

Work for Wellness Innovation Project

Project Name: Work for Wellness Innovation Project

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

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

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

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

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

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

Work for Wellness Innovation Project

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

Project Overview

1) Primary Problem

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

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

Individual Placement and Support (IPS) Supported Employment is an evidence-based practice designed to assist individuals with disabilities in obtaining and maintaining employment. Despite the evidence based practice and other supported employment services, statewide and nationwide data show that Individuals with Serious Mental Illness (SMI) are often unemployed and very few receive IPS and supported employment services. Additionally, it is difficult to get employers to work with the supported employment programs.

Nationwide, a study published in 2014 examined 2009-2010 employment rates for adults with mental illness age 18-64. The authors found that the employment rate declined as the mental illness severity increased. At the time of their study, 45.5% of the individuals with serious mental illness were unemployed or out of the workforce compared to 24.1% of individuals with no mental illness.ⁱ Other sources show:

- Half of competitive jobs acquired by people with SMI will end unsatisfactorily as a result of problems that occur once the job is in progress, largely the result of interpersonal difficultiesⁱⁱ.
- Over time, people with SMI may come to view themselves as unemployable and stop seeking work altogetherⁱⁱⁱ

Work for Wellness Innovation Project

Project Overview

In 2015 in **California**, 8.3% of individuals with serious mental illness were employed (compared to 21.7% nationwide) and 0.1% receive supported employment services compared to 2% of individuals with SMI nationwide.^{iv} Data from the National Alliance on Mental Illness (NAMI) confirms the high rate of unemployment nationwide (80%), and indicates that California has the 5th highest rate of unemployment (90%) for individuals with SMI.^v

In Napa County, supported employment participation is not tracked consistently for all individuals receiving mental health care for SMI in Napa County. To better understand how supported employment works for individuals in Napa County, interviews were conducted with representatives from the Department of Rehabilitation (DOR).

- Those interviewed indicated that individuals with Serious Mental Illness are underserved by the existing supported employment services. The available services are time-limited and individuals with SMI often need more time and more support to adjust to the workplace.
- The interviewees also noted that while employer incentives exist to promote the hiring of individuals with serious mental illness, few employers demonstrate a willingness to work with employment programs.^{vi}

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

On October 17, 2016, On The Move (OTM) brought together sixteen participants from the current Innovations Project (consumers, family members, and mental health providers), peer providers and OTM staff (a local social services agency that operates the Adult Resource Center, an LGBTQ Connection program, THRIVE (an employment program) and VOICES (a foster youth support program formerly named Voice Our Independent Choices for Emancipation Support) to identify areas of the current mental health system that were not effective, and to explore potential learning goals. The attendees vetted many ideas, and the discussion repeatedly turned to the need for connection and self-sufficiency for Individuals with Serious Mental Illness. The group prioritized employment as an area of greatest need and learning potential, particularly the role that community employment could play in enhancing the wellness of individuals with SMI.

On October 25, 2016, THRIVE program coordinators began the Innovations Employment Group, a weekly employment support group at Innovations Community Center, the local Adult Resource Center, with sixteen community members with mild to severe mental illness an opportunity to discuss (1)

Work for Wellness Innovation Project

Project Overview

employment goals, (2) past experiences with employers and employment programs, and (3) what constitutes successful and sustainable employment for individuals that struggle with mental health.

In November 2016, THRIVE Enterprises staff conducted interviews with eleven Department of Rehabilitation (DOR) trainees to gain further insight into the challenges of workers with mental illness

Also in November 2016, OTM staff led two focus groups with twenty individuals with mental illness who are employed in community organizations and private businesses. This group met twice to discuss (1) the role of employment in recovery, (2) the challenges of finding and keeping a job, and (3) the dynamics of a successful workplace.

Their insights from the focus groups and interviews were echoed in interviews with Department of Rehabilitation (DOR) staff working in support of Napa County.

The following areas of need were identified:

- **Individuals with SMI are often unemployed.** The current supported employment system does not result in sustained meaningful employment for many individuals with SMI.
 - For example, individuals who complete training with the Department of Rehabilitation face the challenge of moving into more permanent employment in the larger community.
 - It is often difficult to find employment that is flexible enough to meet their individual needs, and doesn't jeopardize public benefits like healthcare and housing.
- **Few employers participate.** In Napa County, a majority of employment opportunities can be found in service-related industries. While local employers are not able to discriminate against people with disabilities including serious mental illness, they are not motivated to hire workers with serious mental illness for frontline positions.
 - Employers are wary of mental illness and are unclear of how they could make accommodations for people in their workplaces.
 - Napa County employers have concerns around accommodation costs and training time, attendance issues, attitudes of co-workers, and reduction in performance and quality levels.
- **Due to funding and regulations, success is defined differently within different parts of the supported employment system.** The definition of success for individuals with SMI varies from (1) a few hours of work in a quiet

Work for Wellness Innovation Project

Project Overview

environment to supplement disability to (2) an opportunity to identify with others outside of mental health services to (3) self-employment.

- For some supported employment programs, regulations define as little as one day employed as a success.
- For other supported employment programs the funding requires a commitment from employers to hire individuals with SMI before training begins, and success is defined as sustained employment at that site.

The Work for Wellness project was conceived after noting that individuals, employers and the supported employment providers are all encountering barriers to creating sustained meaningful employment for individuals with SMI. This project is designed to bring the system participants together to (1) create shared measures of success, (2) change how employers, program administrators and individuals with SMI relate to each other and (3) develop and test ideas to implement the shared measures of success.

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

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

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

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

The literature review found many resources that describe supported employment and the evidence base for the services currently available.

