

## PROPOSED NEW INNOVATION (INN) PROJECTS

### DESCRIPTION

In 2009, Santa Clara County began planning and working on the initial Mental Health Services Act (MHSA) INN plan which was subsequently approved by the State-MHSOAC in Fall 2010. The majority of the projects generated from the County's initial INN community planning process (CPP) have ended and Santa Clara County Behavioral Health Services Department (BHSD) is now proposing a set of new INN projects. BHSD is pleased to present four new MHSA Innovation projects which are being posted for public review and comment for 30 days as part of the County's FY17 MHSA Annual Update process.

- [INN-10: Faith Based Training and Supports Project](#)
- [INN-11: Client and Consumer Employment](#)
- [INN-12: Psychiatric Emergency Response Team \(PERT\) and Peer Linkage Project](#)
- [INN-13: headspace Project](#)

### COMMUNITY PLANNING PROCESS FOR THE NEW INN PROJECTS

In 2015, BHSD initiated the solicitation of new ideas from MHSA community stakeholders and the public for the County's new set of INN projects. BHSD held an MHSA SLC meeting to present and launch the County's new INN projects planning process. A set of "guiding principles" that support MHSA values were presented as listed below and stakeholders were asked to consider these six principles as they developed potential INN ideas for consideration for the County's INN plan.

1. Consumer and Family Member Involvement
2. Culturally Responsive Approaches
3. Life Span Focus (Across the Age Continuum)
4. Innovative Care Practices
5. Strategic Care Transitions (Between Levels of Care)
6. Meaningful Outcomes

Stakeholders were requested to submit their idea utilizing an INN idea form which was made available on the County's MHSA website: [www.sccmhd.org/mhsa](http://www.sccmhd.org/mhsa). In February 2016, BHSD held an MHSA Stakeholder Leadership Committee (SLC) meeting to share results and the selection of the ideas moving forward, refer to [Attachment G](#) – first PowerPoint presentation for details. From the 2015 activity, 16 ideas were submitted by MHSA stakeholders and addressed the following program areas: Criminal Justice and Juvenile Justice (2), Domestic Violence (1), Employment (3), Outreach Education and Training (3), Peer Support (2), Prevention and Early Intervention (2), Respite Services (1), and Technology (2). From this set of ideas, three new INN projects were developed as listed here:

- ◆ **For the INN-10: Faith Based Training and Supports Project**, BHSD considered idea submitted by Wesley Mukoyama, Behavioral Health Board (BHB) Member, to provide mental health educational training for Faith/Spiritual Leaders.



- ◆ As for **INN-11: Client and Consumer Employment Project**, BHSD reviewed submitted ideas received from Bill Wilson Center, Catholic Charities, and Momentum for Mental Health; considered concepts included in their submissions for one INN project regarding employment for clients and consumers.
- ◆ In regards to **INN-12: Psychiatric Emergency Response Team (PERT) and Peer Linkage Project INN Project Development: Peer Support and Prevention Services**, BHSD considered ideas submitted by David DeTata of NAMI Santa Clara County (SCC) around TAY Peer Support and Evelyn Tirumalai-SCC Suicide Prevention Coordinator on Suicide Prevention.

From April – March 2016, BHSD held focus group meetings, one meeting for each new project. Input received at the focus group meetings were considered as BHSD refined the concept for each new INN project. In addition, in BHSD's review of the 2015 submitted ideas, BHSD Leadership also identified broad areas in which additional innovative ideas and practices would support clients, consumers, families, and communities. As a result, BHSD solicited additional INN ideas from stakeholders, the community, and the public and commenced another submission window from February – March 2016 for new INN ideas focused on the following four areas. For this process, information about the solicitation and idea form were also posted on [www.sccmhd.org/mhsa](http://www.sccmhd.org/mhsa).

- **Culturally responsive training and/or culturally responsive approaches to outreach and engagement developed by Santa Clara County's diverse communities and cultures.** The intent is to provide trainings and pilot outreach approaches developed by cultural communities that would enhance cultural understanding, strengthen culturally focused outreach, engagement and direct care services, and increase the number of diverse individuals engaging in BHSD services. These trainings would reflect the County's diverse ethnic and cultural communities, including, but not limited to: African Heritage, African Immigrant, Chinese, Filipino, Latino, LGBTQ, Native American, and Vietnamese.
- **Outreach and engagement approaches for older adults with linkage to behavioral health services.** BHSD is soliciting new ideas or practices to outreach, engage and serve the older adult population, which includes individuals 60 years of age and older with behavioral health needs. The intent is to pilot new approaches that would improve outreach and engagement to older adults and address their behavioral health and/or behavioral health and physical health care needs.
- **New and emerging prevention services for children.** BHSD is seeking new prevention practices and approaches that focus on the County's children and youth, from birth through 17 years of age. The intent is to pilot innovative, age appropriate strategies that reduce stigma, engage children and youth and their families, support wellness, and prevent and reduce involvement of children and youth in the child welfare and/or juvenile justice systems.
- **Transitional Aged Youth (TAY) Support and Care Transitions.** BHSD is seeking innovative approaches to care transitions for the TAY population, youth 16 to 25 years of age, from Children's services to the community. The intent is to pilot age appropriate approaches for TAY clients and consumers, to support and ensure successful transitions into the community and Adult services, as needed.

