

Innovation Work Plan Narrative: INN-16

Work Plan Name: Urban Beats
County: San Diego

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Transitional Age Youth (TAY) with serious mental illness (SED/SMI) and TAY who are at risk of SED/SMI are difficult to engage and retain in traditional models of mental health treatment, which impacts their engagement in services which often negatively impacts their outcomes. The field recognizes that “the most effective program models are those that address the personal, familial, and societal variables that are essential to healthy transitional age development and are community based. These programs help the transitional age youth in developing increased personal competence and connectedness to pro-social elements of a larger community” (California Institute for Mental Health (CIMH); 2005). While there are Evidence Based Practices regarding music therapy, there is little to no research on engaging and retaining TAY via multiple models of artistic expression in the mental health system thereby improving outcomes. This innovation will meet the community need with an adaptive model and inform literature on how to improve TAY outcomes via successful engagement. This project is an adaptation to existing similar programs and it is designed to test whether a culturally sensitive program that focuses on engagement via multiple models of artistic expression is successful at engaging severely mentally ill TAY that are currently enrolled in behavioral health programs as well as at-risk TAY who show existing or emerging diagnostic characteristics consistent with early onset of SMI. These TAY are unserved or underserved due to their lack of consistent engagement in traditional treatment. The at-risk TAY will complete a pre and post risk assessment which will be proposed by the contractor and approved by Behavioral Health Services Representative. The screening tool will be an evidence supported or evidence based practice. TAY diagnosed with SMI who are opened to a behavioral health treatment program will be assessed for level of impairment with a tool such as MORS both at the initial engagement and post participation in this model. The program will focus on improving the quality of services, from the TAY perspective, by serving African American and Latino TAY in the Central Region of San Diego. With increased quality of service via TAY friendly engagement strategies, we anticipate that outcomes will improve. Unique to this adaptation is engaging SMI and at-risk TAY via artistic mediums to both receive and deliver messaging thereby reducing stigma, increasing participation in needed behavioral health services and producing improved outcomes.

Additionally, stakeholders expressed that TAY have long been difficult to engage and retain in mental health services. This approach provides wellness activities and messaging in an

innovative way that proposes to reach TAY who otherwise would remain disconnected from or prematurely leave our system of care. Stakeholders also expressed that urban TAY often encounter stigma within their community regarding both accessing and maintaining behavioral health services. TAY often report feeling a disconnect from traditional services and the people providing them.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (Suggested length - one page)

Urban Beats focuses on engagement that includes the use of multiple models of artistic expression including visual arts, spoken word, music, videos and performances created and developed by TAY who are clients of the mental health system (SMI) or at-risk of mental health challenges, to improve their engagement in quality services and access to services while reducing stigma and improving outcomes to this underserved population. This model seeks to deliver a customized service to youth created by TAY with a serious mental illness (SMI) and at-risk TAY who incorporate their message into TAY friendly social media and artistic expression that creatively combines therapeutic, stigma reducing, cultural expression and social justice messaging to the TAY community. This innovation seeks to improve outcomes by enhancing empowerment, increasing participation and/or accessing quality treatment/services, increasing level of functioning, and reducing stigma, in this often difficult to engage population.

This innovative approach is an adaptation to existing similar efforts that will include SMI TAY receiving services in the mental health system and Transition Age Youth who are at-risk for mental illness and who will be selected to participate in the creation and development of the social media artistic expressions. Urban Beats will be a strength based, culturally sensitive, trauma informed, artistic approach to social work practice with the adaptation of focusing on urban SMI and at-risk TAY, with an emphasis on African American and Latino TAY. The program will utilize different types of popular youth culture to promote quality TAY behavioral health among TAY participating in existing mental health programs and at-risk TAY who are resistant to more traditional forms of mental health messaging and treatment by providing a safe zone where various modes of artistic expression can be used to reduce stigma and gain access to or knowledge of behavioral health needs and services within the community. This model also seeks to promote and facilitate inter-agency collaboration both within the behavioral health system and the community as a whole. Urban Beats will be creating/facilitating artistic expressions such as music, spoken word, movement, dance, art, performance and social media developed and created by TAY in existing mental health services to engage both SMI and at-risk urban youth.

Via this artistic medium, it is hoped that TAY will be drawn to quality TAY services and improve their outcomes by enhancing their knowledge of and access to services and reducing stigma attached to both having mental health conditions and receiving services. This program will also provide culturally responsive trauma informed care for marginalized youth fostering self-worth, dignity, healthy relationships, and healing among youth and their communities.

