rating.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable. VTW utilized an excel spreadsheet to track participant demographic data and outcomes (i.e., enrollment data, volunteer placement, program completion, assessment tools, flex funds).

Volunteer to Work - Orange	
What training or technical assistance resources did the county use during the project, if any?	• Not applicable.
How were/are/will the effects of the project's innovative elements be measured?	• VTW utilizes the following measures to evaluate project learning objectives, participant outcomes, and effectiveness of peer specialists: ✓ Generalized Anxiety Disorder scale (GAD-7) to measure anxiety. ✓ Patient Health Questionnaire (PHQ-9) to measure depression. ✓ Protective Factors Survey to measure family coping and resiliency. ✓ World Health Organization Quality of Life (WHOQOL-BREF) to measure overall life satisfaction. • These measures were chosen because they are the most widely used measures of specified outcomes. Satisfaction surveys were also administered to measure quality of services, including the effectiveness of peer specialists.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• An analysis of pre and post test measures allows program staff to evaluate the effectiveness of services in improving behavioral health outcomes. In addition, results of satisfaction surveys, designed to evaluate staff and program services, assists in identifying elements responsible for participant outcomes, including effectiveness of peer support.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Not applicable.
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• The VTW project was contracted for two years and will end all program services on 6/30/2015. However, the Mental Health Services Act (MHSA) Steering Committee will consider whether currently existing programs or other MHSA components (i.e., CSS, PEI) can incorporate VTW project services.
If a decision was made to continue the project without Innovation funds or not to sustain the	• Innovation funds are limited to 3 to 5 years. As a result, Innovations will not continued to fund VTW after the two year contract expires; however, the MHSA Steering

Volunteer to Work - Orange	
project in the future, explain why	Committee will consider if program services can be incorporated into existing programs or MHSA components (i.e., CSS or PEI).
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Participant outcomes were analyzed from program launch date (07/13) to the most recent fiscal year (6/14) and presented to the MHSA Steering Committee. Innovations program staff and research analysts provided an overview of VTW program services, innovative components, assessment measures, and participant outcomes to committee and community members. Furthermore, findings are reported as part of a three-year MHSA Annual Plan Update, as well as included in other Orange County reports.
Sources of Information	http://cams.ocgov.com/Web_Publisher/Agenda05_21_2013_files/images/O00113-000371A.PDF (annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Orange.pdf (Inn Plans) http://ochealthinfo.com/bhs/about/pi/mhsa/components/innovation (County Website) http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=34167 (OC MHSA 3 Yr Plan for FY 14/15 to 16/17)

(OC Accept) OK To Be Me - Orange		
It is intended that the services offered by this program will help identify individuals who are LGBTIQ and may be at high risk or early stages of developing a mental illness and isolated high-risk individuals (suicide, depression, anxiety, and risky behaviors) to help them identify, be linked to, and utilize appropriate services in the community. The hope is to show individuals that it is ok to get treatment for mental health and co-occurring disorders. It is hoped that these interactions between participants and their familial support system will provide a safe environment with acceptance and compassion for individuals to express their feelings, build resilience, be empowered, and connect with others for support.		
Timeline:	Total Budget:	Evaluation Budget:

(OC Accept) OK To Be Me - Orange	
July 2011 through March 2016 \$1,072,906	
Project Status	• In process.
Evaluation questions	• OC ACCEPT explored the following evaluation questions: ✓ How many total participants were reached through community or street outreach? What percentage of participants identified for case management were priority populations? ✓ How many hours of direct service did participants receive? ✓ How did the program help to overcome barriers to receiving mental health services? ✓ What percentage of participants referred for services were successfully linked with appropriate services? ✓ To what extent do peer specialists effectively provide mentorship to participants? ✓ Do members of the care team believe they can rely on peers? ✓ Did participants increase their help-seeking behaviors? ✓ Did participants increase their perceived social support? ✓ Did participants participate in fewer risk-taking behaviors? ✓ Did participants experience reductions in depression? ✓ Did participants experience reductions in anxiety? ✓ Did participants experience improved quality of life? ✓ Did participants experience improved levels of self-acceptance?
Innovative elements	• This project fits the definition of innovation by making changes to existing practices through the use of consumers and family members from the LGBTQ community (rather than professionals) to conduct the outreach and engagement for clients who ordinarily are reluctant to access mental health services. Well-trained Transitional Age Youth (age 18-25) and adult peer specialists assist in providing culturally competent outreach, education, and linkage to services, such as mental health services, substance abuse treatment and HIV testing for individuals from the LGBTQ community in Orange County.
Outcomes	• Increase awareness of mental health substance abuse resources available in OC to the LGBTQ population. Increase numbers of LGBTQ youth/adults who seek services for

(OC Accept) OK To Be Me - Orange		
	mental health issues.	
Primary purpose	• Increase access to services for underserved populations.	
Other purposes	• Not applicable.	
Innovation definition	• Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	• OC ACCEPT is still currently in operation. The total expenditure from the project launch date (07/2011) to the most recent fiscal year (06/2014) was \$1,072,906.	
Budget for evaluation aspects	External Evaluation:	• Not available at this time.
	Internal Evaluation:	• Not available at this time.
	Administrative:	• Not available at this time.
	Other:	
Evaluation designs	• Quasi-Experimental Design.	
Will/was a comparison group used for the design?	• No.	
Describe comparison group design (if applicable)	• Not applicable.	
Data collection methods	• Survey. • Interviews. • Pre and Post measures.	
Timeline for evaluation	• Behavioral health assessment tools are administered at enrollment and every four months until program exit. In addition, participants also complete a satisfaction survey to gauge their satisfaction with program services. • Initially, participants completed the survey at program exit. However, revisions to the satisfaction survey resulted in changes in the evaluation timeline. At present, participants complete the satisfaction survey twice annually, during a specified two-week time frame. • Lastly, clinical staff working with peer specialists complete an annual satisfaction survey to gain input into their experiences working with peers.	
Evaluation Participants		

(OC Accept) OK To Be Me - Orange	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• A paired sample t-test was used to test whether there was a significant change in pre and posttest depression and anxiety scores for those subjects whose initial score placed them in the measures moderate to severe range. • In addition, the alpha level was calculated using Bonferroni correction to control for Type I error (i.e., $p < .008$, $.008$, and $.0125$, respectively). • Data collected from satisfaction surveys did not require statistical analyses and were reported based on the average subscale score and overall program rating.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• OC ACCEPT utilized the Orange County Healthcare Agency Integrated Records Information System (IRIS) to input participant demographics and treatment information. In addition, a powerform was built into IRIS to gather and track additional data specific to the project (i.e., assessment tools). Information stored in IRIS is easily accessible for data reporting and analysis as needed.
What training or technical assistance resources did the county use during the project, if any?	• OC ACCEPT received assistance in program evaluation and design from external evaluators, specifically in developing evaluation questions and identifying assessment tools to measure target goals. The project also received technical assistance from the IRIS team in building a powerform for project specific data collection. The IRIS team

(OC Accept) OK To Be Me - Orange	
	trained program staff in the data entry and retrieval process within the IRIS system and creating specific forms for peer specialists to document services provided to program participants.
How were/are/will the effects of the project's innovative elements be measured?	- OC ACCEPT utilizes the following measures to evaluate project learning objectives, participant outcomes: ✓ Generalized Anxiety Disorder scale (GAD-7) to measure anxiety. ✓ Patient Health Questionnaire (PHQ-9) to measure depression. ✓ Protective Factors Survey to measure family coping and resiliency. ✓ World Health Organization Quality of Life (WHOQOL-BREF) to measure overall life satisfaction. - These measures were chosen because they are the most widely used measures of specified outcomes. Satisfaction surveys were also administered to measure quality of services, including the effectiveness of peer specialists.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	An analysis of pre and post test measures allows program staff to evaluate the effectiveness of services in improving behavioral health outcomes. In addition, results of satisfaction surveys, designed to evaluate staff and program services, assists in identifying elements responsible for participant outcomes, including effectiveness of peer support.
Were/will data be analyzed to show differential impacts on various populations/situations?	Not applicable.
Were midcourse changes made as a result of evaluation findings?	Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	The Orange County Mental Health Services Act (MHSA) Steering Committee voted to continue funding OC ACCEPT for an additional two years.
If a decision was made to continue the project without Innovation funds or not to sustain the	Innovation funds are limited to 3 to 5 years. As a result, Innovations will not continue to fund OC ACCEPT; however, the project will be sustained for an additional two years

(OC Accept) OK To Be Me - Orange	
project in the future, explain why	using unspent MHSA funds. Following this time period, the MHSA Steering Committee will consider alternative funding sources through other MHSA Components (CSS or PEI) to sustain the project.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- Participant outcomes were analyzed from program launch date (07/11) to the most recent fiscal year (6/14) and presented to the MHSA Steering Committee. - Innovations program staff and research analysts provided an overview of ICS program services, innovative components, assessment measures, and participant outcomes to committee and community members. - Furthermore, findings are reported as part of a three-year MHSA Annual Plan Update, as well as included in other Orange County reports.
Sources of Information	http://cams.ocgov.com/Web_Publisher/Agenda05_21_2013_files/images/O00113-000371A.PDF (annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Orange.pdf (Inn Plans) http://ochealthinfo.com/bhs/about/pi/mhsa/components/innovation (County Website) http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=34167 (OC MHSA 3 Yr Plan for FY 14/15 to 16/17)

(OC4Vets) Vet Connect - Orange
Examine whether co-locating services for veterans will increase access to health and supportive services for veterans with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and severe depression, including those dually diagnosed with substance abuse disorders. The project is expected to facilitate access to a comprehensive array of treatment and supportive services for veterans and their families and provide assistance (a warm hand-off) to help those veterans who are too fragile to integrate into the VA system.

(OC4Vets) Vet Connect - Orange		
Timeline: July 2012 through March 2016		Total Budget: \$1,987,046 Evaluation Budget:
Project Status	• In process.	
Evaluation questions	• OC4Vets explored the following evaluation questions: ✓ What percent of Veterans Services Offices (VSO) participants were referred to OC4Vets? ✓ How did the program help to overcome barriers to receiving behavioral health services? ✓ What percentage of participants were successfully referred or linked with appropriate services? ✓ To what extent do peer navigators effectively provide care navigation? ✓ Do project staff and licensed professionals believe they can rely on veteran peer navigator? ✓ Did participants increase their knowledge of behavioral health and/or appropriate services? ✓ Did participants increase their help-seeking behaviors? ✓ Were participants able to manage their day-to-day lives? ✓ Did participants experience reductions in stated symptoms? ✓ Did participants with depression experience reductions in level of their depression or improvements in symptoms? ✓ Did participants experience reductions in anxiety? ✓ Did participants experience improved quality of life? ✓ Did participants experience reduction in trauma related symptoms?	
Innovative elements	• This project fits the definition of innovation by making changes to existing practices through the use of paid consumers and family member employees, rather than professionals, as the outreach employees who make contact with and engage the client in accessing mental health services.	
Outcomes	• The goal is to provide an integrated, holistic approach to veteran behavioral health, recognizing that medical, as well as basic shelter, food, and job issues impact behavioral health. To provide centralized place for service access that will decrease	

(OC4Vets) Vet Connect - Orange		
	stigma, provide privacy and reinforce positive interactions.	
Primary purpose	• Increase access to services for underserved populations.	
Other purposes	• Not applicable.	
Innovation definition	• Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	• OC4Vets is still currently in operation. The total expenditure from the project launch date (07/2012) to the most recent fiscal year (06/2014) was \$1,987,046.	
Budget for evaluation aspects	External Evaluation:	• Not available at this time.
	Internal Evaluation:	• Not available at this time.
	Administrative:	• Not available at this time.
	Other:	
Evaluation designs	• Quasi-Experimental Design.	
Will/was a comparison group used for the design?	• No.	
Describe comparison group design (if applicable)	• Not applicable.	
Data collection methods	• Survey. • Interviews. • Pre and Post measures.	
Timeline for evaluation	• Behavioral health assessment tools are administered at enrollment and every three months until program exit. In addition, participants also complete a satisfaction survey to gauge their satisfaction with program services. Initially, participants completed the survey at program exit. • However, revisions to the satisfaction survey resulted in changes in the evaluation timeline. At present, participants complete the satisfaction survey twice annually, during a specified two-week time frame. • Lastly, clinical staff working with peer specialists complete an annual satisfaction survey to gain input into their experiences working with peers.	
Evaluation Participants		

(OC4Vets) Vet Connect - Orange		
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Collaborating County agencies and subcontracts		Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • Collaborating County agencies and subcontracts
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • Collaborating County agencies and subcontracts		Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • Collaborating County agencies and subcontracts
How were data analyzed or what is the plan for data analysis?	• A paired sample t-test was used to test whether there was a significant change in pre and posttest depression and anxiety scores for those participants whose initial score placed them in the measures moderate to severe range. • In addition, the alpha level was calculated using Bonferroni correction to control for Type I error (i.e., $p < .008$, $.008$, and $.0125$, respectively). A paired samples t-test was also used to test whether there was a significant pre/post change in total score for those participants whose initial score was above the recommended cutoff for a military population seen in specialty VA clinic (i.e., 45; $p < .05$). • We also reported the percent of participants who demonstrated a “reliable decrease” and a “clinically meaningful decrease” in pre/post scores as defined by the measure (i.e., 4-9 point decrease and a 10+ point decrease, respectively). • Data collected from satisfaction surveys did not require statistical analyses and were reported based on the average subscale score and overall program rating.	
What, if any, county information technology or data	• Not applicable. OC4Vets utilized an excel spreadsheet and access database to gather	

(OC4Vets) Vet Connect - Orange	
resources were/will be used to collect and/or analyze data?	and track participant demographic data and outcomes.
What training or technical assistance resources did the county use during the project, if any?	• OC4Vets received assistance in program evaluation and design from external evaluators, specifically in developing evaluation questions and identifying assessment tools to measure target goals.
How were/are/will the effects of the project's innovative elements be measured?	• OC4Vets utilizes the following measures to evaluate project learning objectives, participant outcomes: ✓ Generalized Anxiety Disorder scale (GAD-7) to measure anxiety. ✓ Patient Health Questionnaire (PHQ-9) to measure depression. ✓ Protective Factors Survey to measure family coping and resiliency. ✓ World Health Organization Quality of Life (WHOQOL-BREF) to measure overall life satisfaction. • These measures were chosen because they are the most widely used measures of specified outcomes. Satisfaction surveys were also administered to measure quality of services, including the effectiveness of peer specialists.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• An analysis of pre and post test measures allows program staff to evaluate the effectiveness of services in improving behavioral health outcomes. In addition, results of satisfaction surveys, designed to evaluate staff and program services, assists in identifying elements responsible for participant outcomes, including effectiveness of peer support.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Not applicable.
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• The Orange County Mental Health Services Act (MHSA) Steering Committee voted to continue funding OC4Vets for an additional two years. The project will be funded through unspent MHSA funds.

(OC4Vets) Vet Connect - Orange	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Innovation funds are limited to 3 to 5 years. As a result, Innovations will not continue to fund OC4Vets, however, the project will be sustained for an additional two years using unspent MHSA funds. Following this time period, the MHSA Steering Committee will consider alternative funding sources through other MHSA components (e.g., PEI) to sustain the project.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- Participant outcomes were analyzed from program launch date (07/12) to the most recent fiscal year (6/14) and presented to the MHSA Steering Committee. - Innovations program staff and research analysts provided an overview of OC4Vets program services, innovative components, assessment measures, and participant outcomes to committee and community members. - Furthermore, findings are reported as part of a three-year MHSA Annual Plan Update, as well as included in other Orange County reports.
Sources of Information	http://cams.ocgov.com/Web_Publisher/Agenda05_21_2013_files/images/O00113-000371A.PDF (annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Orange.pdf (Inn Plans) http://ochealthinfo.com/bhs/about/pi/mhsa/components/innovation (County Website) http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=34167 (OC MHSA 3 Yr Plan for FY 14/15 to 16/17)

Community Cares Project - Orange
This project will provide an outreach staff consisting of up to two consumer/family members who can work with referral sources to meet with individuals and families who lack resources. The outreach workers will engage the potential client to discuss their mental health needs. These consumer/family member outreach staff would each focus on an age group (children, TAY, adult, older adult). A staff Clinical Psychologist (CP) and the consumer/family members would recruit mental health professionals from the community, particularly those with age or ethnic specific skills and

Community Cares Project - Orange

develop a network of community providers who would offer to treat at least one client each, for free.

Timeline:
November 2011 through June 2014

Total Budget:
\$489,907

Evaluation Budget:

Project Status	Completed.
Evaluation questions	- OC Community Cares Project (OC CCP) explored the following evaluation questions: ✓ What percentage of participants identified for case management were priority populations? ✓ How many hours of direct service did participants receive? ✓ How many private mental health providers provided services to participants? ✓ Did participants attend their scheduled appointments? ✓ How did the program help to overcome barriers to receiving mental health services? ✓ What number of participants were either successfully referred or linked with appropriate services? ✓ To what extent do peer mentors effectively help consumers to navigate the mental health system? ✓ Do members of the care team believe they can rely on consumers and family members as paraprofessionals? ✓ Did participants experience reductions in depression? ✓ Did participants experience reductions in anxiety? ✓ Did participants experience improved quality of life?
Innovative elements	- The public mental health system has not utilized the private mental health system and its ethical obligation to provide pro bono services as a way of addressing unmet needs in the overall mental health system. Partnerships between the public and private sector, particularly in mental health, are often talked about but seldom implemented. - This project will fund the staff to develop the case-finding capability and a network of private mental health providers as an innovative approach to collaboration between the public and private mental health systems. How well such collaboration works will

Community Cares Project - Orange		
	be an important question that will be answered by implementing this project.	
Outcomes	- Determine: ✓ Whether clients relate to consumer/family member outreach staff. ✓ How private practitioners feel about receiving clients who are referred through use of paraprofessional consumer and family member staff. ✓ How private practitioners think the clients referred to them compare to the kinds of clients they ordinarily see. ✓ If there any unique difficulties or strengths related to using this program with certain age or ethnic or linguistic groups. ✓ If the network of private practitioners and the structure that is developed for case finding, referral and coordinating services could continue as a public/private partnership.	
Primary purpose	Increase access to services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	The total expenditure from the project launch date (11/2011) to end date (06/2014) was \$489,907.	
Budget for evaluation aspects	External Evaluation:	Not available at this time.
	Internal Evaluation:	Not available at this time.
	Administrative:	Not available at this time.
	Other:	
Evaluation designs	Quasi-Experimental Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Pre and Post measures.	

Community Cares Project - Orange	
Timeline for evaluation	- Behavioral health assessment tools were administered at enrollment and program exit (i.e., completion of 12 sessions). - In addition, participants also complete a satisfaction survey at program exit to gauge their satisfaction with staff and services. - Lastly, clinical staff working with peer specialists complete an annual satisfaction survey to gain input into their experiences working with peers.
Evaluation Participants	
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff	Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners
Evaluation Implementation: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners	Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	- A paired sample t-test was used to test whether there was a significant change in pre and posttest depression and anxiety scores for those subjects whose initial score placed them in the measures moderate to severe range. - In addition, the alpha level was calculated using Bonferroni correction to control for Type I error (i.e., $p < .008$, $.008$, and $.0125$, respectively).
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	OC CCP utilized the Orange County Healthcare Agency Integrated Records Information System (IRIS) to input participant demographics and treatment information. In addition, a powerform was built into IRIS to gather and track additional data specific to the OC CCP project (i.e., number of sessions attended, assessment tools). Information

Community Cares Project - Orange	
	stored in IRIS is easily accessible for data reporting and analysis as needed.
What training or technical assistance resources did the county use during the project, if any?	OC CCP received assistance in program evaluation and design from external evaluators, specifically in developing evaluation questions and identifying assessment tools to measure target goals. The project also received technical assistance from the IRIS team in building a powerform for project specific data collection. The IRIS team trained program staff in the data entry and retrieval process within the IRIS system and creating specific forms for peer specialists to document services provided to program participants.
How were/are/will the effects of the project's innovative elements be measured?	- OC CCP utilizes the following measures to evaluate project learning objectives, participant outcomes: ✓ Generalized Anxiety Disorder scale (GAD-7) to measure anxiety. ✓ Patient Health Questionnaire (PHQ-9) to measure depression. ✓ Protective Factors Survey to measure family coping and resiliency. ✓ World Health Organization Quality of Life (WHOQOL-BREF) to measure overall life satisfaction. - These measures were chosen because they are the most widely used measures of specified outcomes. Satisfaction surveys were also administered to measure quality of services, including the effectiveness of peer specialists.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	An analysis of pre and post test measures allows program staff to evaluate the effectiveness of services in improving behavioral health outcomes. In addition, results of satisfaction surveys, designed to evaluate staff and program services, assists in identifying elements responsible for participant outcomes, including effectiveness of peer support.
Were/will data be analyzed to show differential impacts on various populations/situations?	Not applicable.
Were midcourse changes made as a result of evaluation findings?	Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.

Community Cares Project - Orange	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	OC CCP terminated all program services on 6/30/2014.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Due to challenges in recruiting local mental health providers and limited program staff, OC CCP was not recommended to continue services.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- Participant outcomes were analyzed from program launch date (11/11) to the most recent fiscal year (6/14) and presented to the MHSA Steering Committee. - Innovations program staff and research analysts provided an overview of OC CCP program services, innovative components, assessment measures, and participant outcomes to committee and community members. - Furthermore, findings are reported as part of a three-year MHSA Annual Plan Update, as well as included in other Orange County reports.
Sources of Information	http://cams.ocgov.com/Web_Publisher/Agenda05_21_2013_files/images/O00113-000371A.PDF (annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Orange.pdf (Inn Plans) http://ochealthinfo.com/bhs/about/pi/mhsa/components/innovation (County Website) http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=34167 (OC MHSA 3 Yr Plan for FY 14/15 to 16/17)

Project Life Coach - Orange
Project Life Coach is a program that provides life coaching services and all supportive services to individuals who are living with a mental illness. It provides supportive employment, comprehensive life coaching and participant driven services. We are a collaborative partner with participants,

Project Life Coach - Orange

guiding them on how to navigate what is currently going on in their lives and what they would like for their future. The underlying approach for Project Life Coach is the use of life-counseling (also called life coaching) techniques to assist in developing coping skills, identify stressors, and setting goals. In addition, we hope to increase the individual's self-esteem and confidence so that the individual can independently make their own choices and follow through. Such life coaching will be provided by consumer and/or family member peer specialists.

Timeline:
July 2012 through March 2016

Total Budget:
\$1,143,374

Evaluation Budget:

Project Status	• In process.
Evaluation questions	• Project Life Coach (PLC) explored the following evaluation questions: ✓ How many total participants and agencies that provided additional supportive employment services were reached through community events and presentations? ✓ What percentage of participants identified for case management were priority populations? ✓ How many hours of direct service did participants receive? ✓ How did the program help to overcome barriers to receiving mental health services? What number of participants resumed job readiness activities? ✓ What number of participants were either successfully referred or linked with appropriate services? ✓ What was the number of contacts with ethnic community based organizations? ✓ What was the number of agencies/organizations that also provided mental health support as well as some type of supportive employment services? ✓ To what extent do peer mentors effectively help consumers to navigate the mental health system? ✓ Do members of the care team believe they can rely on consumers and family members as paraprofessionals? ✓ Did participants experience reductions in depression? ✓ Did participants experience reductions in anxiety? ✓ Did participants experience improvements in their Global Assessment Functioning Score? (GAF)?

Project Life Coach - Orange		
	✓ Did participants experience improved quality of life?	
Innovative elements	This project fits the definition of innovation by introducing a new mental health practice that has never been done before. This project utilizes consumer and/or family member peer specialists to provide outreach and engagement to increase the access and utilization of services to the unserved and underserved population of the mentally ill.	
Outcomes	To improve the overall outcome of participants who participate in the program through supportive services and life counseling. Utilize peer specialists to develop a trusting, supportive relationship between service providers and participants in different ethnic communities. Reduce mental health stigma. Provide effective mental health services by peer specialists.	
Primary purpose	Increase access to services for underserved populations.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	PLC is still currently in operation. The total expenditure from the project launch date (07/2012) to the most recent fiscal year (06/2014) was \$1,143,374.	
Budget for evaluation aspects	External Evaluation:	Not available at this time.
	Internal Evaluation:	Not available at this time.
	Administrative:	Not available at this time.
	Other:	
Evaluation designs	Quasi-Experimental Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Pre and Post measures.	
Timeline for evaluation	Behavioral health assessment tools are administered at enrollment and every six	

Project Life Coach - Orange	
	months until program exit. In addition, participants also complete a satisfaction survey to gauge their satisfaction with program services. - Initially, participants completed the survey at program exit. However, revisions to the satisfaction survey resulted in changes in the evaluation timeline. At present, participants complete the satisfaction survey twice annually, during a specified two-week time frame. - Lastly, clinical staff working with peer specialists complete an annual satisfaction survey to gain input into their experiences working with peers.
Evaluation Participants	
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff	Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners
Evaluation Implementation: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners	Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	- A paired sample t-test was used to test whether there was a significant change in pre and posttest depression and anxiety scores for those participants whose initial score placed them in the measures moderate to severe range. - In addition, the alpha level was calculated using Bonferroni correction to control for Type I error (i.e., $p < .008$, $.008$, and $.0125$, respectively). - Data collected from satisfaction surveys did not require statistical analyses and were reported based on the average subscale score and overall program rating.

Project Life Coach - Orange	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	PLC utilized the Orange County Healthcare Agency Integrated Records Information System (IRIS) to input participant demographics and treatment information. In addition, a powerform was built into IRIS to gather and track additional data specific to PLC (i.e., peer specialist documentation, service minutes). Information stored in IRIS is easily accessible for data reporting and analysis as needed.
What training or technical assistance resources did the county use during the project, if any?	PLC received assistance in program evaluation and design from external evaluators, specifically in developing evaluation questions and identifying assessment tools to measure target goals. The project also received technical assistance from the IRIS team in building a powerform for project specific data collection. The IRIS team trained program staff in the data entry and retrieval process within the IRIS system and created specific forms for peer specialists to document services provided to program participants.
How were/are/will the effects of the project's innovative elements be measured?	- PLC utilizes the following measures to evaluate project learning objectives, participant outcomes: ✓ Generalized Anxiety Disorder scale (GAD-7) to measure anxiety. ✓ Patient Health Questionnaire (PHQ-9) to measure depression. ✓ Protective Factors Survey to measure family coping and resiliency. ✓ World Health Organization Quality of Life (WHOQOL-BREF) to measure overall life satisfaction. - These measures were chosen because they are the most widely used measures of specified outcomes. Satisfaction surveys were also administered to measure quality of services, including the effectiveness of peer specialists.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	- An analysis of pre and post test measures allows program staff to evaluate the effectiveness of services in improving behavioral health outcomes. - In addition, results of satisfaction surveys, designed to evaluate staff and program services, assists in identifying elements responsible for participant outcomes, including effectiveness of peer support.
Were/will data be analyzed to show differential impacts on various populations/situations?	Not applicable.
Were midcourse changes made as a result of evaluation findings?	Yes.

Project Life Coach - Orange	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• PLC will end all program services on 12/31/2015.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Although PLC will end services, the Mental Health Services Act (MHSA) Steering Committee will consider if program services can be incorporated into existing programs or MHSA components (i.e., CSS or PEI).
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Participant outcomes were analyzed from program launch date (07/12) to the most recent fiscal year (6/14) and presented to the MHSA Steering Committee. • Innovations program staff and research analysts provided an overview of PLC program services, innovative components, assessment measures, and participant outcomes to committee and community members. • Furthermore, findings are reported as part of a three-year MHSA Annual Plan Update, as well as included in other Orange County reports.
Sources of Information	http://cams.ocgov.com/Web_Publisher/Agenda05_21_2013_files/images/O00113-000371A.PDF (annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Orange.pdf (Inn Plans) http://ochealthinfo.com/bhs/about/pi/mhsa/components/innovation (County Website) http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=34167 (OC MHSA 3 Yr Plan for FY 14/15 to 16/17)

Training to Meet the Mental Health Needs of the Deaf Community - Orange

This project provides education on mental illness and recovery for members from the Deaf and Hard of Hearing community, including consumers and family members. The project is aimed at enhancing the skills necessary to meet the mental health needs of that community. This is done through participation in a formal mental health worker training program which includes the use of ASL (American Sign Language) as the primary language. In Orange County, the Deaf and Hard of Hearing community is considered an underserved population. It is difficult to find therapists who can communicate in American Sign Language (ASL). Training people who are deaf and already know ASL to provide paraprofessional mental health services is expected to increase access to care for this population and improve quality of life.

Timeline:
July 2012 through June 2014

Total Budget:
\$229,000

Evaluation Budget:

Project Status	Completed.
Evaluation questions	- Training services to meet the mental health needs of the deaf community explored the following evaluation questions: ✓ Did students experience increased knowledge of the Mental Health needs of the Deaf and Hard of Hearing individuals? ✓ Did students experience increased awareness of challenges faced by Deaf and Hard of Hearing individuals? ✓ Did students experience an increased understanding of the gaps in Mental Health services for the Deaf and Hard of Hearing community? ✓ Did students experience an increased interest in pursuing the ASL/MH program to work with the Deaf and Hard of Hearing community?
Innovative elements	There are no mental health worker training programs in existence that focus upon consumers and family members who are deaf and provide their training program in ASL. By incorporating ASL into the existing accredited Mental Health Worker Certificate training program, Transitional Age Youth (age 18-25) and adult peers will be trained to assist in providing culturally competent outreach, education and linkages to mental health services/substance abuse treatment for individuals from the Deaf community in Orange County.
Outcomes	Graduates of the program may assume mental health worker or peer mentor positions within the public mental health system, using their certificate to gain entry into

Training to Meet the Mental Health Needs of the Deaf Community - Orange		
	employment. They may also continue in their educational program to gain an AA degree, and then go on to a bachelor's or graduate degree in the mental health field, thus, eventually bring licensable people from the Deaf and Hard of Hearing community into the mental health field.	
Primary purpose	• Increase access to services for underserved populations.	
Other purposes	• Not applicable.	
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	• The total expenditure from the project launch date (7/2012) to end date (6/2014) was \$229,000.	
Budget for evaluation aspects	External Evaluation:	• Not available at this time.
	Internal Evaluation:	• Not available at this time.
	Administrative:	• Not available at this time.
	Other:	
Evaluation designs	• Quasi-Experimental Design.	
Will/was a comparison group used for the design?	• No.	
Describe comparison group design (if applicable)	• Not applicable.	
Data collection methods	• Survey.	
Timeline for evaluation	• Students were administered a survey at the end of two separate courses to measure outcomes and target goals.	
Evaluation Participants		
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff		Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers
Evaluation Implementation:		Review of Evaluation Findings:

Training to Meet the Mental Health Needs of the Deaf Community - Orange

• Director or Other Senior Management • MHS/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners	• Director or Other Senior Management • MHS/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• A mean score was calculated for students' responses to a 5-point Likert survey.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable.
What training or technical assistance resources did the county use during the project, if any?	• Not applicable.
How were/are/will the effects of the project's innovative elements be measured?	• The program administered a survey at the end of two course sections to measure student gains in knowledge, awareness and interest in pursuing a career working with the deaf and hard of hearing community.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• An analysis of satisfaction results assisted in identifying elements responsible for students' outcomes, including level of education, awareness, and interest in pursuing certification.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Not applicable.
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• This project was intended to be a two year project and ended on 6/30/2014.

Training to Meet the Mental Health Needs of the Deaf Community - Orange	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Innovation Projects are only funded for 3 to 5 years. This project was initially intended to be funded for two years. Student response rate and enrollment in the courses were low; however, provider has intimated the project concept will be incorporated into their existing mental health provider curriculum.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Surveys were analyzed from program launch date (07/12) to the most recent fiscal year (6/14) and presented to the MHSA Steering Committee. • Innovations program staff and research analysts provided an overview of the project, innovative components, assessment measures, and participant outcomes to committee and community members. • Furthermore, findings are reported as part of a three-year MHSA Annual Plan Update, as well as included in other Orange County reports.
Sources of Information	http://cams.ocgov.com/Web_Publisher/Agenda05_21_2013_files/images/O00113-000371A.PDF (annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Orange.pdf (Inn Plans) http://ochealthinfo.com/bhs/about/pi/mhsa/components/innovation (County Website) http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=34167 (OC MHSA 3 Yr Plan for FY 14/15 to 16/17)

Brighter Futures Childhood Mental Health - Orange
Brighter Futures provides community-based services to families with children who experience social, emotional, and behavioral health problems to reduce isolation and form a supportive network with other families. The program offers brief interventions; helps build personal resiliency and healthy relationships between parents and children. A multidisciplinary clinical team provides culturally and linguistically appropriate peer-mentorships, case management, parent education, psychotherapeutic services and linkages to supportive community services.

Brighter Futures Childhood Mental Health - Orange		
Timeline: April 2012 through March 2016		Total Budget: \$651,340 Evaluation Budget:
Project Status	• In process.	
Evaluation questions	• Brighter Futures explored the following evaluation questions: ✓ How many total participants were reached through outreach with community-based organizations? ✓ What percentage of participants identified for case management or other engagement services were priority populations? ✓ How many hours of direct service did participants receive? ✓ Did participants attend their scheduled appointments? ✓ How did the program help to overcome barriers to receiving mental health services? ✓ What number of participants were either successfully referred or linked with appropriate services? ✓ Did parents/caregivers experience reductions in depression in relation to presenting problem? ✓ Did caregivers/participants experience improved quality of life? ✓ To what extent do peer specialists effectively help families/participants to navigate the mental health system? ✓ Do members of the care team believe they can rely on peer mentors? ✓ Were families/participants satisfied with services? ✓ Did parents increase their knowledge of effective parenting practices? ✓ Did families increase their perceived social support?	
Innovative elements	• While parent partners have been used within the mental health system, parents who have had a child with mental health problems have never been used as the primary interventionists with other similar families. If this innovation is successful, it will be a milestone in empowering families as the primary designers and implementers of services within children's mental health systems.	
Outcomes	• To learn if using paraprofessionals will help to improve physical health and mental health status of children in the program.	

Brighter Futures Childhood Mental Health - Orange		
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	Brighter Futures is still currently in operation. The total expenditure from the project launch date (04/2012) to the most recent fiscal year (06/2014) was \$651,340.	
Budget for evaluation aspects	External Evaluation:	Not available at this time.
	Internal Evaluation:	Not available at this time.
	Administrative:	Not available at this time.
	Other:	
Evaluation designs	Quasi-Experimental Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Pre and Post measures.	
Timeline for evaluation	- Behavioral health assessment tools are administered at enrollment and program exit (four months). - Initially, program staff contacted participants four months after program completion to administer post-post tests to monitor progress and maintenance of outcomes. However, due to low response rate and difficulty contacting participants post treatment, the project determined to drop post posttests from the evaluation design. In addition, participants also complete a satisfaction survey to gauge their satisfaction with program services. - Initially, participants completed the survey at program exit. However, revisions to the satisfaction survey resulted in changes in the evaluation timeline. At present, participants complete the satisfaction survey twice annually, during a specified two-week time frame.	

Brighter Futures Childhood Mental Health - Orange	
	Lastly, clinical staff working with peer specialists complete an annual satisfaction survey to gain input into their experiences working with peers.
Evaluation Participants	
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff	Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners
Evaluation Implementation: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners	Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	- A paired sample t-test was used to test whether there was a significant change in pre and post test anxiety scores for those subjects whose initial score placed them in the measure's moderate to severe range. - In addition, the alpha level was calculated using Bonferroni correction to control for Type I error (i.e., $p < .008$, $.008$, and $.0125$, respectively). - Data collected from satisfaction surveys did not require statistical analyses and were reported based on the average subscale score and overall program rating.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Brighter Futures utilized the Orange County Healthcare Agency Integrated Records Information System (IRIS) to input participant demographics and treatment information. In addition, a powerform was built into IRIS to gather and track additional data specific to the project (i.e., assessment tools). Information stored in IRIS is easily accessible for data reporting and analysis as needed.
What training or technical assistance resources did	Brighter Futures received assistance in program evaluation and design from external

Brighter Futures Childhood Mental Health - Orange	
the county use during the project, if any?	evaluators, specifically in developing evaluation questions and identifying assessment tools to measure target goals. The project also received technical assistance from the IRIS team in building a powerform for project specific data collection. The IRIS team trained program staff in the data entry and retrieval process within the IRIS system and created specific forms for peer specialists to document services provided to program participants.
How were/are/will the effects of the project's innovative elements be measured?	• Brighter Futures utilizes the following measures to evaluate project learning objectives, participant outcomes: ✓ Generalized Anxiety Disorder scale (GAD-7) to measure anxiety. ✓ Patient Health Questionnaire (PHQ-9) to measure depression. ✓ Protective Factors Survey to measure family coping and resiliency. ✓ World Health Organization Quality of Life (WHOQOL-BREF) to measure overall life satisfaction. • These measures were chosen because they are the most widely used measures of specified outcomes. Satisfaction surveys were also administered to measure quality of services, including the effectiveness of peer specialists.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• An analysis of pre and post test measures allows program staff to evaluate the effectiveness of services in improving behavioral health outcomes. • In addition, results of satisfaction surveys, designed to evaluate staff and program services, assists in identifying elements responsible for participant outcomes, including effectiveness of peer support.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Not applicable.
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation	• Brighter Futures will end all program services on 12/31/2015. However, the Mental Health Services Act (MHSA) Steering Committee will consider whether currently existing programs or other MHSA components (i.e., CSS, PEI) can incorporate Brighter

Brighter Futures Childhood Mental Health - Orange	
funds, how will it be sustained?	Futures project services.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Innovation funds are limited to 3 to 5 years. As a result, Innovations will not continue to fund Brighter Futures; however, the MHSA Steering Committee will consider if program services can be incorporated into existing programs or MHSA components (i.e., CSS or PEI).
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Participant outcomes were analyzed from program launch date (04/12) to the most recent fiscal year (6/14) and presented to the MHSA Steering Committee. • Innovations program staff and research analysts provided an overview of Brighter Futures program services, innovative components, assessment measures, and participant outcomes to committee and community members. • Furthermore, findings are reported as part of a three-year MHSA Annual Plan Update, as well as included in other Orange County reports.
Sources of Information	http://cams.ocgov.com/Web_Publisher/Agenda05_21_2013_files/images/O00113-000371A.PDF (annual Update FY13-14) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Orange.pdf (Inn Plans) http://ochealthinfo.com/bhs/about/pi/mhsa/components/innovation (County Website) http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=34167 (OC MHSA 3 Yr Plan for FY 14/15 to 16/17)

Placer County

Innovative Project:	Project Title:	Population(s) Served:
	Innovative Community Collaboration Grants Program	

Innovative Community Collaboration Grants Program - Placer

By using the leverage of a grant program to bring non-traditional partners to the table, a new set of relationships and networks may be formed that could ultimately result in better services for those with mental health needs. Three funding methods are being planned to implement this model:

- 1) South Placer Mini-Grants Program: to be housed at a local community-based organization to be determined: \$5,000 to \$10,000 grant amounts, simple application process.
- 2) Lake Tahoe Mini-Grant Program: same as above with the exception that the funds will be held and distributed through a Tahoe based organization.
- 3) Community Grants Program: to be housed under the County, \$50,000 to \$100,000 grants, simple application process and community review committee.

Timeline:
March 2010 through June 2014

Total Budget:

Evaluation Budget

Project Status	Completed.
Evaluation questions	
Innovative elements	The contribution to learning from the Innovative Community Grants program is what we can learn during the course of confirming these hypotheses through a collaborative grant making program that supports and sustains non-traditional natural networks in the community that are already working to keep people well.
Outcomes	- Increased awareness of mental health issues in the community. Expanded awareness of the role everyone plays in keeping residents well. - A better understanding of the role non-traditional groups can play in mental health prevention through the outreach efforts of the community grants program.

Innovative Community Collaboration Grants Program - Placer		
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?	Not applicable.	
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were		

Innovative Community Collaboration Grants Program - Placer	
most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.placer.ca.gov/~media/hhs/hhs%20%20%20adult%20system%20of%20care/mhsa/UpdatedPlacerINNPlan_9%209%2010Final.pdf (Inn Plan) http://www.placer.ca.gov/departments/hhs/adult/MHSA.aspx (County Website) http://www.placer.ca.gov/~media/hhs/hhs%20%20%20adult%20system%20of%20care/mhsa/MHSA_Plan_and_Cover_Letter.pdf (FY13-14)

Riverside County

Innovative Projects:	Project Title:	Population(s) Served:
	Family Room Project	Mental Health Service Recipients
	Recovery Arts Core Project	Mental Health Service Recipients
	Recovery Learning Center	Mental Health Service Recipients
	Older Adult Self-Management Health Team	Older adults

Family Room Project - Riverside

The third phase of planning around Innovation was the Family Room which offers Riverside County consumers a new choice: a mental health services delivery that is a family-focused model in addition to emphasizing the recovery goals of the consumer and intends to increase the quality of services and create better overall outcomes.

The Family Room model will place family advocate services at the forefront of clinical services by promoting the empowerment of family members to take an active role in the recovery of their family member, who is a consumer, by offering a full range of services to all participants.

This project will involve the family in the recovery process and provide support and education to the family members in order for them to better cope with the dynamics of having a family member with a mental illness. The Family Room will provide a new program choice for consumers and family members - one that encourages the participation and role of the family member in promoting recovery. For those consumers with a family member already involved, or willing to engage a family member in their recovery, this is an innovative alternative to existing treatment option. The Family Room is developed with the hypothesis that if family members are identified, active, empowered, and supported in the recovery and treatment process then consumers who choose this treatment option will achieve better outcomes.

Timeline:
December 2012 through May 2017

Total Budget:
\$3,129,068

Evaluation Budget:

Project Status

- In process.

Family Room Project - Riverside	
Evaluation questions	• Primary Learning Goals: ✓ 1. To determine if family peer services decrease reliance on crisis and hospitalization services. ✓ 2. To determine if family peer services increase the likelihood of the consumer maintaining/achieving desired, least restrictive, and stable living situation. ✓ 3. To determine if family peer services increase adherence to available services chosen. ✓ 4. To determine if family peer services yield higher family member satisfaction. ✓ 5. To determine if family peer services yield higher consumer satisfaction. • In addition, implementing the Family Room, we are hoping to learn if family peer driven and delivered services yield better recovery outcomes.
Innovative elements	• Research has demonstrated that consumers who receive services in programs developed and implemented by their peers have greater levels of empowerment, shorter hospital stays and overall fewer hospital visits (Dumont and Jones, 2002). This conclusion was reached from evaluation of programs where peer services were ancillary to traditional outpatient clinic services. • Previously, we wondered what the outcomes would look like if peer driven services were at the center of the delivery model and this formed the basis of our developing a Recovery Learning Center. Now we are expanding the definition of peer and are wondering how outcomes in a family-driven delivery model will be different from those of the Recovery Learning Center and the traditional outpatient programs. A search of internet resources and journal databases yielded no research on this type of service. Currently, family peer services are ancillary to traditional outpatient services, and they are limited in availability and number of assigned staff. • The Family Room proposes to put the support and education of family at the forefront of recovery-oriented services to consumers. We are unaware of any program that is doing the same, so by implementing the Family Room, we are hoping to learn if family peer driven and delivered services yield better recovery outcomes.
Outcomes	• To determine if family peer services decrease reliance on crisis and hospitalization services. • To determine if family peer services increase the likelihood of the consumer

Family Room Project - Riverside		
	maintaining/achieving desired, least restrictive, and stable living situation. - To determine if family peer services increase adherence to available services chosen. - To determine if family peer services yield higher family member satisfaction. - To determine if family peer services yield higher consumer satisfaction.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$3,129,068.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Quasi-Experimental Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Pre and Post measures.	
Timeline for evaluation		
Evaluation Participants		
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Advocates/Family Partners	Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Advocates/Family Partners	
Evaluation Implementation:	Review of Evaluation Findings:	

Family Room Project - Riverside	
• Director or Other Senior Management • Internal Project Staff	
How were data analyzed or what is the plan for data analysis?	• Not applicable (Evaluation in Planning Stage).
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Evaluation is in data collection phase, but will include the utilization of the RCDMH electronic health record service utilization and demographic data.
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	• Recovery Outcomes will be measured with a family room survey that includes several measures : ✓ Basis 24- to measure improvement in symptoms. ✓ Recovery Assessment Scale -to measure Recovery Several Quality of Lifetimes relating to Family and social connections. ✓ Hearth Hope measure- to measure increases in hopefulness. ✓ Housing item measuring stability and satisfaction with current housing arrangements. ✓ Service utilization data will be used to examine crisis service and inpatient hospitalizations. ✓ Family member Survey was developed to measure family satisfaction with participation in Family Room.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Not applicable (Evaluation in Planning Stage).
Were/will data be analyzed to show differential impacts on various populations/situations?	• Data will be analyzed to examine any patterns with regards to differences among various populations including gender, age, race/ethnicity.
Were midcourse changes made as a result of evaluation findings?	• Not applicable (Evaluation in Planning Stage).
At this time, has a decision been made about sustaining the project beyond the current	• Not Yet.

Family Room Project - Riverside	
Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Not applicable.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Not applicable.
Sources of Information	http://www.rcdmh.org/Portals/0/PDF/MHSA/MHSA%20PLAN%20UPDATES/DRAFT%20Riverside%20County%20Plan%20FY14_15.pdf (MSHA 3 Yr Plan 15/15 through 16/17) http://www.rcdmh.org/Portals/0/PDF/Innovation/%232%20INN_Family%20Room%204%202011%20Final.pdf (Inn Plan) http://www.rcdmh.org/MHSA (county website)

Recovery Arts Core Project - Riverside

The Department believes that by piloting a mobile community-based peer delivered Arts Core Project it will not only increase the Quality of Services offered to our consumers, but will provide an opportunity to develop systematic measures and outcomes to prove its effectiveness. Based on the outcomes, the Department can then make more informed decisions about the use of this promising model in future program and implementation planning. The Department firmly believes that the Arts Core Project fits uniquely within the parameters outlined in the Innovation guidelines as well as meeting the General Standards required of MHSA.

The Recovery Arts Core Project, which is managed out of the peer-run centers, creates a mobile unit of peer support specialists, peer artists, local artists, professional educators, and occupational therapist interns who together facilitate a 6 - 8 week program of peer-based recovery and creative arts activities within community organizations throughout Riverside County. The curriculum consists of peer presentations on recovery (such as “In Our Own Voice” and an original play written and performed by peer artists); two peer-taught “Recovery Pathways” classes; and two to four art classes (art fundamentals, drama, creative writing, music, and/or dance). At the end of the 6 - 8 week program, the curriculum is provided to the organization, so they may continue to teach these methods after the initial program is completed.

Timeline:
January 2009 through June 2012

Total Budget:
\$224,949

Evaluation Budget:

Project Status	Completed.
Evaluation questions	1. Will consumers be more likely to access and respond to Peer Support activities if the program is “mobile” and delivered to them in their own communities? 2. Are there positive impacts and increased participation, including reaching diverse communities, if consumers receive peer driven services in non-traditional settings? 3. Are there positive outcomes associated with including expressive arts in consumer’s recovery and program curriculums; such as improved quality of life, increased self-esteem, increased knowledge, and application of recovery principles?
Innovative elements	The project is expected to contribute to learning by evaluating a new application to the mental health system for a promising mobile community-driven practice/approach. It will demonstrate an integration of three components into the mental health curriculum – art, peer-delivered educational opportunities, and mobility – and work to engage individuals to take the next steps in their recovery and to utilize peer centers and supports, thereby becoming less reliant on core RCDMH services.

Recovery Arts Core Project - Riverside

Outcomes	• This project is expected to demonstrate how actively outreaching to, and educating, individuals can increase general knowledge of mental health recovery with a long-term outcome of reducing mental health stigma. • This project is expected to introduce the importance of linking the creative arts, a nontraditional mental health activity, and the community with Riverside County Department of Mental Health. It will show how bridging partnerships with local arts communities, organizations, and schools can create programs that promote essential aspects of mental health recovery: individual expression, positive community recognition, group participation, introduction to community roles and responsibilities (outside the mental health system), educational opportunities, vocational training, and paid employment. • This project is expected to show how art can enhance recovery and be a key component of recovery-based practice and how creative arts can improve recovery for not only those who participate, but those who teach and perform. • This project is expected to demonstrate an effective means of anti-stigma outreach, as it uses non-traditional methods such as exhibitions and performances to communicate the experiences, thoughts, and feelings of individuals with a mental health diagnosis. Moreover, the public recognizes the individual in the role of artist, performer, and creator before the role of “mentally ill.” • This project is anticipated to increase involvement of consumers from underserved populations and increase involvement in the peer support system. This project is expected to contribute to ideas of how peer-run programs can encourage community integration. • Additionally, this project can show how arts can be incorporated into the peer-run centers and how these activities are a positive way to participate in civic life. • This project is anticipated to show how creative arts are a valuable means of community education and how the arts can bring together consumers and community organizations to integrate consumers into the community and to create supportive networks.
Primary purpose	• Improve the quality and outcomes of services.
Other purposes	• Not applicable.

Recovery Arts Core Project - Riverside		
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$224,949.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Quasi-Experimental Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Pre and Post measures.	
Timeline for evaluation	Annual data analysis was shared with the program and RCDMH staff.	
Evaluation Participants		
Evaluation Design: - Director or Other Senior Management - Internal Project Staff		Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff
Evaluation Implementation: - Director or Other Senior Management - Internal Project Staff		Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff
How were data analyzed or what is the plan for data analysis?	- Pre to Post comparison of matched pairs on survey measures was used. - Service participation data was collected and used to determine the level of participation in the Recovery Art Core curriculum series.	
What, if any, county information technology or data		

Recovery Arts Core Project - Riverside	
resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	• Pre-to Post measures were designed to collect outcomes data for Recovery Arts Core participants. A pre-post measurement tool was developed that included: ✓ Two sub-scales from the Recovery Assessment Scale (Personal Confidence and Goal Success). ✓ A sub-scale from the Empowerment Scale (self-efficacy/self-esteem) which is a consumer constructed scale to measure empowerment among users of mental health services. ✓ Nine quality of life items extracted from the state Performance Outcomes and Quality Improvement survey. • Additional items on the survey included frequency of use of peer-centers and likelihood of participating and seeking support at peer recovery centers. • A participation spreadsheet was maintained to gather data on attendance and participation in the program and type of community location.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	• The plan was to compare different populations served in different community settings.
Were midcourse changes made as a result of evaluation findings?	• No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation	• The decision was made to discontinue the mobile Arts Core Program. However, positive elements of the program were retained and we created a stationary "Art Works" program funded through CSS.

Recovery Arts Core Project - Riverside

funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	The mobile aspect of this program did not work out as clients were not able to consistently participate in the full series of Arts Core recovery sessions. A large majority of clients attended only one session.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Shared with program staff, clinic management, and administration.
Sources of Information	http://www.rcdmh.org/Portals/0/PDF/MHSA/MHSA%20PLAN%20UPDATES/DRAFT%20Riverside%20County%20Plan%20FY14-15.pdf (MSHA 3 Yr Plan 15/15 through 16/17) http://www.rcdmh.org/Portals/0/PDF/Innovation/%232%20INN-Family%20Room%204%202011%20Final.pdf (Inn Plan) http://www.rcdmh.org/MHSA (county website)

Recovery Learning Center - Riverside

We envision that the RLC will offer Riverside County consumers a new choice: a mental health services delivery model designed with consumer staff delivering services at the center of the delivery model. The RLC was planned around the development and implementation of a Wellness Recovery Action Plan (WRAP) and is intended to demonstrate and coach recovery, empowerment, and personal responsibility.

Riverside County consumers who choose the RLC as their service provider will be called center members. It is anticipated that each member will complete a minimum of eight-week personal WRAP tailored to an initial goal. Our consumer leadership forum initially conceived that the only requirements for program participation would be a willingness to learn and apply WRAP and to make a personal commitment to the member's own recovery. They also envisioned that the program would be designed in a three-tiered structure, each tier lasting 4 months, totaling 1 year. Each tier would be progressive and build upon the other, starting with a foundation of recovery, to re-evaluating and changing goals upon greater skill development, and concluding with "giving back" or mentoring other members who are just starting the program.

Recovery Learning Center - Riverside		
Timeline: April 2011 through April 2016	Total Budget: \$7,853,534	Evaluation Budget:
Project Status	• In process.	
Evaluation questions	• The primary learning goals outlined for the RLC project included: ✓ 1). determining if service adherence will be improved as well as mental health outcomes. ✓ 2). determining if adding recovery coaches improves the effectiveness of WRAP including the consumers knowledge, understanding and application of WRAP. ✓ 3). determining if internalized self-stigma is reduced and self-esteem is improved. ✓ 4). determining if exposure to this peer-centered service delivery model has an influence on practitioners in field placement who are just beginning their careers, specifically with regards to welcoming recovery concepts and consumer-led service models. ✓ 5). determining the most effective method of delivering this innovative model by comparing implementation at two different sites, one a free-standing clinic, the other embedded within an existing clinic site.	
Innovative elements	• Though research indicates that consumers who are served by programs that were developed and implemented by peers have shown better healing outcomes, greater levels of empowerment, shorter hospital stays, and fewer hospital admissions (Dumont & Jones, 2002), we wondered if these outcomes could be enhanced. These studies were based on peer services that supported traditional, medical model treatment plans. • We wondered: What would these outcomes look like if peer-driven services were at the center of the delivery model, and not simply added as an enhancement? At this stage of the mental health service delivery transformation, peer designed and driven services have been ancillary to traditional clinic services. • The RLC introduces a “new” mental health approach to service delivery model by centering service on peer intervention and WRAP. All other clinic services will be utilized as resources to actively apply WRAP in consumers’ daily lives. Based upon our review of the research, to best of our knowledge, this model of mental health service	

Recovery Learning Center - Riverside		
	delivery has never been tried before.	
Outcomes	- To determine if peer-provided services have better service adherence and mental health outcomes than traditional clinic models. - To determine if this peer-provided service delivery model will reduce internalized stigma related to mental illness and improve members' self-concepts. - To determine if adding recovery coaches to WRAP application increases the effectiveness of WRAP application. - To determine if integrating professional learning into a peer-centered atmosphere will transform the treatment philosophy of the mental health practitioner into a greater welcoming of recovery and consumer-led services. - To identify and compare implementation challenges and impact on existing clinic services and culture when the RLC is built into a current clinic versus free-standing center within a region.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$7,853,534.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Quasi-Experimental Design.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	- A comparison is planned between clients at the RLC who have WRAP coaches and clients not enrolled at the RLC but participating in WRAP groups. - To determine if adding recovery coaches to WRAP application increases the effectiveness of WRAP application: At program graduation, members will be surveyed	

Recovery Learning Center - Riverside	
	on their knowledge and understanding of WRAP concepts and application. Non-RLC department consumers who have participated in WRAP groups without recovery coaches will also be surveyed. Analysis will include a comparison between the two groups on knowledge and understanding of WRAP concepts and application.
Data collection methods	- Survey. - Pre and Post measures.
Timeline for evaluation	2 annual reports have been created, a third is underway.
Evaluation Participants	
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers	Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers
Evaluation Implementation: - Director or Other Senior Management - Internal Project Staff	Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers
How were data analyzed or what is the plan for data analysis?	Analysis included means comparisons for scores on outcome measures utilizing t-tests on Pre to Post matched pairs.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	RCDMH electronic health record was utilized to pull service data and demographic information for clients enrolled in RLC.
What training or technical assistance resources did the county use during the project, if any?	Claremont Graduate University students assisted with the factor analysis on WRAP items for the Wrap survey.
How were/are/will the effects of the project's innovative elements be measured?	- Measurement of the Primary Learning Goals: ✓ 1. To determine if peer-provided services have better service adherence and mental health outcomes than in the current service delivery system: Outcomes will be measured by comparing a member's current and historical service data as

Recovery Learning Center - Riverside

	well as members' self-reports. ✓ 2. To determine if this peer-provided service delivery model will reduce internalized stigma related to mental illness and improve members' self concepts: Participants will receive a pre- and post- evaluation measure designed to identify degrees of self-esteem, self-efficacy, and self-stigma. Pre-to-post data will be analyzed to determine any changes in consumer's self-stigma and/or self-concepts. Outcome measures were designed to be administered pre to post. ✓ 3. To determine if adding recovery coaches to WRAP application increases the effectiveness of WRAP application: At program graduation, members will be surveyed on their knowledge and understanding of WRAP concepts and application. Non-RLC department consumers who have participated in WRAP groups without recovery coaches will also be surveyed. Analysis will include a comparison between the two groups on knowledge and understanding of WRAP concepts and application ✓ 4. To determine if integrating professional learning into a peer-centered atmosphere will transform the treatment philosophy of the mental health practitioner into a greater welcoming of recovery and consumer-led services. Students will receive a pre- and post- field placement evaluation measure designed to identify knowledge and attitudes toward recovery concepts. Pre-to-post data will be analyzed to determine any changes in attitudes toward recovery and/or knowledge of recovery concepts. ✓ 5. To determine the most effective method for delivering this innovative model, implementation at two different clinic sites will be tested. The RLC established at an existing clinic will be compared to the RLC that will be offered at a free standing separate clinic. This analysis will focus on identifying and comparing implementation challenges, differences in consumer outcomes, and impact on existing clinic services and culture.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	

Recovery Learning Center - Riverside	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Annual reports on the RLC have been shared at the County QIC meetings and with program staff, clinic management, and administration.
Sources of Information	http://www.rcdmh.org/Portals/0/PDF/MHSA/MHSA%20PLAN%20UPDATES/DRAFT%20Riverside%20County%20Plan%20FY14-15.pdf (MSHA 3 Yr Plan 15/15 through 16/17) http://www.rcdmh.org/Portals/0/PDF/Innovation/%232%20INN-Family%20Room%204%202011%20Final.pdf (Inn Plan) http://www.rcdmh.org/MHSA (county website)

Older Adult Self-Management Health Team - Riverside
This Project would enable the psychiatrist, along with a team of MH professionals, to improve the overall functioning and sense of well-being of the consumer through programs involving cognitive symptom management, education and through interagency collaboration/cooperation.

Older Adult Self-Management Health Team - Riverside

The older adult will receive assistance in the following areas:

- Coordinating their own care.
- Developing skills to better communicate with physicians.
- Effectively monitor and self-report their own general health.
- Skills to improve their social activities and community supports.

This project would utilize the Registered Nurse in a pivotal position to coordinate the medication services provided by the clinic psychiatrist with the treatment provided by physical health care physicians. To monitor the overall physical health of the consumer, laboratory tests will be ordered at the initial assessment upon entry into the program and every 6 months thereafter.