In August 2016, BHSD held an MHSa SLC meeting and presented information about the 18 ideas that were submitted from the 2016 round. At the meeting, attendees were requested to participate in the selection of the ideas moving forward that would be developed as an INN project. One of the ideas that was selected from the activity was submitted by Steven Adelsheim, MD, Stanford Department of Psychiatry Center for Youth Mental Health & Wellbeing, around the adaption and replication of the *headspace* model in Santa Clara County. The

project is titled: **INN-13: *headspace* project** and a focus group meeting was also held about this new INN project in June 2017 and the presentation provided at the meeting is included under the **Attachment G** section of this Annual Update document. Additional new INN ideas were selected from the August 2016 SLC activity and will be presented in the future once the community planning process has been completed for the four new INN projects that are included in this Annual Update.



**NEW INN Project Description**

**County: Santa Clara County**

**Program Number/Name: INN-13: *headspace* Project**

**Date: July 2017**

1. Select one of the following purposes that most closely corresponds to the Innovation Program's learning goal and that will be a key focus of your evaluation.

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

2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovation Program reflects more than one primary purpose in addition to the one you have selected, you may explain how and why each also applies.

Young people with emerging mental health issues have difficulty finding timely, appropriate treatment and a service system that can respond to their needs. Where support is available, young people rarely receive holistic services even though mental health problems often coexist with other physical, social and emotional problems. Because of this lack of early identification and intervention services, young people often do not reach our health, social service, or justice systems until their mental health problems have become more severe and often more difficult and costly to treat. This can lead to devastating outcomes for young people.

In 2016, Santa Clara County's Behavioral Health Services Department (BHSD) solicited Innovation (INN) ideas from MHSAs stakeholders and the public and opened a submission window for potential ideas focused on four areas of need. Two of these areas specifically targeted children and transitional aged youth (TAY) as described below:

- **New and emerging prevention services for children.** BHSD is seeking new prevention practices and approaches that focus on the County's children and youth, from birth through 17 years of age. The intent is to pilot innovative, age appropriate strategies that reduce stigma, engage children and youth and their families, support wellness, and prevent and reduce involvement of children and youth in the child welfare and/or juvenile justice systems.
- **Transitional Aged Youth (TAY) support and care transitions.** BHSD is seeking innovative approaches to care transitions for the TAY population, youth 16 to 25 years of age, from Family and Children's services to the community. The intent is to pilot age appropriate approaches for TAY clients and consumers that will support and ensure successful transitions into the community and Adult services, as needed.

In August 2016, BHSD convened an MHSAs Stakeholder Leadership Committee meeting and shared the 18 INN ideas that had been submitted. Meeting attendees were invited to participate in the selection of ideas that would be developed for the County's INN Plan. Participants selected an idea submitted by Steven Adelsheim, MD, from the Stanford Psychiatry Center for Youth Mental Health and Wellbeing, on the adaptation and replication of the *headspace* model in Santa Clara County, which addressed both of the County's identified INN program areas and is described below.



**NEW INN Project Description**

**County: Santa Clara County**

**Program Number/Name: INN-13: *headspace* Project**

**Date: July 2017**

Other countries have made decisions over the past few years to prioritize support for the early mental health needs of adolescents and young adults. One innovative example of a national commitment to early mental health support is *headspace*, an Australian model for treating youth with emerging mental health needs, which has quickly become a significant component of that nation's mental health landscape. *headspace* was developed in response to statistics showing that within Australia, mental health is the single biggest health issue facing young people, and that Australian youth with mental health issues typically did not seek help and failed to gain access to care. Bringing the *headspace* model to the United States (US) provides an opportunity to disrupt the inadequate system of adolescent and young adult healthcare in our country and create a revolutionary culture of youth health that could dramatically reduce the burden of mental illness in our population through early detection and treatment. Doing so responds to the call from national leaders to shift educational and health care services to address the national crisis in youth mental health and health supports that are the primary morbidities of our young people. It also has the potential to offer a supportive, culturally friendly environment for young people during a challenging and neuro- developmentally critical time in their lives. The success of *headspace* in Australia, with a 60% rate of improvement in those that receive care, shows the overwhelming interest and need young people have to access early mental health in a setting that is uniquely tailored to their needs.