Program Components:

- Staffing representative of the TAY to be served and who have artistic and/or behavioral health experience
- Outreach and education of programming/referrals to mental health providers of TAY in the Central Region
- Engage at minimum 600 TAY annually by exposing them to participate in showings or performances either in person or via social media
- At a minimum, 3 TAY groups (composed of TAY consumers, non-consumer TAY, program staff) will be established to develop and create the scripts, the medium and the message for the selected activities/performances.
- Create youth leaders within the urban TAY community that are either currently receiving services in the mental health system or at risk of behavioral health conditions. Social marketing and outreach to both SMI and at-risk TAY.
- Use of social media, performances, messages, YouTube, Spoken Word to disseminate information about mental illness, mental health, wellness and resource information in a way that reduces effects of untreated mental illness in TAY.
- Foster self-worth and healthy relationships among SMI TAY receiving mental health services and at risk youth and their community.
- Provide behavioral and whole health promotion and prevention services to diverse TAY populations.
- Increase access to and knowledge of wellness including physical, behavioral, spiritual and mental wellness.
- Measure outcomes of TAY both at engagement and completion of program

This work plan is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320.

Community Collaboration: The concept for this work plan was developed with community participation and supports collaboration between different service providers from the mental health, peer and family support and community partners such as schools, community centers, faith communities and our TAY Workgroup representatives.

Cultural Competence: As defined in CCR, Title 9, Section 3200.100, this program will determine which methods of peer engagement and support are most effective for this diverse population in order to reduce disparities in access to services and improve outcomes for TAY with serious mental illness. Staff hired shall be linguistically and culturally competent for the population served. **Furthermore, staffing will also be trained in TAY culture and successful engagement strategies specific to this population.**

Client Driven Mental Health System: This program includes the ongoing involvement of TAY clients in roles such as, but not limited to, implementation, evaluation, and future dissemination.

Based on client feedback, different strategies may be added or removed from the program and/or applied in other programs. **TAY clients will inform the process and content of services and TAY peer staff will ensure engagement of the TAY client voice.**

Family Driven Mental Health System: This program will include ongoing involvement of TAY family members, if the TAY gives permission for said involvement. Engaged family members will be involved in activities including but not limited to implementation, evaluation and future dissemination. Family members will also provide feedback that may inform different strategies or augmentations to the original model.

Wellness, Recovery and Resilience Focus: This program focuses on reducing stigma via TAY to TAY messaging, increases resilience and promotes recovery and wellness for Transition Age Youth who have a serious mental illness or are at risk through an integrated approach that combines artistic expression and social media that provides increased knowledge of mental health counseling and treatment, physical health wellness and education, trauma prevention, and social and independent skill-building activities.

Integrated Service Experience: This program encourages and provides access to a full range of TAY services provided by multiple agencies, programs and funding sources for clients and family members including mental health providers, peer supports, other health providers, and community resources. The overall objectives of this program is to evaluate if the creation and expression of multiple artistic models by TAY with serious mental illness or at risk TAY promotes wellness, reduces stigma and increases access to services for TAY in urban settings.

Total Funding

Note: The 3rd year of proposed Innovation funding will occur in FY 2017-18, which is outside of the time frame for this Three Year Plan.

Annual Program Cost	\$383,677	3 Year Program Cost	\$1,151,031
Evaluation Cost (5% of Total)	\$20,194	3 Year Evaluation Cost	\$60,582
Total Annual Innovation Funding	\$403,871	3 Year Grand Total	\$1,211,613
Inclusive of estimated MHSA costs only (estimated administrative costs are not included).			

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (Suggested length - one page)

TAY can be difficult to engage and maintain in traditional forms of treatment. Artistic expression through a social/community model has been successful in engaging typical (not SMI or at-risk of SMI) TAY. This Innovation work plan is an adaptation to existing approaches as it combines

multiple artistic expressions to engage SMI TAY who are receiving mental health services and at-risk TAY who may need access to care to maintain or achieve wellness. This work plan is unique in that it encourages SMI and at-risk TAY to share their stories and experiences through a process of creating music, dance, spoken word, and/or creative expression while promoting positive mental health/wellness, well-being and connection among TAY utilizing performance and social media.

