

Innovative Project Plan Description

County: San Diego County

Original Budget: \$1,211,613

Project Name: Urban Beats

Original Budget for Evaluation: \$60,581 (5% of total)

MHSOCA Approval Date: 2/26/2015

Original Program Dates: July 1, 2015 – June 30, 2018

Program Overview

1. Primary Problem

Transition Age Youth (TAY) are difficult to engage and retain in traditional models of behavioral health services and often report feeling a disconnect from traditional services and the people providing them. Additionally, TAY often encounter stigma within their community regarding both accessing and maintaining behavioral health services. The field recognizes that “the most effective program models are those that address the personal, familial, and societal variables that are essential to healthy transitional age development and are community based. These programs help the transitional age youth in developing increased personal competence and connectedness to pro-social elements of a larger community” (California Institute for Mental Health (CIMH); 2005). In a recent webinar training on TAY with Severe Mental Illness (SMI), it was indicated that engaging this population with unique strategies, including social media and expressive arts, is essential to addressing barriers to engagement and retention in services. (Engaging (while not engaging) Youth and young adults’ webinar- November 15, 2016, Wayne Munchel, LCSW).

In non-clinical fields, there has been research around music education and mentoring at-risk (not mental health related) urban youth (e.g Shields, 2001) as well as using hip-hop to promote academic literacy among urban youth (Morrell & Duncan-Andrade, 2002). Similarly, there has been research in the clinical mental health field regarding the utilization of music therapy. However, while there are Evidence Based Practices regarding music therapy, these practices are used as tools to assist in the administration of mental health treatment by a licensed professional (American Music Therapy Association). There is little to no research on engaging and retaining TAY with SMI or at-risk TAY who show existing or emerging diagnostic characteristics consistent with early onset of Severe Emotional Disturbance (SED)/SMI via multiple models of artistic expression through the utilization of peers in a therapeutic, but non-clinical manner as an auxiliary service to improve treatment outcomes.

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

San Diego Behavioral Health Services (BHS) created an Innovations project called Urban Beats, beginning in July 2015, with the goal of increasing the quality of services, including better outcomes by reducing behavioral health services access barriers to persons ages 16-25 (TAY) with SMI or at-risk TAY who show existing or emerging diagnostic characteristics consistent with early onset of SMI. The goal is integration of multiple models of artistic expression including visual arts, spoken word, music, videos and performances into anti-stigma and educational messaging. Participants in Urban Beats may be TAY with SMI who are currently connected to a mental health program or TAY who are at risk of mental health challenges that aim to reduce stigma associated with mental health treatment thereby improving their engagement and access to services. Urban Beats employs, and all of the performances are presented solely by, peers and TAY. This program does not provide any clinical treatment.

Urban Beats delivers a customized service to TAY with SMI and at-risk TAY to incorporate their artistic expression that creatively combines therapeutic, stigma reducing, cultural expression and social justice

messaging to the TAY community. Urban Beats currently provides services to youth in the Central San Diego region with an emphasis in the African American and Latino population. During FY 15/16 a total of 94 TAY were enrolled in the Urban Beats program. The participants reflected substantial racial/ethnic diversity and diversity of sexual orientation. Participants who enrolled in the Urban Beats program had concerns about their ability to handle stress, earn enough income to meet their needs, and the quality of their social relationships and health. TAY participating in Urban Beats are enrolled in 20-week “academies” designed to focus on engagement, artistic exploration, expression and delivery of anti-stigma messaging via performances, and social media in various existing TAY friendly community locations with the goals of enhancing empowerment, increasing participation and/or accessing quality treatment/services, increasing level of functioning, and reducing stigma, in this often difficult to engage population. These 20 week academies culminate in performances to the TAY community delivering the message that have been created by the TAY.

In its first year, Urban Beats showed promising outcomes. For fiscal year (FY) 15/16, of the 55 TAY enrolled in the program for 180 days, 23.8% had a reduction in emergency services (PERT, EPU and Inpatient), 78% were satisfied with program, 77.8% felt that they were appropriately supported by staff when they encountered challenges, 68% indicated that they were more comfortable seeking help, 59.1% dealt more effectively with daily problems and 65.2% were less bothered by their symptoms. The program participants reflected substantial racial/ethnic diversity and diversity of sexual orientation. 43% identified as Hispanic, 36% African-American, and 27% were multi-racial/ethnic. 16% of participants identified as bisexual, pansexual, or sexually fluid. Additionally, there was significant social media contact:

- a) Facebook Reach- 16,122
- b) Website visits- 3,940
- c) Facebook Page Likes- 326
- d) Instagram Followers- 94
- e) Twitter Followers- 30

With the limited number of participants enrolled in Urban Beats in FY 15/16 (n=94) and the short time frame of one year; the outcomes, however promising, cannot be cited as definitive evidence that the program model works. Additionally, other barriers have been identified. The first barrier is the lack of clinical staff to address therapeutic assessment, consultation, short term treatment and referral to resources in the community to address longer term behavioral health needs, especially to those participants who have SMI and are not connected. The second barrier is the lack of transportation. TAY, being the target population, lack readily available transportation, thereby limiting access to the program, performances and available venues.