The Johnson & Johnson-Dartmouth Program: This IPS program “assists people with severe mental illnesses in obtaining competitive employment,

Project Overview

defined as part-time and full-time jobs that are open to anyone and that pay directly to the employee the same wages that others receive for the same work (at least minimum wage).” The program also developed a learning collaborative model for sharing learning across several sites.^{vii}

SAMSHA Evidence Based Practice Kit: Supported Employment: This report reviews the current research and lists resources for learning about each area of the model. The kit highlights the 2001 report, “Implementing Supported Employment as an Evidence-Based Practice.”^{viii} The report discusses the effectiveness of supported employment and also discusses implementation barriers. These include:

- Access to supported employment
- Government Barriers
- Program Administrators
- Clinicians and Supervisors
- Individuals with SMI and their Families

World Health Organization: In 2000, the World Health Organization reported that there are “very few effective vocational programmes available” to individuals with mental illness, and that “there is often an obvious lack of communication between the different agencies responsible for policies and programming.”^{ix}

This project does not provide supported employment services.

This project focuses on bringing the system participants together to (1) create shared measures of success, (2) change how employers, program administrators and Individuals with SMI relate to each other and (3) develop and test ideas to implement the shared measures of success.

No literature was found on this approach.

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

In discussion with existing supported employment providers, it was noted that there is a lack of funding and focus on relationships between employees, employers and the various supported employment providers. This project will

Project Overview

explore this area more thoroughly.

Using Google searches, we found several local programs offering supported employment services for individuals who have disabilities:

- **Napa Personnel Systems (NPS)** has had a great deal of success providing employment services to adults with developmental disabilities since 1956. The programs offered provide individuals with opportunities to earn income while allowing them to adjust to their vocational environments at a pace that accommodates their individual needs. NPS does serve individuals with SMI, though it is not an exclusive focus.^x
- **Project Search** in the East Bay is demonstrating great success placing trainees with developmental disabilities in long-term employment with nonprofit and government programs.^{xi}
- **Social Vocational Services** of California serves individuals with intellectual or developmental disabilities throughout the state since it was established in 1977. The success of the program is due to a focus on working closely with participants to develop individualized plans that will help them achieve employment goals.^{xii}

We did not find examples of programs in Napa County focused on providing IPS specifically for Individuals with Serious Mental Illness.

To understand the strengths and weaknesses of current IPS projects in California, representatives from San Diego County's Supported Employment Initiative for the Adult and Older Adult System of Care^{xiii} and Alameda County's Choices for Community Living Program^{xiv} were interviewed by phone.

The interviewees agreed that IPS works because it is a time unlimited service and gives anyone who wants to work a chance to work. Because the project meets individuals with SMI where they are, the services can address the needs of individuals who may be struggling with issues of stabilization at the same time they are seeking employment. When individuals need to leave employment because of mental health concerns (medication changes, hospitalization, destabilization), they remain part of the IPS program and continue to receive services.

The interviewees also reported limitations. Both programs shared that it is difficult to find employers to participate in supported employment. "There is still a significant barrier to employers willingness to hire individuals with SMI due

Work for Wellness Innovation Project

Project Overview

stigmas about mental health.” Additionally, because the services are not time limited, the projects struggle with program capacity. The current findings about success in IPS were studied in controlled settings, and there is a need to create ways to measure success outside of clinical settings and find ways to score fidelity other than those that have been established by Dartmouth. Not everyone is eligible for IPS, felons and sex-offenders with SMI are excluded from the project because of funding and program guidelines.

Representatives from both projects were supportive of the Work for Wellness project’s goals of engaging employers in the discussion of supported employment, addressing stigma and creating shared measures of success. In the IPS models being used, there is no mention of employers being part of the planning process outside of providing a place of employment. Their suggestions included:

- Convening groups of employers to 1) discuss their fears about hiring individuals with SMI, 2) save time by reaching out to more than one employer at a time, and 3) give employers who have not worked with Individuals with SMI a chance to meet employers who have and who have done so with success.
- Develop anti-stigma training for current and potential employers.
- Educate employers and consumers about the appropriateness of temporary placements, and find employers who are willing to hire individuals who may not be able to commit to long-term employment.

While supported employment is designed to include evidence-based practices that engage Individuals with Serious Mental Illness in choosing and planning their vocational service goals, and while there is extensive evidence to show that supported employment services can be successful, it appears that such services (1) are not available and accessible for all individuals with SMI, (2) struggle to find employers participate, and (3) are not based on shared measures of success. There is a need to address stigma and employer concerns, and to design measures of success that apply outside of the controlled settings.

3) The Proposed Project

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

Work for Wellness Innovation Project

Project Overview

new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

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

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

The Work for Wellness project is designed to learn what works to address the interpersonal, employer and system barriers in the current supported employment system and to learn how to create sustained, meaningful employment for Individuals with Serious Mental Illness (SMI) based on shared measures of success. The project will use the On the Verge model for community building and leadership to bring together individuals with SMI, employers, and program administrators.

Individuals with SMI: To be sure a wide variety of experiences are incorporated, recruitment will be done with the following populations: Individuals in the Napa County Jail with SMI, Individuals with co-occurring substance use and SMI, Veterans with SMI, and Individuals with SMI who are using self-sufficiency benefits.

Employers will be recruited to represent non-profits, public sector, large and small businesses. There is an intention to include a mix of employers who have previously employed Individuals with SMI and employers who are new to supported employment.

Program Administrators will be recruited from the agencies that provide supported employment services in Napa County: Workforce Investment Board, Cal Works, North Bay Regional Center, Napa Personnel Systems, Napa Valley Products, Services and Industries, and the Department of Rehabilitation

This project does not provide supported employment services.

The Work for Wellness project tests the hypotheses that the key to creating sustained and meaningful employment opportunities is to build relationships between workers with mental illness, employers, and supported employment providers. If these participants have the opportunity to build trust and truly know each other, they will be more open to meeting each other's needs, sharing

Work for Wellness Innovation Project

Project Overview

responsibility for success and building a more welcoming work environment across Napa County for people with Serious Mental Illness.