Beginning in the Fall of 2014, with funding from the Robert Wood Johnson Foundation, Stanford Psychiatry Center for Youth Mental Health and Wellbeing conducted a feasibility study to assess the feasibility of successfully importing *headspace* to the US (1). This study concluded that, while financial modeling for a *headspace* model in the US is certainly complicated, there is clear value in developing this model in the US, since currently there is no similar public mental health early intervention structure in place for young people in the US. In this INN project plan, BHSD will partner with Stanford Psychiatry Center for Youth Mental Health and Wellbeing, which conducted the initial US *headspace* feasibility study, to design a framework for *headspace* during a ramp up period of 8 months.

The primary aim of the ramp up phase is to design a framework for the implementation plan and sustainability components to adapt and replicate *headspace* in Santa Clara County. This new framework will provide an innovative approach to mental health services and supports for young people ages 12-25. The framework will also provide guidance on the complicated financial modeling required in a system that is not a national healthcare model, as it exists in Australia. Hence, *Santa Clara County seeks to make 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* (2). This adaptation or "Santa Clara County *headspace*," will address issues related to the multi-service components of two centers, as well as the need for a public/private insurance structure to support all youth regardless of their insurance coverage. BHSD intends to follow a "no wrong door approach" without exclusion, supporting youth needs and limiting interruptions to care in the *headspace* centers.

There is nationwide interest reported from sites in New York, Michigan, Illinois and others on potential *headspace* model development. There is also interest in other counties in California, including Sacramento, San Mateo and Santa Barbara, in creating this model. These potential sites are eager to learn from Santa Clara County, the central hub for innovation. BHSD seeks to build a sustainable model that will expand the Children, Youth and Families prevention, early intervention and treatment continuum from our nationally recognized 0-5 system of care, through school-linked services to an expanded early psychosis program. *headspace* will fill an important gap and serve as a critical component for adolescents and young adults.



**NEW INN Project Description**

**County: Santa Clara County**

**Program Number/Name: INN-13: *headspace* Project**

**Date: July 2017**

**Source:**

- (1) Adelsheim, S., Tanti, C., Harrison, V., and King, R., (2015). *headspace*: US Feasibility Report.
- (2) Innovative Project Regulations. Issued 2015, Section 3910.

- 3. Which MHPA definition of an Innovation Program applies to your new program, i.e. how does the Innovation Program a) introduce a new mental health practice or approach; or b) make 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; or c) introduce 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? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?**

Santa Clara County's *headspace* project seeks to make 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. This includes a community-driven approach that has been successful in a national health insurance model to be adapted in a public/private health insurance setting with a primary focus on prevention and early intervention.

- 4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.**

Santa Clara County BHSD, under the direction of the Children, Youth and Families Division, seeks to adapt and replicate the Australian *headspace* model as the first of its kind in the US. The County seeks to roll out this project in two phases: (1) ramp up, and (2) implementation. This project is expected to last four years, including ramp up and implementation.

Santa Clara County BHSD, in collaboration with Stanford Psychiatry Center for Youth Mental Health and Wellbeing, will develop a foundational framework for youth mental health services providing equitable access regardless of ability to pay or type of health care coverage. The *headspace* "one stop shop" model will be an integral part of the ramp up period. Extensive research, site visits and planning will inform this phase. At its core, equality services to youth ages 12-25 in Santa Clara County will be prioritized as new venues for public-private partnerships are explored and key data components are established. The integration of mental health care and primary health care will serve to better identify early warning signs of mental illness and suicide for more effective preventive care, a critical component of the model and a key area of distinction from other models.

In addition, the ramp up phase will incorporate the *headspace* design of centers that are youth-friendly, culturally and linguistically responsive, and accessible to youth, as high priorities with valuable input and guidance from youth advisory groups from the ground up. With the input of youth in the community from the initiation of the project, the services will be tailored to best meet the needs of the youth in the community the centers will serve.



## Proposal: INN-13 HEADSPACE PROJECT

### NEW INN Project Description

County: Santa Clara County

Program Number/Name: INN-13: *headspace* Project

Date: July 2017

The target age range, which will include 12-25 year olds, adds another innovative element to the project. The majority of services for youth are often bifurcated and serve either 18 and under or over 18.

Santa Clara County will return to the Mental Health Services Oversight and Accountability Commission (MHSOAC) at the end of the ramp up phase to submit a budget augmentation pending the successful implementation of the 8-month ramp up phase.

