Innovative Project Plan Description

**County:**  San Diego County **Original Budget**: $685,500

**Project Name:** Caregiver Connection **Original Budget for Evaluation:**  $ 34,275 (5% of total)

**MHSOCA Approval Date:** 2/26/2015 **Original Program Dates:** July 1, 2015 – June 30, 2018

**Project Overview**

1. **Primary Problem**

The County of San Diego Behavioral Health Services (BHS) identified, though input from local stakeholders and a review of literature, the need to support caregivers of youth receiving services for complex emotional, behavioral and developmental needs. It is well-documented that caregivers experience a unique burden that may result in physical, psychological, emotional, social and financial consequences. Additionally it is well-documented that caregiver stress can be a barrier to a child’s treatment. Historically, funding regulations have limited BHS-Children, Youth and Families (CYF) from providing services specific to the caregiver and, prior to the ACA, many caregivers were unable to access services. Additional barriers to caregiver treatment have included continued stigma and caregivers already overwhelmed with caring for children with complex needs.

1. **What Has Been Done Elsewhere to Address Your Primary Problem?**

Historically programs have noted that many caregivers are in need of individualized services and support. There are multiple programs that include the caregiver in the treatment of the child and that provide Family Therapy and case management for connection to resources. However, these services are provided for the benefit of the child, and the functioning of the family system in relation to the child. BHS-CYF programs were unable to provide treatment and services specific to the caregiver due to funding regulations. While, an updated review of the literature supports the need to provide interventions that directly address parental symptomology following young children’s exposure to trauma (1), there is no available existing data that examines at what age of the child it is best to provide education, support and treatment to the caregiver. By expanding support to caregivers of older children, there will be an opportunity to examine how support of the caregiver impacts the outcomes of treatment for youth of varying ages.

1. **Primary Purpose/Change Request**
2. Increase access to underserved groups.
3. An increase in expenditures, such that more funds are expended than previously approved.
4. **The Proposed Change**

With the advent of increased availability of services through the ACA, BHS-CYF proposed the Caregiver Connection Program, approved by the MHSOAC in 2015, as an opportunity to screen caregivers in programs where their children are receiving services, provide educational information about the unique role of the caregiver, provide treatment groups to caregivers, and to connect them to services when appropriate.

In the Caregiver Connection Program, BHS-CYF places specially-trained Parent Care Coordinator practitioners in clinical settings to provide educational information about the unique role of a caregiver and the associated stress. Specialty groups are provided to educate about caregiver symptomatology, stigma and the impact of caregiver stress on child development. Funding is provided for licensed/license eligible clinicians to screen caregivers for behavioral health concerns. The Parent Care Coordinator subsequently utilizes Motivational Interviewing strategies to support connections to behavioral health services (through health plans and the Adult/Older Adult System of Care), connections to Cal-Works and other support programs, and works to serve as a liaison between the child’s treatment team and the caregiver’s provider and, when indicated, provides clinical interventions. Plans were set to establish, at baseline, disparities in services accessed by racial/ethnic, cultural and linguistic populations and communities, including the LGBTQI parenting population, with the goal of tailoring services to best meet the needs of these sub-populations.

In our original Innovation proposal, BHS-CYF advocated to implement the Caregiver Connection Program in a program that serves youth age 0-5 with complex medical, behavioral and developmental challenges. This subpopulation has been identified for enhancement given the critical importance of parent (caregiver)/child interaction in this age range and the multiple developmental milestones expected during this age range. Additionally, the County of San Diego requests an 18 month extension (through 12/31/2019) to allow for collection of a more robust sample and development of a meaningful comparative review. While initial findings are showing some indicators of increased successful support and access for caregivers, the time extension would increase the ability to firmly establish if parents/caregivers that are successfully engaged in their own care lead to improved outcomes for children. With a greater sample size, more meaningful data would be available about racial/ethnic, cultural, and linguistic populations and communities as it relates to caregiver support. Greater confidence in the reliability of our outcome data would enhance our ability to sustain the program if were found to be effective through alternative funding sources. This request does not include any changes in approved purpose, expected outcomes, nor operation of the program.