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

This project makes a change to an existing practice in the field of mental health.

Supported employment is an evidence-based practice. Despite this designation, there remains a need to address (1) very limited access to supported employment services, (2) the small number of employers who participate and (3) the varied definitions of success.

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

On The Move has implemented the On the Verge model for 14 years. The model is a community building and leadership program that traditionally brought peers together to work on a community situation. In 2010, On The Move began to use the model with mental health providers, individuals with SMI, and family members to better understand how to improve relationships and the value of collaboration among these groups. The project was funded using the first round of Innovation funds in Napa County.

As the first project comes to a close, much has been learned about how to adjust the model to accommodate individuals with varied power relationships. The learning from the first project is being applied to this new area of learning about improved relationships and collaboration in the supported employment system.

The method is appropriate because it facilitates relationships, shared understanding and shared responsibility. These elements are not currently present in all areas of the supported employment system and the system participants have expressed frustration with the barriers to developing ways to sustain meaningful employment for individuals with SMI.

Work for Wellness Innovation Project

Project Overview

4) Innovative Component

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

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

This project makes an adaptation to the existing supported employment model by using a community building and leadership program to address the access to sustained, meaningful employment for individuals with SMI. Adaptations include involving employers in the planning and discussion about supported employment, and bringing all stakeholders together to create shared measures of success.

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

This approach is an adaptation and is not entirely new.

5) Learning Goals / Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.

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

The learning goals for this project are focused on testing ways to address the interpersonal, employer and system barriers in the current supported employment system.

- How to create shared measures of success among all participants in the system?
- How to increase commitment of all system participants to each other?
- How to implement common measures of success in the supported employment system?

Work for Wellness Innovation Project

Project Overview

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

There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.

The learning goals were developed after discussion and review of the current supported employment system. The goals are specific to the areas that were identified as not currently working for individuals with SMI, employers and/or the system representatives. There are four main activities occurring during the project: Recruitment, Creating Measures of Success, Developing Ideas and Testing Ideas. The learning goals and the related activities are shown below:

- **Learning Goal:** How to create shared measures of success among all participants in the system?

Activities:

- Recruiting 20 participants (individuals with SMI, employers, co-workers and system representatives (WIB, Cal Works, NBRC, OJT, NPS, PSI, DOR)) to work together and develop ideas about how to sustain employment for individuals with SMI.
- Create measures of success that are representative of individual, employer and system perspectives.

- **Learning Goal:** How to increase commitment of all system participants to each other?

Activities:

- Recruiting 20 participants (individuals with SMI, employers, co-workers and system representatives (WIB, Cal Works, NBRC, OJT, NPS, PSI, DOR)) to work together and develop ideas about how to sustain employment for individuals with SMI.
- Create measures of success that are representative of individual, employer and system perspectives.
- Develop ideas for sustained meaningful employment that incorporate the measures of success.

- **Learning Goal:** How to implement common measures of success?

Activities:

Work for Wellness Innovation Project

Project Overview

- Test ideas within the supported employment system to promote the measures of success and sustained meaningful employment.

6) Evaluation or Learning Plan

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

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

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

- a) **Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?**

There are two sets of target participants. The first set is those who are recruited to participate in the project and the second set is the advisors to the project.

Participants:

- Individuals with SMI: To be sure a wide variety of experiences are incorporated, recruitment will be done with the following populations: Individuals in the Napa County Jail with SMI, Individuals with co-occurring substance use and SMI, Veterans with SMI, and Individuals with SMI who are using self-sufficiency benefits.
- Employers will be recruited to represent non-profits, public sector, large and small businesses. There is an intention to include a mix of employers who have previously employed individuals with SMI and employers who are new to supported employment.
- Program Administrators will be recruited from the agencies that provide supported employment services in Napa County: Workforce Investment Board, Cal Works, North Bay Regional Center, Napa Personnel Systems, Napa Valley Products, Services and Industries, and the Department of Rehabilitation

Advisors:

Work for Wellness Innovation Project

Project Overview

The Supported Employment Committee and Advisory Committee will be recruited from the systems that serve the individuals with SMI. This includes: Health and Human Services (Mental Health, Public Health, Alcohol and Drug Services, Self Sufficiency), Community Mental Health Providers, Probation, as well as the programs that oversee supported employment services: Workforce Investment Board, North Bay Regional Center, Napa Personnel Systems, Napa Valley Products, Services and Industries, and the Department of Rehabilitation.

- b) What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.**

Participants will complete an initial survey/assessment and then complete additional surveys when they have (1) developed the shared measures of success and after they have (2) developed expectations and tested some of the ideas. Focus groups will be conducted with participants to review the survey findings and to better understand how each of the activities were implemented and completed (creating the measures of success, developing expectations, and testing ideas). At the end of the project, a final focus group will be used to understand how they implemented their ideas and how they are sharing their learning with the larger systems of mental health and supported employment. The evaluation measures will focus on participants' understanding of other each other as system participants, their commitment to sustained meaningful employment for individuals with SMI and their assessment of the measures of success.

The Supported Employment Committee and the Advisory Committee will complete a survey at the end of each of their meetings. The survey will assess their familiarity with the barriers being addressed by the project, their support for the ideas being tested and their willingness to share and to use the learning to make changes in the system.

Additionally, the project will incorporate a StoryCorps-like process to document the experiences of five participants from various parts of the system while they participate in the project. This video will be used to illustrate key learning in the evaluation.

- c) What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients,**

Work for Wellness Innovation Project

Project Overview

analysis of encounter or assessment data)?

Monthly meetings with project staff will be used to document changes in the program as it is implemented and to adjust the evaluation as needed.

Surveys and focus groups will be used with participants for process and outcome evaluation.

Surveys will be used with the advisors for outcome evaluation.

A StoryCorps-like process will be used to illustrate both the process and outcome evaluation. This portion of the project will be recorded on video.