Timeline:
April 2012 through April 2016

Total Budget:
\$2,539,300

Evaluation Budget:

Project Status	• In process.
Evaluation questions	• Outcomes Evaluation: ✓ The number of consumers with improvements in and/or maintenance of various health indicators. ✓ The number of consumers who report adherence to medications for their chronic health conditions such as diabetes, high blood pressure, heart disease, and asthma. ✓ The number of consumers who have increased their understanding of the medications they take for chronic health conditions. ✓ The number of consumers who report improved satisfaction with their physical health and well-being following implementation of their wellness and recovery plans. ✓ The number of consumers who report a reduction in their social role/activities limitations and/or an increase in pleasurable activities and physical activities. ✓ The number and percent of consumers who report using cognitive symptom management and exercise to reduce health distress.
Innovative elements	• The primary purpose of the Older Adult Self-Management Health Team Project is to

Older Adult Self-Management Health Team - Riverside		
	introduce a new approach to the coordination of mental health care for older adults that has been successful in non-mental health contexts. The team will utilize non-traditional mental health strategies to address both physical and mental health needs through education, empowerment, and intensive care management services. The project is expected to contribute to learning through the evaluation of a new service model for the mental health system by introducing a promising practice of a self-management health team within a specialty mental health clinic for older adults.	
Outcomes	- The project is expected to demonstrate strategies for improving consumer's sense of wellness and resiliency and empowering them regarding their physical and mental health care. - The project is expected to introduce the importance of linking physical and mental health through the centralized role of the registered nurse, the self-management health team, non-traditional mental health activities and intensive interface between physical and mental health care providers and the community. - This project is expected to demonstrate how the Older Adult Self-Medication Health Team is a creative means of consumer education, empowerment, holistic practices, and medical team advocacy to bring together consumers, health and mental health providers into coordinated care.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$2,539,300.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Quasi-Experimental Design.	

Older Adult Self-Management Health Team - Riverside	
Will/was a comparison group used for the design?	No.
Describe comparison group design (if applicable) (	Not applicable.
Data collection methods	- Survey. - Clinical Records. - Pre and Post measures.
Timeline for evaluation	
Evaluation Participants	
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff	Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff
Evaluation Implementation: - Director or Other Senior Management - Internal Project Staff	Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff
How were data analyzed or what is the plan for data analysis?	Evaluation still underway. Plan for analysis includes Pre to post comparisons on matched pairs for survey measure. Physical lab results will be used to analyze any changes in physical health parameters.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	RCDMH electronic health record will be used to gather physical lab results data.
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	- Measurement: Pre to post survey was developed that includes items measuring medication adherence for chronic conditions; quality of life items (social activities; well-being); use of relaxation and cognitive techniques to manage chronic conditions; and knowledge of physical health conditions and medications; and measure of physical activities. - Data collection also includes examining lab results for improvements in health parameters.

Older Adult Self-Management Health Team - Riverside	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	Demographic data will be available to analyze differences by gender and race/ethnicity.
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Not applicable.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Not applicable.
Sources of Information	http://www.rcdmh.org/Portals/0/PDF/MHSA/MHSA%20PLAN%20UPDATES/DRAFT%20Riverside%20County%20Plan%20FY14-15.pdf (MSHA 3 Yr Plan 15/15 through 16/17) http://www.rcdmh.org/Portals/0/PDF/Innovation/%232%20INN-Family%20Room%204%202011%20Final.pdf (Inn Plan) http://www.rcdmh.org/MHSA (county website)

Sacramento County

Innovative Project:	Project Title:	Population(s) Served:
	Respite Partnership Collaborative	Psychiatric hospital patients

Respite Partnership Collaborative - Sacramento

The objective of the RPC is to increase voluntary community-based local mental health respite service options to offer a variety of alternatives to psychiatric hospitalization for community members experiencing a crisis in Sacramento County. It is doing this by providing time-limited funding for the sole purpose of developing and trying out new respite practices and/or approaches. There are many types of mental health respite ranging from planned respite with scheduled events and/or programming which offer limited time outs from the triggers that may lead to mental health crisis to 24/7 crisis respite which is available at all hours and designed to help those experiencing a mental health crisis transition to stabilization.

Timeline:
July 2011 through June 2016

Total Budget:
\$8.3 million

Evaluation Budget:
Approximately \$646,000

Project Status	In process.
Evaluation questions	- To what extent did the Respite Partnership Collaborative (RPC) Project: ✓ Promote successful collaboration between public and private entities? ✓ Demonstrate a community-driven process? ✓ Improve the quality and outcomes of respite services in Sacramento County?
Innovative elements	Respite programs for different populations exist in many communities and are neither new nor innovative on their own. Therefore, the respite services are ancillary to this project. The learning objective for the innovation project in Sacramento County's plan is to explore having an administrative entity implement the project to determine if a public-private partnership can lead to new partnerships, increased efficiencies and, ultimately, improved services to community members.
Outcomes	The County hopes to learn whether turning over decision-making authority and program development to the community will promote and enhance successful interagency and community collaboration. The outcomes of this learning will

Respite Partnership Collaborative - Sacramento		
	potentially inform future decision-making and program development in the area of mental health. Based on community response, DBHS will learn what kind of respite services the community values.	
Primary purpose	Promote interagency collaboration.	
Other purposes	The ability of a community-driven process to determine, identify, and select respite programs that are intended to reduce psychiatric hospitalization is being evaluated as part of this project, as well as learning whether this process can get services into the community faster.	
Innovation definition	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.	
Total budget	The project budget is \$8.3 million spanning five years.	
Budget for evaluation aspects	External Evaluation:	\$500,000 (via Admin Entity contract).
	Internal Evaluation:	\$146,000 plus benefits (via Admin Entity contract).
	Administrative:	\$1,000,000 (via Admin Entity contract).
	Other:	\$6,530,000 (RPC meeting costs, respite grants, etc. – via Admin Entity contract).
Evaluation designs	Experimental/Control Group Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Direct observation. - Currently available county data resources (Sacramento County Respite Partnership Collaborative Innovation Project Plan documents, Administrative Entity contract scope of work).	
Timeline for evaluation	2013 March: Evaluation contract with the American Institutes for Research (AIR) was signed.	

Respite Partnership Collaborative - Sacramento

- July: Final evaluation design was approved.
- October: Data collection materials were approved by AIR's IRB.
- October-November data collection: Respite Partnership Collaborative member survey was distributed to past and current RPC members and DBHS and Sierra Health Foundation staff. 30 of 38 (79%) responded. Interviews were conducted with: (a) 7 RPC members (past and current), (b) 3 community stakeholders, and (c) 5 participants from Sacramento County's Division of Behavioral Health Services (DBHS), the RPC project's administrative entity, Sierra Health Foundation, and the RPC facilitator.
- 2014 January: Survey was distributed by DBHS to community stakeholders (adult mental health providers, members of the county Mental Health Board and MHSA Steering Committee). 28 of 89 (31%) responded.
- February: Results of the data collected from 10/2013-1/2014 were presented to the Respite Partnership Collaborative.
- February-March: Staff and respite consumers at 3 of the 4 Round 1 grantees were interviewed. (The fourth was not included because of a leadership transition.) 7 staff and 10 consumers participated in the individual interviews.
- June: Exit interviews conducted with 2 RPC members. The results were analyzed using content analysis and reported in a brief memo.
- July: DBHS staff and Sierra Health staff were interviewed. Results of the grantee data collection activities were presented to the RPC. The draft of the first annual report was submitted.
- October-November: RPC member survey was distributed (23/39 responding, with non-respondents made up primarily of past members) and RPC members were interviewed.
- November: Follow-up interviews were conducted with DBHS and Sierra Health staff.

Evaluation Participants

Respite Partnership Collaborative - Sacramento	
Evaluation Design: • Director or Other Senior Management • External/contracted project staff • Consumers • Advocates/Family Partners • Respite Partnership Collaborative members	Review and Approval of Design: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • Respite Partnership Collaborative members
Evaluation Implementation: • External/contracted project staff	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • Respite Partnership Collaborative members
How were data analyzed or what is the plan for data analysis?	• For the first round of data collection (10/2013 – 6/2014), quantitative data from member and community surveys were analyzed using simple descriptive frequencies. • To examine changes in the findings from the first and second rounds, tests of significance of changes may be applied to the RPC member survey data if appropriate. • Qualitative data from the first round of interviews with RPC members, community representatives, staff, grantee staff and grantee service consumers were analyzed for patterns and themes using inductive content analysis. In addition, documents were analyzed for background descriptive information and identification of critical events. • In the second round, the qualitative data will be analyzed using confirmatory content analysis techniques, i.e., examining the extent to which similar themes emerge and identifying new or divergent themes and patterns.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable.
What training or technical assistance resources did	• Not applicable.

Respite Partnership Collaborative - Sacramento	
the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	• For each of the three purposes of the innovation project, the methods and the rationale for their use are described below. All measures were developed in consultation with DBHS and the administrative entity. • Innovation project learning focus #1: Effectiveness of the public-private partnership between DBHS and the administrative entity. ✓ Method 1: Interviews with DBHS and administrative entity staff. Rationale: The staff who are directly involved in the public-private partnership are the primary sources of learning about the effectiveness of the partnership. Interviews provide the opportunity to gather perceptions of the strengths and weaknesses of the public-private relationship and to identify lessons for others who are interested in using similar mechanisms. ✓ Method 2: Interviews and surveys of RPC members. Rationale: The RPC members provide an additional perspective on the nature of the relationship between the public and private entities, especially as it relates to the RPC's ability to make funding decisions and achieve the community's goals for the project. ✓ Method 3: Document review (RFPs, meeting notes, etc.) Rationale: Documents are used to triangulate the information received from the interviews and surveys and to provide background information. • Innovation project learning focus #2: RPC's community-driven process. ✓ Method 1: RPC member interviews (including those who have exited the RPC). Rationale: The interviews examined the experiences of past and present RPC members related to the decision-making process and perceptions of the effectiveness of the collaborative. ✓ Method 2: RPC member surveys (including those who have exited the RPC). Rationale: The survey measures variables related to effective coalition functioning, such as communication and leadership. It was adapted from the Coalition Self-Assessment Survey to include questions specific to the RPC's community-driven process. (The Coalition Self-Assessment Survey was created by Erin Kenney and Shoshanna Sofaer, School of Public Affairs, Baruch College, City University of New York, 2000.)

Respite Partnership Collaborative - Sacramento

	✓ Method 3: Document reviews. Rationale: Attendance lists from RPC meetings are used to measure engagement. Meeting notes and materials are used to describe decision-making processes and outcomes. ✓ Method 4: Surveys and interviews of community stakeholders. Rationale: Collecting data from members of the community who are engaged in mental health services provides information on the logic model components related to increased awareness of the need for and availability of respite, as well as of the extent to which stakeholders are aware of the RPC. • Innovation project learning focus #3: Mental health respite services. ✓ Method 1: Interviews with RPC mental health respite grantee directors and staff. Rationale: The grantee interviews are a source of information about different methods of providing mental health respite and the common dimensions across the different methods. Information about challenges and successes in providing services are also gathered in the grantee interviews. (Although not a primary purpose of the grantee interviews, grantee staff can also reflect on their interactions with the RPC and the public-private partnership.) ✓ Method 2: Interviews with grantee mental health respite service consumers. Rationale: Consumers are the best source of information about the ways in which the services are or are not effective in relieving a current or potential mental health crisis. ✓ Method 3: Review of grantee progress and final reports. Rationale: Grantees report progress on a standard set of process and output performance measures (e.g. match of staff demographics to the demographics of the target population, number of people served). In addition, they provide information on outcomes, such as increased coping skills. The grantees do not have standardized outcome measures because of the great variation in their organizational capacity and the nature of the services they provide.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• The evaluators will examine changes over time in the key elements of the project. The qualitative data collection activities will provide information on diverse stakeholders' perceptions of the extent to which the innovation project achieved its intended outcomes. To the extent that these different perceptions converge and are supported

Respite Partnership Collaborative - Sacramento	
	by documentary evidence, there is some argument for attributing change to the project. On the other hand, if there are differing perceptions, the ability to identify responsibility for results is weakened. In either case, lessons about creating effective partnerships, managing effective community-driven processes and providing community-based respite services will be generated.
Were/will data be analyzed to show differential impacts on various populations/situations?	The only analysis related to different populations/situations will be the description of which populations were served by the different mental health respite programs and how the services varied in order to be culturally responsive.
Were midcourse changes made as a result of evaluation findings?	Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	The possibility of continued funding for the respite services, as appropriate, is being discussed in different planning venues.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- In our county. - Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Successes within the Innovative Project have been shared with local stakeholders, as well as a 2014 presentation to the MHSOAC. Preliminary evaluation results have been shared with the Respite Partnership Collaborative.
Sources of Information	http://www.sierrahealth.org/assets/Sacramento_County_INN_Plan_FFS.pdf (Inn Plan)

San Benito County

Innovative Project:	Project Title:	Population(s) Served:
	Primary Care Integration Project	Latino population

Primary Care Integration Project - San Benito

The Innovation Project partners SBCBH with the local Federally Qualified Health Center (FQHC), San Benito Health Foundation, to coordinate mental health and physical health services. SBCBH has co-located a bilingual, Spanish-speaking clinician onsite at the FQHC clinic, 16-20 hours per week. A brief mental health screening tool, incorporated into existing physical health intake forms, allows immediate identification of individuals who may have mental health treatment needs. The SBCBH clinician may further assess individuals on-site and conduct brief treatment sessions, as appropriate. Individuals who require longer term mental health treatment services are referred to the SBCBH clinic, or continue to receive therapy at the FQHC.

The co-location of mental health and physical health services improves access to mental health services for primary health care patients. There is improved collaboration between the primary care physician (PCP) at the FQHC and the SBCBH psychiatrist through the availability of ongoing mental health medication consultation. The SBCBH psychiatrist is available for consultation to the PCP to discuss medication issues related to the mental health treatment. This relationship provides support and consultation to the PCP who chooses to provide ongoing psychotropic medication for his patients.

Timeline:
July 2011 through June 2013

Total Budget:
\$552,600

Evaluation Budget:

Project Status	Completed.
Evaluation questions	Increase access, as measured by the number of mental health assessments conducted by physical health providers. The evaluation team collected data on the number of PCP referrals to mental health services, the number of referrals which received ongoing mental health services, and the length of time in treatment.
Innovative elements	- The SBCBH Innovation Project addresses several issues through the following innovations: - Expedites the identification of patients with mental health symptoms. Improves access

Primary Care Integration Project - San Benito		
	to mental health screening through three innovative doors: ✓ 1) medical intake questions that facilitates the identification of mental health symptoms. ✓ 2) co-location of mental health and physical health clinics. ✓ 3) development of a brief mental health screening tool as a component of the SBCBH brochure. • Promotes psychiatric consultation. Currently, physicians may feel uncomfortable in prescribing psychiatric medications and/or providing ongoing treatment. By having access to a psychiatric consultant, the physician can have easy access to information and support in treating the mental health symptoms and prescribing psychotropic medications. Referrals to mental health may occur at any time the client's symptoms escalate.	
Outcomes	• Increased access to mental health services, as measured by the number of referrals for mental health services. • Improve perception of mental health and physical health care collaborative services, as measured by consumer perception surveys. • Improve collaboration between physical health and mental health, as measured by the number of co-located staff, as well as an increase in the number of collaborative meetings between Health Foundation and SBCBH management staff.	
Primary purpose	• Increase access to services for underserved populations.	
Other purposes	• The co-location of services also addressed the promotion of interagency collaboration: Increase access, as measured by the number of mental health assessments conducted by physical health providers.	
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	• \$552,600.	
Budget for evaluation aspects	External Evaluation:	• Not applicable.
	Internal Evaluation:	• Not applicable.

Primary Care Integration Project - San Benito		
	Administrative:	\$48,560.
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Clinical records. - Direct observation.	
Timeline for evaluation	Ongoing review/evaluation.	
Evaluation Participants		
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners - Behavioral Health Board Members, Public Hearing, Community Members and agency partners during stakeholder input process.		Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners - Behavioral Health Board Members, Public Hearing, Community Members and agency partners during stakeholder input process.
Evaluation Implementation: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners - Behavioral Health Board Members, Public Hearing, Community Members and agency partners during stakeholder input process.		Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners - Behavioral Health Board Members, Public Hearing, Community Members and agency partners during stakeholder input process.

Primary Care Integration Project - San Benito

How were data analyzed or what is the plan for data analysis?	The evaluation team collected data on the number of PCP referrals to mental health services, the number of referrals which received ongoing mental health services, and the length of time in treatment. Data was pulled from paper Access Logs for requests for services and when services were initiated. The assigned mental health clinician completed documentation for the client services, so the number of visits and linking to the main clinic could be monitored.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Demographic information and progress notes were entered into the E-Clinical Works electronic medical record of the local FQHC, and this data assisted in the evaluation of referrals and services.
What training or technical assistance resources did the county use during the project, if any?	Nancy Callahan, Ph.D. of IDEA Consulting assisted in the evaluation of this project.
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	We have continued this Innovation Project with PEI funding and have focused on providing the services in demand and continue to serve the population in need at the local FQHC. The project is not as costly as it would be if telepsychiatry services were provided. We reduced the hours to 16 hours instead of the initial 20 hours for a mental health clinician stationed at the local FQHC each week.
If a decision was made to continue the project without Innovation funds or not to sustain the	The co-location of services continues to assist the county to support integrated healthcare. A strong partnership was built with the local FQHC, and the warm hand-off

Primary Care Integration Project - San Benito	
project in the future, explain why	between providers improves the referral generation for mental health services at the MHP's main clinic. • The community members in need of higher level mental health services can build a rapport with the mental health clinician, complete their intake assessment at the local FQHC, and then have a higher likelihood of engaging services in the non-physical healthcare setting. • The MHP sees the benefit of continuing the project to reach the Latino/a monolingual migrant labor population that is a hard to reach population. Many community members feel more comfortable accessing services in a primary healthcare setting.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• The Behavioral Health Board Meetings, Quality Improvement Committee Meeting, Cultural Competence Committee Meetings, and Local FQHC Binational Health Week open house event.
Sources of Information	http://www.cosb.us/wp-content/uploads/SBCBH-MHSA-FY-13-14-Annual-Update-AS-POSTED-06-12-13.pdf (FY13-14) http://www.cosb.us/wp-content/uploads/SBC-MHSA-FY-11-12-Annual-Update-AS-POSTED-04-05-11.pdf (FY 11-12, Inn info)

San Bernardino County

Innovative Projects:	Project Title:	Population(s) Served:
	TAY Behavioral Health Hostel	TAY
	Coalition Against Sexual Exploitation	Children
	Recovery-Based Engagement Support Team	Adults
	Holistic Campus	Youth/TAY
	Interagency Youth Resiliency Team	Youth
	On-line Diverse Community Experience	Mental health consumers and family members, community members and professionals
	Community Resilience Model	Underserved populations

TAY Behavioral Health Hostel - San Bernardino

The hostel project is a short-term, 14-bed, crisis residential program for the transition age youth (TAY) population who are experiencing an acute psychiatric episode or crisis, and are in need of a higher level of care than board and care residential, but a lower level of care than psychiatric hospitalization. Services are culturally and linguistically appropriate crisis stabilization services, with particular emphasis on diverse former system-involved youth (African American, Latino, LGBTQ youth, etc.). The hostel is designated to be 80% peer run, by individuals representing the County's diverse ethnic communities and cultures. The TAY Behavioral Health Hostel will operate on the principal of choice, wellness, recovery and resilience, as defined by the client. Even when in crisis, TAY are entitled and capable of making their own informed choices about healing and crisis stabilization. With the numerous access points to DBH services, TAY who are experiencing an emotional or mental crisis and are linked with any number of services including but not limited to the Access Unit, Crisis Response Teams, Crisis Walk-In Clinics, emergency rooms, law enforcement agencies, and/or Children & Family Services will be presented with the TAY Behavioral Health Hostel as an alternative to inpatient hospitalization.

Timeline:

Total Budget:

Evaluation Budget:

TAY Behavioral Health Hostel - San Bernardino		
April 2011 through March 2017		\$7,880,817 \$72,000
Project Status	• In process.	
Evaluation questions	• To learn about and evaluate the effectiveness of having a TAY Behavioral Health Hostel run primarily by diverse peers. • To learn if the innovative application of culturally specific crisis stabilization services is an effective model. • To learn what type of support and training is needed for diverse peer staff to effectively provide a culturally & linguistically appropriate peer run Behavioral Health Hostel. • Evaluate if these new approaches, in addition to the Peer Advisory Board, lead to increased access to services and better outcomes with regards to crisis stabilization. • Determine if the high percentage of culturally diverse peers along with the availability of resources to local providers fosters a more diverse environment in which multiple cultures within the TAY population can be served appropriately and concurrently out of one location with both western and traditional healing methods. • Determine if our unserved, underserved, and inappropriately served TAY populations have better outcomes while seeking crisis stabilization services in a Behavioral Health Hostel where the community determines the services offered, the majority of employees are peers, and where the County provides minimal direction. • Assess the benefits of joining multiple consumer, stakeholder, cultural groups into one community-driven setting to establish relevant peer support networks, resources, linkages around their distinct resources and needs. • To learn if the identification and implementation of models to address issues of grief, loss, identity, and environmental trauma help to facilitate crisis stabilization with former system involved youth. • To learn if new innovative policies and procedures around the housing of LGBTQ TAY can help facilitate the crisis stabilization process for these TAY. • To learn the impacts of innovative policies and procedures around the housing of LGBTQ TAY on TAY who do not identify as LGBTQ.	
Innovative elements	• Creation of a TAY Behavioral Health Hostel run primarily by diverse peers to determine	

TAY Behavioral Health Hostel - San Bernardino		
	if the innovative application of culturally specific crisis stabilization services is an effective model.	
Outcomes	- The measurable success of the project will be reflected in: ✓ Better independent living skills. ✓ Decreased drug and alcohol abuse. ✓ Decreased incidences of homelessness. ✓ Increased academic success. ✓ Employment. ✓ Reduced incidences of incarceration and hospitalization.	
Primary purpose	Increase access to services.	
Other purposes	Promoting interagency collaboration.	
Innovation definition	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.	
Total budget	\$7,880,817.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Utilization-focused evaluation.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)		
Data collection methods	- Survey. - Direct observation.	
Timeline for evaluation	April 2017 through September 2018.	
Evaluation Participants		
Evaluation Design: Director or Other Senior Management		Review and Approval of Design: Director or Other Senior Management

TAY Behavioral Health Hostel - San Bernardino			
- MHSA/INN Manager - Internal Project Staff - External/contracted project staff		- MHSA/INN Manager - Internal Project Staff - External/contracted project staff	
Evaluation Implementation: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff		Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners - Professional evaluator, EVALCORP, conducted an evaluation of this project which was included in a report provided to the department.	
How were data analyzed or what is the plan for data analysis?	Not applicable (Evaluation in Planning Stage).		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Not applicable (Evaluation in Planning Stage).		
What training or technical assistance resources did the county use during the project, if any?			
How were/are/will the effects of the project’s innovative elements be measured?			
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?			
Were/will data be analyzed to show differential impacts on various populations/situations?			
Were midcourse changes made as a result of evaluation findings?	No.		

TAY Behavioral Health Hostel - San Bernardino	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. • Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Results of completed Innovation Projects have been disseminated to stakeholders, which includes the community, other agencies, family members and DBH staff through the Community Program Planning process. • When an Innovation project concludes, a final report is completed, posted on the DBH website, and provided to the Mental Health Oversight Accountability Commission (MHSOAC).
Sources of Information	http://www.sbcounty.gov/dbh/mhsa/mhsa.asp (County website) http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/10_CSS_FY_11-12_Plan_Update_4.11.11.pdf (INN Plan) MHSA INN Plan 2014 http://www.sbcounty.gov/dbh/mhsa/MHSA_Annual_Update_FY_2013-14_06072013_FINAL.pdf (FY 13-14 update)

Coalition Against Sexual Exploitation - San Bernardino
The CASE project is a collaborative partnership among nine separate child-serving agencies within the County, along with many of our community partners, working together to provide a model of interventions and services with a common goal of reducing the number of children being exploited

Coalition Against Sexual Exploitation - San Bernardino

and drawn in to a life of prostitution. The project seeks to develop resources to educate, prevent, intervene, and treat those affected by sexual exploitation. This means that in addition to providing treatment and services by a specialized multi-disciplinary team of experts, this project also provides extensive outreach and education for anyone who may interact or come in contact with victims of sexual exploitation, with the intent to increase the quality of services received to achieve greater outcomes.

Timeline:
March 2010 through March 2013

Total Budget:
\$1,791,745

Evaluation Budget:

Project Status	Completed.
Evaluation questions	- Understand the extent of the problem of sexually exploited minors. - Establish a baseline for future measurement, system implementation and integration throughout the system.
Innovative elements	- The Coalition Against Sexual Exploitation (CASE) project will contribute to learning in the following ways: ✓ 1) Increase our understanding of the impact of sexual exploitation, risk factors, and the means to develop rapport, initiate effective identification and collaborative intervention and treatment. ✓ 2) Develop an effective means of identifying diverse children who are vulnerable to exploitation. This is vital due to the deliberate targeting of children in foster care and the ever-younger age of children exploited. This will be achieved by applying the Child, Adolescent Needs and Strengths Tool (CANS) to children as they enter foster care. By building a baseline with these profiles, the project will attempt to correlate the information to profiles of children identified in the juvenile detention system as already exploited. ✓ 3) Develop a means of identifying diverse children brought into the probation system who are exploited. Currently, these children may be arrested on non-prostitution related offenses (shoplifting, giving false information to law enforcement, and drug charges). Apply the CANS and Massachusetts Youth Screening Instrument to these cases. ✓ 4) Develop a system of comprehensive interventions and treatment models to determine which are the most effective for developing rapport, addressing the

Coalition Against Sexual Exploitation - San Bernardino		
	“brain washing” phenomenon related to childhood prostitution and improving the child’s survival skills. ✓ 5) Develop a training and education module, effective for community-based implementation, for those who interact with these children that most effectively works for San Bernardino County’s cultural and ethnic populations.	
Outcomes	• The long-term learning goal is to make use of an innovative collaboration to strengthen clinical practice for those serving sexually exploited children. The model created by this project will develop creative clinical strategies, combine existing best practices in trauma care with local clinical expertise and utilize ongoing outcome measures.	
Primary purpose	• Improve the quality and outcomes of services.	
Other purposes	• Other purposes identified in the project description include: ✓ Increase access to services for underserved populations. ✓ Promote interagency collaboration. • The evaluation efforts of this project are ongoing as this project continues to operate under Innovation funding.	
Innovation definition	• Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$1,791,745.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	• Outcomes-based evaluation. • Learning-oriented evaluation.	
Will/was a comparison group used for the design?	• Yes.	
Describe comparison group design (if applicable))	• Evaluation efforts of this project are ongoing. Evaluation will include a comparison of data for each year the project was being implemented.	

Coalition Against Sexual Exploitation - San Bernardino	
Data collection methods	• Survey. • Currently available county data resources. • Community Data Report -- provides county demographics.
Timeline for evaluation	• An overview of the initial evaluation timeline can be found in the original project description. The link is provided below. http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • Professional evaluator, EVALCORP conducted an evaluation of this project which was included in a report provided to the department.
How were data analyzed or what is the plan for data analysis?	• A professional evaluator was contracted to complete a "point in time" evaluation for this project and provided a final report to the department. This report will be utilized by the department in conjunction with additional data and analysis findings to create an individual report for this project once the project under Innovation funding comes to an end.
What, if any, county information technology or data resources were/will be used to collect and/or	• Please refer to the original project description for information regarding the evaluation process. The link is provided below.

Coalition Against Sexual Exploitation - San Bernardino	
analyze data?	http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf County resources are being used to collect data to be used in the evaluation of this project. This includes: Community Data Report -- provides county demographics.
What training or technical assistance resources did the county use during the project, if any?	A professional evaluator, EVALCORP, provided a brief training for contractors regarding data collection for their evaluation.
How were/are/will the effects of the project's innovative elements be measured?	Refer to the project's Logic Model (attached).
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Please refer to the original project description for information regarding the evaluation process. The link is provided below. http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf
Were/will data be analyzed to show differential impacts on various populations/situations?	- The evaluation of this project will include an analysis of the project which will include data regarding the targeted populations described in the original project description. - Please refer to the original project description for information regarding the evaluation process. The link is provided below. http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	Evaluation efforts of the project are still ongoing. However, initial analysis indicates the successful aspects of this project will continue in the Department of Behavioral Health's existing system of care under Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding. A reduced budget will be utilized to continue the efforts made by this project.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	This project, initially funded by Innovation, proved to be highly successful in the Department of Behavioral Health's attempt to reach the identified population and educate community partners. The collaboration efforts made by this project among

Coalition Against Sexual Exploitation - San Bernardino	
	multiple agencies was also highly effective and resulted in the project being sustained, with a reduced budget, under the PEI component.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. • Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Progress and interim outcomes for Innovation Projects are disseminated to stakeholders, which include the community, other agencies, consumers, family members and DBH staff through the Community Program Planning process. • This information is also captured in our MHSA Annual Update, which is approved by the Board of Supervisors, posted on the DBH website and provided to the Mental Health Oversight and Accountability Commission (MHSOAC).
Sources of Information	http://www.sbcounty.gov/dbh/mhsa/mhsa.asp (County website) http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf (original INN Plan) http://www.sbcounty.gov/dbh/mhsa/MHSA_Annual_Update_FY_2013-14_06072013_FINAL.pdf (FY 13-14 update)

Recovery-Based Engagement Support Team - San Bernardino
The Recovery Based Engagement Support Team (RBEST) project will establish teams in each of the four (4) regions within the County of San Bernardino to provide community (field-based) services in the form of outreach, engagement, case management services, family education, support, and therapy for the most challenging diverse adult clients in the community who suffer from untreated mental illness in an effort to “activate” the individual into the mental health system to receive appropriate services. This effort will target individuals who are considered high users of behavioral health services, who repeatedly access treatment at points in the mental health system that do not deliver effective care in meeting the psychiatric needs of the individual. Also included in this effort are the “invisible individuals” who have been cared for in private residences by families and loved ones without the assistance of effective behavioral health supports. The RBEST project was designed to address the spirit and intent of AB 1421, enacted in 2002, which allows for court-ordered assisted outpatient

Recovery-Based Engagement Support Team - San Bernardino

treatment, should a county chose to do so. The RBEST project addresses AB 1421, also known as Laura's Law, by working to engage noncompliant and/or resistant to treatment individuals into appropriate and necessary psychiatric care voluntarily.

Timeline:

March 2014 through October 2018

Total Budget:

Evaluation Budget:

Project Status	• In process.
Evaluation questions	• Learning Goal 1: Disruption of the existing system will occur through utilizing engagement and outreach strategies that traditionally target individuals who are currently activated in psychiatric care, to instead target the non-compliant and resistant to treatment individuals. • Learning Goal 2: Identified individuals who are high-users of inpatient services will have fewer inpatient admissions, and/or fewer psychiatric hospital days, and/or more frequent activation in psychiatric interventions following the offering of an incentive. • Learning Goal 3: Families of individuals with a mental illness will acknowledge having increased understanding and knowledge regarding mental illness, as well as improved and increased strategies to care for their mentally ill loved ones as a result of care provider initiated activation strategies.
Innovative elements	• Utilizing engagement and outreach strategies that traditionally target individuals who are currently activated in psychiatric care to instead target the non-compliant and resistant to treatment individuals. • Identified individuals who are high users of inpatient services will have fewer inpatient admissions and/or fewer psychiatric hospital days and/or more frequent activation in psychiatric interventions following the offering of an incentive. • Families of individuals with a mental illness will acknowledge having increased understanding and knowledge regarding mental illness as well as improved and increased strategies to care for their mentally ill loved ones as a result of care provider initiated activation strategies.
Outcomes	• There will be a reduction in the use of crisis services or more expensive services by individuals who receive RBEST services. • Individuals will be hospitalized for psychiatric reasons less often and for fewer hospital

Recovery-Based Engagement Support Team - San Bernardino		
	days after receiving new service practices proposed by RBEST, such as engagement, outreach, and field-based case management services to activate the individual and their family in effective care. The families receiving RBEST activation strategies will increase their array of coping strategies in providing support to their family member as well as a feeling of increased general well-being.	
Primary purpose	Promote interagency collaboration.	
Other purposes	Other purposes identified in the project description include increase access to services for underserved populations, and promoting interagency collaboration.	
Innovation definition	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.	
Total budget	- Please refer to the link below for the original project description for anticipated expenditures. http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf - Please refer to the following links below for the Annual Updates for updated estimated expenditures for this project along with the final report of this project. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/10_CSS_FY_11-12_Plan_Update_4.11.11.pdf http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/11_CSS_FY_12-13_Plan_Update_6.21.12.pdf http://www.sbcounty.gov/dbh/mhsa/MHSA_Annual_Update_FY_2013-14_06072013_FINAL.pdf http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf	
Budget for evaluation aspects	External	

Recovery-Based Engagement Support Team - San Bernardino		
	Evaluation:	
	Internal Evaluation:	Refer to the Original project description and Annual Update Links provided above in question #6.
	Administrative:	Refer to the Original project description and Annual Update Links provided above in question #6.
	Other:	Refer to the Original project description and Annual Update Links provided above in question #6.
Evaluation designs	Outcomes-based evaluation; learning-oriented evaluation.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	Please refer to the link below for the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf	
Data collection methods	- Survey. - Direct observation. - Pre and Post measures. - Please refer to the link below for the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf	
Timeline for evaluation	Please refer to the link below for the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf	
Evaluation Participants		
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff		Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff

Recovery-Based Engagement Support Team - San Bernardino

Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • Professional evaluator, EVALCORP conducted an evaluation of this project which was included in a report provided to the department.
How were data analyzed or what is the plan for data analysis?	• Monitoring will be accomplished through extensive data collection, analysis and reporting throughout the implementation of the project. Data will be collected by all members of the teams. Demographics about the individuals referred to the project will be collected. Data regarding psychiatric services received prior and after activating activities will be collected from DBH databases as well as from the individuals and families receiving services. Each encounter the team members have with individuals and/or family will be documented and the details of the nature of the interaction recorded. • Analysis of the data will be performed by a Program Specialist assigned to RBEST with assistance and support from our Research and Evaluation unit. Monthly, quarterly and yearly reports will be generated to track the progress of RBEST throughout implementation.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Please refer to the link below for the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
What training or technical assistance resources did the county use during the project, if any?	• A professional evaluator, EVALCORP, provided a brief training for contractors regarding data collection for their evaluation.
How were/are/will the effects of the project's innovative elements be measured?	• A satisfaction survey using a Likert scale will be presented to the families who receive therapeutic family services, in the primary language of the family, before treatment

Recovery-Based Engagement Support Team - San Bernardino	
	begins and then again at regular intervals throughout the treatment process. Additional questions will be asked of the families regarding their level of activation and system involvement with the loved one's care and treatment planning, seen as a change in behavior, at the onset of interventions and at regular intervals during the treatment process
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Information is available in the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
Were/will data be analyzed to show differential impacts on various populations/situations?	Please refer to the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	Please refer to the link below for the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Please refer to the link below for the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- In our county. - Outside of our county.

Recovery-Based Engagement Support Team - San Bernardino

How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- Results of completed Innovation Projects have been disseminated to stakeholders, which includes the community, other agencies, family members and DBH staff through the Community Program Planning process. - When an Innovation project concludes, a final report is completed, posted on the DBH website, and provided to the Mental Health Oversight Accountability Commission (MHSOAC).
Sources of Information	http://www.sbcounty.gov/dbh/mhsa/mhsa.asp (County website) http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/10_CSS_FY_11-12_Plan_Update_4.11.11.pdf (INN Plan) MHSA INN Plan 2014 http://www.sbcounty.gov/dbh/mhsa/MHSA_Annual_Update_FY_2013-14_06072013_FINAL.pdf (FY 13-14 update)

Holistic Campus - San Bernardino

This project brings together a diverse group of individuals, family members, and community providers to create their own individual-focused resources, networks, and strategies, growing out of cultural strengths. The holistic campus is established in an easily accessible, neutral, non-clinical setting. It is 80% peer run by community members, cultural brokers, and individuals representing the County's cultures and ethnic communities, in one location, that is more tied to the community and its resources than a traditional behavioral health setting. The center is a hub for local and community based providers and resources, establishing collaborative relationships with behavioral and physical health providers, and community based organizations that typically assist with housing, employment, education and benefits issues, and provide therapy and culturally specific health strategies. This project creates a setting where individuals and partners can frame cultural differences as learning sources for each other and for the behavioral health system.

Timeline:
March 2010 through June 2015

Total Budget:

Evaluation Budget:

Project Status	In process.
Evaluation questions	Please refer to the learning goals identified in the project description for the specific

Holistic Campus - San Bernardino	
	evaluation questions. The link below provides the project description provided in the 2010 Innovation Plan. http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf
Innovative elements	• Evaluate the effectiveness of having a campus run primarily by diverse peers/participants in cooperation with multiple community providers and resources in one centralized location. • Understand and define what partnership means and what can be accomplished from a program perspective. • Learn how to respectfully use community resources. • Learn what type of support and training is needed by peer cultural brokers as well as the small percentage of clinical staff. • Learn what underrepresented cultures and ethnicities can learn from each other and how they work together. • Assess the benefits of joining multiple consumer, stakeholder, cultural groups into one community-driven setting to establish relevant peer support networks, resources, linkages around their distinct resources and needs. • Evaluate if these new approaches, in addition to the Advisory Board of Directors, leads to increased access to services from those that would not normally seek mental health services due to stigma and other cultural considerations.
Outcomes	• The ultimate measure of success will be “is the community participating?” • Are people coming to the campus to meet various needs? • Are they then receiving assistance with mental health education and accessing treatment?”
Primary purpose	• Increase access to services for underserved populations.
Other purposes	• Other purposes identified in the project description include improve the quality and outcomes of services. • The evaluation efforts of this project are ongoing as this project continues to operate under Innovation funding.
Innovation definition	• Introduces new mental health practice or approach, including prevention and early

Holistic Campus - San Bernardino		
	intervention that has never been done before.	
Total budget	- Please refer to the link below for the original project description for anticipated expenditures. http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf - Please refer to the following links below for the Annual Updates for updated estimated expenditures for this project along with the final report of this project. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/10_CSS_FY_11-12_Plan_Update_4.11.11.pdf http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/11_CSS_FY_12-13_Plan_Update_6.21.12.pdf http://www.sbcounty.gov/dbh/mhsa/MHSA_Annual_Update_FY_2013-14_06072013_FINAL.pdf http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	Refer to the Original project description. Link was provided above in question #6.
	Administrative:	Refer to the Original project description. Link was provided above in question #6.
	Other:	Refer to the Original project description. Link was provided above in question #6.
Evaluation designs	Outcomes-based evaluation; learning-oriented evaluation.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	Evaluation efforts of this project are ongoing as project is still operating under Innovation funding and has not concluded. Evaluation will include a comparison of	

Holistic Campus - San Bernardino	
	data for each year the project was being implemented.
Data collection methods	• Survey. • Clinical records. • Direct observation. • Pre and Post measures. • Currently available county data resources (explain below). • SIMON data system used by the department.
Timeline for evaluation	• An overview of the initial evaluation timeline can be found in the original project description. The link is provided below. http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • EVALCORP - contracted professional evaluators	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • EVALCORP - contracted professional evaluators
How were data analyzed or what is the plan for data analysis?	• A professional evaluator was contracted to complete a "point in time" evaluation for this project and provided a final report to the department. This report will be utilized by the department in conjunction with additional data and analysis findings to create an individual report for this project once the project under Innovation funding comes to an end.

Holistic Campus - San Bernardino	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	- Please refer to the original project description for information regarding the evaluation process. The link is provided below. http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf - County resources are being used to collect data to be used in the evaluation of this project. This includes: ✓ 1) SIMON data system used by the department. ✓ 2) Community Data Report -- provides county demographics.
What training or technical assistance resources did the county use during the project, if any?	A professional evaluator, EVALCORP, provided a brief training for contractors regarding data collection for their evaluation.
How were/are/will the effects of the project's innovative elements be measured?	Refer to the project's Logic Model.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Please refer to the original project description for information regarding the evaluation process. The link is provided below. http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf
Were/will data be analyzed to show differential impacts on various populations/situations?	- The evaluation of this project will include an analysis of the project which will include data regarding the targeted populations described in the original project description. - Please refer to the original project description for information regarding the evaluation process. The link is provided below. http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation	Not Applicable at this time as the answer to question #4 was no.

Holistic Campus - San Bernardino	
funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not Applicable at this time as the evaluation process is still ongoing.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. • Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Progress and interim outcomes for Innovation Projects are disseminated to stakeholders, which include the community, other agencies, family members and DBH staff through the Community Program Planning process. • This information is also captured in our MHSA Annual Update, which is posted on the DBH website and provided to the Mental Health Oversight and Accountability Commission (MHSOAC).
Sources of Information	http://www.sbcounty.gov/dbh/mhsa/mhsa.asp (County website) http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf (original INN Plan) http://www.sbcounty.gov/dbh/mhsa/MHSA_Annual_Update_FY_2013-14_06072013_FINAL.pdf (FY 13-14 update)

Interagency Youth Resiliency Team - San Bernardino
This project provides intensive mentoring services to underserved and inappropriately served system-involved youth. Mentors are former foster or probation youth, who understand the unique difficulties and dynamics inherent in being system-involved through their own lived experience. Mentoring services are also provided to the youths care giver(s) or resource provider(s). By appropriately matching mentors with mentees, culturally appropriate, intensive, trauma-informed mentoring services are provided to youths and their caregivers, residing in San Bernardino County, involved with (or at risk of being involved with) the foster care and/or probation systems, to increase the youth's ability to successfully transition to independence.

Interagency Youth Resiliency Team - San Bernardino		
Timeline: July 2010 through June 2015		Total Budget: Evaluation Budget:
Project Status	• In process.	
Evaluation questions	• Please refer to the learning goals identified in the project description for the specific evaluation questions. The link below provides the project description provided in the Annual Update FY 10/11. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/7_CSS_FY_10-11_Plan_Update_5.11.10.pdf	
Innovative elements	• Increase the understanding of the impact of grief and loss, exposure to violence and environmental trauma in diverse youth. • Learn if the innovative application of a model that addresses the issues of grief, loss, trauma and exposure to violence in a culturally inclusive manner allows us to identify and address behaviors that manifest themselves in diverse youth at an earlier point in the youth's exposure to the "system." • Learn if the reality of being part of the dependency/ward "system" is a contributing factor and/or exacerbates youth's issues of grief, loss, and trauma. • Learn if a team that includes three major county departments (DBH, CFS and Probation), and countless youth serving programs succeeds in addressing the issues of grief, loss, exposure to violence and environmental trauma experienced by these children. • Learn if the provision of mentorship, and/or what types of mentorship help these youth address their unresolved issues. • Learn if the identification of a model for collaboration to address grief and loss issues, exposure to violence, and environmental trauma help build connections for diverse youth served by the project. • Learn if the application of techniques addressing grief and loss, exposure to violence, and trauma help the youth build positive relationships with resource providers and peer counselors. Develop methods and skill sets necessary for resource providers and for identified youth to address unresolved grief and loss as well as environmental trauma in a culturally inclusive manner.	

Interagency Youth Resiliency Team - San Bernardino	
	• Learn if Peer Counselors and other professional staff who receive the training can engage youth as well as their resource providers to use the skills and information obtained from the training. • Learn if the above model for collaboration, methods and skills for intervention and strategies for interaction with youth effectively addresses the impacts of grief, loss, and trauma on youth outcomes.
Outcomes	• Ultimately, the measurable success of the project will be reflected in enhanced permanency indicators including: reduced incidences of homelessness, increased academic success, employment, and reduced incidences of incarceration for former youth served by the project. • The project will also address youth and family wellbeing indicators included in the CFS System Improvement Plan and the federally mandated Program Improvement Plan for local child welfare agencies.
Primary purpose	• Increase access to services for underserved populations.
Other purposes	• Other purposes identified in the project description include: ✓ Improve the quality and outcomes of services.. ✓ Promote inter-agency collaboration. • The evaluation efforts of this project are ongoing as this project continues to operate under Innovation funding.
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.
Total budget	• Please refer to the link below for the original project description for anticipated expenditures. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/7_CSS_FY_10-11_Plan_Update_5.11.10.pdf • Please refer to the following links below for the Annual Updates for updated estimated expenditures for this project. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/10_CSS_FY_11-12_Plan_Update_4.11.11.pdf http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/11_CSS_FY_12-

Interagency Youth Resiliency Team - San Bernardino		
	13 Plan Update 6.21.12.pdf http://www.sbcounty.gov/dbh/mhsa/MHSA_Annual_Update_FY_2013-14_06072013_FINAL.pdf http://www.sbcounty.gov/dbh/Announcments/2014/MHSA_Integrated_Plan_070114.pdf	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	Refer to the Original project description. Link was provided above in question #6.
	Administrative:	Refer to the Original project description. Link was provided above in question #6.
	Other:	Refer to the Original project description. Link was provided above in question #6.
Evaluation designs	- Outcomes-based evaluation. - Learning-oriented evaluation.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	- Evaluation efforts of this project are ongoing as project is still operating under Innovation funding and has not concluded. - Evaluation will include a comparison of data for each year the project was being implemented.	
Data collection methods	- Survey. - Clinical records. - Direct observation. - Pre and Post measures. - Currently available county data resources (explain below). - SIMON data system used by the department.	
Timeline for evaluation	An overview of the initial evaluation timeline can be found in the original project description. The link is provided below. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/7_CSS_FY_10-11_Plan_Update_5.11.10.pdf	

Interagency Youth Resiliency Team - San Bernardino	
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • EVALCORP - contracted professional evaluators
How were data analyzed or what is the plan for data analysis?	• A professional evaluator was contracted to complete a "point in time" evaluation for this project and provided a final report to the department. This report will be utilized by the department in conjunction with additional data and analysis findings to create an individual report for this project once the project under Innovation funding comes to an end.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Please refer to the original project description for information regarding the evaluation process. The link is provided below. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/7_CSS_FY_10-11_Plan_Update_5.11.10.pdf • County resources are being used to collect data to be used in the evaluation of this project. This includes: ✓ 1) SIMON data system used by the department. ✓ 2) Community Data Report -- provides county demographics.
What training or technical assistance resources did the county use during the project, if any?	• A professional evaluator, EVALCORP, provided a brief training for contractors regarding data collection for their evaluation.
How were/are/will the effects of the project's	• Refer to the project's Logic Model.

Interagency Youth Resiliency Team - San Bernardino	
innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Please refer to the original project description for information regarding the evaluation process. The link is provided below. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/7_CSS_FY_10-11_Plan_Update_5.11.10.pdf
Were/will data be analyzed to show differential impacts on various populations/situations?	- The evaluation of this project will include an analysis of the project which will include data regarding the targeted populations described in the original project description. - Please refer to the original project description for information regarding the evaluation process. The link is provided below. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/7_CSS_FY_10-11_Plan_Update_5.11.10.pdf
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Not applicable (Evaluation in Planning Stage).
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- In our county. - Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- Progress and interim outcomes for Innovation Projects are disseminated to stakeholders, which include the community, other agencies, family members and DBH staff through the Community Program Planning process. - This information is also captured in our MHSA Annual Update, which is posted on the DBH website and provided to the Mental Health Oversight and Accountability

Interagency Youth Resiliency Team - San Bernardino	
	Commission (MHSOAC).
Sources of Information	http://www.sbcounty.gov/dbh/mhsa/mhsa.asp (County website) http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf (original INN Plan) http://www.sbcounty.gov/dbh/mhsa/MHSA_Annual_Update_FY_2013-14_06072013_FINAL.pdf (FY 13-14 update)

On-line Diverse Community Experience - San Bernardino	
This project establishes a departmental presence on social networking sites, such as Facebook (in both English and Spanish) and Twitter, as a model to disseminate various behavioral health information and resources, upcoming events, newsletters, and testimonials from consumers. The project seeks to reach consumers, family members, community members and professionals in order provide ongoing resources to increase access to services, reduce the stigma associated with mental health and drug/alcohol services, transform the understanding of mental health, and promote wellness, recovery, and resilience.	
Timeline: March 2010 through December 2013	Total Budget: Evaluation Budget:
Project Status	Completed.
Evaluation questions	Please refer to the learning goals identified in the project description for the specific evaluation questions. The link below provides the project description provided in the Annual Update FY11/12. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/10_CSS_FY_11-12_Plan_Update_4.11.11.pdf
Innovative elements	- Learn how individuals and groups use the social networking sites and what materials they will develop and post on the sites. - Learn what groups will be organized as a result of the sites. - Learn how the interaction on the sites will transform the understanding of mental health challenges and promote wellness and recovery.

On-line Diverse Community Experience - San Bernardino	
	• Determine if diverse consumers will utilize social networking sites to access information, resources and support on Department of Behavioral Health programs and services. • Determine if social networking sites allow the community a new way to provide input and feedback on programs and services. • Determine if provision of resources on social networking sites helps reach historically underserved/inappropriately served populations and if people are more likely to seek help via this resource than through traditional outreach strategies. • Determine if people are more comfortable with mental health services if provided access and a participatory role through social networking sites.
Outcomes	• Exploration and understanding about the impact of social networking on access, referral and linkage processes.
Primary purpose	• Increase access to services for underserved populations.
Other purposes	• Other purposes identified in the project description include: ✓ Improve the quality and outcomes of services. ✓ Promote inter-agency collaboration. • The evaluation efforts of this project are ongoing as this project continues to operate under Innovation funding.
Innovation definition	• Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.
Total budget	• Please refer to the link below for the original project description for anticipated expenditures. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/10_CSS_FY_11-12_Plan_Update_4.11.11.pdf • Please refer to the following links below for the Annual Updates for updated estimated expenditures for this project. http://www.sbcounty.gov/dbh/mhsa/MHSA_Annual_Update_FY_2013-14_06072013_FINAL.pdf http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114

On-line Diverse Community Experience - San Bernardino		
	pdf	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	Refer to the Original project description. Link was provided above in question #6.
	Administrative:	Refer to the Original project description. Link was provided above in question #6.
	Other:	Refer to the Original project description. Link was provided above in question #6.
Evaluation designs	Outcomes-based evaluation; learning-oriented evaluation.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	Evaluation efforts of this project are ongoing as project is still operating under Innovation funding and has not concluded. Evaluation will include a comparison of data for each year the project was being implemented.	
Data collection methods	- Survey. - Clinical records. - Direct observation. - Pre and Post measures. - Currently available county data resources (explain below). - SIMON data system used by the department.	
Timeline for evaluation	- An overview of the initial evaluation timeline can be found in the original project description. The link is provided below. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/10_CSS_FY_11-12_Plan_Update_4.11.11.pdf - Additionally, it was deemed necessary to allocate additional time (up to 12 months) following the conclusion of the data collection period to complete the evaluation process.	
Evaluation Participants		
Evaluation Design: Director or Other Senior Management		Review and Approval of Design: Director or Other Senior Management

On-line Diverse Community Experience - San Bernardino	
• MHSA/INN Manager • Internal Project Staff • EVALCORP - contracted professional evaluators	• MHSA/INN Manager • Internal Project Staff
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • EVALCORP - contracted professional evaluators	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • EVALCORP - contracted professional evaluators
How were data analyzed or what is the plan for data analysis?	• A professional evaluator was contracted to complete a "point in time" evaluation for this project and provided a final report to the department. This report will be utilized by the department in conjunction with additional data and analysis findings to create an individual report for this project once the project under Innovation funding comes to an end.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Please refer to the original project description for information regarding the evaluation process. The link is provided below. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/10_CSS_FY_11-12_Plan_Update_4.11.11.pdf • County resources are being used to collect data to be used in the evaluation of this project. This includes: County resources are being used to collect data to be used in the evaluation of this project. This includes: ✓ 1) SIMON data system used by the department. ✓ 2) Community Data Report -- provides County demographics.
What training or technical assistance resources did the county use during the project, if any?	• A professional evaluator, EVALCORP, provided a brief training for contractors regarding data collection for their evaluation.
How were/are/will the effects of the project's innovative elements be measured?	• Refer to the project's Logic Model.
How did/will the evaluators seek to understand	• Please refer to the original project description for information regarding the evaluation

On-line Diverse Community Experience - San Bernardino	
what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	process. The link is provided below. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/10_CSS_FY_11-12_Plan_Update_4.11.11.pdf
Were/will data be analyzed to show differential impacts on various populations/situations?	• The evaluation of this project will include an analysis of the project which will include data regarding the targeted populations described in the original project description. • Please refer to the original project description for information regarding the evaluation process. The link is provided below. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/10_CSS_FY_11-12_Plan_Update_4.11.11.pdf
Were midcourse changes made as a result of evaluation findings?	• No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable (Evaluation in Planning Stage).
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. • Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Progress and interim outcomes for Innovation Projects are disseminated to stakeholders, which include the community, other agencies, family members and DBH staff through the Community Program Planning process. • This information is also captured in our MHSA Annual Update, which is posted on the DBH website and provided to the Mental Health Oversight and Accountability Commission (MHSOAC).

On-line Diverse Community Experience - San Bernardino

Sources of Information	http://www.sbcounty.gov/dbh/mhsa/mhsa.asp (County website) http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf (original INN Plan) http://www.sbcounty.gov/dbh/mhsa/MHSA_Annual_Update_FY_2013-14_06072013_FINAL.pdf (FY 13-14 update)

Community Resilience Model - San Bernardino

The CRM project was designed to create a community-based model of wellness skills to address the needs of community members by providing mental health education, including coping skills, trauma response skills, and resiliency techniques. Cultural brokers, key members of the community from target populations identified as being underserved (such as Latinos, Asian-Pacific Islanders, LGBTQ, veterans, etc.), were trained to help themselves and their families, friends, and wider community.

CRM skills are intended as an integral part of healing in daily life to increase a sense of efficacy and biological self-regulation and to encourage people to pass the skills along to others within their community. The project aids in developing and strengthening partnerships between contract agencies, community-based organizations and the County, creating ties and strengthening resiliency especially in underrepresented areas.

Timeline:

March 2010 through December 2013

Total Budget:

Evaluation Budget:

Project Status	Completed.
Evaluation questions	Please refer to the learning goals identified in the project description for the specific evaluation questions. The link below provides the project description provided in the 2014 Innovation Plan. http://www.sbcounty.gov/dbh/mhsa/Innovation_Plan/2014/index.html
Innovative elements	Assess whether Trauma Resiliency Model can be adapted to a Community Resiliency Model. The original model addresses response to a natural disaster or catastrophe. The new adaptation changes the focus to individuals and how to respond to traumatic individual and community events.

Community Resilience Model - San Bernardino		
Outcomes	• Increase in number of underserved individuals who attend training in their own community (church, community center, community based organization, etc.). • Decrease in stigma of seeking help for mental health issues among underserved individuals. Expansion of interagency collaboration.	
Primary purpose	• Improve the quality and outcomes of services.	
Other purposes	• Increasing access to services is another purpose that applies to this project. • The evaluation efforts for this project have not begun as this project is in the early stages of implementation under Innovation funding.	
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	• Please refer to the link below for the original project description for anticipated expenditures. http://www.sbcounty.gov/dbh/mhsa/Innovation_Plan/2014/index.html	
Budget for evaluation aspects	External Evaluation:	• Refer to the Original project description. Link was provided above in question #6.
	Internal Evaluation:	• Refer to the Original project description. Link was provided above in question #6.
	Administrative:	• Refer to the Original project description. Link was provided above in question #6.
	Other:	• Refer to the Original project description. Link was provided above in question #6.
Evaluation designs	• Outcomes-based evaluation. • Learning-oriented evaluation.	
Will/was a comparison group used for the design?	• Yes.	
Describe comparison group design (if applicable)	• Evaluation efforts of this project are ongoing as project is still operating under Innovation funding and has not concluded. • Evaluation will include a comparison of data for each year the project was being implemented.	
Data collection methods	• Survey. • Interviews.	

Community Resilience Model - San Bernardino	
	• Clinical records. • Direct observation. • Pre and Post measures. • Currently available county data resources. • Evaluation efforts for this project have not begun as the project is in the early stages of implementation. • SIMON (clinical billing) data and/or electronic health record system used by the department. • Community Data Report -- provides county demographics.
Timeline for evaluation	• An overview of the initial evaluation timeline can be found in the original project description. The link is provided below. http://www.sbcounty.gov/dbh/mhsa/Innovation_Plan/2014/index.html
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • Stakeholder groups
How were data analyzed or what is the plan for data analysis?	• An overview of the initial evaluation can be found in the original project description. The link is provided below. http://www.sbcounty.gov/dbh/mhsa/Innovation_Plan/2014/index.html
What, if any, county information technology or data resources were/will be used to collect and/or	• Please refer to the original project description for information regarding the evaluation process. The link is provided below.

Community Resilience Model - San Bernardino	
analyze data?	http://www.sbcounty.gov/dbh/mhsa/Innovation_Plan/2014/index.html Evaluation efforts for this project have not begun as the project is in the early stages of implementation.
What training or technical assistance resources did the county use during the project, if any?	None at this time as the project is in the early stages of implementation.
How were/are/will the effects of the project's innovative elements be measured?	Refer to the project's Logic Model.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Please refer to the original project description for information regarding the evaluation process. The link is provided below. http://www.sbcounty.gov/dbh/mhsa/Innovation_Plan/2014/index.html
Were/will data be analyzed to show differential impacts on various populations/situations?	The evaluation of this project will include an analysis of the project which will include data regarding the targeted populations described in the original project description. Please refer to the original project description for information regarding the evaluation process. The link is provided below. http://www.sbcounty.gov/dbh/mhsa/Innovation_Plan/2014/index.html
Were midcourse changes made as a result of evaluation findings?	No.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	Not Applicable at this time, as the answer to question #4 was no. This project is in the early stages of implementation.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Not applicable at this time, as the answer to question #4 was no. This project is in the early stages of implementation.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- In our county. - Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Progress and interim outcomes for Innovation Projects are regularly disseminated to stakeholders, which include the community, other agencies, family members and DBH staff through the ongoing Community Program Planning process.

