

NEW/REVISED PROGRAM DESCRIPTION
Innovation

County: Stanislaus (Final Revised 6/8/15)

Completely New Program

Program Number/Name: Youth Peer Navigators

Revised Previously Approved Program

Date: 4/24/15

Complete this form for each new INN Program. For existing INN programs with changes to the primary¹ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

- Increase access to underserved groups
 Increase the quality of services, including better outcomes
 Promote interagency collaboration
 Increase access to services

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

The Youth Peer Navigator Project is an integrated youth-centered approach to help young people with mental illness or Serious Emotional Disturbance (SED) navigate through the Stanislaus County Mental Health services system and improve mental health outcomes and their well-being. This Innovation Project will explore making a change to an existing mental health system practice/approach by engaging youth and their families in a manner that has proven promising in other areas, as well as less extensively for youth in mental health systems. The expectation is that by making this change, the project will increase the quality of services, including better outcomes.

Background

This Innovation Project is the direct result of input from youth involved in the Stanislaus County's Juvenile Justice system. Youth involvement first took shape in 2013 when Juvenile Justice began incorporating a Youth Leadership service program and chartered a chapter of "Youth in Mind", a youth led non-profit advocacy organization for children, TAY, and TAYA mental health constituents. Offering peer support and community resources, the focus is promoting mental health recovery, self-care management, well-being improvement, and mental illness stigma reduction. The Innovation Project Proposal was based on the input of the youth and the following information that explains why the change to the existing mental health is being proposed.

Youth from low-income households are at increased risk for mental health disorders.² Youth involved in the child welfare and juvenile justice systems are at even higher risk for having a mental disorder. An estimated 60-70% of youth entering California's Juvenile Justice system today suffer from mental health issues.¹ Over 50% of children and youth in the child welfare system have a diagnosable mental health condition. Youth of color experience disparities in prevalence and treatment for mental health issues.²

Many youth also face co-occurring substance abuse and mental health problems. The ability to navigate through the mental health system is vital to wellness, recovery, and resiliency for children, TAY, and TAYA, yet can be difficult and confusing for both youth and caregivers.

According to research from the Ontario Centre of Excellence for Child and Youth Mental Health, peer involvement in mental health services, with peers taking on a mentorship role working alongside case managers and/or youth clients to help them navigate the system, is used extensively in cancer care and in adult mental health care. To a lesser extent, youth peer navigators are being utilized in the area of mental health. Some findings conclude that the benefits of patient navigation include reduced hospitalization rates, better services to marginalized populations, and improved quality of life for individuals.

Furthermore, research shows that peer involvement is being used successfully in a number of promising programs with youth. Their findings: that outreach services for TAY with substance abuse problems involve former clients working alongside outreach staff or other workers and acting as peer educators or helpers. Peers with lived experience and street

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

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knowledge, and with knowledge of existing youth networks and social norms, may be more easily accepted by marginalized youth.³

Having lived experience and having navigated the mental health system, Youth Peer Navigators can also help youth overcome access issues due to personal factors, including cultural and spiritual barriers, lack of transportation, language barriers, concerns about confidentiality, not knowing where to go, feeling embarrassed about asking for help, and distrust of service providers.

As Youth in Mind members have lived experience and have themselves struggled with navigating the mental health system, the group theorized that having a peer to support the journey towards recovery would lead to more timely and appropriate linkages, along with more positive mental health outcomes.

Many youth served in CSOC have not successfully been engaged by traditional methods of treatment. As a result, they can become more seriously ill, have more aggressive behavior, and have higher rates of re-incarceration or re-institutionalization. This project is designed to increase the quality of services, including better outcomes through youth peer support in multiple areas of the Children's System of Care. Although youth peer navigation is not new, most of the evidence regarding peer navigation effectiveness is in the area of medical health, substance use, and adult mental health. We are interested in learning about the effectiveness of youth peer navigation in multiple settings of the Children's System of Care, as well as learning what aspects of youth peer navigation are most beneficial to youth of multiple ages.

1 Berkeley Center for Criminal Justice (2010), Juvenile Justice Policy Brief Series: Mental health issues in California's juvenile justice system

2 Kataoka, Zhang, and Wells (2002), Find Youth Info, Prevalence of Mental Health Disorders Among Youth

3 Ontario Centre of Excellence for Child and Youth Mental Health (January 2012), Evidence-in-Brief: Peer Navigators in youth mental health services

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

The Youth Peer Navigator Project is an integrated youth-centered approach to help young people with mental illness or Serious Emotional Disturbance (SED) to navigate through the Stanislaus County Mental Health services system and improve their mental health and well-being. Navigators between the ages of 21-28 years old will provide mental health education, linkages, and peer support to youth in the Behavioral Health and Recovery Service's (BHRS) Children's Systems of Care (CSOC), including Child Welfare, Juvenile Justice, and School Based Services. All youth in the program will be open to the CSOC and have been diagnosed with a mental illness or SED.

