

Date: 1/27/15

County: San Francisco County

Work Plan #: 16

Work Plan Name: Transgender Pilot Program (TPP)

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

****ADAPTED** INN Program – REVISED submission as this project was approved through our local process**

Briefly explain the reason for selecting the above purpose

Years of budget cuts to HIV prevention programs have significantly reduced services to the transgender community. Multiple programs closed in a three year period including Tenderloin Health, Ark House, Restoration House, Transcending, and T-lish. At the MHSA community advisory meetings and recent peer events, individuals spoke to the need of the creation of a program that would help address the Wellness and Recovery of the transgender community.

According to a 2011 study published the National Center for Trans Equality, here is the outlook for transgendered people:

- 41% have attempted suicide
- 50% of the respondents reported having to educate their provider on trans care
- 26% reported worsened health conditions because they postponed care
- Trans clients experience high of violence and harassment leading to PTSD and other mental health conditions

These statics are even higher when translated into issues faces by Trans women of color. In San Francisco, we come in contact with large sections of the consumer population that are not linked into any services. The consumers identify stigma, discrimination, and lack of cultural relevant outreach as reasons why they do not access the mental health system.

The Transgender Pilot Program (TPP) aims provide three types of programming will increase access to mental health services and improve a sense of connectiveness. Then, we will evaluate the effectiveness of each type of programming.

Specifically, the project :

- Produce programming – including a culturally-informed training curriculum, supervision/support plan, and engagement strategies and tools for Trans Women of color. This programming will be targeted at getting participants to engage/re-engage in mental health services based at city clinics.
- Conduct weekly support groups linking participants to survival based services in the community than contain a mental health component. We are looking to determine if Trans women of color access feel more comfortable using community mental health services verses the traditional clinic based service.
- Conduct a peer run, peer lead one stop event that will directly engage participants with mental health providers. Are participants more like to sign up for mental health services if they can easily access what they need in one place? Meeting the providers face to face may reduce the barriers to accessing mental health services.

There simply is no existing practice that has been studied that shows the best way to engage this population, despite the risk factors and high rates of untreated mental health issues. The use of peers to create the bridge into mental health services has shown to be effective with other culturally diverse populations. The TPP will try a wide variety of programming such adapting WRAP for this audience, creating one stop linkages to services, using peer navigators, and curriculum specifically tailored to the stress of consideration of gender reassignment surgery as incentives to draw in participants that can then be linked into mental health services. We also expect to find an increased sense of social connectiveness as a secondary outcome of the TPP.

We will then evaluate the different types of programming to determine which, if any, is the most effective in getting participants linked into mental health services. We will also be looking to see if there is an increase in enrollment in all country wide mental health services as a result of the program.

Project Description

The Program will employ three strategies and evaluate each one. The overarching goal is both preventing mental illness through creation of social support networks. In addition , the program will treating mental illness by engaging Trans women of color into services that are culturally responsive. Providers that work with the TTPP are able to work with

issues specific to this population such as high rates of suicide, anxiety, PTSD related to hate violence, and stressors related to gender reassignment.

TPP will test three methods of reaching this population. One involves support groups. The second is outreach. The third is an annual Transgender Health Fair as a one stop shop for linkages to services. The ways will be tested so we can learn the positives and drawbacks of each form of access. These methods will be compared individually and against each other.

The Transgender Pilot Program will consist of four weekly peer-led support groups and community outreach activities. There are programs in the Bay Area, one of them being Trans Access. These programs have a specific focus on HIV, as opposed to mental health. In fact, our existing MHSA Trans program provides a weekly peer support group at one of their sites. They came to our existing program for our level of expertise.