- d) **How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?**

The surveys, focus groups and video footage will be tracked for the same individuals pre, during and post intervention.

- e) **What is the *preliminary* plan for how the data will be entered and analyzed?**

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

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

7) Contracting

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

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

Work for Wellness Innovation Project

Project Overview

pieces together for County and contractors to ensure the learning is documented and can be shared with MHSOAC staff and local stakeholders at the end of the project period.

County staff will continue to conduct planned site visits to programs and will also participate in evaluation meetings on a regular basis to ensure that the relationship is maintained and consistent throughout the project period.

Additional Information for Regulatory Requirements

1) Certifications

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

- a) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.
- b) Certification by the County Mental Health Director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA). Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and non-supplantation requirements."
- c) Certification by the County Mental Health Director and by the County Auditor-Controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act."

Of particular concern to the Commission is evidence that the County has satisfied any fiscal

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.

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

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

2) Community Program Planning

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

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

Napa County Community Program Planning

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

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

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

Additional Information for Regulatory Requirements

Innovations Scoring Committee

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

The eleven member Committee included state-level representatives with expertise in MHSA programming, Innovations, cultural competence, lived experience, and the state mental health system, as well as local representatives who had no ties to the agencies that submitted proposals and who had lived and/or professional expertise in the mental health system and/or service systems in Napa County. All Scoring Committee members were screened prior to being included to be sure they did not have any personal or professional conflicts.

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

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

This workplan was submitted by On The Move.

On The Move's Community Planning

This planning process is also described previously in the Project Overview Section 1b. This process was how On The Move developed the idea and chose to develop it for consideration by the Scoring Committee.

On October 17, 2016, OTM brought together sixteen participants from the current Innovations Project (consumers, family members, and mental health providers), peer providers and On The Move (OTM) staff (a local social services agency that

Additional Information for Regulatory Requirements

operates the Adult Resource Center, an LGBTQ Connection program, THRIVE (an employment program) and VOICES (a foster youth support program) to identify areas of the current mental health system that were not effective, and to explore potential learning goals. The sixteen attendees vetted many ideas, and the discussion repeatedly turned to the need for connection and self-sufficiency for Individuals with Serious Mental Illness. The group prioritized employment as an area of greatest need and learning potential, particularly the role that community employment could play in enhancing the wellness of individuals with SMI.

On October 25, 2016, THRIVE program coordinators began a weekly employment support group at Innovations Community Center, the Adult Resource Center, with 16 community members with mild to severe mental illness an opportunity to discuss (1) employment goals, (2) past experiences with employers and employment programs, and (3) what constitutes successful and sustainable employment for individuals that struggle with mental health.

In November 2016, THRIVE Enterprises staff conducted interviews with eleven Department of Rehabilitation (DOR) trainees to gain further insight into the challenges of workers with mental illness

In November 2016, OTM staff led two focus groups with twenty individuals with mental illness who are employed in community organizations and private businesses. This group met twice to discuss (1) the role of employment in recovery, (2) the challenges of finding and keeping a job, and (3) the dynamics of a successful workplace.

Their insights from the focus groups and interviews were echoed in interviews with Department of Rehabilitation (DOR) staff working in support of Napa County.

The following areas of need were identified:

- **Individuals with SMI are often unemployed.** The current supported employment system does not result in sustained meaningful employment for many individuals with SMI.
 - For example, individuals who complete training with the Department of Rehabilitation face the challenge of moving into more permanent employment in the larger community.
 - It is often difficult to find employment that is flexible enough to meet their individual needs, and doesn't jeopardize public benefits like healthcare and housing.
- **Few employers participate.** In Napa County, a majority of employment opportunities can be found in service-related industries. While local employers

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

are not able to discriminate against people with disabilities including serious mental illness, they are not motivated to hire workers with serious mental illness for frontline positions.

- Employers are wary of mental illness and are unclear of how they could make accommodations for people in their workplaces.
- Napa County employers have concerns around accommodation costs and training time, attendance issues, attitudes of co-workers, and reduction in performance and quality levels.
- **Success is defined differently within different parts of the supported employment system.** The definition of success for individuals with SMI includes the flexibility to choose (1) a few hours of work in a quiet environment to supplement disability, to (2) an opportunity to identify with others outside of mental health services to (3) self-employment.
 - For some supported employment programs, regulations define success for as little as one day employed.
 - For other supported employment programs, funding requires a commitment from employers to hire individuals with SMI before training begins is required, and success is defined as sustained employment at that site.

The Work for Wellness project was conceived after noting that individuals, employers and the supported employment system are all encountering barriers to creating sustained meaningful employment for individuals with SMI. This project is designed to bring the system participants together to (1) create shared measures of success, (2) change how employers, program administrators and individuals with SMI relate to each other and (3) develop and test ideas to implement the shared measures of success.

Revisions

MHSA staff and consultants assisted On The Move staff in developing the Innovation workplan based on the feedback from the Scoring Committee. This workplan is the result of several revisions. As the project was aligned with the areas the Scoring Committee indicated were innovative, the changes were reviewed with the Innovation Employment Group, and stakeholders who participated in identifying the need and developing the learning goals.

3) Primary Purpose

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

- a) Increase access to mental health services to underserved groups

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

- b) Increase the quality of mental health services, including measurable outcomes
- c) **Promote interagency collaboration related to mental health services, supports, or outcome**
- d) Increase access to mental health services

4) **MHSA Innovative Project Category**

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

- a) Introduces a new mental health practice or approach.
- b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.
- c) **Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.**

5) **Population (if applicable)**

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

Twenty individuals will be recruited for this project. Of these, ten are expected to be individuals with serious mental illness. Given the nature of the project, it is likely that representatives from employers and/or the supported employment system will also be individuals with lived experience and/or family members of individuals with SMI.

