Innovative Project Plan Description

County: San Diego County
Project Name: Family Therapy Participation
MHSOCA Approval Date: 2/26/2015

Original Budget: $3,381,000
Original Budget for Evaluation: $ 169,050 (5% of total)
Original Program Dates: July 1, 2015 – June 30, 2018

Project Overview

1. Primary Problem

The Family Therapy Participation Engagement (FTPE) program, approved by the MHSOAC in 2015, commits specially trained Parent Partners (individuals with lived experience) to increase parent and caregiver engagement in their child's treatment through participation in family therapy sessions. Literature shows that family-based therapy can lead to improvement in multiple domains of psychosocial functioning and improvement in behavioral health outcomes. Though there are County-set goals for family therapy participation, literature review and anecdotal reports suggest that maximizing involvement leads to better outcomes for youth and their families. With Innovation funding, the specially trained Parent Partners have focused on providing short-term support utilizing Motivational Interviewing. Goals include: 1) engaging underserved communities, with particular attention to culturally competent services in African American and Latino populations; 2) providing education regarding the importance of authentic family participation; 3) exploring reasons for reluctance to family therapy participation; and 4) mobilizing strategies to reduce stigma.

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

Existing practice involves therapists and professional case managers encouraging family participation in treatment. San Diego Behavioral Health Services (BHS) has noted continued difficulties in engaging families despite efforts to provide wide clinical availability in terms of location, appointment times, etc. to facilitate ease of participation. Efforts have additionally included psychoeducation services aimed at reducing perceived barriers including stigma. This adapted Innovation project utilizes specially trained Parent Partners in first establishing a relationship with the families of clients, and then using motivational interviewing techniques to overcome barriers to involvement in treatment and activating change. There is no established literature that details the success of Parent Partners trained in motivational interviewing in mobilizing families to participate in family therapy services.

3. Primary Purpose/Change Request

a) Increase access to underserved groups
b) An increase in expenditures, such that more funds are expended than previously approved.

4. The Proposed Change

The FTPE program was implemented in 2015 and well received by programs, families and the community. The County of San Diego requests additional funds for an extension of 18 months for the existing program's term and to expand the program to an additional provider in each of the county's six geographical regions so that additional underserved populations can be reached. No changes to the program's primary purpose are proposed at this time. Expansion efforts would enhance the overall

program's sustainability plan by further integrating Parent Partners in supporting clinicians with the engagement process so that more families can receive services. Program expansion would lead to a significantly larger sample size and the development of a more meaningful comparative review, which is particularly critical for nuanced data around racial/ethnic, linguistic and cultural variables. Greater confidence in the reliability of our outcome data would enhance our ability to sustain the program through ongoing funding sources. This request does not include any changes in approved purpose, scope, expected outcomes, nor operation of the program.

5. Population

a) Number served- Currently 480 caregivers annually; proposal would increase number to 960 caregivers annually.
b) Proposal would double the number of clinics where service is available from 6 to 12.
c) Target groups- caregivers of youth (0-18 years of age) receiving services for serious emotional disturbance

6. Innovative Components

a) The Parent Partner is trained in Motivational Interviewing, a modality traditionally utilized by clinicians. The Parent Partner works with the family to overcome perceived barriers and assists the multidisciplinary team so the team is better able to accommodate the family needs in order to foster participation in family therapy.
b) Training Parent Partners in Motivational Interviewing techniques is not a previously studied application of this modality. The Parent Partner acts as the program's "change agent" to work with the family and program staff on solutions that would foster caregiver involvement.

7. Learning Goals/Project Aims

The San Diego BHS-Children, Youth and Family hypothesized that implementation of Parent Partner support, as described above, would continue to address the following learning objectives:

a) Will Parent Partners support increase engagement of parents/caregivers in their children's therapy (as compared to the traditional model of clinician outreach to families)?
b) What specific strategies and best practices can Parent Partners utilize to successfully assist the caregiver in seeing the value of consistently participating in family therapy?
c) Which intervention strategies successfully increased engagement in treatment?