3. Primary Purpose/Change Request

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

4. The Proposed Change

Due to the constraints of a small number of participants and limited time to gather meaningful data, San Diego County request that Urban Beats be extended for an additional year, making its end date June 2019 instead of June 2018. Additionally, it is requested that Urban Beats outreach and performances be expanded into the North Central region of San Diego, which will allow additional access to TAY. Furthermore, to address the barriers identified (lack of clinical personnel and transportation), it is

requested to add a therapist to address the clinical issues that are currently lacking as detailed above; as well as the inclusion of funding for the addition of a van lease to reduce the barrier of transportation and allow the TAY participants to gain access to the program and be transported to venues across the Central and North Central regions of San Diego, thereby expanding the programs outreach, engagement and performances.

Additionally, since the original inception of Urban Beats, stakeholders, particularly the East African community, have advocated for culturally sensitive services geared towards their youth. Three meetings were held between Behavioral Health Services and the United Women of East African and Nile Sisters Development Initiative in which the stakeholders indicated escalated gang activity and increased mental health needs within the East African community, which prompted a public identification for program expansion specifically targeting East African SMI and at risk TAY. It is the intent of this expansion to add a third academy track through a subcontract, specifically for the purpose of attaining culturally competent services as well as engagement with the East African TAY community. This request does not include any changes in approved purpose or expected outcomes.

5. Population

- a) Number served- Current target is 600 individuals; proposal will increase target to 800 individuals
- b) Target groups- persons ages 16-25 (TAY) with SMI or at-risk TAY who show existing or emerging diagnostic characteristics consistent with early onset of SMI

6. Innovative Component

The Urban Beats program is designed to innovatively increase the engagement and retention rates in mental health treatment of SED/SMI and at risk Transitional Age Youth (TAY) by incorporating a TAY focused recovery message into artistic expression and social marketing/media. The intent is to provide TAY with increased access to and knowledge of wellness services while also reducing the stigma surrounding mental illness in them and the community. This is accomplished by assisting TAY with developing and performing artistic expressions of their mental illness for a community audience. This program continues to be innovative in that there are still learnings to be identified with increasing the number of participants (data pool),in serving an additional region, assessing the impact of removing transportation as a barrier to participation, assessing the impact of having a therapist on staff and in serving the East African community with a unique cohort.

7. Learning Goals / Project Aims

This Innovation program is based in artistic expressions to address mental health and wellness in TAY. The performances and activities include messages about life circumstances, hope, wellness, mental illness and how to access services. The program uses social media as a tool to inform the community about performances including how to access services including physical, behavioral, spiritual and mental wellness information while promoting stigma reduction. The artistic expression encourages at-risk/at-promise youth to share their stories and experiences through a process of creating the narrative via music, spoken word, and creative expression, promoting positive mental health, well-being and connection among TAY.

The main learning goals are:

- a) To learn if the purposeful integration of various artistic expressions facilitate wellness and mental health as well as reduce stigma and the effects of untreated health and behavioral health conditions in at risk TAY.
- b) To learn if this program will decrease stigma and resistance to needed services
- c) To increase TAY engagement in artistic expressions of wellness and health while reducing isolation to improve engagement with peers and the community.
- d) To improve access to needed services to advance the well-being and treatment outcomes for TAY enrolled in BHS.
- e) To learn if artistic expressions help TAY better engage in needed services.

8. Evaluation or Learning Plan

During FY 15/16, approximately 80% of the 94 enrolled TAY reported being satisfied with the program despite the short timeframe since implementation. The majority indicated that as a result of participating in the program they knew where to get help, were more comfortable seeking help, could more effectively deal with problems, and were less bothered by symptoms.

Key qualitative focus groups findings indicated that: 1) youth expressed satisfaction and reported positive outcomes from Urban Beats activities/classes and the performances, which underscored its value as a strengths based program, 2) outreach and recruitment activities evolved as staff worked to expand the program, moving away from traditional mental health venues and into schools and other types of community programming.

