



INNOVATION PLAN APPROVAL SUMMARY San Francisco Innovation

Total Requested for Innovation: \$ 4,200,900

Staff Recommends: APPROVAL

Innovation Plan Summary

San Francisco County Behavioral Health Services (CBHS) developed a community planning process which included public meetings to inform the public about the INN component and to generate ideas for innovation projects. This planning process resulted in hundreds of project ideas which an Innovation Advisory Committee reviewed and provided additional information. The Committee and participating community members held an email vote on project ideas that met the State's guidelines for innovation and the highest ranked project ideas were approved for submission to the State.

Adapt the WRAP (Wellness Recovery Action Plan)

The goal of this two year project is to utilize youth culture (e.g., rap, spoken word, multi-media) to educate transition age youth (TAY) about self-management tools they can use to manage mental illness and promote their wellness. The project seeks to learn whether the Adapt the WRAP approach is actually utilized and useful to TAY consumers as a crisis averting approach and as a self-management tool for wellness and resiliency. TAY have their own specific culture, and in order to reach them, mental health campaigns/strategies should use media to which they can relate. This project will engage youth to adapt an existing self-management tool, WRAP, by using media that is specific to TAY culture. TAY will engage in a competition to infuse the WRAP "tool" with youth culture by using highly creative approaches to make WRAP more accessible to youth through performing, digital, or visual arts that adapt the tool to different learning and cultural styles among TAY.

This project expects to teach the benefits of WRAP to youth and these WRAP media would help educate youth about the use of positive self-management tools to help support their wellness and resiliency. It is also anticipated that TAY providers would be able to use these WRAP media as effective outreach and engagement vehicles for TAY services, ultimately leading to better outcomes for TAY.

Mindfulness-based Intervention for Youth and their Providers

This one year project seeks to determine whether the intervention demonstrates an impact on reducing client/caregiver stress and decreasing trauma related symptoms. Young people are exposed to or are at risk of exposure to many different types of violence in conjunction with multiple forms of oppression associated with race, gender, and poverty. The short term impacts of violence-related trauma and oppressive circumstances experienced in adolescence include anxiety, depression, and behavioral health challenges. Providers working with at-risk and violence-exposed youth also face a variety of challenges arising from the acuity of the needs of this population. As young people face increasing levels of stress and trauma, the providers working with them in turn experience increased stress levels.

This project will train youth and service providers in mindfulness techniques and includes planning, facilitation, and evaluation of two interventions for youth, one intervention for providers, and one train-the-trainer for providers. The curriculum for youth is a mental and emotional training program designed specifically to meet the social and emotional needs of high-risk youth coping with complex trauma. The intervention for providers will empower through self-care, mindfulness, and emotional self-awareness tools and competencies. The train-the-trainer component is designed to build providers' ability to master mindfulness-based techniques and the confidence to facilitate interventions for youth and other providers. These techniques help to reduce stress and trauma affecting youth living in violent communities and to reduce the stress experienced by providers serving traumatized youth in community based programs.

Supported Employment & Cognitive Training (SECT) Project

Project SECT will test how to translate the highly successful and novel cognitive training methods into a community mental health center. The stakeholders anticipate that this will result in better quality of services and outcomes. SECT specifically focuses on a population of consumers that face the greatest barriers to successful community integration and to employment – seriously mentally ill consumers with co-occurring substance abuse and a history of homelessness and involvement in the criminal justice system. To assist seriously mentally ill consumers to become more independent and successful in employment, this project will combine two interventions – Supported Employment (SE) and a newly developed, computerized Cognitive Training (CT) program that sharpens clients' thinking, memory, and problem-solving skills. It is hypothesized that the combination of SE and CT will be more effective than separately administered and that they will be effective in field conditions. It is expected that SECT would improve outcomes by helping this underserved group successfully obtain subsidized and competitive employment. This project is two years which will allow for implementation, evaluating, and disseminating results. If successful, San Francisco will publish results which will be disseminated on a local, national and international scale.

Digital Story Telling (DST) for Adults

DST will use the universal cultural medium of storytelling to allow adults and older adults of all cultures and language groups to tell their story of trauma. The main learning goal is to understand whether DST and Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) in combination is more effective in helping consumers heal from their individual trauma than traditional therapies. Consumers of behavioral health services and other vulnerable populations are at high risk for trauma and, as a result, need a therapeutic approach that is effective and that engages them in culturally appropriate

ways. This two year project will use the culturally and linguistically competent age old tradition of “telling stories” that is honored by generations across all cultures, and will modernize it through the use of today’s media. Through story telling, consumers will be provided an opportunity to tell their life stories to a supportive and appreciative audience of peers while being digitally recorded. It is hypothesized that Digital Storytelling in combination with TF-CBT will provide a healing circle and supportive community in combination with an evidence based therapeutic strategy. This project is a collaboration between Community Behavioral Health Services, the Center for Digital Storytelling, and a group of human services providers throughout San Francisco that serve adults and older adults living with mental illness.