Following the MHSA stakeholder process, County Board of Supervisors' approval, and MHSOAC granting a budget augmentation request, the implementation phase of the *headspace* centers will begin at the end of the ramp up phase. The implementation phase will provide an opportunity to explore the advantages and challenges of serving a broad age range within the centers, such as peer leadership and peer-to-peer mentorship opportunities wherein older youth can serve as mentors and role models to their younger peers; continuity of care for youth throughout adolescence with opportunities for them to work with their services providers over a long period; opportunities for tracking longitudinal data and longer term impact evaluation across the years a young person comes to *headspace* for services; explore the unique needs of 18-25 year olds which are distinct from 12-17 year olds; and, workflow components related to treating minors and involving parents/ guardians.

**4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate**

According to the U.S. Census in July 2015, the estimated population of Santa Clara County was 1,918,044. Approximately 23% of the population was under the age of 18. Fifty six percent (56%) of the population was White, 36% Asian, 26% Latino or Hispanic, some White and some non-White, and 3% African American. The population to be served are youth ages 12-25 years of age, who will receive services whether they are on MediCal, private insurance or are underinsured or uninsured. The intended population also includes traditionally marginalized youth, such as youths who identify themselves as Lesbian, Gay, Bisexual, Transsexual and Queer (LGBTQ), foster and homeless youth, and youth whose primary language is not English.

**4b. If applicable, describe the estimated number of clients expected to be served annually.**

During the ramp up phase, BHSD and the Stanford Psychiatry Center on Youth Mental Health and Wellbeing will work with two youth advisory groups, with an anticipated total of 24 youth founding members for the *headspace* centers in Santa Clara County. Youth advisors will be representative of the intended service areas, Central San Jose and North County (Palo Alto/Mountain View).

During the implementation phase, the estimate is that 1,000 youth will seek services and supports from each of the two *headspace* centers, with a total of 2,000 youth ages 12-25 served annually.



**NEW INN Project Description**

**County:** Santa Clara County

**Program Number/Name:** INN-13: *headspace* Project

**Date:** July 2017

**4c. Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovation Program, explain why.**

This project is aligned with the following MHSa general standards:

- **Community Collaboration:** Through a series of community forums and focus groups across Santa Clara County, the *headspace* project intends to engage young people, families, and service providers, to ensure that an array of community voices and perspectives will inform the development and implementation of the program.
- **Cultural Competence:** An important component of the *headspace* model is to be culturally responsive and sensitive. Australia's programs acknowledge the aboriginal people of Australia in all of their marketing materials, and they create campaigns which feature youth who are representative of the community they are serving. In Santa Clara County's communities, BHSD staff understand the importance of having mental health and health care providers who are linguistically and culturally sensitive. This includes, but is not limited to, Spanish-speaking and/or Latino/a, Asian-American, African-American, LGBTQ, as well as gender minorities. The Santa Clara County *headspace* centers will reflect culture in all intake and program materials.
- **Client Driven and Family Driven:** Another core component of the *headspace* model is that it is youth-centered and guided by a Youth Advisory Group which informs the decision-making process from the initiation to implementation of the centers. Youth Advisors will meet monthly to address decisions relating to marketing campaigns, the look and feel of the centers, and the provision of services. Focus groups with youth sub-groups (e.g. LGBTQ, Asian-American, young men) will be an integral component of the process. One of the limitations of the Australian *headspace* model has been a lack of focus on family engagement. The adapted model for Santa Clara County will include family members in the young person's treatment, when appropriate, in order to address the needs of youth and the family systems supporting youth that are struggling.
- **Wellness, Recovery, and Resilience Focused:** Inherently, a prevention and early intervention model like *headspace* will bolster protective factors of young people and ensure they have the coping skills and support systems in place to successfully transition into adulthood. The *headspace* model of integrated health and mental health care, in tandem with educational and employment services and substance use treatment services, supports the whole-child and promotes overall wellness. The cornerstone of the *headspace* model is its emphasis on youth wellness, rather than illness, and paths to recovery, so that youth will thrive as adolescents and adults.

**Integrated Service Experiences for clients and their families:** The *headspace* model focuses on collaboration with community agencies and service providers to promote continuity of care. It is essential that youth and their families (when appropriate) feel equipped to navigate community resources as outlined in the individualized treatment plan. This creates a continuum of care from current school-linked services provisions for school-age youth and their guardians as needed extending into the community bringing down the accessibility barriers of time and language for many youth and their families.