Furthermore, BHS-CYF requests additional funding to expand the existing model to two additional sub-populations of caregivers for older youth—latency age youth and adolescent youth. By expanding support to caregivers of older children, there will be an opportunity to examine how support of the caregiver impacts the outcomes of treatment for youth of varying ages. No substantive changes will be made to the screening, education and treatment model. Programs for older youth will receive an additional 0.5 FTE for a licensed/license eligible mental health clinician to screen caregivers. Two FTE Parent Care Coordinators will be added to the programs to engage, educate and connect caregivers to a variety of resources. As with the current INN-11 program, efforts will be made to establish nuances to services and service connection for differing racial/ethnic, cultural and linguistic populations and communities, including the LGBTQI parenting population.

1. **Population**
2. Number served- Currently 200 caregivers screened and 100 caregivers connected annually. Proposal would increase number to 600 caregivers screened and 300 caregivers connected annually.
3. Target groups- caregivers of youth (0-5 years of age) receiving services for complex emotional, behavioral and developmental needs (Existing Target); and caregivers of latency-aged youth (6-12 years of age) receiving services for serious emotional disturbances and caregivers of adolescents receiving services for serious emotional disturbances (Proposed Additional Targets).
4. **Innovative Components**

Programs serving children have historically focused on the child’s needs and the caregiver/child interaction and have, at best, provided referral information to caregivers for their own behavioral health needs. The Caregiver Connection program provides:

1. Screening and Assessment of behavioral health needs of caregivers that is co-located on-site where children with complex emotional, behavioral and developmental needs are receiving services.
2. Direct provision of specialty education, support and therapeutic groups for caregivers that is co-located on-site.
3. Assignment of Parent Care Coordinators, persons with lived experience that have Motivational Interviewing training, to support and directly assist in connecting caregivers to their own individual services, if needed.
4. **Learning Goals/Project Aims**

As caregiver stress can be cumulative over time and because youth with complex medical, developmental and behavioral challenges have chronic, relapsing/remitting behavioral health challenges, BHS-CYF would like to move forward to explore the impact of support for caregivers of both latency age youth (6-12 years old) and adolescent youth (13-18 years old). Provision of services for additional age ranges will allow BHS-CYF to ascertain which subgroup of caregivers is best able to utilize the resources provided through the Caregiver Connections project.

The main learning goals are:

1. To learn if these new approaches lead to improved access to mental health services for unserved and underserved caregivers.
2. To learn if caregiver connection to education, resources and treatment leads to improved outcomes for the children who depend on them.
3. To identify cultural preference of treatment mode, either on-site or through referrals.
4. To determine if providing support for caregivers of youth at different age ranges (latency and adolescence) leads to improved outcomes of treatment for those youth.
5. **Evaluation of Learning Plan**

While the initial findings are promising, the sample size is limited both in duration and in scope. When initially proposed, this request was limited due to expected budget constraints at the time of the initial proposal. Extension of the current program by another 18 months would allow for a more robust sample size to show more powerful results. This longer time frame would provide for more solid data to support continuation of services through other funding streams. Stakeholder feedback included the need for expanding support to caregivers of older youth with serious emotional disturbance as well. This would include support for caregivers of latency age youth (6-12 years of age) and caregivers of adolescents (13-18 years of age).

1. Target Participants
	1. Caregivers of youth (0-5 years of age) receiving services for complex emotional, behavioral and developmental needs. (Existing Target)
	2. Caregivers of latency-aged youth (6-12 years of age) receiving services for serious emotional disturbance. (Proposed Additional Target)
	3. Caregivers of adolescents receiving services for serious emotional disturbance. (Proposed Additional Target)
2. What data is to be collected?

Ongoing efforts are in place to collect data regarding youth outcomes for families who received services through the Caregiver Connection Program, as opposed to services as usual, and to reflect on racial/ethnic, linguistic and cultural nuances. This includes:

* 1. Number of caregivers screened
	2. Number of caregivers assessed
	3. Number of caregivers engaged in on-site group sessions
	4. Number of caregivers who received care coordination linkage to their individual behavioral health provider

Implementation of the program was timely and operations commenced through amending a contract with a community based program that is focused on serving children up to the age of six. The program met the established goal of screening 100% of caregivers. Based upon data obtained for the first year of implementation, caregivers identified as meeting needs who accepted further service (24 total caregivers) received a wide range of services and supports from Parent Care Coordinators including case management, support and education groups as well as direct referrals to a variety of medical, behavior and social service supports. The program received positive reviews from caregivers who were screened and from the ongoing stakeholder process.

Early results from this Innovation project were highlighted in a poster presentation at the Annual ‘Zero to Three’ Conference held in 2017 in New Orleans. The provider incorporating this program was also subsequently granted a “Program of Excellence” award from Jackson Healthcare. They were only one of 10 recipients, and the only California program, to receive this honor.