Youth-Led Evaluation of Behavioral Health Assessment Tools

Based on feedback from youth, San Francisco County believes that youth are sometimes inaccurately assessed simply through lack of cooperation with psychological assessments that are perceived as demeaning, invasive, and out of touch with youth culture. Many youth “blow off” these assessments by providing rote answers or otherwise withholding information. This project is a youth-led effort to assess the user-friendliness and recovery focus of assessment instruments and processes from the perspective of a diverse cadre of consumer and non-consumer youth that are representative of the diversity of the youth population in San Francisco. There will be 15 youth who will be integrally involved and another 45 youth who will participate in focus groups. Ultimately, this study will lead to a youth-developed report that may help to inform clinical practice and improve quality of services in San Francisco for many hundreds of youth. This study will be conducted over a 12 month period.

Peer Education/Advocacy on Self-Help Movement (PeerEd Project)

The purpose of this project is focused on increasing quality of services by improving educational training for professionals. The PeerEd Project will develop a recovery-based curriculum for peer-led in-classroom instruction for postsecondary students and faculty in five post-secondary institutions. The instruction will teach postsecondary students who are pursuing certificates and/or degrees in behavioral health, medicine or social work and provide technical assistance for faculty and student support service workers. In addition to the curriculum, PeerEd Project will provide peer-led consultation and support for faculty, the campus counseling offices, dorm advisors, and other support personnel to ensure that the recovery, wellness, and resilience philosophy is imbued into the culture of the universities to be served.

This two year project seeks to learn whether having experienced consumers offering technical assistance and instruction can help institutions of higher education incorporate the recovery model into their curricula and their campus services in a sustainable manner. Findings will be disseminated widely among participating institutions, counties and universities throughout the state.

Peer-Led Hoarding and Cluttering Support Team

Only a small proportion of the 12,000-15,000 San Franciscans with serious hoarding and cluttering issues receive any form of treatment. Unfortunately, most interventions occur after eviction proceedings are underway or after the individual is homeless. This project will increase access to services for this underserved target group by using a peer-based strategy that has not been used with this population. This two year project tests the theory that adding a peer-based approach to this population will help to reduce isolation and stigma that is a serious barrier to engagement in treatment. Peer supports will be selected from the graduates of hoarding and cluttering treatment groups. The county is expecting that increased support and crisis response for individuals dealing with hoarding and cluttering issues through a peer-based network will result in improved consumer outcomes – such as lower eviction rates, reduction or elimination of target behaviors, and improved consumer satisfaction and wellbeing. A Social Worker, in collaboration with the peer intervention team, will help provide the therapeutic case management and supportive services to clients in their homes.

Collaboration with the Faith Community

This is a three year project designed to promote interagency collaboration to build the system of services that support individuals with mental illness and their families in San Francisco. The project seeks to learn why the San Francisco faith community is not better connected to the mental health system, to discover ways to change that situation, and to test the efficacy of collaboration between the sectors to improve outcomes for mental health consumers and their families. Year one will convene leaders of faith communities and leaders of the behavioral health care community. Through this collaboration, in Year Two, pilot projects will be implemented that will have direct impact on consumer populations. The goal of the project is to take learning beyond personalities and historical issues and to candidly look at systemic barriers, differences in perception and world views, and issues related to expectations and social return on investment. The results will lead to a system of services and a model for building a system after prior attempts have failed due to lack of insight into barriers.

Community Mini-Grants for Innovation

The primary purpose of the three year Community Mini-grants for Innovation project is to increase the quality of services including better outcomes for individuals living with mental health challenges in San Francisco. CBHS will develop and test a community-run grant making program modeled on the funding methodology commonly employed by venture capitalists in the for-profit sector and donor advised funds in a community foundation. The primary learning objectives are to determine if adopting a funding model that 1) increases community members' influence over funding decisions and 2) engages community members who have not traditionally been engaged in funding mental health projects will result in selection of innovative and community friendly projects.

CBHS administration will learn from the innovative funding process, while the age-based Systems of Care will learn from outcomes of specific projects. Mini-grants will serve low-income individuals and families experiencing or at-risk for mental health challenges – especially populations that are under- or inappropriately served by the

current CBHS service system. CBHS will conduct ongoing evaluation efforts to understand whether this funding model and the engagement and empowerment of diverse and non-traditional mental health decision makers improve the funding process, programs or outcomes.