**NEW INN Project Description**

**County: Santa Clara County**

**Program Number/Name: INN-13: *headspace* Project**

**Date: July 2017**

**4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation funds**

Not applicable. The INN project is only designed to provide services in prevention and early intervention.

**5. Specify the total timeframe of the Innovation program. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement.**

Following the County's local stakeholder process, including the 30-day public/comment review process, public hearing of the project and the approval and adoption of the INN project by the County Board of Supervisors, the County plans to seek MHSOAC approval of this project in October 2017, and request approval of INN funding for the ramp up phase of the project.

The *headspace* model comes from Australia which is a country that utilizes a universal healthcare system. One of the unique challenges of this project is to successfully replicate and adapt the model in the United States, a country with a very different health care system compared to Australia. To ensure the project's success it is critical that BHSD, in partnership with Stanford Psychiatry Center for Youth Mental Health and Wellbeing, allocate time prior to standing up the *headspace* centers, to develop and refine project plans in relation to the following components during the project's eight-month ramp-up phase:

- 1. Finalize services that will be provided at the *headspace* centers:** based on input from youth advisory groups, the centers will display welcoming youth ambiance as well as youth-centered services addressing the core services of the Australian model through a Santa Clara County youth-centered lens. Also, in tandem, BHSD will develop the scope of work that will be included in the RFP for direct services to provide substance use treatment services, mental health services, etc.
- 2. Identify *headspace* centers:** The intended service areas of the centers, Central San Jose and North County (Palo Alto/Mountain View). BHSD will work with the County's Facilities and Fleet (FAF) Team in collaboration with Stanford to scout and identify potential sites for *headspace*, determine/finalize plan designs based on input from youth advisors, and develop renovation plans for the sites as needed.
- 3. Develop Staffing Infrastructure at the *headspace* centers:** In collaboration with Stanford, BHSD will finalize the staffing mix at the sites to include, but not limited to: psychiatry, psychology, primary care, substance use treatment, and other mental health services in order to maintain fidelity with the original *headspace* model.
- 4. Develop a billing and financing model for the *headspace* program:** The project is intended to provide services to youth ages 12- 25, regardless of insurance coverage, Medi-Cal population, commercially-insured youth. The Australian *headspace* model is based on a universal health care system and this project provides an opportunity for BHSD and the County to develop a billing mechanism that will enable all payor types for the services provided at the sites.
- 5. Develop the Data Management System for the project:** Develop a data agreement for data collection and data management and identify and address contract requirements by County



**NEW INN Project Description**

**County:** Santa Clara County

**Program Number/Name:** INN-13: *headspace* Project

**Date:** July 2017

Counsel and Stanford Counsel. *headspace* evaluation will be conducted by an independent consultant.

Provided the County obtains MHSOAC approval in October 2017\*, the BHSD will launch the contract amendment process, which will be led by the BHSD Director and County Counsel with the Stanford Counsel and contracts team. Current program exploratory funding comes from a Fiscal Year (FY) 17 budget referral item from Santa Clara County Board of Supervisor, Joseph Simitian, which received full Board approval. The BHSD Children, Youth and Families Division oversees the Stanford Psychiatry Center for Youth Mental Health and Wellbeing efforts to fund: one (1) Youth Support Specialist (YSS) to develop a Youth Advisory Board to inform initial program messaging and marketing campaigns for *headspace* as well as to run focus groups to elicit youth and family voices in the development and evaluation of the *headspace* pilot, and develop a peer support model at *headspace*; and, one (1) Supported Employment and Education Specialist (SEES) to ensure that youth receiving treatment can coordinate their treatment plans with their educational and employment goals as well as act as community liaison with youth and schools and community at large. These are one-time funds and contingent on the opening of the first *headspace* site in Santa Clara County.

Once the new framework plan is in place, with defined roles for BHSD, Stanford and community-based organizations, BHSD will submit a budget augmentation to the MHSOAC for the remaining 40 months of the project for a total of 48 months. Based on initial planning for ramp up, facilities, implementation, services, independent evaluator, print marketing support and technical assistance, the BHSD estimates a four year cost of \$7 to \$8.5 million dollars for this project. The budget will be developed during the ramp up phase and include revenue estimates. The final budget augmentation request will be brought to the MHSOAC as noted above. BHSD is committed to funding the *headspace* project, as the department recognizes that this program could address a significant service gap, support Santa Clara County's youth with early signs of mental health issues, result in a new model for public/private billing, and provide a new service model for other counties and states.

As stated in the INN regulations, counties cannot expend INN funds unless approval is granted through the MHSOAC. Given the County's commitment to fiscal responsibility, BHSD must allocate time to finalize the project components described above to ensure the County has conducted its due diligence and research to ensure the success of the *headspace* project rollout.