Community Resilience Model - San Bernardino	
	This information is also captured in our MHSA Three-Year Integrated Plan and Annual Updates, which is approved by the San Bernardino County Board of Supervisors, posted on the DBH website, and provided to the Mental Health Oversight and Accountability Commission (MHSOAC).
Sources of Information	http://www.sbcounty.gov/dbh/mhsa/mhsa.asp (County website) http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf (original INN Plan) http://www.sbcounty.gov/dbh/mhsa/MHSA_Annual_Update_FY_2013-14_06072013_FINAL.pdf (FY 13-14 update)

San Diego County

Innovative Projects:	Project Title:	Population(s) Served:
	Wellness and Self-Regulation for Children and Youth	Children and youth, age 0-16
	Peer and Family Engagement Project	TAY, adults, older adults, individuals receiving services at the counties Emergency Psychiatric Unit.
	Physical Health Integration Project	TAY, adults and older adults diagnosed with SMI
	Mobility Management in North San Diego County	Adults, older adults
	Positive Parenting for Men in Recovery	Male TAY and adults in AOD programs
	After-School Inclusion Project	Youth 5-14
	In-Home Outreach Teams	TAY, adults, older adults, ??
	Independent Living Facilities Project	Adults and ILF operators
	TAY Academy --Transition-Age and Foster Youth Program	Children ages 14-17 and TAY

Wellness and Self-Regulation for Children and Youth - San Diego

The Wellness and Self-Regulation for Children and Youth Innovations Project is an MHSA funded program. It was awarded to both New Alternatives Inc. for adolescents, ages 12 to 18 in the Rate Classification Levels (RCL) 12 and 14, and to San Diego Center for Children for children ages 6 to 13 in RCL 12. The goal of this program was to address the specific physical, emotional, and relational challenges faced by these children and youth. Given their circumstances, these children and youth are more likely to face health challenges such as obesity, diabetes, depression, anxiety, post-traumatic stress, and other life challenges.

The Wellness and Self-Regulation Program offered these youth an array of alternative, holistic interventions to produce a positive impact on their mental and physical health. These alternative treatment strategies focused on teaching youth multiple ways to re-regulate functioning in areas such as arousal level, mood, physical health, mental health, social functioning, sleeping patterns, eating habits, family wellness, frustration management, and sense of self.

Wellness and Self-Regulation for Children and Youth - San Diego		
Timeline: October 2010 through October 2013	Total Budget: \$4,375,833	Evaluation Budget:
Project Status	Completed.	
Evaluation questions	- Explanation of Purpose: - The Wellness and Self-Regulation Program offered these youth an array of alternative, holistic interventions to produce a positive impact on their mental and physical health. These alternative treatment strategies focused on teaching youth multiple ways to re regulate functioning in areas such as arousal level, mood, physical health, mental health, social functioning, sleeping patterns, eating habits, family wellness, frustration management, and sense of self. ✓ 1. Learning Objective (#1): Nutrition What We Hoped to Learn: The impact of nutrition on health, weight, and behaviors. What We Learned: Much was learned throughout this process. First, this program highlighted the importance of a proper nutritional base. The first change implemented to one of the campuses was the menu. It went from a standard school lunch to a menu based on the Mediterranean diet created by the Kitchen Manager and a consulting Clinical Nutritionist. This diet maximized nutrition while minimizing sugar intake. The food was so important that it became predictable when one might see an increase in behaviors. For example, the school staff knew when the teens did not eat the full available breakfast and instead ate only the sweet foods (only the pancakes and syrup when there were pancakes, eggs, and sausage). Individuals were more likely to exhibit negative behaviors after the insufficient breakfast due to a drop in blood sugar levels after breakfast. Furthermore, the staff noticed a decrease in weight management and behavior improvement with an increase in junk food during certain holidays or times of year when there were parties, on-campus visitors, and off-campus visits. ✓ 2. Learning Objective (#2): Motivational Interviewing What We Hoped to Learn: The impact of incorporating motivational interviewing during staff's interactions with the youth. What We Learned: As part of the wellness and self-regulation program, the staff learned Motivational Interviewing. This technique was also	

Wellness and Self-Regulation for Children and Youth - San Diego

supported by the socialization program, WhyTry. Staff was trained and encouraged to interact with the youth in a more effective way. Power struggles were avoided and the youth were empowered. This was both more effective with the youth and more encouraging for the staff. This change in approach is one reason for the change in campus culture.

- ✓ 3. Learning Objective (#3): Medication Tracking What We Hoped to Learn: By tracking the youth's medication to see if there was a decrease in medication after involvement in the program. What We Learned: Tracking medication in order to measure effectiveness of this program was not significant. The percentage of discharged teens who experienced a decrease in medication per diagnostic category was an average of 15.6 percent. Because medication use is a complex and multifaceted issue, different methods for tracking medications were discussed prior to implementation. Different medications are successful for treating different symptoms for different people. Also, teenagers are in a state of development with their bodies changing. Changes in dosages of medications are common based on their growth. In addition, RCL 12 and 14 programs are designed to treat children and youth with more severe diagnoses and symptoms. Medication use is more prevalent among this population. It was agreed to track number of medication per category, such as antidepressants and anti-psychotics. Dosage and frequency were not tracked. Though there was no significant decrease in psychotropic medication use, there was an observable decrease in the need for the regularly prescribed stool softener. Chronic constipation is often the side effect of psychotropic medications, not to mention the result of a poor diet. The teens had become familiar with constipation and taking the stool softener. After the wellness program began, they were amazed at how this changed when the new menu was implemented.
- ✓ 4. Learning Objective (#4): Mood Surveys. What We Hoped to Learn: By tracking the youth's moods to see if there was an increase or decrease in the youth's mood during their involvement in the program. What We Learned: Mood surveys were administered to measure feeling happy, sad, calm, or angry. Originally these were to be administered daily and it was changed to weekly to avoid the youths'

Wellness and Self-Regulation for Children and Youth - San Diego

	frustration with the survey frequency. Despite this change in frequency of administering the survey, the youth still became frustrated. Efforts were made to make it more fun, interesting, and less bothersome. However, the youth began to refuse, purposefully score the same every time, or simply scribble on the paper. It was concluded that mood surveys do not offer valuable information. Perhaps if they were administered monthly, there may have been more compliance. In addition, the psychological assessments provided a valid and reliable method for measuring psychological health. Thus, the mood surveys may not be necessary in future wellness programs. ✓ 5. Learning Objective (#5): Cholesterol, Blood Sugar, Blood Pressure. What We Hoped to Learn: To determine if there is a change in cholesterol, blood sugar, and blood pressure as a result of wellness interventions. What We Learned: The large majority of youth measured normal cholesterol, blood sugar, and blood pressure levels, thus there was no significant change observed. However, few teens (average of 10 throughout the program) with high cholesterol or who were pre-diabetic or diabetic experienced improvements in these areas. In the future, these measurements can be reserved for the youth who specifically experience or express concerns with cholesterol, blood sugar, or blood pressure. These measurements could be obtained at intake or if concern arises, and then monitored quarterly. This approach would be less intrusive and more cost-effective. ✓ 6. Learning Objective (#6): Heart Rate. What We Hoped to Learn: To determine if there is a change in heart rate as a result of involvement in wellness interventions. What We Learned: The Wellness Licensed Vocational Nurse (LVN) obtained heart rate measurements weekly. Heart rate changes showed insignificant results. It was very difficult to obtain this measurement at the same time each week, and many teens refused, thus creating fluctuation in readings and deeming data invalid. Heart rate did not prove to be necessary for tracking physical health improvements.
Innovative elements	• This Innovation work plan is a new mental health approach that combines multiple strategies to treat children and youth with serious emotional disturbance holistically

Wellness and Self-Regulation for Children and Youth - San Diego		
	for physical, behavioral, and mental wellness. This work plan is unique in that it employs physical exercise and activities (dancing, hiking, obstacle courses, biking, swimming, yoga, meditation, drama techniques) in a focused way to address excessive emotional arousal and serious mood problems in an effort to create healthier individuals and increase the effectiveness of mental health interventions.	
Outcomes	- If the program is successful, it will impact the direction of treatment for children and youth with serious emotional disturbance in other programs and areas of children's services. If certain strategies are effective with the mature youth population, they could be applied to intensive programs serving transition age youth and adults with serious mental illness. - Learning from this project may also enhance services to unique cultural or ethnic populations that are not being treated effectively with usual care. Overall, the successful techniques from this program will broaden the array of services available for clients in our system of care.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$4,375,833 (see table in PDF).	
Budget for evaluation aspects	External Evaluation:	Not applicable.
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Pre and post measures.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Pre and Post measures.	

Wellness and Self-Regulation for Children and Youth - San Diego

Timeline for evaluation	- Children or adolescents who received residential treatment services at either San Diego Center for Children or New Alternatives from October 15, 2010 to October 14, 2013. A wide variety of approaches were utilized to gather data that included the following: ✓ Weekly mood surveys – The mood surveys were a Likert scale survey measuring a continuum between happy and sad, and angry and calm. ✓ Quarterly blood draws – reserved for specific youth with health concerns. ✓ Heart rate measurements were obtained weekly by the LVN. These measurements proved to be uninformative. It was very difficult to obtain this measurement at the same time each week and many teens refused. This created such fluctuation in readings that the data was invalid. Heart rate did not prove to be necessary for tracking physical health improvements. ✓ Administration of psychological assessments was conducted upon intake and discharge, and sometimes at six-month intervals to ensure a pre and post score. Three assessments used widely in psychological research were chosen to measure anxiety, depression, and post-traumatic stress (RCMAS, CDI, UCLA-PTSD Index). ✓ Wellness Programming - Initially, the study design required five wellness activities to be offered per day. Programmatically it was determined that each of the wellness activities were between 45 and 60 minutes in duration, thus, to add five hours of wellness activities to the time between school, clinical hours, dinner, and bedtime was literally impossible. There simply was not enough time in the day. Thus, the requirement for daily wellness activities was adjusted to three to five activities per day. This allowed flexibility to schedule activities within the schedule.
Evaluation Participants	
Evaluation Design: - Director or Other Senior Management - Internal Project Staff - External/contracted project staff - Consumers	Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff
Evaluation Implementation: Director or Other Senior Management	Review of Evaluation Findings: Director or Other Senior Management

Wellness and Self-Regulation for Children and Youth - San Diego

- Internal Project Staff
- External/contracted project staff

- MHSA/INN Manager
- Internal Project Staff
- External/contracted project staff

How were data analyzed or what is the plan for data analysis?

- There were multiple activities offered per wellness category throughout the contract:
 - ✓ 1. Physical fitness, recreation activities.
 - ✓ 2. Guided, imagery, yoga, meditation, relaxation, martial arts.
 - ✓ 3. Nutrition, food preparation, gardening.
 - ✓ 4. Spirituality, meaning of life.
 - ✓ 5. Socialization.
- Attendance was taken at each activity to track how many hours each youth spent participating in wellness activities. Below is the total number of hours of wellness activities offered to the youth per category and overall.
- Table lists the category for different types of physical activity, the number of hours and the average number of hours per client.
- Psychological data
- As mentioned above, the youth completed psychological assessments measuring anxiety, depression, and post-traumatic stress. These were administered when youth first entered the program and before they were discharged. Participation in these assessments was not mandatory and there were many refusals. However, of the youth who completed the assessments, the outcome was quite positive.
- The categories for change were determined by the contract and are defined as follows:
 - ✓ 1. No change positive, youth scores remained in healthy range.
 - ✓ 2. Improved, youth scores moved from clinical to healthy range.
 - ✓ 3. No change negative, youth scores remained in clinical range.
 - ✓ 4. Worsened, youth scores moved from healthy to clinical range.
- In each psychological domain 64% or more of the youth experienced positive results. They either improved their psychological state or they maintained a positive state. In addition, most of the improvement occurred in the last Fiscal Year of the program.
- Children's Depression Inventory was utilized. The total number of clients, the total

Wellness and Self-Regulation for Children and Youth - San Diego

number of clients in the normal or improved range compared with the percentage that was improved.

- Revised Children's Manifest Anxiety Scale (RCMAS-2) was utilized and the total number of clients, the total number that improved and the percentage that improved.
- UCLA Post-Traumatic Stress Disorder Index was utilized. The total number of clients, the total number that improved and the percentage that improved.
- Weight loss
- Weight loss was a noticeable element of the wellness and self-regulation program. With the introduction of the wellness program the menu was revised to maximize nutrition and reduce sugar intake. This included adding a salad bar and educating the campus about healthy snacks and non-food incentives. During the program many teens who were considered overweight or obese were able to lose weight during the program. Weight categories were determined using the BMI calculator from the Center for Disease Control. The categories were underweight, healthy weight, overweight, and obese.
- Sleep
- It was hoped that through the participation in the wellness program that the youth would experience improved quality of sleep. Sleep was measured to determine if the teens got less than 7 hours of sleep or more than 11 hours of sleep three times a week. Due to few opportunities for the teens to sleep more than 11 hours per night, oversleeping was not a concern. However, not getting enough sleep was a concern. During this program, sleep disruption decreased and the youth were becoming well-rested.
- Overall Changes in Behaviors and Restraints
- One of the primary goals of the wellness and self-regulation program was to positively impact the youths' ability to self-regulate. This would result in fewer behavioral disruptions in addition to the other wellness measures discussed. Throughout the program the number of aggressions, self-harm behaviors, and restraints were

Wellness and Self-Regulation for Children and Youth - San Diego

	recorded. Overall, there was a decreasing trend in both average aggressions per youth and restraints. Self-harm incidences remained steady. • Hours in Program and Behaviors • In order to evaluate for any correlations, aggressive behaviors, self-harm behaviors, and restraints were compared with youths' time in wellness activities and youths' number of days in the program. Only children with these behaviors were calculated. It was discovered that when compared to time in wellness activities the correlation was a negative value suggesting that an increased time in wellness activities correlated to a decrease in behaviors. Though, the actual p value was not clinically significant. However, when the same behaviors were compared to days in the wellness program, the results were undeniably significant. This strongly suggests that the more time a teen spent at New Alternatives Inc., regardless if they attended every wellness activity, the more he or she experienced a decrease in negative behaviors. There are many elements to the wellness program that reach beyond the activities, such as staff interaction, nutrition, education, exposure to the garden and other campus features, and a change of campus culture and expectations. This suggests that mere exposure to wellness is beneficial. This also suggests that allowing teens to choose their favorite wellness activities instead of requiring participation in all activities can be equally beneficial.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• SPSS was utilized to interpret the results and establish correlations.
What training or technical assistance resources did the county use during the project, if any?	• Not applicable.
How were/are/will the effects of the project's innovative elements be measured?	• Not applicable.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Not applicable.

Wellness and Self-Regulation for Children and Youth - San Diego	
Were/will data be analyzed to show differential impacts on various populations/situations?	• Not applicable.
Were midcourse changes made as a result of evaluation findings?	• No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Program has been discontinued; however, effective elements have been incorporated into existing programs since the philosophy of the program is well aligned with Live Well! San Diego.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• As San Diego County has been emphasizing with community based partners the importance of incorporating "Live Well" elements into programs additional funding was not indicated as programs have already made these systemic changes.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• The final report was disseminated to key county staff and the results of this project were disseminated to key stakeholders in a "Mental Health Services Act Innovation Projects" book.
Sources of Information	http://www.sdcounty.ca.gov/hhsa/programs/bhs/documents/Innovation_Evaluation_Report.pdf (Evaluation for all 10 projects) http://sandiego.camhsa.org/innovation.aspx (County Innovation website) http://sandiego.camhsa.org/files/MHSA-Annual-Plan-Board-Report-FY13-14-DRAFT-09302013.pdf (FY 13-14) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/SanDiego_FY12-13_AnnualUpdate_101212.pdf (FY12-13) http://sandiego.camhsa.org/files/FINAL%20Submission%20to%20State%2012-04-091.pdf (original INN plans) http://sandiego.camhsa.org/files/INN-Prg-Summ021413.pdf (Inn summary table and partner contact info)

Peer and Family Engagement Project - San Diego

HOPE Connections offers peer support and family engagement to clients and their families in three levels of care throughout San Diego County's Behavioral Health Services:

- 1) The County's Emergency Psychiatric Unit (EPU).
- 2) San Diego County Psychiatric Hospital (SDCPH).
- 3) Designated Outpatient clinics. Culturally and linguistically competent support staff offers referrals, side-by-side coaching, assistance with reintegration into the community, linking clients to appropriate mental health services, and help with navigating both behavioral and primary health care systems in an effort to encourage service utilization and recovery.

Timeline:
July 2011 through June 2014

Total Budget:
5.6 million over 3 years

Evaluation Budget:

Project Status	Completed.
Evaluation questions	- Positive changes we hoped to observe at the client level include, but are not limited to: ✓ 1) Increased success in transitioning clients from the EPU to outpatient treatment resources. ✓ 2) A decreased rate of involuntary hospitalizations. ✓ 3) Increased involvement, trust and support of clients' families. ✓ 4) Increased involvement and decision-making by the client in recovery-focused manner. - Positive changes we hoped to observe at the system level include, but are not limited to: ✓ 1) Effective PFEP team involvement with different age, ethnic, and cultural groups. ✓ 2) Successful integration and collaboration between the PFEP teams and staff at the EPU and clinic site. ✓ 3) Increased recovery focus at the EPU and clinic site.
Innovative elements	Combination of an emphasis on peer engagement with a systematic effort to engage families in the recovery of their loved ones.
Outcomes	Reduction in the need for hospitalization and stigma. Increase in independence in

Peer and Family Engagement Project - San Diego		
	clients while they navigate behavioral health services.	
Primary purpose	• Increase access to services for underserved populations.	
Other purposes	• Not applicable.	
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	• 5.6 million over 3 years.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	• I'm unsure of the costs regarding evaluation. These evaluations were funded through a separate contract.
Evaluation designs	• Experimental/Control Group Design	
Will/was a comparison group used for the design?	• Yes.	
Describe comparison group design (if applicable)	• Individuals who received services from the Hope Connections program were compared to themselves at an earlier point in time (prior to services) and to others' within the mental health systems' aggregate data.	
Data collection methods	• Survey. • Interviews. • Clinical Records.	
Timeline for evaluation	• Annual and project end reports were completed.	
Evaluation Participants		
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff		Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff
Evaluation Implementation: • Internal Project Staff		Review of Evaluation Findings: • Director or Other Senior Management

Peer and Family Engagement Project - San Diego	
External/contracted project staff	- MHSA/INN Manager - Internal Project Staff - External/contracted project staff
How were data analyzed or what is the plan for data analysis?	UCSD was contracted to provide the data analysis. To the best of my knowledge, data regarding the clients were analyzed via the Anasazi health record and qualitative analysis of surveys and interviews were also conducted.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Anasazi- health record data.
What training or technical assistance resources did the county use during the project, if any?	I'm unaware of any training or technical assistance resources used.
How were/are/will the effects of the project's innovative elements be measured?	Connections to services in the community after being discharged was an important element of the project as was education of patients and families regarding resources that were in the community.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	I am not sure how our evaluators sought to understand which elements of the project were responsible for each of the results.
Were/will data be analyzed to show differential impacts on various populations/situations?	Demographic data was collected and analyzed in addition to education and housing status.
Were midcourse changes made as a result of evaluation findings?	Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	Elements of the project will be continued with PEI funds as well as general fund dollars.
If a decision was made to continue the project without Innovation funds or not to sustain the	Elements of the project have been combined with another Innovations project (also

Peer and Family Engagement Project - San Diego	
project in the future, explain why	ended) and a PEI project into one program. We did not continue to use Innovation funds because those funds had been depleted/reached their 3 year mark.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. • Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• The project has been mentioned in reference to our overall integration efforts or as a specific program highlight in various conferences and venues. • The county additionally produces various public reports that are widely available both in print and online.
Sources of Information	http://www.sdcounty.ca.gov/hhsa/programs/bhs/documents/Innovation_Evaluation_Report.pdf (Evaluation for all 10 projects) http://sandiego.camhsa.org/innovation.aspx (County Innovation website) http://sandiego.camhsa.org/files/MHSA-Annual-Plan-Board-Report-FY13-14-DRAFT-09302013.pdf (FY 13-14) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/SanDiego_FY12-13_AnnualUpdate_101212.pdf (FY12-13) http://sandiego.camhsa.org/files/FINAL%20Submission%20to%20State%2012-04-091.pdf (original INN plans) http://sandiego.camhsa.org/files/INN-Prg-Summ021413.pdf (Inn summary table and partner contact info)

Physical Health Integration Project - San Diego	
ICARE (Integrated Care Resources) is an innovation pilot designed to create person-centered medical homes for individuals with serious mental illness (SMI) in a primary care setting.	
Timeline: January 2011 through June 2014	Total Budget: \$3,000,000 over 3 years
Project Status	Evaluation Budget: • Completed.

Physical Health Integration Project - San Diego		
Evaluation questions	1) Is there an improvement in mental health outcomes when clients with SMI receive ongoing physical health care services and/or treatment in a primary care setting? 2) Can the Behavioral Health Consultant (BHC) model, which has proven effective for less serious mental illness, be adapted to assist primary care providers in serving the behavioral health needs of their patients with stable SMI? Can this role also help reduce stigmatization of SMI clients with PC staff? 3) Will having this behavioral health integrated approach in the PC clinics meet the mental health needs of refugee and immigrant populations at the PC setting? 4) Can emergency department (ED) visits be reduced for individuals with SMI receiving ongoing physical health care compared to the current rate for clients in the MH system? 5) Does the transfer of stable SMI clients from the mental health clinic into the PC setting provide the ability for the County to serve more severe SMI clients within the mental health system?	
Innovative elements	We are unaware of a model that provides psychotropic mental health care monitoring and physical health care services in an integrated primary care setting. Referrals are frequently made across systems, or sometimes across the hall, when PC and MH services are offered in the same building. However, this project proposes to enhance the role that the primary care physician plays in the overall health and recovery of TAY, adults and older adults with SMI.	
Outcomes	- Improvement in mental health outcomes. - Reduction of stigmatization of SMI clients. - Reduction in ED visits for participants. - Increase in number of clients with SMI who are able to be served.	
Primary purpose	Increase access to services for underserved populations.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$3,000,000 over 3 years.	
Budget for evaluation aspects	External	

Physical Health Integration Project - San Diego		
	Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	A separate contract was used for evaluation. I do not know what the costs are associated with this evaluation.
Evaluation designs	Longitudinal Design.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	Clients within the program had their IMR and RMQ scores (self-rating of recovery and clinician's rating of recovery scores) compared over time to aggregate data of those clients who were in the County's mental health system but not in the program.	
Data collection methods	- Survey. - Interviews. - Focus Groups. - Clinical Records. - Pre and Post measures. - Currently available county data resources.	
Timeline for evaluation	Data was evaluated at 6 months and then annually.	
Evaluation Participants		
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff		Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff
Evaluation Implementation: - Internal Project Staff - External/contracted project staff		Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff
How were data analyzed or what is the plan for	Aggregate data was examined via the Anasazi health record system as well as via a	

Physical Health Integration Project - San Diego	
data analysis?	patient registry created by the contractor. Focus groups were conducted with both clients and with staff who were working in the program to determine satisfaction with the model.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	The County's Anasazi health record was used.
What training or technical assistance resources did the county use during the project, if any?	I'm unaware of any training or technical assistance resources that were used.
How were/are/will the effects of the project's innovative elements be measured?	We evaluated several physical and mental health elements but found that the three year time span was not really enough to measure improvements.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	I'm not sure exactly how our evaluators accomplished this.
Were/will data be analyzed to show differential impacts on various populations/situations?	Basic demographic were used to determine who were accessing the service. Gender, age and race were the primary elements with further breakdowns by health factors.
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	Elements of the project will be continued with PEI funds as well as general fund dollars.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Innovation funds were only designated to be used for 3 years and that time had expired. Thus, the program's funding through the county ended. The contractors involved in the project were able to maintain some elements of the project on their own and a new project through the county will also assist in similar ways.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been	- In our county. - Outside of our county.

Physical Health Integration Project - San Diego	
disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Program highlight in various conferences and venues. The county additionally produces various public reports that are widely available both in print and online.
Sources of Information	http://www.sdcounty.ca.gov/hhsa/programs/bhs/documents/Innovation_Evaluation_Report.pdf (Evaluation for all 10 projects) http://sandiego.camhsa.org/innovation.aspx (County Innovation website) http://sandiego.camhsa.org/files/MHSA-Annual-Plan-Board-Report-FY13-14-DRAFT-09302013.pdf (FY 13-14) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/SanDiego_FY12-13_AnnualUpdate_101212.pdf (FY12-13) http://sandiego.camhsa.org/files/FINAL%20Submission%20to%20State%2012-04-091.pdf (original INN plans) http://sandiego.camhsa.org/files/INN-Prg-Summ021413.pdf (Inn summary table and partner contact info)
Mobility Management in North San Diego County - San Diego	
The Mobility Management Program (MMP) is a peer-based transportation program designed to improve the availability, quality and efficient delivery of transportation services as well as increase participant access to services and activities. It is also meant to minimize barriers to transportation for seniors, people with disabilities, and low-income residents in North County. The primary components of the program include travel training and transportation coordination.	
Timeline: August 2011 through June 2014	Total Budget: \$1,000,000 Evaluation Budget:
Project Status	Completed.
Evaluation questions	1. With the skills and confidence gained by participating in the Mobility Management Project, will participants utilize transit more frequently, relying less upon family and friends? 2. With the ability to comfortably utilize the transit system, will participants be more

Physical Health Integration Project - San Diego		
	apt to schedule and attend health and medical appointments? 3. By recruiting peers as volunteer drivers for the ride share component of the program, will both the volunteer and participant enhance their social skills? 4. Will the participant experience increased mobility, and will the family members be allowed some respite from the responsibility of transporting the participant?	
Innovative elements)	- Use of Transportation Coordinators to educate service providers and consumers on transportation resources in the North San Diego County region. - Provide training in a group format for mental health consumers to orient them to the transit system. - Teaching consumers how to use the Rider's Guide to map routes to and from their desired destinations, transit fares using the ticket vending machines, safety, problem solving, on-line resources, transit center locations and amenities.	
Outcomes	Learn whether increased information and support improves access to mental health services for unserved and underserved adults and older adults. If these innovative strategies increase quality of life and mobility of these often underserved consumers. Increased comfort level of participants with the transit system.	
Primary purpose	Increase access to services for underserved populations.	
Other purposes	Not applicable.	
Innovation definition	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.	
Total budget	8/1/11 - 6/30/12 \$370,000. 7/1/12 - 6/30/13 \$350,000. 7/1/13 - 6/30/14 \$280,000. - TOTAL \$1,000,000.	
Budget for evaluation aspects	External Evaluation:	\$0.00.
	Internal Evaluation:	Unknown; BHS evaluated utilizing project's internal evaluation results.
	Administrative:	

Physical Health Integration Project - San Diego		
	Other:	
Evaluation designs	• Quasi-Experimental Design. • Pre and Post Test Survey without Control Group.	
Will/was a comparison group used for the design?	• No.	
Describe comparison group design (if applicable)	• Not applicable.	
Data collection methods	• Survey. • Focus Groups. • Pre and Post measures.	
Timeline for evaluation	• Pre-intervention surveys were given to all participants upon entry to the program. Upon completion of the program, post-intervention surveys were given to all participants at 1 month and at 3 months. The results were collected and analyzed on a quarterly basis, with an additional annual progress update.	
Evaluation Participants		
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff		Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff
Evaluation Implementation: • MHSA/INN Manager • Internal project staff		Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Community Stakeholders
How were data analyzed or what is the plan for data analysis?	• Demographics and pre-program surveys, developed to capture responses to the evaluation queries, were collected and entered into a database upon each participant’s entry into the program. • When a participant completed the program, they were issued a survey at 30 days post-program and at 90 days post-program. • These results were compared with the participant’s pre-program survey results and a	

Physical Health Integration Project - San Diego	
	percentage determined across the program as a whole. In addition, statistics as to the percentage of clients successfully completing the program were determined and reported on a quarterly basis.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	There were no county IT or data resources used; an Access database was developed by the project's program manager to input, track and report a number of outcomes. Field staff utilized iPads to facilitate data entry.
What training or technical assistance resources did the county use during the project, if any?	No BHS Innovation-wide training or technical assistance was provided.
How were/are/will the effects of the project's innovative elements be measured?	- As stated above, pre and post tests were applied; compared against each other; and focus groups were held. - Pre-Test - This established a baseline of current transit behaviors. - Post Test- Measured transit behaviors 30 and 90 days after the participant completed the travel training series. Two different time sequences were selected to see if the more immediate effects were sustained.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	- The travel training component successfully increased a participant's ability and confidence to navigate the transit system. As a result, more appointments and activities were attended independently; with less reliance on caregivers/family. - The evaluator was able to determine that the participants enjoyed training in a group.
Were/will data be analyzed to show differential impacts on various populations/situations?	Due to the small sample size, the data was not analyzed for different ethnic or racial populations. However, it became evident that the program did not attract one under served population; seniors. The stigma associated with mental illness was a barrier to enrollment for many, particularly older adults even when incentives were offered. It also may have been that most of the older adults capable of using the transit system already knew how to use it. If the Ride Share program had been sustainable, many older adults and those with medical issues making it difficult to use public transit may have eventually been attracted to that component.
Were midcourse changes made as a result of evaluation findings?	Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.

Physical Health Integration Project - San Diego	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• A decision was made to not continue the program.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Though well received and desired, the Ride Share component was discontinued for the following reasons: ✓ Difficulty recruiting a sufficient number of volunteer drivers. The potential liability for the driver was also a deterrent. ✓ Most consumers preferred the advantages of ride share services over using transit, even if they possessed transit skills, which was perceived by program as something not sustainable due to lack of volunteers drivers. ✓ Information provided by applicant's reference was not always reliable. ✓ High administrative requirements were necessary to provide services responsibly and safely. • Other: ✓ The stigma associated with mental illness was a barrier to enrollment for many, particularly older adults. ✓ Consumers were not able to readily identify "recovery skills." ✓ Transportation options in rural communities are very limited. • While the program had some success with some mental health clients, it was not recommended for replication due to its low priority for the limited funding resources available. Transportation issues in the North County Regions, particularly in the rural areas and for adults with mobility issues, were unable to be significantly improved by this program.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. • Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• The County of San Diego Innovation Evaluation Report has been disseminated throughout San Diego County to behavioral health stakeholder groups such as our various Councils and is posted publicly at http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/technical_resource

Physical Health Integration Project - San Diego	
	library.html . It was also submitted to the MHSOAC.
Sources of Information	http://www.sdcounty.ca.gov/hhsa/programs/bhs/documents/Innovation_Evaluation_Report.pdf (Evaluation for all 10 projects) http://sandiego.camhsa.org/innovation.aspx (County Innovation website) http://sandiego.camhsa.org/files/MHSA-Annual-Plan-Board-Report-FY13-14-DRAFT-09302013.pdf (FY 13-14) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/SanDiego_FY12-13_AnnualUpdate_101212.pdf (FY12-13) http://sandiego.camhsa.org/files/FINAL%20Submission%20to%20State%202012-04-091.pdf (original INN plans) http://sandiego.camhsa.org/files/INN-Prg-Summ021413.pdf (Contact info for each program and INN summaries)

Positive Parenting for Men in Recovery - San Diego		
This innovative parenting project offers a culturally competent, integrated approach to education that incorporates parenting skills, mental health wellness, substance abuse education, and violence/trauma prevention for 300 fathers who are in Alcohol and Other Drug (AOD) treatment. The program is completely voluntary. These men may have co-occurring mental health issues to tackle in addition to the emotional and behavioral issues of their children. This program will enhance parenting and coping skills for these fathers and address negative issues that arise from trauma, mental illness, substance abuse, and violence in order to produce better outcomes for them and their children. Classes in different languages may be offered based on need.		
Timeline: July 2010 through June 2013	Total Budget: \$630,000	Evaluation Budget:
Project Status	Completed.	
Evaluation questions	1. Learning Objective (#1): Increase Positive Parenting Skills. What We Hoped to Learn:	

Positive Parenting for Men in Recovery - San Diego

These groups would produce measureable improvement in positive parenting skills as measured by pre- vs. post-test improvement. What We Learned: Non-clinical therapy in a relaxed group setting, incorporating approved parenting curriculum and led by experienced clinicians, may be helpful in improving parenting skills for a minority percentage of motivated or court-ordered clients, including those already receiving mental health services. Pre- vs. post-test improvement was not measured formally in all cases.

- 2. Learning Objective (#2): Improve Mental Health Wellness. What We Hoped to Learn: This program component was a voluntary counseling/education opportunity for male clients to learn more about mental health wellness and additional treatment resources as well as child and family trauma/violence prevention issues. What We Learned: A relaxed “non-clinical” tone or setting allowed the participants the time and encouragement to engage in the group, bond with other members, be open in a safe place, and be receptive to the instructor and curriculum. Topics included mental health resources in the community, self-monitoring and awareness for signs of mental health problems, and where to go for medication management support. Providing refreshments (snacks and soft drinks) for the male TAY population is highly recommended to encourage participation and retention.
- 3. Learning Objective (#3): Reducing Substance Abuse Risk Factors and/or Stressors. What We Hoped to Learn: This program component would help clients identify life stressors related to parenting issues and provide additional tools for reducing risk factors for relapse and inadequate or inappropriate parenting, while supporting the primary substance abuse treatment. What We Learned: As tools, effective approaches for this population include: Redirection of anger by acknowledgment and adoption of positive parenting behaviors which are “best for the child.” Meditation and visualization techniques were taught as stress reduction tools. Clients in the SBRRC who benefitted from the group chose to continue the group outside the contract setting, and were to be joined by the instructor.
- 4. Learning Objective (#4): Violence and Trauma Prevention. What We Hoped to Learn: Contractor’s use of “trauma-informed” approaches would recognize the vulnerabilities of trauma survivors, including these male adult clients, and avoid inadvertently re-

Positive Parenting for Men in Recovery - San Diego		
	traumatizing clients, while also facilitating client participation in treatment.	
Innovative elements	- This innovation project is a new integrated mental health approach designed to produce better outcomes for an underserved population of fathers in non-residential AOD treatment programs. This unique approach allows fathers to engage in an integrated educational program to enhance their parenting skills, address their unique needs as men in substance abuse treatment and receive mental health resources and prevention education. - Another goal is to improve outcomes for the children and families of these men by preventing future trauma, violence, and mental health issues.	
Outcomes	Increase Positive Parenting skills and model with children. Improve Mental Health Wellness. Reduce substance abuse risk factors and/or stressors. Reduce/prevent violence and trauma (directed at children or self and others).	
Primary purpose	Improve the quality and outcomes of services	
Other purposes	Not applicable.	
Innovation definition	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.	
Total budget	\$630,000.	
Budget for evaluation aspects	External Evaluation:	Not applicable.
	Internal Evaluation:	5%.
	Administrative:	10%.
	Other:	Direct Services 85%.
Evaluation designs		
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Pre and Post measures.	
Timeline for evaluation	Completed 2013.	

Positive Parenting for Men in Recovery - San Diego		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
External/contracted project staff		External/contracted project staff
Evaluation Implementation:		Review of Evaluation Findings:
External/contracted project staff		- Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff
How were data analyzed or what is the plan for data analysis	Pre and post test of parenting knowledge and practices.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Not applicable.	
What training or technical assistance resources did the county use during the project, if any?	Not applicable.	
How were/are/will the effects of the project's innovative elements be measured?	Not applicable.	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Not applicable.	
Were/will data be analyzed to show differential impacts on various populations/situations?	Not applicable.	
Were midcourse changes made as a result of evaluation findings?	No.	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation	End the project.	

Positive Parenting for Men in Recovery - San Diego	
funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. • Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In MHSA Reports.
Sources of Information	http://www.sdcounty.ca.gov/hhsa/programs/bhs/documents/Innovation_Evaluation_Report.pdf (Evaluation for all 10 projects) http://sandiego.camhsa.org/innovation.aspx (County Innovation website) http://sandiego.camhsa.org/files/MHSA-Annual-Plan-Board-Report-FY13-14-DRAFT-09302013.pdf (FY 13-14) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/SanDiego_FY12-13_AnnualUpdate_101212.pdf (FY12-13) http://sandiego.camhsa.org/files/FINAL%20Submission%20to%20State%2012-04-091.pdf (original INN plans) http://sandiego.camhsa.org/files/INN-Prg-Summ021413.pdf (Contact info for each program and INN summaries)

After-School Inclusion Project - San Diego
The purpose of the MHSA Innovations After-School Inclusion Program is to increase access to after-school programs for youth with social-emotional/behavioral issues. The program provides opportunities for students, previously stigmatized and/or precluded from participating, to be integrated with their peers by utilizing Inclusion Aides to provide behavioral support and teach them pro-social and functional skills. The program

After-School Inclusion Project - San Diego

introduces to the behavioral health system a community defined approach that has been successful in a non-mental health context.

Timeline:
July 2012 through June 2015

Total Budget:
\$3,550,000

Evaluation Budget:
\$58,710

Project Status	In process.	
Evaluation questions	- Does participation in program: ✓ Improve participants' behavior, self-esteem, social competence, and increase healthy behaviors? ✓ Increase participants' social connectiveness? ✓ Increase referrals to external services? ✓ Increase gatekeepers' awareness of how to identify at-risk youth and refer them to appropriate services? ✓ Improve parent/guardian stress levels? ✓ A minimum of 80.0% of participants will be satisfied with the program?	
Innovative elements ()	Providing opportunities for students, previously stigmatized and/or precluded from participating, to be integrated with their peers by utilizing Inclusion Aides to provide behavioral support and teach them pro-social and functional skills.	
Outcomes ()	- Enhancement of life skills. - Increase in self-sufficiency and self-esteem. - Improvement in behavioral and mental health conditions. - Increase in overall wellness for TAY and Foster Youth.	
Primary purpose	Promote interagency collaboration.	
Other purposes	Not applicable.	
Innovation definition	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.	
Total budget	\$3,550,000 over 3 years.	
Budget for evaluation aspects	External Evaluation:	\$58,710.

After-School Inclusion Project - San Diego		
	Internal Evaluation:	
	Administrative:	
	Other:	Yearly \$1,150,000 total.
Evaluation designs	Pre/Post Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Direct observation. - Pre and Post measures.	
Timeline for evaluation	- The evaluation of the project is ongoing throughout the three year length of the project. Data are collected at intake and at discharge for children served. - Additionally, parents/caregivers of children served participate in evaluation activities (i.e., satisfaction survey) at the time with children are discharged.	
Evaluation Participants		
Evaluation Design: - MHSA/INN Manager - Internal Project Staff - External/contracted project staff		Review and Approval of Design: - MHSA/INN Manager - Internal Project Staff - External/contracted project staff
Evaluation Implementation: - Internal Project Staff - External/contracted project staff		Review of Evaluation Findings: - MHSA/INN Manager - Internal Project Staff - External/contracted project staff
How were data analyzed or what is the plan for data analysis?	- Working in close partnership with YMCA After-School Inclusion staff, Harder+Company reviewed existing data collection tools and methods to develop a retrospective evaluation of the program’s first year and has continued all evaluations activities to date. The analyses focused on describing the program participants and examining the effectiveness of the YMCA After-School Inclusion Program. - Methods: The evaluation utilizes data collected from a variety of sources to ensure	

After-School Inclusion Project - San Diego

that a wide range of perspectives are reflected in the findings, including:

- ✓ Comprehensive Behavioral Health Assessment. The comprehensive assessment captures the unique needs of the child and family when a child enters the program. Participant strengths and challenges are noted during the assessment, as well as medical history, social-emotional/behavior history and the participant's desired program goals. Data captured will be described in the annual evaluation report.
- ✓ Child Behavior Scale. The Child Behavior Scale (CBS) measures changes in caretakers' perception of a child's aggression, anti-social behaviors, exclusion by peers, pro-social behaviors and hyperactivity. The CBS is administered by the Inclusion Aide to the After-School staff and youth's parents at program entry and exit. The CBS was adapted from the original CBS created by Ladd and Profilet by changing the likert scale from a 3 point likert scale (ranging from 1=doesn't apply to 3=certainly applies) to a 5 point likert scale (ranging from 1=doesn't apply to 5=always applies). Data will be analyzed using a paired t-test for each domain assessed to measure whether there is a significant change from intake to discharge.
- ✓ Parent/Guardian Stress Scale. This self-report scale assesses the level of stress the parent/guardian is experiencing in relation to their child(ren). The Inclusion Aide administers the Parent/Guardian Stress Scale to parents at the time of the youth's program entry and upon exiting the program. The Parent/Guardian Stress Scale is based on the Parental Stress Scale developed by Berry and Jones, published in 1995. Data will be analyzed using a paired t-test to measure whether there is a significant change from intake to discharge.
- ✓ Participant Self-Assessment. This self-report tool assesses a youth's perceived behavior competence, social acceptance, and overall self-worth. Program youth ages 8-14 are administered the participant self-assessment during their first meeting with an Inclusion Aide, and again when youth exit the YMCA After-School Inclusion Program. The participant self-assessment was adapted from Susan Harter's Self-Perception Profile for Children and the modified Self-Perception Profile created by Lars Wichstrom. The YMCA After-School Inclusion Program

After-School Inclusion Project - San Diego	
	simplified Harter's survey administration process and modified Wichstrom's self-assessment from a 4 point likert scale to a 5 point likert scale. Data will be analyzed using a paired t-test to measure whether there is a significant change from intake to discharge. ✓ Satisfaction Survey. The self-report survey is administered to youth and their parents when they are exiting the YMCA After-School Inclusion Program. Families are asked to report on their satisfaction of program services, staff, and their overall satisfaction with the program. ✓ Gatekeeper and Training Assessment. The self-report survey is administered to participating After-School staff (i.e. Gatekeepers) at each program site. Gatekeepers are asked to provide feedback regarding the services provided by the Inclusion Aide working at their site. Gatekeepers also report on their knowledge gained as a result of attending program trainings.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• None.
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• One of the program goals is to improve participants' behavior. Once entered into the YMCA Youth and Family Services After-School Inclusion Program, youth received tailored services from the Inclusion Aide to meet their social-emotional/behavior needs. The successes of youth to make positive behavior change was measured through parent, staff, and youth assessments of behavior when they entered and exited the program. Staff and youth generally saw positive changes in youth's behavior. (Note: Youth received a more general self-assessment.) Parental stress decreased markedly from the time youth entered the program to the time they exited, suggesting that the program benefited both youth and families alike. • Another goal of the YMCA Youth and Family Services After-School Inclusion Program is to help youth develop social support, networks of friends, and increased social connectivity of youth and families. The Inclusion Aides, with support from parents and gatekeepers, develop an individualized Behavioral Intervention Plan for the youth to

After-School Inclusion Project - San Diego

	help focus on their desired outcome behaviors. To assess the success of the YMCA's efforts, social connectedness was measured by assessing youth's perceived levels of social acceptance and self-worth at the time of program entry and exit. In general, both perceived social acceptance and self-worth increased for youth from program entry to exit. • One of the program goals is to increase gatekeepers' (i.e. after-school staff) awareness of how to identify at-risk youth and refer them to appropriate services. Gatekeepers receive training from both Lead Inclusion Aides and Inclusion Aides on how to appropriately manage and take preemptive measures to avoid problem behaviors. • Gatekeepers were asked to report whether they applied the knowledge acquired during the YMCA Youth and Family Services After-School Inclusion Program training to identify at-risk youth. Results demonstrated that nearly all gatekeepers (94.0%) reported having the tools to apply the knowledge learned. The increased capacity of After-School staff to identify and appropriately refer youth with emotional-behavioral issues will help youth benefit from community resources and services. • YMCA After-School Inclusion Program staff strived to have open communications with gatekeepers, and did so by meeting weekly with youth participants and After-School staff. The program's goal is to have 80.0% of participants be satisfied with the program and the program's level of service and support. Satisfaction was measured for the impact of program services, as well as the satisfaction with Inclusion Aides.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• For the final analysis, evaluators will examine whether participants' change in behavior, self-esteem, social competence, social connectedness, and increase healthy behaviors is related to the length of time receiving the new element of service.
Were/will data be analyzed to show differential impacts on various populations/situations?	• None planned at this time and not part of current evaluation design.
Were midcourse changes made as a result of evaluation findings?	• No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.

After-School Inclusion Project - San Diego	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	The decision was made to not continue the project with Innovation funding. The intent of this Innovation funding was to sustain it by other means.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	The contractor is in ongoing negotiations for sustainable plans with some of the schools. Outcomes look positive.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Through MHSA reports that are shared with the community at gatherings and posted on the website and in internal county monitoring reports.
Sources of Information	http://www.sdcounty.ca.gov/hhsa/programs/bhs/documents/Innovation_Evaluation_Report.pdf (Evaluation for all 10 projects) http://sandiego.camhsa.org/innovation.aspx (County Innovation website) http://sandiego.camhsa.org/files/San-Diego-FY10-11-Update-Innovation-Cycle-2-1.pdf (County Innovation website) http://sandiego.camhsa.org/files/MHSA-Annual-Plan-Board-Report-FY13-14-DRAFT-09302013.pdf (FY 13-14) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/SanDiego_FY12-13_AnnualUpdate_101212.pdf (FY12-13) http://sandiego.camhsa.org/files/INN-Prg-Summ021413.pdf (Contact info for each program and INN summaries)

In-Home Outreach Teams - San Diego
To provide in-home outreach and engagement services to individuals with Severe Mental Illness (SMI) who are reluctant to seek outpatient mental health services, and to their family members or caretakers.

In-Home Outreach Teams - San Diego

Timeline:
January 2012 through June 2015

Total Budget:
\$3,098,342

Evaluation Budget:
\$83,135

Project status	• In process.
Evaluation questions	• Learning Objective (#1): Providing an in-home outreach and engagement service will allow individuals with SMI, who have resisted traditional means of accessing services, a greater knowledge of the system and be more comfortable accessing or accepting outpatient mental health services. ✓ Do IHOT program participants engage/connect with IHOT program staff? ✓ Do IHOT program participants link with treatment and non-treatment related community resources? ✓ Do IHOT program participants have a greater utilization of outpatient mental health and substance abuse treatment after IHOT program participation? ✓ Do IHOT program participants have less utilization of acute/crisis oriented mental health and substance abuse treatment after IHOT program participation? • Learning Objective (#2): Bringing services to the participant and family will increase family member knowledge of and enhanced satisfaction with the mental health system of care. ✓ Does participation in the IHOT program improve family relationships (e.g., attitudes and perceived criticism).
Innovative elements	• Use of mobile In-Home Outreach Teams (IHOT) to provide in-home assessment, crisis intervention, short-term case management, and support services.
Outcomes	• To increase family member satisfaction with the Mental Health System of Care and reduce the effects of untreated mental illness in individuals with SMI and their families.
Primary purpose	• Increase access to services for underserved populations.
Other purposes	• Not applicable. No additional primary purpose of the IHOT program.
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.

In-Home Outreach Teams - San Diego		
Total budget	• \$3,098,342 for this phase of the project which encompassed 2.5 years.	
Budget for evaluation aspects	External Evaluation:	• \$83,135.
	Internal Evaluation:	• Not applicable.
	Administrative:	
	Other:	• Not applicable.
Evaluation designs	• Quantitative and qualitative data analyses.	
Will/was a comparison group used for the design?	• No.	
Describe comparison group design (if applicable)	• Not applicable.	
Data collection methods	• Survey. • Interviews. • Focus Groups. • Clinical records. • Direct observation. • Pre and Post measures. • Currently available county data resources (The system wide San Diego County electronic mental health services database was used to identify IHOT participants' utilization of public mental health services before, during, and after participation in the IHOT program).	
Timeline for evaluation	• Evaluation related data were collected throughout the period of time that each consumer (and, if available, their family) was involved in the IHOT program. Primary data collection points occurred at key program transition times (e.g., entering program, transitioning to the Engaged Phase, and program completion). • In addition, the service utilization of other public mental health services provided throughout San Diego County was examined prior to, during, and after IHOT program participation. • Periodic qualitative data collection activities with program staff, consumers, and family members occurred at select times throughout the evaluation. • Evaluation reporting met program requirements including the preparation of	

In-Home Outreach Teams - San Diego	
	specialized brief reports that examined key aspects of IHOT program operations and outcomes.
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff
Evaluation Implementation: • Internal Project Staff • External/contracted project staff	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • San Diego County Mental Health Board, San Diego County Board of Supervisors
How were data analyzed or what is the plan for data analysis?	• The quantitative data collected related to consumer characteristics, service utilization, and outcomes achieved were primarily presented and analyzed descriptively with chi-square tests utilized where feasible/appropriate. As the number of IHOT participants' increases, additional, more detailed, statistical analyses are anticipated. For the qualitative data analyses, multiple investigators reviewed the qualitative data to develop coding schemes and identify relevant themes through an iterative consensus approach.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• The system wide San Diego County electronic mental health services database was used to identify IHOT participants' utilization of public mental health services before, during, and after participation in the IHOT program.
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• Primary outcome measures for the IHOT program included: ✓ 1) The voluntary development of connections to treatment and non-treatment related to community services (as determined by IHOT staff members following a

In-Home Outreach Teams - San Diego	
	“warm-handoff” period). ✓ 2) An increase in outpatient mental health/substance abuse treatment after IHOT program completion (as documented through a review of service utilization in a county-wide public mental health database). ✓ 3) A decrease in acute/crisis mental health treatment after IHOT program completion (as documented through a review of service utilization in a county-wide public mental health database). ✓ 4) Improvements in family member relationships (as measured by research-based assessments of family attitudes [Kavanagh et al, 1997] and perceived criticism [Hooley & Teasdale 1989]). • These measures reflect the key outcomes that a successful IHOT program would be anticipated to accomplish.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• During follow-up interviews participants and family members frequently stated that the emphasis on relationship building overall and the persistence of IHOT program staff in their efforts to engage persons with SMI were crucial to achieving positive IHOT program results.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Where appropriate analyses have been conducted and presented for various IHOT program subgroups including by gender, race, prior hospitalizations and incarcerations, phase of IHOT program completion, among others.
Were midcourse changes made as a result of evaluation findings?	• No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• The project was expanded countywide and continued with INN funds for three additional years as there were still things we needed to learn to perfect this innovation which we hope to promote to other counties at the conclusion of this next phase.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.

In-Home Outreach Teams - San Diego	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. • Outside our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• The County of San Diego Innovation Evaluation Report has been disseminated throughout San Diego County to behavioral health stakeholder groups such as the Councils and is posted publically at http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/technical_resource_library.html. It was also submitted to the MHSOAC. • The provider and county staff have also presented at conferences outside the county.
Sources of Information	http://www.sdcounty.ca.gov/hhsa/programs/bhs/documents/Innovation_Evaluation_Report.pdf (Evaluation for all 10 projects) http://sandiego.camhsa.org/innovation.aspx (County Innovation website) http://sandiego.camhsa.org/files/San-Diego-FY10-11-Update-Innovation-Cycle-2-1.pdf (County Innovation website) http://sandiego.camhsa.org/files/MHSA-Annual-Plan-Board-Report-FY13-14-DRAFT-09302013.pdf (FY 13-14) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/SanDiego_FY12-13_AnnualUpdate_101212.pdf (FY12-13) http://sandiego.camhsa.org/files/INN-Prg-Summ021413.pdf (Contact info for each program and INN summaries)

Independent Living Facilities Project - San Diego		
To promote the highest quality Independent Living (IL) home environment for adults with severe mental illness, and to promote support, wellness, and recovery to IL residents.		
Timeline: July 2012 through June 2015	Total Budget: \$1,285,000	Evaluation Budget: \$95,000

Independent Living Facilities Project - San Diego		
Project Status	In process.	
Evaluation questions	To promote the highest quality Independent Living (IL) home environment for adults with severe mental illness. What We Hoped to Learn: IL owners would be open to ILA membership and thereby adopt a baseline level of quality standards that all IL members would adhere to in order to create a better standard of living for IL residents.	
Innovative elements	This project addresses the identified issues by providing appropriate and reliable housing resource coordination, education and standards, as well as increased transparency and accountability of ILFs. It encourages consumers and community participation in the process.	
Outcomes	Improvements in resident and tenant services and in the quality of life for ILF residents.	
Primary purpose	Increase access to services for underserved populations.	
Other purposes	Not applicable.	
Innovation definition	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.	
Total budget	\$1,285,000.	
Budget for evaluation aspects	External Evaluation:	\$95,000.
	Internal Evaluation:	
	Administrative:	\$180,000.
	Other:	\$1,000,000.
Evaluation designs		
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews.	
Timeline for evaluation	Throughout three year life span of project.	

Independent Living Facilities Project - San Diego		
Evaluation Participants		
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff		Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff
Evaluation Implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff		Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff
How were data analyzed or what is the plan for data analysis?	• Under development.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable.	
What training or technical assistance resources did the county use during the project, if any?	• Not applicable.	
How were/are/will the effects of the project's innovative elements be measured?	• Not applicable.	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Not applicable.	
Were/will data be analyzed to show differential impacts on various populations/situations?	• No.	
Were midcourse changes made as a result of evaluation findings?	• No.	
At this time, has a decision been made about sustaining the project beyond the current	• Not Yet.	

Independent Living Facilities Project - San Diego	
Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. • Outside our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In MHSA reports.
Sources of Information	http://www.sdcounty.ca.gov/hhsa/programs/bhs/documents/Innovation_Evaluation_Report.pdf (Evaluation for all 10 projects) http://sandiego.camhsa.org/innovation.aspx (County Innovation website) http://sandiego.camhsa.org/files/San-Diego-FY10-11-Update-Innovation-Cycle-2-1.pdf (County Innovation website) http://sandiego.camhsa.org/files/MHSA-Annual-Plan-Board-Report-FY13-14-DRAFT-09302013.pdf (FY 13-14) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/SanDiego_FY12-13_AnnualUpdate_101212.pdf (FY12-13) http://sandiego.camhsa.org/files/INN-Prg-Summ021413.pdf (Contact info for each program and INN summaries)

TAY Academy --Transition-Age and Foster Youth Program – San Diego
The purpose of the TAY Academy is to: Increase access to underserved groups by providing solutions to the challenges, problems, and barriers

TAY Academy --Transition-Age and Foster Youth Program – San Diego

identified by the community for Transition Age Youth (TAY) and Foster Youth. This will be done through the establishment of five regionally-based TAY Academy Centers that integrate coaching, mentoring and teaching strategies resulting in a successful transition to independent living and an increase in the number of youth/TAY who transition out of the Children's and Adult Behavioral Health Systems of Care.

Timeline:
July 2012 through June 2015

Total Budget:
\$4,938,521

Evaluation Budget:
\$25,000

Project Status	• In process.
Evaluation questions	• 1. Learning Objective (#1): Individualized goals and activity modules that address goals and reduce the problems and barriers, including: ✓ a. TAY lacking self-identity, sense of purpose, and passion for future. ✓ b. Foster/at-risk non-engaged TAY are at an elevated risk for mental illness compared to their age peers. ✓ c. TAY do not effectively engage in available resources. ✓ d. There is a lack of coaching, mentoring and teaching TAY on identifying goals that directly connect to their passion and motivators. ✓ e. There are insufficient support resources for at-risk, non-engaged youth and foster TAY. • 2. Learning Objective (#2): We sought out to learn whether this type of community integration program improves TAY outcomes by: ✓ a. Increasing the engagement and retention rates of foster youth in supportive transitional activities. ✓ b. Assisting TAY in developing goals and life plans; reducing the number of youth/TAY that would need to transition to Adult specialty mental health services. ✓ c. Increasing the number of youth/TAY who transition out of the Children's and Adult Systems of Care that participate in transitional activities. ✓ d. Providing the support that TAY need to navigate resources; increasing youth/TAY participation in school and/or employment. ✓ e. Reducing re-hospitalizations, legal system involvement, incarceration and homelessness (same as above). ✓ f. Increasing healthy behaviors.

TAY Academy --Transition-Age and Foster Youth Program – San Diego		
Innovative elements	The combination of teaching, coaching and mentoring components to develop relationships and skills paired with activities that focus on education/higher education, vocational training, comprehensive independent living skills, employment preparation and supports.	
Outcomes	- Increase in engagement and retention rates of foster youth in activities. - Reduction in number of youth transitioning to Adult specialty mental health services. - Reduction in re-hospitalizations and involvement with legal system. Increase in healthy behaviors.	
Primary purpose	Increase access to services for underserved populations.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$4,938,521 for all 3 years.	
Budget for evaluation aspects	External Evaluation:	\$25,000.
	Internal Evaluation:	Not applicable.
	Administrative:	\$0.00.
	Other:	Not applicable.
Evaluation designs	- Longitudinal Design. - Objective goals evaluation and subjective stakeholder’s group’s feedback.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Focus Groups. - Client Design Plans.	
Timeline for evaluation	Data was collected throughout the fiscal year. In addition, client and stakeholder groups were held at the end of each fiscal year, culminating at an end of fiscal year full annual evaluation.	
Evaluation Participants		

TAY Academy --Transition-Age and Foster Youth Program – San Diego	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
Evaluation Implementation: • Internal Project Staff • External/contracted project staff	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• Data analysis included monthly tracking of all quantitative objectives as well as client and stakeholder feedback in each region annually.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• The program utilized an Appilistic database to track objectives for all programs.
What training or technical assistance resources did the county use during the project, if any?	• There was no BHS Innovation-wide training or technical assistance provided.
How were/are/will the effects of the project’s innovative elements be measured?	• This model was not based on an EBP, but rather was created to be experimental. The effects of this projects innovative elements were/are measured monthly and annually culminating in an annual evaluation.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• The evaluator evaluated all key objectives and included client and stakeholder feedback to assess the successes of each of the objectives including the analysis of the overall results.
Were/will data be analyzed to show differential impacts on various populations/situations?	• The data can be manipulated and analyzed to compare various populations. The data points currently capture this information across all program sites.
Were midcourse changes made as a result of	• Yes.

TAY Academy --Transition-Age and Foster Youth Program – San Diego	
evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• The decision was not to continue this project.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. • Outside our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• The County of San Diego Innovation Evaluation Report has been disseminated throughout San Diego County to behavioral health stakeholder groups such as the Councils and is posted publicly at http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/technical_resource_library.html. It was also submitted to the MHSOAC.
Sources of Information	http://www.sdcounty.ca.gov/hhsa/programs/bhs/documents/Innovation_Evaluation_Report.pdf (Evaluation for all 10 projects) http://sandiego.camhsa.org/innovation.aspx (County Innovation website) http://sand-iego.camhsa.org/files/MHSA-Annual-Plan-Board-Report-FY13-14-DRAFT-09302013.pdf (FY 13-14) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/SanDiego_FY12-13_AnnualUpdate_101212.pdf (FY12-13) http://sandiego.camhsa.org/files/INN-Prg-Summ021413.pdf (Contact info for each program and INN summaries)

San Francisco County

Innovative Projects:	Project Titles:	Population(s) Served:
	Supportive Employment and Cognitive Training Project	SMI clients seeking employment
	Youth-Led Evaluation of Behavioral Assessment Tools	Youth
	Peer Education/Advocacy on Self-Help Movement	College/University students
	Peer-Led Hoarding and Cluttering Support Team	Individuals identified as hoarders
	Collaboration with the Faith Community	Leaders of behavioral health and faith communities
	Community Mini-Grants for Innovation	Individuals or organizations with innovative behavioral health ideas
	Alleviating Anti-Psychotic Metabolic Syndrome	SMI consumers
	Building Bridges: Linking Schools and Community Clinics	Youth in Southeast neighborhoods of San Francisco
	Seedling Resilience	Homeless individuals with SMI
	Improve IT	Staff of selected mental health clinic
	First Impressions	Mental health consumers
	Adapt the WRAP	TAY
	Mindfulness-Based Intervention for Youth and their Providers	High risk youth dealing with complex trauma
	Digital Story-Telling for Adults	Adults and older adults living with mental illness

Supportive Employment and Cognitive Training Project – San Francisco

This project combines state-of-the-art Supported Employment (SE) practices with cutting-edge computerized cognitive training that sharpens clients' thinking, memory, and problem-solving skills. Clients participate in 12 weeks of daily computerized cognitive training exercises to improve their brain information processing abilities. They then enter individualized job placement and support. The goal is for participants to achieve and maintain successful and enduring competitive employment in the community within a one year timeframe.