Each of the four support groups will have a different focus. They will all be strength-based and resiliency-focused with the overarching goal of supporting consumers to engage/re-engage in mental health services. 1) The first group will be focused on pre-treatment/pre-placement services. The group will provide linkages to services in the community as well as resource development. 2) The second group will be a Wellness and Recovery Focused group that targets clients that are more engaged in the community, yet require support getting to mental health services. 3) The third group will be in cooperation with Tom Waddell Health Center. They have identified a need for a group focused on building resilience and wellness for their HIV positive clients enrolled in services. TPP will work with those clients to support them in enrolling in mental health services. 4) The final group will be one that covers issues related to Transgender issues, including mental health. The group will also sponsor a monthly testing site for HIV, STIs, and Hepatitis C. This group has a heavy emphasis on reducing social isolation. Without this group, many consumers report no opportunity to interact with in a space where they feel safe and supported. This group will be a bridge to getting participants into non clinic based mental health services.

In regards to outreach, the peer counselors will perform three types of activities. 1) The first will be street outreach. The peer counselors will hand out flyers for groups, invite clients to participate, and provide information about available services relevant for the transgender community. 2) The second type of outreach will be patient education. The peer counselors will be providing patient education for clients who are contemplating Gender Reassignment Surgery through the program provided by the San Francisco Department of Health. To be eligible for gender reassignment, a participant must be seeing a therapist or other mental health provider. These counselors reduce the stress involved in navigating the system because they have gone through the process themselves. In going through the process, many consumers experience a sense of hopelessness and despair. The peer counselors work to manage expectations and reduce anxiety by providing peer support as well as working closely to make sure the person is engaging with their mental health provider. 3) The final type of outreach will be the peer-organized, peer-led Transgender Health Fair. The Health Fair will be an opportunity to directly link clients into county services. The event will involve tabling by service

providers, health screeners by community providers that provide mental health services, peer counselors and will have presentations that impact Health and Wellness. Mental health clinics will be on hand to explain their intake process and make connections directly with potential consumers. This fosters a feeling of trust frequently missing in the traditional intake process.

The increased access could affect mental health outcomes in at least two ways: a) increased access to services that directly promote mental health outcomes, and b) increased perceived connection to caring and supportive individuals and community. Partner service providers for the program will include but is not limited to:

- Tom Waddell Health Center, a primary health clinic that provides hormones, therapy, and peer lead groups for Trans Women of Color.
- Trans Access- a speciality clinic that provides hormones, therapy, and peer lead groups for Trans Women of Color.
- TransHealth- a program that coordinates gender reassignment for the county
- A Woman’s Place- A shelter that serves Trans Women
- St.James Infirmary- a primary health clinic that provides hormones, therapy, and peer lead groups for Trans Women of Color.
- Mental Health Access- The referral service for county mental health services
- Ella- A provider of counseling and referrals for Spanish speaking Trans clients.

By getting Trans Women of color linked into services, we expect to help prevent mental illness in this population. TransWomen of color frequently identify isolation as one of the key factors that negatively impacts their mental health. Getting involved in services and supports will both reduce isolation and increase their sense of connection to services that are there to promote their Wellness and Recovery. In addition, directly linking those that already have identified mental health challenges into cultural responsive services will promote and improve Wellness and Recovery in the population.

Target Population

The target populations will include socially isolated Tran’s women of Color that need linkage into programs that promote mental health outcomes, with particular emphasis on those who are low-income. We want to learn to improve access to our county system to know how to prioritize resources to fill this unmet need in the community.

Inputs	Activities	Intermediate Outcomes	Long term Outcomes
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Funding for 2.5 FTE peer providers Stipends for participants	Thursday support group Education and prep class for surgery Mentoring Referrals to clinics Referrals to vocational services Wellness and Recovery action Plan	Increase in enrollment in programs for Trans clients directly that promote mental health outcomes Increased perceived connection to caring and supportive individuals and community.	Increased social connection Program participants report Improvements to health, welln and recovery as a direct result program
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Expected Outcomes/Positive Change: If this project is successful, the primary outcomes would be:

- An increase in engagement in services that promote mental health outcomes
- An increase in client satisfaction with level of connection and engagement
- a decrease in social isolation
- An increase in consumers who have engaged in health and wellness programs provided by the community

D. Program Goals Include:

The peer counselors will help build trusting relationships with transgender individuals, advocate for and model recovery and wellness, and create linkages to community resources, treatment services, and social activities. The County will get a jump start on how to allocate resources as more and more Trans Women are seeking mental health services that promote mental health outcomes.