The intent is to return to the MHSOAC in Spring 2018 with a *headspace* framework for adaptation and replication in Santa Clara County which will detail specific plans covering the five items above.

*\*Initially, as reflected in the Draft Plan for the new Innovation (INN) projects, BHSD estimated to present the new INN projects to the MHSOAC in October 2017. Recently, the MHSOAC Technical Assistance Team notified BHSD that most likely based on scheduling that the County's new INN projects is now tentatively scheduled for the MHSOAC's November 16, 2017 meeting.*

**Ramp-Up Phase: November 2017-June 2018 (8 months)**

**a. Joint Planning Activities:**

- Design the *headspace* model and plan services related to mental health, physical health, substance use and vocational support with efforts to maintain the fidelity of the Australian *headspace* model in the Santa Clara County *headspace* replication.



**NEW INN Project Description**

**County: Santa Clara County**

**Program Number/Name: INN-13: *headspace* Project**

**Date: July 2017**

- Conduct sites visits of newly established *headspace* centers in British Columbia (BHSD leads and Stanford leads).
  
- b. Santa Clara County BHSD Activities:
  - Serve as the lead agency providing program oversight and administration.
  - Develop a contract amendment to the Stanford *headspace* contract, based on Supervisor Joseph Simitian's FY17 budget referral item.
  - Develop a data agreement for data collection and data management and identify and address contract requirements by County Counsel and Stanford Counsel.
  - Procure and fund an independent consultant to develop a process evaluation and outcome evaluation plans, as well as a robust logic model to help guide project implementation. The process evaluation will be monitored to inform project revisions during implementation.
  - Explore development of a public/private insurance infrastructure to support the project.
  - Return to the MHSOAC in Spring 2018 to provide a status report and request approval of a budget augmentation for the project's remaining 40 months.
  - Develop an RFP for *headspace* services by community-based providers.
  
- c. Stanford Psychiatry Center for Mental Health and Wellbeing Activities:
  - Provide expertise in child psychiatry and community mental health, knowledge of the *headspace* model and technical assistance in project development, implementation, service delivery and evaluation.
  - Finalize Youth Advisory Groups to provide program/service design, implementation, and evaluation led by Youth Support Specialist, funded by budget referral item. Youth groups will design community assessment plans to include youth, families and community at large.
  - Research and develop the model for engaging youth in and of school with vocational support and integrate into *headspace* modeling led by Supported Employment and Education Specialist, funded by budget referral item.
  - Seek private funding for a comprehensive marketing, branding and public awareness campaign from foundation and private donor support. Marketing will include Santa Clara County's threshold languages (Spanish, Vietnamese, Chinese and Tagalog) on all marketing campaign materials to create awareness about this new program.

**Implementation Phase Broad Scope: July 2018-October 2021 (40 months)**

**Aim to open first center with full implementation and evaluation components by July 2018**

- Commence the implementation phase with MHSOAC approval and budget augmentation.
- Aim to launch first *headspace* center in July 2018.
- Procure and fund direct services from service providers to include substance use treatment services, mental health services and center management and administrative staff. Having started this process in advance, contract award would be in place at beginning of implementation phase.
- Continue print and social media marketing and public awareness campaign leading up to the opening of the first site and at beginning of implementation phase.



**NEW INN Project Description**

**County:** Santa Clara County

**Program Number/Name:** INN-13: *headspace* Project

**Date:** July 2017

6. Describe how you plan to measure the results, impact, and lessons learned from your Innovation Program. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.

An independent evaluator will be contracted to conduct a comprehensive process and outcome evaluation of the *headspace* project with emphasis on sustainability and feasibility within the existing health care reimbursement structure.

A variety of measurements will be in place to assess and understand the lessons learned (e.g., process evaluation) of *headspace* during the ramp up phase. The overarching goal of the *headspace* project is to increase access to services. *headspace* intends to reach marginalized youth, as well as those that may be stigmatized by institutionalized services already in place.

During the initial phase, comprehensive evaluation plan and data collection systems will be developed to systematically capture information from both private and public sector services, models of health care delivery will be researched and adapted to address the local services needs of Santa Clara County youth. This project will add an extensive outreach and marketing campaign, direct to consumers as well as families and through collaborations with schools and community agencies through procurement and funding initiated by Stanford. Baselines measures will be in place at the end of the ramp up phase to help with pre/post implementation comparisons and success of this outreach.