Timeline:
July 2010 through July 2013

Total Budget:

Evaluation Budget:

Supportive Employment and Cognitive Training Project – San Francisco	
Project Status	Completed.
Evaluation questions	- Does the combined SECT intervention improve the self-confidence and cognitive functioning of seriously mentally-ill individuals? - Does the SECT intervention increase employment retention for seriously mentally ill individuals? - To what extent does employment help increase the independence, sense of self-worth and dignity, and inclusion in community life among seriously mentally ill participants?
Innovative elements	- The SECT Project takes two state-of-the-art and highly effective interventions and combines them in a novel approach to recovery for individuals with severe mental illness. The SE model, when implemented according to high-fidelity evidence-based practices, is very successful in helping individuals obtain competitive jobs in the community. However, it is somewhat less successful in helping clients maintain long-term employment. It appears that the rate-limiting factor for long-term job success is the cognitive impairment of serious mental illness: the poor memory, thinking, and problem-solving skills that are a result of the brain dysfunction. - We propose to directly target those cognitive impairments by having clients first participate in 12 weeks of intensive, computerized cognitive training exercises that are designed to improve this brain dysfunction. - We predict that vigorous cognitive training will allow clients to make better use of SE, and that this will translate into better ability to maintain and function in employment settings. - The SECT Project will be a landmark study. It will add to the literature of knowledge on successful interventions for individuals with serious mental illness, on the neuroscience of cognitive remediation, and on optimal vocational rehabilitation practices.
Outcomes	- Increase employment retention for seriously mentally ill consumers. - Improve self-confidence and cognitive functioning among target consumers.
Primary purpose	Increase the quality of services, including better outcomes.
Other purposes	Not applicable.

Supportive Employment and Cognitive Training Project – San Francisco		
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$747,239 and \$378,246.	
Budget for evaluation aspects	External Evaluation:	This program was linked with a UCSF research study, but SF INN funds were not used for evaluation.
	Internal Evaluation:	Not tracked.
	Administrative:	Not tracked.
	Other:	None.
Evaluation designs	- Experimental/Control Group. - MATRICES Consensus Cognitive Battery, Positive and Negative Syndrome Scale, Quality of Life Scale.	
Will/was a comparison group used for the design	Yes. Randomized control trial.	
Describe comparison group design (if applicable)	Double blind randomized control.	
Data collection methods	- Surveys. - Interviews. - Pre and Post measures.	
Timeline for evaluation	Evaluation data collected at three different points in Phase II.	
Evaluation Participants		
Evaluation Design: - Internal Project Staff - External/contracted project staff		Review and Approval of Design: Other people
Evaluation Implementation: External/contracted project staff		Review of Evaluation Findings: Internal Project Staff
How were data analyzed or what is the plan for data analysis?	Data analyzed internally.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Multiple research programs were utilized.	

Supportive Employment and Cognitive Training Project – San Francisco	
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• Please see Q13 through Q15.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Not applicable.
Were/will data be analyzed to show differential impacts on various populations/situations?	• No.
Were midcourse changes made as a result of evaluation findings?	• Yes, program found that participants needed more time to complete computerized training, thus the timeline was extended.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes. The cost of the Cognitive Training does not appear to be warranted given the relatively modest impact on employment outcomes. The value of Supported Employment is clear and that practice will continue to be supported across the system in vocational programs.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Miscellaneous funding streams.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. Phase One Report just published - shared with Advisory Board, CBHS Executive Committee. • Outside our county. Phase One Report just published - shared with CBHDA and MHSOAC.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Phase One Report just published - shared with Advisory Board, CBHS Executive Committee.
Sources of Information	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2013-2014AnnualUpdateFinal01.pdf (FY13-14)

Supportive Employment and Cognitive Training Project – San Francisco

	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2012-2013AnnualUpdate-072612v2.pdf (FY12-13) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2011-2012AnnualPlanUpdate-030111.pdf (FY11-12) http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/ (County website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/SF_INN_Plan.pdf (Inn work plans)

Youth Led Evaluation of Health Assessment Tools (phase one) – San Francisco

CBHS proposes to implement a youth-led evaluation of the “youth friendliness” of existing behavioral health assessment tools (CANS, Assess Your Self, AHWG Behavioral Health Toolkit, and Do You Feel Me?), the methods of administration of these tools, and to identify other potential instruments that might be more youth friendly. We expect that a team of 15 stipend youth will be recruited from local high schools –reflecting the demographics of the City both from a racial/ethnic and socioeconomic perspective. We would also expect that a significant number of the participants on the team would be consumers of mental health services. The team will be given an extensive orientation to behavioral health assessment instruments used in SF and throughout the US. The team will also be asked to develop a rating scale that provides a structured way of rating the youth friendliness of the various instruments being reviewed.

Timeline:

This program was never launched

Total Budget:

Evaluation Budget:

Project Status	Abandoned.
Evaluation questions	
Innovative elements	The proposed project is almost exclusively focused on increasing learning among behavioral health providers. We expect that youth will evaluate the youth friendliness and effectiveness of an array of assessment instruments and practices among practitioners. In order to increase the reliability of the study, the youth leadership group will reach out to another 45 youth through focus groups comprised

Youth Led Evaluation of Health Assessment Tools (phase one) – San Francisco

	of a broad cross section of the youth community. The findings of this study will be disseminated widely to practitioners throughout the City. Dissemination methods will include emailing the report or a link to the report to all City Behavioral Health contractors, Departments of Psychology and Social Work at local universities, and to the organizations that distribute various standardized assessments. We anticipate that the report will use multi-media to ensure that the findings are widely accessible and disseminated to professionals as well as to other youth.	
Outcomes	Improved (youth) cultural competence of assessment process among agencies and practitioners in San Francisco.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		

Youth Led Evaluation of Health Assessment Tools (phase one) – San Francisco

What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2013-

Youth Led Evaluation of Health Assessment Tools (phase one) – San Francisco

	2014AnnualUpdateFinal01.pdf (FY13-14) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2012-2013AnnualUpdate-072612v2.pdf (FY12-13) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2011-2012AnnualPlanUpdate-030111.pdf (FY11-12) http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/ (County website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/SF_INN_Plan.pdf (Inn work plans)

Peer Education/Advocacy on Self-Help Movement (phase one) – San Francisco

Peered is a concerted effort to bring the self-help, recovery model to College and University classrooms and campuses in a compelling manner so that professional mental health workers in training and their professors are made aware of:

The history of the consumer movement within the context of the civil rights movement and struggles for justice.

Culturally competent, self-help methods used in working with individuals and groups.

Effective advocacy on behalf of self and others.

The organizational structure of self-help agencies and the ways that they maintain fiscal sustainability.

Timeline:
July 2010 through June 2012

Total Budget:
\$48,684

Evaluation Budget:
None/not tracked

Project Status	Completed.
Evaluation questions	Will having a curriculum developed by consumers for post-secondary students help the students better understand the consumer movement and therefore decrease stigma?
Innovative elements	We plan to determine whether having experienced consumers offering technical assistance and instruction can help IHEs to incorporate the recovery model into their curricula and their campus services in a sustainable manner.
Outcomes	Social Work and Mental Health higher education faculty and their students will

Peer Education/Advocacy on Self-Help Movement (phase one) – San Francisco		
	increasingly understand and support the recovery model and seek out ways to empower and support the civil rights of consumers. Student support programs of all kinds will be imbued with the self-help, recovery philosophy which will be sustained after the pilot project.	
Primary purpose	Increase the quality of services, including better outcomes.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$48,684.	
Budget for evaluation aspects	External Evaluation:	None.
	Internal Evaluation:	Not tracked.
	Administrative:	Not tracked.
	Other:	None.
Evaluation designs	Not applicable.	
Will/was a comparison group used for the design	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods		
Timeline for evaluation	Not applicable.	
Evaluation Participants		
Evaluation Design: - Internal Project Staff - External/contracted project staff		Review and Approval of Design: Other people
Evaluation Implementation:		Review of Evaluation Findings: Internal Project Staff
How were data analyzed or what is the plan for data analysis?	Data analyzed internally.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze	None.	

Peer Education/Advocacy on Self-Help Movement (phase one) – San Francisco	
data?	
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• Please see Q13 through Q15.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Not applicable.
Were/will data be analyzed to show differential impacts on various populations/situations?	• No.
Were midcourse changes made as a result of evaluation findings?	• Not applicable.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• No. Will not continue.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. Phase One Report just published - shared with Advisory Board, CBHS Executive Committee. • Outside county. Phase One Report just published - shared with CBHDA and MHSAOC.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Phase One Report just published - shared with Advisory Board, CBHS Executive Committee.
Sources of Information	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2013-2014AnnualUpdateFinal01.pdf (FY13-14) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2012-2013AnnualUpdate-

Peer Education/Advocacy on Self-Help Movement (phase one) – San Francisco	
	072612v2.pdf (FY12-13) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2011-2012AnnualPlanUpdate-030111.pdf (FY11-12) http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/ (County website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/SF_INN_Plan.pdf (Inn work plans)

Peer-Led Hoarding and Cluttering Support Team (phase two) – San Francisco	
The purpose of this project is to provide peer support, community and system navigation by and for individuals who suffer from hoarding and cluttering behaviors. This project would create a peer-led hoarding and cluttering support team that would initially make contact with a client when they are in time of crisis/assessment and continue this support through a period of intensive case management, until the client has completed treatment and ideally becomes a peer supporter as well.	
Timeline: July 2010 through June 2012	Total Budget: \$581,412 Evaluation Budget: None/not tracked
Project Status	Completed.
Evaluation questions	Will training consumers to become peer responders to individuals who hoard reduce isolation and stigma for those receiving the support?
Innovative elements	- This project is innovative because there is no current hoarding and cluttering support network, and peer-based services have not been applied to this particular mental health issue. Outside of crisis response through Adult Protective Services, there are almost no services or programs in the city and even the country on this issue. - The proposed peer positions in combination with an intensive case management approach would be a totally new and innovative approach to this problem which is not currently being addressed, and ongoing peer involvement and support has not been utilized before for this population.
Outcomes	Increased support and crisis response for individuals dealing with hoarding and

Peer-Led Hoarding and Cluttering Support Team (phase two) – San Francisco		
	cluttering issues through a peer-based network will result in improved consumer outcomes – such as, lower eviction rates, reduction or elimination of target behaviors, and improved consumer satisfaction and wellbeing.	
Primary purpose	• Increase access to underserved groups.	
Other purposes	• Not applicable.	
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	• \$581,412.	
Budget for evaluation aspects	External Evaluation:	• None.
	Internal Evaluation:	• Not tracked.
	Administrative:	• Not tracked.
	Other:	• None.
Evaluation designs	• Pre/post survey. • Interviews.	
Will/was a comparison group used for the design	• No.	
Describe comparison group design (if applicable)	• Not applicable.	
Data collection methods	• Interviews. • Pre and Post measures. • Attendance Logs.	
Timeline for evaluation	• Evaluation conducted in Phase II and III of INN project.	
Evaluation Participants		
Evaluation Design: • Internal Project Staff • External/contracted project staff		Review and Approval of Design: • Other people
Evaluation Implementation: •		Review of Evaluation Findings: • Internal Project Staff
How were data analyzed or what is the plan for data analysis?	• Data analyzed internally.	

Peer-Led Hoarding and Cluttering Support Team (phase two) – San Francisco	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• None.
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• Please see Q13 through Q15.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Not applicable.
Were/will data be analyzed to show differential impacts on various populations/situations?	• No.
Were midcourse changes made as a result of evaluation findings?	• Due to the high response rate of peers for this program, more peers were hired mid-way through this project.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Too early. Unsure if this program will continue past INN phase.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. Phase One Report just published - shared with Advisory Board, CBHS Executive Committee. • Outside county. Phase One Report just published - shared with CBHDA and MHSOAC.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Phase One Report just published - shared with Advisory Board, CBHS Executive Committee.

Peer-Led Hoarding and Cluttering Support Team (phase two) – San Francisco

Sources of Information	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2013-2014AnnualUpdateFinal01.pdf (FY13-14) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2012-2013AnnualUpdate-072612v2.pdf (FY12-13) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2011-2012AnnualPlanUpdate-030111.pdf (FY11-12) http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/ (County website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/SF_INN_Plan.pdf (Inn work plans)

Collaboration with the Faith Community (phase two)– San Francisco

Understanding the current situation will be accomplished in Year One by:

- 1) Convening leaders of the faith community and leaders of the behavioral health care community through a facilitated process to explore the strengths and opportunities afforded through collaboration and identifying the barriers to collaboration.
- 2) Key informant interviews of CBHS leadership, CBO leadership, and faith community leadership will also add to this knowledge base.
- 3) Consumer focus groups will explore the benefits and challenges associated with being a consumer and interacting with the faith community.
- 4) Beginning to plan one or more pilot projects that inherently require collaboration between the two sectors.

In Year Two, one or more pilot projects will be launched, primarily to explore the working relationships and to better understand the factors that facilitate collaboration and those that impede it.

Timeline:
July 2010 through June 2013

Total Budget:
\$19,414

Evaluation Budget:
None/not tracked

Project Status	Completed.
Evaluation questions	Does outreaching and providing training to faith-based communities decrease mental

Collaboration with the Faith Community (phase two)– San Francisco		
	health stigma?	
Innovative elements	Although there are other counties with a strong connection between the faith and mental health communities, those connections are not particularly relevant to the San Francisco condition which is imbued with its own history, culture, and institutional relationships. It seems that there is a unique circumstance in every county and the systems need to learn how to build on their strengths and overcome their barriers in an idiosyncratic manner associated with that community.	
Outcomes	The faith community, in all its diversity, and the public mental health system will adopt a common mission to support consumers and family members toward recovery and wellness; and the collaboration will develop actionable ways to express that common mission in pragmatic terms.	
Primary purpose	Promote interagency collaboration.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$19,414.	
Budget for evaluation aspects	External Evaluation:	None.
	Internal Evaluation:	Not tracked.
	Administrative:	Not tracked.
	Other:	None.
Evaluation designs	Interviews.	
Will/was a comparison group used for the design	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Surveys. - Interviews. - Focus Groups.	
Timeline for evaluation	Evaluation conducted in Phase II and III of INN project.	
Evaluation Participants		

Collaboration with the Faith Community (phase two)– San Francisco	
Evaluation Design: - Internal Project Staff - External/contracted project staff	Review and Approval of Design: Other people
Evaluation Implementation:	Review of Evaluation Findings: Internal Project Staff
How were data analyzed or what is the plan for data analysis?	Data analyzed internally.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	None.
What training or technical assistance resources did the county use during the project, if any?	None.
How were/are/will the effects of the project's innovative elements be measured?	Please see Q13 through Q15.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Not applicable.
Were/will data be analyzed to show differential impacts on various populations/situations?	No.
Were midcourse changes made as a result of evaluation findings?	Not applicable.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Too early. Unsure if this program will continue past INN phase.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the	Not applicable.

Collaboration with the Faith Community (phase two)– San Francisco	
future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. Phase One Report just published - shared with Advisory Board, CBHS Executive Committee. • Outside county. Phase One Report just published - shared with CBHDA and MHSAOC.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Phase One Report just published - shared with Advisory Board, CBHS Executive Committee.
Sources of Information	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2013-2014AnnualUpdateFinal01.pdf (FY13-14) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2012-2013AnnualUpdate-072612v2.pdf (FY12-13) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2011-2012AnnualPlanUpdate-030111.pdf (FY11-12) http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/ (County website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/SF_INN_Plan.pdf (Inn work plans)

Community Mini-Grants for Innovation (phase three) – San Francisco		
The Community Mini-Grants for Innovation funding process will differ in that it will allow individuals or organizations to develop and actually test Innovative projects. These projects may consist of significantly different types of programmatic/service models than currently exist in San Francisco’s behavioral health care or public health prevention systems. CBHS, in partnership with the INN Funding Board, will conduct ongoing evaluation efforts to understand whether this funding model and the engagement and empowerment of diverse and non-traditional mental health decision makers improve the funding process, programs or outcomes. The process will also differ from the existing contracting process, in that funding will be administered through a partnership with a local fiscal intermediary selected through a competitive process. This partnership will ensure that funding to support Innovation projects is distributed in a timely manner.		
Timeline:	Total Budget:	Evaluation Budget:
This program has not been launched yet		

Community Mini-Grants for Innovation (phase three) – San Francisco		
Project Status	Not yet started.	
Evaluation questions		
Innovative elements	- Introduction of new applications or practices/approaches that have been successful in non-mental health contexts. - Development and testing a community-run grant making program modeled on the funding methodology commonly employed by venture capitalists in the for-profit sector and donor advised funds in a community foundation.	
Outcomes	- Improved quality of programs and their outcomes. - Community empowerment, improved feelings of self efficacy in decision making and increased trust in CBHS. - Expanded community understanding of the mental health system. - Increased meaningful involvement of community members in funding decisions.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:	Review and Approval of Design:	
Evaluation Implementation:	Review of Evaluation Findings:	

Community Mini-Grants for Innovation (phase three) – San Francisco	
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements	

Community Mini-Grants for Innovation (phase three) – San Francisco	
of projects) and evaluation results been disseminated?	
Sources of Information	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2013-2014AnnualUpdateFinal01.pdf (FY13-14) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2012-2013AnnualUpdate-072612v2.pdf (FY12-13) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2011-2012AnnualPlanUpdate-030111.pdf (FY11-12) http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/ (County website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/SF_INN_Plan.pdf (Inn work plans)

Alleviating Antipsychotic Metabolic Syndrome (phase two) - San Francisco		
This project focuses on a population of consumers that face the greatest barriers to successful community integration and to employment - seriously mentally ill consumers, many of whom have co-occurring substance abuse, a history of homelessness, and very limited financial resources. Prior studies have shown that educating consumers about how to improve their diet and increase their exercise can significantly decrease the metabolic consequences of using these medications. That said, many of these programs target either consumers in a residential setting or those with generally good access to cooking facilities and fresh ingredients. The population served at the San Francisco Department of Public Health's Housing and Urban Health (HUH) Clinic is primarily homeless or marginally housed. With this innovative project, we seek to test a modified intervention designed to address the environmental realities of the clients served at the HUH Clinic.		
Timeline: February 2012 through October 2013	Total Budget: \$383,356	Evaluation Budget: None/not tracked
Project Status	Completed.	
Evaluation questions	Does teaching consumers with SMI who live in SRO's about nutrition and healthy eating reduce their metabolic symptoms and increase engagement and wellbeing?	
Innovative elements	The educational component of this project will be based upon a protocol developed by Dr. Rohan Ganguli of the University of Toronto and Jaspreet Singh Brar of the	

Alleviating Antipsychotic Metabolic Syndrome (phase two) - San Francisco

	University of Pittsburgh. This protocol ("A Behavioral Group-Based Treatment of Weight Reduction in Schizophrenia and Other Severe Mental Illnesses") is an approach designed to address the metabolic consequences of using atypical antipsychotics. The primary focus of this protocol is increasing exercise and decreasing caloric intake through portion control. The innovation in this case is the addition of a significant component focused on healthy cooking and shopping within the constraints that come with living in the Tenderloin, Mission, and South of Market neighborhoods. These individuals as a whole have little-to-no access to cooking facilities and a dearth of outlets for affordable fresh foods.	
Outcomes	- Improve metabolic markers for seriously mentally ill consumers on atypical antipsychotic medications. - Improve self-confidence and nutritionally related skills in target consumers.	
Primary purpose	Increase the quality of services, including better outcomes.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$383,356.	
Budget for evaluation aspects	External Evaluation:	None.
	Internal Evaluation:	MHSA Evaluator provided T.A., but the portion of her salary allocated to this was not tracked.
	Administrative:	Not tracked.
	Other:	None.
Evaluation designs	- Metabolic markers. - Pre/post test.	
Will/was a comparison group used for the design	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews.	

Alleviating Antipsychotic Metabolic Syndrome (phase two) - San Francisco	
	• Clinical records. • Direct observation. • Pre and Post measures.
Timeline for evaluation	• Evaluation conducted in Phase II of INN plan.
Evaluation Participants	
Evaluation Design: • Internal Project Staff • External/contracted project staff	Review and Approval of Design: • Other people
Evaluation Implementation: •	Review of Evaluation Findings: • Internal Project Staff
How were data analyzed or what is the plan for data analysis?	• Data analyzed internally.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Used SF county patient medical records.
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• Please see Q13 through Q15.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• MHSA Evaluators are involved in providing TA.
Were/will data be analyzed to show differential impacts on various populations/situations?	• No.
Were midcourse changes made as a result of evaluation findings?	• Additional classes and cohorts were added to this program due to the positive response and success rate among peers.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes, we intend to continue funding this novel and impactful program. It is likely this will evolve into a vocational program on an ongoing basis.

Alleviating Antipsychotic Metabolic Syndrome (phase two) - San Francisco	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. Phase One Report just published - shared with Advisory Board, CBHS Executive Committee. • Outside county. Phase One Report just published - shared with CBHDA and MHSAOC.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Phase One Report just published - shared with Advisory Board, CBHS Executive Committee.
Sources of Information	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2013-2014AnnualUpdateFinal01.pdf (FY13-14) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2012-2013AnnualUpdate-072612v2.pdf (FY12-13) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2011-2012AnnualPlanUpdate-030111.pdf (FY11-12) http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/ (County website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/SF_INN_Plan.pdf (Inn work plans)

Building Bridges: Linking Schools and Community Clinics (phase two) - San Francisco		
Building Bridges will test a staffing model designed to promote interagency collaboration between DPH Community Health Programs for Youth (CHPY) clinics and San Francisco Unified School District. And, if successful, to study how stronger collaboration between these systems might serve to better meet the significant mental health needs of youth living in Southeast neighborhoods of San Francisco.		
Timeline:	Total Budget:	Evaluation Budget:

Building Bridges: Linking Schools and Community Clinics (phase two) - San Francisco		
July 2011 through October 2013		\$777,778 None/not tracked
Project Status	Completed.	
Evaluation questions	- The Innovative Approach to Integrated Health Care for Youth was designed to learn if: ✓ 1) Implementing early intervention services at 3rd Street and Hawkins clinics. ✓ 2) Expanding school-based services and linkages. ✓ 3) Supporting increased capacity at the Balboa Teen Health Center will better meet the significant mental health needs of youth living in Southeast neighborhoods of San Francisco by placing these services in sites that youth are most comfortable accessing, such as youth clinics and high school Wellness Centers.	
Innovative elements	San Francisco only has one comprehensive school-based health clinic, Balboa Teen Health Center, located in the City's southeast section. While sufficient resources and political will to expand this model to other High Schools does not currently exist, this proposal attempts to build on this proven model of school-based/linked health care delivery to youth by linking CHPY clinics to SFUSD Wellness Centers, supporting clinic staff time in Wellness Centers and increasing collaborative approaches to care.	
Outcomes	Determine whether the intervention demonstrates an impact on collaboration between DPH and SFUSD and/or increase access to services for youth and their families.	
Primary purpose	Promote interagency collaboration.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$777,778.	
Budget for evaluation aspects	External Evaluation:	None.
	Internal Evaluation:	Not tracked.

Building Bridges: Linking Schools and Community Clinics (phase two) - San Francisco		
	Administrative:	Not tracked.
	Other:	None.
Evaluation designs	Focus Groups.	
Will/was a comparison group used for the design	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Clinical records. - Pre and Post measures.	
Timeline for evaluation	Evaluation conducted in Phase II of INN plan.	
Evaluation Participants		
Evaluation Design: - Internal Project Staff - External/contracted project staff		Review and Approval of Design: Other people
Evaluation Implementation:		Review of Evaluation Findings: Internal Project Staff
How were data analyzed or what is the plan for data analysis?	Data analyzed internally.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	None.	
What training or technical assistance resources did the county use during the project, if any?	None.	
How were/are/will the effects of the project's innovative elements be measured?	Please see Q13 through Q15.	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Not applicable.	
Were/will data be analyzed to show differential impacts on various populations/situations?	No.	
Were midcourse changes made as a result of	Not applicable.	

Building Bridges: Linking Schools and Community Clinics (phase two) - San Francisco	
evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Too early. Unsure if this program will continue past INN phase.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. Phase One Report just published - shared with Advisory Board, CBHS Executive Committee. • Outside county. Phase One Report just published - shared with CBHDA and MHSoAC.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Phase One Report just published - shared with Advisory Board, CBHS Executive Committee.
Sources of Information	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2013-2014AnnualUpdateFinal01.pdf (FY13-14) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2012-2013AnnualUpdate-072612v2.pdf (FY12-13) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2011-2012AnnualPlanUpdate-030111.pdf (FY11-12) http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/ (County website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/SF_INN_Plan.pdf (Inn work plans)

Seedling Resilience (phase one) - San Francisco

Pilot to learn how to utilize community gardens and urban farm spaces to support homeless, formerly homeless and individuals with severe mental health issues through the use of:

- 1) Skill shares.
- 2) Employment training.

Since skill shares encourage underserved populations and stakeholders to lead and share information as equals in a safe environment, it is predicted that “skills shares” learning will enable individuals, who have been unable to access clinical forms of mental health care, to become more invested in their health, increase their self-sufficiency, and increase community engagement.

Timeline:
July 2011 through November 2013

Total Budget:
\$78,426

Evaluation Budget:
None/not tracked

Project Status	Completed.
Evaluation questions	- What types of programming are individuals with severe mental illness willing to participate in a community garden setting? - What types of programming are city and nonprofit organizations able and willing to collaborate on and provide in a community garden environment for homeless and individuals living with mental illness? - How can the existing network of urban agriculture leaders be utilized to support community members with mental health challenges? - How can the existing network of urban agriculture leaders create opportunities for employment training and skill sharing in community gardens throughout the city?
Innovative elements	Use of community gardens and urban farm spaces to support homeless, formerly homeless and individuals with severe mental health issues.
Outcomes	- Learn what types of skill building, health and education programming underserved groups are willing to participate in, in a community garden environment. - Learn what types of skill building, health and education programming city and nonprofit organizations are able and willing to collaborate on and provide in a community garden environment.

Seedling Resilience (phase one) - San Francisco		
	Learn how to utilize and empower the existing network of urban agriculture leaders to support community members with mental health challenges and create opportunities for employment training and skill sharing in community gardens.	
Primary purpose	Increase access to underserved groups.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$78,426.	
Budget for evaluation aspects	External Evaluation:	None.
	Internal Evaluation:	Not tracked.
	Administrative:	Not tracked.
	Other:	None.
Evaluation designs	Qualitative interviews.	
Will/was a comparison group used for the design	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Interviews. - Direct observation. - Pre and Post measures. - Oral narratives.	
Timeline for evaluation	Evaluation conducted in Phase II of INN plan.	
Evaluation Participants		
Evaluation Design: - Internal Project Staff - External/contracted project staff		Review and Approval of Design: Other people
Evaluation Implementation:		Review of Evaluation Findings: Internal Project Staff
How were data analyzed or what is the plan for data analysis?	Data analyzed internally.	

Seedling Resilience (phase one) - San Francisco	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• None.
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• Please see Q13 through Q15.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Not applicable.
Were/will data be analyzed to show differential impacts on various populations/situations?	• No.
Were midcourse changes made as a result of evaluation findings?	• Due to the wonderful response rate of and use of community gardens, more community garden events were added to the calendar.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• The benefits of gardening as an engagement and wellness activity are clear. While we do not plan to support this as a stand alone program, this model of engagement and therapeutic intervention will continue to be implemented across the system. For example, our PEI Population Focused Mental Health Promotion and Early Intervention Program targeting API and African American communities as well as by the Sunset Mental Health Clinic and Wellness Center.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Miscellaneous funding streams.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. Phase One Report just published - shared with Advisory Board, CBHS Executive Committee. • Outside county. Phase One Report just published - shared with CBHDA and MHSOAC.

Seedling Resilience (phase one) - San Francisco

How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Phase One Report just published - shared with Advisory Board, CBHS Executive Committee.
Sources of Information	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2013-2014AnnualUpdateFinal01.pdf (FY13-14) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2012-2013AnnualUpdate-072612v2.pdf (FY12-13) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2011-2012AnnualPlanUpdate-030111.pdf (FY11-12) http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/ (County website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/SF_INN_Plan.pdf (Inn work plans)

Improve IT - San Francisco

Project withdrawn.		
Timeline:	Total Budget:	Evaluation Budget:
Project Status	Abandoned.	
Evaluation questions		
Innovative elements		
Outcomes		
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	

Improve IT - San Francisco		
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		
Were/will data be analyzed to show differential impacts on various populations/situations?		
Were midcourse changes made as a result of evaluation findings?		
At this time, has a decision been made about		

Improve IT - San Francisco	
sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2013-2014AnnualUpdateFinal01.pdf (FY13-14) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2012-2013AnnualUpdate-072612v2.pdf (FY12-13) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2011-2012AnnualPlanUpdate-030111.pdf (FY11-12) http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/ (County website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/SF_INN_Plan.pdf (Inn work plans)

First Impressions - San Francisco
The First Impression Project aims at changing the first impressions that mental health consumers have upon entering a mental health clinic, in two unique ways:

First Impressions - San Francisco

- 1) By engaging them and clinic staff in the decision making process of what they want their clinic to look like.
- 2) By providing them with the vocational training in basic construction and remodeling to make significant changes to the look and feel of their clinic.

The project will increase the quality of services, including better outcomes by improving the morale of clinical staff, thereby, improving productivity, creating a sense of ownership and pride of one's worksite, and most importantly increasing engagement with clients and improving services. FIP will promote interagency collaboration by partnering with a community-based mental health provider with experience in vocational services and a local building contractor with the openness and willingness to train consumers in basic construction and remodeling.

Timeline:
July 2013 through June 2015

Total Budget:
In implementation

Evaluation Budget:
None/not tracked

Project Status	In process.	
Evaluation questions	Will training consumers with SMI in basic construction skills and including them in the process of how a mental health clinic reception area looks improve the quality of services, leading to better outcomes?	
Innovative elements	Consumers have never been engaged in the process of how they want their clinic to look and feel, and then taught and allowed to make those changes.	
Outcomes	- An increase in consumer engagement in clinic and clinical services. - An increase in client satisfaction with services. - An increase in staff and provider morale. - An increase in consumers who have learned marketable job skills in basic construction and remodeling.	
Primary purpose	Increase the quality of services, including better outcomes.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	Still in implementation.	
Budget for evaluation aspects	External Evaluation:	None.

First Impressions - San Francisco		
	Internal Evaluation:	MHSA Evaluator provided T.A., but the portion of her salary allocated to this was not tracked.
	Administrative:	Not tracked.
	Other:	None.
Evaluation designs	Use of recovery scale.	
Will/was a comparison group used for the design	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Pre and Post measures.	
Timeline for evaluation	Evaluation conducted in Phase II of INN plan.	
Evaluation Participants		
Evaluation Design: - Internal Project Staff - External/contracted project staff		Review and Approval of Design: Other people
Evaluation Implementation:		Review of Evaluation Findings: Internal Project Staff
How were data analyzed or what is the plan for data analysis?	Project still in process.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	None.	
What training or technical assistance resources did the county use during the project, if any?	None.	
How were/are/will the effects of the project's innovative elements be measured?	Please see Q13 through Q15.	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	MHSA Evaluators were involved in providing TA.	
Were/will data be analyzed to show differential impacts on various populations/situations?	No.	

First Impressions - San Francisco	
Were midcourse changes made as a result of evaluation findings?	Additional cohort and classes were added due to positive response rate from peers and participants.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Too early. Unsure if this program will continue beyond INN, but initial anecdotal outcomes are impressive.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- In our county. Phase One Report just published - shared with Advisory Board, CBHS Executive Committee. - Outside county. Phase One Report just published - shared with CBHDA and MHSAOC.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Phase One Report just published - shared with Advisory Board, CBHS Executive Committee.
Sources of Information	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2013-2014AnnualUpdateFinal01.pdf (FY13-14) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2012-2013AnnualUpdate-072612v2.pdf (FY12-13) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2011-2012AnnualPlanUpdate-030111.pdf (FY11-12) http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/ (County website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/SF_INN_Plan.pdf (Inn work plans)

Adapt the WRAP (phase one) - San Francisco

This project expects to teach the benefits of WRAP to youth and attract youth participation in creating a WRAP media with which youth could readily identify. As the winning WRAP media are circulated, these WRAP media would help educate youth about the use of positive self-management tools to help support their wellness and resiliency. It is also anticipated that TAY providers would be able to use these WRAP media as effective outreach and engagement vehicles for TAY services, ultimately leading to better outcomes for TAY.

Timeline:
July 2010 through June 2012

Total Budget:
\$181,756

Evaluation Budget:
None/not tracked

Project Status	In process.
Evaluation questions	- Does ATW provide meaningful community education and outreach/engagement to connect youth to services? - To what degree do TAY consumers actually use ATW tools in their self-management? - To what degree do TAY consumers credit these tools with helping them avert crises and manage their mental illness?
Innovative elements	- This project is innovative because it: ✓ 1) adopts a strategy proven successful with older adults (WRAP) and adapts it to youth through use of popular media that they can relate to. ✓ 2) educates a group of TAY about the effectiveness of the WRAP wellness and resiliency tool and engages them in developing the new youth-specific tool(s) ✓ 3) supports TAY consumers to self-manage their mental illness.
Outcomes	A significant number of TAY consumers who report using the winning WRAP media as tools to manage difficult situations in a healthy and positive manner, Outreach workers will report improved access to TAY consumers using the winning WRAP media as an entrée. Participating TAY consumers will report improved self-management skills as a result of using the winning WRAP media strategies.
Primary purpose	Increase the quality of services, including better outcomes.
Other purposes	Not applicable.
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.

Adapt the WRAP (phase one) - San Francisco		
Total budget	\$181,756.	
Budget for evaluation aspects	External Evaluation:	None.
	Internal Evaluation:	Not tracked.
	Administrative:	Not tracked.
	Other:	None.
Evaluation designs	- Survey. - Focus group. - Key informant interviews	
Will/was a comparison group used for the design	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Focus Groups. - Pre and Post measures.	
Timeline for evaluation	Conducted in Phase I and II of INN plan.	
Evaluation Participants		
Evaluation Design: - Internal Project Staff - External/contracted project staff		Review and Approval of Design: Other people
Evaluation Implementation:		Review of Evaluation Findings: Internal Project Staff
How were data analyzed or what is the plan for data analysis?	Data analyzed internally.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	None.	
What training or technical assistance resources did the county use during the project, if any?	None.	

Adapt the WRAP (phase one) - San Francisco	
How were/are/will the effects of the project's innovative elements be measured?	Please see Q13 through Q15.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Not applicable.
Were/will data be analyzed to show differential impacts on various populations/situations?	No.
Were midcourse changes made as a result of evaluation findings?	Not applicable.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes. The use of WRAP, for TAY and other clients, will continue to be implemented across the system.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	Miscellaneous funding streams.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- In our county. Phase One Report just published - shared with Advisory Board, CBHS Executive Committee. - Outside county. Phase One Report just published - shared with CBHDA and MHSAOC.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Phase One Report just published - shared with Advisory Board, CBHS Executive Committee.
Sources of Information	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2013-2014AnnualUpdateFinal01.pdf (FY13-14) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2012-2013AnnualUpdate-072612v2.pdf (FY12-13) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2011-2012AnnualPlanUpdate-030111.pdf (FY11-12)

Adapt the WRAP (phase one) - San Francisco

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/> (County website)
http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/SF_INN_Plan.pdf
(Inn work plans)

Mindfulness Based Intervention for Youth (phase one) - San Francisco

The mindfulness-based intervention includes planning, facilitation, and evaluation of two interventions for youth, one intervention for providers, and one train-the-trainer for providers. The experiential mindfulness-based pilot intervention for youth will be taught by trained facilitators and delivered in youth vernacular with concepts relevant to youth's lives. The curriculum is a mental and emotional training program designed specifically to meet the social and emotional needs of high-risk youth coping with complex trauma.

Timeline:
July 2011 through June 2012

Total Budget:
\$125,000/\$365,746

Evaluation Budget:
None/not tracked

Project Status	Completed.
Evaluation questions	- Do mindfulness-based interventions have an impact on client and/or caregiver stress and trauma-related symptoms? - What are the barriers to implementation of mindfulness-based interventions? - Have provider participants of the mindfulness-based train-the-trainer increased their knowledge, skill and confidence in ability to lead mindfulness-based interventions for youth and other providers?
Innovative elements	The proposed intervention contributes to new learning, new approaches, and new applications of an intervention which has been proven effective in another setting. Mindfulness-based interventions are not currently utilized within the CBHS service delivery system, the school-based Wellness Centers or DPH clinics – the primary access points for mental health services among youth in San Francisco. Nor have the effects of mindfulness been fully explored as interventions for youth experiencing trauma, or among providers experiencing secondary trauma. The success of mindfulness-based interventions is, however, well documented among incarcerated

Mindfulness Based Intervention for Youth (phase one) - San Francisco		
	youth and adults. We, therefore, propose to test a proven approach with a new population and in a new setting.	
Outcomes	- Participants will experience: ✓ Reduced stress. ✓ Greater personal wellbeing. ✓ Stronger emotional capacity.	
Primary purpose	Increase the quality of services, including better outcomes.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$125,000/\$365,746.	
Budget for evaluation aspects	External Evaluation:	None.
	Internal Evaluation:	Not tracked.
	Administrative:	Not tracked.
	Other:	None.
Evaluation designs	Pre/post test.	
Will/was a comparison group used for the design	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Pre and Post measures.	
Timeline for evaluation	Evaluation conducted in Phase II of INN plan.	
Evaluation Participants		
Evaluation Design: - Internal Project Staff - External/contracted project staff		Review and Approval of Design: Other people
Evaluation Implementation:		Review of Evaluation Findings: Internal Project Staff
How were data analyzed or what is the plan for data analysis?	Data analyzed internally.	

Mindfulness Based Intervention for Youth (phase one) - San Francisco	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• None.
What training or technical assistance resources did the county use during the project, if any?	• None.
How were/are/will the effects of the project's innovative elements be measured?	• Please see Q13 through Q15.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• No.
Were/will data be analyzed to show differential impacts on various populations/situations?	• No.
Were midcourse changes made as a result of evaluation findings?	• Yes, funded agency decided to terminate project due to difficulty in implementing project without full buy-in of SFUSD.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Although this program was not implemented beyond the first year, we did learn it was a valuable intervention. We are interested in promoting mindfulness interventions across the system. Due to limited planning capacity, we are unsure when this will happen.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. Phase One Report just published - shared with Advisory Board, CBHS Executive Committee. • Outside county. Phase One Report just published - shared with CBHDA and MHSAOC.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Phase One Report just published - shared with Advisory Board, CBHS Executive Committee.

Mindfulness Based Intervention for Youth (phase one) - San Francisco

Sources of Information	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2013-2014AnnualUpdateFinal01.pdf (FY13-14) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2012-2013AnnualUpdate-072612v2.pdf (FY12-13) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2011-2012AnnualPlanUpdate-030111.pdf (FY11-12) http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/ (County website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/SF_INN_Plan.pdf (Inn work plans)

Digital Storytelling for Adults (phase one) - San Francisco

The Digital Storytelling (DST) For Adults Project is a collaborative partnership between Community Behavioral Health Services (CBHS), the Center for Digital Storytelling, and a group of human services providers throughout San Francisco that serve adults and older adults living with mental illness. The DST goals are:

- 1) Helping consumers and family members heal from their individual trauma.
- 2) Engaging consumers more effectively with behavioral health services to reduce the impact of mental health challenges such as post-traumatic stress disorder.
- 3) Training mental health providers to use DST in combination with evidence-based treatment for trauma.

The DST will use the culturally and linguistically competent age old tradition of “telling stories” that is honored by generations across all cultures, and we will modernize it through the use of today’s media. Through storytelling, consumers will be provided an opportunity to tell their life stories to a supportive and appreciative audience of peers while being digitally recorded.

Timeline:
July 2010 through June 2012

Total Budget:
\$390,746/\$150,000

Evaluation Budget:
None/not tracked

Digital Storytelling for Adults (phase one) - San Francisco

Project Status	In process.	
Evaluation questions	- Has the project demonstrated that DST and Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) in combination is more effective in helping consumers heal from their individual trauma? - Has DST been effective in overcoming barriers and linking consumers to behavioral health services to reduce the impact of mental health challenges? - Has training mental health providers to use DST in combination with evidence-based treatment for trauma been effective for clinicians and their clients?	
Innovative elements	Utilization of DST with an adult population.	
Outcomes	Improved healing and access to services for a diverse cross section of adults exposed to trauma.	
Primary purpose	Increase the quality of services, including better outcomes.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$390,746/\$150,000.	
Budget for evaluation aspects	External Evaluation:	None.
	Internal Evaluation:	MHSA Evaluator provided T.A., but the portion of her salary allocated to this was not tracked.
	Administrative:	Not tracked.
	Other:	None.
Evaluation designs	Focus groups.	
Will/was a comparison group used for the design	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Interviews. - Focus Groups. - Direct observation. - Pre and Post measures.	

Digital Storytelling for Adults (phase one) - San Francisco	
Timeline for evaluation	Evaluation conducted in Phase II of INN plan.
Evaluation Participants	
Evaluation Design: - Internal Project Staff - External/contracted project staff	Review and Approval of Design: Other people
Evaluation Implementation:	Review of Evaluation Findings: Internal Project Staff
How were data analyzed or what is the plan for data analysis?	Project still in process.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	None.
What training or technical assistance resources did the county use during the project, if any?	None.
How were/are/will the effects of the project's innovative elements be measured?	Please see Q13 through Q15.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Not applicable.
Were/will data be analyzed to show differential impacts on various populations/situations?	No.
Were midcourse changes made as a result of evaluation findings?	Not applicable.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	- The benefits of digital story telling are clear. While we do not plan to support this as a stand alone program, this model of engagement and therapeutic intervention will continue to be implemented across the system. - For example, our PEI Population Focused Mental Health Promotion and Early Intervention Program targeting Asian and Pacific Islanders (API) is using digital story telling for engagement, education and stigma reduction efforts.

Digital Storytelling for Adults (phase one) - San Francisco

If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. Phase One Report just published - shared with Advisory Board, CBHS Executive Committee. • Outside county. Phase One Report just published - shared with CBHDA and MHSOAC.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Phase One Report just published - shared with Advisory Board, CBHS Executive Committee.
Sources of Information	http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2013-2014AnnualUpdateFinal01.pdf (FY13-14) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2012-2013AnnualUpdate-072612v2.pdf (FY12-13) http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/FY2011-2012AnnualPlanUpdate-030111.pdf (FY11-12) http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/ (County website) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/SF_INN_Plan.pdf (Inn work plans)

San Joaquin County

Innovative Projects:	Project Title:	Population(s) Served:
	Adapting Functional Family Therapy	Community families involved in FFT
	Residential Learning Communities	Individuals with SMI

Adapting Functional Family Therapy – San Joaquin

BHS, in partnership with San Joaquin County Probation Department and two community based organizations, is adapting the Functional Family Therapy model to include the use of parent partners and peer mentors for both pre-engagement and post discharge. Interventions will be more inclusive of peer contributions and improve outcomes associated with retention and long-term benefits to the families. Additionally, this project will help promote interagency collaboration through the development of interagency operating procedures for referral, case management, and the coordination of additional resources amongst partner providers. A respite bed will also be funded for youth who are experiencing a crisis within their home for whom a safe place to stay may help ameliorate the crisis. The respite bed is anticipated to be used primarily when there are conflicts within family units and will also trigger substantive family based mental health interventions, including functional family therapy.

Timeline:

September 2013 through June 2017

Total Budget:

Evaluation Budget

Project Status	In process.
Evaluation questions	
Innovative elements	- FFT is a short-term behavioral intervention, designed to identify and support the risk and protective factors that impact the youth and his or her environment. The approach is predicated upon understanding therapeutic interventions from a family systems approach. The core basis of FFT is the relationship between the practitioner and the family as they move from building engagement and motivation for change towards learning new behaviors and generalizing these skills towards the broader community environment. - The proposed adaptation will ask whether incorporating peers into the treatment

Adapting Functional Family Therapy – San Joaquin

	process will help improve retention in treatment and help sustain outcomes for the long term. Specifically, the adaptation will use parent partners and peer mentors to help engage and recruit families who have otherwise expressed reluctance to participate in family therapy by helping to destigmatize the therapy process and fears invoked by the phrase “mental health.”	
Outcomes	• Increase the quality of services, including better outcomes Innovation. • Modify/adapt FFT to include parent partners and youth mentors. • Promote interagency collaboration.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:	Review and Approval of Design:	
Evaluation Implementation:	Review of Evaluation Findings:	
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or		

Adapting Functional Family Therapy – San Joaquin	
analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://sjmhsa.net/documents/2013%20Annual%20Update%20Draft%20for%20Public%20Review.pdf (FY13-14)

Adapting Functional Family Therapy – San Joaquin

<http://sjmhsa.net/Documents/2012%20Final%20San%20Joaquin%20BHS%20Annual%20Update.pdf> (Fy2012-3)
<http://sjmhsa.net/Documents/FINAL%20Innovation%20Plan%205-11-11.pdf> (Inn 1)
<http://sjmhsa.net/Documents/FFT%20Innovation%20DRAFT%201%2015%2013%20%28DRAFT%20for%20Posting%29.pdf> (INN 2)

Residential Learning Communities – San Joaquin

Residential learning communities have been successfully developed by institutions of higher education as a strategy to increase learning, personal development, and positive educational outcomes. SJC BHS seeks to determine if residential learning communities, adapted to the mental health environment, can serve similar functions in:

- Increasing consumer knowledge, motivation, and engagement in their own treatment and recovery plans.
- Improving personal relationships and communication with peers, family members, and others.
- Improving mental health outcomes and enhanced recovery, wellness and resiliency.

San Joaquin County seeks to develop residential learning communities for individuals with serious and persistent mental illnesses who have failed to achieve sustained recovery using usual and customary mental health interventions. Particularly, this project will target frequent users of unplanned services.

Timeline:
June 2011 through June 2013

Total Budget:

Evaluation Budget

Project Status	• Completed.
Evaluation questions	
Innovative elements	• This project will contribute to learning by exploring how residential learning communities can increase engagement in recovery by high frequency mental health users. The project will assess whether and how the unique factors of a self- and group-directed learning experiences and cohort-based peer support can result in enhanced engagement and commitment by high frequency users to their own mental health

Residential Learning Communities – San Joaquin	
	recovery. - The model may be seen as an adaptation of the substance abuse Recovery House model, which also provides on-site classes and education. However this proposed initiative is unique in the following ways: ✓ 1) The development of a consistent cohort group to provide motivation and support in maintaining recovery efforts. ✓ 2) The creation of cohort groups that share similar values, hobbies, vocational interests, or intellectual pursuits. ✓ 3) The opportunity for participants to select the cohort group they are interested in joining. ✓ 4) Once part of the group, to jointly develop classes, enrichment, and recreational activities in pursuit of those common hobbies, vocational interests, or intellectual pursuits.
Outcomes	- Key questions that the project will attempt to assess for a population of high frequency users with severe and persistent mental health illnesses will be to determine the extent to which the model was able to: ✓ 1) Recruit and retain a diverse group of high frequency users. ✓ 2) Empower consumers to pursue their own interests and passions. ✓ 3) Engage high frequency users with severe and persistent mental health illnesses in pursuing self selected learning topics. ✓ 4) Leverage existing community resources. ✓ 5) Provide services in a culturally competent manner. ✓ 6) Support positive consumer outcomes, including long term stability and reduced usage of unplanned services. Additionally the evaluation will assess the impact and importance of a cohort designed and supported learning experience on consumer well-being and engagement in their recovery.
Primary purpose	
Other purposes	
Innovation definition	
Total budget	

Residential Learning Communities – San Joaquin		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		
Were/will data be analyzed to show differential impacts on various populations/situations?		

Residential Learning Communities – San Joaquin	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://sjmhsa.net/documents/2013%20Annual%20Update%20Draft%20for%20Public%20Review.pdf (FY13-14) http://sjmhsa.net/Documents/2012%20Final%20San%20Joaquin%20BHS%20Annual%20Update.pdf (FY2012-3) http://sjmhsa.net/Documents/FINAL%20Innovation%20Plan%205-11-11.pdf (Inn 1) http://sjmhsa.net/Documents/FFT%20Innovation%20DRAFT%201%2015%2013%20%28DRAFT%20for%20Posting%29.pdf (INN 2)

San Luis Obispo County

Innovative Projects:	Project Title:	Population(s) Served:
	System Empowerment for Consumers, Families, and Providers	Consumers, families, and mental health providers
	Atascadero Student Wellness Career Project	High School students
	Older Adult Family Facilitation	Older adults
	Nonviolent Communication	TAY
	Wellness Arts 101	College students/TAY
	Warm Reception and Family Guidance	Mental health clients
	Operation Coastal Care	Veterans and individuals at high risk of mental illness
	Multi-Modal Play Therapy Outreach Trial	Children age 0 to 6

System Empowerment for Consumers, Families, and Providers - San Luis Obispo

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

Timeline:
January 2011 through January 2013

Total Budget:
\$142,352

Evaluation Budget:
\$3,657

System Empowerment for Consumers, Families, and Providers - San Luis Obispo

Project Status	Completed.	
Evaluation questions	Will a trust-building retreat deepen understanding between selected parties and lead to improved training and curricula in the mental health system?	
Innovative elements	- This innovative project offers a new, collaborative approach, to developing training for families and providers. - By working with consumers and their families, this process innovation will establish a new mental health model by adapting a method for training development utilizing a strategy popular with corporations, non-profit organizations, and teams. The model will challenge the “us versus them” paradigm which hinders many providers and families from working as a team to promote recovery and resilience. - The innovation is a process to develop training for families and providers which will be initiated with a trust-building retreat, and followed by an ongoing collaborative workgroup featuring family members and providers.	
Outcomes	The learning goal of this Innovation project is to determine whether consumer/family literacy of the provider process, and provider literacy of the consumer/family process increases when activities are held which deepen trust and understanding between these key partners.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	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.	
Total budget	\$142,352.	
Budget for evaluation aspects	External Evaluation:	\$1,715.
	Internal Evaluation:	\$1,942.
	Administrative:	\$11,006.
	Other:	\$127,689.

System Empowerment for Consumers, Families, and Providers - San Luis Obispo	
Evaluation designs	Formative and summative evaluation with interviews and pre/post survey.
Will/was a comparison group used for the design?	No.
Describe comparison group design (if applicable)	Not applicable.
Data collection methods	- Survey. - Interviews. - Focus Groups. - Pre and Post measures.
Timeline for evaluation	- Winter 2013: Design evaluation plan. - Spring 2013-Winter 2015: Implement evaluation plan, including all data collection. - Summer 2013-Fall 2014: Report on data analysis for each phase of project. - Winter 2015: Write final report.
Evaluation Participants	
Evaluation Design: - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners	Review and Approval of Design: - MHSA/INN Manager - Internal Project Staff - Consumers - Advocates/Family Partners
Evaluation Implementation: - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Advocates/Family Partners	Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	- Retreat and training/workshop surveys were analyzed using descriptive statistics, with qualitative data presented to provide deeper insights. - Interviews utilized a semi-structured protocol with a responsive interviewing technique. - Interviews were analyzed thematically to gain understanding into the shared and

System Empowerment for Consumers, Families, and Providers - San Luis Obispo	
	disparate experiences of committee members and were reported in a narrative.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• None.
What training or technical assistance resources did the county use during the project, if any?	• The California Institute for Behavioral Health Solutions (CIBHS) series of webinars and coaching regarding evaluation, process learning, and refining the model for replication.
How were/are/will the effects of the project's innovative elements be measured?	• The innovative element of shared activities to deepen trust and understanding was measured at the retreat via a pre/post survey. • It was measured via interviews with curriculum committee members who worked collaboratively to identify ways to train consumers, families, and staff that would improve their understanding of each other's perspectives. • Training attendees were also surveyed using a retrospective approach to determine the success of the training in improving their understanding of others' experiences. Project staff were also interviewed. • These measurement tools were selected based on what project staff and the outside evaluator thought would best measure the outcomes while remaining feasible for project staff to collect (taking into account participant willingness, control over data source, etc.)
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• The evaluator sought to better understand the relationships between the variables, including the innovative element, through interviews with participants and staff and quantitative analysis of survey data.
Were/will data be analyzed to show differential impacts on various populations/situations?	• No, the population served was not large enough to conduct this analysis.
Were midcourse changes made as a result of evaluation findings?	• No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative	• Innovation dollars were used to develop curricula and training, once the trainings and presentations are finished being tested they will enhance current existing training,

System Empowerment for Consumers, Families, and Providers - San Luis Obispo	
Project, or parts of the project, without Innovation funds, how will it be sustained?	stigma reduction, and outreach materials.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	As per the original design, the goal was to always use other funds to sustain the training.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated? I	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Interim findings have been distributed via Annual Updates, stakeholder presentations, Behavioral Health Board presentations, staff presentations, consumer presentations, and family presentations.
Sources of Information	http://www.slocounty.ca.gov/Assets/MHS/pdfs/Annual+Update+MHSA+FY11-12.pdf (FY2011-12) http://www.slocounty.ca.gov/Assets/MHS/pdfs/Mental+Health+Services+Act+Annual+Update+2012-2013.pdf (FY12-13) http://www.slocounty.ca.gov/Assets/MHS/pdfs/MHSA+Annual+Update+2014-2015.pdf (FY13-14) http://www.slocounty.ca.gov/health/mentalhealthservices/mhsa.htm (County website) http://www.slocounty.ca.gov/Assets/MHS/SLO_County_Innovation_2_11.pdf (original INN plan submittal)

Atascadero Student Wellness Career Project - San Luis Obispo		
The Atascadero Student Wellness Center opened its doors on the Atascadero High School Campus with the intention of creating a peer counseling model with a public health emphasis that includes a youth-directed stigma reduction campaign and exposes students to behavioral health education and careers. By placing a public mental health system provider on the Atascadero High School campus and training peer counselors to use the screening and brief intervention tools.		
Timeline:	Total Budget:	Evaluation Budget:

Atascadero Student Wellness Career Project - San Luis Obispo		
February 2011 through December 2014		\$425,466 \$14,715
Project Status	Completed.	
Evaluation questions	- Will more graduating seniors enter an educational path which leads to a career in behavioral health? - Will there be a reduction in stigma surrounding mental health on campus?	
Innovative elements	- Peer counseling and wellness center models exist at the high school and college level focused on providing process groups and early intervention for teens in accessible, safe environments. This innovation changes that objective to focus on expanding peer services to include prevention strategies, primarily stigma reduction, and how the broad continuum of mental health service can be introduced to high school youth with the goal of increasing career development. - The project tests a model that looks more like the community – with services ranging from education and prevention to intervention and recovery - than that of strict peer counseling models.	
Outcomes	- This Innovation will provide the county and its schools important data in order to determine strategies for reducing stigma, ultimately improving access to care; and for workforce development at the high school level. - The model developed here will accomplish learning factors which are not currently being tested by other peer counseling programs, including: ✓ Whether, and how, the project school will increase the number of college-bound youth who demonstrate an increased interest in behavioral health majors and coursework at the college level. ✓ Whether, and how, the peer counselors trained in Screening and Brief Interventions, outcome development and monitoring, achieve stronger health and wellness outcomes than models where these strategies are not employed. ✓ Whether, and how, the general school population will demonstrate a reduction in attitudes and stigma which prohibit positive mental health outcomes on campus.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	

Atascadero Student Wellness Career Project - San Luis Obispo		
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$425,466.	
Budget for evaluation aspects	External Evaluation:	\$8,911.
	Internal Evaluation:	\$5,804.
	Administrative:	\$32,895.
	Other:	\$377,856.
Evaluation designs	- Quasi-Experimental Design. - Formative and summative evaluation with interviews, focus groups, and surveys.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	A school-wide survey was conducted annually in 2012, 2013, and 2014 to measure stigma, mental health education, and Wellness Center reach. The survey was administered to a convenience sample of all students with teachers willing to administer the survey during a designated class period, approximately 3/4 of the entire school. Results from each year were compared to the prior year(s).	
Data collection methods	- Survey. - Interviews. - Focus Groups. - Direct observation. - Pre and Post measures. - Document review of student sign-ins.	
Timeline for evaluation	- Fall 2011: Design evaluation plan. - Winter 2012-Fall 2014: Implement evaluation plan, including data collection. - Summer 2013-Fall 2014: Report on data analysis for mid-course corrections and final outcomes. - Winter 2015: Write final report.	
Evaluation Participants		

Atascadero Student Wellness Career Project - San Luis Obispo	
Evaluation Design: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review and Approval of Design: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • School Administration approved the school wide survey
Evaluation Implementation: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • School Administration approved the school wide survey.	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • School Administration approved the school wide survey.
How were data analyzed or what is the plan for data analysis?	• Surveys of students included a retrospective survey of frequent users, a point-in-time survey three times during the year of all users, surveys of students at career and stigma reduction events, and periodic surveys of all teachers. Surveys utilized Likert-type items to measure attitudes and perceptions. Survey data was analyzed using descriptive statistics in SPSS. • Focus groups of student interns were analyzed for themes and reported qualitatively. Key informant interviews of high school administrators were reported via a narrative summary. Wellness Center observations and staff interviews informed the evaluation. Self-report of majors and careers by former students was summarized, with percentages and counts reported. • School attendance and GPA data for frequent participants and their cohort as a whole was provided by the school IT technician and analyzed with tests for significance in SPSS.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• None.
What training or technical assistance resources did	• The California Institute for Behavioral Health Solution (CIBHS) series of webinars and

Atascadero Student Wellness Career Project - San Luis Obispo	
the county use during the project, if any?	coaching regarding evaluation, process learning, and refining the model for replication.
How were/are/will the effects of the project's innovative elements be measured?	• Stigma reduction was measured using an annual school-wide survey administered to every class, as well as through event surveys, key informant interviews, and intern focus group questions. • Career knowledge and interest was measured through event surveys, a question on the school-wide survey, intern focus group questions and surveys, and by staff outreach to former student interns to determine their current majors and career interests. • These measurement tools were selected based on what project staff and the outside evaluator thought would best measure the outcomes while remaining feasible for project staff to collect (taking into account participant willingness, control over data source, etc.).
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• The evaluator sought to understand the role of the Wellness Center in campus stigma reduction through key informant interviews and student focus groups.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Yes, the school-wide survey data was analyzed by gender, race/ethnicity, grade, mental health background (health class, family history, and family work in the mental health field) and age using the Pearson Chi-Square test of independence.
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or	• In our county.