We seek to learn if this adapted application/approach is successful at engaging SMI and at-risk TAY in wellness and recovery by improving the quality of engagement and retention in treatment with an improved outcome. We hope to learn how the strategies in this program will lead to increased participation in services, decreased stigma and isolation thereby improving outcomes for TAY. This model will help us learn whether engaging TAY in a youth friendly and artistic manner improves outcomes by enhancing wellness, coping strategies, access to care, ILS, and ability to socialize in a positive healthy manner, while imparting a message of wellness to other TAY. Learning will also focus on whether youth artistic messaging engages this TAY population in services and is a bridge to well-being. We will also learn if the purposeful integration of elements of artistic expressions and culture facilitated in a therapeutic setting increases access or acceptance of services and increases the level of functioning by participating in meaningful activities. The Behavioral Health system in San Diego will learn if this unique segment of the TAY population benefits from engagement from an artistic social expression perspective which can then improve their participation in and outcomes associated with treatment. We also hope to learn if this model is effective in increasing knowledge of mental health treatment and increasing access to care while building a stronger sense of community. We will learn which program components are necessary for successful implementation and effectiveness. This program will provide our system of care with an opportunity to evaluate alternative strategies that can be integrated into our traditional TAY service array and used to engage SMI and at-risk TAY in mental health services more consistently and effectively. This model will also test if providing a safe and age appropriate, supportive space for SMI or at-risk TAY to share their stories, experiences and healing through processes of creating music, spoken word, dance and creative expression improves their well-being and connection.

If the program is successful, it will impact the direction of engagement and treatment for TAY who are at risk of SMI or who have a serious mental illness in other Adult and Children's in our communities. The successful techniques from this program will broaden the array of engagement and retention services available for clients in our system of care. Our learnings will be disseminated formally on our system of care network, councils, stakeholders and TAY collaboratives to effectively communicate learnings to improve TAY quality of services and outcomes.

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (Suggested length - one page)

NOTE: Program design to be developed from competitive process. The dates identified below are a projection of implementation, actual datelines to be determined by winning proposal.

Implementation/Completion Dates:	This Innovations program will begin on 07/01/2015 and operate for three consecutive years ending on 06/30/2018. The contractor will engage in start-up activities for six (6) weeks to include staff recruitment, hiring, training and establishment of a physical office.
3/1/15-6/15	Program contract procurement process will begin in October and commence after a Source Selection Committee approval in June 2015.
6/15	The contract will be publically awarded to winning respondent and start-up activities will begin.
7/15-12/15	Services begin as per the Statement of Work including but not limited to outreach, marketing and collaboration with TAY programming in the Central Region. Referrals will be received and screened for groups and performances. Pre-intervention measurements will be given.
1/30/16	A semi-annual report will be due 30 days after the second quarter of the project. This report will include all data elements year to date and detail an analysis of any barriers, successes and recommendations based on the first 6 months.
2016-2018	Annual evaluations completed and reviewed by Behavioral Health Services to review effectiveness of program specific to target population and planned interventions. (Annual evaluations of program to be provided annually for the 3 years of the program)
05/18-08/18	Evaluation by Behavioral Health Services to determine, results and feasibility of integrating into existing programs or replication. Results to be disseminated at the conclusion of the evaluation.

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

In order to measure the impact of this intervention, this project proposes to follow and assess clients over a three-year period of time. Evaluations will be conducted at six (6) months and at the end of years one, two and three to determine learnings and identify any modifications that need to be made to the model. At monthly intervals, the contractor will report results that capture participation rates, self-rating scores, observer ratings, measurable outcomes and possibly school functioning reports.

Evaluations at monthly intervals and annual reviews throughout implementation will also allow the program to gather extensive baseline and follow-up information on each participant.

Information on the effectiveness and impact of various strategies, especially with regard to different age, ethnic, and cultural populations will be collected to measure program efficacy.

Also evaluated will be TAY engagement and participation, increased knowledge of or access to services, reduced stigma and increased community engagement and support. Continuous measurement at the client and larger program level will allow for learning to occur as early as year one. Since assessment is integrated into the program design, the feasibility of replication may be determined within the first year or two of the project.

Community TAY Stakeholders will be engaged to provide feedback to the program routinely as part of the programs outreach efforts. These Stakeholders will also be involved in the review of the annual evaluation of this program and will provide feedback that will be delivered and implemented if appropriate. This stakeholder collaboration and evaluation will include clients and staff at participating site(s).

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

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

The County of San Diego utilizes an extensive information-sharing and collaboration process to ensure that stakeholders receive information and are able to provide feedback on MHSA programs. For this project, we will provide regular updates to our stakeholder-led Children's and Adult Councils, as well as the TAY Workgroup. Information will be posted on our community Network of Care website, and provide opportunities for stakeholders to offer input at the program, client, family, staff, and community levels. Final reports may also be distributed to existing mental health service providers for posting.

