

## INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST	
<p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p>	
<p><input type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.</p>	
<p><input type="checkbox"/> Local Mental Health Board approval</p>	<p>Approval Date: _____</p>
<p><input type="checkbox"/> Completed 30 day public comment period</p>	<p>Comment Period: _____</p>
<p><input type="checkbox"/> BOS approval date</p>	<p>Approval Date: _____</p>
<p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____</p>	
<p><i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p>	
<p>Desired Presentation Date for Commission: _____</p>	
<p><b><i>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.</i></b></p>	

County Name: Amador

Date submitted: March 22, 2021 (first draft)

Project Title: Comprehensive Community Support Model to Address Student Mental Health

Total amount requested: \$665,000 (\$133,000 per year for five years)

Duration of project: July 1, 2021 through June 30, 2026

**Purpose of Document:** The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

**Innovation Project Defined:** As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

## Section 1: Innovations Regulations Requirement Categories

### CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

## CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

## Section 2: Project Overview

### PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

**Background:** In April 2018, at the direction of stakeholders and the Behavioral Health Advisory Board, Amador County Behavioral Health Services (ACBHS) implemented a program that engages with the school district to explore school-based mental health early intervention strategies. ACBHS coordinated this engagement process with the Amador County Unified School District (ACUSD), Amador County Office of Education (ACOE) and other community-based organizations to determine where the gaps lie in providing students mental health treatment and what processes and systems should be in place to identify and treat mental illness in the school settings.

The program operates as a workgroup called 'School Based Mental Health Early Intervention Strategies' and has met several times since April 2018. Specific members of the workgroup include ACBHS, ACUSD and ACOE. Two other community-based organizations that work within the school sites to provide prevention and early intervention services also participate in the workgroup and they are Nexus Youth & Family Services and First 5 Amador. Updates regarding the workgroup activities are provided at the bi-monthly Behavioral Health Advisory Board meetings, bi-monthly Mental Health Services Act/Cultural Competency Steering Committee meetings and annually to the Amador County Board of Supervisors. In order to formalize the county/school district relationship a Memorandum of Understanding was implemented in August 2018 and continues today.

The vision of the work group is to provide access and linkage to mental health services and supports to students and their families in Amador County.

The mission of the workgroup is to increase mental health services to students, develop and enhance a seamless system of care that identifies at-risk youth and youth who are in need of early intervention services in order to better meet the needs of students in school by providing services in school settings.

**Problem:** Prior to COVID-19, the School Based Mental Health Early Intervention Strategies workgroup developed long and short term goals to address student mental health and increase services and supports for students and their families.

Short-term solutions have included:

- The creation of an MOU between ACBHS and ACUSD/ACOE resulted in implementation of ACBHS clinicians providing services directly at the school sites. The MOU was recently expanded in the school year 2019/20 to reflect the addition of the additional services provided by ACBHS regarding ACUSD/ACOE Threat Protocols.
- Referral sheets and flow charts to assist school counselors and personnel have also been developed and disseminated to the school sites in order to provide students and families' access and linkage to mental health services and supports.
- Quarterly meetings between the workgroup and School Counselors have been established.

Long-term solutions include:

- The implementation of a universal screening tool in order to identify students who may be at-risk for mental illness and students who are experiencing mental illness and are in need of early intervention services. The screening tool would be implemented as early as pre-k as a requirement similar to hearing and vision tests in order to reduce stigma amongst mental illness. The workgroup has done research on screening tools and has not yet implemented this long-term solution yet.
- Implementation of a Student Assistance Program to work with students and engage their families in connecting to higher levels of mental health treatment and support. A Student Assistance Program was implemented for the 2019-20 school year with limited funds and is having a significant response from school personnel.
- Mental Health professionals, to provide mental health services to students at any school site within the school district.
- Increase school counselors so that at least one school counselor is located at each school site throughout the district and/or that social emotional wellness school counselors are available to address the wellness of students.
- Suicide Prevention activities related to the implementation of AB2246 including but not limited to training and activities for school personnel and students.

However, with the onset of COVID-19 and the negative community impact felt by students and families, these goals are now needing to be expanded and/or revised.

Students and families in Amador County are now dealing with a new set of challenges that negatively impact mental health and social emotional wellbeing. With the onset of distance and/or hybrid learning and challenges that are arising from not being physically in school or around others, youth are more depressed, unmotivated, anxious and stressed. Additionally parents and childcare providers are managing multiple things in a constantly changing world/environment.

Prior to COVID-19, students/school aged children were in the classroom setting and parents/caregivers were able to effectively manage schedules and care. This also made the goals of the workgroup easier to implement since students were physically in schools within the community. With the onset of COVID-19, students are in various locations each day—some are in childcare settings, others are at home with their parents/caregivers, some are at work with their parent/caregivers and if the child is participating in hybrid learning, they could be at school but with limited access to additional resources needed. Due to the complex switch in the family dynamic and rural nature of Amador County, access to students is challenging and requires a more robust system of care to create outreach, services and support for student mental health and their support networks.

Amador County is lacking a community response to students, parents and childcare providers that would address mental health as a result of the COVID-19 pandemic and beyond. COVID-19 has revealed that cohesive systems are not in place to adequately serve and support the mental health needs of the community who are serving students in various capacities.