Atascadero Student Wellness Career Project - San Luis Obispo	
elements of projects) and evaluation results been disseminated?	• Outside of out county • Other.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Project still in process, but students from the Wellness Center did receive an award for their stigma reduction program at the State level.
Sources of Information	http://www.slocounty.ca.gov/Assets/MHS/pdfs/Annual+Update+MHSA+FY11-12.pdf (FY2011-12) http://www.slocounty.ca.gov/Assets/MHS/pdfs/Mental+Health+Services+Act+Annual+Update+2012-2013.pdf (FY12-13) http://www.slocounty.ca.gov/Assets/MHS/pdfs/MHSA+Annual+Update+2014-2015.pdf (FY13-14) http://www.slocounty.ca.gov/health/mentalhealthservices/mhsa.htm (County website) http://www.slocounty.ca.gov/Assets/MHS/SLO_County_Innovation_2_11.pdf (original INN plan submittal)

Older Adult Family Facilitation - San Luis Obispo		
The Older Adult Family Facilitation project aims to create forward-looking solutions that enhance choice, safety, comfort, support, and well-being for older adults. This two-year pilot project intends to fill service gaps between existing MHSA Early Intervention Older Adult programs. Through Wilshire Community Services' Innovation Project, a community-based multidisciplinary Care Team is formed to address the critical issues in a client's life. This early intervention approach is client-centered which ensures that the client is actively involved in their wellness plan and that their definition of a quality life is respected and maintained. The objective of the project is to stimulate health and wellness in older adults by focusing on the unique circumstances of each situation and viewing the issues from a holistic perspective rather than a singular diagnosis or issue. The Care Team consists of the client, professionals from traditional and non-traditional disciplines, and individuals who are chosen by the client to take part in their wellness plan.		
Timeline: February 2011 through December 2013	Total Budget: \$177,812	Evaluation Budget: \$3,497

Older Adult Family Facilitation - San Luis Obispo		
Project Status	Completed.	
Evaluation questions	Will a combined client centered family facilitation model be effective at addressing issues that reduce the efficacy of individual counseling interventions?	
Innovative elements	- This learning goal has been thoughtfully developed over the past year to determine whether, and how, a Family Facilitation model, incorporating elements from Elder Mediation and Child Welfare Services' Family Group Decision Making (FGDM), will be effective in increasing family and community collaboration and thus improving mental health outcomes amongst seniors. - This innovation adopts and combines existing models from social service systems to create a new, unique model to test its efficacy in providing mental health services.	
Outcomes	- Careful data collection, measurement, and analysis will result in a robust evaluation which will inform the County and the Innovation Stakeholder Group as to the efficacy of this model. Ongoing process evaluation will allow the County and its partners in the public mental health system to monitor the progress of this new model and make plans for sustaining the strategy if successful. This will involve some comparison with groups from other older adult programs. - Older adults and their family members should experience positive, efficient services from this model. Satisfaction scales will monitor comfort, wellness, feelings of trust, confidentiality, and happiness with personnel. Mental health outcomes (e.g. reductions in depression, anxiety, improvements in levels of hope and recovery) will also be monitored to assess the capacity of the new, blended model to be used as a public mental health strategy.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Promote Inter-agency Collaboration.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$177,812.	
Budget for evaluation aspects	External Evaluation:	\$1,071.

Older Adult Family Facilitation - San Luis Obispo		
	Internal Evaluation:	\$2,426.
	Administrative:	\$13,747.
	Other:	\$160,568.
Evaluation designs	Quasi-Experimental Design.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	In this nonequivalent comparison group design, the comparison group was selected from a peer counseling program run by the same subcontractor. A convenience group of peer counseling participants during the same time frame as the project was selected by program staff. Peer counseling participants were expected to enter with less severe mental health issues. Both groups had a depression index (PHQ-9) and an anxiety scale administered pre and post.	
Data collection methods	- Survey. - Clinical records. - Interviews. - Focus Groups. - Pre and Post measures.	
Timeline for evaluation	- Fall 2011: Design evaluation plan. - Fall 2011-Fall 2013: Implement evaluation plan, including data collection. - Fall 2013-Fall 2014: Data collection and analysis from clinical records, interviews, focus groups. - Winter 2015: Write final report.	
Evaluation Participants		
Evaluation Design: - MHSA/INN Manager - Internal Project Staff - External/contracted project staff		Review and Approval of Design: - MHSA/INN Manager - Internal Project Staff
Evaluation Implementation: - MHSA/INN Manager - Internal Project Staff		Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager

Older Adult Family Facilitation - San Luis Obispo	
• External/contracted project staff • Consumers • Advocates/Family Partners	• Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• Surveys and scales (depression index, anxiety screening, and caregiver stress scale) were administered to clients and caregivers at case opening and closure. • Case management level at entry and exit was also analyzed. • Project and comparison data were analyzed using descriptive statistics in Excel. • When appropriate, percent change was calculated. • Pre and post mean scores and counts were compared. • Project staff compiled barriers to care for clients and the evaluator summarized and reported percentages and counts.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• None.
What training or technical assistance resources did the county use during the project, if any?	• The California Institute for Behavioral Health Solutions (CIBHS) series of webinars and coaching regarding evaluation, process learning, and refining the model for replication.
How were/are/will the effects of the project's innovative elements be measured?	• The contracted provider, Wilshire Community Services, staff collected output and outcome data through intake assessments, administration of mental health scales at intake and exit, satisfaction surveys at exit, and staff tracking of resources provided for each client and gaps in resources remaining at discharge. • Detailed demographics were also reported for each client. • The project evaluator conducted key informant interviews with staff and analyzed all mental health data. • Four instruments were used to measure participant and caregiver wellness: ✓ Patient Health Questionnaire-9 (PHQ-9) Depression Screening published by Pfizer Inc. ✓ Anxiety Screening, developed by Wilshire Community Services Senior Services Division. ✓ Caregiver Stress Test, developed by Wilshire Community Services Senior Services

Older Adult Family Facilitation - San Luis Obispo	
	Division. ✓ Case Management Level, designated by staff based on client need, as determined by client assessment. • These measurement tools were selected based on what project staff and the outside evaluator thought would best measure the outcomes while remaining feasible for project staff to collect (taking into account participant willingness, control over data source, etc.).
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• An analysis of the comparison group's mental health outcomes was conducted to gain understanding about whether the innovation was responsible for client improvements. • This was supplemented with key informant interviews of project staff to better understand how the successes and challenges affected outcomes.
Were/will data be analyzed to show differential impacts on various populations/situations?	• No, due to the small population size.
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• The project was integrated into other older adult programs.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Annual Updates, local stakeholder presentations, Behavioral Health Board presentations, the commission on aging presentations.

Older Adult Family Facilitation - San Luis Obispo

Sources of Information	http://www.slocounty.ca.gov/Assets/MHS/pdfs/Annual+Update+MHSA+FY11-12.pdf (FY2011-12) http://www.slocounty.ca.gov/Assets/MHS/pdfs/Mental+Health+Services+Act+Annual+Update+2012-2013.pdf (FY12-13) http://www.slocounty.ca.gov/Assets/MHS/pdfs/MHSA+Annual+Update+2014-2015.pdf (FY13-14) http://www.slocounty.ca.gov/health/mentalhealthservices/mhsa.htm (County website) http://www.slocounty.ca.gov/Assets/MHS/SLO_County_Innovation_2_11.pdf (original INN plan submittal)

Nonviolent Communication - San Luis Obispo

Non-Violent Communication (NVC) Education Trial adapts a communication method now used in business, education, juvenile justice, and mediation settings, as an early intervention practice for Transition Age Youth with serious mental illness and their families. The model will include education and support groups which focus on youth identified as not amenable to treatment and challenged in recovery because of aggression conflict, and/or difficulties communicating.		
Timeline: February 2011 through December 2013	Total Budget: \$81,450	Evaluation Budget: \$2,946
Project Status	Completed.	
Evaluation questions	Will training in NVC for Transitional Aged Youth and their providers yield improved mental health outcomes (i.e. reduction in anxiety, violence, hostility, and other barriers to treatment)?	
Innovative elements	The proposed NVC Education Trial is a unique approach to mental health services with the learning goal of determining the efficacy of this adopted strategy as an early intervention tool for reducing stress and anger while improving partnerships amongst transitional age youth and their parents or caregivers identified as not amenable to treatment and recovery because of aggression, conflict or a lack of communication.	

Nonviolent Communication - San Luis Obispo		
Outcomes	Determine if training and implementation in Nonviolent Communication in a Mental Health setting have similar results in reducing stress as it has in other environments (e.g. schools, business, etc.). Determine if NVC training improve communication, and demonstrate greater reductions in anxiety, violence, hostility, and other barriers to treatment (running away, depression, etc.,) than those receiving early intervention and treatment services which do not include NVC training.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$81,450.	
Budget for evaluation aspects	External Evaluation:	\$1,834.
	Internal Evaluation:	\$1,112.
	Administrative:	\$6,297.
	Other:	\$72,217.
Evaluation designs	- Case Study Design. - Formative and summative evaluation with pre/post interviews and post-surveys.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Focus Groups. - Direct observation. - Pre and Post measures. - Document review of treatment program artifacts.	
Timeline for evaluation	- Fall 2012: Design evaluation plan. - Fall 2012-Winter 2014: Implement evaluation plan, including all data collection. - Winter 2013-Spring 2014: Report on data analysis for mid-course corrections and final	

Nonviolent Communication - San Luis Obispo	
	outcomes. • Winter 2015: Write final report.
Evaluation Participants	
Evaluation Design: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review and Approval of Design: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff
Evaluation Implementation: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Providers of the Youth Treatment Program	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • Providers of the Youth Treatment Program
How were data analyzed or what is the plan for data analysis?	• All continuation high school students were interviewed prior to beginning any classes and then again after each session. Students also completed a post-class survey. Interview pre/post statements were quantified to document understanding of NVC concepts with quotations selected for illustration. Post surveys were analyzed using descriptive statistics and means were reported. • Both staff and teen residents at Youth Treatment Program were interviewed at six-month intervals using a semi-structured protocol and responsive interviewing technique. Interviews were coded for themes and presented qualitatively.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• None.
What training or technical assistance resources did the county use during the project, if any?	• The California Institute of Behavioral Health Solutions (CIBHS) series of webinars and coaching regarding evaluation, process learning, and refining the model for replication.
How were/are/will the effects of the project's innovative elements be measured?	• The effects of the adapted curriculum were measured via a pre/post closed interview, post-survey, interviews of residents and staff, and focus groups. The closed interview

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	series was utilized to provide insights into any changes that occurred in students' thinking as a result of the class. Oral interviews were chosen to reduce barriers for students who struggled with writing; written surveys were also utilized to gather data from students who prefer this modality. • These measurement tools were selected based on what project staff and the outside evaluator thought would best measure the outcomes while remaining feasible for project staff to collect (taking into account participant willingness, control over data source, etc.).
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• The evaluator sought to better understand the relationships between the variables, including the innovative element, through qualitative data analysis, including triangulation via interviews of project staff, residents, students, county behavioral health staff, treatment program staff and management, and school staff. • Data was analyzed for themes and questions that arose from survey data and direct participant interviews informed subsequent iterations of interviews. • Focus groups of treatment program management and project staff were also conducted to deepen understanding.
Were/will data be analyzed to show differential impacts on various populations/situations?	• No, the population served was not large enough to conduct this analysis.
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or	

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elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.slocounty.ca.gov/Assets/MHS/pdfs/Annual+Update+MHSA+FY11-12.pdf (FY2011-12) http://www.slocounty.ca.gov/Assets/MHS/pdfs/Mental+Health+Services+Act+Annual+Update+2012-2013.pdf (FY12-13) http://www.slocounty.ca.gov/Assets/MHS/pdfs/MHSA+Annual+Update+2014-2015.pdf (FY13-14) http://www.slocounty.ca.gov/health/mentalhealthservices/mhsa.htm (County website) http://www.slocounty.ca.gov/Assets/MHS/SLO_County_Innovation_2_11.pdf (original INN plan submittal)

Wellness Arts 101 - San Luis Obispo	
Wellness Arts 101 was developed by and created for college students with mental illness. This program is a for-credit community college course on expressive art for students who have been engaged in or have been referred for mental health services. The course is offered in partnership with Cuesta College and combines academics with the opportunity to develop social and life skills while participating in a therapeutic activity. The model being tested is a community college arts course targeted to TAY and other students who have been engaged in mental health services and can gain college credit while developing social and life skills – and participating in a therapeutic activity while in an academic setting.	
Timeline: February 2011 through December 2014	Total Budget: \$226,944 Evaluation Budget: \$6,050
Project Status	Completed.
Evaluation questions	Will consumers attending community college have improved academic and wellness outcomes by participating in a credited course designed for mentally ill students?

Wellness Arts 101 - San Luis Obispo		
Innovative elements	The Innovation of a community college arts course developed by and for mentally ill students is a new and never before tested strategy for improving services and outcomes for a very high-risk population: student consumers with mental health histories attending community college.	
Outcomes	- The goal of this learning opportunity is to assess whether the County and its mental health system, including community partners, should focus programming on mentally ill college students. It is expected that this Innovation will yield strong outcomes and provide a good basis for evaluation. - To make recommendations for future replication or adaptations within the local community college system or beyond, the County evaluation will include input and analysis from all project partners centered on the outcomes presented in the next sections. Students participating in the Wellness Arts 101 trial will be surveyed at the end of the semester, and follow-up interviews will be held to gain perspective on the efficacy of the model.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$226,944.	
Budget for evaluation aspects	External Evaluation:	\$2,954.
	Internal Evaluation:	\$3,096.
	Administrative:	\$17,546.
	Other:	\$203,348.
Evaluation designs	- Quasi-Experimental Design. - Formative and summative evaluation with interviews and retrospective surveys.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	A between-subject (matched-pair) analysis of Wellness Arts students and similar Cuesta College students who were not enrolled in Wellness Arts was conducted.	

Wellness Arts 101 - San Luis Obispo	
	• The between-subject analysis compared academic data for 48 Wellness Arts students (those who took other classes at Cuesta College in the semesters immediately prior to and following the Wellness Arts class) with comparison group students to determine whether the class had an effect on GPA or course load. • Comparison group was created using propensity score matching that accounted for age, gender, race/ethnicity, disability, and disabled student programs and services status.
Data collection methods	• Survey. • Interviews. • Pre and Post measures. • Academic data.
Timeline for evaluation	• Fall 2012: Design evaluation plan. • Winter 2012-Fall 2014: Implement evaluation plan, including all data collection. • Winter 2013-Fall 2014: Report on data analysis for mid-course corrections and final outcomes. • Winter 2015: Write final report.
Evaluation Participants	
Evaluation Design: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Cuesta College Administration and Department Heads	Review and Approval of Design: • MHSA/INN Manager • Internal Project Staff • Cuesta College Administration and Department Heads
Evaluation Implementation: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Cuesta College Administration and Department Heads	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • Cuesta College Administration and Department Heads

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How were data analyzed or what is the plan for data analysis?	• A retrospective student survey was created with questions about students' mental wellness, academic readiness, and use of art as a tool for wellness. Survey data were analyzed for the first five semesters of classes (Spring, 2012 through Spring, 2014) and results were compared by gender, race/ethnicity, and age. The same retrospective survey was administered to support persons. Students were asked to choose a person close to them to complete the survey. Data from four semesters (Fall, 2012 through Spring, 2014) were analyzed. • In-depth interviews were conducted with nine former Wellness Arts students to gain insight into whether and how the class may have affected their mental health and school performance. Interviews were coded using both deductive and inductive coding which then provided the framework for a narrative analysis. Staff were also interviewed to triangulate, confirming findings, and to understand more about the process and possible reasons for outcomes. • Cuesta College Institutional Research associates analyzed student data in the summer of 2014 to determine whether the class had an impact on student grades, students' ability to complete classes, and the number of units they were able to take each semester (load). They ran statistical tests to compare both within-subject (pre/post class) outcomes and between-subject outcomes using a comparison group.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• None.
What training or technical assistance resources did the county use during the project, if any?	• The California Institute for Behavioral Health Solutions (CIBHS) series of webinars and coaching regarding evaluation, process learning, and refining the model for replication.
How were/are/will the effects of the project's innovative elements be measured?	• The effects of the Wellness arts class were measured via student retrospective surveys; student support person retrospective surveys; student interviews; analysis of student GPA, load, and retention; and staff interviews. • These measurement tools were selected based on what project staff and the outside evaluator thought would best measure the outcomes while remaining feasible for project staff to collect (taking into account participant willingness, control over data source, etc.).
How did/will the evaluators seek to understand	• The evaluator sought to better understand the relationships between the variables,

Wellness Arts 101 - San Luis Obispo	
what elements of the project (including but not limited to the new/changed element) were most responsible for the results	including the innovative element, through qualitative data analysis, including triangulation via interviews of project staff and students with survey data from students and support persons. Interviews were designed to address questions arising from survey data and innovation goals.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Yes, student survey data was analyzed by gender, race/ethnicity, and age range. • College data (GPA, load, and retention) were analyzed by age range.
Were midcourse changes made as a result of evaluation findings?	• Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.slocounty.ca.gov/Assets/MHS/pdfs/Annual+Update+MHSA+FY11-12.pdf (FY2011-12) http://www.slocounty.ca.gov/Assets/MHS/pdfs/Mental+Health+Services+Act+Annual+Update+2012-2013.pdf (FY12-13) http://www.slocounty.ca.gov/Assets/MHS/pdfs/MHSA+Annual+Update+2014-2015.pdf (FY13-14) http://www.slocounty.ca.gov/health/mentalhealthservices/mhsa.htm (County website)

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	http://www.slocounty.ca.gov/Assets/MHS/SLO_County_Innovation_2_11.pdf (original INN plan submittal)

Warm Reception and Family Guidance - San Luis Obispo

Service Enhancement Program (formerly Warm Reception and Family Guidance) adapts Stanford's "Cancer Concierge Services" model to serve Behavioral Health clients. The intention is for clients newly referred to the mental health system and supporting family members, to feel safe, secure, informed, and supported so that they may focus on treatment and recovery. The model uses elements of peer-based system navigation, and blends new intake procedures with supportive activities. The goal of this innovation is to create a coordinated "any door" policy among key mental health ports of entry and staff, and to offer warm guidance to help link clients to the appropriate provider.

Timeline:
February 2011 through July 2014

Total Budget:
\$486,088

Evaluation Budget:
\$9,037

Project Status	Completed.
Evaluation questions	- Will improving the reception and guidance practices of County Mental Health result in better rates of follow-through amongst new clients? - Will family member and caregivers be stronger advocates when given educational and organizational material upon entering the system?
Innovative elements	The County will adopt Stanford's Cancer Center "Cancer Concierge Services" model to serve Mental Health Services clients in a trial to meet the learning goal of determining if the Stanford medical patient and family engagement design can be successful in increasing access to services in San Luis Obispo County's mental health system. By applying this model to County Mental Health, we will learn if providing the Stanford Cancer Center's model system of supports for someone newly diagnosed with mental illness and their family results in making their treatment more successful and thus creating better outcomes.

Warm Reception and Family Guidance - San Luis Obispo

Outcomes	- This trial will test a combination of new practices for the County and the mental health system. Particular attention will be paid to how each of the three key elements of the Stanford model are adopted and measured. It is assumed that each element on its own - the Consumer Care Organizer, System Navigator, and Supportive Care Program – will be effective in improving consumer and family outcomes related to knowledge and wellness. - The project evaluation will assess the outcomes associated with the Stanford mode adoption in the context of the entire project's goal to improve access, including the reduction of no-shows and increases in family involvement from the beginning. All aspects which demonstrate success will be reported to the County and the Innovation stakeholders. - The trial is designed to test the combination of elements as a means for improved access, which will be the basis for any recommendations for future application of the model.	
Primary purpose	Increase access to services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	\$486,088.	
Budget for evaluation aspects	External Evaluation:	\$2,646.
	Internal Evaluation:	\$6,391.
	Administrative:	\$37,822.
	Other:	\$439,228.
Evaluation designs	Formative and summative evaluation with interviews and retrospective surveys.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews.	

Warm Reception and Family Guidance - San Luis Obispo	
	• Direct observation. • Pre and Post measures. • Document review: referral spreadsheet.
Timeline for evaluation	• Fall 2011: Design evaluation plan. • Winter 2012-Fall 2014: Implement evaluation plan, including data collection. • Summer 2013-Fall 2014: Report on data analysis. • Winter 2015: Write final report.
Evaluation Participants	
Evaluation Design: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review and Approval of Design: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers
Evaluation Implementation: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners	Review of Evaluation Findings: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• Surveys utilized Likert-type items to measure client satisfaction and outcomes. Survey data was analyzed using descriptive statistics in Excel and qualitative data was reported verbatim. Interviews of clinic staff, clients, and family members were reported via narrative summaries by topic with both quantitative and qualitative results. Staff interviews informed the evaluation report's Lessons Learned and Replication sections. • An observation instrument was developed and tested in several settings to rate the welcoming characteristics of the reception area environment after the implementation of the project at the North County Behavioral Health Clinic in comparison with other similar reception areas. Ratings from this instrument were summed and reported by domain, with accompanying photos for documentation. • A database of all client referrals and demographics was analyzed using descriptive

Warm Reception and Family Guidance - San Luis Obispo	
	statistics.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• None.
What training or technical assistance resources did the county use during the project, if any?	• The California Institute for Behavioral Health Solutions (CIBHS) series of webinars and coaching regarding evaluation, process learning, and refining the model for replication.
How were/are/will the effects of the project's innovative elements be measured?	• Efficacy of the model was measured via client survey, interviews with therapists and other clinic staff, interviews of family members, and an observation instrument used to rate the reception area environment. The Consumer Care Organizer was evaluated via interview of a random sampling of clients who were given organizers. Referral success rates were measured by staff documentation. • These measurement tools were selected based on what project staff and the outside evaluator thought would best measure the outcomes while remaining feasible for project staff to collect (taking into account participant willingness, control over data source, etc.). • These measurement tools were selected based on what project staff and the outside evaluator thought would best measure the outcomes while remaining feasible for project staff to collect (taking into account participant willingness, control over data source, etc.).
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• The evaluator sought to understand the effectiveness of each component and of the innovation as a whole through interviews with clients, family members, clinic staff, and program staff and through quantitative analyses of survey data.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Referral data logged by program staff were analyzed by client gender, age group, and referral source.
Were midcourse changes made as a result of evaluation findings?	• No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.

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If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Interim findings have been presented via Annual Updates, stakeholder presentations, Behavioral Health Board presentations, and community presentations.
Sources of Information	http://www.slocounty.ca.gov/Assets/MHS/pdfs/Annual+Update+MHSA+FY11-12.pdf (FY2011-12) http://www.slocounty.ca.gov/Assets/MHS/pdfs/Mental+Health+Services+Act+Annual+Update+2012-2013.pdf (FY12-13) http://www.slocounty.ca.gov/Assets/MHS/pdfs/MHSA+Annual+Update+2014-2015.pdf (FY13-14) http://www.slocounty.ca.gov/health/mentalhealthservices/mhsa.htm (County website) http://www.slocounty.ca.gov/Assets/MHS/SLO_County_Innovation_2_11.pdf (original INN plan submittal)

Operation Coastal Care - San Luis Obispo

Operation Coastal Care leverages resources by embedding a licensed mental health therapist within an existing local rehabilitation program for veterans and other high-risk individuals. The Operation Coastal Care mental health therapist will assess and respond to participants' mental health issues such as depression, anxiety, addiction, and post-traumatic stress disorder both on-site during program events and through follow-up

Operation Coastal Care - San Luis Obispo	
assessment and treatment in comfortable, confidential environments.	
Timeline: February 2011 through June 2013	Total Budget: \$373,088 Evaluation Budget: \$8,100
Project Status	Completed.
Evaluation questions	- Will this model reduce stigma amongst veterans and their families, and/or create increased interest in seeking Mental Health services? - Will this model increase access to services for veterans and their families?
Innovative elements	- This is a test of an adaptation of a relatively new rehabilitation practice for veterans, and other high risk individuals, which has the potential to be a best practice for mental health services aimed at this underserved population. - The learning goal of Operation Coastal Care is to determine if veterans and other high-risk individuals participating in physically rehabilitative surf programs will increase access and engagement to mental health services when provided by agencies outside of the military and integrated with the surf activities. - This new model San Luis Obispo County is putting forth makes significant changes from programs such as the Johnny Miller Foundation's "Wounded Warriors," which is aimed at Marines (and held at Camp Pendleton) providing a program called "Ocean Therapy;" which utilizes a cadre of volunteers including occupational and physical therapists to assist participants in the water, and mental health therapists who process those experiences with the surfers on the beach. - Operation Coastal Care adapts the "Wounded Warriors" program in the following ways: The locations used will be local beaches not on military bases. The surf academies and organizations being partnered with conduct non-surf, community-based socialization, community service, and other complimentary activities which will also engage the population. This is based on the theory of increasing access by making treatment more neighborhood-focused, thus reducing stigma. The model will engage surf event participants representing physically injured, chronically ill, and other non-military individuals who also suffer from anxiety and depression in correlation to their physical health. This is testing the therapeutic model amongst various high-risk-for-

Operation Coastal Care - San Luis Obispo		
	mental-illness groups to determine efficacy across populations.	
Outcomes	- This innovation will provide the public mental health system with important findings in order to determine whether the strategies proposed for engaging participants of rehabilitative physical activities will increase access to mental health treatment. These learning factors include: ✓ Whether, and how, this model will reduce stigma amongst veterans and their families leading to increased interest in and seeking of mental health services. ✓ Whether, and how, this program will increase access to mental health services for high risk populations engaged in physical surf rehabilitation activities (veterans, physically ill and disabled, TAY, and trauma-exposed individuals). ✓ Whether, and how, the embedding of a mental health professional as part of the community-based rehabilitative activities will be effective in increasing follow-up access to assessment and ongoing treatment in clinic and community settings.	
Primary purpose	Increase access to services for underserved populations.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$373,088.	
Budget for evaluation aspects	External Evaluation:	\$3,010.
	Internal Evaluation:	\$5,090.
	Administrative:	\$28,845.
	Other:	\$336,143.
Evaluation designs	Formative and summative evaluation.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Direct observation.	

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	• Document review: referral logs, event rosters.
Timeline for evaluation	• Fall 2011: Design evaluation plan. • Winter 2012-Fall 2014: Implement evaluation plan, including data collection. • Summer 2013-Fall 2014: Report on data analysis. • Winter 2015: Write final report.
Evaluation Participants	
Evaluation Design: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review and Approval of Design: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff
Evaluation Implementation: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• Participant surveys were analyzed using descriptive statistics in Excel. Participant interviews were reported via narrative summaries by topic. The clinician's referral logs were analyzed using percentages and counts to document service delivery. Staff interviews informed the lessons learned and replication.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• None.
What training or technical assistance resources did the county use during the project, if any?	• The California Institute for Behavioral Health Solutions (CIBHS) series of webinars and coaching regarding evaluation, process learning, and refining the model for replication.
How were/are/will the effects of the project's innovative elements be measured?	• Efficacy of this model was measured via participant post-survey, interviews with participants, interviews of program staff and key informants, and analysis of the mental health therapist's referral logs. • These measurement tools were selected based on what project staff and the outside

Operation Coastal Care - San Luis Obispo	
	evaluator thought would best measure the outcomes while remaining feasible for project staff to collect.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	The evaluator sought to understand the effectiveness of each component and of the innovation as a whole through interviews with clients, key informants, and program staff and through quantitative and qualitative analyses of survey data.
Were/will data be analyzed to show differential impacts on various populations/situations?	No.
Were midcourse changes made as a result of evaluation findings?	Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	The program is being sustained, and stakeholders are currently meeting to discuss possible funding sources, and finalize the sustainability plan.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- In our county. - Other.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Interim progress of this project has been distributed via Social Networking, Media, Annual Updates, Behavioral Health Board presentations, stakeholder presentations, and community events.
Sources of Information	http://www.slocounty.ca.gov/Assets/MHS/pdfs/Annual+Update+MHSA+FY11-12.pdf (FY2011-12) http://www.slocounty.ca.gov/Assets/MHS/pdfs/Mental+Health+Services+Act+Annual+Update+2012-2013.pdf (FY12-13) http://www.slocounty.ca.gov/Assets/MHS/pdfs/MHSA+Annual+Update+2014-2015.pdf (FY13-

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	14) http://www.slocounty.ca.gov/health/mentalhealthservices/mhsa.htm (County website) http://www.slocounty.ca.gov/Assets/MHS/SLO_County_+Innovation_2_11.pdf (original INN plan submittal)

Multi-Modal Play Therapy Outreach Trial - San Luis Obispo

The Multi-Modal Play Therapy Outreach Trial pilots a parent-led, multi-modal, attachment-focused play therapy delivered in home and community settings.

Timeline:
February 2011 through December 2013

Total Budget:
\$259,972

Evaluation Budget:
\$6,206

Project Status	Completed.
Evaluation questions	- Will multi-modal approach that includes parental choice, conducted in non-clinic settings, increase acceptance of services? - Will a mobilized model show different outcomes than those who receive clinic services?
Innovative elements	The Multi-Modal Play Therapy Outreach Trial will test a unique model of treatment to learn whether addressing behavioral issues (in children age 0 to 6) diagnosed with attachment problems using a “Multi-Modal Attachment Focused Play Therapy” (MMAFPT), provided in homes and neighborhood centers, will lead to an decrease in parent resistance leading to improvements in overall quality based on family satisfaction and client outcomes; and an increase in the number of children receiving treatment services.
Outcomes	- The project will determine if, and how, a multi-modal approach with parental choice in treatment planning, combining three distinct therapies (Theraplay, Filial Therapy, and Non-Directive Play Therapy) conducted in homes and neighborhood centers will reduce parental resistance and increase acceptance of services. - The Innovation will test whether, and how, families maintain engagement and

Multi-Modal Play Therapy Outreach Trial - San Luis Obispo		
	consistency, as well as self-sufficiency by being served at home and exposed to multiple techniques. The project's final learning objective is to evaluate the attachment disorder symptom outcomes of those children receiving mobilized MMAFPT versus those children receiving services exclusively through the County child assessment clinic.	
Primary purpose	Increase access to services.	
Other purposes	Increase the quality of services, including better outcomes.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$259,972.	
Budget for evaluation aspects	External Evaluation:	\$2,660.
	Internal Evaluation:	\$3,546.
	Administrative:	\$20,100.
	Other:	\$233,666.
Evaluation designs	Quasi-Experimental Design.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	To determine whether the project reduced rates for missed appointments, rates of appointment attendance for the project were compared to rates from San Luis Obispo County Behavioral Health clinics for children under age 6 for the two years of the project (January 1, 2012-December 31, 2013).	
Data collection methods	- Survey. - Interviews. - Clinical records. - Pre and Post measures. - Currently available county data resources (Missed appointment rates compared to San Luis Obispo County Behavioral Health clinic rates, document review of Head Start records).	
Timeline for evaluation	Fall 2011: Design evaluation plan.	

Multi-Modal Play Therapy Outreach Trial - San Luis Obispo	
	• Winter 2012-Fall 2013: Implement evaluation plan, including data collection. • Winter 2014-Fall 2014: Additional data collection and analysis. • Winter 2015: Write final report.
Evaluation Participants	
Evaluation Design: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review and Approval of Design: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff
Evaluation Implementation: • Internal Project Staff • External/contracted project staff	Review of Evaluation Findings: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• Surveys were administered to caregivers at the beginning and end of therapy, with post-surveys mailed to caregivers. Demographic, access, and outcome data were analyzed using descriptive statistics in Excel. Pre and post mean scores and counts were compared. When appropriate, percent change was calculated and other descriptive statistics including median, mode, and range were reported. • Satisfaction surveys were also given to and mailed to parents at the conclusion of services and descriptive statistics were generated for these surveys. Results of document analysis and interviews were summarized and presented in qualitative form. • A comparison of the missed appointment, or “no-show,” rates for the Play Therapy project and County Behavioral Health clients ages 0 through 5 was conducted for the 2012 and 2013 calendar years. A County analyst utilized the Anasazi data system to report on missed appointments, including both “no-shows” where the client failed to appear and advance cancellations. Descriptive statistics were generated for each data set. • The therapist developed rating scales for “Aggression in Therapy” and “Attachment to Therapist” and then reviewed each child’s case notes to rate levels of aggression and

Multi-Modal Play Therapy Outreach Trial - San Luis Obispo	
	attachment at entry and exit. Mean scores pre and post were reported and movement for each child was charted.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Attendance data from San Luis Obispo County Behavioral Health clinics for children under age 6 for the two years of the project was analyzed.
What training or technical assistance resources did the county use during the project, if any?	The California Institute for Behavioral Health Solutions (CIBHS) series of webinars and coaching regarding evaluation, process learning, and refining the model for replication.
How were/are/will the effects of the project's innovative elements be measured?	- Surveys were administered to caregivers at the beginning and end of therapy, with post-surveys mailed to caregivers. When post-surveys were not returned, a three-question "brief" post-survey was mailed. If those were not returned, the brief post-survey was conducted as a phone interview by the therapist when possible. Demographic and access data was collected on both pre and post surveys. Satisfaction surveys were also given to and mailed to parents at the conclusion of services. Children's Head Start files were reviewed by the Head Start Mental Health Manager. Parents and teachers were interviewed as available by the outside evaluator. Key informant interviews were also conducted. - A comparison of the missed appointment, or "no-show," rates for the Play Therapy project and County Behavioral Health client's ages 0 through 5 was conducted for two calendar years. A County analyst utilized the Anasazi data system to report on missed appointments, including both "no-shows" where the client failed to appear and advance cancellations. - The therapist developed rating scales for "Aggression in Therapy" and "Attachment to Therapist" and then reviewed each child's case notes to rate levels of aggression and attachment at entry and exit. - These measurement tools were selected based on what project staff and the outside evaluator thought would best measure the outcomes while remaining feasible for project staff to collect (taking into account participant willingness, control over data source, etc.).
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were	The evaluator sought to understand the effectiveness of each component and of the innovation as a whole through interviews with program staff and through quantitative and qualitative analyses of survey data.

Multi-Modal Play Therapy Outreach Trial - San Luis Obispo	
most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	No, due to the small population size.
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- In our county. - Outside of our county. - Other.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	- Interim reports have been included in Annual Updates, community presentations, and stakeholder presentations. - The project leads have presented at statewide play therapy conferences, First 5, and a statewide NAMI conference.
Sources of Information	http://www.slocounty.ca.gov/Assets/MHS/pdfs/Annual+Update+MHSA+FY11-12.pdf (FY2011-12) http://www.slocounty.ca.gov/Assets/MHS/pdfs/Mental+Health+Services+Act+Annual+Update+2012-2013.pdf (FY12-13) http://www.slocounty.ca.gov/Assets/MHS/pdfs/MHSA+Annual+Update+2014-2015.pdf (FY13-14) http://www.slocounty.ca.gov/health/mentalhealthservices/mhsa.htm (County website) http://www.slocounty.ca.gov/Assets/MHS/SLO_County_Innovation_2011.pdf (original INN plan submittal)

San Mateo County

Innovative Project:	Project Title:	Population(s) Served:
	Total Wellness	Individuals with SPMI and chronic physical health conditions

Total Wellness – San Mateo	
Launched in 2011, Total Wellness (TW) of the San Mateo County Behavioral Health and Recovery Services (BHRS) aims to improve the physical health status of individuals with serious and persistent mental illnesses (SPMI) by integrating primary care services into the community-based behavioral health clinics, specifically at our South and Central County locations. The overarching goal of this integration program is to improve health outcomes, promote wellness, and foster recovery for SPMI individuals who also have chronic physical health conditions.	
Timeline: April 2011 through June 2015	Total Budget: Evaluation Budget
Project Status	In process.
Evaluation questions	- The specific evaluation questions that this Innovative Project is addressing are: ✓ 1. Did use of integrated care services improve the health outcomes of enrolled SPMI clients? 2. What are the program elements/features of the integrated health care that are associated with the improvement of clients' health outcomes?
Innovative elements	- Since the inception of TW, we have been able to demonstrate positive outcomes for our clients by providing quality coordinated care to our most severe dual (behavioral and physical health) needs clients. - By facilitating earlier linkage with a primary care provider, continuous support to help stay-linked and follow-through with various highly needed complex specialty medical services, and a team-based care approach from medical provider, psychiatric provider, nurse care manager, health educator, health & wellness coach, our clients are

Total Wellness – San Mateo		
	controlling their blood pressures, controlling and managing their diabetes, improving their cholesterol profiles, increasing their social connectedness, and increasing their physical activity. The role of nurse care manager has been extremely important to help improve treatment adherence and compliance in the SPMI population, which historically was a major factor contributing to their higher mortality rate.	
Outcomes	- Improvement on health status indicators such as blood pressure, weight, smoking, glucose and lipid levels. - Improvement in community functioning and social connectedness. - Timely access to pertinent health care which in turn improves the mortality rate. - Standardization of processes that yield effective client health outcomes.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	- Other purpose of this Innovative Project is to identify elements that would foster inter-system collaboration for the provision of the integrated primary behavioral health care for the SPMI clients who have had difficulty getting timely access to primary care and specialty medical care services. ✓ Are there key elements that are associated with cross-system collaboration? ✓ And what are those elements, if any?	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	The total estimated budget for the entire duration of this Innovative Project from April 2011 through June 2015 is approximately \$6,800,000.00 including the blended funding streams of MHSA INN, MHSA PEI, and SAMHSA PBHCI.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	None.
	Administrative:	Not applicable.
	Other:	
Evaluation designs	Quasi-Experimental Design.	

Total Wellness – San Mateo	
	• Longitudinal Design. • Processes and workflow across systems.
Will/was a comparison group used for the design?	• No.
Describe comparison group design (if applicable)	• Not applicable.
Data collection methods	• Survey. • Interviews. • Clinical records. • Direct observation. • Pre and Post measures.
Timeline for evaluation	• Data have been collected on an on-going basis throughout the implementation period of the Innovative Project from July 2011 through June 2015. • The final evaluation report would be prepared after this time frame, and would be available fall, 2015.
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • Internal Project Staff	Review and Approval of Design: • Director or Other Senior Management • Internal Project Staff
Evaluation Implementation: • Internal Project Staff	Review of Evaluation Findings: • Director or Other Senior Management • Internal Project Staff
How were data analyzed or what is the plan for data analysis?	• Client health outcome data will be analyzed by comparing the pre and post outcome data that the project staff has been collecting on an on-going basis. These data include client health measurements such as height, weight, BMI, blood pressures, A1C for Diabetes indicator, lipids for cholesterol indicator. These data analyses aim to look at if integrated primary behavioral health care improves health outcomes of the SPMI clients who are enrolled in the project. • Data such as clients' perception of the quality of care they receive is also collected and will be analyzed. This set of data will be collected via client interviews using a standard interview questionnaire as well as post-service surveys. All data will be analyzed at the aggregated, program level.

Total Wellness – San Mateo	
	- Client utilization of services over time will be studied, and hence health care cost will be analyzed. This set of data will be obtained from the Health System's Accounting Department. These data will be evaluated over 2-3 years to compare utilization trends and patterns as well as health care cost over time after inception of Total Wellness. - Effectiveness of workflow and processes between primary care and behavioral care systems will also be evaluated. These include referral process, communication process, client care coordination process, etc. Evaluation component of these processes will be primarily via observation, provider surveys, and staff feedbacks.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Not applicable. Evaluation of this project will utilize the web-based data system that is provided by SAMHSA called Transformation Accountability (TRAC). This database tracks population based data. We have also created an Excel database that tracks and is used to analyze client level data.
What training or technical assistance resources did the county use during the project, if any?	Most of the training and technical assistance resources have been provided by SAMHSA via webinars, in-person discussion, sharing and learning sessions among all SAMHSA PBHCI Grantees. In fact, San Mateo has shared many of our successful implementation elements and processes, which have been adopted by other Grantees.
How were/are/will the effects of the project's innovative elements be measured?	The effects of the project will be measured through clients' pre and post health outcomes which include baseline (at the time of enrollment into the Innovative project) data and every 6-month reassessment data for the entire duration that clients are enrolled in the program.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	The key factor connecting clients with the primary care services and behavioral health services is the common factor of the nurse care manager/coordinator. The nurse care manager is the only consistent figure that stays involved with the clients for the entire duration that clients stay enrolled in the program. Similarly, the nurse care manager is the person that links the clients with specialty medical health and coordinates with all the service providers involved in the clients' life. Hence, this new element would be the one most responsible for the results.
Were/will data be analyzed to show differential impacts on various populations/situations?	No. This is not the scope of our evaluation at this point.
Were midcourse changes made as a result of evaluation findings?	No.

Total Wellness – San Mateo	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• The decision was made to continue this Total Wellness project at the two current sites (Central and South County Mental Health Clinics) and in addition, expands to other BHRS Mental Health Clinics at North County, East Palo Alto, and the Coastsides. The project will be funded through MHSA Community Support Services funds, ShortDoyle MediCal billings, and Mental Health MediCal Administrative Activities (MAA) for the Behavioral Health service activities; while FQHC billings will cover all of the Primary Care service activities.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• The project was determined to continue without Innovation funds because the Innovation funding cycle ended in June 2014. We have been granted an additional year of Innovative funds for the period of July 2014 through June 2015, to finish up all the evaluation components with as much more outcome data as we can obtain. The project has demonstrated the effectiveness of integrated care on our clients who have chronic, significant, and persistent dual conditions in both physical health and behavioral health areas. Hence, the decision was made to continue this effective care model utilizing other possible and available funding streams, including MHSA CSS funds.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. • Outside of our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Evaluation results have been and will continue to be disseminated via program description, reports, BHRS newsletter called Wellness Matters, webinars hosted by various entities including county, state and federal, presentations at various conferences including those that are hosted by SAMHSA, presentations at the MHSA steering committee, etc. • One element of this project (i.e. the role of peer providers in integrated care) has also been highlighted and will be published in a comprehensive document known as: Meaningful Role of Peer Providers in Integrated Health Care.
Sources of Information	http://www.smchealth.org/bhrs/mhsa (county website)

Total Wellness – San Mateo

http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_SanMateo_FINAL.pdf (Inn plan)
http://www.smchealth.org/sites/default/files/docs/BHS/MHSA/MHSAAnnual%20Update2013_14.pdf (FY13-14)
<http://www.smchealth.org/sites/default/files/docs/BHS/MHSA/2012-13SanMateoCountyMHSAPlan.pdf> (FY12-13)

Santa Barbara County

Innovative Project:	Project Title:	Population(s) Served:
	Benefit Acquisition for High-Risk Indigent Individuals	Indigent individuals with SMI

Benefit Acquisition for High-Risk Indigent Individuals – Santa Barbara

The Benefits Acquisition Project will employ an integrated approach to increasing access to income and medical insurance benefits for indigent individuals in Santa Barbara County. The population targeted has experienced severe and persistent mental illness and have no health insurance. Many of these individuals will either be homeless or be at risk of homelessness. Based on these criteria, approximately 300 individuals, who are assumed to need a variety of supports while involved in the benefits acquisition process, will serve as the initial target population for Innovation project.

The project will be composed of four integrated elements in addition to an initial intake assessment:

- 1) Benefits access assistance.
- 2) Immediate care and case management guided by a focus on wellness, resilience and recovery.
- 3) All necessary medication support.
- 4) Peer support and linkages to peer-driven resources.

Timeline:

August 2010 through August 2013

Total Budget:

Evaluation Budget

Project Status	Completed.
Evaluation questions	Please refer to the link provided below for the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
Innovative elements	The proposed Innovation Project is a significant and potentially important adaptation

Benefit Acquisition for High-Risk Indigent Individuals – Santa Barbara	
	of existing approaches, including the well evaluated SOAR model, to benefits counseling both inside and outside of mental health. The approach Santa Barbara is proposing combines benefits counseling with an array of recovery-oriented supports for mental health, as specified in the Project Description. The use of teams dedicated to helping indigent individuals acquire benefits has been used locally in other domains such as in public health, which addresses the needs of persons with significant physical health problems. • However, the Innovation we propose to develop and assess has not existed in the public mental health system in Santa Barbara County. The difficulty of accessing benefits in a fragmented and often confusing service delivery system can present a roadblock to recovery. By providing greater access to benefits, individuals with severe mental illness are more likely to gain critically needed treatment and supports. • The proposed Innovation project will enable Santa Barbara County to learn to what extent a proactive, guided approach across support networks will improve mental health outcomes for clients with severe mental illness.
Outcomes	• Will the proposed specialized benefits acquisition teams prove effective in streamlining the benefits acquisition process for high-risk indigent individuals with severe and persistent mental illness? • Will the project increase interagency collaboration?
Primary purpose	• Increase access to services.
Other purposes	• Other purposes identified in the project description include promoting interagency collaboration. Please refer to the link below for the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.
Total budget	• Please refer to the link below for the original project description for anticipated expenditures. http://www.sbcounty.gov/dbh/Announcements/2010/Innovation_Plan_Final_2-8-10.pdf

Benefit Acquisition for High-Risk Indigent Individuals – Santa Barbara

	- Please refer to the following links below for the Annual Updates for updated estimated expenditures for this project along with the final report of this project. http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/10_CSS_FY_11-12_Plan_Update_4.11.11.pdf http://www.sbcounty.gov/dbh/mhsa/CSS/MHSA_Three_Year_Plan/11_CSS_FY_12-13_Plan_Update_6.21.12.pdf http://www.sbcounty.gov/dbh/mhsa/MHSA_Annual_Update_FY_2013-14_06072013_FINAL.pdf http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	Refer to the Original project description and Annual Update Links provided above in question #6.
	Administrative:	Refer to the Original project description and Annual Update Links provided above in question #6.
	Other:	Refer to the Original project description and Annual Update Links provided above in question #6.
Evaluation designs	Utilization-focused evaluation.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	Please refer to the link below for the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf	
Data collection methods	- Survey. - Direct observation. - Please refer to the link below for the Innovation final report provided in the MHSA	

Benefit Acquisition for High-Risk Indigent Individuals – Santa Barbara	
	Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
Timeline for evaluation	Please refer to the link below for the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
Evaluation Participants	
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff	Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Professional evaluator, EVALCORP conducted an evaluation of this project which was included in a report provided to the department.
Evaluation Implementation: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff	Review of Evaluation Findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners - Professional evaluator, EVALCORP conducted an evaluation of this project which was included in a report provided to the department.
How were data analyzed or what is the plan for data analysis?	Please refer to the link below for the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
What, if any, county information technology or data	Please refer to the link below for the Innovation final report provided in the MHSA

Benefit Acquisition for High-Risk Indigent Individuals – Santa Barbara	
resources were/will be used to collect and/or analyze data?	Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
What training or technical assistance resources did the county use during the project, if any?	Please refer to the link below for the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
How were/are/will the effects of the project's innovative elements be measured?	"Please refer to the link below for the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Information is available in the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
Were/will data be analyzed to show differential impacts on various populations/situations?	Please refer to the Innovation final report provided in the MHSA Three-Year Expenditure Report provided in 2014. http://www.sbcounty.gov/dbh/Announcements/2014/MHSA_Integrated_Plan_070114.pdf
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	The Inn project in questions was incorporated into other areas of our department with mixed funding streams.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Multiple funding streams have allowed us to continue the major tenants of the INN project. This particular component dealt with SSI benefits acquisition.

Benefit Acquisition for High-Risk Indigent Individuals – Santa Barbara	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county • Outside of our county
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Preliminary data for our first project has been shared with the MH Commission and with stakeholders. The full report has not been disseminated or completed since we are transitioning into new INN programs.
Sources of Information	https://www.countyofsb.org/admhs/admhs2.aspx?id=37228&id2=38600 (MHSA County website) http://www.countyofsb.org/uploadedFiles/admhs_new/MHSA_Archive/Innovation%20Plan%20--%20Rev.%2010-7-10.pdf (Inn Plan) http://www.countyofsb.org/uploadedFiles/admhs_new/about_admhs/2012-13%20MHSA%20Plan%20Update.pdf (FY12-13 Update) http://sbcounty.granicus.com/DocumentViewer.php?file=sbcounty_7ccdff1e14f6a4c0d9dc9e73f48af6ec.pdf&view=1 (FY14-15)

Santa Clara County

Innovative Projects:	Project Title:	Population(s) Served:
	Early Childhood Universal Screening Project	Children ages 0-5, monolingual Spanish-speaking parents
	Peer-Run Transition-Age Youth Innovation Project	TAY
	Older Adults Project	Older Adults
	Multi-Cultural Center Project	Ethnic community members
	Transitional Mental Health Services to Newly Released County Inmates Project	Faith organizations and newly released inmates
	Re-Entry Multi-Agency Pilot	Adults exiting prison and jail
	Adults with Autism and Co-occurring Mental Health Disorders	Autistic adults with co-occurring mental health disorders
	Mental Health and Law Enforcement Post-Crisis Intervention Project	Consumers and family members experiencing a law enforcement involved mental health or suicide crisis
	Interactive Video Simulator Training Project	Family members, consumers, law enforcement

Early Childhood Universal Screening Project – Santa Clara

This Innovation project offers a vital opportunity to screen children for developmental concerns during well-baby/well-child pediatric visits. It examines the utility of electronic developmental screening as a way to identify a greater number of children and to increase bilingual capacity of screening, as well as an audio component to support caregivers with limited literacy. The utilization of a standardized screening tool enhances the traditional developmental surveillance conducted by the pediatrician.

Timeline:
August 2013 through July 2015

Total Budget:
\$170,158

Evaluation Budget

Project Status

- In process.

Early Childhood Universal Screening Project – Santa Clara		
Evaluation questions	- Does the innovation increase the number of children being screened and linked to follow-up evaluations and indicated services? - Does the innovation impact monolingual Spanish parents' capacity in identifying and partnering with medical staff to obtain needed evaluations and services for their children?	
Innovative elements	This project meets innovation criteria by adapting an existing practice of standardized developmental screening in pediatric settings. Monolingual Spanish-speaking parents, and those with limited English skills, will be able to access an electronic screening tool with new Spanish audio and video components. The project assumes that the use of an electronic tool will increase utilization by pediatric staff in the clinic and that the Spanish audio and video components will increase the participation of parents, thereby bringing the County closer to the goal of universal screening.	
Outcomes	If successful, this project will provide a new method of pediatric mental health screening, parent education and referral that is efficient, low cost, and effective in linking parents and pediatricians to mental health services.	
Primary purpose	Increase access to services.	
Other purposes	Increase access to services for underserved populations.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$170,158.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Outcomes-based.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Surveys.	

Early Childhood Universal Screening Project – Santa Clara	
Timeline for evaluation	August 2013 through July 2015.
Evaluation Participants	
Evaluation Design: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff	Review and Approval of Design: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff
Review of Evaluation Findings: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff	Review of Evaluation Findings: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	- Outcome Question 1: Does the innovation increase the number of children being screened and linked to follow-up evaluations and indicated services? ✓ Measures: Record number of children being screened, number of children evaluated by pediatrician, number of children referred by pediatrician for further

Early Childhood Universal Screening Project – Santa Clara	
	evaluation, and number of children engaged into MH services. • Outcome Question 2: Does the innovation impact monolingual Spanish parents' capacity in identifying and partnering with medical staff to obtain needed evaluations and services for their children? ✓ Measure: Survey parents on the impact of (this method) in their capacity to identify their children's developmental, social, and emotional levels, their confidence in understanding developmental, social, and emotional development and their ability to work in partnership with MHD to access appropriate levels of services and support.
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Mental Health Services Annual Report.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Mental Health Services Annual Report.
Sources of Information	http://www.sccgov.org/sites/mhd/MHSA/INN/Pages/default.aspx (County INN website) http://www.sccgov.org/sites/mhd/MHSA/INN/Documents/INN_Plan_to_DMH_Revised_Appro

Early Childhood Universal Screening Project – Santa Clara

	ved September 2010.pdf (INN Plan) http://www.sccgov.org/sites/mhd/MHSA/Documents/2013/Xtra/SCC%20FY13-14%20MHSA%20Annual%20Update%20Adopted%20October%202013.pdf (FY12-13 Update) http://www.sccgov.org/sites/mhd/MHSA/CSS/Documents/FY11-12AnnualUpdate.pdf (FY11-12 Update)

Peer-Run Transition-Age Youth Innovation Project - Santa Clara

The aim of this 36-month project (extended 12 months), is to increase access to services and improve outcomes for high-risk transition age youth in a voluntary 24-hour care setting. The project model is designed to achieve the aim through the implementation of innovative 24-hour services that involve a significant expansion of the role of TAY employees in decision-making and provision of program services.

Timeline:
October 2011 through September 2015

Total Budget:
\$703,529

Evaluation Budget

Project Status	In process.
Evaluation questions	- What is the impact of peer partner designed services on functional change of TAY residents in symptom management, quality of relationships, living situation, and school/work? - What is the impact of peer-run and designed services in a 24 hour voluntary setting on increasing access and engagement of high-risk TAY?
Innovative elements	- The project meets MHSA Innovation guidelines by adapting the existing mental health approach of peer mentoring for use in a 24-hour care setting serving TAY. This project has two innovative elements. ✓ First, the project places TAY peer partners in key decision-making roles. The peer partners will significantly manage the day-to-day operations of the Inn and will have primary responsibility for developing and designing program services. ✓ Second, TAY peer partners will be the primary support and service provider for

Peer-Run Transition-Age Youth Innovation Project - Santa Clara		
	the TAY residents. The project examines whether the experience of receiving services in an environment chiefly designed and offered by peers will improve engagement of and outcomes (symptom management; relationships; living situation; school/work, and satisfaction with service) for TAY.	
Outcomes	- Positive outcomes for youth served through peer decision-making and mentoring approaches. - Successful outcomes from the project would support broader inclusion of TAY views and perspectives in future programming and policy related decision-making.	
Primary purpose	Increase access to services.	
Other purposes		
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$703,529.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Outcomes-based.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Assessment Tool. - Documented number of youth accessing and completing program services at the Inn.	
Timeline for evaluation		
Evaluation Participants		
Evaluation Design: Learning Advisory Committee (LAC): Director or Other Senior Management		Review and Approval of Design: Learning Advisory Committee (LAC): Director or Other Senior Management

Peer-Run Transition-Age Youth Innovation Project - Santa Clara	
• MHSA/INN Manager • Internal Project Staff • Consumers • Providers, System partners, MHD Staff	• MHSA/INN Manager • Internal Project Staff • Consumers • Providers, System partners, MHD Staff
Evaluation Implementation: Learning Advisory Committee (LAC): • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Providers, System partners, MHD Staff	Review of Evaluation Findings: Learning Advisory Committee (LAC): • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Providers, System partners, MHD Staff
How were data analyzed or what is the plan for data analysis?	• Outcome Question 1. What is the impact of peer partner designed services on functional change of TAY residents in symptom management, quality of relationships, living situation, and school/work? ✓ Measures: Measure of functional change in major life domains as per tool endorsed by the Learning Advisory Committee. • Outcome Question 2. What is the impact of peer-run and designed services in a 24 hour voluntary setting on increasing access and engagement of high-risk TAY? ✓ Measures: Documented number of youth accessing and completing program services at the Inn.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including	

Peer-Run Transition-Age Youth Innovation Project - Santa Clara	
but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Mental Health Services Annual Report.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Mental Health Services Annual Report.
Sources of Information	http://www.sccgov.org/sites/mhd/MHSA/INN/Pages/default.aspx (County INN website) http://www.sccgov.org/sites/mhd/MHSA/INN/Documents/INN_Plan_to_DMH_Revised_Approved_September_2010.pdf (INN Plan) http://www.sccgov.org/sites/mhd/MHSA/Documents/2013/Xtra/SCC%20FY13-14%20MHSA%20Annual%20Update%20Adopted%20October%202013.pdf (FY12-13 Update) http://www.sccgov.org/sites/mhd/MHSA/CSS/Documents/FY11-12AnnualUpdate.pdf (FY11-12 Update)

Older Adults Project – Santa Clara

This project develops a model to increase the quality of services for isolated older adults by adapting a culturally-based approach that capitalizes on the traditional role of older adults as transmitters of cultural wisdom and values. The core service will be provided by community workers through a 12-week curriculum where the older adult, in the company of family members and caregivers, is elicited to reminisce on his/her life and express and capture significant memories and personal accomplishments. These shared memories can be commemorated through various expressive arts techniques such as journaling, memory books, videography or digital stories. Venues will be explored to present, celebrate and honor the older adult's life with the larger community. If successful, the project will provide a method of reducing older adults' depressive symptoms and cognitive decline that is low-cost, engages natural support systems, and can be easily incorporated into the current mental health services programming.

Timeline:

November 2012 through July 2015

Total Budget:

\$252,060

Evaluation Budget

Project Status	• In process.
Evaluation questions	• How many older adults engage in this program? • How does the program affect the seniors' quality of life and daily functioning?
Innovative elements	• This project's design brings three innovative elements. ✓ First, instead of clinicians, the project will use community workers who are competent in meeting the seniors' cultural and linguistic needs. Many older immigrants in Santa Clara County are not fluent in English. The hypothesis is that the cultural resonance and common language will facilitate the reminiscing and telling of personal distant stories. ✓ Second, the community worker will make every effort to identify, engage, invite and include a family member/caregiver in the activity. This may contribute to greater interpersonal understanding and strengthened relationships. Family member participation will potentially generate further common activities, thus reducing the older adult's isolation. ✓ Third, after the exercise of life reminiscing and telling, the community worker works with the family member and the senior to find a way to capture the story and look for venues for presentation to the larger community. The intent is to build further appreciative memories for the senior's life, and preserve personal and collective cultural history.