The program has served caregivers from a varying racial/ethnic, cultural, and linguistic populations; this afforded BHS-CYF to work toward identifying cultural impact on services provided. Of the 24 initial participants 58% self-identified as Hispanic, 17% as African-American, 8% Asian and 4% multiracial. Spanish was the primary language for 67% of identified caregivers.

Initial feedback reflects improved caregiver capacity. Respondents almost universally agreed or strongly agreed with being able to “better handle things”, “more comfortable seeking help” and “know where to get help” due to their participation in the program. It appears that knowledge of where to get help may have been the most prominent outcome, with 85.7% indicating that they strongly agreed. The participants nearly universally “strongly agreed” that their  Parent Care Coordinator provided a range of supports including “listening to my thoughts and feelings”, “helped me understand importance of getting services for emotional or alcohol or drug problems” and “helped me feel better able to help my child/children”.

As implementation began through augmentation of a program with a relatively narrow focus (youth with complex needs age 0-5), stakeholders expressed interest in similar supports for caregivers of older youth. BHS-CYF hypothesizes that expansion of the program to serve families with older children engaged in treatment would allow for a wider range of outcomes critical for strategically supporting additional programs in the future. Initially, support was limited to caregivers of youth age 0-5 as this is an age range associated with significant developmental milestones and the documented importance of the parent (caregiver)/child interaction.

1. **Contracting**

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

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

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

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

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

1. **Community Planning**

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

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

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

1. **MHSA Innovative Project Category**
2. 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.
3. **MHSA General Standards**
4. Community Collaboration: The concept for this work plan was developed based on local stakeholder process for input on system needs over multiple years.
5. Cultural Competence: As defined in CCR, Title 9, Section 3200.100, this program demonstrates cultural competency and capacity to reduce disparities in access to mental health services to improve outcomes.
6. Client/Family Driven Mental Health System: This program includes the ongoing involvement of clients and family members in roles such as, but not limited to, implementation, evaluation, and future dissemination. Ultimately, the program strives to create healthier families in our community.
7. Wellness, Recovery and Resilience Focus: This program increases resilience and promotes discovery and wellness for parents with serious mental illness by increasing access to services. The goal is to strengthen the overall family to allow for a more stable and resilient family system with strength to sustain wellness.
8. Integrated Service Experience: This program encourages access to a full range of services provided by community resources, multiple agencies, programs and funding
9. **Continuity of Care for Individuals with Serious Mental Illness**

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

1. **INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement**
2. Ensure cultural competence: As defined in CCR, Title 9, Section 3200.100, this program demonstrates cultural competency and capacity to reduce disparities in access to mental health services to improve outcomes and to implement treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations, including LGBTQI parenting populations.
3. Ensure meaningful stakeholder participation: Program will ensure that the client identifies the goals important to them for ongoing stability to make certain that treatment planning remains a collaborative process. Continued opportunities are available to engage community members through the System of Care Councils, community forums, etc.
4. **Deciding Whether and How to Continue the Project Without INN Funds**
	1. Throughout the duration of the project, steps will be taken to review the effectiveness of the approach.
	2. If effective, alternative funding streams will be considered.
5. **Communication and Dissemination Plan**
	1. Information regarding this project will be disseminated through multiple collaborative groups, such as the Behavioral Health Advisory Board, the Children’s System of Care Council and the Adult System of Care Council. Information regarding the program will also be available on the County of San Diego website.
	2. Involvement of program participants and other stakeholders
	3. Five keywords of phrases for this project to assist with search: Parent Care Coordinator; Caregiver Stress; Motivational Interviewing; Caregiver Stigma; Children with Complex Needs
6. **Budget**
7. Original Total: $685,500
8. Proposed Addition: $1,485,250
9. New Total: $2,170,750
10. Proposed New Evaluation Total: $108,538 (5% of Total)
11. **Timeline**
	1. Proposed extension of program: 7/1/18 – 12/31/19 (1 year, 6 months)
	2. Proposed Expansion Program Dates: 7/1/2017- 12/31/19 (2 years, 6 months)
	3. Key activities timeline and milestones: TBD

Reference

1. Thakar, D., Coffino, B., & Lieberman, A. F. (2013). Maternal symptomatology and parent–child relationship functioning in a diverse sample of young children exposed to trauma. Journal of Traumatic Stress, 26(2), 217-224.