In November 2020, a survey of 174 students revealed that 69% of students feel overwhelmed by their social situation, school or home. Nearly half also reported feeling hopeless. Many students, youth and families are experiencing increased stress, anxiety and overwhelm. School closures and distance learning have affected families in negative ways. Childcare providers are working to assist parents while they are working with little to no skillset in how to provide a homeschooling environment. Families and students are not able to receive much needed assistance or guidance as they once had. As a result, people are falling through the cracks, not receiving the appropriate referrals they need. Parents are struggling to accommodate the needs of their students while also trying to balance a work/life schedule that often does not accommodate distance learning environments or educational benchmarks. Additionally, if students have mental health or behavioral challenges, parents/caregivers and childcare providers are often unequipped, lacking the skills and experience necessary to handle the stressors that come with caring for and teaching students who are experiencing those challenges.

There are currently no supports in place to promote access to services for students and their families, let alone referral pathways to services from school sites are now limited because students and families are not being seen. When students are not reporting to school, negative consequences are pursued, creating more stress. Parenting classes offered by community partners have shifted to discussions regarding the pandemic and the impacts it has and is having on lives. Childcare providers are reporting increasing struggles and need additional support for themselves and the families they serve. In August 2020, a survey to 26 child care sites was issued. The survey revealed that the child care providers were caring for 118 students ranging in age from Transitional Kindergarten through 6<sup>th</sup> grade. 88% of the child care provider sites were providing assistance to the children with their distance learning. Providers also used the commentary section of the survey that revealed how much they are struggling with juggling various demands of providing child care in a COVID-19 world, mainly how other, younger children are not being provided the attention they once had due to the provider being pulled several different directions. This has caused behavioral challenges with those children who are younger, needing more attention and focus and are not receiving it.

Amador County families are in need of interim supports while appropriate and sustainable services are accessed. Amador County is lacking a comprehensive mental health response to the COVID-19 pandemic and addressing the increased sphere of student and caregiver mental health.

## PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

### A) Provide a brief narrative overview description of the proposed project.

First and foremost, the ‘School Based Mental Health Early Intervention Strategies’ workgroup (referred to as the ‘workgroup’) would convene to develop a community support model implementation plan and engage community based partners in this process. Weekly or bi-weekly meetings will be scheduled to ensure cohesiveness in the development of the implementation plan and roll out of service delivery. The workgroup would be responsible for creating the model.

Simultaneously, the Student Assistance Program (community-based organization to be identified) would receive referrals as usual for students. Another community based organization in Amador would receive referrals for childcare providers, students and student siblings. Other agencies as identified could also be included in the ‘referral clearinghouse’. Increasing referral pathways will provide more timely access to intervention and support, as appropriate. This would assist in providing a formal system of care that would provide efficient access to mental health services.

After the referrals are reviewed and initial contact is made, if appropriate, the student, parent/caregiver or childcare provider would be provided access to a mental health therapist to provide interim support while the student, parent/caregiver or childcare provider are supported in ascertaining sustainable solutions. For example, the student is in need of therapeutic intervention while waiting for an appointment with a private community therapist or a childcare provider needs to discuss coping mechanisms while finding out what other services are available to support their needs.

In addition to a therapeutic intervention, community supports for parents and caregivers would be offered. Support groups for parents, educational workshops and support groups for childcare providers and increased outreach and advocacy to address student’s needs are examples of the community support model implementation plan. Continued support through the Student Assistance Program or and other community based organizations would be ongoing.

This model is fluid and would adapt to the changing requirements at the local, state and federal level for COVID-19. Stakeholders will be identifying needs through conversation and surveys and program implementation would be adjusted to meet those changing needs.

By expanding the Student Assistance Program model, ACBHS would be able to adapt the program to a comprehensive community support model, which would address student mental health. The conceptualized model would create support networks, leverage existing resources, and develop a countywide system that addresses the entire spectrum of student mental health including parents, childcare providers, and individual needs.

The graphic below provides a visual of how the system of care is currently envisioned:



B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

The Student Assistance Program (SAP) is a comprehensive school-based approach that coordinates support services and some direct services for students. Through the referral and facilitation of appropriate services, SAPs have been successful in reducing students' behavioral and disciplinary violations including substance use, helping students get through schools safely and successfully, and improving school attendance and academic performance. Although the approach is titled Student Assistance Program, it directly benefits and supports the staff, family, and the community when students use the supportive services when they need it.

The Student Assistance Program should be used as a portal to allow the students and families to access the county or community based services. Referrals to the SAP are usually open to any school staff, family, students or friends. There are a lot of variations of how a SAP is structured, run, and funded. Services provided under a SAP also vary, but may include an array of interventions that address non-academic barriers. These non-academic barriers include, but are not limited to:

- Individual or family stress
- School challenges
- Family changes
- Attendance concerns
- Substance abuse concerns
- Safety concerns
- Mental health concerns

In FY 19/20, Amador County piloted a Student Assistance Program in Amador County Unified Schools, utilizing a community-based organization as a neutral party outside of the school or county systems in order to create a safety net of support for students and families. School counselors and administrators provided the majority of the referrals to the SAP. Due to the lack of direct mental health professional services, dedicated school counselors at school sites and other barriers that exist in rural communities such as transportation and access to professional services and treatment, the SAP had a profound response. Utilizing a prevention-focused approach, a total of 94 referrals were made to the program directly from ACUSD school sites between October 1, 2019 and June 30, 2020. The SAP completed 70 family conferences. 124 youth and 115 adults participated in SAP services and families have received 277 referrals to community resources, support and services. The success rate on the referrals to community resources and services is averaging at 73%. However, 100% of SAP participants have stated that they have learned where to go for help when needed and they would seek other prevention services, if needed, again in the future.