Older Adults Project – Santa Clara		
Outcomes	The life review and life reminiscing techniques will contribute to a reduction in depressive symptoms and improvement in the quality of life among participants.	
Primary purpose	Increase access to services for underserved populations.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$252,060.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Outcomes-based.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Pre and Post measures. - Record number of older adults who are outreached, number of seniors who start and number of older adults who complete the program.	
Timeline for evaluation		
Evaluation Participants		
Evaluation Design: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff		Review and Approval of Design: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff
Evaluation Implementation: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager		Review of Evaluation Findings: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager

Older Adults Project – Santa Clara	
- Internal Project Staff - Consumers - Providers, System partners, MHD Staff	- Internal Project Staff - Consumers - Providers, System partners, MHD Staff
How were data analyzed or what is the plan for data analysis?	- Outcome Question 1. How many seniors engage in this program? ✓ Measure: Record number of older adults who are outreached, number of seniors who start and number of older adults who complete the program - Outcome Question 2. How does the program affect the seniors quality of life and daily functioning? ✓ Measure: Pre- and post-surveys, and follow up after 6 and 12 months, to determine changes in: - Quality of life across several key life domains (emotional and spiritual health, supportive relationships, meaningful activities, physical health). - Depressive symptoms (mood, energy level, ability to think clearly , change in interest in activities, thoughts of death and suicide). - Cognitive functioning (executive functions, working memory, fluid reasoning, attentional capacity).
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of	

Older Adults Project – Santa Clara	
evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Mental Health Services Annual Report.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Mental Health Services Annual Report.
Sources of Information	http://www.sccgov.org/sites/mhd/MHSA/INN/Pages/default.aspx (County INN website) http://www.sccgov.org/sites/mhd/MHSA/INN/Documents/INN_Plan_to_DMH_Revised_Approved_September_2010.pdf (INN Plan) http://www.sccgov.org/sites/mhd/MHSA/Documents/2013/Xtra/SCC%20FY13-14%20MHSA%20Annual%20Update%20Adopted%20October%202013.pdf (FY12-13 Update) http://www.sccgov.org/sites/mhd/MHSA/CSS/Documents/FY11-12AnnualUpdate.pdf (FY11-12 Update)

Multi-Cultural Center Project – Santa Clara
The project develops a model to increase access to underserved and inappropriately served ethnic communities by establishing a Multi-Cultural Center (MCC) designed to house activities and services for multiple ethnic communities. The MCC will offer a welcoming, accessible and safe place

Multi-Cultural Center Project – Santa Clara

where members of all ethnic communities can find a sense of cultural resonance, belonging and support. The MCC will be open to ethnic events and celebrations, creating a natural place for community members to congregate, and where conversations about mental well-being can be inserted and approached within appropriate cultural contexts and languages. Designed and delivered mainly by ethnic family members and peer mentors, mental health promotion and support services will be grounded in ethnic traditions, and will incorporate healing methods and practices not currently in the system of care.

Timeline:
November 2010 through October 2013 (project not started yet)

Total Budget:
\$481,791

Evaluation Budget

Project Status	Not started yet.	
Evaluation questions	- How does the Multi-Cultural Center improve ethnic communities access to services and quality of services? - How does the Multi-cultural Center impact providers' (ethnic peers and family members) satisfaction level in relation to work setting and quality of services?	
Innovative elements	This project introduces a new mental health practice approach of facilitating cross cultural collaboration between ethnic communities in one center in order to increase access and engagement and improved quality of life for underserved individuals and their families	
Outcomes	If successful, this project will demonstrate how the inclusion of multi-cultural services in one setting can facilitate an innovative cross-cultural collaboration between ethnic communities and with the mental health system, resulting in increased capacity and services with higher receptivity levels. It will inform and guide efforts to increase the capacity of new immigrant populations in support of those with mental health issues.	
Primary purpose	Increase access to services for underserved populations.	
Other purposes	Not applicable.	
Innovation definition		
Total budget	\$481,791.	
Budget for evaluation aspects	External Evaluation:	

Multi-Cultural Center Project – Santa Clara		
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Outcomes-based.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Document number of individual/families visits to the center. - Document number of clients who decided to access clinical mental health services after having visited to the Center. - Document number of providers working at the Center.	
Timeline for evaluation		
Evaluation Participants		
Evaluation Design: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff	Review and Approval of Design: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff	
Evaluation Implementation: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff	Review of Evaluation Findings: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff	
How were data analyzed or what is the plan for data analysis?	- Outcome Question 1. How does the Multi-Cultural Center improve ethnic communities access to services and improve quality of services? ✓ Measures: 1. Document number of individual/families visits to the center. Survey visitors with questions on their satisfaction level in relation to the Multi-Cultural	

Multi-Cultural Center Project – Santa Clara	
	Center, the peer providers and the services received. 2. Document number of clients who decided to access clinical mental health services after having visited to the Center. • Outcome Question 2. How does the Multi-Cultural Center impact provider's (ethnic peers and family members) satisfaction level in relation to work setting and quality of services? ✓ Measures: 1. Document number of providers working at the Center. 2. Survey providers on their satisfaction level in relation to work setting (opportunities for empowerment, effectiveness level, etc.) and quality of services (appropriateness, accessibility to diverse communities, etc.).
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation	

Multi-Cultural Center Project – Santa Clara	
fun, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Mental Health Services Annual Report.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Mental Health Services Annual Report.
Sources of Information	http://www.sccgov.org/sites/mhd/MHSA/INN/Pages/default.aspx (County INN website) http://www.sccgov.org/sites/mhd/MHSA/INN/Documents/INN_Plan_to_DMH_Revised_Approved_September_2010.pdf (INN Plan) http://www.sccgov.org/sites/mhd/MHSA/Documents/2013/Xtra/SCC%20FY13-14%20MHSA%20Annual%20Update%20Adopted%20October%202013.pdf (FY12-13 Update) http://www.sccgov.org/sites/mhd/MHSA/CSS/Documents/FY11-12AnnualUpdate.pdf (FY11-12 Update)

Transitional Mental Health Services to Newly Released County Inmates Project – Santa Clara		
The aim of this 36-month project is to develop a model that examines whether the organizational support of the Mental Health Department provided to an inter-faith collaborative and coordination and collaboration with other service providers/advocacy groups increases the capacity of faith organizations to serve newly-released inmates and improve outcomes (symptom management; relationships; work/meaningful activities; and satisfaction with service).		
Timeline: November 2012 through October 2015	Total Budget: \$256,025	Evaluation Budget
Project Status	In process.	

Transitional Mental Health Services to Newly Released County Inmates Project – Santa Clara		
Evaluation questions	- What is the impact for individuals served through the project of being connected with faith organizations? - Are more individuals re-entering the community being served?	
Innovative elements	- This Innovation project adapts and strengthens a current practice of faith organizations attempting to assist newly released inmates through Mental Health Department (MHD) support that enables them to build their organizational capacity and assist them to coordinate with other faith communities and connect with other service providers/advocacy groups. - The project examines whether the collaboration between the MHD, an inter-faith collaborative, and other service providers/advocacy groups increases the capacity of faith organizations to serve newly-released inmates and improve outcomes (symptom management; relationships; work/meaningful activities; and satisfaction with service.	
Outcomes	If successful, this project will demonstrate how collaboration between faith organizations, volunteers, the mental health department, and other service providers/advocacy groups can play a role in increasing the community's capacity to support and facilitate successful re-entry of newly released inmates with mental health needs.	
Primary purpose	Increase access to services.	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$256,025.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Outcomes-based.	
Will/was a comparison group used for the design?	No.	

Transitional Mental Health Services to Newly Released County Inmates Project – Santa Clara	
Describe comparison group design (if applicable)	• Not applicable.
Data collection methods	• Survey. • Documented measure of newly released individuals functional change in symptom management and re-incarceration. • Documented number of newly released inmates being served through the project against baseline of the number of county inmates receiving with re-entry services before the project.
Timeline for evaluation	
Evaluation Participants	
Evaluation Design: Learning Advisory Committee (LAC): • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Providers, System partners, MHD Staff	Review and Approval of Design: Learning Advisory Committee (LAC): • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Providers, System partners, MHD Staff
Evaluation Implementation: Learning Advisory Committee (LAC): • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Providers, System partners, MHD Staff	Review of Evaluation Findings: Learning Advisory Committee (LAC): • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Providers, System partners, MHD Staff
How were data analyzed or what is the plan for data analysis?	• Outcome Question 1. What is the impact for individuals served through the project of being connected with faith organizations? ✓ Measures: Documented measure of newly released individuals functional change in: ○ Symptom management, quality of relationships, and work/meaningful activities. ○ Documented re-incarceration or recidivism rates of individuals served through the project. ○ Surveys of satisfaction levels of client and/or family satisfaction with program model.

Transitional Mental Health Services to Newly Released County Inmates Project – Santa Clara	
	• Outcome Question 2. Are more individuals re-entering the community being served? ✓ Measures: Documented number of newly released inmates being served through the project against baseline of the number of county inmates receiving with re-entry services before the project.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been	• Mental Health Services Annual Report.

Transitional Mental Health Services to Newly Released County Inmates Project – Santa Clara	
disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Mental Health Services Annual Report.
Sources of Information	http://www.sccgov.org/sites/mhd/MHSA/INN/Pages/default.aspx (County INN website) http://www.sccgov.org/sites/mhd/MHSA/INN/Documents/INN_Plan_to_DMH_Revised_Approved_September_2010.pdf (INN Plan) http://www.sccgov.org/sites/mhd/MHSA/Documents/2013/Xtra/SCC%20FY13-14%20MHSA%20Annual%20Update%20Adopted%20October%202013.pdf (FY12-13 Update) http://www.sccgov.org/sites/mhd/MHSA/CSS/Documents/FY11-12AnnualUpdate.pdf (FY11-12 Update)

Re-Entry Multi-Agency Pilot– Santa Clara	
The aim of this pilot is to develop and test a service needs assessment and delivery model that will facilitate interagency coordination with Probation, Custody Health Services, the Department of Alcohol and Drug Services, and the Social Services Agency in assessing and providing relevant and effective re-entry services for incarcerated adults exiting prison and jail settings.	
Timeline: October 2011 through June 2014	Total Budget: Evaluation Budget
Project Status	Completed.
Evaluation questions	
Innovative elements	- Two tools are used in order to track pilot progress in addressing client needs in multiple functional domains: one tool to assess risk utilized by the Probation and the Sheriff Department to determine supervision plans, and one tool used by the MAP Team to assess and address service needs. - These tools were important in identifying and strategizing for the needs of the clients returning to the community from the prison setting.

Re-Entry Multi-Agency Pilot– Santa Clara		
	The multi-agency team through an interagency collaboration assembled resources and provided the required services to address the needs of this population.	
Outcomes	- Define who is re-entering the community as the result of AB109/State Legislation; and what needs this population has that are critical to their successful re-entry. - Understand which services will address their needs, and what structure of access, delivery and coordination will achieve defined outcomes. - Clarify which policy, system, and service level changes are needed to achieve maximum outcomes.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or		

Re-Entry Multi-Agency Pilot– Santa Clara	
analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Mental Health Services Annual Report.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Mental Health Services Annual Report.
Sources of Information	http://www.sccgov.org/sites/mhd/MHSA/INN/Pages/default.aspx (County INN website) http://www.sccgov.org/sites/mhd/MHSA/INN/Documents/INN_Plan_to_DMH_Revised_Appro

Re-Entry Multi-Agency Pilot– Santa Clara

	ved September 2010.pdf (INN Plan) http://www.sccgov.org/sites/mhd/MHSA/Documents/2013/Xtra/SCC%20FY13-14%20MHSA%20Annual%20Update%20Adopted%20October%202013.pdf (FY12-13 Update) http://www.sccgov.org/sites/mhd/MHSA/CSS/Documents/FY11-12AnnualUpdate.pdf (FY11-12 Update)

Adults with Autism and Co-occurring Mental Health Disorders – Santa Clara

The aim of the project would be to improve access to services and improve outcomes for individuals with autism/developmental disabilities and co-occurring mental health disorders through the application of a new synthesized treatment approach informed by problem analysis and best practices.

Timeline:
June 2013 through

Total Budget:

Evaluation Budget

Project Status	Completed.	
Evaluation questions		
Innovative elements	Could not locate this information.	
Outcomes	If successful, this project will provide valuable information regarding the prevalence and nature of mental illness among adults with autism in Santa Clara County and will provide further information regarding the design of effective practice for this unique underserved population to be incorporated as needed as a specialized mental health service.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	

Adults with Autism and Co-occurring Mental Health Disorders – Santa Clara		
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Outcomes-based.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff	Review and Approval of Design: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff	
Evaluation Implementation: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff	Review of Evaluation Findings: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff	
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's		

Adults with Autism and Co-occurring Mental Health Disorders – Santa Clara	
innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Mental Health Services Annual Report.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Mental Health Services Annual Report.
Sources of Information	http://www.sccgov.org/sites/mhd/MHSA/INN/Pages/default.aspx (County INN website) http://www.sccgov.org/sites/mhd/MHSA/INN/Documents/INN_Plan_to_DMH_Revised_Approved_September_2010.pdf (INN Plan) http://www.sccgov.org/sites/mhd/MHSA/Documents/2013/Xtra/SCC%20FY13-14%20MHSA%20Annual%20Update%20Adopted%20October%202013.pdf (FY12-13 Update) http://www.sccgov.org/sites/mhd/MHSA/CSS/Documents/FY11-12AnnualUpdate.pdf (FY11-

Adults with Autism and Co-occurring Mental Health Disorders – Santa Clara

12 Update)

Mental Health and Law Enforcement Post-Crisis Intervention Project – Santa Clara

The aim of this 24-month project is to develop a model to improve mental health crisis resolution and engagement in services for individuals and their families who experience law enforcement-involved acute mental health crises through the provision of compassionate and timely post-crisis services.

Timeline:
November 2010 through October 2012

Total Budget:
\$285,209

Evaluation Budget

Project Status	Completed.
Evaluation questions	- Using historical law enforcement response data as a baseline for comparison, what is the effect of immediate, compassionate, culturally competent post crisis intervention on repeat law enforcement responses and response dispositions? - What is the effect of immediate, compassionate, culturally competent post crisis intervention on individuals and families who have been involved in a law enforcement related mental health crisis?
Innovative elements	- The project creates a new application of an existing practice, i.e., Mobile Crisis Response which exists in a number of California communities. The project differs from traditional MCR models however, in that the project calls for deploying culturally competent, bi-lingual teams comprised of a peer/family advocate and a mental health clinician to provide immediate, compassionate post-crisis response to consumers and family members who have experienced a law enforcement involved mental health or suicide related crisis. - The project includes two innovative elements: ✓ (1) The creation of a heretofore nonexistent, structured line of communication between law enforcement and mental health, that identifies mental health and

Mental Health and Law Enforcement Post-Crisis Intervention Project – Santa Clara		
	suicide related calls for service, and creates the potential for mental health outreach teams to engage individuals and families who are currently falling through the cracks; and, ✓ 2) The creation of unique, culturally competent outreach teams, each comprised of a peer/family advocate and a clinician, working together to provide timely (within 24 hours), compassionate, post-crisis interventions and improve service engagement and outcomes for individuals and families.	
Outcomes	The project is expected to provide qualitative and quantitative data about service engagement and outcomes for those community members to whom police and mental health resources are deployed. It provides a unique opportunity for individuals and families in crisis to share what they consider to be most helpful before, during and after mental health crises.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	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.	
Total budget	\$285,209.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Outcomes-based.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	Track number of times San Jose PD dispatches officers to repeat "5150" (mental health) or "1056" (suicide-related) events during the target period compared to a control period.	

Mental Health and Law Enforcement Post-Crisis Intervention Project – Santa Clara	
	- Track San Jose PD response dispositions during the target period compared to a control period. - Track number of hospitalizations, incarcerations and police use of force during the target period compared to a control period. - Track project outreach team responses resulting in immediate, on-scene assessment and consultation. - Track project team responses resulting in referrals to appropriate service providers. Track the levels at which consumers and families remain engaged in services. - Conduct long term tracking of outcomes and recovery for individuals and families contacted.
Timeline for evaluation	
Evaluation Participants	
Evaluation Design: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff	Review and Approval of Design: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff
Evaluation Implementation: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff	Review of Evaluation Findings: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff
How were data analyzed or what is the plan for data analysis?	- Outcome Question 1: Using historical law enforcement response data as a baseline for comparison, what is the effect of immediate, compassionate, culturally competent, post-crisis intervention on repeat law enforcement responses and response dispositions? ✓ Measures: 1. Track number of times San Jose PD dispatches officers to repeat "5150" (mental health) or "1056" (suicide related) events during the target period compared to a control period. Track San Jose PD response dispositions during the

Mental Health and Law Enforcement Post-Crisis Intervention Project – Santa Clara

	target period compared to a control period. 2. Track number of hospitalizations, incarcerations and police use of force during the target period compared to a control period. • Outcome Question 2: What is the effect of immediate, compassionate, culturally competent post crisis intervention on individuals and families who have been involved in law enforcement-related mental health crisis? ✓ Measures: 1. Track project outreach team responses resulting in immediate, on-scene assessment and consultation. 2. Track project team responses resulting in referrals to appropriate service providers. Track the levels at which consumers and families remain engaged in services. 3. Conduct long term tracking of outcomes and recovery for individuals and families contacted.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative	

Mental Health and Law Enforcement Post-Crisis Intervention Project – Santa Clara	
Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Mental Health Services Annual Report.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Mental Health Services Annual Report.
Sources of Information	http://www.sccgov.org/sites/mhd/MHSA/INN/Pages/default.aspx (County INN website) http://www.sccgov.org/sites/mhd/MHSA/INN/Documents/INN_Plan_to_DMH_Revised_Approved_September_2010.pdf (INN Plan) http://www.sccgov.org/sites/mhd/MHSA/Documents/2013/Xtra/SCC%20FY13-14%20MHSA%20Annual%20Update%20Adopted%20October%202013.pdf (FY12-13 Update) http://www.sccgov.org/sites/mhd/MHSA/CSS/Documents/FY11-12AnnualUpdate.pdf (FY11-12 Update)

Interactive Video Simulator Training Project – Santa Clara
The aim of this 32-month project is to develop a model to bring the perspectives of family members and consumers to law enforcement and improve the quality of officers' response during mental health crisis events through the innovative development of mental health related scenarios for inclusion in widely used interactive video simulator training. The perspectives of mental health consumers and underserved ethnic communities will inform scenario development. The project includes three elements: 1. The development of video simulations informed by and including consumer/family members, including those from underserved ethnic

Interactive Video Simulator Training Project – Santa Clara

communities.

2. The incorporation of mental health scenarios into existing widely used interactive video simulator training for law enforcement.

3. The collection of data to evaluate whether project approach results in improved law enforcement response to individuals and their families.

Timeline:

November 2010 through October 2013

Total Budget:

\$214,500

Evaluation Budget

Project Status	Completed.
Evaluation questions	- How does Interactive Video Simulator Training reduce the use of police force and the number of injuries and/or deaths to both consumers and officers when police officers respond to events involving mentally ill people in crisis? - How does Interactive Video Simulator Training reduce unnecessary hospitalizations and incarcerations? - How does Interactive Video Simulator Training increase law enforcement referrals to mental health services and create positive outcomes for consumers? - How does Interactive Video Simulator Training result in increased communication, collaboration and understanding among all stakeholders, including consumers, family members, ethnic/underserved communities, law enforcement and the mental health system?
Innovative elements	- This project introduces an existing training delivery system (Interactive Video Simulator Training) that has been successful in a non-mental health context (force option/firearms training) into in a new and innovative application (training law enforcement officers to appropriately respond to mentally ill people in crisis). - Contributions to learning include: (1) Demonstration of a process where consumers and family members, especially those from ethnic communities, directly impart their perspectives and needs as they collaborate as equal partners in the creation of an innovative training delivery system for law enforcement. (2) Creation of the first life-sized, real time, interactive video simulations and lesson plans designed to train law enforcement officers to respond to mentally ill people in crisis.

Interactive Video Simulator Training Project – Santa Clara		
	• Successful completion of the project will create the potential for widespread application in other jurisdictions.	
Outcomes	• Reduction in the use of police force and the number of injuries and/or deaths to both consumers and officers when police officers respond to events involving mentally ill people in crisis. • Reduction in unnecessary hospitalizations and incarcerations. • Increase in law enforcement referrals to mental health services and positive outcomes for consumers. • Increased communication, collaboration and understanding among all stakeholders, including consumers, family members, ethnic/underserved communities, law enforcement and the mental health system.	
Primary purpose	• Improve the quality and outcomes of services.	
Other purposes	• Not applicable.	
Innovation definition	• 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.	
Total budget	• \$214,500.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	• Outcomes-based.	
Will/was a comparison group used for the design?	• No.	
Describe comparison group design (if applicable)	• Not applicable.	
Data collection methods	• Surveys. • Interview. • Track data regarding police use of force, injuries and deaths resulting from police responses to events involving mentally ill people in crisis, before and after	

Interactive Video Simulator Training Project – Santa Clara	
	presentation of Interactive Video Simulator Training. - Track data regarding the number of hospitalizations and incarcerations resulting from law enforcement responses before and after presentations of Interactive Video Simulator Training. - Track data regarding levels of engagement in service and outcomes for consumers and family members involved in a law enforcement involved event, before and after the presentation of Interactive Video Simulator Training.
Timeline for evaluation	November 2010 through October 2013.
Evaluation Participants	
Evaluation Design: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff	Review and Approval of Design: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff
Evaluation Implementation: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff	Review of Evaluation Findings: Learning Advisory Committee (LAC): - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - Consumers - Providers, System partners, MHD Staff
How were data analyzed or what is the plan for data analysis?	- Outcome Question 1: How does Interactive Video Simulator Training reduce the use of police force and the number of injuries and/or deaths to both consumers and officers when police officers respond to events involving mentally ill people in crisis? ✓ Measures: Track data regarding police use of force, injuries and deaths resulting from police responses to events involving mentally ill people in crisis, before and after presentation of Interactive Video Simulator Training. - Outcome Question 2: How does Interactive Video Simulator Training reduce unnecessary hospitalizations and incarcerations? ✓ Measures: Track data regarding the number of hospitalizations and incarcerations

Interactive Video Simulator Training Project – Santa Clara

	resulting from law enforcement responses before and after presentations of Interactive Video Simulator Training. • Outcome Question 3: How does Interactive Video Simulator Training increase law enforcement referrals to mental health services and create positive outcomes for consumers? ✓ Measures: Track data regarding levels of engagement in service and outcomes for consumers and family members involved in a law enforcement involved event, before and after the presentation of Interactive Video Simulator Training. • Outcome Question 4: How does Interactive Video Simulator Training result in increased communication, collaboration and understanding among all stakeholders, including consumers, family members, ethnic/underserved communities, law enforcement and the mental health system? ✓ Measures: Interview or survey of project team members, consumers, family members, ethnic community representatives and law enforcement to measure changes in attitudes regarding how law enforcement responses to mentally ill people in crisis, especially in ethnic/underserved communities.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	

Interactive Video Simulator Training Project – Santa Clara	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Mental Health Services Annual Report.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• Mental Health Services Annual Report.
Sources of Information	http://www.sccgov.org/sites/mhd/MHSA/INN/Pages/default.aspx (County INN website) http://www.sccgov.org/sites/mhd/MHSA/INN/Documents/INN_Plan_to_DMH_Revised_Approved_September_2010.pdf (INN Plan) http://www.sccgov.org/sites/mhd/MHSA/Documents/2013/Xtra/SCC%20FY13-14%20MHSA%20Annual%20Update%20Adopted%20October%202013.pdf (FY12-13 Update) http://www.sccgov.org/sites/mhd/MHSA/CSS/Documents/FY11-12AnnualUpdate.pdf (FY11-12 Update)

Santa Cruz County

Innovative Project:	Project Title:	Population(s) Served:
	Work First for Individuals with Co-occurring Disorders	Adults, TAY

Avenues: Work First for Individuals with Co-Occurring Disorders – Santa Cruz

Avenues will focus on adults and transition age youth, particularly those at high risk of homelessness, incarceration, or psychiatric hospitalization, providing them with a "Work First" approach as a core treatment modality for co-occurring disorders. This innovative proposal is designed after a philosophy and model known as "Housing First." The Housing First approach centers on providing homeless people with housing quickly and then providing services as needed. The premise is based on the belief that vulnerable and at-risk individuals are more responsive to interventions and social services supports after they are in their own housing, and that they can begin to regain self-confidence and control over their lives. In this proposal we will take a similar approach emphasizing Work as a motivating and protective factor, i.e., a "Work First" approach. We hope to achieve better outcomes and positive change in the target population of individuals with co-occurring disorders.

Timeline:

December 2010 through December 2015

Total Budget:

Evaluation Budget

Project Status	In process.
Evaluation questions	Is a "work first" approach helpful in achieving greater stability, structure and support in recovery for individuals with co-occurring disorders? (Greater stability, structure and support = fewer jail bookings and fewer psychiatric hospitalizations; compared 12-months prior to entry into program and 12-months following entry into program.)
Innovative elements	- The proposed project will meet MHSA Innovative Projects funding criteria by applying principles learned from the "Housing First" model and transforming this philosophy into a "Work First" program. This Work First approach is a new practice within traditional mental health treatment services, designed to target persons with co-occurring disorders of mental health and substance abuse. - The philosophy in "Housing First" has demonstrated improved outcomes for the

Avenues: Work First for Individuals with Co-Occurring Disorders – Santa Cruz

	homeless mentally ill population. We hope to learn that this application using "work" as an incentive will demonstrate improved outcomes in this target population. Embedded within the "Work First" program is a new service model that employs one-on-one community navigators. This model has been successful with teens from the Criminal Justice system and has helped with their re-entry into the community. We will introduce this practice in mental health with the dually disordered population to learn if this model transfers.	
Outcomes	Reduced recidivism from jail. Reduced recidivism from psychiatric hospital. Increase in employment. Increase integration in the community.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	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.	
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	Participant outcomes compared 12 months prior to entry into program vs. 12 months following entry into program.	
Data collection methods	- Survey. - Clinical records. - Pre and Post measures. - Currently available county data resources (explain below). - Interviews, focus groups and direct observations MAY also be used for evaluation, but	

Avenues: Work First for Individuals with Co-Occurring Disorders – Santa Cruz	
	I can't say for certain. I am personally aware of the other methods checked.
Timeline for evaluation	
Evaluation Participants	
Evaluation Design:	Review and Approval of Design:
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Electronic health records. I don't know of others.
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the	

Avenues: Work First for Individuals with Co-Occurring Disorders – Santa Cruz	
project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.mhsoac.ca.gov/Innovation/docs/InnovationPlans/INN_SantaCruz.pdf (Inn Plan) http://www.santacruzhealth.org/prop63/ (County MHSA website) http://www.santacruzhealth.org/prop63/PDFs/2013-2014%20%20MHSA%20ANNUAL%20UPDATE%20FINI.pdf (FY13-14) http://www.santacruzhealth.org/prop63/PDFs/MHSAThreeYearDRAFTPlan.pdf (draft of 3Yr plan FY14-15 through FY16-17) http://www.santacruzhealth.org/prop63/PDFs/2011-12%20%20UPDATE%20PLAN%20for%20OAC%20and%20DMH.pdf (FY11-12) http://www.santacruzhealth.org/prop63/PDFs/2012%20MHSA%20ANNUAL%20UPDATE%20Final.pdf (FY12-13)

Shasta County

Innovative Project:	Project Title:	Population(s) Served:
	Community Intervention Pre-Crisis Team	Community members experiencing mental health crisis

Community Intervention Pre-Crisis Team - Shasta

The community in Shasta County is very concerned about the number of emergency room visits, hospitalizations, and incarcerations that are the result of a mental health crisis. They would like to see a Community Intervention Pre-Crisis Team (CIPT) that is available 24/7 with tiered-response team designed to help individuals and their families before a crisis occurs. An access telephone number will be provided to the community through outreach by the CIPT members. Individuals, their families, and/or concerned members of the community would call with their pre-crisis situation and request assistance, and the appropriate response team would be dispatched. Local businesses would be encouraged to call for assistance when situations arise prior to calling law enforcement. The makeup and level of expertise of response teams would vary by request, depending on what is needed. Team members would include consumers (with a focus on those with experience with homelessness), family members, and mental health educators. Teams would have partnerships with clinicians, medical staff, and law enforcement. Services would be offered in the home or at other locations within the community.

Timeline:
January 2013 through April 2015

Total Budget:

Evaluation Budget

Project Status	In process.
Evaluation questions	- The Community Intervention Pre-Crisis Team makes a change to an existing mental health practice/approach. Currently there are crisis intervention teams in existence, however our research was unable to uncover a peer-based approach that seeks to help individuals and families before a situation escalates into crisis. The idea is to take what has been done before, a crisis intervention team, and change the model to build a peer-run pre-crisis team to respond to situations with the goal of providing services and maintaining support systems in order to prevent a crisis. - Having a Community Intervention Pre-Crisis Team will contribute to learning because

Community Intervention Pre-Crisis Team - Shasta		
	we are unsure if a response team such as this will prevent the escalation into crisis and reduce emergency room visits, hospitalizations, and incarcerations in those with a mental illness.	
Innovative elements	- Does having an intervention available pre-crisis reduce the need for hospitalization for psychiatric symptoms? - Does having an intervention available pre-crisis reduce the need to go to the Emergency Room for psychiatric symptoms? - Does having an intervention available pre-crisis reduce the likelihood of incarceration? - Are individuals accessing the CIPT and utilizing services offered? - Are the services provided by the CIPT desirable to those that receive services?	
Outcomes	Increase access to services.	
Primary purpose	Please review our 3-Year Program and Expenditure Report, and well as our original Innovation Plan.	
Other purposes	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Innovation definition	Please review our original Innovation Plan.	
Total budget	Please review our 3-Year Program and Expenditure Report, as well as our original Innovation Plan.	
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	- Longitudinal Design. - Case Study Design.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Missing Data.	
Data collection methods	- Survey. - Interviews.	

Community Intervention Pre-Crisis Team - Shasta	
	• Clinical records. • Direct observation. • Pre and Post measures.
Timeline for evaluation	• Please review our 3-Year Program and Expenditure Report, and well as our original Innovation Plan.
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • All MHSA Stakeholders	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • All MHSA Stakeholders
Evaluation Implementation: • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners • All MHSA Stakeholders
How were data analyzed or what is the plan for data analysis?	• Please review our 3-Year Program and Expenditure Report, and well as our original Innovation Plan.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Please review our 3-Year Program and Expenditure Report, and well as our original Innovation Plan.
What training or technical assistance resources did the county use during the project, if any?	• None. As stated before, we have internal evaluation staff.
How were/are/will the effects of the project's	• Please review our 3-Year Program and Expenditure Report, and well as our original

Community Intervention Pre-Crisis Team - Shasta	
innovative elements be measured?	Innovation Plan.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Please review our 3-Year Program and Expenditure Report, and well as our original Innovation Plan.
Were/will data be analyzed to show differential impacts on various populations/situations?	Please review our 3-Year Program and Expenditure Report, and well as our original Innovation Plan.
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	The project was not viable, so the decision was made to end it.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	We have not had a successful Innovation project.
Sources of Information	www.co.shasta.ca.us/index/hhsa_index/mental_wellness/mhsa_admin.aspx (County MHSA website) http://www.co.shasta.ca.us/docs/HHSA/mental-wellness/ShastaInnovation.pdf?sfvrsn=0 (Inn plan) http://www.co.shasta.ca.us/docs/HHSA/mental-wellness/AnnualUpdate1213revised.pdf?sfvrsn=0 (FY12-13)

Community Intervention Pre-Crisis Team - Shasta	
	http://www.co.shasta.ca.us/docs/HHSA/mental-wellness/13-14AnnualUpdateFINALsignature.pdf?sfvrsn=0 (FY13-14)

Solano County

Innovative Project:	Project Title:	Population(s) Served:
	Community Access to Resources and Education	Underserved cultural communities

Community Access to Resources and Education - Solano

The goal of the CARE project, which was implemented in Fall 2010, is to determine whether access to mental health services for underserved groups can be increased by providing mental health services in non-traditional clinical settings. CARE uses three strategies:

- These
- 1) Direct Services Provided by Mental Health Clinicians Consumers received services at non-traditional sites in Fairfield, Vallejo, Vacaville, Dixon and Rio Vista. These included churches and other community friendly sites to reduce the stigma of pursuing mental health treatment.
 - 2) System Navigators CARE staff provides information to, and develops relationships with, non-mental health community organizations. These organizations then refer consumers who may need mental health services to CARE system navigators, who work with clients to obtain mental health services.
 - 3) One-day Mental Health First Aid Training Mental Health First Aid (MHFA) training was utilized to help promote awareness of mental health issues and reduce the stigma which may keep individuals from seeking needed help. This strategy also served as a vehicle to establish linkage to needed mental health services.

Timeline:
September 2010 through June 2014

Total Budget:

Evaluation Budget

Project Status	Completed.
Evaluation questions	
Innovative elements	Co-location of services with non-traditional community settings may increase the accessibility of services to individuals from underserved cultural communities.
Outcomes	- Increase awareness of mental health issues. - Increased community capacity to identify mental health issues. - Decreased stigma often associated with mental health issues and the resulting barriers

Community Access to Resources and Education - Solano		
	to access to service.	
Primary purpose	Increase access to services for underserved populations.	
Other purposes	Not applicable.	
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	Outcomes-based.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Number of Screenings. - Number of Individuals Receiving Brief Psychotherapy. - Number of Individuals Receiving Intensive Psychiatric Services. - Number of Individuals Receiving MHFA Training.	
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	Tracking of: - Number of Screenings. - Number of Individuals Receiving Brief Psychotherapy. - Number of Individuals Receiving Intensive Psychiatric Services. - Number of Individuals Receiving MHFA Training.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		

Community Access to Resources and Education - Solano	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.co.solano.ca.us/depts/mhs/mhsa/innovation.asp (County MHSA INN website) https://admin.solanocounty.com:4433/civicax/filebank/blobdload.aspx?blobid=17648 (3Yr. Plan 2014-2017 and FY13-14 Combined)s

Community Access to Resources and Education - Solano

<http://www.co.solano.ca.us/civicax/filebank/blobdload.aspx?blobid=10330> (FY11-12)
<https://admin.solanocounty.com:4433/civicax/filebank/blobdload.aspx?blobid=14526> (FY11-13 Combined)

Sonoma County

Innovative Projects:	Project Title:	Population(s) Served:
	Three-Pronged Integrated Community Health Model	Community members with SMI with co-occurring physical conditions
	Reducing Disparities Community Fund Initiative	Underserved groups primarily people of color and isolated people living with SMI/SED
	Interdisciplinary Mobile Intervention Team	Community members experience behavioral health crisis

Three-Pronged Integrated Community Health Model - Sonoma

Sonoma County MHD will create a new Three-Pronged Integrated Community Health Model by adapting two existing models:

- 1) primary care and behavioral health integration model.
- 2) peer- based community health education.

Developing and delivering this model will test our hypothesis that peer involvement in the delivery of health education messages and the creation of individualized care plans, in an integrated primary care and mental health setting, will result in improved physical health outcomes for persons who are SPMI. This client-centered, holistic approach will incorporate community health education strategies as a core component of primary care and behavioral health service provision.

In this model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with SPMI. To accomplish this goal, this innovation project proposes to train and launch an integrated, multi-disciplinary team of peer health educators, physicians, nurses, psychiatrists, behavioral health specialists, and care managers. Sonoma County Mental Health Division expects to learn what service and staffing mix, in an integrated setting, will result in improved physical health outcomes for people living with SPMI.

Timeline:
September 2012 through 2015

Total Budget:

Evaluation Budget

Three-Pronged Integrated Community Health Model - Sonoma		
Project Status	In process.	
Evaluation questions		
Innovative elements	- The Three-Pronged Integrated Community Health Model changes an existing model of integrated care by adapting two current practices: primary care and behavioral health integration, and community health education practice (e.g., Promotores models). - We expect that the new model that will emerge from this adaptation will help us to understand what service and staffing mix, in an integrated setting, will result in improved physical health outcomes for people living with SPMI.	
Outcomes	- What practices and activities result in improved outcomes for consumers? - How well integrated are peers into the three-pronged model? - What training topics and methods support team success? - Do consumers report improved quality of life? - Do consumers report increased satisfaction with services? - Do consumers report a reduction in the stigma associated with seeking primary care and behavioral health services?	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		

Three-Pronged Integrated Community Health Model - Sonoma	
Evaluation Participants	
Evaluation Design:	Review and Approval of Design:
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	

Three-Pronged Integrated Community Health Model - Sonoma	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.sonoma-county.org/health/about/behavioralhealth_mhsa.asp (County MHSA website) http://www.sonoma-county.org/health/about/pdf/mhsa/inn_plan.pdf (Inn plans) http://www.sonoma-county.org/health/about/pdf/mhsa/mhsareport_20110513.pdf (FY11-12) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY11-12/Sonoma_FY11-12_AnnualUpdate_FINAL_FY13-14_ExpenditurePlan_091813.pdf (FY2011-12 Update plus 13-14 expenditure Plan)

Reducing Disparities Community Fund Initiative- Sonoma	
The Reducing Disparities Community Fund Initiative is different from MHD funding strategies in very significant ways. This innovation will allow community members from throughout Sonoma County to make decisions on how public funds are distributed, as well as encourage the community to present and test outreach, engagement, and service projects that address barriers to service access by underserved groups, particularly communities of color. As part of the refining of the Community Initiative Funding Model, MHD and the Board will consider an approach to identifying a fiscal intermediary to support flexibility in the timely distribution of funds.	
Timeline: through 2015	Total Budget: Evaluation Budget
Project Status	In process.
Evaluation questions	
Innovative elements	This Innovation project is expected to contribute to learning by introducing a new

Reducing Disparities Community Fund Initiative- Sonoma		
	application to the mental health system of a promising community-driven practice approach that has been successful in non-mental health settings.	
Outcomes	• Was the funding model successful in bringing in new providers? • How many new providers were selected to implement projects? • What changes occurred in the RFP development or peer review process as a result of the new funding model? (e.g., streamlined RFP language, faster RFP timeline, diversity of review panels). • How effective was each funding methodology stage in contributing to the INN essential purpose of increasing access to underserved groups? • Was there increased access to mental health services for individuals from underserved groups? • Did participants accessing services report increased satisfaction with mental health prevention and treatment services?	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:	Review and Approval of Design:	

Reducing Disparities Community Fund Initiative- Sonoma	
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	

Reducing Disparities Community Fund Initiative- Sonoma

How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.sonoma-county.org/health/about/behavioralhealth_mhsa.asp (County MHSA website) http://www.sonoma-county.org/health/about/pdf/mhsa/inn_plan.pdf (Inn plans) http://www.sonoma-county.org/health/about/pdf/mhsa/mhsareport_20110513.pdf (FY11-12) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY11-12/Sonoma_FY11-12_AnnualUpdate_FINAL_FY13-14_ExpenditurePlan_091813.pdf (FY2011-12 Update plus 13-14 expenditure Plan)

Interdisciplinary Mobile Intervention Team - Sonoma

The Mobile Intervention Team would primarily increase the quality of services by improving current crisis response efforts. The Innovation project will be operationalized and monitored to see whether or not people experiencing a behavioral health crisis are increasingly referred into the mental health system. Additionally, the project will seek to decrease incidences of physical harm to both the person in distress and law enforcement personnel.

Timeline:

Total Budget:

Evaluation Budget

Project Status	Completed.
Evaluation questions	
Innovative elements	- MHD is proposing to "test" an integrated mobile crisis response team to improve outcomes for individuals experiencing a behavioral health crisis. This innovation project is expected to contribute to learning in the following ways: ✓ Makes a change to existing mental health practice/approach. ✓ Introduces a new application to the mental health system of a promising

Interdisciplinary Mobile Intervention Team - Sonoma		
	community-driven practice approach.	
Outcomes	• Reduced incidences of physical harm to persons in distress and to law enforcement personnel. • Increased referral to appropriate mental health services and supports. • Reduced involvement in the criminal justice system. • Improved detection and evaluation of individuals experiencing behavioral health crisis. Improved interactions among interdisciplinary MIT team and MIT partners. • Clarity about the role and impact of MIT. • Improved satisfaction with new model. • Satisfaction with MIT among partners. • Culture shift among groups providing crisis responses.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for		

Interdisciplinary Mobile Intervention Team - Sonoma	
data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been	

Interdisciplinary Mobile Intervention Team - Sonoma	
disseminated?	
Sources of Information	http://www.sonoma-county.org/health/about/behavioralhealth_mhsa.asp (County MHSA website) http://www.sonoma-county.org/health/about/pdf/mhsa/inn_plan.pdf (Inn plans) http://www.sonoma-county.org/health/about/pdf/mhsa/mhsareport_20110513.pdf (FY11-12) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY11-12/Sonoma_FY11-12_AnnualUpdate_FINAL_FY13-14_ExpenditurePlan_091813.pdf (FY2011-12 Update plus 13-14 expenditure Plan)

Stanislaus County

Innovative Projects:	Project Title:	Population(s) Served:
	Revolution Project	Adult business owners and youth
	Stanislaus County Wisdom Transformation Initiative	Staff of six largest CBOs in Stanislaus County
	Garden Gate Innovative Respite Project	Adults at risk of psychiatric hospitalization
	Arts for Freedom	All
	Beth and Joanna Friends in Recovery	Young adults
	Building Support Systems for Troubled Youth	Youth ages 7-11
	Civility School Learning Project	Students at Keyes Elementary and Spratling Middle School, teachers and parents
	Connecting Youth Receiving Services to Community Supports	Youth at Sierra Vista Child and Family Services, Drop In Center FRC, North Modesto/Salida FRC, Hughson FRC, Bridge
	Families in the Park	African-American mothers in Mellis Park
	Integration Innovations	Adult diabetic patients suffering from mental illness
	Promoting Community Wellness through Nature & Community-Driven Therapies	Underserved groups in Airport community
	Evolving a Community-Owned Behavioral Health System of Supports and Services	Community leaders, CBO representatives, county stakeholders (MHSA, ABSAP and others)

Revolution Project - Stanislaus

“Revolution Project” will promote interagency and community collaboration. Revolution Project seeks to engage adults who own businesses or have

Revolution Project - Stanislaus

other civic leadership roles to learn what it takes to resolve existing conflicts with youth from nearby schools and build partnerships that transform mental health in the rural, underserved Westside community of Patterson.

Timeline:
November 2011 through November 2013

Total Budget:

Evaluation Budget:

Project Status	Completed.	
Evaluation questions		
Innovative elements	Attract youth and adults from diverse cultures and ethnic groups to create a new model for youth leadership that does not focus on "punishing the problem" or "fixing the youth problem."	
Outcomes	- More adults will understand and support the core principles of youth development and practice them in everyday life. - Adults will reinforce and nurture the strengths and potential of local youth instead of focusing on youth as "problems." - There will be an increase in the number of caring adults engaging youth in Patterson which will produce greater assets and resiliency in the youth. - Youth will feel valued, respected, and included as community members, creating a greater sense of personal well-being and mental health. - Youth and adults will be connected and work together, learning from each other and developing mutually respectful relationships. - Adults who volunteer to support youth in the community will experience a positive sense of purpose by "giving back" and sharing their time and talents.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal	

Revolution Project - Stanislaus		
	Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		
Were/will data be analyzed to show differential impacts on various populations/situations?		
Were midcourse changes made as a result of evaluation findings?		
At this time, has a decision been made about sustaining the project beyond the current		

Revolution Project - Stanislaus	
Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.stanislausmhsa.com/Innovation.shtm (Innovative County website) http://www.stanislausmhsa.com/pdf/public/FY13-14/Annua%20UpdateFY13-14.pdf (FY13-14, this INN plan details) http://www.stanislausmhsa.com/pdf/public/PlanUpdates/PlanUpdateFY12-13.pdf (FY12-13) http://www.stanislausmhsa.com/pdf/public/2011-12PlanUpdate_Final%20Submitted_8%20_9_11.pdf (FY 11-12) http://www.stanislausmhsa.com/pdf/public/INN%20Project%20Brief%20Descriptions%20Posted_8.25.11.pdf (Inn Summaries) http://www.stanislausmhsa.com/pdf/public/Annual%20Update%20FY2010-11.pdf (FY10-11)

Wisdom Transformation Initiative – Stanislaus
The aim of the innovative program is to promote inter-agency and community collaboration by supporting transformation and learning among the six

Wisdom Transformation Initiative – Stanislaus

largest non-profit and community-based organizations in Stanislaus County that contract with Behavioral Health Recovery Services to provide behavioral health services and supports to some of the county’s most vulnerable individuals and families at risk of and affected by serious mental illness.

Timeline:
July 2013 through June 2016

Total Budget:
\$844,445

Evaluation Budget:
\$157,500

Project Status	In process.
Evaluation questions	- The evaluation questions for this Innovation Project, called the Wisdom Transformation Initiative (WTI), include: ✓ a. Does the adoption of the Wisdom Transformation framework by participating organizations increase their capacity to: ○ (1) By the end of the project: (a) Create a stronger and more positive internal environment for staff, board members, and others connected to the organization so they can better support the people they serve; (b) Learn to adapt better to the current policy and fiscal chaos buffeting the behavioral system; and (c) Cultivate more effective collaboration among each other and with BHRS? ○ (2) In the long-term (beyond the scope of the project to document): improve outcomes for people suffering from or at risk of mental illness? ✓ b. Through our efforts to address these overarching questions, we also expect to answer the following learning questions: ○ (1) How do we help community-based organizations—each with different missions, cultures, and histories—successfully adapt the Wisdom Transformation framework within their particular programs and services? ○ (2) How do we build effective learning communities among staff members, community leaders, family members, and people who receive services? ○ (3) Are cross-organizational learning communities and Peer Allies promising strategies for sustaining long-term transformation efforts?
Innovative elements	This project explores new approaches to collaboration and system transformation that will impact:

Wisdom Transformation Initiative – Stanislaus		
	✓ Organizational practices, processes, and procedures. ✓ Educational efforts for service providers, including nontraditional mental health practitioners. ✓ Outreach, capacity building, and community development. ✓ System development.	
Outcomes	• Improvements in program outcomes; increased satisfaction with services from the people who use them and their families.	
Primary purpose	• Promote interagency collaboration.	
Other purposes	• While the primary focus of this Innovation Project is promoting interagency and community collaboration, in the long-term, we also expect to impact the following outcomes: ✓ a. Increasing access to services. ✓ b. Increasing access to services for underserved populations. ✓ c. Improving the quality and outcomes of services. • As these are expected long-term outcomes that may not be demonstrated over the course of the project, they will not be directly addressed by our evaluation. The evaluation focuses on participants' perceived capacity to effect the desired outcomes outlined in question two.	
Innovation definition	• Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	• \$844,445.	
Budget for evaluation aspects	External Evaluation:	• \$100,000 (Formal evaluation of overall initiative).
	Internal Evaluation:	• \$57,500 (Consultant support for Lessons Learned documents).
	Administrative:	• \$110,145.
	Other:	• \$576,800 (organizational consulting and training to master the transformation framework, transformation grants to participating organizations, transformation summits, webinars, peer ally training and 1:1 coaching, transformation collaborative

Wisdom Transformation Initiative – Stanislaus		
		meetings with organizational leaders).
Evaluation designs	No.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Survey. - Interviews. - Direct observation. - Learning dialogues and program impact data collected by participating organizations.	
Timeline for evaluation	- July-Dec 2013: Planning the evaluation design. - July 2013 – June 2016: Setting up data collection processes, carrying out data collection, conducting data analyses, and reporting interim evaluation findings. ✓ a. Self assessments at three time periods (June 2013 • Time 2 TBD • Spring 2016). ✓ b. Key informant interviews at two time periods (June-July 2014 • Spring 2016). ✓ c. Focus groups at one time period (Spring 2016). - July 2014 – June 2016: Supporting participating organizations to assess their own progress. - July 2016: Reporting final evaluation findings.	
Evaluation Participants		
Evaluation Design: - Internal Project Staff - External/contracted project staff		Evaluation Design: - Internal Project Staff - External/contracted project staff
Evaluation Implementation: - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners - Staff members from participating organizations		Evaluation implementation: - Internal Project Staff - External/contracted project staff - Consumers - Advocates/Family Partners - Staff members from participating organizations
How were data analyzed or what is the plan for	Qualitative and quantitative data will be analyzed using the following methods:	

Wisdom Transformation Initiative – Stanislaus	
data analysis?	content analysis, frequency count analysis, and trend analysis.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable.
What training or technical assistance resources did the county use during the project, if any?	• External consultants provided training and technical assistance to the participating organizations on behalf of the county on the following topics: ✓ a. Leadership for Collective Wisdom framework. ✓ b. Results-Based Accountability framework (as appropriate). ✓ c. Community Capacity-Building (as appropriate). ✓ d. Sustainability (as appropriate). ✓ e. Learning Dialogues (as appropriate).
How were/are/will the effects of the project's innovative elements be measured?	• The instruments that were selected—as well as the reasons why they were selected—to measure the project's innovative elements are summarized below. ✓ a. Self assessment surveys: provides quantitative baseline and post-intervention self report data that answer our evaluation questions; helps us to understand how the project's educational efforts for service providers impacted their organizational practices over time. ✓ b. Key informant interviews: Provides rich qualitative data (including responses to open-ended questions) that answer our evaluation questions; helps us to assess what aspects of the project are most and least supportive; informs how we move forward with the project, and clarifies areas in need of project design adjustments. ✓ c. Focus groups: Provides rich qualitative data (including responses to open-ended questions) that answer our evaluation questions; helps us to assess what aspects of the project are most and least supportive; informs how we move forward with the project, and clarifies areas in need of project design adjustments. ✓ d. Data collected by participating organizations, where appropriate: These data, such as staff survey results and program performance measures help participating organizations track their progress in the outcome areas over time. ✓ e. Intervention-specific evaluation data: Provides quantitative and qualitative feedback data (including responses to open-ended questions) about individual educational efforts; helps us to assess what aspects of the project are most and

Wisdom Transformation Initiative – Stanislaus	
	least supportive; informs how we move forward with the project, and clarifies areas in need of project design adjustments.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	We will be asking at different points in time during the initiative the efficacy of various interventions to assess how well they contributed to achieving the desired outcomes and innovative elements. Open-ended questions will also help identify unanticipated factors.
Were/will data be analyzed to show differential impacts on various populations/situations?	No. Data is being collected to assess differential impacts on each distinct organization, but not on various ethnic/racial populations. Demographic data about participants, however, is being collected for MHSA reporting purposes.
Were midcourse changes made as a result of evaluation findings?	Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	The results have been disseminated through Stakeholder Meetings, internal Intranet, and our MHSA website.
Sources of Information	http://www.stanislausmhsa.com/Innovation.shtm (Innovative County website) http://www.stanislausmhsa.com/pdf/public/FY13-14/Annua%20UpdateFY13-14.pdf (FY13-14, this INN plan details) http://www.stanislausmhsa.com/pdf/public/PlanUpdates/PlanUpdateFY12-13.pdf (FY12-13)

Wisdom Transformation Initiative – Stanislaus

	http://www.stanislausmhsa.com/pdf/public/2011-12PlanUpdate_Final%20Submitted_8%20_9_11.pdf (FY 11-12) http://www.stanislausmhsa.com/pdf/public/INN%20Project%20Brief%20Descriptions%20Posted_8.25.11.pdf (Inn Summaries) http://www.stanislausmhsa.com/pdf/public/Annual%20Update%20FY2010-11.pdf (FY10-11)

Garden Gate Innovative Respite Project – Stanislaus

To increase the quality of services, including better outcomes, by developing and testing a consumer and family-centered approach to short-term crisis respite housing and peer support for individuals and their families who are at risk for psychiatric hospitalization. The Innovative Program will support and accelerate local county-wide transformation by expanding options for people struggling with co-occurring issues of substance abuse and mental illness and connecting people to community-based supports.

Timeline:
July 2013 through June 2016

Total Budget:
\$1,650,452.

Evaluation Budget:
\$

Project Status	• In process.
Evaluation questions	• 1. Can a “culture” shift occur in the community? ✓ a) creating better alignment between need and support available. ✓ b) creating a more effective way of supporting individuals and families that experience the negative consequences of mental illness? • 2. Can this project approach allow individuals to step away from their illness, increase self esteem, promote recovery, reduce stigma and contribute to healthier, happier and more productive members of the community who are less dependent on the behavioral health service system in a crisis? • 3. Can we assist people to avoid the trauma of psychiatric hospitalization by offering community based peer support paired with short term respite care? • 4. Can we learn a new cost effective approach to significantly reduce psychiatric hospital admits and possibly other related costs to the behavioral health and related

Garden Gate Innovative Respite Project – Stanislaus	
	systems; such as emergency rooms and jails? • 5. Does offering a safe and trusting short-term living environment to individuals in a mental health crisis provide sufficient basis for them to connect with inclusive and welcoming community based support? • 6. Does offering a safe and trusting short-term living environment to individuals in a mental health crisis provide sufficient basis for their family members to connect with inclusive and welcoming community based support? • 7. Can we move outside the paradigm of thinking that there are only two choices for people in mental health crisis: “treatment vs. no treatment”? • 8. Can we move outside the paradigm of “treatment vs. no treatment” to assist people in avoiding the trauma and isolation of no support? • 9. Respite approaches are known to be successful, will the following differentiation between this project and existing practices help move us outside the paradigm of “treatment vs. no treatment” as the primary alternatives?
Innovative elements	• A practice/approach in behavioral health system outreach, capacity building, and community development that offers and encourages peer support and community connection to individuals with mental illness and co-occurring substance abuse as a alternative to hospitalization.
Outcomes	• A “culture” shift will occur in the community, creating better alignment between need and available supports. Increase self-esteem, promote recovery, and reduce stigma for participants. Decrease psychiatric hospitalizations. Cost savings associated with psychiatric hospital admits, emergency rooms and jails.
Primary purpose	• Improve the quality and outcomes of services.
Other purposes	• To increase focus on enhanced, preventative support services that foster the ability of individuals to spontaneously identify and access needed resources, and build community-based support systems that help develop the protective factors resilience necessary for them to avoid and/or move toward recovery from sub-acute psychiatric symptoms and psychological distress.
Innovation definition	• Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.

Garden Gate Innovative Respite Project – Stanislaus		
Total budget	\$1,650,452.	
Budget for evaluation aspects	External Evaluation:	There are no funds in the budget allocated for External Evaluation.
	Internal Evaluation:	Costs associated with Internal Evaluation do not have a specific allocation, but are instead incorporated into budget allocations for Management Salary and Indirect Administrative costs, figures for which are noted in items below.
	Administrative:	The budget for Indirect Administrative costs for the entire duration of the Innovative Project is \$210,451
	Other:	- Other budget category totals for the entire duration of the Innovative Project include: ✓ Salary & Benefit Expense (\$1,282,487). ✓ Operating Expense (\$144,820). ✓ Client Support Expense (\$12,694).
Evaluation designs	- Quasi-Experimental Design. - Collection and analysis of observational data (e.g. individual risk factors, resource needs).	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	There will be comparisons of aggregate data of a group of individuals both pre and post-Respite Services. Individual trends will not be followed, and there will be no control group. The individuals comprising this group will vary based on the time of reporting (e.g. quarterly, semiannually, annually).	
Data collection methods	- Survey. - Focus Groups. - Direct observation. - Pre and Post measures.	
Timeline for evaluation	- Ongoing data collection on a daily basis for individuals being served by the project. These data are analyzed quarterly for quarterly, semiannually, and annually for corresponding County Contract Monitoring meetings. - Innovative project Workgroup Meetings take place quarterly, and data from resulting	

Garden Gate Innovative Respite Project – Stanislaus	
	attitudinal surveys of participants are collected at that time for analysis and reporting at Contract Monitoring meetings.
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners
Evaluation Implementation: • Director or Other Senior Management • Internal Project Staff • Research department staff of Turning Point Community Programs, which is the agency responsible for program implementation	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners • Research department staff of Turning Point Community Programs, which is the agency responsible for program implementation
How were data analyzed or what is the plan for data analysis?	• SCBHRS DMS/PO department developed a supplemental database to the County's Anasazi EHR, in order to track data and produce outcome reports. Data is collected primarily on hard copy forms over the course of an individual's stay at Respite. Data from these forms are then entered into the supplemental database. Points of data entry include demographic data (race, ethnicity, age, sex, sexual orientation, veteran status, etc.), referral source, identified needs, at-risk status (e.g. arrest, victimization, homelessness, criminal activity, acute psychiatric hospitalization), and risk level (as indicated by the Milestone of Recovery Scale). • Data are also collected regarding the existence/accessibility of family/support persons, those individuals' engagement with the Respite guest during their stay, as well as the family/support person's own perception of experience of Respite services, in terms of providing information and resources to enhance caregiver self-care. • Finally, guests of Respite complete a survey regarding their experience of Respite

Garden Gate Innovative Respite Project – Stanislaus	
	services. Data is extracted from the supplemental database, and is exported into an Excel file. From this point, data is cleaned and filtered in order to derive frequencies and percentages. When necessary, Excel is also utilized in the development of visuals (bar graphs, histograms, pie charts) to better display information to the reader. • Throughout the reports, duplicated and unduplicated numbers are reported in order to gain a fuller vision of the program and its efforts.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Information technology/data resources of Stanislaus County Behavioral Health and Recovery Services include the Electronic Health Record system ("Anasazi"), as well as a Supplemental Database created by staff of the County's Data Management Systems and Performance Outcomes department.
What training or technical assistance resources did the county use during the project, if any?	• As the contract agency responsible for implementation of the Innovative Program, it is uncertain whether/what type of training or technical assistance resources may have been utilized by the County during the project. Contract agency staff, however, did utilize training and technical assistance from the County's MHSA Policy-Planning, Medical Records, IT Helpdesk, and DMS/Performance Outcomes departments.
How were/are/will the effects of the project's innovative elements be measured?	• Through: ✓ 1) Comparison of aggregate number of acute psychiatric inpatient hospital stays experienced by individuals of Respite population one year pre-and-post Respite stay. ✓ 2) Percent of individuals experiencing no acute psychiatric inpatient stay within 30 days of Respite stay. ✓ 3) Number and percentage of individuals reported to have been referred to Respite to avoid acute psychiatric inpatient hospitalization (per referring party). ✓ 4) Evaluation of the number and percentage of individuals who've experienced inpatient hospitalization prior to their Respite stay that are re-hospitalized with 30 days and one year of Respite services. ✓ 5) Number and percent of family/support persons of Respite participants who "Agree" or "Strongly Agree" that they have been able to reconnect with their loved one, feel more empowered to support their recovery, have increased awareness of resources available to access support for themselves and their loved one, have experienced constructive connections with peer families that have helped them

Garden Gate Innovative Respite Project – Stanislaus	
	feel supported and learn self-care. ✓ 6) Number and percent of Respite participants making peer connections during/as a result of their stay.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	As of yet, no method for statistical analysis has been identified to discern potential differential effects of various Innovative Program components. Currently, this method of analysis would be qualitative, based on evaluation of program supervisors, resulting from personal observations and feedback from direct service staff and guests of Respite.
Were/will data be analyzed to show differential impacts on various populations/situations?	None have been to date, although it may be important to look at the difference in outcomes between individuals with relatively shorter 1-3 days versus longer (3 days or more) stays, to determine the presence/magnitude of any difference in outcomes based on length of stay.
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	In our county.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Results have been shared through Stakeholder Meetings, internal Intranet, and our MHSA website.
Sources of Information	http://www.stanislausmhsa.com/Innovation.shtm (Innovative County website)

Garden Gate Innovative Respite Project – Stanislaus

	http://www.stanislausmhsa.com/pdf/public/FY13-14/Annua%20UpdateFY13-14.pdf (FY13-14, this INN plan details) http://www.stanislausmhsa.com/pdf/public/PlanUpdates/PlanUpdateFY12-13.pdf (FY12-13) http://www.stanislausmhsa.com/pdf/public/2011-12PlanUpdate_Final%20Submitted_8%20_9_11.pdf (FY 11-12) http://www.stanislausmhsa.com/pdf/public/INN%20Project%20Brief%20Descriptions%20Post_ed_8.25.11.pdf (Inn Summaries) http://www.stanislausmhsa.com/pdf/public/Annual%20Update%20FY2010-11.pdf (FY10-11)

Arts for Freedom – Stanislaus

Increase quality of services, including better outcomes for individuals of all ages. Arts for Freedom project has a mission to emphasize what people can do rather than what they cannot do through artistic expression and in support of artistic pursuits.