Special attention will be given to youth who are at risk of or are currently hospitalized in a psychiatric treatment facility or are in custody in Juvenile Justice and have been diagnosed with a mental disorder/emotional disturbance. A referral form and process, as well as the Interagency Resource Committee will be utilized to help determine priority based on need.

Housed through the BHRS Juvenile Justice program, the project seeks to adapt the current best practice model of Peer Navigation and pattern an Innovative approach to impact the lives of children, Transition Age Youth (TAY), and Transition Age Young Adults (TAYA), ages 6-19 years of age within the Stanislaus County CSOC.

The following issues will be addressed by this Innovation project:

- A. There are challenges to successfully engage the targeted population by traditional methods, and mental health recovery is challenging when youth are not engaged
 1. Many youth do not follow up for needed mental health services when released from custody or after psychiatric hospitalization
 2. Youth may lack knowledge about their mental health condition and may not be aware of prevention activities
 3. Youth may not understand the roles of different professionals and agencies
 4. Many youth are embarrassed to ask for help due to the stigma and discrimination associated with mental health

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and/or juvenile justice involvement and often do not know where to go to access needed services (mental health, health care, youth leadership opportunities)

5. Youth often may distrust service providers until rapport can be established
- B. The targeted population often lacks strong protective factors which can exacerbate mental illness and/or juvenile justice involvement
 1. Youth may need coaching in positive communication with their parents, friends, and professionals
 2. Youth sometimes do not have emotional or community support
- C. Navigating the mental health formal and informal system can be difficult and confusing for youth and/or caregivers
 1. Many youth lack transportation and support
 2. Youth may not know how to anticipate difficulties with upcoming meetings, appointments, and/or court dates

The Youth Peer Navigator will provide the support and mentorship that each individual youth requires at any given point during the service. The activities are flexible within the parameters of a support/mentoring role. *Examples* of activities include:

- Listen to the youth's experiences-successes and failures
- Explain what education and treatment terms mean
- Explain the role of different professionals and agencies
- Coach youth in positive communication with their parents, friends, and professionals
- Attend meetings with youth and the treatment team, IEP's, court, Child-Family Team Meetings, or other meetings the youth requests the presence of a Youth Peer Navigator
- Debrief difficult or complex meeting with the youth
- Assist youth to address shame, disappointment, anger, and stigma about behavioral health problems.
- Provide emotional support to help reduce fears of accessing mental health care
- Teach wellness recovery management
- Teach and mentor transitional living skills
- Assist youth to develop a family/community based support system
- Assist youth with becoming engaged in positive youth development community activities
- Assist with the coordination of and transportation to and from needed services
- Help facilitate communication with health care providers
- Advocate for youth's rights within the mental health, child welfare, and juvenile justice systems.
- Attend scheduled weekly support and supervision meetings
- Participate in the youth leadership activities in the county

It's important to note that Youth Peer Navigators will not replace the role of professional health care providers. They are simply another avenue of support for this population. The addition of the Youth Peer Navigators will change the existing practice of support and linkages in the CSOC by not relying solely on a clinician, case manager, or other adult employee of the system to ensure that the youth are engaged. Youth Peer Navigators will be carefully selected based on their advanced stage of mental health recovery, which will positively affect their ability to serve in this role. In order to protect both the Youth Peer Navigators and the youth paired with them, the Youth Peer Navigators will be monitored closely and supported by a Licensed Mental Health Professional employed by Stanislaus County – BHRS. Regularly scheduled supervision sessions will be instrumental in both the protection of participants and the success of the partnerships.

The Youth Peer Navigator project seeks to incorporate an adaption from current known best practices of existing Peer Navigator programs. These programs have not been used in the various CSOC settings with youth in Stanislaus County, and the learning outcomes will address whether youth peer navigation is effective in these various settings with various aged participants and what Youth Peer Navigators need in this process.