Continuation of a Student Assistance Program, using a community based organization as a neutral party, in Amador County Unified Schools will continue to create a safety net for students and families who need ongoing assistance to address an array of non-academic needs in a respectful and appropriate way. However, as noted in the high number of referrals provided by the SAP last fiscal year, a stand-alone program is not the answer. COVID-19 has revealed that Amador County lacks a comprehensive response system to address student mental health at all levels. As a result, a more comprehensive system needs to be developed in order to promote a preventative approach, not a responsive approach to accessing students, families and caregivers/providers. Now that students are no longer in a school setting, referrals into the SAP

have decreased and as a result, a broadened community-based approach is necessary to meet students and families where they are at. Additionally, support is now needed beyond the family unit. Child care settings and other caregivers also need assistance, specifically when it comes to coping mechanisms in managing stress, anxiety and resources to help them with the students and youth they are tasked with providing care for. By expanding the SAP model a more broad approach will be implemented to meet the mental health needs of students and support their expanded sphere of providers.

Due to the success of the Student Assistance Program and the undeniable fact that more support for students is needed, the selected approach of expanding the program to include a community-based, holistic and prevention-focused approach is appropriate to meet Amador's needs.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

350 individuals are to be served annually. In eight months, the SAP served 239 individuals. This proposed project will expand service provision and supports and be implemented for a full twelve months. Thus, it is anticipated that a higher number of individuals will be served.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The target population includes:

- Students in Amador County who are in preschool through the 12<sup>th</sup> grade
- Parents and Caregivers
- Childcare providers
- ACUSD Staff
- Any student or anyone who is supporting a student as a family member, childcare provider, caregiver, teacher and/or anyone who is identified as providing support that benefits the child in any capacity.

## RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The proposed project is different from similar projects that have been implemented by other counties and other school districts. This project is unique as it is not isolated to school settings. Other county public mental health systems have developed robust relationships with their respective office of education and school districts to provide effective systems of care within the school settings. This project, however, takes a different approach by working as a community based support model that targets students and anyone working with that student to provide access to mental health services and supports.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing

practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

Diligent efforts were made to investigate existing models or approaches that would be similar or close to what ACBHS is proposing.

First, a thorough review of the recently published ‘Summaries of County-School Partnerships to Advance School Mental Health’, created by the California School-Based Health Alliance, in partnership with California Mental Health Services Authority (CalMHSA) was completed. The detailed matrix report provided information on various counties and their school-based mental health service strategies. However, the community based model wasn’t clearly defined in what the counties were doing and the work, although different in each community, was not utilizing a community model. The proposed project would create a community-school based partnership as opposed to a county-school partnership. The community-school based partnership would address an array of student mental health needs that expand beyond the student itself to include their support networks and families.

Research was conducted to further investigate existing models or approaches similar to a community based approach to student mental health. One approach, Whole School, Whole Community, Whole Child (WSCC) combines and builds on the elements of the Whole Child model and the Coordinated School Health (CSH) approach to create a unified model that supports a systematic, integrated and collaborative approach to health and learning. (Theresa C. Lewallen MA, Holly Hunt, William Potts-Datema, Stephanie Zaza MD, & Wayne Giles MD, 2015) Throughout the article titled ‘The Whole School, Whole Community, Whole Child Model: A New Approach for Improving Educational Attainment and Healthy Development for Students’ in the Journal of School Health, it is learned that the WSCC approach uses the student as a focal point, which is the same focal point as the proposed project. What is unique about the WSCC is “...*whole* to support the development of each child and youth most effectively. The focus of the WSCC model is a socioecological approach that is directed at the whole school, with the school, in turn, drawing its resources and influences from the whole community and serving to address the needs of the whole child.” The article further states that “ASCD and the CDC encourage use of the model as a framework for improving students learning and health.” (Theresa C. Lewallen MA, Holly Hunt, William Potts-Datema, Stephanie Zaza MD, & Wayne Giles MD, 2015)

In order to determine what exactly the WSCC framework is, additional investigation was conducted, which led to the Centers for Disease Control and Prevention (CDC) Healthy Schools website. According to the CDC, “The Whole School, Whole Community, Whole Child, or WSCC model, is CDC’s framework for addressing health in schools. The WSCC model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices. The WSCC model has [10 components](#):

1. Physical education and physical activity.
2. Nutrition environment and services.
3. Health education.
4. Social and emotional school climate.
5. Physical environment.
6. Health services.
7. Counseling, psychological and social services.

8. Employee wellness.
9. Community involvement.
10. Family engagement.” (Center for Disease Control and Prevention (CDC) , 2020)

The CDC website clarifies that schools can incorporate components of the WSCC as they see fit. Therefore it was determined that although different schools throughout the nation are using this framework, it is applied in different ways based off each schools unique needs and communities. The WSCC validates that a community-school approach is effective but a universal model is not established due to the varying needs of each school community. In fact, in researching the WSCC further it became evident that the WSCC is focusing on healthy schools, however, due to COVID-19, students are no longer physically in school as they once were and the WSCC framework would need to be adapted to address gaps identified at the local level. The first gap is that due to the fact that many school-based services are obsolete from school campuses, the community has essentially become the ‘school setting’ and the need to create a community-school system that supports students outside of the school campus is greater now more than ever.