The groups will be launching points for education and engagement in community services that have traditional and non traditional mental health components. The consumers will be provided the opportunity for service providers to directly come to them, in order to increase access to services. In addition, consumers will be given a forum to share ideas regarding services that are available in the broader community at large that impact their wellness and recovery. This project will then evaluate utilization of mental health services as a direct result of the program.

In the education and preparation course for gender reassignment surgery, the small peer counseling groups will allow the consumers to obtain detailed, first hand information about the potential benefits and risks involved. The peer counselors will conduct panel presentations for potential clients and the community at large. The goal will be to have a pool of potential clients matched to peer counselors who can help them navigate the healthcare system while minimizing the stress involved with the process, therefore improving clinical outcomes. Through that process, the peer counselors can quickly identify who needs linkages to mental health services as this is required to be on the list for gender reassignment procedures. They can then assist them in enrolling in the necessary services.

Examples of community collaborations include targeting:

- Community-based organizations who serve transgender consumers
- Clinics that currently serve transgender individuals
- Community settings where transgender people socialize
- Medical providers that specialize in transgender care
- Peer counselors working in the community

Title 9 General Standards: *TPP will apply the following general standards.*

- **Community Collaboration:** TPP will work in partnership with mental health clinic staff, the CBHS executive and operation teams, SF mental health clinic staff, building contractors, and clients/consumers from SF mental health clinics.
- **Cultural Competence:** The hiring of Trans for TPP will have a deep involvement that reflects the clients that they serve. Trans consumers report a sense of connection with a place where they see staff that “looks like them”. Peers will be part of the hiring process.
- **Client Driven:** TPP is an empowerment driven approach in which the clients receiving services and running activities such as the Transgender Health Fair
- **Wellness, Recovery and Resilience focus:** By empowering consumers in the program development of the services they desire, we anticipate that this process will strengthen their individual wellness and recovery and improve other areas of their life.
- **Integrated Service Experience:** TPP is a service integration model in its very nature. TPP consumers will be provided direct access by bringing the service providers to them, within an environment where they feel comfortable.
- **Family-driven:** TPP will be a client, family, and community-driven program. This program will understand and embrace the notion that families should be involved and are often an integral component of the health and wellness of consumers. TPP will have an evening group one time per month in which partners and friends can also access services along with their loved ones, the consumers.

E. Contracted Activities may include, but are not limited to the following:

- Identify community partner organizations
- Identify traditional and non-traditional venues where transgender individuals access services
- Develop outreach and engagement strategies to address the needs of the target population
- Create culturally specific programming for transgender clients
- Provide ongoing training and professional development support for the peer counselors

Contribution to Learning

Learning Question: What are effective peer support strategies and practices for Trans women of color that will improve their engagement in services that promote mental health outcomes? Specifically targeting Trans women of color from a peer wellness framework is an approach that has not yet been tried at a county level. Moreover, using

the **peer-to-peer support model** to address the needs of this population is also a new and innovative approach in community mental health programs. The peer to peer model has been used in HIV services but when searched, we found no peer services target specifically at Wellness and Recovery.

The program would be new for this area and an adapted practice on a broader level. We hope to learn from the evaluation 1. Did this programming increase overall access on a county level to mental health services that directly promote mental health outcomes, 2. Which activity was the most successful in increasing access to mental health services 3. What are the perceived outcomes and importance of the programming from the participant perspective.

We predict that our overall system of care will be improved in the following ways: 1) strengthen the network of peer support services that serve Transgender individuals in the mental health clinics; 2) increase the amount of Trans Individuals who are enrolled in both traditional and non-traditional mental health services that directly promote mental health outcomes, and 3) increased perceived connection to caring and supportive individuals and community.

What we will learn is whether our three selected strategies are effective, which ones are the most effective, and what elements of recovery were adopted to participants of this programming. We will have some evidence and ability to make policy recommendations based on our learnings.

Project Measurement

In terms of evaluation, we will be looking at two sets of outcomes, one direct and one indirect.