- b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.
Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

The project will bring together 20 Individuals with SMI, employers, co-workers and supported employment providers (Workforce Investment Board, Cal Works, North Bay Regional Center, Napa Personnel Systems, Napa Valley Products, Services and Industries, and the Department of Rehabilitation) to work together and develop ideas about how to sustain employment for Individuals with SMI.

To be sure a wide variety of experiences are incorporated, recruitment will be

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

done with the following populations: Individuals in the Napa County Jail with SMI, Individuals with co-occurring substance use and SMI, Veterans with SMI, and Individuals with SMI who are using self-sufficiency benefits.

- **Race/Ethnicity:** Recruitment will take place at family resource centers, the HOPE day program and faith-based organizations to incorporate the diversity of our community. All individuals are welcome to participate.
- **Age:** The project is open to all individuals with SMI who would like to participate. Recruitment will be from a variety of agencies that serve individuals across the lifespan.
- **Geography:** The project will take place at the Innovation Community Center in Napa. Recruitment will be done throughout the county, and transportation stipends will be made available if needed.
- **Language:** Recruitment materials will be made available in English and Spanish and program staff can accommodate both languages in the project.
- **LGBTQ:** The existing LGBTQ Connections program will be contacted to assist with recruitment.
- **Veterans:** Outreach will be done specifically with the Veterans Resource Center at Napa Valley College and at Vet Connect, a monthly meeting of veterans and service providers.

6) MHSA General Standards

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

a) **Community Collaboration**

This project incorporates community collaboration by bringing together stakeholders from various areas of the community to address sustained meaningful employment for individuals with SMI. It is designed to strengthen the relationships and the communication between the various stakeholders: Individuals with SMI, Employers and Program Administrators and to share the learning with the larger system.

b) **Cultural Competency**

Efforts will be made to recruit individuals as well as agencies that represent the

Additional Information for Regulatory Requirements

racial, ethnic and cultural diversity in Napa County. To address cultural competency, the project plan, the evaluation framework and the data collection tools will be reviewed by participants and the Supported Employment Committee. All findings will be shared with participants to be sure the content and analysis reflects their experiences, and with the agency representatives on the Supported Employment Committee to address any identified areas of concern. Given the demographics of the county, the project is likely to include participants and committee members who speak Spanish and the project content will be provided in Spanish as well as English.

If there are cultural issues that are identified during the project, an advisory group will be convened to address any areas that need further development.

c) Client-Driven

This project was developed in response to the areas identified by Individuals with SMI as not currently working within the existing mental health system. Individuals with SMI represent half of the participants in the project to be sure that the variety of experiences and voices are represented as changes are suggested.

To be sure the perspective of individuals with SMI is included in the project planning, the evaluation and the project implementation; a consultant with lived experience will:

- Advise the project staff and evaluator
- Facilitate the Advisory Group and the Supported Employment Committee, and
- Meet periodically with the participant group.

d) Family-Driven

During the planning for this project, there was discussion with parents of individuals with SMI to understand their point of view. The conversations revealed that parents are deeply committed to employment supports for individuals with SMI with the goal of them becoming self-sufficient. Family members interested in participating will be considered on a case-by-case basis depending on the other participants. The intention is to allow Individuals with SMI to define success for themselves, and recruitment and selection of individual participants (including family members) will support that intention. It is likely that participants who are representing any of the stakeholder groups (individuals with SMI, employers and/or program administrators) will also be family members.

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

e) Wellness, Recovery, and Resilience-Focused

This project was designed based on the feedback from Individuals with SMI, family members and providers that there was a need for connection and self-sufficiency. Employment was prioritized as an area that could greatly enhance the wellness of Individuals with SMI.

f) Integrated Service Experience for Clients and Families

Creating shared measures of success for individuals, employers and program administrators, developing expectations based on these measures and testing ideas is intended to smooth out the system of employment supports by creating a shared understanding of the goal. Though families are not excluded, Individuals with SMI, employers and program administrators are the focus of this project.

7) Continuity of Care for Individuals with Serious Mental Illness

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

Individuals with serious mental illness will be participants in the project as representatives of the current supported employment system. For their participation they will receive a monthly stipend based on 8 hours of work at \$20/hour.

Participants will not be receiving supported employment or mental health services as part of this project.

During review of the preliminary innovation work plan, individuals with lived experience and advocates noted the need to be cautious about impacting the benefits that are received by Individuals with SMI during the course of the project. To be sure this concern is addressed carefully and appropriately, On the Move staff spoke with a Department of Rehabilitation (DOR) representative. This representative reviewed the work plan and agreed to provide a workshop for OTM staff (for the program administration) and to the participants (for measures of success and planning) to explain how employment opportunities can be structured to avoid termination of disability benefits and to learn how self-sufficiency can be obtained by supplementing disability benefits with earnings from employment.

8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

- a) Explain how you plan to ensure that the Project evaluation is **culturally competent**.

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

This project is not designed specifically for one cultural group. Recruitment will involve reaching out to the entire community with an emphasis on unserved and underserved populations. The goal is to have a participant group that reflects the ethnic/racial/linguistic diversity of the county.

To ensure cultural competency, the evaluation framework, tools and results will be shared with participants, the Supported Employment Committee and the Innovation Employment Group. Revisions will be made based on feedback. If there are cultural issues that are identified during the project, an advisory group will be convened to address areas that need further discussion and/or development.

At a minimum, all evaluation information will be made available in the primary language of the participants.

- b) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation.

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

To ensure participant understanding and participation in the evaluation, the framework, tools and results will be reviewed with the project participants prior to dissemination and revisions will be made based on feedback. Participants will review findings at the midpoint of the project and at the end.

To ensure broader stakeholder participation, the advisors (the Supported Employment Committee and the Advisory Committee) will also review the evaluation framework, tools and results after the participant revisions. Advisors

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

will review findings at the midpoint of the project and at the end.