In an article titled, School-based mental health services in the United States: History, current models and needs, it noted that “As schools have increasingly been mandated to serve the needs of all children (including those who are emotionally disturbed) general health and mental health services have been increasingly placed in them.” (Lois T. Flaherty M.D., 1996) As a result, schools are taxed with an array of mandates that stray from the academic focus. In order to support school systems, a community-school based relationship must be formed in order to meet the needs of students and the expanded sphere of support they are now engaged in as a result of the COVID-19 pandemic.

Another study that uses a similar approach to what the project is proposing, was examined. Innovations on a shoestring: a study of a collaborative community-based Aboriginal mental health service model in rural Canada (Marion A Maar, 2009), utilized a community based approach in a rural area to meet the mental health needs of an isolated and underserved aboriginal community. However, the study was not a community-school based relationship, it was an integrated service model that focused on adults. With that being said, after extensive review of the service model it was determined that the approach used in this study is very similar to the proposed project, however, the target of the ACBHS INN Proposal is a small, rural American community with a focus on using community supports to comprehensively provide a system of care for students and their entire support system, as appropriate.

The research investigation points to successful approaches and frameworks which can be applied to the proposed project in various ways. The research also identifies where challenges are most likely to occur and how to implement a strong program to mitigate the severity of potential issues while working as partners to provide community-school services. However, no clear approach to defining a comprehensive community model of care that addresses students and their support system, including their unique set of needs during COVID-19 and beyond, could be found.

## **LEARNING GOALS/PROJECT AIMS**

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

The project goal is to create a sustainable community-school system that supports the entire spectrum of student mental health. Through the creation of a sustainable community-school system we would like to learn:

- Will supporting students individually increase access to mental health and wellness services and supports?
- Will supporting student families increase access to community resources, including mental health and wellness services and supports for the entire family (siblings, parents, etc.)?
- Will supporting childcare providers who are serving school-aged children provide a decrease in their stress and increase knowledge of available mental health and wellness services and supports available to students, their families and for themselves?
- Through the community-school based support model will ACUSD increase their referrals to the expanded program?
- Will supporting ACUSD staff increase knowledge of available mental health and wellness services and supports available to students and their families?

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The learning goals relate to the key elements/approaches that are new and adapted because it is a community-school based relationship as opposed to a county-school based partnership. Using the community, building on existing resources and developing strategies that address the mental health and wellness needs of *all* who may be supporting the student is the new approach and is changed from other models since it is focused on the student's wellness, as a whole, wherever the student may be.

## EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

Data infrastructure will be the first key activity and deliverable as a result of the proposed project. Data collected as result of this multi-faceted project will be qualitative and quantitative. Although service providers and funded partners will be responsible for data collection and submission, ACBHS will be overseeing the data and evaluation framework and ensuring that all evaluation metrics are collected on a monthly, quarterly, bi-annual or annual schedule.

Please see the attached Evaluation Plan which provides a preliminary proposal for qualitative and quantitative data before and during the project implementation. This is subject to change. The School Based Mental Health Early Intervention Strategies workgroup (workgroup) will be meeting monthly to discuss program implementation and will be reviewing data analysis quarterly. During the workgroup meetings and in reviewing data and processing evaluation, the workgroup will be looking at doing a full 'system check' where gaps in services are identified, capacity challenges are discussed and learning goals are updated, adjusted or noted as completed. Adjustments will be made to the project as trends are identified. For example, the workgroup is noticing that the 'system' is lacking qualified mental health professionals to provide services to

young children. The workgroup would work to allocate resources to recruit a provider to meet this need. Ongoing adjustments would be required in order to create a comprehensive system of care as well as intentionally building capacity in sustainable ways.

## Section 3: Additional Information for Regulatory Requirements

### CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

The proposed project and components of the project evaluation will be contracted out in order to ensure a community structured model is developed. Contract partners will be identified as the workgroup more clearly defines where areas of need are and where funding would best be leveraged in a sustainable way. For example, childcare providers are connected through the childcare provider referral agency, but are also connected to other community-based organizations based on the population they are serving. Some community-based organizations that support children in childcare settings have also pursued efforts to address students who are now in their care due to the pandemic. In order to best meet their needs, a deeper dive into who would best be able to leverage their current relationships with providers to address not only their own wellness, but their student's needs, would need to occur prior to determining where resources should be allocated.