Direct outcomes-

Did participants access mental health service direct result of the programming? We will see if there was an increase in enrollment in county services as a direct result of the programming by collecting data before the program starts and then after the program is completed. We will also look at each type of programming and compare them against each other. Is one more successful than another? Did one type generate more direct entry to service where another had more success with wellness based outcomes?

Evaluate two ways:

Was there an increase in TransWomen of color accessing mental health service that positively impact mental health outcomes?

Before the programming	After the programming
Collect data from the county on Trans women of Color enrolled in services	Collect data to see if there is an increase in enrollment in services that promote mental health recovery
Survey on how many participants in each type of programming are using a mental health services	Use a survey to document how many participants enroll in services promote mental health recovery

What was the wellness and recovery based outcomes of the programming?

Activities	Expected Outcome	How we will measure
Weekly support group	increased perceived connection to caring and supportive individuals and community.	Complete post survey
One stop transgender health fair	Create linkages to mental health services that improve mental health outcomes	Conduct client focus group
Education groups	Reduce anxiety, provide linkage to mental health services	Post Survey

We will develop our instruments in cooperation with our MHSA evaluator who will also assist with our focus group. At the focus group we will probe to determine if a sample of consumers who attended the health fair actually followed up with services. Our weekly support group participants will be surveyed after 6 sessions to see if they have increased their connection to the broader community as part of their Wellness and recovery. Finally, consumers who complete the Education groups will be surveyed to see after one month if they are experiencing less stress related to gender reassignment and if they have followed up with connecting with a mental health provider as a direct result of the groups.

Timeline

Phase I- Start Up and planning (3/1/2015-6/1/2015)

We are including a basic evaluation design. We may need to further refine and modify our evaluation design as we implement our program. Phase one will include survey

development as well as data collection around existing penetration rates of Trans Women of color in existing services that directly promote mental health outcomes.

Phase II- Implementation (6/2015-5/2016)

In this phase of the project, the program will be fully operational identifying a transgender population who is experiencing mental illness, assessing their social and behavioral health needs, and establishing a mutually-agreed upon relationships. We will collect baseline data for program participants and track changes over time. We will measure participant satisfaction and capture linkages.

Phase III – Reflection, evaluation, and dissemination (5/2016-6/2017)

In this phase, the qualitative evaluation gathered in implementation will be analyzed to determine the overall affect that using a peer-to peer support model had on enrollment in programs that directly promote mental health outcomes, and b) increased perceived connection to caring and supportive individuals and community. We will also assess the barrier experienced by peer staff, the challenges with the community partnerships and which model was the most successful. We will draft our recommendations for the county leadership team and the State.

Leveraging Resources

The Project anticipates \$20,000 in matching funds from another SFDPH department. The funds will be added to the overall budget to increase the capacity of the Friday Night Transgender Wellness Group.

Budget

The budget includes an hourly rate for peer counselors in the range of \$15-24/hr depending on experience with 3 FTE of peers in the budget. The peers for this program require a high level of training on issues related to complex cultural issues. In addition, the peers will be given specialized training related to discrimination and stigma in mental health settings.

YEAR ONE BUDGET FY 15/16

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	\$206,461			
2. Operating Expenditures	\$8,000			

3. Non-recurring expenditures				
4. Training Consultant contracts				
5. Work plan management	\$25,735			
6. Evaluation	\$28,000			
7. Total proposed work plan- Year 1 expenditures				
B. Revenues				
1. Existing revenues				
2. Additional revenues				
a.				
b.				
3. Total New Revenue				
4. Total Revenues				
C. Total funding requirements	<u>\$268,196</u>			

YEAR TWO BUDGET FY 16/17

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
D. Expenditures				
8. Personnel Expenditures	\$206,461			
9. Operating Expenditures	\$8,000			
10. Non-recurring expenditures				
11. Training Consultant contracts				
12. Work plan management	\$25,495			
13. Evaluation	\$28,000			

14. Total proposed work plan- Year 1 expenditures				
E. Revenues				
3. Existing revenues				
4. Additional revenues a. b.				
3. Total New Revenue				
4. Total Revenues				
F. Total funding requirements	<u>\$268,196</u>			