The final integrated infrastructure and sustainability analysis will include, but not limited to, the following overarching components:

1. Service activity (youth and parent service activities)
2. Client profile
3. Program/Service Outcomes/Effectiveness
4. Program/Service Awareness
5. Services Integration
6. Accessibility
7. Cost/Financial Sustainability

**Stakeholders Perspectives**

The *headspace* project will be informed and evaluated through a community participatory process, including input from stakeholders during the planning, implementation and evaluation phases. For example, the Youth Advisory Groups will be a critical component of *headspace* development for evaluation and information dissemination.

**Methods**

The evaluation will be conducted in a qualitative and quantitative method, respectively. Administration of surveys, as well as group discussions, will help to gather evaluation information. These methods apply to



**NEW INN Project Description**

**County: Santa Clara County**

**Program Number/Name: INN-13: *headspace* Project**

**Date: July 2017**

both the ramp up phase as well as the implementation phase. The items referenced here will be critical elements in the implementation phase:

Quantitative Data

Individual level data will be collected via electronic surveys, with the results being compared against each client's medical record. Clients will complete their surveys on iPads, which will be located in the center's waiting room, or surveys will be sent electronically to individuals after a designated interval of time. Providers will complete their surveys on *headspace* computers at the centers.

Qualitative Data

At the end of the pilot period, focus groups will be conducted with *headspace* participants and staff to learn more about participants (youth and family) and staff experiences with the project and to identify barriers/strengths to program implementation.

**7. Describe how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds. Specify how stakeholders will contribute to this decision.**

BHSD estimates the project's ramp up phase will be completed by June 30, 2018. Provided a budget augmentation is granted by the MHSOAC, the remaining 40 months for this four year project is projected to end on October 2021. As part of the County's FY2021-23 Three-Year MHSOAC planning process, BHSD is currently conducting a needs assessment of all MHSOAC programs and services to evaluate program reach and effectiveness with the intent to identify and address gaps in services and prevention strategies. BHSD anticipates that *headspace*, as a prevention program, is likely to become a component of our Prevention and Early Intervention initiatives, providing a continuum in services to youth from school-linked services for school-aged youth to *headspace* and community. Stakeholders will contribute to his decision by attending public meetings and providing input at all decision points. The BHSD reviews the MHSOAC Annual Update with stakeholders and solicits input where recommendations will be shared and stakeholders will be able to contribute to this decision.

**8. If applicable, provide a list of resources to be leveraged.**

Since the initiation of this project concept, there has been high interest from the private sector regarding *headspace*. There is high potential for future public/private partnerships to help leverage and sustain a comprehensive initiative like *headspace*. The Stanford Psychiatry Center for Youth Mental Health and Wellbeing has received multiple requests for supports from foundations committed to, for example, fund the marketing campaign development. In addition, Stanford Psychiatry and Lucile Packard Children's Hospital will provide in-kind support in benefits and overhead expenses associated with the current Youth Support Specialist and Supported Employment and Education Specialist that are not currently included in the budget referral item.



Proposal: INN-13 HEADSPACE PROJECT

**NEW INN Project Description**

County: Santa Clara County

Program Number/Name: INN-13: *headspace* Project

Date: July 2017

9. Provide an estimated annual and total budget for this Innovation Program, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovation Program.

NEW ANNUAL PROGRAM BUDGET						
A. EXPENDITURES						
Type of Expenditure	FY2018 (8 Months)	FY2019* (12 Months)	FY2020* (12 Months)	FY2021* (12 Months)	FY2020* (4 Months)	Total* (48 Months)
Program Expense						
<b>(a) County Family &amp; Children (F&amp;C) Services Program Administration</b>						
i.	SCC BHSD Program Administration and Oversight (BHSD C&F Director, Program Manager, MHPS II)	\$41,022				
ii.	Operating expenditures at 15% of personnel/benefits costs as listed for expense item (b).	\$6,153				
iii.	Overhead expenses 15% of personnel/benefits costs as listed for expense item (b).	\$6,153				
Subtotal County F&C Program Administration		\$53,328				
<b>(b) Stanford Psychiatry Center for Youth Mental Health and Wellbeing</b>						
i.	Personnel expenditures, including salaries, wages, and benefits (Technical Assistance Team)	\$100,320				
ii.	Overhead expenses 26% of personnel/benefits costs as listed for expense item (a).	\$26,083				
iii.	Miscellaneous expense (one-time travel to BC, meetings, supplies, etc)	\$13,342				
iv.	Any other funding (specify) County General Fund- (Santa Clara County Board of Supervisors) -personnel expenditures including salaries, wages and benefits for 1.0 FTE Youth Support Specialist, 1.0 FTE Supported Employment and Education Specialist) – allocation provided for FY2018.	\$131,882 (see Other Funding Source Revenue below)				
Subtotal Stanford Psychiatry Center for Youth Mental Health and Well-being		\$271,627				
Total (a) and (b)		\$324,955				