The Learning Questions

We expect to learn if Youth Peer Navigators play a role in increasing the quality of mental health services, producing better outcomes for the youth served. The questions that we will explore through this Innovation project include:

1. Are Youth Peer Navigators effective within various mental health settings in engaging youth and their families in navigating the mental health system? Are the navigators more effective in specific settings?

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2. Do Youth Peer Navigators help youth connect to natural and community supports?
3. Do Youth Peer Navigators contribute to increased protective factors? If so, which protective factors?
4. Do Youth Peer Navigators contribute to the reduction of criminal recidivism?
5. Do Youth Peer Navigators contribute to the reduction of re-hospitalization?
6. Does age play a role in improved outcomes for youth participating in this project?

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

- ♦ Community collaboration - The Youth Peer Navigator concept came directly from community youth and was shepherded through a youth leadership group in Stanislaus County. The project will provide clients with community linkages and resources to aide them through their recovery. It will also connect them to youth leadership opportunities.
- ♦ Cultural competence - What makes this project unique is that it will employ youth peers with lived experience related to mental health, juvenile justice incarceration, ex-gang history, and/or previous foster care involvement. Careful consideration will be placed when selecting the Youth Peer Navigators to ensure that diverse cultural, gender, and language needs are represented as much as possible. Further, the Youth Peer Navigators will participate in the cultural competency trainings provided by Stanislaus County BHRS. Ongoing supervision will ensure that client-driven and culturally appropriate processes are honored.
- ♦ Client/family driven mental health system – Children, TAY, and TAYA clients have difficulty understanding how to navigate through the Juvenile Justice and mental health system. This project is adaptive and client driven and allows clients and their families to drive their mental health care decisions through youth peer navigator support.
- ♦ Wellness and recovery - This project focuses on improving the overall wellness of youth involved in Juvenile Justice and the Children’s System of Care. One expected outcome is mental health recovery and resilience.
- ♦ Integrated Service Experiences – Youth Peer Navigators will augment a seamless service interaction for clients and their families. Housed and operated under Juvenile Justice Behavioral Health, the project will link individuals and their families with diverse mental health services throughout Stanislaus County. Inevitably, clients who don’t know how to navigate the mental health system and ask for help will be strengthened and empowered with youth peers joining them every step of the way.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

The project will provide youth peer navigation services to children and Transition Aged Youth (TAY) 6-19 years of age who are open to BHRS CSOC. All youth open to the CSOC are diagnosed with either a serious mental illness or a serious emotional/behavioral disorder. This will include youth involved with child welfare, Juvenile Justice, and multiple service providers such as youth connected to both special education and mental health.

Special attention will be given to youth who are at risk of or are currently hospitalized in a psychiatric treatment facility or are in custody in Juvenile Justice and have been diagnosed with a mental disorder/emotional disturbance. A referral form and process, as well as the Interagency Resource Committee will be utilized to help determine priority based on need.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

Implementation/completion dates: July 1, 2015- August 30, 2017

This project is a two year effort, beginning in July1, 2015 and concluding on or before August 30, 2017.

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During FY 2015-16:

- a. Start-up activities will begin immediately following OAC approval and establishment of an expanded service contract between BHRS and Stanislaus County Juvenile Justice. BHRS will recruit, hire, and train staff for the Youth Peer Navigator project. Services are anticipated to be operational no later than July 2015.
- b. During the first two months from being hired, Youth Peer Navigators will receive training in cultural competency, Youth Mental Health First Aid, CPR First Aid, basic interviewing techniques, and Search Institute’s 40 developmental Assets, and knowledge of community resources.
- c. During the first 3 to 5 months, evaluation instruments will be developed and/or identified for use during the study phase. Additionally, during this time, a method and timeframe for reviewing data will be developed, adjustments made as needed, and other administration/operational issues related to the service approach conducted.

During FY 16-17:

Continue services and evaluation activities into the final year of the learning project. Begin to formulate approach to the final learning report. Begin to evaluate learning and long term outcomes to confirm establishment of best practices and methods of successfully integrating learning into wider practice. Evaluate alternative funding options for possible continuation of the Youth Peer Navigator Project that includes effective new practices and improvements in the well-being of children should they emerge.