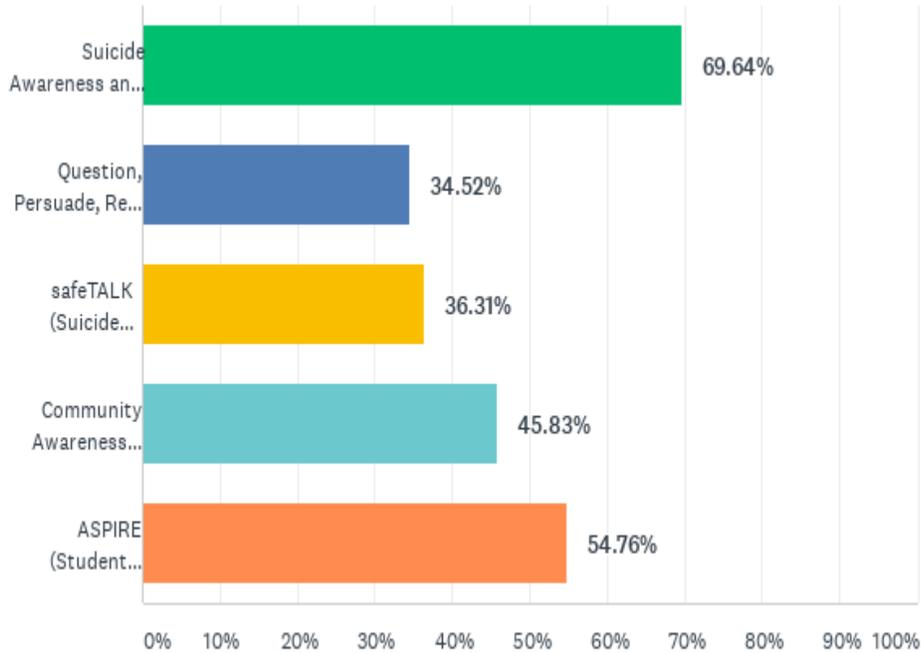
ACBHS manages many contracts, specifically for MHSOAC-related services and supports and will use the same approach to manage the contractual relationship for this proposed project. ACBHS will ensure quality as well as regulatory compliance through quarterly reports and participating in all aspects of the development process and implementation of the proposed project.

### COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or underserved populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

The Community Program Planning Process started in the planning for the MHSOAC FY 20-23 Three Year Plan in Spring 2020. Due to the fact that the Student Assistance Program was funded, utilizing time-limited reverted MHSOAC PEI funds, ACBHS needed stakeholder input to determine how to allocate resources and what to prioritize for funding. A community survey was distributed and 168 respondents answered the question:

**PROGRAMS THAT HAVE BEEN FUNDED USING TIME-LIMITED REVERSION FUNDS WILL NO LONGER BE FUNDED EFFECTIVE JULY 1, 2020. IN ORDER FOR AMADOR COUNTY BEHAVIORAL HEALTH TO DETERMINE FUNDING PRIORITIES, PLEASE SELECT WHICH REVERSION-FUNDED PROGRAMS ARE MOST BENEFICIAL TO AMADOR COUNTY:**



168 respondents answered this question. The top three reversion programs that are most beneficial to Amador County are:

1. Suicide Awareness and Prevention Efforts;
2. ASPIRE (Student Assistance Program)
3. Community Awareness Campaign

This revealed that student mental health is a priority for stakeholders. Although, the PEI budget would not allow for the continuation of the Student Assistance Program at its original level, ACBHS and the stakeholders continued to stay engaged in order to address student mental health, especially during the COVID-19 pandemic.

The results of the Community Program Planning Process as well as student mental health is discussed bi-monthly at the MHSA/Cultural Competency Steering Committee meeting which is a diverse group of stakeholders and community members across the lifespan and representative of the county demographics and service needs. The MHSA/Cultural Competency Steering Committee is very active in prioritizing and implementing unmet needs identified in the Community Program Planning Process and have been actively involved in the development of this project through meeting attendance, working in the School Based Mental Health Early Intervention Strategies Workgroup and through providing feedback on an ongoing basis via surveys.

The Amador County Behavioral Health Advisory Board (ACBHAB) has been actively involved in advocating and assuring that enhanced school based mental health services and supports are implemented within the Amador County Unified School District. It is a standing agenda item and updates are provided at the bi-monthly meetings regarding funding, service needs and solution-focused strategies. The ACBHAB provides annual updates to the Amador County Board of Supervisors and regular updates on student mental health are delivered by the Assistant Superintendent to the Amador County Unified School District School Board. In early 2020, the ACBHAB supported and assisted ACBHS and ACUSD in applying for the Mental Health Student Services Act (MHSSA) RFA through the MHSOAC. Although the grant was not awarded, student mental health remained a priority for stakeholders and a continued working goal for the ACBHAB. In order to elevate efforts to address student mental health and the increasing mental health needs of childcare providers and families, the ACBHAB has directed ACBHS to continue to advocate and identify solutions to continue to support Amador County youth and their families.

In the Fall of 2020, it was determined that further stakeholder input was needed to determine a direction for a new Innovations project. First, a survey went out to students to ask how they were feeling and if there were programs for them to address those feelings, would they participate? 174 students responded to the survey which revealed that 69% of students feel overwhelmed by their social situation, school or home. Nearly half also reported feeling hopeless. 50% reported they would access a program to help them with those feelings of overwhelm and hopelessness. Throughout the planning process for this Innovations project, students have been engaged and when asked what would most benefit them and what the proposed project would mean to them – here is what they said:

“More support, both academically and emotionally.”

“I am ready to go to therapy now.”

“I feel heard.”

“I feel hopeful.”

“I feel relieved.”

“I feel like you may be able to help our family.”

“You made us feel very comfortable and relaxed.”

“We are looking forward to more meetings and help.”

Additionally, students will continue to be engaged throughout this process by using surveys, one-on-one feedback and more.

Another survey, issued to community stakeholders, asked if a project focusing on developing a comprehensive community-school based support model to address student mental health would be supported by stakeholders and align with Amador’s unmet needs. 77 responses were received and over 96% responded yes. Thereafter, the School Based Mental Health Early Intervention Strategies Workgroup met to discuss a model to propose to the MHSOAC in more detail.

Continual updates are provided at the ACBHAB, the MHSA/Cultural Competency Steering Committee meeting, student groups – including Friday Night Live, and in other workgroups and commissions, as appropriate in order to make sure that the project is going to address the needs of the community and solicit feedback which will assist in making the project successful.