To be sure the perspective of individuals with SMI is included the evaluation, a consultant with lived experience will:

- Advise the project staff and evaluator
- Facilitate the Advisory Group and the Supported Employment Committee, and
- Meet periodically with the participant group.

The evaluation framework, tools and findings will also be reviewed as they are developed with the Innovation Employment Group, a weekly support group for individuals using supported employment services, at the Innovation Community Center (the Adult Resource Center in Napa County).

9) **Deciding Whether and How to Continue the Project Without INN Funds**

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

On The Move currently operates the Innovation Community Center (ICC), the local Adult Resource Center. If the project is successful, the ideas and the learning will be incorporated into the ICC's services.

The project includes several meetings with the Supported Employment Committee and the Advisory Committee. These meetings will be focused on implementation of the project, addressing barriers and on sharing the learning. As part of these meetings, participants will be asked to consider how the learning can be incorporated into the supported employment system. These meetings will be facilitated by a consultant with lived experience.

At the end of the project, the participants, stakeholders, funders and community members will convene to discuss the learning and how the successful areas of the project can be sustained. There is no identified funding source to continue the project after June 2019, so the involvement of stakeholders, funders and community members throughout the project is vital for encouraging support for successful components after the project is completed.

10) **Communication and Dissemination Plan**

Describe how you plan to communicate results, newly demonstrated successful practices, and

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

lessons learned from your INN Project.

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

Supported Employment Committee: The learning from this project will be shared locally with the Supported Employment Committee. This committee will be made up of individuals from the existing systems that serve individuals with SMI: Employers, Jail, Mental Health System, Alcohol and Drug Services, Veteran Services, and Self-Sufficiency. The Supported Employment Committee will be convened four times during the project.

Advisory Committee: A second group, the Advisory Committee will be made up of the decision makers who oversee the systems of care in Napa County. This group will be convened twice during the project to share learning and get input about the ideas being considered and tested.

HHSa Website: The learning will be posted on the Napa County HHSa, Mental Health Division website at the midpoint of the project implementation and after the project is completed. It is intended that the learning will be summarized into a menu of ways to address the measures of success. This learning will be printed onto posters and will be available for download.

StoryCorps-like Process: The project will culminate in the production of a film that chronicles the entire process and findings from multiple perspectives: Five project participants including two individuals with SMI, an employer, a manager and/or a decision maker from one of the systems that supports individuals with SMI and a representative from the current supported employment system. These members will be followed throughout the length of project, and their experiences will be recorded in a documentary style film that will be shared with employers in the community and individuals with mental illness and their family members. The resulting video will be screened for the advisors at the midpoint of the project and at the end of the project and to the larger community convening at the end of the project. The goal is for it to be viewed by at least 100 individuals.

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

The participants will develop the content and present the learning to the Innovation Employment Group, the Supported Employment Committee and the Advisory Committee. The intention is that the learning is shared by a representative set of project participants and that the learning includes recommendations that can be implemented by the advisory committee members

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

and the decision makers.

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

- Sustained Meaningful Employment for Individuals with SMI
- Addressing Stigma in Supported Employment for Individuals with SMI
- Measures of Success for Supported Employment for Individuals with SMI

11) Timeline

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

- 1 Year, 6 Months

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

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

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

c) **Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for**

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

- **January-February 2018:** Recruit 20 participants (individuals with SMI, employers, co-workers and system representatives (WIB, Cal Works, NBRC, OJT, NPS, PSI, DOR)) to work together and develop ideas about how to sustain employment for individuals with SMI.
- **March-June 2018:** Create measures of success that are representative of individual, employer and system perspectives.
- **July-August 2018:** Develop ideas for sustained meaningful employment that incorporate the measures of success.
- **September 2018-January 2019:** Test ideas within the supported employment system to promote the measures of success and sustained meaningful employment.

ii. **Evaluation of the INN Project;**

- **Ongoing:** Develop and/or Refine Evaluation Framework and Tools

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

throughout the project. This is most likely to occur just before tools are administered to be sure they are capturing process changes, outcomes and learning.

- **Beginning, Midpoint and End of Project:** Surveys with participants and advisors will be used to understand the changes in knowledge and attitudes that are shifting throughout the project. For participants, areas where learning is expected are after the measures of success are created and after they test their ideas. Advisors will be surveyed at the end of each of their meetings.
- **Midpoint and End of Project:** Focus groups with the participants will be used to understand the survey results and to document the project outcomes. The focus groups will include all of the participants.

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

- **Midpoint and End of Project:** At each of the meetings where the learning is being shared, the discussion about how to integrate the project's learning into the current supported employment system will be addressed. This will also be the focus of the larger community meeting at the end of the project.

iv. **Communication of results and lessons learned.**

- **Midpoint and End of Project:** Communication about the project's process, outcomes and learning will be shared with the advisors and with the community. These meetings will be focused on how the results can be integrated into the larger supported employment system.
- **Midpoint and End of Project:** in addition to the advisor and community meetings, a summary of the learning will be posted to the HHSA website at the midpoint and end of the project. And the StoryCorps-like video will be incorporated into the sharing of the findings.
- **Midpoint and End of Project:** San Diego County was interested in learning more about the project, so part of the dissemination of the learning will include sharing the learning at the midpoint and end of the project with San Diego County and any other counties that indicate interest.

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

Development and refinement of the new or changed approach

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun	
<i>Participant Recruitment</i>																			
<i>Create Measures of Success</i>																			
<i>Develop Ideas using Measures</i>																			
<i>Test Ideas</i>																			

Evaluation of the INN project (will continue throughout the project period)

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun	
<i>Develop/Refine Evaluation Framework and Tools</i>																			
<i>Participant Surveys</i>																			
<i>Participant Focus Groups</i>																			
<i>Advisor Surveys</i>																			

Decision making about whether and how to continue project

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun	
<i>Supported Employment Group</i>																			
<i>Advisory Group</i>																			
<i>Community Group (all stakeholders)</i>																			

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

Communication of results and lessons learned

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun
<i>Recruitment of Advisory Group and Supported Employment Committee</i>																		
<i>Supported Employment Committee meets</i>																		
<i>Advisory Group meets</i>																		
<i>Posted to HHSA Website</i>																		
<i>StoryCorps-like Video Screening</i>																		
<i>Sharing learning with other counties</i>																		

12) INN Project Budget and Source of Expenditures

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

- a) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- b) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

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

12a) Budget Narrative:

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

The budget can be divided into four key expense categories: Project Personnel, Cohort Expenses, StoryCorps-like Process Costs, Evaluation and Administrative Costs.