There will be no changes in the collection of data outcomes with the expansion. Evaluations will be conducted annually to determine learnings and identify any modifications that need to be made to the model. At monthly intervals, the contractor will report results that capture participation rates, self-rating scores, observer ratings, and other measurable outcomes.

Evaluations at monthly intervals and annual reviews throughout implementation will also allow the program to gather extensive baseline and follow-up information on each participant. Information on the effectiveness and impact of various strategies, especially with regard to different age, ethnic, and cultural populations will be collected to measure program efficacy. Also evaluated will be TAY engagement and participation, increased knowledge of or access to services, reduced stigma and increased community engagement and support.

Specific data to be gathered and evaluated includes, but is not limited to:

- a) Number of SMI and at-risk TAY who have an increased knowledge of how to access care
- b) Number of SMI or at-risk TAY who's access to services has improved/increased
- c) Number of SMI TAY engaged in treatment services who's level of clinical impairment improved (e.g. MORS)
- d) Number of TAY who demonstrate reduced stigma via pre and post-test
- e) Number of TAY who have an increased knowledge of whole health, including sexual health
- f) Number of TAY who report a positive impact from the artistic expression model
- g) TAY, community and staff satisfaction surveys
- h) Number of TAY who show improved social functioning/connectedness
- i) Other outcomes as identified by stakeholders prior to the final review process.

9. Contracting

The current contractor, Pathways Community Services (formerly Providence Community Services), will continue to provide services and be expanded to include the North Central region and a subcontract will be issued to address the East African community expansion.

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 proposal was developed with community participation and supports collaboration between different service providers from the mental health, peer and family support and community partners such as schools, community centers, faith communities and our TAY Workgroup representatives and the East African community including the United Women of East Africa and Nile Sisters Development Initiatives.
- b) Cultural Competence: As defined in CCR, Title 9, Section 3200.100, this program will determine which methods of peer engagement and support are most effective for this diverse population in order to reduce disparities in access to services and improve outcomes for TAY with serious mental illness. Staff hired shall be linguistically and culturally competent for the population served.
- c) Client Driven Mental Health System: This program includes the ongoing involvement of TAY clients in roles such as, but not limited to, implementation, evaluation, and future dissemination. Based on client feedback, different strategies may be added or removed from the program and/or applied in other programs.
- d) Family Driven Mental Health System: This program will include ongoing involvement of TAY family members, if the TAY gives permission for said involvement. Engaged family members will be involved in activities including but not limited to implementation, evaluation and future dissemination. Family members will also provide feedback that may inform different strategies or augmentations to the original model.
- e) Wellness, Recovery and Resilience Focus: This program focuses on reducing stigma via TAY to TAY messaging, increases resilience and promotes recovery and wellness for Transition Age Youth who have a serious mental illness or are at risk through an integrated approach that combines artistic expression and social media that provides increased knowledge of mental health counseling and treatment, physical health wellness and education, trauma prevention, and social and independent skill-building activities.
- f) Integrated Service Experience: This program encourages and provides access to a full range of TAY services provided by multiple agencies, programs and funding sources for clients and family members including mental health providers, peer supports, other health providers, and community resources. The overall objectives of this program is to evaluate if the

creation and expression of multiple artistic models by TAY with serious mental illness or at risk TAY promotes wellness, reduces stigma and increases access to services for TAY in urban settings.

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) 5 keywords of phrases for this project to assist with search: Parent Care Coordinator; Caregiver Stress; Motivational Interviewing; Caregiver Stigma; Children with Complex Needs

17. Budget

- a) Original Total: \$1,211,613
- b) Proposed Addition: \$972,059
- c) New Total: \$2,183,672
- d) Proposed Evaluation Total: \$109,184 (5% of Total)

18. Timeline

- a) Proposed extension of program: 7/1/18 – 12/31/19 (1 year, 6 months)
- b) Proposed Expansion Program Dates: 7/1/2017- 12/31/19 (2 years, 6 months)
- c) Key activities timeline and milestones: TBD

- 7/2017 Expansion of program into North Central San Diego region, inclusion of new staff and subcontract for East African component.
- 7/2017-6/2019 Annual evaluations completed and reviewed by Behavioral Health Services to review effectiveness of program specific to target population and planned interventions. (Annual evaluations of program to be provided annually for the duration of the program.)
- 07/2019-12/2019 Evaluation by Behavioral Health Services to determine, results and feasibility of integrating into existing programs or replication. Results to be disseminated at the conclusion of the evaluation.