Timeline:

November 2011 through November 2014

Total Budget:

Evaluation Budget:

Project Status	Completed.
Evaluation questions	
Innovative elements	Adoption of elements from outside the mental health system to introduce new approaches not previously applied in Stanislaus County. Focus is not on mental illness but on the use of a holistic approach to well-being.
Outcomes	Establishment of the first consumer/family member-developed and driven consignment art gallery. Mental health consumers as artists will be known as artists rather than by their diagnoses. Stigma of mental illness will be reduced. Participants will be less dependent on the mental health system and more productive community members.
Primary purpose	
Other purposes	

Arts for Freedom – Stanislaus		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		
Were/will data be analyzed to show differential		

Arts for Freedom – Stanislaus	
impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.stanislausmhsa.com/Innovation.shtm (Innovative County website) http://www.stanislausmhsa.com/pdf/public/FY13-14/Annua%20UpdateFY13-14.pdf (FY13-14, this INN plan details) http://www.stanislausmhsa.com/pdf/public/PlanUpdates/PlanUpdateFY12-13.pdf (FY12-13) http://www.stanislausmhsa.com/pdf/public/2011-12PlanUpdate_Final%20Submitted_8%20_9_11.pdf (FY 11-12) http://www.stanislausmhsa.com/pdf/public/INN%20Project%20Brief%20Descriptions%20Posted_8.25.11.pdf (Inn Summaries) http://www.stanislausmhsa.com/pdf/public/Annual%20Update%20FY2010-11.pdf (FY10-11)

Beth and Joanna Friends in Recovery – Stanislaus

“Beth and Joanna” proposes to increase quality of services by pairing two individuals, a peer and a pal, for a six-month period of time. A Peer is someone who has mental illness and/or co-occurring substance issues, is isolated or needs support. A Pal is someone successful in recovery from their mental illness and/or co-occurring substance issues and has had some basic training in the mental health field such as the 10-week NAMI Peer-to-Peer course, or be attending our junior college and taking psycho-social rehabilitation courses. Pals will be recruited from among MJC Human Services students in the California Association of Social Rehabilitation Curriculum (CASRA) class (an MHSA Workforce Education and Training Program).

Peer support is established as a successful adjunct to treatment and currently peer support is offered within behavioral health service programs. We need this program to demonstrate that peer support can be effective when offered parallel to treatment as a short term mentor/mentee relationship. The project will help support and accelerate county-wide transformation by connecting people receiving services to community-based supports.

Timeline:

November 2011 through November 2014

Total Budget:

Evaluation Budget:

Project Status	Completed.	
Evaluation questions		
Innovative elements	Use of the mentor-mentee relationship as an adjunct to therapy.	
Outcomes	Improvement in recovery and decrease in length of time and intensity of needed treatment.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		

Beth and Joanna Friends in Recovery – Stanislaus	
Will/was a comparison group used for the design?	
Describe comparison group design (if applicable)	
Data collection methods	
Timeline for evaluation	
Evaluation Participants	
Evaluation Design:	Review and Approval of Design:
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation	

Beth and Joanna Friends in Recovery – Stanislaus	
fun, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
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Building Support Systems for Troubled Youth – Stanislaus
“Building Support Systems for Troubled Youth” will increase the quality of service and better outcomes for troubled youth through a family resource center-based mentoring program that integrates school, community, and family support systems to increase developmental assets in troubled youth ages 7-11 years. A secondary focus will occur as promotion of inter-agency collaboration is addressed to achieve quality of service and better outcomes. The local community-based family resource center will take the lead and coordinate project activity, local school administrators will assist in identifying at-risk youth, share the use of school facilities and allow the use of teacher and/or administrator staff time to participate and local

Building Support Systems for Troubled Youth – Stanislaus

businesses partners who provide incentives and services to participating children and families. If proven effective, the project could be replicated in other communities in Stanislaus County.

We need a project like this because families with pre-adolescent aged youth who are experiencing behavioral struggles are at risk for higher incidences of involvement in substance abuse and other health/mental health compromising risk behaviors but not necessarily able to access the traditional mental health service system – nor do they necessarily need it. Focus on building developmental assets early can avoid lifelong involvement with publicly funded systems. Traditional approaches by schools, mental health systems, and juvenile justice systems often take a focus toward forcing compliance, fixing the youth or family, or punishing the youth and fail to effectively address strengthening of developmental assets. Through this innovative collaboration, we will be able to test whether the combination of program elements produces the outcomes we want and need. The project will help support and accelerate county-wide transformation by addressing the learning priority of improving the well-being of children.

Timeline:

November 2011 through November 2013

Total Budget:

Evaluation Budget:

Project Status	Completed.	
Evaluation questions		
Innovative elements	- Individual mentoring services provided to children (ages 7-11) who have demonstrated aggressive or inappropriate behaviors at school. - Provision of case management services and education to parents or caregivers. - Facilitation of referrals and access to mental health or other family services as needed and appropriate.	
Outcomes	- A positive impact on indicators such as poor decision-making, ineffective problem solving, anger/coping issues, and depression/anxiety. - Decrease of engagement in risky or harmful behavior.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	

Building Support Systems for Troubled Youth – Stanislaus

	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		
Were/will data be analyzed to show differential impacts on various populations/situations?		
Were midcourse changes made as a result of evaluation findings?		
At this time, has a decision been made about		

Building Support Systems for Troubled Youth – Stanislaus	
sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
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Civility School Learning Project – Stanislaus
“Civility School Learning Project” is a new approach to increasing quality of services including better outcomes by creating ownership of “social culture” at Keyes Elementary and Spratling Middle School in students, classroom teachers, parents, and campus staff through campus-wide introduction of civility activities and strategies. Traditional models for providing school-based mental health support for students have a primary

Civility School Learning Project – Stanislaus

focus on “solving the problem” or “fixing the student” with much less focus on connecting the individual to his/her natural support community of peers, parents and personnel. Student behavioral problems are often the source and ongoing fuel for adversarial interactions that lack civility between parents, kids and school staff; academic and non-academic.

We need a project like this to contribute to practices that will have a positive impact on school campus culture, increase children’s developmental assets and strength-based social connections, engage parents and improve their constructive communication with the school personnel, increase teacher/school personnel productivity and develop positive partnerships on behalf of children, and the overall positivity of campus culture. The project will help support and accelerate county-wide transformation by addressing the learning priority of improving the well-being of children.

Timeline:

November 2011 through November 2013

Total Budget:

Evaluation Budget:

Project Status	Completed.	
Evaluation questions		
Innovative elements	Building school capacity to promote civility to increase positive interactions and emotional wellness for everyone, emphasizing developmental assets in children.	
Outcomes	Improved developmental assets (commitment to learning, positive values, social competencies, and positive identity. Decrease in behavioral issues among students.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		

Civility School Learning Project – Stanislaus	
Describe comparison group design (if applicable)	
Data collection methods	
Timeline for evaluation	
Evaluation Participants	
Evaluation Design:	Review and Approval of Design:
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	

Civility School Learning Project – Stanislaus	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
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Connecting Youth Receiving Services to Community Supports – Stanislaus
“Connecting Youth to Community Supports” has a primary focus of increasing quality of services including better outcomes with secondary foci of promoting interagency collaboration and increasing access to services by offering youth who are currently receiving services at Sierra Vista Child and Family Services, the Drop in Center Family Resource Center (FRC), the North Modesto/Salida Family Resource Center, the Hughson Family Resource Center, and the Bridge access to community-based activities. Clinicians will assist youth in identifying activities they are curious about, interested in, and passionate about. The Community Support Specialist, based at FRC or other partner agency, would receive an activity referral and the Specialist would connect the youth to the desired activity and monitor participation in the activity. The clinician would monitor progress toward recovery including length of time and intensity of treatment.

Connecting Youth Receiving Services to Community Supports – Stanislaus

Timeline: November 2011 through November 2013		Total Budget:	Evaluation Budget:
Project Status	Completed.		
Evaluation questions			
Innovative elements	Current mental health practice does not emphasize activities outside of the clinical office setting and the project proposes to incorporate community-based youth activities as a formal part of treatment. This project will teach us whether or not making the connection to youth development programs improved mental health outcomes for youth and what type of activities are more successful.		
Outcomes	- Program participants will complete their time in treatment and/or improved their mental health status in a shorter period of time than stated in their original treatment plan. - A significant number of youth involved in treatment plus a development activity complete their treatment plan faster than the youth who choose to be in treatment alone. - Larger percentage of youth choose to be engaged in treatment plus a development activity.		
Primary purpose			
Other purposes			
Innovation definition			
Total budget			
Budget for evaluation aspects	External Evaluation:		
	Internal Evaluation:		
	Administrative:		
	Other:		
Evaluation designs			
Will/was a comparison group used for the design?			

Connecting Youth Receiving Services to Community Supports – Stanislaus	
Describe comparison group design (if applicable)	
Data collection methods	
Timeline for evaluation	
Evaluation Participants	
Evaluation Design:	Review and Approval of Design:
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	

Connecting Youth Receiving Services to Community Supports – Stanislaus	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
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Families in the Park – Stanislaus
“Families in the Park” will increase access to underserved groups through an innovative approach in a culturally specific way of outreaching to young African-American families (predominantly mothers with pre-school children) who spend their days from April to November in West Modesto’s Mellis Park. Locating the project in the untypical and accessible location of the familiar neighborhood park is the first step in a culturally specific approach as the park is a place where families feel relaxed and comfortable. Mental health problems that contribute to lack of success in school (and later life) can be directly linked to lack of preparation for school, lack of effective parental support to attend school regularly and ongoing lack of internal resources (developmental assets) during the school years. It is anticipated that a significant number of parents/guardians and some children who will participate in the project will be identified as having mental health/behavioral needs that contribute to this problem throughout the lifespan.

Families in the Park – Stanislaus		
Timeline: November 2011 through November 2014		Total Budget: Evaluation Budget:
Project Status	Completed.	
Evaluation questions		
Innovative elements	Introduction of a specific change in an existing mental health approach using culturally specific outreach and engagement methods through creating relationship with African American families with pre-school aged children.	
Outcomes	Successful engagement of parents in the program. Improved assets for children based on data from Ages and Stages and 40 Developmental Assets.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:	Review and Approval of Design:	
Evaluation Implementation:	Review of Evaluation Findings:	
How were data analyzed or what is the plan for data analysis?		

Families in the Park – Stanislaus	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
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Families in the Park – Stanislaus

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Integration Innovations – Stanislaus

“Savvy Self-Care,” as the program became known, evolved into a 12-week psycho-educational approach to diabetes self-management for people who also suffer from a mental illness. A curriculum touching on relevant self-care issues was identified. This curriculum included traditional topics such as nutrition and exercise, but offered much more than that, including complications of the disease, coping strategies, stress management, medication management, etc. It also included the motivational interviewing model, helping participants to identify their level of readiness for change. In addition to a strong social support component, the program was originally designed to provide case management, therapeutic services, and psychiatric evaluation and intervention. However, staff shortages precluded the provision of many of these services. Participants did see a physician (faculty or resident) briefly each week. Emerging medical problems were addressed by immediate referral to the patient’s primary care physician.

The substantial social support component addressed issues of isolation and demoralization among participants. Partner agencies provided staff and volunteers to meet with participants between sessions, engage them in social activities and problem solving, and assist them in reducing barriers to participation in the program. Staff expected to see reduced levels of depression and anxiety in participants as well as improved health outcomes—lowered A1c (three-month measure of blood sugar) levels and decreased BMI (Body Mass Index). They also expected to see enhanced perceptions of social support in participants and specific behavioral changes related to self-care.

Timeline:
December 2011 through December 2013

Total Budget:

Evaluation Budget:

Project Status	Completed.

Integration Innovations – Stanislaus		
Evaluation questions		
Innovative elements	The element of Innovation in Integration Innovations that is not part of the Triple AIM or Integrated Behavioral Health models is the addition of a peer support or community resource liaison component.	
Outcomes	- Patients will display higher levels of adherence to provider treatment plans. - Decrease in ER visits and admissions. - Increase in patient understanding of tools and resources available for controlling their health. - Reduced levels of depression and anxiety.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:	Review and Approval of Design:	
Evaluation Implementation:	Review of Evaluation Findings:	
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data		

Integration Innovations – Stanislaus	
resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
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Integration Innovations – Stanislaus

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Promoting Community Wellness through Nature & Community-Driven Therapies – Stanislaus

“Promoting Community Wellness through Nature and Neighborhood -Driven Therapies Project” is a new community-based approach that proposes to increase access to underserved groups through a combination of family-oriented outdoor programming and capacity for resident-led neighborhood improvements as “therapies” to address wellness issues in the Airport Neighborhood. Traditional approaches to addressing mental wellness issues tend to focus on treating the patient and the symptom without dealing with the physical conditions that often contribute to illness. Yet research tells us that environment, both where we live and how we perceive our surroundings, plays an important role in our overall health.

Timeline:

November 2011 through November 2013

Total Budget:

Evaluation Budget:

Project Status	Completed.
Evaluation questions	
Innovative elements	Adaptation of practices used in a non-mental health context (outdoor recreation and education) to the cultural and social conditions of the Airport community as a means of strengthening existing mental health services.
Outcomes	- Expanding, diverse resident participation in project activities. - Expanding leadership base. - Strengthened individual skills applied to community activities.
Primary purpose	

Promoting Community Wellness through Nature & Community-Driven Therapies – Stanislaus		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:	Review and Approval of Design:	
Evaluation Implementation:	Review of Evaluation Findings:	
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		

Promoting Community Wellness through Nature & Community-Driven Therapies – Stanislaus	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.stanislausmhsa.com/Innovation.shtm (Innovative County website) http://www.stanislausmhsa.com/pdf/public/FY13-14/Annua%20UpdateFY13-14.pdf (FY13-14, this INN plan details) http://www.stanislausmhsa.com/pdf/public/PlanUpdates/PlanUpdateFY12-13.pdf (FY12-13) http://www.stanislausmhsa.com/pdf/public/2011-12PlanUpdate_Final%20Submitted_8%20_9_11.pdf (FY 11-12) http://www.stanislausmhsa.com/pdf/public/INN%20Project%20Brief%20Descriptions%20Posted_8.25.11.pdf (Inn Summaries) http://www.stanislausmhsa.com/pdf/public/Annual%20Update%20FY2010-11.pdf (FY10-11)

Evolving a Community-Owned Behavioral Health System of Supports and Services – Stanislaus

To bridge the gap of unmet need in Stanislaus County will require engaging communities and countywide stakeholders in very different processes than have been our norm. While we have successfully engaged stakeholders in Mental Health Services Act planning efforts, we have not helped stakeholders understand the nuances of the overall Department budget, or the interdependencies among mental health and behavioral health programs and their respective budgets. Nor have we created structures to engage stakeholders in more expansive explorations of how all of us, together, can evolve a more effective system of supports and services within the realities of rapidly declining public resources.

This is the focus of our first Innovation Project: to develop stakeholder processes that enable community and county partners to join with BHRS leaders in developing an integrated, financially sustainable behavioral health system committed to results. We believe this is precisely the right time to initiate this project. The awareness among our stakeholders and community leaders of the worldwide recession, the ongoing budget stalemate in Sacramento, and the adverse impact of both on the BHRS budget, creates an opening for us to engage these partners in a fundamentally different conversation about our respective roles and responsibilities. Moreover, this project will build upon our work over the past five years to expand the Department's role from providing services to individuals who meet eligibility criteria, to implementing multiple strategies to increase the capacity of communities to promote the behavioral health and emotional well-being of their members independent of services.

Timeline:
July 2010 through June 2013

Total Budget:

Evaluation Budget:

Project Status	Completed.
Evaluation questions	
Innovative elements	- This project explores new approaches to stakeholder processes that will impact: ✓ Governance and organizational processes and procedures. ✓ Educational efforts for service providers, community leaders, and other traditional and non-traditional stakeholders. ✓ Planning processes. ✓ Policy and system development processes.
Outcomes	- To learn about the array of community-based and other non-County supports available to promote behavioral and emotional well-being across Stanislaus County. - How to involve community leaders, CBO representatives, and countywide stakeholders in collaborative decision-making processes. - What processes and structures are needed to successfully engage diverse community

Evolving a Community-Owned Behavioral Health System of Supports and Services – Stanislaus

	members as partners. • How to educate community stakeholders and providers about components of the BHRS budget. • How to evolve the Mental Health Board, Advisory Board for Substance Abuse Programs (ABSAP), MHSA stakeholders, and other ad hoc advisory boards into a stakeholder body that joins with BHRS leaders in developing an integrated, financially sustainable behavioral health system committed to results. • How to align and integrate public and community-based resources into a more effective continuum of care and support. • How to create leadership and learning structures to sustain this effort over time.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:	Review and Approval of Design:	
Evaluation Implementation:	Review of Evaluation Findings:	
How were data analyzed or what is the plan for data analysis?		

Evolving a Community-Owned Behavioral Health System of Supports and Services – Stanislaus

What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	

Evolving a Community-Owned Behavioral Health System of Supports and Services – Stanislaus

Sources of Information

<http://www.stanislausmhsa.com/Innovation.shtm> (Innovative County website)
<http://www.stanislausmhsa.com/pdf/public/FY13-14/Annua%20UpdateFY13-14.pdf> (FY13-14, this INN plan details)
<http://www.stanislausmhsa.com/pdf/public/PlanUpdates/PlanUpdateFY12-13.pdf> (FY12-13)
http://www.stanislausmhsa.com/pdf/public/2011-12PlanUpdate_Final%20Submitted_8%20_9_11.pdf (FY 11-12)
http://www.stanislausmhsa.com/pdf/public/INN%20Project%20Brief%20Descriptions%20Posted_8.25.11.pdf (Inn Summaries)
<http://www.stanislausmhsa.com/pdf/public/Annual%20Update%20FY2010-11.pdf> (FY10-11)

Sutter-Yuba County

Innovative Projects:	Project Title:	Population(s) Served:
	Improving Mental Health Outcomes via Interagency Collaboration and Service Delivery Learning for Supervised Offenders who are At Risk of or Have Serious Mental Illness	AB109 offenders, offenders at risk of SMI
	A Culturally Competent Collaboration to Address Serious Mental Illness in the Traditional Hmong Population	Hmong population
	Continued Mental Health and Wellness Support for the New Post-TAY Clients Who Are in Recovery from a Serious Mental Illness	TAY

Improving Mental Health Outcomes via Interagency Collaboration and Service Delivery Learning for Supervised Offenders who are At Risk of or Have Serious Mental Illness – Sutter-Yuba

The innovation project utilizes, to its advantage, the bi-county structure and new pioneering relationships with county probation departments and applies existing mental health approaches to the AB109 offenders and other supervised offenders who are at-risk of or have serious mental illness in two new and different county settings: Community- based setting and institution- based setting. Identical outcome measures from each setting/county will be analyzed to see which mental health approach Sutter-Yuba Mental Health Services should further employ to consistently offer quality mental health services, including improved outcomes for AB109 supervised offenders and other supervised offenders who are at-risk of or have mental illness.

Timeline:
August 2013 through December 2016

Total Budget:

Evaluation Budget

Project Status	In process.
Evaluation questions	Goal 1: Increase the quality of services, including improved outcomes for the Sutter-Yuba Area AB109 population.

Improving Mental Health Outcomes via Interagency Collaboration and Service Delivery Learning for Supervised Offenders who are At Risk of or Have Serious Mental Illness – Sutter-Yuba

	✓ Learning Question: Should Sutter-Yuba Mental Health use a community-based approach or an institution-based approach when providing mental health/substance abuse services to the AB109 population? ✓ Expected Outcome: The mental health/substance abuse outcomes and recidivism outcomes from each county's service strategy will show Sutter-Yuba Mental Health which strategy should be supported in the future. • Goal 2: Promote Interagency Collaboration. ✓ Learning Question: Does this model of collaborating with partner counties and organizations to plan, implement, and evaluate different strategies to determine the most effective strategy when delivering services promote collaboration, deepen learning, and create stronger working relationships? ✓ Expected Outcome: Interagency collaboration allows for stronger working relationships with Sutter-Yuba Mental Health's county partners, increased joint operating procedures, more resource sharing, and further collaboration outside of this innovation project.
Innovative elements	• The innovation project utilizes the bi-county structure and new pioneering relationships with the county probation departments and applies existing mental health approaches to the AB109 offenders and other supervised offenders in two different county settings.
Outcomes	• Increase the quality of services, including improved outcomes for the Sutter-Yuba Area AB109 offenders and other supervised offenders. • Learning Question: Should Sutter-Yuba Mental Health Services use a community based approach or an institution-based approach when providing mental health/dual diagnosis services to the AB109 offenders and other supervised offenders who are at risk of or have a serious mental illness?
Primary purpose	• Improve the quality and outcomes of services.
Other purposes	• Secondary Purpose: Promote Interagency Collaboration: The innovation project utilizes, to its advantage, the bi-county structure and new pioneering relationships with county probation departments and applies existing mental health approaches to

Improving Mental Health Outcomes via Interagency Collaboration and Service Delivery Learning for Supervised Offenders who are At Risk of or Have Serious Mental Illness – Sutter-Yuba

	the new AB109 population in two new and different county settings: community-based setting and institution- based setting. Fellow counties in California usually have to pick an approach and blindly employ it for a duration of time before they can determine if it is the best for their population. • It is our hope that if our innovation is successful, other counties can learn to partner with other like- counties with like- populations and together launch two different strategies and evaluate in a parallel analysis each county's outcomes to determine the best approach. This removes the need for an individual county to try relentlessly to find the best approaches. Counties so often work in isolated silos and we want to promote collaboration between counties and the sharing of information, failures, successes, and resources. • Parallel to the evaluation of service and clients outcomes, we will be utilizing the "PARTNER Tool" (Program to Analyze, Record, and Track Networks to Enhance Relationships). This tool will allows us to use the principles of social network analysis (SNA) to measure the strength of connections in the collaborative, to evaluate how people/organizations are positioned within a network, and to assess the quality and impact of the exchanges among them.	
Innovation definition	• Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	• The plan will cover the cost of two Mental Health Therapist II (MHT). The 2013-14 salary and benefits cost per MHT is \$94,720. Assuming a 5% increase per step, a 1.5% annual cost of living adjustment, and an October 2013 hiring date, the total salary and benefits costs for these MHT positions for 3 years will be \$605,192. • There will be 4 hours per week dedicated to plan development and data collection. Our current Workforce, Education and Training Coordinator will be providing these services at \$47 per hour. The three-year cost of these activities will be \$29,328. • The total three-year cost of this work plan is \$634,520.	
Budget for evaluation aspects	External Evaluation:	

Improving Mental Health Outcomes via Interagency Collaboration and Service Delivery Learning for Supervised Offenders who are At Risk of or Have Serious Mental Illness – Sutter-Yuba

	Internal Evaluation:	\$29,328.
	Administrative:	
	Other:	
Evaluation designs	- Experimental/Control Group Design. - Quasi-Experimental Design.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	The Innovation Project is still in the early implementation stage and project staff is currently in the process of finalizing the evaluation design and determining baseline data.	
Data collection methods	- Survey. - Clinical records. - Direct observation. - Pre and Post measures. - Not applicable (evaluation in planning stage).	
Timeline for evaluation	The evaluation is still in the planning stage. Project staff has been meeting to determine the data collection schedule for each project measurement tool that will be used.	
Evaluation Participants		
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff		Review and Approval of Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff
Evaluation implementation: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff		Review of evaluation findings: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff

Improving Mental Health Outcomes via Interagency Collaboration and Service Delivery Learning for Supervised Offenders who are At Risk of or Have Serious Mental Illness – Sutter-Yuba

	• Consumers • The review of the evaluation findings has not been completed, we are still in the project design finalization/implementations stage, but we will be involving senior management, MHSA staff, internal project staff, external staff, and consumers will be invited to speak about their experiences in the project.
How were data analyzed or what is the plan for data analysis?	• Tentative Plan for data analysis for the Project: • Probation will make contact with the client first and determine from the STRONG assessment if the client is in need of a referral to the project staff clinician. • The clinician will meet with the client and complete an intake assessment. If the client determines that the patient does NOT meet medical necessity, contact will be made with the supervisor and probation officer to determine what community resources will be appropriate for referral. • When a client DOES meet medical necessity, the clinician will begin the treatment planning and data collection process. Within the first 30 days of treatment, the LOCUS, MORS, URICA and Treatment Plan need to be completed. • Every 90 days, the LOCUS & MORS will need to be completed by the clinician. • Probation Officer will complete the STRONG and provide results to clinician. • At termination of treatment, all data collection tools need to be utilized again (LOCUS, MORS, URICA). • A discussion will be made with the client's treatment team to discuss termination of treatment and referral to community resources.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable. The evaluation is too early in the planning stage.
What training or technical assistance resources did the county use during the project, if any?	• None at this time. Questions regarding reversion and budgets have been directed to the MHSA staff and answered immediately.
How were/are/will the effects of the project's innovative elements be measured?	• Project Evaluation Design is still occurring, but the following project measurements will be used:

Improving Mental Health Outcomes via Interagency Collaboration and Service Delivery Learning for Supervised Offenders who are At Risk of or Have Serious Mental Illness – Sutter-Yuba

	• Goal 1- Improved outcomes/quality of services. ✓ Screening/Assessment for treatment. ✓ Probation conducts STRONG, which is an evidence-based risk and needs assessment case planning system. ✓ LOCUS, SNAP assessments and URICA (MI outcome measurement) and the MORS (recovery-based tool) will be used to establish baseline, identify the level of intensity of need for services and other support resources, and monitor client progression throughout the duration of the project. • Goal 2- Improved interagency collaboration. ✓ The PARTNER TOOL will be used to measure social network analysis (SNA) to measure the strength of connections in the collaborative, to evaluate how people/organizations are positioned within a network, and to assess the quality and impact of the exchanges among them.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• Not applicable. Program Evaluation Design is still occurring.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Yes, we are trying to plan a way to differentiate the outcomes among different populations/situations in the planning of our evaluation design.
Were midcourse changes made as a result of evaluation findings?	• No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• Not applicable. Innovation Project is in early implementation stage. We have yet to begin collecting/analyzing/evaluating any data.
If a decision was made to continue the project	• Not applicable. Innovation Project is in early implementation stage. We have yet to

Improving Mental Health Outcomes via Interagency Collaboration and Service Delivery Learning for Supervised Offenders who are At Risk of or Have Serious Mental Illness – Sutter-Yuba

without Innovation funds or not to sustain the project in the future, explain why	begin collecting/analyzing/evaluating any data.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Not applicable. Innovation Project is in early implementation stage. We have yet to begin collecting/analyzing/evaluating any data.
Sources of Information	http://sutter.networkofcare.org/mh/content.aspx?id=464&parentId=335 (County MHSA website) http://www.mhsoac.ca.gov/meetings/docs/Meetings/2013/OAC_102413_Tab1_INNApprovalSumm_Sutter-Yuba.pdf (INN summaries) https://www.co.sutter.ca.us/pdf/hs/mh/mhsa/innovation/Innovation_Plan.pdf (Inn plans)

A Culturally Competent Collaboration to Address Serious Mental Illness in the Traditional Hmong Population – Sutter-Yuba

A Culturally Competent Collaboration to Address Serious Mental Illness in the Traditional Hmong Population.	
Timeline: August 2014 through December 2017	Total Budget: Evaluation Budget
Project Status	In process.
Evaluation questions	- Innovation Goal: Increase the quality of services, including improved outcomes for Sutter/Yuba counties' underserved Hmong population with serious mental illness. - Learning Question: If we provide the avenue by which a Hmong mental health client can integrate traditional Hmong practices, rituals, and ceremonies into their mental health treatment plan, will this increase the quality of services and result in improved

A Culturally Competent Collaboration to Address Serious Mental Illness in the Traditional Hmong Population – Sutter-Yuba

	outcomes for the Hmong population with serious mental illness? Expected Outcome: Hmong clients who integrate the Hmong traditional alternative treatment recommendations with western modalities will report a decrease in mental health symptoms. Project assessments will show measurable improvements in the Hmong client focus group outcomes, as measured by the pre and post administration of surveys, to be created during the project refinement stage.	
Innovative elements	The innovation project introduces a new mental health approach/practice by incorporating Hmong traditional health practices, rituals, and ceremonies into a westernized mental health treatment approach. Many counties provide culturally responsive and sensitive services to their Hmong mental health clients.	
Outcomes	- Hmong clients who integrate the Hmong traditional alternative treatment recommendations with western modalities will report a decrease in mental health symptoms. - Increase the quality of services, including improved outcomes for Sutter/Yuba counties' underserved Hmong population with serious mental illness.	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Not applicable.	
Innovation definition	Introduces new mental health practice or approach, including prevention and early intervention that has never been done before.	
Total budget	- The total personnel cost is \$5,532 per year for a three year total of \$16,595. The annual cost for spiritual rituals is \$3,500 for a three-year total of \$10,500. - There will be 2 hours per week dedicated to project implementation and evaluation. Our current Workforce, Education and Training Coordinator will be providing these services at \$47 per hour and will be working with project representatives on data collection, process journaling, outcome report preparation, and yearly learning session coordination. - The three-year cost of the evaluation and learning activities will be \$14,664. The total three-year cost of this work plan is \$41,759.	
Budget for evaluation aspects	External	

A Culturally Competent Collaboration to Address Serious Mental Illness in the Traditional Hmong Population – Sutter-Yuba

	Evaluation:	
	Internal Evaluation:	\$14,664.
	Administrative:	
	Other:	
Evaluation designs	- Quasi-Experimental Design. - Longitudinal Design.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	The evaluation is still being designed, but we tentatively think we will be establishing baseline data for each client, based on their current and select data from health records and looking at the changes in the selected data in a longitudinal design. Additionally, we are tentatively thinking that we will track the same selected data from individuals receiving the same mental health services without the innovative element.	
Data collection methods	- Survey. - Interviews. - Clinical records. - Direct observation. - Pre and Post measures. - Not applicable. (evaluation in planning stage)	
Timeline for evaluation	- Evaluation Plan still being designed: ✓ Interim Project Review at 6 months post project official launch date. ✓ 2) Program Annual Sharing Session to review project outcomes post 1-year. This will happen all 3 years of the project life. - Tentative Data Collection Schedule: 1) Baseline data established for client (i.e. all of the needed baseline information is collected and pulled from clinical records, 2) Guided Interview and a pre-survey to be completed pre-intervention. 3) Intervention. 4) 6-mos post intervention survey and comparison of current data to baseline data. 5) 12- most post intervention survey and comparison of current data to baseline data.	
Evaluation Participants		

A Culturally Competent Collaboration to Address Serious Mental Illness in the Traditional Hmong Population – Sutter-Yuba

Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review and approval of Design • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff
Evaluation implementation: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff	Review of evaluation findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers
How were data analyzed or what is the plan for data analysis?	• Evaluation Plan still being designed.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• Not applicable.
What training or technical assistance resources did the county use during the project, if any?	• We have worked with Research Coordinators from the Mental Health Association of San Francisco-Center for Dignity, Recovery, & Empowerment.
How were/are/will the effects of the project's innovative elements be measured?	• In meeting with the Hmong Outreach team at Sutter-Yuba Mental Health Services and discussing the different measurement/evaluation tools, it was decided that pre-and post -surveys and staff journaling would be the most effective and culturally responsive way to capture data. Outcome measurements, such as the MORS would be difficult to administer to the Hmong clients because translation could complicate the questions and staff fear that the Hmong clients would be uncomfortable answering the questions associated with tools, such as the MORS. • Many evaluation instruments are not culturally sensitive and in this project, it is especially important for our learning that tools are culturally sensitive because we are attempting to evaluate if addressing the spiritual side of mental health is improving

A Culturally Competent Collaboration to Address Serious Mental Illness in the Traditional Hmong Population – Sutter-Yuba

	symptoms.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	Evaluation Design is still In process.
Were/will data be analyzed to show differential impacts on various populations/situations?	This project is targeting the Traditional Hmong population.
Were midcourse changes made as a result of evaluation findings?	No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Not applicable. Innovation Project is in early implementation stage. We have yet to begin collecting/analyzing/evaluating any data.
Sources of Information	http://sutter.networkofcare.org/mh/content.aspx?id=464&parentId=335 (County MHSA website) http://www.mhsoac.ca.gov/meetings/docs/Meetings/2013/OAC_102413_Tab1_INNApprovalSummary_Sutter-Yuba.pdf (INN summaries)

A Culturally Competent Collaboration to Address Serious Mental Illness in the Traditional Hmong Population – Sutter-Yuba

https://www.co.sutter.ca.us/pdf/hs/mh/mhsa/innovation/Innovation_Plan.pdf (Inn plans)

Continued Mental Health and Wellness Support for the New Post-TAY Clients Who Are in Recovery from a Serious Mental Illness – Sutter-Yuba

Improving Mental Health Outcomes via Interagency Collaboration and Service Delivery Learning for Supervised Offenders who are At Risk of or Have Serious Mental Illness.

Timeline:

August 2013 through December 2016

Total Budget:

Evaluation Budget

Project Status

- In process.

Evaluation questions

- Innovation Learning Goal/Question/Expectations: Innovation Goal: Increase the quality of services, including improved outcomes for the newly defined Post-TAY clients who are in recovery from a serious mental illness, in Sutter/Yuba counties.
- Learning Question: If a continuum of mental health and wellness support is provided and targeted to the Post-TAY clients who are in recovery from a serious mental illness, will there be an increase in the quality of services, including improved mental health outcomes?
- Expected Outcome: Post-TAY clients who engage in their treatment plan and the services provided by the Post-TAY Innovation project will show reductions in or avoidances of hospitalizations and will additionally show increased community involvement, employment gains, and educational attainment, which all contribute to improved mental health.
- The innovation project will provide in-place supports that will contribute to Post-TAY clients attaining personal goals for recovery, socialization, employment, and education.

Continued Mental Health and Wellness Support for the New Post-TAY Clients Who Are in Recovery from a Serious Mental Illness – Sutter-Yuba

Innovative elements	Providing mental health, wellness services, and community resources is not a new mental health practice, but what is innovative is that we are adapting those services to a new population to learn if this more intensive wellness approach provides for improved outcomes and thus reduces the need for former TAY clients to utilize crisis services in the adult system. If successful, other counties could replicate and provide or extend a system of supports to include not just supports for TAY clients, but also supports for the Post-TAY population.	
Outcomes	Post-TAY clients who engage in their treatment plan and the services provided by the Post-TAY Innovation project will show reductions in or avoidances of hospitalizations and will additionally show increased community involvement, employment gains, and educational attainment, which all contribute to improved mental health.	
Primary purpose	Improve the quality and outcomes of services	
Other purposes	Not applicable.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	- The plan will cover the costs of one Intervention Counselor I (ICI). The 2013-14 salary and benefit cost per ICI is \$70,378. Assuming a 5% increase per step, a 1.5% annual cost of living adjustment, and an October 2013 hiring date, the total salary and benefits costs for this position for 3 years will be \$223,787. - There will be 2 hours per week dedicated to project implementation and evaluation. Our current Workforce, Education and Training Coordinator will be providing these services at \$47 per hour and will be working with project representatives on data collection, process journaling, outcome report preparation, and yearly learning session coordination. - The three-year cost of the evaluation and learning activities will be \$14,664. The total three-year cost of this work plan is \$238,451.	
Budget for evaluation aspects	External Evaluation:	
	Internal	\$14,664.

Continued Mental Health and Wellness Support for the New Post-TAY Clients Who Are in Recovery from a Serious Mental Illness – Sutter-Yuba

	Evaluation:	
	Administrative:	
	Other:	
Evaluation designs	- Quasi-Experimental Design. - Longitudinal Design.	
Will/was a comparison group used for the design?	Yes.	
Describe comparison group design (if applicable)	We will be comparing the clinical outcomes pre-and post- services. Additionally, we are going to attempt to monitor crisis admissions and other clinical outcomes for those clients who chose not to extend their services with the Post-TAY, compared with the crisis admission and clinical outcomes of those who decided to participate in the extended wellness program.	
Data collection methods	- Interviews. - Clinical records. - Direct observation. - Pre and Post measures.	
Timeline for evaluation	- Annual learning session- 1 year post project launch. We will be reviewing the project and discussion project progression thus far. - MORS scores are collected monthly per client in the program. - Additionally, justifications for score changes, employment gains, education gains, and social gains tracked per client monthly.	
Evaluation Participants		
Evaluation Design: - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff		Review and approval of Design - Director or Other Senior Management - MHSA/INN Manager - Internal Project Staff - External/contracted project staff
Evaluation implementation: Director or Other Senior Management		Review of evaluation findings: Director or Other Senior Management

Continued Mental Health and Wellness Support for the New Post-TAY Clients Who Are in Recovery from a Serious Mental Illness – Sutter-Yuba

• MHSA/INN Manager • Internal Project Staff • External/contracted project staff		• MHSA/INN Manager • Internal Project Staff • External/contracted project staff • Consumers • Advocates/Family Partners	
How were data analyzed or what is the plan for data analysis?		• We will be reviewing each client's monthly qualitative and quantitative data and analyzing the progression in a longitudinal design.	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		• We have created an excel template that tracks the MORS monthly scores and qualitative descriptions from the project staff per client.	
What training or technical assistance resources did the county use during the project, if any?		• None yet, but if we have any questions on analyzing and interpreting MORS Scores, we will reach out to Mental Health America Los Angeles- MORS Organization for questions.	
How were/are/will the effects of the project's innovative elements be measured?		• We are utilizing the Milestones of Recovery Scale (MORS) as our primary project measurement tool. The MORS is a recovery-based outcome tool that can help us answer the question: Are we offering effective services that are helping individuals to achieve more meaningful lives? • The POST-TAY Services are about helping these seriously-mentally ill clients achieve higher levels of independence, wellness, resiliency, and meaningful lives.	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		• We will be monthly tracking per client all intervention activities and tracking monthly MORS scores and attempting to find trends among all of the clients.	
Were/will data be analyzed to show differential impacts on various populations/situations?		• Yes. The target population of this project is a smaller group and analyzing it by ethnicity/race will be feasible, as long as the client clearly identifies with a race/ethnic population.	
Were midcourse changes made as a result of evaluation findings?		• No.	

Continued Mental Health and Wellness Support for the New Post-TAY Clients Who Are in Recovery from a Serious Mental Illness – Sutter-Yuba

At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	Not applicable.
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	Not applicable. Innovation Project is in early implementation stage. We have yet to begin collecting/analyzing/evaluating any data.
Sources of Information	http://sutter.networkofcare.org/mh/content.aspx?id=464&parentId=335 (County MHSA website) http://www.mhsoac.ca.gov/meetings/docs/Meetings/2013/OAC_102413_Tab1_INNApprovals_uumm_Sutter-Yuba.pdf (INN summaries) https://www.co.sutter.ca.us/pdf/hs/mh/mhsa/innovation/Innovation_Plan.pdf (Inn plans)

Tehama County

Innovative Project:	Project Title:	Population(s) Served:
	Drumming for Health	Community members

Drumming for Health - Tehama		
This special intervention is being used to improve the consumer's ability to manage their anxiety / stress as well as increase socialization skills and healthy peer group affiliation. The drumming protocols highlight different cultures that use drumming for health benefits. The drumming groups are facilitated by therapists and rehabilitation specialists who are motivated to teach the protocols as intended. This would include community wide drumming events, highlighting different cultures that use drumming as part of their cultural traditions. These events would be at different communities, including the outlying areas. In addition to the drumming activities, there would also be food that represents the highlighted culture as well. These events would be free to the public. Also included would be educational materials about wellness, recovery, cultural traditions, referral resources, etc. During these events, information would also be provided about the benefits of drumming, and other music venues for overall health. The second component would be Drumming Circles as part of ongoing therapy, which would be offered at both of the drop in centers (the Youth Empowerment Services (YES) Center and the adult Vista Way Recovery Center).		
Timeline: May 2011 through	Total Budget:	Evaluation Budget
Project Status	In process.	
Evaluation questions		
Innovative elements	It is believed that Drumming for Health has strong potential for promoting recovery and increase resilience and health. There is growing research that documents the effectiveness of drumming for a wide variety of improved wellness. It is a method that embraces the cultural perspective, utilizing culturally rich drumming activities.	

Drumming for Health - Tehama		
Outcomes	Decrease in participant's anxiety/stress and increase in socialization skills and healthy peer group affiliation.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand		

Drumming for Health - Tehama	
what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.tehamacohealthservices.net/MentalHealth/directory_mh.htm (county website) http://www.tehamacohealthservices.net/Documents%202013/cmh-MHSA%20Annual%20Update%202013-14%20final.pdf (FY13-14)

Tri-Cities

Innovative Projects:	Project Title:	Population(s) Served:
	Modified Cognitive Enhancement Therapy	Mono-lingual Spanish speakers
	Integrated Services	Community members

Modified Cognitive Enhancement Therapy - Tri-Cities

CET is a highly structured, 48-week program that integrates: computerized exercises to strengthen cognition, interactive psycho-educational sessions to improve social functioning, and individualized coaching sessions to customize support for learning.

Timeline:
March 2012 through February 2015

Total Budget:
\$559,536.00 over three years

Evaluation Budget:

Project Status	In process.
Evaluation questions	Can Cognitive Enhancement Therapy be modified to effectively treat individuals with bipolar disorder and adapted for mono-lingual Spanish speakers?
Innovative elements	- The innovation that this project offers is a creative approach to the persistent, intractable challenge of improving the wellbeing of individuals with cognitive impairment. - This project changes and existing, evidence-based approach in mental health. If CET can be successfully introduced into TCMHC's system of care and proven to be effective in addressing underlying cognitive impairment, it can significantly improve the system's overall ability to support the processes of recovery.
Outcomes	- Are the recovery outcomes for CET improved compared to outcomes for existing forms of support for recovery for individuals with schizophrenia? - Can CET be integrated into the overall system of care made available to TCMHC clients? Can TCMHC implement CET in a cost effective manner? - Can CET be modified to treat individuals with bipolar disorder and non-English

Modified Cognitive Enhancement Therapy - Tri-Cities		
	speakers? Are the recovery outcomes for CET improved compared to outcomes for existing forms of support for recovery for individuals with bipolar disorder?	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Increase access to services for underserved populations. Additional information provided in this document.	
Innovation definition	Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting.	
Total budget	\$559,536.00 over three years.	
Budget for evaluation aspects	External Evaluation:	Not applicable.
	Internal Evaluation:	Not applicable.
	Administrative:	\$184,640.00 (to be allocated for both CET and ICP projects).
	Other:	
Evaluation designs	- Results Based Accountability (RBA) is a framework designed to measure outcomes for programs that focus on community support and services. RBA provides the opportunity for Tri-City Mental Health Services (TCMHS) to establish baseline data and use performance measure to show direction and outcomes for each program. Although the performance measures are unique to each program or project, they are based on three universal questions: ✓ How much did we do? ✓ How well did we do it? - Is anyone better off? In this project, data is collected over time and accessed upon completion of the three-year project. A written summary will then be developed in addition to charts and graphs visualizing the outcomes.	
Will/was a comparison group used for the design?	No.	
Describe comparison group design (if applicable)	Not applicable.	
Data collection methods	- Clinical records. - Direct observation.	

Modified Cognitive Enhancement Therapy - Tri-Cities	
	• Pre and Post measures.
Timeline for evaluation	• The Modified CET project is currently in the final phase of a three-year process and is scheduled for completion by April 2015. At that time, a final assessment will be made based on performance measures developed for this project. Final outcomes are anticipated to be available by September 2015.
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff
Evaluation Implementation: • Internal Project Staff	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• Results Based Accountability is the framework selected by TCMHC to measure outcomes for this program. Data is collected at a program level and submitted to the Best Practice Division for review. • This data includes numbers (How much did we do and how well did we do it?) and anecdotal stories (Is anyone better off?). • In-house program analysts review the information provided and prepare charts/graphs which are then shared with the program staff and community members during stakeholder's meetings and annual updates.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	• For RBA questions, how much did we do and how well did we do it: Data regarding participants will be collected through Welligent (electronic health records) • For RBA question; is anyone better off: Participants provide anecdotal stories regarding their experience in the program.
What training or technical assistance resources did the county use during the project, if any?	• Staff members were trained in Cognitive Enhancement Therapy through an outside source, Center for Cognition and Recovery. Tri-City data analysts worked with staff

Modified Cognitive Enhancement Therapy - Tri-Cities	
	members to develop performance measures based on Results Based Accountability framework and program goals.
How were/are/will the effects of the project's innovative elements be measured?	• Performance measures will be tracked through Welligent (electronic health records) and anecdotal stories provided by participants. • Anecdotal stories supplied by participants will provide first-hand indicators of improved community engagement such as volunteering, education or employment. • These were selected to be consistent with the needs of our agency and other CET programs.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	• This project will be evaluated by performance measures based on Results Based Accountability which asked three questions: ✓ 1) How much did we do? ✓ 2) How well did we do it? ✓ 3) Is anyone better off? • By measuring each of these indicators separately we can better determine which of the components of this project contributed to the success and/or challenges.
Were/will data be analyzed to show differential impacts on various populations/situations?	• Data will be analyzed in-house by Tri-City program analysts upon completion of this project. Through data collected in Welligent and anecdotal stories, program analysts will be able to differentiate the impact of this project based on demographic information provided by participants.
Were midcourse changes made as a result of evaluation findings?	• No.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	• Yes.
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	• A modified version of this project has been approved as a new Innovation project, Cognitive Remediation Therapy. This project will be implemented over a three year period (2014-2017).
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.

Modified Cognitive Enhancement Therapy - Tri-Cities	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county. • Other.
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• This project is one of two Innovation Projects TCMHC is currently implementing. Upon completion, stakeholders will be provided with written summaries of each MHSA project which includes outcomes. • In addition, oral presentations will be made by staff members to assist stakeholders in understanding the success and challenges of each project in greater detail. Stakeholders are then able to make comments and share ideas regarding these projects.
Sources of Information	http://www.tricitymhs.org/documents/mhsa-documents-2 (County MHSA website) http://www.tricitymhs.org/files/MHSA_docs/complete_merged_1.pdf (Inn Plans) http://www.tricitymhs.org/files/MHSA_docs/TCMHC%20-%20MHSA%20Annual%20Update%20FY%202013-14%20%28FINAL%29.pdf (FY13-14) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/TriCity_FY12-13_AnnualUpdate_042012.pdf (FY12-13)

Integrated Services - Tri-Cities	
This project aims to improve community members' overall health by building relationships, understanding and knowledge among providers of physical health, substance abuse and mental health services, and changing policies and procedures in ways that result in truly integrated care. The main components of the program are 1) Learning Cohort Experiences, 2) Learning Curriculum, 3) Policy and Procedure Changes, 4) Integration Conference, 5) Evaluation, 6) Additional Cohorts, and 7) Documentation of Lessons Learned.	
Timeline: February 2012 through June 2015	Total Budget: \$671,395.00 over three years Evaluation Budget:
Project Status	• In process.
Evaluation questions	• Can Tri-City Mental Health Center (TCMHC) improve community members' overall

Integrated Services - Tri-Cities		
	health by building relationships, understanding and knowledge among providers of physical health, substance abuse and mental health services, and by changing policies and procedures in ways that result in truly integrated care?	
Innovative elements	The key innovation of this project is that we are challenging existing paradigms in the fields of physical health, substance abuse and mental health. We consider the "patient" to be the system of care, and our goal is to heal that system.	
Outcomes	1) What challenges or needs make it difficult for providers of physical health, substance abuse, and mental Health services to truly provide integrated care? What are formal and informal barriers? 2) What methods of building relationships, understanding, and knowledge are most attractive to participants and effective at leading to direct honest communication? 3) What policies, agreements, and/or supports might make it easier for providers across fields to provide integrated care? 4) What incremental costs are related to providing integrated care? What offsetting benefits also arise? What are financially sustainable ways for his type of care to be provided?	
Primary purpose	Improve the quality and outcomes of services.	
Other purposes	Promote interagency collaboration.	
Innovation definition		
Total budget	\$671,395.00 over three years.	
Budget for evaluation aspects	External Evaluation:	Not applicable.
	Internal Evaluation:	Current Tri-City staff.
	Administrative:	\$184,640.00 (to be allocated for both CET and ICP projects).
	Other:	
Evaluation designs	Results Based Accountability (RBA) is a framework designed to measure outcomes for programs that focus on community support and services. RBA provides the opportunity for Tri-City Mental Health Services (TCMHS) to establish baseline data and use performance measure to show direction and outcomes for each program.	

Integrated Services - Tri-Cities	
	Although the performance measures are unique to each program or project, they are based on three universal questions: ✓ How much did we do? ✓ How well did we do it? ✓ Is anyone better off? • In this project, data is collected over time and accessed upon completion of the three-year project. A written summary will then be developed in addition to charts and graphs visualizing the outcomes.
Will/was a comparison group used for the design?	• No.
Describe comparison group design (if applicable)	• Not applicable.
Data collection methods	• Survey. • Sign-in sheets and anecdotal success stories.
Timeline for evaluation	• The Integrated Care Project is currently in the final phase of a three-year process and is scheduled for completion by June 2015. At that time, a final assessment will be made based on performance measure developed for this project. Final outcomes are anticipated to be available by September 2015.
Evaluation Participants	
Evaluation Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff	Review and Approval of Design: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff
Evaluation Implementation: • Internal Project Staff	Review of Evaluation Findings: • Director or Other Senior Management • MHSA/INN Manager • Internal Project Staff • Consumers • Advocates/Family Partners
How were data analyzed or what is the plan for data analysis?	• Results Based Accountability (RBA) is the framework selected by TCMHC to measure outcomes for this program. Data is collected at a program level and submitted to the Best Practices Division for review. This data includes numbers (How much did we do

Integrated Services - Tri-Cities	
	and how well did we do it?) and anecdotal stories and satisfaction surveys (Is anyone better off?). In-house program analysts review the information provided and prepare charts/graphs reflecting the outcomes which are then shared with the program staff and community members during stakeholder's meetings and annual updates.
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	Data will be collected via survey, direct observation and sign-in sheets. Surveys will then be processed via TeleForm or Survey Monkey, which is a form processing application and online survey. From these applications, charts and graphs will be generated visualizing the outcomes. In addition, data is collected via excel spreadsheets and submitted on a quarterly basis.
What training or technical assistance resources did the county use during the project, if any?	In-house program analysts assisted in Results Based Accountability (RBA) training and the development of performance measures for this project.
How were/are/will the effects of the project's innovative elements be measured?	Indicators will be measured through surveys, direct observations and anecdotal stories provided by participants.
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	- This project will be evaluated by performance measures based on Results Based Accountability which asked three questions: ✓ 1) How much did we do? ✓ 2) How well did we do it? ✓ 3) Is anyone better off? - By measuring each of these indicators separately we can better determine which of the components of this project contributed to the success and/or challenges.
Were/will data be analyzed to show differential impacts on various populations/situations?	Data will be analyzed in-house by Tri-City program analysts upon completion of this project. Through data collected via surveys, sign-in sheets, and anecdotal stories, program analysts will be able to differentiate the impact of this project based on demographic information provided by participants.
Were midcourse changes made as a result of evaluation findings?	Yes.
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	Not Yet.
If yes on question above, what decision was made? If the decision was made to continue the Innovative	Not applicable.

Integrated Services - Tri-Cities	
Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	• Not applicable.
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• In our county
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	• This project is one of two Innovation Projects TCMHC is currently implementing. Upon completion, stakeholders will be provided with written summaries of each MHSA project which includes outcomes. In addition, oral presentations will be made by staff members to assist stakeholders in understanding the success and challenges of each project in greater detail. Stakeholders are then able to make comments and share ideas regarding these projects.
Sources of Information	http://www.tricitymhs.org/documents/mhsa-documents-2 (County MHSA website) http://www.tricitymhs.org/files/MHSA_docs/complete_merged_1.pdf (Inn Plans) http://www.tricitymhs.org/files/MHSA_docs/TCMHC%20-%20MHSA%20Annual%20Update%20FY%202013-14%20%28FINAL%29.pdf (FY13-14) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/TriCity_FY12-13_AnnualUpdate_042012.pdf (FY12-13)

Trinity County

Innovative Project:	Project Title:	Population(s) Served:
	Milestones Outreach and Support Team (MOST)	People recovering from mental health crisis

Milestones Outreach and Support Team (MOST) - Trinity

Trinity County's Respite Support Project introduces a recovery-oriented respite bed program for people recovering from a mental health crisis. Besides addressing a critical service need, the project will allow the County to learn whether a reciprocal relationship between the respite bed program and consumer staff of the Milestones Drop-In Center will produce better quality of service and improved outcomes for consumers, and extend the Recovery Model in Trinity County.

This project is part of the County's effort to integrate all of its MHSa components. This project reflects the County's partnership with Native American tribes, including a joint needs assessment and a commitment that Native American consumers will have priority in receiving the respite bed services. This project builds creative partnership with consumers and family members. The County plans to utilize Anasazi software to measure outcomes of this project. Trinity County has developed a very creative project with significant potential implications for other small and rural counties. Project is now called "Milestones Outreach and Support Team (MOST)."

Timeline:
July 2009 through June 2011

Total Budget:

Evaluation Budget

Project Status	Completed.
Evaluation questions	
Innovative elements	- Although a crisis respite bed has been proven to be an effective intervention, Trinity County is approaching the idea of its respite bed program from a different direction. The Respite Bed Project will be the vehicle which allows the county to utilize consumer staff from Milestones as primary interventionists for the crisis client using the respite bed. - Consumers and family members from the center will be able to educate the crisis

Milestones Outreach and Support Team (MOST) - Trinity

	client and family about the Recovery Model along with the key elements of empowerment, person centered, holistic, and the value of relationships. In addition, the consumer staff will work with the respite bed client to identify goals that are fundamental to his or her own personal recovery. The reciprocal relationship piece will be achieved after the crisis client has left the respite bed and is participating in activities at the drop-in center.	
Outcomes	- Did the methods the county used create a successful partnership with Milestones and the Respite Bed Project? - Did the ownership and participation in this project contribute to the recovery of Milestones consumer staff? - Did respite bed clients make steps toward their own recovery utilizing the Recovery Model? - Did utilizing the Recovery Model instead of a more clinical approach shorten the respite clients stay in the respite bed? - Were there more expanded recovery services and supports developed to meet the needs of more diverse client characteristics? - Did this project move Trinity County Mental Health more toward recovery oriented services?	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		

Milestones Outreach and Support Team (MOST) - Trinity	
Describe comparison group design (if applicable)	
Data collection methods	
Timeline for evaluation	
Evaluation Participants	
Evaluation Design:	Review and Approval of Design:
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	

Milestones Outreach and Support Team (MOST) - Trinity	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/Trinity_Revised_INN_10.pdf (Inn plan) http://docs.trinitycounty.org/Departments/Behave-AODS-Prevent/PDF%27s/Summary%20of%202013-14%20MHSA.pdf (FY13-14) http://www.trinitycounty.org/index.aspx?page=60 (County website) http://www.trinitycounty.org/modules/showdocument.aspx?documentid=66 (FY 2010-11) http://www.mhsoac.ca.gov/Counties/Annual_Updates/docs/FY12-13/Trinity_FY12-13_AnnualUpdate_081312_WithAttachments.pdf (FY12-13)

Tulare County

Innovative Projects:	Project Title:	Population(s) Served:
	Integrated Clinic with Pharmaceutical Case Management	Providers of physical and mental health, substance abuse, medication management and community services
	My Voice Media Center	Consumers and family members

Integrated Clinic with Pharmaceutical Case Management - Tulare		
The Integrated Clinic with Pharmaceutical Case Management program combines consultation, assessment, and warm linkage for providers of physical health, mental health, substance abuse, medication management, and community services. This is an effort to ameliorate current fragmentation of service delivery and create pathways of communication between physical health and mental health providers. This program seeks to increase access to health services and increase the quality of services (resulting in better physical health and mental health outcomes) as providers coordinate care across disciplines. The integration model will foster collaboration between the two systems and increase education across disciplines.		
Timeline: January 2012 through June 2017	Total Budget:	Evaluation Budget
Project Status	In process.	
Evaluation questions		
Innovative elements		
Outcomes	- Can integrated mental health and substance use/abuse services be provided at mental health settings? - What type of client and level of acuity will be treated in mental health settings, and which will be referred for care in primary care settings? - Can integrated physical health and substance use/abuse services be provided at primary care settings? - To what extent can they provide care for the SMI patients, and when will those patients need to be referred out to specialty mental health centers?	

