

# COUNTY OF SAN LUIS OBISPO MENTAL HEALTH SERVICES ACT

Proposal for the Innovation Component  
of the Three-Year Program And  
Expenditure Plan



Innovation Plan Brief | FY 2018-2022

County of San Luis Obispo | Behavioral Health Department

## Innovation Plan County Brief

### Executive Summary

The County of San Luis Obispo's Behavioral Health Department (SLOBHD) is excited to put forth this plan to utilize Mental Health Services Act (MHSA) Innovation (INN) component funds to test new methods to serve and engage the community mental health field. Over a six-month period, the SLOBHD worked collaboratively with local stakeholders, including consumers and family members, to develop the County's INN Plan. The County of San Luis Obispo's INN Plan consists of two distinct projects with an average duration of 36 months and a projected cost of \$1.4 million. The table below depicts the projected expenditures for each project and for administration from FY 18-19 through the first half of FY 21-22.

<b>INN Project Budget</b>	<b>FY 18-19</b>	<b>FY 19-20</b>	<b>FY 20-21</b>	<b>FY 21-22</b>	<b>TOTAL</b>
3-by-3 Developmental Screening	\$184,860	\$215,428	\$223,184	\$236,526	<b>\$859,998</b>
SLO ACCEPTance	\$107,461	\$177,108	\$177,108	\$93,052	<b>\$554,729</b>
<b>TOTAL INN Budget</b>	<b>\$292,321</b>	<b>\$392,536</b>	<b>\$400,292</b>	<b>\$329,578</b>	<b>\$1,414,727</b>

MHSA funds will be used to implement these two new projects with planning and services expected to begin once OAC approval, after any procurement processes have been completed. AB 114 will be used first to fund these projects. The projects were selected based on MHSA's required outcomes, the community's input and priorities, and the feedback from the Mental Health Services Oversight & Accountability Commission (MHSOAC).

The first Innovation Stakeholder meeting took place in September 21<sup>st</sup>, 2017 and new Innovation Stakeholders were assembled to review guidelines and begin developing innovative ideas. Several technical assistance meetings took place throughout the process. The Innovation proposals were finalized on April 13<sup>th</sup>, 2018 and a draft was made public for a 30-day review on April 16<sup>th</sup>, 2018. A public hearing was held as part of the Behavioral Health Board's (BHB) May 16<sup>th</sup>, 2018 and the Innovation Plan was approved. The plan was submitted to the County's Board of Supervisors on June 5<sup>th</sup>, 2018 and it was approved. The Innovation Work Plan was finally submitted to the MHSOAC for review in June.

### **3-by-3 Developmental Screening Partnership Between Parents & Pediatric Practices**

**Primary Problem:** The lack of comprehensive and recurring behavioral health screenings for children 0-3 contributes to the fact that according to the Centers for Disease Control (2006), "of the 15 million children affected by mental illness, less than 20-25% receive any treatment (Robey-Williams, 2014; Early Screening and Identification of Preschool Children Affected by Serious Emotional Disorders)". Currently our county does not have data or programs dedicated to measure and capture information relevant to children 0-3 that may be at risk of behavioral health issues and development delays.

**Proposed Project:** The 3-by-3 Project will test three methods for delivering comprehensive and recurring screening results for young children to pediatricians. Screenings will take place at ages 9 months, 18 months, and 24-30 months and will be offered in English and Spanish. All hired staff will abide by clinic protocol and by HIPAA and will only release de-identified data of the clients served. The three testing methods are: 1) Health Educator Screening: provided as an education encounter with a 30-minute meeting prior to the appointment with the physician; 2) Self-Administration Screening: provided prior to the appointment with the physician by the parent/primary caregiver; and 3) Child Care Provider Screening: proctored at the child care provider site and given to the physician. The County hopes to understand which is the most effective method; none of the methods are considered inadequate. We hope that our findings will allow for a more nuanced understanding of the efficacy of the three approaches. All sites being part of the test will have been approved by a Memorandum of Understanding (MOU) clarifying and ensuring adherence to HIPAA policy. Following each experimental implementation method, the physician will review and discuss screening results with parent/primary caregiver and make timely referrals, as

appropriate. SLOBHD will reinforce existing channels for referrals, as well as pressing for expansion of services. Existing channels include Martha's Place, the (County's child assessment center) and private providers. Martha's Place will provide the necessary capacity for therapeutic support of children and families. A solid referral process and relationship between pediatricians and local behavioral health partners will be established. Upon completion of each child assessment and review, the pediatrician will explain the results to parents/primary caregivers and provide the referral. The project will benefit from and employ the referral mechanism and centralized access point that has currently under implementation locally. The project will use the validated, parent-led screening tool, Ages and Stages Questionnaire (ASQ-3) and ASQ Social Emotional (ASQ:SE-2). This tool has been translated into over 35 languages and dialects and research on validity in different cultures and communities has been conducted in 20 countries worldwide.

**Learning Goals/Project Aims:** The County and its stakeholders hope to learn more about what specific screening method: increases behavioral health screenings, increases conversation with parent/caregivers to increase mental health knowledge, increases referrals, supports recurring mental health screenings, and increases mental health knowledge for pediatricians. The main objectives include: increase knowledge of age-appropriate emotional children development, increase mental health knowledge for parents and pediatric settings, increase the number of appropriate referrals, and increase preferred screening method. The test will collect the following data: the number of each screening method, the de-identified screening results and referrals by method type, including the number of children identified with symptoms, and the number/percentage of referrals made; and parent and pediatrician surveys. Surveys will be developed in collaboration with stakeholders, pediatricians, and the program researcher to incorporate appropriate language that is meaningful to the client. Surveys will be provided before and after the completion of the screening.