8. Evaluation of Learning Plan

The Family Therapy Participation Engagement program has shown promise, producing positive outcomes where it has been applied. The initial approved plan, although comprehensive in scope, was limited to just one program in each of the geographically large and widespread regions of San Diego County. While these preliminary results have shown success, access to additional data will be critical to extracting meaningful outcomes for the learning objectives stated. Greater numbers will be particularly important to understand the racial/ethnic, cultural and linguistic variables to family participation.

Programs involved, families, youth and stakeholders in our System of Care have all communicated support for this Innovation program. Stakeholders advocate for opportunities for those with lived experience. This program provides training and employment opportunities. Involved programs report that transition of responsibility for engaging families from clinician to Parent Partner has afforded clinicians the opportunity to focus their efforts on providing service as opposed to engagement efforts.

a) Target Participants: Caregivers and families of children receiving behavioral health treatment services at agencies throughout San Diego County.

b) What data is to be collected?
   a. Routine youth outcomes measures for families who receive services through Family Therapy Participation Engagement, as opposed to services as usual.
   b. Racial/ethnic, linguistic and cultural details.
   c. Rates/frequency of family therapy sessions.
   d. Caregiver attitudes about family therapy.
   e. Caregiver satisfaction.

Implementation of the program was timely and operations commenced through amendments to six existing regional mental health contracts (one contract in each of the six regions). Each component of the approved projects has been enacted through the contract terms. At the time of this request, the program is approximately half way through its scheduled Innovation lifespan.

During the first year, 2015-16, a total of 2,595 Parent Partner visits were provided to caregivers of 592 children receiving behavioral health treatment services at six agencies throughout San Diego County. Average length of service in the augmented programs was 146 days. Many of the youth whose families received the additional support through INN-12 funding through the duration of their treatment have only recently started to complete their treatment episode.

Caregiver demographics indicate the caregiver participants were typically female, and the majority spoke Spanish as their primary language. Over half the caregivers had a high school or lower level of education.

After implementation of FTPE, regular participation in family therapy, defined as at least one family therapy session per month, increased 57%. The Parent Partners focused on caregivers least likely to participate in family therapy sessions. Despite this, caregivers who received FTPE services had a 48% higher rate of family therapy participation as compared to those caregivers who did not receive FTPE services. Caregivers reported very high overall levels of satisfaction with Parent Partner services and over 90% indicated the Parent Partners "understood [their] experiences", "helped [them] understand the importance of Family Therapy", and made them "feel [they] could help [their] child".

9. Contracting

Innovations funds were 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.

10. 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.

11. MHSA Innovative Project Category

a) 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.

12. MHSA General Standards

a) Community Collaboration: The concept for this work plan was developed based on local stakeholder process for input on system needs over multiple years.
b) 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.
c) 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.
d) 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.
e) Integrated Service Experience: This program encourages access to a full range of services provided by community resources, multiple agencies, programs and funding.

13. 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.

14. INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement

a) 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
b) 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.

15. Deciding Whether and How to Continue the Project Without INN Funds

a) Throughout the duration of the project, steps will be taken to review the effectiveness of the approach.
b) If effective, alternative funding streams will be considered.

16. Communication and Dissemination Plan

a) 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.
b) Involvement of program participants and other stakeholders
c) Five keywords of phrases for this project to assist with search: Family Therapy; Parent Partners; Motivational Interviewing; Stigma Reduction; Therapy Reluctance.

17. Budget

a) Original Total: $3,381,000
b) Proposed Addition: $4,508,000
c) New Total: $7,889,000
d) Proposed New Evaluation Total: $394,450 (5% of Total)

18. Timeline

a) Proposed extension of program: 7/1/18–12/31/19 (1 year, 6 months)
b) Proposed expanded program dates: 7/1/17-12/31/19 (2 years and 6 months)
c) Key activities timeline and milestones: TBD