Integrated Clinic with Pharmaceutical Case Management - Tulare		
	- Will the embedding of consultation and referral services in a primary care setting increase referrals for mental health services, and vice versa? - Will persons who receive coordinated medication management services achieve positive outcomes?	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's		

Integrated Clinic with Pharmaceutical Case Management - Tulare	
innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.tularehhsa.org/index.cfm/mental-health/mental-health-services-act-home-page/ (County MHSA website) http://www.tularehhsa.org/tasks/sites/default/assets/File/MHSA%205Y%20FINAL%2006-04-12%20WEB3.pdf (Five Year Plan) http://bosagendas.co.tulare.ca.us/MG323904/AS323907/AS323918/AI323960/DO323962/DO_323962.PDF (FY12-13)

Integrated Clinic with Pharmaceutical Case Management - Tulare	
	INN Plans (link too long)

My Voice Media Center - Tulare		
The My Voice Media Center program will provide the opportunity to develop methods in which consumers and family members tell their stories through various mediums, such as public oral expression, video, and music. The My Voice Media Center introduces a new approach that has been successful in non-mental health contexts, including campaigns for educational rights, human trafficking, and advocacy for individuals living with HIV. Forms of expression such as participatory photography programs provide individuals from disadvantaged and marginalized communities with tools for advocacy and communication to create positive social change. It is believed that the My Voice Media Center will increase consumer satisfaction with the types of supportive services that are available, increase consumer skill sets, increase participation in the mental health system of care, and reduce mental illness-related stigma in surrounding communities.		
Timeline: January 2012 through June 2017	Total Budget:	Evaluation Budget
Project Status	In process.	
Evaluation questions		
Innovative elements	This innovation project introduces a new approach that has been successful in non-mental health contexts including campaigns for educational rights, human trafficking, and advocacy for individuals living with HIV.	
Outcomes	- Increase consumer satisfaction with the types of supportive services available. - Increase consumer skill sets and participation in the mental health system of care and reduce mental health-related stigma in surrounding communities.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	

My Voice Media Center - Tulare		
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		
Were/will data be analyzed to show differential impacts on various populations/situations?		
Were midcourse changes made as a result of evaluation findings?		
At this time, has a decision been made about		

My Voice Media Center - Tulare	
sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.tularehhsa.org/index.cfm/mental-health/mental-health-services-act-home-page/ (County MHSA website) http://www.tularehhsa.org/tasks/sites/default/assets/File/MHSA%205Y%20FINAL%2006-04-12%20WEB3.pdf (Five Year Plan) http://bosagendas.co.tulare.ca.us/MG323904/AS323907/AS323918/AI323960/DO323962/DO_323962.PDF (FY12-13) INN Plans (link too long)

Tuolumne County

Innovative Projects:	Project Title:	Population(s) Served:
	Wellness: One Mind, One Body	Community members
	Building a Life at Home	Mentally ill residents in long term facilities

Wellness: One Mind, One Body - Tuolumne

TCBH is proposing a new innovative project that will focus on integrating behavioral health with physical health care through the coordination of the client's care. Collaboration with non-mental health care providers (including public health, physical healthcare, and holistic care) will be built using a combination of several similar approaches. The Care Collaboration Team will work together intensively, and ultimately, a service delivery model unique to Tuolumne County's needs will be developed. It is expected that the project will take between three to four years to achieve the learning objective(s). The project is being titled "Wellness: One Mind, One Body." As the project name implies, the goal is to treat the whole person in order to achieve physical and emotional wellness.

Timeline:

March 2014 through February 2018

Total Budget:

Evaluation Budget

Project Status	In process.
Evaluation questions	
Innovative elements	- TCBH has reviewed existing documented approaches (models) to coordination of mental health care and physical healthcare. We don't feel that we can use other documented approaches/models to integrating mental health care and physical healthcare because those approaches are not sufficient to meet our rural needs and differing attitudes. TCBH would like to try out a number of methods/approaches: ✓ 1) Creation of a collaborative team which includes representatives not only from behavioral health, physical health, public health, clients/patients of the physical health and behavioral health clinics, representatives from the local medical

Wellness: One Mind, One Body - Tuolumne

	society, but also persons with lived mental health experience as well as providers from the managed care plans. ✓ 2) Exploring system capabilities to determine how communication between different entities might occur. ✓ 3) Evaluate feasible alternatives to identification of co-occurring physical and mental health conditions, and determination of how management of same can be achieved. ✓ 4) Determine how receipt of referral and follow-up occurs and evaluate how other models "encourage" pursuit of a PCP, and decide how that can be incorporated.	
Outcomes	• Improved health outcomes. • Client will have designated primary care physician. • Decrease in acute medical episodes. • Decrease in ER visits. • Reduced hospitalization and use of behavioral health services. • Increased levels of enjoyment, hopefulness, satisfaction with care.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		

Wellness: One Mind, One Body - Tuolumne	
Evaluation Participants	
Evaluation Design:	Review and Approval of Design:
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	

Wellness: One Mind, One Body - Tuolumne	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://tuolumne.networkofcare.org/content/client/176/MHSA-ANNUAL-UPDATE-2013-2014-BOS-APPROVED.pdf (FY13-14) https://ca-tuolumnecounty.civicplus.com/DocumentCenter/View/549 (FY12-13) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Tuolumne_Final.pdf (Inn plan) http://www.co.tuolumne.ca.us/AgendaCenter/ViewFile/Minutes/03172014-273 (more info within)

Building a Life at Home - Tuolumne	
The Building a Life at Home Project proposes an innovative collaboration between our existing Behavioral Health Department, consumers and families, representatives of Spanish-speaking and Native American residents, and key and diverse stakeholders representing organizations and systems) who all play a part in the decision to conserve severely mentally ill residents in long term residential in and out-of-county facilities or who would refer community members for more restrictive services.	
Timeline: July 2010 through June 2013	Total Budget: Evaluation Budget
Project Status	Completed.
Evaluation questions	
Innovative elements	Our Innovation Plan meets the definition of Innovation as the project introduces our local mental health system to a community defined approach of collaboration that has been successful in a non-mental health context. We hope to ultimately create positive

Building a Life at Home - Tuolumne		
	change with a process that is inclusive and representative of unserved and underserved individuals. We propose to form a Task Force that meets regularly to address community- issues related to the mentally ill (addressing fears, concerns, and hopes) and alternatives to restrictive higher level placements.. This type of collaboration has never existed before in our county specific to behavioral health issues for the conserved population, as the prevailing community attitudes have been that mentally ill issues are the sole responsibility of Tuolumne County Behavioral Health Department and its' professionals.	
Outcomes	- We hope to learn from this project if we can change/shift cultural attitudes and beliefs in community systems over time in Tuolumne County from the current standard that institutionalization of severely mentally ill is best for the consumer and safest for community - to the understanding that consumers can live at home independently and safely, with recovery, wellness and resilience services available as needed, and that the consumers can become contributing members of our community. - Additionally, we hope to learn the best way to organize and structure the Task Force to produce significant change in understanding, attitude, engagement, and ultimately service delivery; and if we can reduce the high number of permanent conservatorships by the end of our three year project.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		

Building a Life at Home - Tuolumne		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		
Were/will data be analyzed to show differential impacts on various populations/situations?		
Were midcourse changes made as a result of evaluation findings?		
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?		
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?		

Building a Life at Home - Tuolumne	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://tuolumne.networkofcare.org/content/client/176/MHSA-ANNUAL-UPDATE-2013-2014-BOS-APPROVED.pdf (FY13-14) https://ca-tuolumnecounty.civicplus.com/DocumentCenter/View/549 (FY12-13) http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Tuolumne_Final.pdf (Inn plan) http://www.co.tuolumne.ca.us/AgendaCenter/ViewFile/Minutes/03172014-273 (more info within)

Ventura County

Innovative Projects:	Project Title:	Population(s) Served:
	Farm Worker Outreach	Farm workers
	Mixteco Engagement	Mixteco community
	Feed Your Soul - Art and the Treatment Relationship	Adults with SPMI living in board and care facilities
	Health Care Access and Outcomes	Individuals with SPMI

Farm Worker Outreach - Ventura

Within the farm worker population of the Santa Clara Valley, stakeholders have identified a subgroup of families that seem to be growing and which are even more difficult to reach – kinship families, in which children are being raised by relatives. These are most often grandparents raising grandchildren and often include multigenerational families in which immigration status and acculturation vary with different members of the households.

This project therefore proposes to examine the impact of focused, community specific efforts to increase access to mental health prevention and early intervention supports for the farm worker population of the Santa Clara Valley area of the county, specifically targeting kinship families within this population, through adaption of outreach and engagement strategies that have been effective in other populations to address the unique nature of the farm worker community.

Timeline:

July 2013 through June 2017

Total Budget:

Evaluation Budget

Project Status	In process.
Evaluation questions	
Innovative elements	The expected learning goal of the project is to determine whether the use of trained community members, specifically in partnership with schools and other community

Farm Worker Outreach - Ventura		
	resources, leads to increased access to services and supports for this subset of the farm worker population. The project will determine if strategies specifically adapted for this population are more effective in increasing access to culturally appropriate mental health services.	
Outcomes	- Increase in perceived parenting abilities for kinship caregivers in farm worker communities participating in the project, as compared to those who are not participating. - Increased knowledge about mental health issues and awareness of available resources by the population receiving the intervention. - Decrease in perceived stigma about mental health issues and access to services by the target population. - Increase in kinship families and other families in the farm worker community receiving mental health services. - Increased awareness and understanding by VCBH about how best to reach and serve the farm worker population. (Increased Department cultural competency.)	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		

Farm Worker Outreach - Ventura	
Evaluation Participants	
Evaluation Design:	Review and Approval of Design:
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
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How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	

Farm Worker Outreach - Ventura	
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Sources of Information	http://www.vchca.org/behavioral-health/mental-health-services-act-%28mhsa%29/innovation (County INN website) http://www.vchca.org/docs/behavioral-health/innovation-plan---approved-7-26-11.pdf?sfvrsn=0 (Inn plans 2 of 3, FY11-12 Update) http://www.vchca.org/docs/behavioral-health/fy11-12-update---inn--feed-your-soul-final-approved.pdf?sfvrsn=0 (FY11-12 Inn Plan 3 of 3) http://www.vchca.org/docs/behavioral-health/fy-13-14-mhsa-annual-plan.pdf?sfvrsn=0 (Update FY13-14)

Mixteco Engagement- Ventura	
This project will test whether we can develop a model to engage the Mixteco community in a new and different manner, at the grassroots level, through direct involvement by members of the community. There have not been planning models for the development, implementation and evaluation of outreach, education and service approaches to mental health that have been truly driven by members of and by those who work closely with the Mixteco community. This project will move beyond the cultural broker model to one that is driven by those who are of the community to be served. This comprehensive nature of this peer driven process in engaging the indigenous community in guiding the project from development, to implementation and through evaluation is a new approach to stakeholder driven planning in mental health.	
Timeline: July 2013 through June 2017	Total Budget: Evaluation Budget
Project Status	In process.
Evaluation questions	

Mixteco Engagement- Ventura		
Innovative elements	This project will contribute to learning by providing an opportunity to assess whether this collaborative approach will lead to community based outreach and education strategies that result in increased awareness of and access to mental health services on the part of the Mixteco community in the county.	
Outcomes	- Whether the peer and stakeholder driven collaborative was truly representative of the Mixteco community in its composition and approach to planning and implementation. Most likely this would be done through a survey of participants in the collaborative. - Whether the collaborative was effective in increasing the overall knowledge of participants and capacity to develop community integrated, culturally competent activities. - Whether the activities which resulted from the collaborative were successful in: ✓ a. Increasing awareness by the Mixteco community of mental health issues and services available by the mental health system (measured by survey of participants). ✓ b. Increasing access by the Mixteco community to mental health services and supports (measured by the level of participation in activities developed by the collaborative). ✓ c. Influencing the delivery of services by mental health providers in the provision of culturally competent mental health services and supports to the Mixteco community (measured by survey of the participants).	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		

Mixteco Engagement- Ventura	
Will/was a comparison group used for the design?	
Describe comparison group design (if applicable)	
Data collection methods	
Timeline for evaluation	
Evaluation Participants	
Evaluation Design:	Review and Approval of Design:
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation	

Mixteco Engagement- Ventura	
funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
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Feed Your Soul - Art and the Treatment Relationship - Ventura
The Quality of Life Improvement Project for Adults with Serious and Persistent Mental Illness (aka “Feed Your Soul”) project has two interrelated strategies intended to increase engagement of adult consumers with SPMI living in board and care facilities in meaningful activities, with the result of increased wellness. 1. Feed your soul: The core of this project will be the establishment of meaningful, non-clinical activities for those at board and care facilities. 2. Feed Your environment: The other primary strategy of the project will be to improve the physical environment at board and care facilities.

Feed Your Soul - Art and the Treatment Relationship - Ventura		
Timeline: July 2013 through June 2016		Total Budget: _____ Evaluation Budget: _____
Project Status	In process.	
Evaluation questions		
Innovative elements	This project proposes the following learning goal: Would establishment of a variety of meaningful and enriching, non-clinical activities at board and care facilities, including activities to improve the living environment, lead to increased engagement and client perception of improved wellness.	
Outcomes	- Level of interest of the board and care facilities, including a willingness to have the project activities located at their sites. - Level of participation by the board and care residents in project's various activities. This would be examined in detail to determine whether there were differences in participation levels by activity types (e.g. gardening vs. yoga); how the activities are delivered (e.g. groups or 1:1); or characteristics of the participants (age, diagnosis, etc.) - Level of participation by B&C residents in other activities (e.g. Wellness and Recovery Center).	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		

Feed Your Soul - Art and the Treatment Relationship - Ventura		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's innovative elements be measured?		
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?		
Were/will data be analyzed to show differential impacts on various populations/situations?		
Were midcourse changes made as a result of evaluation findings?		
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?		
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?		

Feed Your Soul - Art and the Treatment Relationship - Ventura	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
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Health Care Access and Outcomes - Ventura		
This project intends to improve the quality of care for those individuals with SPMI who have difficulty accessing health care, have chronic medical issues or who do not access regular primary health care. It will test whether an innovative, holistic approach to empowering consumers to access health care while ensuring coordinated care between mental health, physical health and other providers leads to improved physical and mental health outcomes for individuals with SPMI.		
Timeline: July 2013 through June 2017	Total Budget:	Evaluation Budget
Project Status	In process.	

Health Care Access and Outcomes - Ventura		
Evaluation questions		
Innovative elements	This project will transform the current treatment teams for each program to an integrated, holistic care model which support consumers in accessing their own healthcare and will ensure coordination of care between mental health, physical health and other providers providing a range of supports to address “whole person.”	
Outcomes	- Process Indicators will examine the use of appropriate medical care, including: ✓ Improved access to primary health care. ✓ Use of primary health care provider for general medical issues and for management of chronic medical conditions. ✓ Effective consumer collaboration with medical treatment. ✓ Level of emergency room use and medical hospitalization. ✓ Preventative health care utilization. ✓ Level of independence of consumers in seeking medical treatment. ✓ Any associated change in type or frequency of utilization of mental health services.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		

Health Care Access and Outcomes - Ventura	
Evaluation Design:	Review and Approval of Design:
Evaluation Implementation:	Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?	
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?	
What training or technical assistance resources did the county use during the project, if any?	
How were/are/will the effects of the project's innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
At this time, has a decision been made about sustaining the project beyond the current Innovation funding?	
If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
If a decision was made to continue the project without Innovation funds or not to sustain the project in the future, explain why	
Where have the successful Innovative Projects (or	

Health Care Access and Outcomes - Ventura	
elements of projects) and evaluation results been disseminated?	
How have successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
Sources of Information	http://www.vchca.org/behavioral-health/mental-health-services-act-%28mhsa%29/innovation (County INN website) http://www.vchca.org/docs/behavioral-health/innovation-plan---approved-7-26-11.pdf?sfvrsn=0 (Inn plans 2 of 3, FY11-12 Update) http://www.vchca.org/docs/behavioral-health/fy11-12-update---inn--feed-your-soul-final-approved.pdf?sfvrsn=0 (FY11-12 Inn Plan 3 of 3) http://www.vchca.org/docs/behavioral-health/fy-13-14-mhsa-annual-plan.pdf?sfvrsn=0 (Update FY13-14)

Yolo County

Innovative Projects:	Project Title:	Population(s) Served:
	Local Innovation Fast Track Grant Program (Yolo LIFT)	Local providers, stakeholders, ADMH staff

Local Innovation Fast Track Grant Program (Yolo LIFT) - Yolo

This Yolo County MHSa Innovation Project provides for locally involved providers and stakeholders to apply for multiple Local Innovation Fast Track (L.I.F.T.) Grants in order to reinvigorate the MHSa stakeholder process in Yolo County while introducing new programs and services to the community and infusing funds into the local provider economy. This project will give local stakeholders and providers an opportunity to apply their special understanding of the communities in Yolo County and expeditiously implement new and unique programs, events and trainings. For this reason, when reviewing grant proposals, preference will be given to providers and agencies that are already locally engaged. These L.I.F.T. Grants are intended to be the mechanism by which Yolo County Department of Alcohol, Drug and Mental Health and the Mental Health Services Act will enhance the programs and services offered to Yolo stakeholders, while improving collaboration with providers and community agencies.

Timeline:
January 2011 through June 2014

Total Budget:

Evaluation Budget

Project Status	Completed.
Evaluation questions	
Innovative elements	- The L.I.F.T. Grant Program is intended to introduce new ideas and approaches, as well as to provide new information for community program planning, test new ideas, and initiate new training opportunities to be made available to all local providers, stakeholders and ADMH staff. - In addition, the L.I.F.T. program will offer one or more renewable grants to test larger programs meeting the MHSa and Innovation Plan criteria. - The longer term program grant(s) may have the opportunity to demonstrate the efficacy of the project over 2-1/2 years. This facet of the L.I.F.T. Grant Program offers Yolo County MHSa the opportunity to test run Innovation Programs and determine their suitability to be incorporated into the MHSa Community Services and Supports

Local Innovation Fast Track Grant Program (Yolo LIFT) - Yolo		
	and/or Prevention and Early Innovation Plans for the long term.	
Outcomes	Increased local agency involvement in demonstrating innovative ideas in mental health prevention and treatment, as well as their ability to implement such programs on an accelerated basis.	
Primary purpose		
Other purposes		
Innovation definition		
Total budget		
Budget for evaluation aspects	External Evaluation:	
	Internal Evaluation:	
	Administrative:	
	Other:	
Evaluation designs		
Will/was a comparison group used for the design?		
Describe comparison group design (if applicable)		
Data collection methods		
Timeline for evaluation		
Evaluation Participants		
Evaluation Design:		Review and Approval of Design:
Evaluation Implementation:		Review of Evaluation Findings:
How were data analyzed or what is the plan for data analysis?		
What, if any, county information technology or data resources were/will be used to collect and/or analyze data?		
What training or technical assistance resources did the county use during the project, if any?		
How were/are/will the effects of the project's		

Local Innovation Fast Track Grant Program (Yolo LIFT) - Yolo	
innovative elements be measured?	
How did/will the evaluators seek to understand what elements of the project (including but not limited to the new/changed element) were most responsible for the results?	
Were/will data be analyzed to show differential impacts on various populations/situations?	
Were midcourse changes made as a result of evaluation findings?	
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If yes on question above, what decision was made? If the decision was made to continue the Innovative Project, or parts of the project, without Innovation funds, how will it be sustained?	
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Where have the successful Innovative Projects (or elements of projects) and evaluation results been disseminated?	
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Sources of Information	http://www.yolocounty.org/health-human-services/alcohol-drug-and-mental-health-/mental-health-services/mental-health-services-act-proposition-63 (County MHSA website) http://www.yolocounty.org/home/showdocument?id=21060 (FY12-13) http://www.yolocounty.org/home/showdocument?id=25619 (Three year Plan 2014-17)

APPENDICES

Appendix I – Projects and Populations Served

County/Region	Project Title:	Population(s) Served:
Alameda	Innovative Grant Program	African American children, youth/TAY, adults, older adults
Amador	Community-Driven Self-Management Practices	Adults, particularly underserved population
	Increasing Access to Mental Health Services for Isolated Communities	Adults
City of Berkeley	African American Community Empowerment Academy	African American youth, adults, and older adults
	Re-entry Systems Synergy (veterans and ex-offenders)	Ex-offenders and veterans
	Sisterhood for Wellness Project for Asians and Pacific Islanders	Asian Pacific Islander communities
	Trauma-Informed Holistic Care Delivery Model for Transition-Age Youth	TAY
	Senior 2 Senior Project	Senior citizens
	Board and Care Nutrition Project	Adults and older adults
	Improve the Access and Quality of Mental Health Services for LGBTQI Individuals	LGBTQI Individuals
Butte	Working Innovations Network (WIN) -- Effectiveness of Services for People Experiencing a Mental Health Crisis	Adults, youth and their families
	Homeless Peer Partner Program -- Homeless Shelter Collaboration	Homeless population
	Zoosiab Program--A Community-Based Tx for Historical Trauma to Help Hmong Elders	Hmong Elders

County/Region	Project Title:	Population(s) Served:
	Early Interventions Systems for Youth Task Force	Youth
	Therapeutic Wilderness Experience	Youth
Calaveras	Community Support Groups.	Families, TAY, Adults, Older Adults, Native Americans, and Latinos.
	Garden to Families Program.	FSP adult clients.
	Integrated Dual Diagnosis (IDD).	Dual-diagnosis consumers.
Colusa	Telepsychiatry for Children	Children
Contra Costa	Promoting Wellness, Recovery, and Self-Management through Peers	Adults
	Social Supports for LGBTQQI2-S Youth	LGBTQQI2-S youth/TAY, their families and caregivers, straight peers, and allies
	Trauma Services for Sexually Exploited Youth : Creating a Safe Haven to Support Transgender and LGBTQQI2-S Youth	LGBTQQI2-S youth/TAY
	Trauma Services for Sexually Exploited Youth: Reluctant to Rescue	LGBTQQI2-S youth/TAY
	Interagency Perinatal Depression Treatment Program	Mothers
	Libby Madelyn Collins Trauma Recovery Program	Adults (particularly Spanish-speaking populations and TAY)
Del Norte	TAY Collaboration: Rural Connection for Leadership, Advocacy, and Support	TAY
El Dorado	Closing the Gap through Community Capacity Building	Adults
Fresno	Overnight Stay (Emergency Department Team)	Adults and older adults
	Integrated Discharge Teams	Adults and older adults
	Holistic Culturally Competent Wellness Center	Native American, Southeast Asian/Asian, African American, Hispanic cultures, Veterans, plus other underserved groups
	Jail: Community Re-integration Mental Health Team	Newly released adult inmates

County/Region	Project Title:	Population(s) Served:
Glenn	Community Services (Weekend) Wellness Project	Adults
Humboldt	Adaptation to Peer Transition-Age Youth	TAY
Imperial	First Step to Success	Kindergarten-age children
Inyo	Coordinated Care Collaborative	Adults
Lake	Peer-Informed Access	Community members
Los Angeles	Integrated Clinic Model	Homeless, uninsured, under-represented ethnic groups
	Community-Designed Integrated Service Management Model	Under-represented ethnic groups
	Integrated Mobile Health Team Model	Homeless population
	Integrated Peer-Run Model	Homeless population
Madera	Increase Access to Services	TAY
	Linkage to Physical Health by Pharmacist and Reverse Integration from Mental Health to Physical Health	Adults
Marin	Client Choice and Hospital Prevention Program	Adults
Mariposa	MHSA Team Decision-Making	Adults
Merced	Strengthening Families Project	Families
	Strengthening Families Behavioral Health Court Project Expansion	Families
Modoc	Taking Integration Personally	Individuals with co-occurring mental health diagnoses and substance use disorders and/or serious medical conditions
Mono	Peapod Program	Spanish speaking mothers
Monterey	Positive Behavioral Intervention Supports	School age children and family
	Juvenile Sex Offenders Response Team	Juvenile sex offenders

County/Region	Project Title:	Population(s) Served:
	Alternative Healing and Promotores de Salud	Latino community
	Mental Health Evaluation Model, Outcome Data, and Reporting Plan	Mental health consumers
	Pro-Social Skill Development in Youth: Incubation Project	Youth
	Transition Age Youth Housing: A new approach	TAY
Napa	The Collaborative Project	Mental Health Providers
Nevada	Integrated Healthcare	People with illness in multiple domains; including physical health, mental health and substance abuse
	Rehabilitation and Behavioral Health Collaborative	TAY
	Veteran's Family Wellness (no decision-maker info)	Families of veterans
Orange	Proactive On-site Engagement in the Collaborative Courts	Prison population
	Religious Leaders Trained in Mental Health First Aid	Religious leaders
	Access to Mobile/Cellular/Internet Devices in Improving Quality of Life	Adults
	Veterans Services for Military/Veteran Families and Caregivers	Family members of veterans
	Skills Sets for Independent Living Project	Chronically ill adults who have been homeless or are at risk of homelessness
	Integrated Community Services	Primary medical care community clinic patients
	Collective Solutions (Family-Focused Crisis Management and Community Outreach)	Family members of people with mental health illnesses
	Volunteer to Work	Consumers who have been out of labor force
	(OC Accept) OK To Be Me	LGBTIQ Individuals
	(OC4Vets)Vet Connect	Veterans
	Community Cares Project	Children, TAY, adults, older adults

County/Region	Project Title:	Population(s) Served:
	Project Life Coach	Individuals who are living with a mental illness
	Training to Meet the Mental Health Needs of the Deaf Community	Mental health worker students
	Brighter Futures Childhood Mental Health	Families
Placer	Innovative Community Collaboration Grants Program	Not applicable.
Riverside	Family Room Project	Mental Health Service Recipients
	Recovery Arts Core Project	Mental Health Service Recipients
	Recovery Learning Center	Mental Health Service Recipients
	Older Adult Self-Management Health Team	Older adults
Sacramento	Respite Partnership Collaborative	Psychiatric hospital patients
San Benito	Primary Care Integration Project	Latino population
San Bernardino	TAY Behavioral Health Hostel	TAY
	Coalition Against Sexual Exploitation	Children
	Recovery-Based Engagement Support Team	Adults
	Holistic Campus	Youth/TAY
	Interagency Youth Resiliency Team	Youth/TAY
	On-line Diverse Community Experience	Mental health consumers and family members, community members and professionals
	Community Resilience Model	Underserved populations
San Diego	Wellness and Self-Regulation for Children and Youth	Children and youth, age 0-16
	Peer and Family Engagement Project	TAY, adults, older adults, individuals receiving services at the counties Emergency Psychiatric Unit.
	Physical Health Integration Project	TAY, adults and older adults diagnosed with SMI

County/Region	Project Title:	Population(s) Served:
	Mobility Management in North San Diego County	Adults, older adults
	Positive Parenting for Men in Recovery	Male TAY and adults in AOD programs
	After-School Inclusion Project	Youth 5-14
	In-Home Outreach Teams	TAY, adults, older adults
	Independent Living Facilities Project	Adults and ILF operators
	TAY Academy --Transition-Age and Foster Youth Program	Children ages 14-17 and TAY
San Francisco	Supportive Employment and Cognitive Training Project	SMI clients seeking employment
	Youth-Led Evaluation of Behavioral Assessment Tools	Youth
	Peer Education/Advocacy on Self-Help Movement	College/University students
	Peer-Led Hoarding and Cluttering Support Team	Individuals identified as hoarders
	Collaboration with the Faith Community	Leaders of behavioral health and faith communities
	Community Mini-Grants for Innovation	Individuals or organizations with innovative behavioral health ideas
	Alleviating Anti-Psychotic Metabolic Syndrome	SMI consumers
	Building Bridges: Linking Schools and Community Clinics	Youth in Southeast neighborhoods of San Francisco
	Seedling Resilience	Homeless individuals with SMI
	Improve IT	Staff of selected mental health clinic
	First Impressions	Mental health consumers
	Adapt the WRAP	TAY
	Mindfulness-Based Intervention for Youth and their Providers	High risk youth dealing with complex trauma
	Digital Story-Telling for Adults	Adults and older adults living with mental illness

County/Region	Project Title:	Population(s) Served:
San Joaquin	Adapting Functional Family Therapy	Community families involved in FFT
	Residential Learning Communities	Individuals with SMI
San Luis Obispo	System Empowerment for Consumers, Families, and Providers	Consumers, families, and mental health providers
	Atascadero Student Wellness Career Project	High School students
	Older Adult Family Facilitation	Older adults
	Nonviolent Communication	TAY
	Wellness Arts 101	College students/TAY
	Warm Reception and Family Guidance	Mental health clients
	Operation Coastal Care	Veterans and individuals at high risk of mental illness
	Multi-Modal Play Therapy Outreach Trial	Children age 0 to 6
San Mateo	Total Wellness	Individuals with SPMI and chronic physical health conditions
Santa Barbara	Benefit Acquisition for High-Risk Indigent Individuals	Indigent individuals with SMI
Santa Clara	Early Childhood Universal Screening Project	Children ages 0-5, monolingual Spanish-speaking parents
	Peer-Run Transition-Age Youth Innovation Project	TAY
	Older Adults Project	Older Adults
	Multi-Cultural Center Project	Ethnic community members
	Transitional Mental Health Services to Newly Released County Inmates Project	Faith organizations and newly released inmates
	Re-Entry Multi-Agency Pilot	Adults exiting prison and jail
	Adults with Autism and Co-occurring Mental Health Disorders	Autistic adults with co-occurring mental health disorders

County/Region	Project Title:	Population(s) Served:
	Mental Health and Law Enforcement Post-Crisis Intervention Project	Consumers and family members experiencing a law enforcement involved mental health or suicide crisis
	Interactive Video Simulator Training Project	Family members, consumers, law enforcement
Santa Cruz	Work First for Individuals with Co-occurring Disorders	Adults, TAY
Shasta	Community Intervention Pre-Crisis Team	Community members experiencing mental health crisis
Solano	Community Access to Resources and Education	Underserved cultural communities
Sonoma	Three-Pronged Integrated Community Health Model	Community members with SMI with co-occurring physical conditions
	Reducing Disparities Community Fund Initiative	Underserved groups primarily people of color and isolated people living with SMI/SED
	Interdisciplinary Mobile Intervention Team	Community members experience behavioral health crisis
Stanislaus	Revolution Project	Adult business owners and youth
	Stanislaus County Wisdom Transformation Initiative	Staff of six largest CBOs in Stanislaus County
	Garden Gate Innovative Respite Project	Adults at risk of psychiatric hospitalization
	Arts for Freedom	All
	Beth and Joanna Friends in Recovery	Young adults
	Building Support Systems for Troubled Youth	Youth ages 7-11
	Civility School Learning Project	Students at Keyes Elementary and Spratling Middle School, teachers and parents
	Connecting Youth Receiving Services to Community Supports	Youth at Sierra Vista Child and Family Services, Drop In Center FRC, North Modesto/Salida FRC, Hughson FRC, Bridge
	Families in the Park	African-American mothers in Mellis Park
	Integration Innovations	Adult diabetic patients suffering from mental illness

County/Region	Project Title:	Population(s) Served:
	Promoting Community Wellness through Nature & Community-Driven Therapies	Underserved groups in Airport community
Sutter-Yuba	Improving Mental Health Outcomes via Interagency Collaboration and Service Delivery Learning for Supervised Offenders who are At Risk of or Have Serious Mental Illness	AB109 offenders, offenders at risk of SMI
	A Culturally Competent Collaboration to Address Serious Mental Illness in the Traditional Hmong Population	Hmong population
	Continued Mental Health and Wellness Support for the New Post-TAY Clients Who Are in Recovery from a Serious Mental Illness	TAY
Tehama	Drumming for Health	Community members
Tri-Cities	Modified Cognitive Enhancement Therapy	Mono-lingual Spanish speakers
	Integrated Services	Community members
Trinity	Milestones Outreach and Support Team (MOST)	People recovering from mental health crisis
Tulare	Integrated Clinic with Pharmaceutical Case Management	Providers of physical and mental health, substance abuse, medication management and community services
	My Voice Media Center	Consumers and family members
Tuolumne	Wellness: One Mind, One Body	Community members
	Building a Life at Home	Mentally ill residents in long term facilities
Ventura	Farm Worker Outreach	Farm workers
	Mixteco Engagement	Mixteco community
	Feed Your Soul - Art and the Treatment Relationship	Adults with SPMI living in board and care facilities
	Health Care Access and Outcomes	Individuals with SPMI
Yolo	Local Innovation Fast Track Grant Program (Yolo LIFT)	Local providers, stakeholders, ADMH staff

Appendix II - Projects by Primary Purpose

Promote interagency collaboration:

Project Title	County/Region
Early Interventions Systems for Youth Task Force	Butte
Homeless Peer Partner Program -- Homeless Shelter Collaboration	Butte
Linkage to Physical Health by Pharmacist and Reverse Integration from Mental Health to Physical Health	Madera
Taking Integration Personally	Modoc
The Collaborative Project	Napa
Integrated Healthcare	Nevada
Collective Solutions (Family-Focused Crisis Management and Community Outreach)	Orange
Respite Partnership Collaborative	Sacramento
Recovery-Based Engagement Support Team	San Bernardino
After-School Inclusion Project	San Diego
Building Bridges: Linking Schools and Community Clinics	San Francisco
Collaboration with the Faith Community	San Francisco
Stanislaus County Wisdom Transformation Initiative	Stanislaus
Integrated Clinic with Pharmaceutical Case Management	Tulare
Building a Life at Home	Tuolumne

Increase access to services for underserved populations:

Project Title	County/Region
Increasing Access to Mental Health Services for Isolated Communities	Amador
Zoosiab Program--A Community-Based Tx for Historical Trauma to Help Hmong Elders	Butte
Community Support Groups	Calaveras
TAY Collaboration: Rural Connection for Leadership, Advocacy, and Support	Del Norte

Project Title	County/Region
Holistic Culturally Competent Wellness Center	Fresno
Overnight Stay (Emergency Department Team)	Fresno
Youth Transitions	Kings
Peer-Informed Access	Lake
Alternative Healing and Promotores de Salud	Monterey
Veteran's Family Wellness	Nevada
Rehabilitation and Behavioral Health Collaborative	Nevada
(OC Accept) OK To Be Me	Orange
Project Life Coach	Orange
(OC4Vets)Vet Connect	Orange
Training to Meet the Mental Health Needs of the Deaf Community	Orange
Veterans Services for Military/Veteran Families and Caregivers	Orange
Primary Care Integration Project	San Benito
Holistic Campus	San Bernardino
On-line Diverse Community Experience	San Bernardino
Interagency Youth Resiliency Team	San Bernardino
Physical Health Integration Project	San Diego
Peer and Family Engagement Project	San Diego
Independent Living Facilities Project	San Diego
TAY Academy --Transition-Age and Foster Youth Program	San Diego
In-Home Outreach Teams	San Diego
Mobility Management in North San Diego County	San Diego
Peer-Led Hoarding and Cluttering Support Team	San Francisco
Seedling Resilience	San Francisco
Operation Coastal Care	San Luis Obispo
Multi-Cultural Center Project	Santa Clara
Community Access to Resources and Education	Solano

Increase access to services:

Project Title	County/Region
Community-Driven Self-Management Practices	Amador
African American Community Empowerment Academy	City of Berkeley
Trauma-Informed Holistic Care Delivery Model for Transition-Age Youth	City of Berkeley
Sisterhood for Wellness Project for Asians and Pacific Islanders	City of Berkeley
Working Innovations Network (WIN) -- Effectiveness of Services for People Experiencing a Mental Health Crisis	Butte
Integrated Dual Diagnosis (IDD)	Calaveras
First Step to Success	Imperial
Increase Access to Services	Madera
Strengthening Families Project	Merced
Peapod Program	Mono
Transition Age Youth Housing: A new approach	Monterey
Community Cares Project	Orange
Religious Leaders Trained in Mental Health First Aid	Orange
Access to Mobile/Cellular/Internet Devices in Improving Quality of Life	Orange
TAY Behavioral Health Hostel	San Bernardino
Warm Reception and Family Guidance	San Luis Obispo
Multi-Modal Play Therapy Outreach Trial	San Luis Obispo
Benefit Acquisition for High-Risk Indigent Individuals	Santa Barbara
Transitional Mental Health Services to Newly Released County Inmates Project	Santa Clara
Peer-Run Transition-Age Youth Innovation Project	Santa Clara
Early Childhood Universal Screening Project	Santa Clara
Community Intervention Pre-Crisis Team	Shasta
Drumming for Health	Tehama
Health Care Access and Outcomes	Ventura

Improve the quality and outcomes of services:

Project Title	County/Region
Innovative Grant Program-Phase 2	Alameda
Innovative Grant Program	Alameda
Board and Care Nutrition Project	City of Berkeley
Senior 2 Senior Project	City of Berkeley
Improve the Access and Quality of Mental Health Services for LGBTQI Individuals	City of Berkeley
Re-entry Systems Synergy (veterans and ex-offenders)	City of Berkeley
Therapeutic Wilderness Experience	Butte
Garden to Families Program	Calaveras
Promoting Wellness, Recovery, and Self-Management through Peers	Contra Costa
Libby Madelyn Collins Trauma Recovery Program	Contra Costa
Social Supports for LGTBQQI2-S Youth	Contra Costa
Trauma Services for Sexually Exploited Youth: Reluctant to Rescue	Contra Costa
Interagency Perinatal Depression Treatment Program	Contra Costa
Trauma Services for Sexually Exploited Youth : Creating a Safe Haven to Support Transgender and LGTBQQI2-S Youth	Contra Costa
Community Services (Weekend) Wellness Project	Glenn
Adaptation to Peer Transition-Age Youth	Humboldt
Coordinated Care Collaborative (should have been approved by OAC?)	Inyo
The Freise Hope House	Kern
Integrated Clinic Model	Los Angeles
Community-Designed Integrated Service Management Model	Los Angeles
Integrated Mobile Health Team Model	Los Angeles
Integrated Peer-Run Model	Los Angeles
Client Choice and Hospital Prevention Program	Marin
MHSA Team Decision-Making	Mariposa
Positive Behavioral Intervention Supports	Monterey
Juvenile Sex Offenders Response Team	Monterey
Integrated Community Services	Orange

Project Title	County/Region
Volunteer to Work	Orange
Brighter Futures Childhood Mental Health	Orange
Proactive On-site Engagement in the Collaborative Courts	Orange
Skills Sets for Independent Living Project	Orange
Older Adult Self-Management Health Team	Riverside
Recovery Arts Core Project	Riverside
Recovery Learning Center	Riverside
Family Room Project	Riverside
Community Resilience Model	San Bernardino
Coalition Against Sexual Exploitation	San Bernardino
Positive Parenting for Men in Recovery	San Diego
Wellness and Self-Regulation for Children and Youth	San Diego
Improve IT	San Francisco
First Impressions	San Francisco
Adapt the WRAP	San Francisco
Mindfulness-Based Intervention for Youth and their Providers	San Francisco
Digital Story-Telling for Adults	San Francisco
Supportive Employment and Cognitive Training Project	San Francisco
Alleviating Anti-Psychotic Metabolic Syndrome	San Francisco
Peer Education/Advocacy on Self-Help Movement	San Francisco
Adapting Functional Family Therapy	San Joaquin
Atascadero Student Wellness Career Project	San Luis Obispo
System Empowerment for Consumers, Families, and Providers	San Luis Obispo
Older Adult Family Facilitation	San Luis Obispo
Wellness Arts 101	San Luis Obispo
Nonviolent Communication	San Luis Obispo
Total Wellness	San Mateo
Interactive Video Simulator Training Project	Santa Clara
Older Adults Project	Santa Clara
Mental Health and Law Enforcement Post-Crisis Intervention Project	Santa Clara

Project Title	County/Region
Work First for Individuals with Co-occurring Disorders	Santa Cruz
Interdisciplinary Mobile Intervention Team	Sonoma
Three-Pronged Integrated Community Health Model	Sonoma
Reducing Disparities Community Fund Initiative	Sonoma
Garden Gate Innovative Respite Project	Stanislaus
Improving Mental Health Outcomes via Interagency Collaboration and Service Delivery Learning for Supervised Offenders who are At Risk of or Have Serious Mental Illness	Sutter/Yuba Counties
A Culturally Competent Collaboration to Address Serious Mental Illness in the Traditional Hmong Population	Sutter/Yuba Counties
Continued Mental Health and Wellness Support for the New Post-TAY Clients Who Are in Recovery from a Serious Mental Illness	Sutter/Yuba Counties
Integrated Services	Tri- Mental Health Services
Modified Cognitive Enhancement Therapy	Tri- Mental Health Services
Respite Support Project	Trinity
My Voice Media Center	Tulare
Wellness: One Mind, One Body	Tuolumne
Feed Your Soul - Art and the Treatment Relationship	Ventura

Appendix III – Projects by Definition

Makes a change to an existing mental health practice or approach, such as adaptation to a new population or setting:

Project Title	County/Region
Increasing Access to Mental Health Services for Isolated Communities	Amador
Improve the Access and Quality of Mental Health Services for LGBTQI Individuals	City of Berkeley
Zoosiab Program--A Community-Based Tx for Historical Trauma to Help Hmong Elders	Butte
Working Innovations Network (WIN) -- Effectiveness of Services for People Experiencing a Mental Health Crisis	Butte
Community Support Groups	Calaveras
Promoting Wellness, Recovery, and Self-Management through Peers	Contra Costa
Libby Madelyn Collins Trauma Recovery Program	Contra Costa
Social Supports for LGTBQQI2-S Youth	Contra Costa
Community Services (Weekend) Wellness Project	Glenn
First Step to Success	Imperial
Coordinated Care Collaborative (should have been approved by OAC?)	Inyo
The Freise Hope House	Kern
Youth Transitions	Kings
Integrated Clinic Model	Los Angeles
Community-Designed Integrated Service Management Model	Los Angeles
Integrated Mobile Health Team Model	Los Angeles
Integrated Peer-Run Model	Los Angeles
Client Choice and Hospital Prevention Program	Marin
Taking Integration Personally	Modoc
Transition Age Youth Housing: A new approach	Monterey
Positive Behavioral Intervention Supports	Monterey
Integrated Healthcare	Nevada
Rehabilitation and Behavioral Health Collaborative	Nevada

Project Title	County/Region
Collective Solutions (Family-Focused Crisis Management and Community Outreach)	Orange
(OC Accept) OK To Be Me	Orange
(OC4Vets)Vet Connect	Orange
Veterans Services for Military/Veteran Families and Caregivers	Orange
Religious Leaders Trained in Mental Health First Aid	Orange
Access to Mobile/Cellular/Internet Devices in Improving Quality of Life	Orange
Proactive On-site Engagement in the Collaborative Courts	Orange
On-line Diverse Community Experience	San Bernardino
Coalition Against Sexual Exploitation	San Bernardino
Wellness and Self-Regulation for Children and Youth	San Diego
Building Bridges: Linking Schools and Community Clinics	San Francisco
Collaboration with the Faith Community	San Francisco
Adapt the WRAP	San Francisco
Mindfulness-Based Intervention for Youth and their Providers	San Francisco
Digital Story-Telling for Adults	San Francisco
Adapting Functional Family Therapy	San Joaquin
Operation Coastal Care	San Luis Obispo
Multi-Modal Play Therapy Outreach Trial	San Luis Obispo
Atascadero Student Wellness Career Project	San Luis Obispo
Older Adult Family Facilitation	San Luis Obispo
Transitional Mental Health Services to Newly Released County Inmates Project	Santa Clara
Peer-Run Transition-Age Youth Innovation Project	Santa Clara
Early Childhood Universal Screening Project	Santa Clara
Older Adults Project	Santa Clara
Community Intervention Pre-Crisis Team	Shasta
Interdisciplinary Mobile Intervention Team	Sonoma
Three-Pronged Integrated Community Health Model	Sonoma
Reducing Disparities Community Fund Initiative	Sonoma
Garden Gate Innovative Respite Project	Stanislaus

Project Title	County/Region
Improving Mental Health Outcomes via Interagency Collaboration and Service Delivery Learning for Supervised Offenders who are At Risk of or Have Serious Mental Illness	Sutter/Yuba Counties
Continued Mental Health and Wellness Support for the New Post-TAY Clients Who Are in Recovery from a Serious Mental Illness	Sutter/Yuba Counties
Drumming for Health	Tehama
Integrated Services	Tri- Mental Health Services
Modified Cognitive Enhancement Therapy	Tri- Mental Health Services
Respite Support Project	Trinity
Integrated Clinic with Pharmaceutical Case Management	Tulare
Building a Life at Home	Tuolumne
Health Care Access and Outcomes	Ventura
Feed Your Soul - Art and the Treatment Relationship	Ventura

Introduces new mental health practice or approach, including prevention and early intervention that has never been done before:

Project Title	County/Region
Innovative Grant Program-Phase 2	Alameda
Innovative Grant Program	Alameda
Community-Driven Self-Management Practices	Amador
African American Community Empowerment Academy	City of Berkeley
Trauma-Informed Holistic Care Delivery Model for Transition-Age Youth	City of Berkeley
Sisterhood for Wellness Project for Asians and Pacific Islanders	City of Berkeley
Board and Care Nutrition Project	City of Berkeley
Senior 2 Senior Project	City of Berkeley
Re-entry Systems Synergy (veterans and ex-offenders)	City of Berkeley
Early Interventions Systems for Youth Task Force	Butte

Project Title	County/Region
Homeless Peer Partner Program -- Homeless Shelter Collaboration	Butte
Therapeutic Wilderness Experience	Butte
Integrated Dual Diagnosis (IDD)	Calaveras
Interagency Perinatal Depression Treatment Program	Contra Costa
Trauma Services for Sexually Exploited Youth : Creating a Safe Haven to Support Transgender and LGTBQQI2-S Youth	Contra Costa
TAY Collaboration: Rural Connection for Leadership, Advocacy, and Support	Del Norte
Overnight Stay (Emergency Department Team)	Fresno
Adaptation to Peer Transition-Age Youth	Humboldt
Linkage to Physical Health by Pharmacist and Reverse Integration from Mental Health to Physical Health	Madera
Increase Access to Services	Madera
Juvenile Sex Offenders Response Team	Monterey
The Collaborative Project	Napa
Veteran's Family Wellness	Nevada
Project Life Coach	Orange
Training to Meet the Mental Health Needs of the Deaf Community	Orange
Community Cares Project	Orange
Integrated Community Services	Orange
Volunteer to Work	Orange
Brighter Futures Childhood Mental Health	Orange
Older Adult Self-Management Health Team	Riverside
Recovery Arts Core Project	Riverside
Recovery Learning Center	Riverside
Family Room Project	Riverside
Primary Care Integration Project	San Benito
Holistic Campus	San Bernardino
Interagency Youth Resiliency Team	San Bernardino
Community Resilience Model	San Bernardino
Physical Health Integration Project	San Diego
Peer and Family Engagement Project	San Diego

Project Title	County/Region
TAY Academy --Transition-Age and Foster Youth Program	San Diego
In-Home Outreach Teams	San Diego
Peer-Led Hoarding and Cluttering Support Team	San Francisco
Seedling Resilience	San Francisco
Improve IT	San Francisco
First Impressions	San Francisco
Supportive Employment and Cognitive Training Project	San Francisco
Alleviating Anti-Psychotic Metabolic Syndrome	San Francisco
Peer Education/Advocacy on Self-Help Movement	San Francisco
Warm Reception and Family Guidance	San Luis Obispo
Wellness Arts 101	San Luis Obispo
Nonviolent Communication	San Luis Obispo
Total Wellness	San Mateo
Benefit Acquisition for High-Risk Indigent Individuals	Santa Barbara
Multi-Cultural Center Project	Santa Clara
Stanislaus County Wisdom Transformation Initiative	Stanislaus
A Culturally Competent Collaboration to Address Serious Mental Illness in the Traditional Hmong Population	Sutter/Yuba Counties

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:

Project Title	County/Region
Garden to Families Program	Calaveras
Trauma Services for Sexually Exploited Youth: Reluctant to Rescue	Contra Costa
Holistic Culturally Competent Wellness Center	Fresno
Peer-Informed Access	Lake
MHSA Team Decision-Making	Mariposa
Strengthening Families Project	Merced

Project Title	County/Region
Peapod Program	Mono
Alternative Healing and Promotores de Salud	Monterey
Skills Sets for Independent Living Project	Orange
Respite Partnership Collaborative	Sacramento
Recovery-Based Engagement Support Team	San Bernardino
TAY Behavioral Health Hostel	San Bernardino
After-School Inclusion Project	San Diego
Independent Living Facilities Project	San Diego
Mobility Management in North San Diego County	San Diego
Positive Parenting for Men in Recovery	San Diego
System Empowerment for Consumers, Families, and Providers	San Luis Obispo
Interactive Video Simulator Training Project	Santa Clara
Work First for Individuals with Co-occurring Disorders	Santa Cruz
My Voice Media Center	Tulare
Wellness: One Mind, One Body	Tuolumne

Appendix IV – Effective Strategies - Data Responses

Effective Strategies:

Evaluation Design:

- **Appropriate Evaluation Design/ Tools:**

1. A comprehensive retrospective survey administered to each student.
2. The creation of a new, more culturally sensitive tool for HMONG clients based on feedback from counselors.
3. Designing the school-wide survey as a multi-year comparison to monitor program effectiveness.
4. Identifying key health indicators to track over time.
5. Planning to compare missed appointment rates with County Behavioral Health clients, because data was easy to access and clearly linked to outcomes.
6. Results Based Accountability (RBA) is an effective strategy identified to be used with this project. RBA based performance measures are outcome methods the staff is familiar with and currently used throughout our agency. The process was consistent with established practices and the program analysts are highly trained in this procedure and able to provide assistance when needed (N=2).
7. Using Quality of Life questionnaire in addition to eBASIS, as it reflects the subjective aspect of improving.
8. We measured the client's key outcomes: hospitalizations, crisis calls, living situation, satisfaction with services.
9. Including a comparison group, since one was available. This gave us more understanding of program effectiveness.
10. The experimental design helped identify the effectiveness of peer specialists compared to nurses. Utilizing a pre and post test design identified significant changes in participant outcomes as a result of program services.
11. Utilizing a pre and post test design identified significant changes in participant outcomes as a result of program services (N=8).

- **Experienced Evaluator/Evaluation staff:**

1. Allowing the evaluator to design the evaluation based on their expertise and needs.
2. Having the expertise of outside/experienced evaluation staff.
3. Inclusion of the System Performance and Evaluation's team (n=3).

- **Collaboration:**

1. Collaboration with other entities was essential for this program to thrive.
2. Collaborative between County and Contract Providers.
3. Consult with primary care on the development of letters (the tools) the pharmacist used for obtaining information.
4. Engaging in a series of evaluation planning meetings that involved the outside evaluator, frontline staff, program supervisors/administrators, and BHS representatives allowed for the development of a mutually agreed upon evaluation strategy that was uniquely tailored to the IHOT program and had stakeholder “buy-in”.
5. Getting all of the coordinating programs together to work out the project design prior to the evaluation design
6. Having the evaluation team fully participating on the CCC project team from the onset
7. Including clients in designing the peer services project. Their input was invaluable in the project design and implementation.
8. Meetings with the Project's program manager and County program monitor.
9. Participatory evaluation.
10. The process of selecting the appropriate tool was collaborative. This was helpful because it resulted in the selection of tool criteria that met everybody's needs. It was identified that the tool had to be easy to use, useful to direct care staff, and result in good data results. The MORS tool was selected by the team because it met these criteria. The decision to use the MORS ended up meeting the needs of everybody on the team (n=2).
11. Using multiple stakeholders.
12. Utilizing the data for the continuation of activities with the largest number of consumer participation and satisfaction; Collaborating and working with the Cultural Brokers in designing the questions for the pre/post surveys; Involving the Advisory Council for suggestions of additional possibilities for capturing data from consumers where language barriers, cultural stigmas, privacy issues existed.
13. We originally planned to introduce the approach at one school (with a high degree of support). The educational staff strongly requested more sites receive the training.
14. Working closely with project staff to create a realistic evaluation plan.
15. Working closely with project staff to develop survey questions that accurately measured program outcomes.
16. Working with staff to refine the survey to gain the most data with the least burden on respondents.
17. Working with the project staff and the MHSA staff to clarify the expected activities and expected outcomes. The project does not fit an expected program model, so clarity in expectations was (and continues to be) key.

- **Other:**

1. Extensive early planning.
2. A flexible evaluation plan that added instruments when needed. (n=1).
3. Having a good business process and logic model in place, and ensuring buy-in on the process (n=2).

Implementation of the Evaluation:

- **Experienced Evaluator/Evaluation staff:**

1. Having an external provider who could work within the time-line and not be delayed by program needs.
2. The most effective strategy in implementing the evaluation was utilizing an outside evaluator to provide guidance to the program and to assure the evaluation plan was met.

- **Collaboration:**

1. Attending team meetings with the Cultural Brokers and Advisory Council meetings to continue to receive feedback related to issues preventing effective implementation of the surveys/workshops; participating in new Cultural Broker orientation to ensure there was an understanding of the processes for evaluation.
2. Collaboration between System Performance and Evaluation and Program teams (n=3).
3. Having the evaluation team fully participating on the CCC project team from the onset
4. Including the clients in the implementing of the project. Their input was invaluable.
5. Interviewing a variety of informants, to understand many viewpoints.
6. Interviewing participants for greater insight into program effects.
7. Interviews, to learn more from the perspective of consumers, family, and staff.
8. Meetings with the project's program manager and county program monitor.
9. Ongoing collaborations with contributing agencies in this project.
10. Participatory evaluation.
11. Program management and staff involvement.
12. Project staff analyzed barriers to care, which was new learning that the evaluation was able to highlight.
13. Working with the programs and the staff who collect the data to design the tools as efficiently as possible.

- **Other:**

1. Identifying a “point-person” to be link between county and external evaluator

2. Hiring effective Peers.
3. Community outreach and technical assistance for applicants in completing grant application and for grantees in development of pilot projects. 2) Online evaluation of grant applications.

- **Continual Review of Data:**

1. Conducting in-depth interviews helped to better understand key features that supported students.
2. Continually working with the participants and project staff to review the findings and understand where and how changes are occurring. Eliminating methods and/or questions as they become irrelevant.

- **Flexible Evaluation Protocol:**

1. Adapting the plan to measure changes as service delivery methods changed.
2. Approaching clients while they were still in treatment and on a personal level was more effective than mailed out evaluation tools.
3. Designing the Individual Wellness Reports to be easy to read and understand so clients and staff could easily see when there was an improvement.
4. Extending program services and administering outcome measures every 4 months resulted in more effective services and efficient data collection.
5. First Five did a Needs Assessment regarding the 0-5 population in our county and whether there were adequate services for parents and children. MH was attempting to address low number with our Hispanic penetration rates as well as providing services to new families and families with children 0-5.
6. Follow up with parents for post-surveys, because more post-surveys were received due to perseverance. Creation of rating scales for pre/post ratings of child behavior in therapy.
7. Reducing the frequency in the administration of outcome measures resulted in increased participant response.
8. Using evaluation results to refine program delivery. For example, changing teacher communication strategies when surveys said they needed improvement.

- **Data available in Electronic Health Record:**

1. Data was available from the EHR.
2. Program staff were able to leverage their current electronic database to implement the evaluation

Analyzing and Reporting Data:

- **Appropriate Evaluation Design/ Tools:**

1. Analyzing child pre/post behavior ratings by severity of behavior at intake - Rating scales made outcome reporting possible.
2. Pre - Post measurement of the key variables for each client showed the positive outcomes.
3. Surveys, pre and post measures.
4. The Individual Wellness Reports provided information on progress over time. Summary data also provided information on all clients across time.
5. Writing a narrative analysis of the interviews supported staff efforts to explain the effects of the innovation(n=2).

- **Experienced Evaluator/Evaluation staff:**

1. The use of an outside evaluator takes the burden off the provider and allows an individual and/or entity with evaluation expertise to analyze and report the findings.

- **Collaboration:**

1. Giving staff feedback that the program was working was helpful to them.
2. Collaboration between System Performance and Evaluation and Program teams (3).
3. Contacting and collaborating with staff who were involved in evaluating similar innovative programs in other counties to learn about their issues and best practices which could better inform our evaluation processes.
4. Participatory evaluation.
5. Providing frequent feedback to project staff to use evaluation findings to make mid-course changes in service delivery methods.
6. Providing staff with frequent feedback to refine program delivery.
7. Sharing the preliminary and interim evaluation results with participants built trust in the process and showed the value of the data collection.
8. Showing the findings to the participants FIRST. This has been key to building trust and encouraging honest participation in the evaluation.

9. The most effective strategy in analyzing and reporting evaluation findings is having an outside evaluator corroboratively work with the provider to obtain the data, conduct the report, analyze the data, and then work with the provider to discuss any findings. Trainers reviewing survey feedback immediately to further refine their presentations.

- **Other:**

1. Clarifying expectations from broad to specific definitions
2. Direct use-able outcome data
3. having accountability to the CCC faculty
4. Soliciting, comparing and evaluating data from this project.

- **Data available in Electronic Health Record:**

1. The electronic database was a useful tool for creating quality assurance processes and exporting data effectively for analysis.

- **Clear and Simple reporting of evaluation findings:**

1. Charting outcomes in multiple ways so that project staff could use results to continue work on reducing barriers to care.
2. Developed a brief, visually appealing report template that could quickly communicate key aspects of IHOT program operations and outcomes.

Appendix V – Dissemination for Evaluation Plan Inventory

Once the Innovation Evaluation Inventory is approved by MHSOAC, CIBHS will share it with a wide audience of organizations, affiliations and individuals. To ensure that the findings are widely accessible and disseminated to professionals, stakeholders and the media, the Inventory will be distributed through a variety of methods, including social media, emails, websites, meetings and conferences.

We will email the Inventory or a link to the Inventory to the following entities:

1. All Behavioral Health Directors through CBHDA
2. All MHSA coordinators through CBHDA's MHSA Committee
3. All county staff contacts involved in providing data for the Inventory
4. All internal and external county mental health evaluators involved in the project
5. The Innovation Evaluation Advisory Committee

We anticipate that each of the entities mentioned above will further disseminate the Inventory through its networks and channels, including stakeholders, family members, and community members, in addition to Behavioral Health and other interested county staff and administrators, along with contract providers. We will encourage the posting of the Inventory on all county websites.

We hope that the MHSOAC will also choose to distribute the Inventory through their networks and website.

In addition to the direct distribution of the Inventory, CIBHS will post the Inventory on the MHSA Resources Clearinghouse (<http://mhsaresources.org/>), a statewide online resource for tools, services and strategies related to the PEI and Innovation programs of the MHSA.

Appendix VI – Advisory Committee Participation

In December of 2013, CIBHS first convened a group of advisors consisting of county representatives, evaluation experts with experience in Innovation evaluation, and clients/family members with lived experience to provide input on the MHSA Innovation Evaluation project. The list of Advisory Committee members and their affiliations is attached. Throughout the process of completing Deliverables 1 (Report of Proposed Inventory Method and Research/Evaluation Design) and 2 (Inventory of County-Level Innovation Evaluations), the Advisory Committee was asked to review and provide feedback on the following:

- Draft and revised versions of the Research Design
- Draft Inventory Format and Process
- Innovation Program Universe Data Verification Request tools
- Early and revised versions of the evaluation survey instrument
- Early and revised versions of the Dissemination survey instrument

In addition, the Advisory Committee participated in piloting both the evaluation and the dissemination survey instruments. Advisory Group members were asked to provide feedback specifically related to the survey question wording and content. Surveys were changed according to the feedback received. In addition, advisory members were asked to provide feedback regarding survey collection methodology. The process that was selected (SurveyMonkey) was a result of discussions with Advisory Group members. Because many Advisory Group members work in county settings, their feedback was important in ensuring what method would allow for the most responses.

Appendix VII – Advisory Committee Members

First Name	Last Name	County/Organization
Bill	Brenneman	Riverside County
Alison	Emery	Riverside, Consumer
Claudia	Espinoza	Riverside, Family member
Darcy	Hafley	San Luis Obispo County
Rick	Heller	UCSD
Karen	Hurley	Stanislaus County
Debbie	Innes-Gomberg	Los Angeles County
Davis	Ja	Davis Ja & Associates
Sharon	Jones	Merced County
Mike	Kennedy	Sonoma County/MHSA Committee
Andy	Sarkin	UCSD
Lynn	Tarrant	San Joaquin County