**Contracting:** The County plans to select a contract provider who will best execute the 3-by-3 project. The County will conduct a fair and successful procurement process and expedite a contract to ensure the innovation timeline is met.

**Community Program Planning:** The project is part of a larger collaboration in San Luis Obispo County led by First 5, which held a local convening with broad geographic, ethnic, professional, and mental health representation.

**Sustainability & Dissemination:** Once final evaluation indicates one model or all models are effective, the County will work collaboratively with Community Health Centers and Child Care Providers that have been part of the project to help coordinate a larger effort to determine the best public and private funding sources. The information will be presented to local stakeholders to make a decision. Stakeholders are involved in every step of the planning, implementation, and evaluation process of the project.

**Timeline & Budget:** The project begins upon OAC approval. Through December 2018 the County's provider will establish hiring, recruitment protocols, screening methodologies, training, and workflow design. The project begins the testing in January 2019 through Dec. 2021, as well as quarterly reporting due to the County. The program begins compiling information for final report in January 2022, and presents findings in June 2022. For this project, AB 114 will be used in the first year and projecting FY 17-18 in the second year, FY 18-19 in the third year, and FY 19-20 in the fourth year. The total budget for all fiscal years is \$859,998. This comprises personnel expenses that include a project coordinator and a program researcher as a consultant. Operating costs include assessment tools, screening materials, focus groups, and office expenses such as copying. Other costs include set up costs for work stations, tablets, contracts with Child Care Planning Council, Community Health Centers, and Pediatric offices. Stakeholder focus groups and annual events will provide direction and a review of program implementation to ensure testing and evaluation is consistent. This should also attract the interest of additional pediatric practices.

the County Innovation Evaluator responsible for the overall coordination, evaluation, and auditing process of all innovation projects.

**Affirming Cultural Competence Education & Provider Training: Offering Innovative Solutions to Increase LGBTQ Mental Health Care Access (SLO ACCEPTance)**

**Primary Problem:** San Luis Obispo County lacks the number of culturally competent and LGBTQ-affirming providers needed to work with this underserved community. Many LGBTQ community members travel outside of the county to find support. According to the local Growing Together Initiative survey conducted in 2003, LGBTQ members report that there are insufficient services for transgender clients and LGBTQ youth in this community. A follow up survey in 2015 indicated that LGBTQ community members identified supportive mental health services and youth services as two of the most important service needs.

**Proposed Project:** The SLO ACCEPTance project will test an LGBTQ mental health care training program based upon quantitative and qualitative research. The training program has not yet been tested in the Mental Health field. The components of the training include delivery in three intensive two/three-day trainings for Mental Health Professionals and peers with lived experience, professional case consultation meetings with trainers, and development of a network of providers to offer consultation. The training program provides didactic learning, experiential activities, role plays, and case consultation in three training phases 1) cultural sensitivity, 2) clinical issues for client, and 3) potential provider issues. Phase I introduces participants to language, terminology, statistics, and other relevant information to build cultural awareness and clinical sensitivity. Phase II focuses on common clinical issues, gender affirmative clinical models and affirming therapy, assessment, diagnosis, insurance, and provider responsibilities. And phase III focuses on potential provider issues, addressing biases and stigma with providers and in the mental health field.

**Learning Goals/Project Aims:** The County and its stakeholders hope to learn about the best training approach for therapist to work with LGBTQ clients; as well as a team of professionals and peers that provide critical LGBTQ-affirming therapy, and to seek to learn better methods to increase access to mental health services. The main objectives include: 1) increase therapist knowledge, awareness, and skills; 2) increase the overall level of competency and learning outcomes; 3) increase the number of services that engage LGBTQ clients by 10%; and 4) increase the number of LGBTQ-identified clients served in the community by 10%.

**Contracting:** The County plans to select a contract provider who will best execute the SLO ACCEPTance project. The County will conduct a fair and successful procurement process and expedite a contract to ensure the innovation timeline is met.

**Community Program Planning:** The project is part of a larger collaboration between local organizations around a comprehensive training model to better engage the LGBTQ community. The project design comes from a collaborative work between mental health providers, consumers and their loved ones, non-profits, higher education institutions, and county departments.

**Sustainability & Dissemination:** During the course of the project, the County will assess the continuation of the training based on efficacy, need, and resources. The County will work collaboratively with non-profits and community based organizations to determine the best source of funding and continuation. The findings of the project will be made available via a final report to the County, as well as stakeholder presentation and local media distribution. Results and the training curriculum/model will be available to other counties upon completion of the project.

**Timeline & Budget:** The project begins upon OAC approval. Through December 2018 the County's provider will establish hiring, criteria selection for attendees, outreach plan, development of methodology and evaluation tools, training, and workflow design. The project begins the testing in January 2019 through Dec. 2021, as well as quarterly reporting due to County alongside continued evaluation. The

program begins compiling information for final report in January 2022, and presents findings in June 2022. For this project, AB 114 will be used in the first year and projecting FY 17-18 in the second year, FY 18-19 in the third year, and FY 19-20 in the fourth year. The total budget for all fiscal years is \$554,729. This comprises personnel expenses that include a project coordinator and a contracted project researcher. Operating costs include program supplies, rent for training room space, program incentives, student assistants, and ongoing multiphase evaluation. Other expenses include the purchase of a computer, as well as the County Innovation Evaluator responsible for the overall coordination, evaluation, and auditing process of all innovation projects.