Detail Timeline for MHS Innovation Project – Youth Peer Navigators	
6/25/15	<ul style="list-style-type: none"> ♦ MHSOAC to consider Youth Peer Navigator Innovation project
7/15 – 11/15	<ul style="list-style-type: none"> ♦ Recruit and hire staff, two part-time Community Aids to fill the Youth Peer Navigator positions who are knowledgeable and enthusiastic about the Innovation project ♦ Conduct staff trainings for Youth Peer Navigators on topics including cultural competency, Youth Mental Health First Aid, and others to increase knowledge of mental health, basic interviewing techniques, community resources, and how to increase knowledge of Juvenile Justice, other programs, and mental health systems navigation ♦ Establish project monitoring schedule to check in on progress, highlights, challenges, and other issues
8/15 –12/15	<ul style="list-style-type: none"> ♦ Identify appropriate survey tools or develop original survey tools for use during the implementation and study phase of the project ♦ Use a quality management approach to project monitoring to ensure that outcomes are linked to specific elements of the project ♦ Begin interviewing clients and establishing rapport and trust using basic interviewing techniques ♦ Begin carrying caseloads with clients
12/15 - 5/17	<ul style="list-style-type: none"> ♦ Implementation and study phase – monitor progress toward intermediate and long term goals ♦ Continue services and evaluation activities ♦ Conduct project site visits ♦ Use a quality management approach to project monitoring to ensure that outcomes are linked to specific elements of the project ♦ Ongoing assessment and analysis of data and outcomes, adjust approach, continue project into final year ♦ Continue services ♦ Conduct project site visits ♦ Ongoing assessment and analysis of data and outcomes, adjust approach, continue project into final year ♦ Continue services

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	<ul style="list-style-type: none"> ♦ Ongoing assessment and analysis of data and outcomes
6/17 - 8/17	<ul style="list-style-type: none"> ♦ Conclude learning project, final assessment and analysis of data and outcomes, assess merit of continuing with alternative funding source, produce final learning report, and communicate results and lessons learned. ♦ Projects are given three months from the end of their completion date to gather data and complete a Final Report. This project would end its learning in June 2017 and submit a Final Report on or before August 30, 2017. ♦ Disseminate project evaluation results to other counties

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

Defining and measuring success for this Innovation Project is based on the learning questions described above and listed here:

1. Are Youth Peer Navigators effective within various mental health settings in engaging youth and their families in navigating the mental health system? Are the navigators more effective in specific settings?
2. Do Youth Peer Navigators help youth connect to natural and community supports?
3. Do Youth Peer Navigators contribute to increased protective factors? If so, which protective factors?
4. Do Youth Peer Navigators contribute to the reduction of criminal recidivism?
5. Do Youth Peer Navigators contribute to the reduction of re-hospitalization?
6. Does age play a role in improved outcomes for youth participating in this project?
7. What do Youth Peer Navigators need to be successful in their role?

The estimated budget for evaluation of this Innovation project is \$1,250.

The overarching contribution to learning will be to help inform the behavioral health field about the effectiveness of Youth Peer Navigation in multiple mental health settings with youth of different ages.

Since the purpose of the Innovation Project is to increase the quality of services, including better outcomes, the focus of the evaluation will be on the impact that the project had on the youth participants' mental health and wellbeing, as well as the perception of the quality of services experienced. However, there will also be a component of the evaluation focused on process and what is needed for the Youth Peer Navigators to be successful in their role.

Multiple methods of data collection, both qualitative and quantitative, will be utilized to address the learning questions, and will include the following: tracking and analysis of participants' incarceration and hospitalization data, tracking of youth linkages to other services and/or community support, Youth Peer Navigator documentation of progress, self-administered questionnaires or focus groups, and pre/post surveys.

Each Youth Peer Navigator will be collecting data regarding linkages, process, and the progress of the youth with whom they are supporting using tracking forms and a data base and/or the Electronic Health Record. It is expected that youth will be effectively connected to resources and supports. These forms will be developed in order to understand what is working well to improve youth outcomes. The Youth Peer Navigators will also be asked to share what they needed to be successful through questionnaires or focus groups. This data will be instrumental in learning what is working to engage and connect youth, and what is important from the Youth Peer Navigators' perspective.

Incarceration and hospitalization data is available for all youth open to the CSOC. The data will be analyzed, comparing pre and post engagement data to help assess if the Youth Peer Navigator services help decrease criminal recidivism and re-hospitalization. It is expected that criminal recidivism and re-hospitalization will decrease when youth are paired with a

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navigator.

At the start of working with a Youth Peer Navigator, youth participants will be asked to complete a Developmental Assets Profile (DAP) to measure strengths and protective factors. They will be asked to complete the DAP again at the end of Youth Peer Navigator services to indicate any change in the eight asset categories of the DAP. In addition, a questionnaire will be utilized for youth and families (if applicable) to assess engagement and satisfaction at the end of services. The expectation is that youth will experience increased developmental assets and through quality services and engagement.