Proposal: INN-13 HEADSPACE PROJECT

**NEW INN Project Description**

County: Santa Clara County

Program Number/Name: INN-13: *headspace* Project

Date: July 2017

(c) Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative.							
i.	Facilities: one-time facility improvements at \$75,000 for the first center located in <b>North County</b> with a <b>6000 sq feet at \$4.95 per sq ft</b> ; and 20% utilities, janitorial, insurance, misc. costs for six months.*  <i>*In the initial Draft Plan, it was expected to launch the first site in San Jose with an estimated 4000 sq feet at \$5.62 per sq ft according to real estate market estimates; and 20% utilities, janitorial, insurance, misc. costs for six months. Refer to page</i>	\$253,200					
ii.	Marketing and headspace branding (print media, social media campaign, banners, etc.)	\$30,000					
iii.	County Travel to British Columbia (Director and Project Leads)	\$6,000					
iv.	INN project evaluation contract	\$90,000					
Subtotal (c)		\$379,200					
Total Proposed Expenditures (a) + (b) + (c)		\$704,155					
*Once the new framework plan is in place, as described under item #5 (page 141), with defined roles for BHSD, Stanford and community-based organizations, BHSD will submit a budget augmentation to the MHSOAC in 2018 for the remaining 40 months of the project for a total of 48 months.							
<b>B. REVENUES</b>							
1	MHSA Innovation Funds	\$572,273					
2	Medi-Cal Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Any other funding (specify) For item expense (b.)iv. See page 146	\$131,882					
Total Revenues		\$704,155					
<b>C. TOTAL REQUESTED FUNDING (TOTAL AMOUNT OF MHSA INNOVATION FUNDS YOU ARE REQUESTING THAT MHSOAC APPROVE)</b>		\$572,273					



Proposal: INN-13 HEADSPACE PROJECT

**NEW INN Project Description**

**County:** Santa Clara County

**Program Number/Name:** INN-13: *headspace* Project

**Date:** July 2017

**D. BUDGET NARRATIVE**

**Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget.**

Santa Clara County BHSD, under the direction of the Children, Youth and Families Division, expense items (a) i-iii, will provide oversight and administration of the contract prioritizing care continuum and stakeholder input throughout the process. This initial ramp up, concept development phase, period will last an expected eight months.

Regarding expense items (b) i-iv: The project's service contract operated program expense reflects staffing requirements related to Stanford's technical assistance teams operations. These expense include leading technical advisor's time and technical team as listed.

Item (c) is related to facilities rent and one-time facility improvements at \$75,000 which was initially estimated at 4000 square foot in the San Jose area at a rate of \$5.62 per square foot, including facilities operational expenses at 20% of rent, in the six months leading up to the implementation phase at a cost of \$236,856. **During the 30-day public review/comment period, the County Facilities and Fleet Department (FAF) identified a potential site which is located in North County and is being considered as the first site for this pilot project. The site has a square footage of 6000 at \$4.95 per sq feet and this financial section has been updated to reflect the cost of this potential site which increases the overall total by an additional \$16,344 for a revised line item (c) of \$253,200.** Part of the County's augmentation budget plan that will be brought to the MHSOAC's attention in early 2018 will include specific facility cost/renovation related expenses for the second center in Mountain View/Palo Alto area.

The County plans to procure and release a request for proposal (RFP) for evaluation services related to headspace. Item (c) ii reflects the expense related to the evaluation of the INN project that will also be contracted out. An independent evaluator will be contracted to conduct a comprehensive process and outcome evaluation of the headspace project with emphasis on sustainability at a cost of \$90,000 for the initial ramp up project concept design. A variety of measurements will be in place to assess and understand the impact (e.g., outcome evaluation) as well as lessons learned (e.g., process evaluation) of headspace. The overarching goal of the headspace project is to increase access to services by endorsing a "no wrong door policy" and allowing all youth, regardless of ability to pay to receive the help and support they need. The overarching outcome goals and indicators of success are listed in the narrative, question #6.

In the revenues column, a current Board of Supervisor budget referral item due to expire at the end of FY2010, covers the personnel expenditures for a Youth Support Specialist (1.0 FTE) and a Supported Employment and Education Specialist (1.0 FTE) .

The items that do not include an expense amount, will come into effect at the end of the ramp up period, when the implementation phase begins. The implementation phase is slated to begin in July 1, 2018, Fiscal Year (FY) 19. Request For Proposals (RFP) for direct services will commence during ramp up phase and aim for July 1, 2018 granting of service contract.