## **MHSA GENERAL STANDARDS**

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

- A) **Community Collaboration:** The School Based Mental Health Early Intervention Strategies Workgroup was developed as a result of community collaboration. The workgroup, developed in early 2018, is comprised of community based organizations, the public behavioral health system and the Amador County Unified School District. Input from county and community based partners drives the activities of the workgroup, which are

supported by key stakeholder groups and county leadership. Due to the small and rural nature of Amador County, community collaboration is critical to supporting students using sustainable community-based services and supports.

- B) Cultural Competency:** The MHSOAC/Cultural Competency Committee is held bi-monthly and Innovations is a standing agenda item where the diverse group of stakeholders are presented with information and provided an opportunity to engage in discussions around implementation and project focus. Cultural Competency is prioritized and embedded into all Amador County MHSOAC programs. It is a requirement of all ACBHS contract providers who receive MHSOAC funds to complete Cultural Competence training annually and to attend the MHSOAC/Cultural Competency Steering Committee in order to insure that the programs are incorporating culturally and linguistically appropriate practices. Many MHSOAC-funded partners also attend other culturally-focused committee meetings including the Latino Engagement Committee and the Native American Round Table meeting.

In order to effectively provide services to students, families and childcare providers, culturally appropriate service delivery methods must be adopted in order to engage the target population. Flexibility in approaches for engaging youth, families and providers will vary depending on where the referral came from and to whom it was made for. Training to all provider staff will be offered annually to ensure that the system is cultural competent. Additionally, cultural competency training will be incorporated into the educational workshops and opportunities provided to ACUSD staff, childcare provider staff and parents to assist in building a more culturally competent system of care.

- C) Client-Driven:** The community-school comprehensive support model is individualized based off of the needs of each family, provider and student. Each individual who is served will be ‘driving their ship’ when it comes to service provision and determining what is most appropriate to assist them in their wellness and recovery journey. By expanding the referral pathways and increasing access to community supports and services, more options are available to meet the unique needs of students, families and care providers, which will provide more opportunity for engagement in services that are meaningful to the client, thus promoting successful client outcomes.
- D) Family-Driven:** The proposed project focuses on not only the student, but the student’s family as well. Meaningful participation and decision making authority from the family will determine the level of the success of the student. It will also help identify unmet needs the family may be experiencing in supporting the student and the family structure itself. Engaging families and care providers, to support the student, was a key finding in the early stages of the School Based Mental Health Early Intervention Strategies Workgroup and without family support, efforts to support the student will not be effective.

- E) **Wellness, Recovery, and Resilience-Focused:** All aspects of the proposed project focuses on wellness, recovery and resiliency. Not only for the student, but their families and care providers. Additionally, when planning for services for the students, families, childcare providers or supporting ACUSD staff, the recovery-oriented model and wellness focus will be applied. The goal of the entire project is to focus on strengths and resiliency in order to create a sustainable support model that addresses the wellness of Amador County’s youth and those who support them.
- F) **Integrated Service Experience for Clients and Families:** By focusing on the entire student – using a holistic approach – the student, the family, the entities/individuals supporting the student are all receiving support in various ways. This provides for an integrated service experience that has never been implemented before in Amador County and truly develops a ‘system of care’ that focuses on the wellness, education and access to care for the student’s entire support system.

## **CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION**

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

Innovations and discussions around current Innovations projects are a standing agenda item at the MHSA/Cultural Competency Steering Committee held bi-monthly. Key stakeholders who are representative of the community attend regularly and actively participate in the Innovations discussions. As stated above, all contract providers implementing services for the proposed project will be required to attend Cultural Competency training annually and incorporate cultural humility and linguistically and culturally appropriate service provision.

Additionally, the Amador County Behavioral Health Advisory Board is actively involved in the School Based Mental Health Early Intervention Strategies Workgroup meeting and updates at their bi-monthly meeting will be provided and input on project development, implementation and evaluation will be solicited.

Finally, the MHSA Community Program Planning Process and public comment and public hearing process for the MHSA Annual Updates and Three Year Plans also provide ample opportunity for stakeholder’s involvement in evaluation and review of the proposed project.

## **INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE**

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

The project goal is to create a community-school comprehensive support model that will eventually become a ‘system of care’. Although Innovations funds will be used to support the development and framework of

the model, the key is utilizing community based services and supports that are already in existence to support sustainability.

Currently, it is believed that Amador County has ‘untapped resources’ that are not being utilized to their full potential. Billable revenue could be increased and will also be analyzed over the course of the project to develop sustainability after the proposed project is completed.

Another component of sustainability is the need to be intentional when reviewing referrals and available services. Amador is a small, rural county with limited resources and a severe lack of mental health providers, as well as other workforce to support the mental health continuum. Capacity building will need to occur as we expand programs but in an intentional way so that the community-school system is viable even after th Innovations funds expire.

In the event successful components of the proposed project are not in a position to be funded through existing community based resources/partnerships and other identified billable services, MHSA Prevention and Early Intervention funds, will be used to support the unfunded successes of this project.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

It is assumed that individuals with serious mental illness will receive services from the proposed project. The plan to protect and provide continuity of care for these individuals would be to provide them access to social security/disability benefits and Medi-cal coverage so that they are able to become clients at ACBHS upon project completion.

## COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

- A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

**ACBHS:** Information will be disseminated to stakeholders utilizing the MHSA/Cultural Competency Steering Committee, the Amador County Behavioral Health Advisory Board and the Amador County Behavioral Health Outreach and Engagement Community Email List which currently access 492 individuals and organizations. ACBHS will also include information when providing community presentations.

**Contracted Partners:** Many community-based organizations within Amador County have access to social media platforms, respective websites and other media outlets in order to provide information and updates regarding the proposed project. This allows participants and other stakeholders who are interested in the proposed project the opportunity to share and access information using various platforms that create more access to information and easier information sharing. Community presentations will also be provided.

**ACUSD:** ACUSD engages in regular meetings with administration, school counselors and other staff. ACUSD plans to disseminate information regarding the program at their various meetings and on their social media and other online platforms.

**Youth:** Youth will be engaged using a variety of methods, including but not limited to, ACUSD and community-based partner contracted services. This includes utilizing Friday Night Live students, ACUSD’s listserv to access middle and high school aged students as well as one-on-one discussions held with students. The goal is to have the student voice drive the development of the project as well as provide feedback and progress on implementation.

B) **KEYWORDS** for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

Amador Student, Amador MHSA Innovations, Amador Community Support, Amador School Mental Health, Amador Student Mental Health Resources

**TIMELINE**

A) Specify the expected start date and end date of your INN Project

July 1, 2021 through June 30, 2026.

B) Specify the total timeframe (duration) of the INN Project

5 Years

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Year	Key Activities	Deliverables
FY 2021-22	Seek stakeholder input to identify a project name. Project design, data collection infrastructure (e.g. development of data collection instruments and administration schedule, data deposits/data collection processes/procedures), RFP/Procurement Process to obtain funded partners for service provision, identifying responsibilities among funded partners, outreach and communication plan re: program, development of outreach materials. Development of educational/workshop series for	Data collection instruments, administration schedule & infrastructure  Collect baseline data  Contracts and MOU’s with community based organizations to implement proposed project  Project implementation  Outreach and communication Plan for proposed project  Workshop/education series for childcare providers

	<p>childcare providers and ACUSD staff to promote professional development activities.</p>	<p>(quarterly)/Professional Development opportunities</p> <p>Workshop/education series for ACUSD staff (quarterly)/ Professional Development opportunities</p> <p>Ongoing analysis of billable/reimbursable services and funding streams to sustain program after INN funds expire</p> <p>MHSA Annual Update Evaluation Report</p>
<p>FY 2022-23</p>	<p>Project implementation, monthly workgroup review of project implementation which includes data review, lessons learned and adjustments needed to project</p>	<p>Data collection and quarterly reports for review at stakeholder meetings and within the workgroup</p> <p>Continued outreach and communication</p> <p>Workshop/education series for childcare providers (quarterly)/Professional Development opportunities</p> <p>Workshop/education series for ACUSD staff (quarterly)/Professional Development opportunities</p> <p>Ongoing analysis of billable/reimbursable services and funding streams to sustain program after INN funds expire</p> <p>MHSA Annual Update Evaluation Report – which includes lessons learned and changes made as a result of the learning</p>
<p>FY 2023-24</p>	<p>Continued project implementation</p>	<p>Data collection and quarterly reports for review at stakeholder meetings and within the workgroup</p>

		<p>Continued outreach and communication</p> <p>Workshop/education series for childcare providers (quarterly)/ Professional Development opportunities</p> <p>Workshop/education series for ACUSD staff (quarterly)/ Professional Development opportunities</p> <p>Ongoing analysis of billable/reimbursable services and funding streams to sustain program after INN funds expire</p> <p>MHSA Three Year Plan Evaluation Report – which includes lessons learned and changes made as a result of the learning</p>
FY 2024-25	Continued project implementation	<p>Data collection and quarterly reports for review at stakeholder meetings and within the workgroup</p> <p>Continued outreach and communication</p> <p>Workshop/education series for childcare providers (quarterly)/ Professional Development opportunities</p> <p>Workshop/education series for ACUSD staff (quarterly)/ Professional Development opportunities</p> <p>Ongoing analysis of billable/reimbursable services and funding streams to sustain program after INN funds expire</p> <p>MHSA Annual Update Evaluation Report – which includes lessons</p>

		learned and changes made as a result of the learning
FY 2025-26	Continued project implementation and sustainability transition	<p>Data collection and quarterly reports for review at stakeholder meetings and within the workgroup</p> <p>Sustainability plan development to continue the services developed by the ‘system’ of care using pre-existing community funds and resources.</p> <p>Continued outreach and communication</p> <p>Workshop/education series for childcare providers (quarterly)/ Professional Development opportunities</p> <p>Workshop/education series for ACUSD staff (quarterly)/ Professional Development opportunities</p> <p>Development of Sustainability Transition Plan</p> <p>MHSA Annual Update Evaluation Report – which includes lessons learned and changes made as a result of the learning.</p>

## Section 4: INN Project Budget and Source of Expenditures

### INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)

C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

## BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “\$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total \$15,000”) and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, “Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time...”). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

## EXPENDITURES

**Personnel Costs (salaries, wages, benefits):** The only personnel costs allocated to this project are indirect costs for program administration. This amount was derived by taking 5% of both the MHSA Programs Coordinator and ACBHS Director’s loaded wage for FY20/21 and increasing that by 5% annually over the course of five years.

