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

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

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

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

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

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

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

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

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1) Primary Problem

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

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

What are ACEs?

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

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

Prevalence of ACEs

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

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

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(Compared to 67% nationwide)[vii]

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

Screening for ACEs

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

Needs of Paraprofessionals

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

Impact on Work

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

Impact on Workplace Stress

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

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in the workplace.

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

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

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

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

The NAC wanted to know:

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

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

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

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

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

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

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

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

Sample Job Titles/Roles for Project Participants

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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campaign. Any links/thoughts appreciated.

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

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

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

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

3) The Proposed Project

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

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

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

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

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Recruitment

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

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

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

Education Component

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

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

Assessing and Addressing ACEs and Resiliency

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

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

Reflective Facilitation to Address Role of ACEs in Work

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

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

Self-Care Options to Address Workplace Stress

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

Sharing Learning

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

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

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

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

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

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

4) Innovative Component

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

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

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

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

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health, and why?

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

5) Learning Goals / Project Aims

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

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

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

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

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

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

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

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

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

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impact how they address ACEs with the individuals they serve?

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

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

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

6) Evaluation or Learning Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7) Contracting

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

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

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

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is maintained and consistent throughout the project period.

I. Additional Information for Regulatory Requirements

1) Certifications

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

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

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

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

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

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

2) Community Program Planning

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

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

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

Napa County Community Program Planning

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

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

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

Innovations Scoring Committee

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

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

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

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

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

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

The NAC wanted to know:

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

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

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

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

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

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

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

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

Revisions

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

3) Primary Purpose

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

a) Increase access to mental health services to underserved groups

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

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

d) Increase access to mental health services

4) MHSA Innovative Project Category

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

a) Introduces a new mental health practice or approach.

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

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

5) Population (if applicable)

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

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

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

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

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

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

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

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

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

6) MHSA General Standards

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

a) Community Collaboration

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

b) Cultural Competency

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

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

c) Client-Driven

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

d) Family-Driven

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

e) Wellness, Recovery, and Resilience-Focused

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

f) Integrated Service Experience for Clients and Families

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

7) Continuity of Care for Individuals with Serious Mental Illness

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

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

8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement

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

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

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

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

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

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

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

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

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

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

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

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member agencies, stakeholders and funders to continue the work.

10) Communication and Dissemination Plan

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

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

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

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

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

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

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

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

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

11) Timeline

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

One Year, Six Months

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

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

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

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

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the project's timeframe will allow sufficient time for

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

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

The specific activities in this area include:

Recruitment and Education Component

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

Assess and Address ACEs Component

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

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Adjust and refine project as indicated.

ii. Evaluation of the INN Project;

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

Process Evaluation

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

Outcome Evaluation

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

Participants

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

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

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

NAC Members and Stakeholders

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

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

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

iv. Communication of results and lessons learned.

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

Napa ACEs Innovation Project Timeline

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

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

12) INN Project Budget and Source of Expenditures

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

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

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

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

12a. Budget Narrative:

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

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

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

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

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

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

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

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

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

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

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

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

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

Evaluation Description

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

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

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

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

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

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

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Budget

	Labor Hours		
Tasks	**FY 17-18**	**FY 18-19**	**Total**
MEETINGS	36	72	108
PHASE			
Develop, Administer and Analyze Participant Surveys	20	20	40
Focus Groups with Participants	0	29	29
Survey with NAC and Stakeholders	14	10	24
REPORTING	10	50	60
Total Labor Hours	80	181	261

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

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

12c. Expenditures By Funding Source and FISCAL YEAR (FY)							
Evaluation:							
A.	**Estimated total Evaluation expenditures for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 18-19**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$10,000	$22,625				$32,625
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	$10,000	$22,625				$32,625
County Administration (15%):							
B.	**Estimated total mental health expenditures for County Administration for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 18-19**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$22,485	$34,759				$57,244
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed County Administration**	$22,485	$34,759				$57,244
TOTAL INNOVATION PROJECT COSTS:							
C.	**Estimated TOTAL mental health expenditures (including administration) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 17-18**	**FY 18-19**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	$172,385	$266,484				$438,869
2.	1991 Realignment						
3.	Behavioral Health Subaccount						
4.	Other funding*						
5.	**Total Proposed Expenditures**	$172,385	$266,484				$438,869
*If "Other funding" is included, please explain.							

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

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

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

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