All data will be reviewed and analyzed to compare results by age of youth participants, as well as by programs within the CSOC. This data will help determine if there are differences in outcomes between programs and amongst age ranges. However, this comparison may pose challenges due to the small number of projected participants.

Aggregate data and results will be shared with program staff, participants, and youth leadership, and there will be opportunity for additional feedback on the Innovation Project.

5. If applicable, provide a list of resources to be leveraged.

The project will leverage In-kind training costs in the amount of \$5,000 through Behavioral Health and Recovery Services (BHRS).

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals. (Please see next page)

7. Provide an estimated annual program budget, utilizing the following line items. (Please see next page)

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NEW ANNUAL PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department/Year 1	County Mental Health Department/Year 2	County Mental Health Department/Year 3	Total
1.	Personnel/Wages-Salaries	5,146	33,436	28,572	67,154
2.	Operating Expenditures	363	2,174	1,811	4,348
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)	1,250	7,500	6,250	15,000
5.	Work Plan Management				
6.	Other Expenditures				
	Total Proposed Expenditures				
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED		6,759	43,110	36,633	86,502

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

BUDGET NARRATIVE FOR FY 2014-15

A. Expenditures	Budget Amount
1. Personnel Expenditures	\$5,145
Includes estimated salaries and county benefits for two 0.725 FTE Clerical/Community Aides from May 1, 2015 through June 30, 2015. Salaries are based on the most recent county position rates. Fringe benefits are based on the FY 2014-15 rates and include Medicare, retirement, worker's compensation, and unemployment insurance.	
2. Operating Expenditures	\$363
Estimated costs of incentives and bus passes for clients as well as estimated costs for youth leadership training for the two Clerical/Community Aides from May 1, 2015 through June 30, 2015.	
3. Non-recurring Expenditures	\$0
Not applicable	
4. Training Consultant Contracts	\$1,250
Estimated cost to contract with a company to evaluate this project from May 1, 2015 through June 30, 2015.	
5. Work Plan Management	\$0
Not applicable	

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6. Other Expenditures	\$0
Not applicable	
7. Total Proposed Expenditures	\$6,758
B. Revenues	\$0
No anticipated revenues at this time	
C. Total Funding Requested	\$6,758
D.	

BUDGET NARRATIVE FOR FY 2015-16

A. Expenditures	Budget Amount
1. Personnel Expenditures	\$33,436
Includes estimated annual salaries and county benefits for two 0.725 FTE Clerical/Community Aides. Salaries are based on the most recent county position rates. Fringe benefits are based on the FY 2014-15 rates and include Medicare, retirement, worker's compensation, and unemployment insurance.	
2. Operating Expenditures	\$2,174
Estimated annual costs of incentives and bus passes for clients as well as estimated costs for youth leadership training for the two Clerical/Community Aides.	
3. Non-recurring Expenditures	\$0
Not applicable	
4. Training Consultant Contracts	\$7,500
Estimated cost to contract with a company to evaluate this project	
5. Work Plan Management	\$0
Not applicable	
6. Other Expenditures	\$0
Not applicable	
7. Total Proposed Expenditures	\$43,110
B. Revenues	\$0
No anticipated revenues at this time	
C. Total Funding Requested	\$43,110

BUDGET NARRATIVE FOR FY 2016-17

A. Expenditures	Budget Amount
1. Personnel Expenditures	\$28,572
Includes estimated salaries and county benefits for two 0.725 FTE Clerical/Community Aides from July 1, 2016 through April 30, 2017. Salaries are based on the most recent county position rates plus a 1% salary increase for this fiscal year only. Fringe benefits are based on the FY 2014-15 rates and include Medicare, retirement, worker's compensation, and unemployment insurance.	
2. Operating Expenditures	\$1,811
Estimated costs of incentives and bus passes for clients as well as estimated costs for youth leadership training for the two Clerical/Community Aides from May 1, 2015 through June 30, 2015.	
3. Non-recurring Expenditures	\$0
Not applicable	

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4. Training Consultant Contracts	\$6,250
Estimated cost to contract with a company to evaluate this project from July 1, 2016 through April 30, 2017.	
5. Work Plan Management	\$0
Not applicable	
6. Other Expenditures	\$0
Not applicable	
7. Total Proposed Expenditures	\$36,633
B. Revenues	\$0
No anticipated revenues at this time	
C. Total Funding Requested	\$36,633