

Date: 4/9/14

County: San Francisco County

Work Plan: INN # 14

Work Plan Name: First Impressions

**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*

The First Impression Project aims at changing the first impressions that mental health consumers have upon entering a mental health clinic, in two unique ways: 1) by engaging them and clinic staff in the decision making process of what they want their clinic to look like, and 2) by providing them with vocational training in basic construction and remodeling to make significant changes to the look and feel of their clinic.

The First Impressions Project (FIP) will *increase the quality of services, including better outcomes* by improving the morale of clinical staff, thereby, improving productivity, creating a sense of ownership and pride of one's worksite, and most importantly, increasing engagement with clients and improving services and outcomes.

Although we anticipate that the following goals will be achieved in the longterm, we will not measure them in this initial innovation project. FIP will *increase access to underserved groups and increase access to services* by creating a welcoming clinic environment which reflects the community in which the clinic is located and the culture(s) of the recipients of services, thus increasing the likelihood that underserved groups will utilize the services of this clinic. Additionally, FIP will *promote interagency collaboration* by partnering with a community-based mental health provider with experience in vocational services and a local building contractor with the openness and willingness to train consumers in basic construction and remodeling.

**Project Description**

It has long been known that the look of a medical clinic can impact the impression that one may have of services they may be receiving. Additionally, the look of a clinic's reception area may also make a client feel unwelcome and ask themselves "wow, is this

what they think of me?” Recipients of mental health services are very sensitive to these impressions. FIP aims at changing the impression consumers have of their mental health clinic by engaging them in the process of clinic transformation and training them in basic construction and remodeling in order to make the necessary transformations of their clinic.

The goals of FIP are to increase consumer engagement by involving them in the decision making process, thereby increasing their mental health wellness and recovery and to help consumers learn marketable job skills, receive on-the-job training, mentoring and secure meaningful employment opportunities.

Training in basic construction and remodeling skills may include but not limited to: patching and painting walls, ceilings and doors; changing/applying window dressings; hanging décor; installing and disposing of furniture and accessories; building furniture; cleaning and repairing flooring; graffiti abatement; minor landscaping, etc. This program will not entail heavy construction. Ideally, the new program will provide participants with:

- at least three months of classroom and hands on training;
- at least six months of supervised fieldwork experience, including redecorating projects at the Department of Public Health (DPH) clinics and programs, specifically to renovate the waiting rooms at County Behavioral Health Services ? (CBHS) mental health clinics;
- at least minimum wage for participant’s time, effort, and participation in fieldwork;
- job placement support to assist consumers with job preparation, resume building, job placement in the competitive workforce, and retention services.

FIP vocational services will include, but are not limited to intake sessions, assessments, trainings, supervision, workshops, coaching, job placement and retention services. In addition, these services are intended to adhere to the Recovery Model helping consumers to improve their health and wellness. These services are intended to provide meaningful activities that foster a consumer’s independence and increase her/his ability to participate in society in a meaningful way.

**Expected Outcomes/Positive Change:** If this project is successful, the primary outcome would be:

- An increase in consumer engagement in clinic and clinical services
- An increase in client satisfaction with services
- An increase in staff and provider moral
- An increase in consumers who have learned marketable job skills in basic construction and remodeling.

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

- **Community Collaboration:** FIP 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 selected clinic for FIP will have a look and feel that reflects the clinic that it is located in and the clients that it serves.
- **Client Driven:** FIP is an empowerment driven approach in which the clients receiving services are the ones who will be deciding what their clinic will look like. Additionally, they will receive vocational training in basic construction and remodeling to make the changes in the look and feel of their clinic.
- **Wellness, Recovery and Resilience focus:** By empowering consumers in the decision making process of how their clinic will look *and* training them in making these changes will hopefully build internal skills to apply this wellness and recovery in other areas of their life.
- **Integrated Service Experience:** FIP is a service integration model in its very nature. FIP clients will be provided vocational services and support that will impact their ability to obtain and retain competitive employment in basic construction and remodeling.
- **Family-driven:** FIP is a client, family, and community-driven program. This program understands and embraces that families are involved and often integral in the health and wellness of consumers. Additionally, FIP aims to assure families of consumers that the re-design of the clinics will address the needs of families from diverse cultural perspectives.

**Contribution to Learning**

FIP is an *adapted* mental health practice, in that there have been vocational training programs that teach basic construction to consumers. However, never have consumers been *engaged* in the process of how they want their clinic to look and feel, and then taught *and* allowed to make those changes.