Project Personnel: FY17–18 \$40,149; FY18-19 \$81,447: Total \$121,596

- **Project Coordinator (0.30 FTE):** The Project Coordinator will work 12 hours per week to support the cohort process, assist in planning and outreach for community events, administer the logistics of the pilot project and provide coaching to all participants.
- **Senior Project Coach (0.20 FTE):** The Project Coach will work 8 hours per week to coach the Project Coordinator, support the cohort process and assist in planning community events and work alongside the cohort to implement the StoryCorps-like filmmaking project
- **3 Assistant Consumer Coaches (.15 FTE):** The consumers will each be employed for 6 hours per week for the entire project period.
- **Benefits:** On The Move calculates per staff benefit packages at 20%.

Cohort Expenses: FY 17-18 \$19,713; FY18-19 \$51,479; Total \$71,192

- **Consumer Stipends (10 total consumers):** In order to compensate for consumer participation, each consumer will receive a stipend of \$20 per hour for a total of 8 hours per month. Consumer stipends will be paid for a total of 16 months. Total: \$25,600
- **Employer Stipends (10 total employers):** In order to compensate for employer participation, each employer will receive a stipend of \$20 per hour for a total of 8 hours per month. Employer stipends will be paid for a total of 16 months. Total: \$25,600
- **Food:** In order to create a welcoming meeting environment, food is provided at each cohort meeting. Additionally the cohort will host 2 community events as part of the project to present their findings and recommendations during Phase I and a final community event in Phase III to share the StoryCorps-like film that will be

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

produced. Total: \$2,775.

- **Program Supplies:** This amount includes all office and program supplies for the project. Program supplies include: general office supplies to support project, facilitation supplies and necessary supplies provided to cohort members. Total: \$7,835.
- **Travel:** As part of the learning process, cohort members will visit three communities to explore successful employment partnerships and models. OTM reimburses travel at \$0.50 per mile. Total: \$1,000

Administrative Costs: FY 17-18 \$7,808; FY 18-19 \$17,338; Total: \$25,146

- Administrative costs include a portion of the Executive Director & Fiscal Manager's salary, a portion of OTM audit & insurance costs and other fees necessary to administer OTM programs. OTM charges 15% to every program to support administrative costs. Administrative costs are distributed in the personnel costs (direct) and operating costs (indirect).

StoryCorp Video Process: FY 17-18 \$5,000; FY 18-19 \$21,500; Total: \$26,500

OTM will hire a documentary filmmaker to facilitate and produce a StoryCorps-like film that chronicles the project from beginning to end with an emphasis on changes in employer motivation to hire workers with mental illness, the cohort process, lessons learned from the pilot and recommendations going forward. The standard rate for video production is \$100 per hour. Editing requires 10 hours of editing for each hour filmed.

Project Evaluation (In Budget 12C): FY 17-18: \$15,375; FY 18-19: \$34,250; Total: \$49,625

This project includes 20 participants and two committees that oversee the learning.

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

StoryCorps-like Process: The project will include a film documenting the process and progress of a sample of participants. Each month the evaluation support will include potential prompts for participants to illustrate the learning.

Participant Survey: Participants will complete a survey about their knowledge, attitudes and behaviors at the beginning of the project, after the measures of success have been completed and after they have tested the measures of success. The survey will be developed at the beginning of the project and refined based on feedback and analysis.

Focus Groups with Participants: Focus groups will be used twice during the project, at the midpoint and at the end. The participants will be divided into three groups each time to ensure all individuals are heard.

Work for Wellness Innovation Project

Additional Information for Regulatory Requirements

Survey with Supported Employment Committee and Advisory Committee: A survey will be developed to measure the knowledge, attitude and behavior changes of the advisors. The survey will be administered at the end of each of the committee meetings. The survey will be developed at the beginning of the project and refined based on feedback and analysis.

Reporting: Four interim reports and a final report are included in this evaluation support. Interim reports will be developed for the supported employment and Advisory Committee meetings, and a final report to the state will be completed in June 2019.

Tasks and Labor Hours:

Tasks	Labor Hours		
	FY 17-18	FY 18-19	Total
Monthly Meetings	36	72	108
StoryCorp Scripts/Prompts	12	24	36
Participant Surveys	42	12	54
Focus Groups with Participants	3	58	61
Survey with Supported Employment Committee and Advisory Committee	20	48	68
Reporting	10	60	70
Total Labor Hours	123	274	397