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

SMI and at-risk TAY in one or more outpatient mental health programs will be sought out to participate in Urban beats thereby leveraging current traditional outpatient services with this new program. In addition existing media production companies will be invited to participate to inform the development of this program.

NOTE: Actual budget to be determined by winning proposal from competitive process. The following are proposed guidelines:

NEW ANNUAL PROGRAM BUDGET – Year 1 (FY 15-16)					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/ CBO's	Total
1.	Personnel			\$140,190	\$140,190
2.	Operating Expenditures			\$199,335	\$199,335
3.	Non-recurring Expenditures			\$0	\$0
4.	Contracts (Training Consultant Contracts)			\$20,194	\$20,194
5.	Work Plan Management			\$0	\$0
6.	Other Expenditures			\$44,152	\$44,152
	Total Proposed Expenditures			\$403,871	\$403,871
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			\$0	\$0
C. TOTAL FUNDING REQUESTED				\$403,871	\$403,871

BUDGET NARRATIVE

Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.
1- Personnel Expenditures represent the total Salaries and Benefits on Schedule I.
2- Operating Expenditures: These expenses to be determined by winning proposal through competitive process. These expenses will include items such as subcontracts, rent, utilities, office supplies, insurance (auto, liability, etc), travel, and other aspects associated with program operations.
3- There are no Non-recurring Expenditures expected.
4- Contracts (Evaluation Consultant Contracts) \$20,194 for consultant to provide data analysis and dissemination for evaluation purposes.
5- There are no Work Plan Management expenditures indicated.
6- Other Expenditures include miscellaneous costs.
There are 3.5 FTE positions. There are no FTE for Peer Outreach Specialists or other peer positions.

NEW ANNUAL PROGRAM BUDGET – Year 2 (FY 16-17)					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/ CBO's	Total
1.	Personnel			\$141,984	\$141,984
2.	Operating Expenditures			\$197,540	\$197,540
3.	Non-recurring Expenditures			\$0	\$0
4.	Contracts (Training Consultant Contracts)			\$20,194	\$20,194
5.	Work Plan Management			\$0	\$0
6.	Other Expenditures			\$44,153	\$44,153
	Total Proposed Expenditures			\$403,871	\$403,871
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			\$0	\$0
	C. TOTAL FUNDING REQUESTED			\$403,871	\$403,871

BUDGET NARRATIVE

Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.
1- Personnel Expenditures represent the total Salaries and Benefits on Schedule I.
2- Operating Expenditures: These expenses to be determined by winning proposal through competitive process. These expenses will include items such as subcontracts, rent, utilities, office supplies, insurance (auto, liability, etc), travel, and other aspects associated with program operations.
3- There are no Non-recurring Expenditures expected.
4- Contracts (Evaluation Consultant Contracts) \$20,194 for consultant to provide data analysis and dissemination for evaluation purposes.
5- There are no Work Plan Management expenditures indicated.
6- Other Expenditures include miscellaneous costs.
There are 3.5 FTE positions. There are no FTE for Peer Outreach Specialists or other peer positions.

NEW ANNUAL PROGRAM BUDGET – Year 3 (FY 17-18)					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/ CBO's	Total
1.	Personnel			\$141,984	\$141,984
2.	Operating Expenditures			\$197,540	\$197,540
3.	Non-recurring Expenditures			\$0	\$0
4.	Contracts (Training Consultant Contracts)			\$20,194	\$20,194
5.	Work Plan Management			\$0	\$0
6.	Other Expenditures			\$44,153	\$44,153
	Total Proposed Expenditures			\$403,871	\$403,871
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			\$0	\$0
C. TOTAL FUNDING REQUESTED					
				\$403,871	\$403,871

BUDGET NARRATIVE

Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.
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2- Operating Expenditures: These expenses to be determined by winning proposal through competitive process. These expenses will include items such as subcontracts, rent, utilities, office supplies, insurance (auto, liability, etc), travel, and other aspects associated with program operations.
3- There are no Non-recurring Expenditures expected.
4- Contracts (Evaluation Consultant Contracts) \$20,194 for consultant to provide data analysis and dissemination for evaluation purposes.
5- There are no Work Plan Management expenditures indicated.
6- Other Expenditures include miscellaneous costs.
There are 3.5 FTE positions. There are no FTE for Peer Outreach Specialists or other peer positions.