## OPERATING COSTS

**Indirect Costs:** These were included to account for any operational costs the program may incur throughout the course of the project. The operational costs could include data infrastructure and development, marketing and outreach costs and other expenses deemed appropriate for the proposed project. The FY21/22 costs are higher due to the work that will be required to create data infrastructure and outreach materials/costs. It is anticipated that after the first fiscal year of project implementation, the operating costs will stabilize.

## NON-RECURRING COSTS

A one-time allocation for the first fiscal year of the project was provided for non-recurring costs in the amount of \$1,378.

## CONSULTANT COSTS / CONTRACTS

**Direct Costs:** \$75,000 per year is allocated to contract providers who will be able to implement the proposed project which will include case management on the expanded program for the SAP, direct mental health services (therapeutic) interventions and other direct services and supports as appropriate for students, families and providers.

Direct costs also include the educational training and support for childcare providers and ACUSD staff to be provided quarterly.

**Indirect Costs:** \$25,000 per year is allocated to contract providers who will be able to implement the proposed project activities such as manage referrals, data systems in connection to direct service provision as well as program and service coordination.

Note: Direct and indirect costs could be blended into one contract and multiple contracts may be provided as a result of this proposed project.

### OTHER EXPENDITURES

A rate of \$6,000 per fiscal year was allocated for evaluation purposes, for a total of \$30,000 for the duration of the project.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs	16,221	16,971	17,759	18,406	19,265	
4.	<b>Total Personnel Costs</b>	<b>16,221</b>	<b>16,971</b>	<b>17,759</b>	<b>18,406</b>	<b>19,265</b>	<b>\$ 88,622</b>
<b>OPERATING COSTS*</b>							
5.	Direct Costs						
6.	Indirect Costs	15,000	7,500	7,500	7,500	7,500	
7.	<b>Total Operating Costs</b>	<b>15,000</b>	<b>7,500</b>	<b>7,500</b>	<b>7,500</b>	<b>7,500</b>	<b>\$ 45,000</b>
<b>NON-RECURRING COSTS (equipment, technology)</b>							
8.	Anticipated one-time non-recurring costs for technological or equipment needs	1,378					
9.							
10.	<b>Total non-recurring costs</b>	<b>1,378</b>					<b>\$</b>
<b>CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)</b>							
11.	Direct Costs	75,000	75,000	75,000	75,000	75,000	
12.	Indirect Costs	25,000	25,000	25,000	25,000	25,000	
13.	<b>Total Consultant Costs</b>	<b>100,000</b>	<b>100,000</b>	<b>100,000</b>	<b>100,000</b>	<b>100,000</b>	<b>\$ 500,000</b>
<b>OTHER EXPENDITURES (please explain in budget narrative)</b>							
14.	Evaluation Costs	6,000	6,000	6,000	6,000	6,000	\$ 30,000
15.							
16.	<b>Total Other Expenditures</b>	<b>6,000</b>	<b>6,000</b>	<b>6,000</b>	<b>6,000</b>	<b>6,000</b>	<b>\$ 30,000</b>
<b>BUDGET TOTALS</b>							
	<b>Personnel (total of line 1)</b>						<b>\$</b>
	<b>Direct Costs (add lines 2, 5, and 11 from above)</b>	<b>75,000</b>	<b>75,000</b>	<b>75,000</b>	<b>75,000</b>	<b>75,000</b>	<b>\$ 375,000</b>

Indirect Costs (add lines 3, 6, and 12 from above)	56,221	49,471	50,259	50,906	51,765	\$ 258,622
Non-recurring costs (total of line 10)	1,378					\$ 1,378
Other Expenditures (total of line 16)						\$ 30,000
<b>TOTAL INNOVATION BUDGET</b>						<b>\$ 665,000</b>

\*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

**Administration:**

Administration will be fully funded by Innovative MHSA Funds. The administration expenses include all expenses listed in the table above, with the exception of Other Expenditures, and fully incorporate the Personnel Costs, Operating Costs, Non-recurring and Consultant / Contracts Costs anticipated to be required in order to implement the proposed project.

**Evaluation:**

Evaluation is listed in the table above as Other Expenditures and is listed separately in the table below. All evaluation will be funded using Innovation funds and overseen by ACBHS to insure quality and regulatory compliance.

**BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)**

**ADMINISTRATION:**

A.	Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
1.	Innovative MSHA Funds	132,599	124,471	125,259	125,906	126,765	635,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	<b>Total Proposed Administration</b>	<b>132,599</b>	<b>124,471</b>	<b>125,259</b>	<b>125,906</b>	<b>126,765</b>	<b>\$ 635,000</b>

**EVALUATION:**

B.	Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
1.	Innovative MSHA Funds	6,000	6,000	6,000	6,000	6,000	30,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	<b>Total Proposed Evaluation</b>	<b>6,000</b>	<b>6,000</b>	<b>6,000</b>	<b>6,000</b>	<b>6,000</b>	<b>\$ 30,000</b>

**TOTALS:**

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
1.	Innovative MSHA Funds*	138,599	130,471	131,259	131,906	132,765	\$ 665,000
2.	Federal Financial Participation						\$
3.	1991 Realignment						\$
4.	Behavioral Health Subaccount						\$
5.	Other funding**						\$
6.	<b>Total Proposed Expenditures</b>	<b>138,599</b>	<b>130,471</b>	<b>131,259</b>	<b>131,906</b>	<b>132,765</b>	<b>\$ 665,000</b>

\* INN MSHA funds reflected in total of line C1 should equal the INN amount County is requesting

\*\* If "other funding" is included, please explain within budget narrative.