Work for Wellness Innovation Project

12b. New Innovative Project Budget By FISCAL YEAR (FY)*				
EXPENDITURES				
Personnel Costs (salaries, wages, benefits)		FY 17-18	FY 18-19	Total
1	Salaries	\$ 29,120	\$ 58,240	\$ 87,360
2	Direct Costs	\$ 11,029	\$ 23,207	\$ 34,236
3	Indirect Costs	\$ -	\$ -	\$ -
4	Total Personnel Costs	\$ 40,149	\$ 81,447	\$ 121,596
Operating Costs		FY 17-18	FY 18-19	Total
5	Direct Costs	\$ 17,110	\$ 45,700	\$ 62,810
6	Indirect Costs	\$ 2,603	\$ 5,779	\$ 8,382
7	Total Operating Costs	\$ 19,713	\$ 51,479	\$ 71,192
Non Recurring Costs (equipment, technology)		FY 17-18	FY 18-19	Total
8	NA			\$ -
9				\$ -
10	Total Non-recurring costs	\$ -	\$ -	\$ -
Consultant Costs/Contracts (clinical, training, facilitator, evaluation)		FY 17-18	FY 18-19	Total
11	Direct Costs	\$ 5,000	\$ 21,500	\$ 26,500
12	Indirect Costs			\$ -
13	Total Consultant Costs	\$ 5,000	\$ 21,500	\$ 26,500
Other Expenditures (please explain in budget narrative)		FY 17-18	FY 18-19	Total
14	NA			\$ -
15				\$ -
16	Total Other Expenditures	\$ -	\$ -	\$ -
PROJECT SUB-TOTAL				
Personnel (line 1)		\$ 29,120	\$ 58,240	\$ 87,360
Direct Costs (add lines 2,5, and 11 from above)		\$ 33,139	\$ 90,407	\$ 123,546
Indirect Costs (add lines 3,6, and 12 from above)		\$ 2,603	\$ 5,779	\$ 8,382
Non-recurring costs (line 10)		\$ -	\$ -	\$ -
Other Expenditures (line 16)		\$ -	\$ -	\$ -
PROJECT SUB-TOTAL		\$ 64,862	\$ 154,426	\$ 219,288

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

Work for Wellness Innovation Project

12c. Expenditures By Funding Source and FISCAL YEAR (FY)							
Evaluation:							
A.	Estimated total <u>Evaluation</u> expenditures for the entire duration of this INN Project by FY & the following funding sources:	FY 17-18	FY 18-19	FY xxxx	FY xxxx	FY xxxx	Total
1.	Innovative MHSAs Funds	\$15,375	\$34,250				\$49,625
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation	\$15,375	\$34,250				\$49,625
County Administration (10%):							
B.	Estimated total mental health expenditures for <u>County Administration</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 17-18	FY 18-19	FY xxxx	FY xxxx	FY xxxx	Total
1.	Innovative MHSAs Funds	\$12,036	\$28,301				\$40,337
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation	\$12,036	\$28,301				\$40,337
TOTAL INNOVATION PROJECTS COSTS:							
C.	Estimated TOTAL mental health expenditures (including administration) for the entire duration of this INN Project by FY & the following funding sources:	FY 17-18	FY 18-19	FY xxxx	FY xxxx	FY xxxx	Total
1.	Innovative MHSAs Funds	\$92,273	\$216,977				\$309,250
2.	1991 Realignment						
3.	Behavioral Health Subaccount						
4.	Other funding*						
5.	Total Proposed Expenditures	\$92,273	\$216,977				\$309,250
*If "Other funding" is included, please explain.							

Work for Wellness Innovation Project

-
- ⁱ Luxiano, Alison, MPH and Ellen Meara, PhD. The employment status of people with mental illness: National survey data from 2009 and 2010 Psychiatr Serv. 2014 Oct 1; 65(10): 1201–1209. Accessed at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4182106/>, 03/13/17.
- ⁱⁱ Becker DR, Drake RE, Bond GR, et al. Job terminations among persons with severe mental illness participating in supported employment. Community Mental Health J 1998; 34:71-82 Accessed at <http://www.medscape.com/viewarticle/542517>, 02/18/17.
- ⁱⁱⁱ Link B. Mental patient status, work, and income: an examination of a psychiatric label. Am Sociol Rev 1982; 47:202-215. Accessed at <http://www.medscape.com/viewarticle/542517>, 02/18/17
- ^{iv} California 2015 Mental Health National Outcome Measures (NOMS):SAMHSA Uniform Reporting System, pages 1-2, 14-16. Accessed at <https://www.samhsa.gov/data/sites/default/files/California.pdf>, 03/13/17.
- ^v Mental Illness: NAMI Report Deplores 80 Percent Unemployment Rate; State Rates and Ranks Listed—Model Legislation Proposed. Accessed at <http://www.nami.org/Press-Media/Press-Releases/2014/Mental-Illness-NAMI-Report-Deplores-80-Percent-Une>, 03/23/17.
- ^{vi} Interview with Department of Rehabilitation Resource Specialist, phone interview, November 2016.
- ^{vii} Becker M. Ed, Deborah, et al. Best Practices: A National Mental Health Learning Collaborative on Supported Employment. Psychiatric Services 62:704–706, 2011. Accessed at http://ps.psychiatryonline.org/doi/full/10.1176/ps.62.7.pss6207_0704#, 04/03/17.
- ^{viii} Bond, PhD, Gary R. et al. Implementing Supported Employment as an Evidence Based Practice., American Psychiatric Association. Psychiatric Services, March 2001, Vol 52, No 3. Page 313-322. Accessed at <http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365>, 04/03/17.
- ^{ix} Nations for Mental Health, “Mental Health and Work: Impact, issues, and good practices”, Accessed at the World Health Organization Website: http://www.who.int/mental_health/media/en/712.pdf, 04/03/17.
- ^x Napa Valley Support Services, Accessed at <http://www.napavalley-supportservices.org/>, 04/03/17.
- ^{xi} East Bay Innovations: Project Search, Accessed at <http://www.eastbayinnovations.org/services/ses/projectsearch/>, 04/03/17.
- ^{xii} Social Vocational Services, Inc. Accessed at: <http://www.socialvocationalservices.org/services.htm>, 04/03/17.
- ^{xiii} More information about this program can be found here: <http://workforce.org/supported-employment>
- ^{xiv} More information about this program can be found here: <http://www.acbhcs.org/news/news09/choices.htm>
- ^{xv} All data sources were posted to the Napa County Health and Human Services website on the Mental Health Services Act page. The pdf can be accessed here: <http://www.countyofnapa.org/Pages/DepartmentContent.aspx?id=4294967939>