We can anticipate that if the look and feel of a clinic is changed in a positive way, that it will impact client moral and perhaps services. However, FIP is novel and unique in that it engages consumers in the decision making process of how they want their clinic to look and feel, and then *trains* them to make these changes. We want to learn what the difference is between the traditional way that clinic remodeling is done (consumers/clients are not included) verses including consumers every step of the way.

We predict that client involvement in this process will not only improve their recovery process, but that those who participate in the vocational services component will increase their capacity to attain and retain employment in the field of basic construction and remodeling.

In addition to the above consumer changes, we can anticipate an increased level of engagement and moral of staff and providers who work at this mental health clinic and a new found sense of respect for the consumers who made these decisions and changes.

## **Timeline**

### **Phase I- Start Up and planning (6/2014-12/2014)**

Program staff and consumers will spend the first six months of this project selecting a community-based organization that will provide the vocational services and the general building contractor to work with on this project. The next step will be to select two civil service clinics that will be *transformed*. Program staff and consumers will work with Mental Health Services Act (MHSA) evaluators to develop an evaluation design. Consumer and staff focus groups will occur during this phase to determine what they want their clinic to look like. Recruitment of consumers will begin who are interested training in basic construction and remodeling.

### **Phase II- Implementation (1/2015-12/2015)**

This phase will be when the classroom and hand-on training on basic construction and remodeling will occur. Field work in basic construction and remodeling may entail painting, changing/applying window dressings, hanging décor, moving furniture, carpet repair and installation, and graffiti abatement, etc. FIP will not entail heavy construction. This phase will also include vocational services such as: intake sessions, assessments, trainings, supervision, workshops, coaching, job placement and retention services. During this phase, evaluation will take place to track qualitatively how this process is affecting those who are involved in the vocational services, the staff and providers of the clinic, as well as other clients of the clinic who are not involved in this program, but are witnessing the transformation.

### **Phase III – Reflection, evaluation, and dissemination (1/2016-6/2016)**

In this phase, the qualitative evaluation gathered in implementation will be analyzed to determine the overall affect that the clinic transformation had on participants of FIP, staff and providers, and other clinic staff. Writing of the learning report and dissemination of finding will also occur in this phase.

## **Project Measurement**

There are a number of objectives that we anticipate to measure, with the help of CBHS evaluation team and consumer input, we would like to measure/determine:

Consumer outcomes:

- Individuals will report a greater sense of empowerment due to the involvement and engagement with FIP and clinic
- Individuals will demonstrate skills in basic building and construction
- Individuals will demonstrate improvement in overall wellness and recovery, as measured by the a recovery scale, such as the Mental Health Recovery Measure.

Staff and providers

- Staff will report a greater sense of work moral due to clinic transformation

Overall program outcomes:

- If FIP, MHSA San Francisco will use this model to fund other capital projects with Community Services and Support (CSS) funding.
- If FIP is successful, its innovative model will be adopted by other clinics in San Francisco, as well as other local and state mental health clinics.

**Leveraging Resources (if applicable)**

CBHS Operations team will be included in this process to see if they can leverage any construction related resources, such as carpeting, drapery, and office furniture.

**YEAR ONE BUDGET**

	<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers</b>	<b>Total</b>
<b>A. Expenditures</b>				
1. Personnel Expenditures	<b>\$124,000</b>			
2. Operating Expenditures	<b>\$25,000</b>			
3. Non-recurring expenditures	<b>\$75,000</b>			
4. Training Consultant contracts	<b>\$24,000</b>			
5. Work plan management				
6. Evaluation	<b>\$2000</b>			
<b>7. Total proposed work plan- Year 1 expenditures</b>	<b>\$250,000</b>			
<b>B. Revenues</b>				
1. Existing revenues				
2. Additional revenues a. b.				
3. Total New Revenue				
4. Total Revenues				
<b>C. Total funding requirements</b>				<b>\$500,000</b>

**YEAR TWO BUDGET**

	<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers</b>	<b>Total</b>
<b>A. Expenditures</b>				
1. Personnel Expenditures	<b>\$124,000</b>			
2. Operating Expenditures	<b>\$25,000</b>			
3. Non-recurring expenditures	<b>\$75,000</b>			
4. Training Consultant contracts	<b>\$24,000</b>			
5. Work plan management	<b>\$2000</b>			
6. Evaluation				
7. <b>Total proposed work plan- Year 2 expenditures</b>	<b>\$250,000</b>			
<b>B. Revenues</b>				
1. Existing revenues				
2. Additional revenues				
a.				
b.				
3. Total New Revenue				
4. Total Revenues				
<b>C. Total funding requirements</b>				<b>\$500,000</b>