

## 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 checked="" 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 checked="" type="checkbox"/> Local Behavioral Health Board approval Approval Date: Public Hearing Scheduled on 05/08/2023</p>
<p><input checked="" type="checkbox"/> Completed 30-day public comment period. Comment Period: Slated to Commence on 03/15/2023 through 04/15/2023</p>
<p><input checked="" type="checkbox"/> BOS approval date <span style="float: right;">Approval Date: <u>  06/06/2023  </u></span></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: July 27, 2023</p> <p><b><u>Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.</u></b></p>

County Name: Santa Clara

Date submitted: June 6, 2023

Project Title: TGE Center

Total amount requested: \$11,938,639.

Duration of project: 54 months

## 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

Transgender, non-binary, and gender expansive (TGE) communities have historically been marginalized, ignored, and/or persecuted by individual providers and systems of care, creating deep wells of cultural and generational trauma. Specifically, in the health and mental health fields, gender diversity has been pathologized and life-saving gender affirming care has been withheld and gate kept. TGE people simultaneously face deep mental health disparities and significant mistrust of mental health systems, which leads to delays in care and more advanced mental health crises. Crises are often precipitated by family rejection, discrimination, violence, and the feeling that “nowhere is safe.” The Gender Health Center (GHC) in Santa Clara County has seen an increase in visits from clients at times of impending emotional crisis looking for a safe space and supportive connection. This momentary relief provided by GHC does not allow true de-escalation when patients immediately return to contributory circumstances, such as unsupportive family, intimate partner conflict, or harassment.

Systems of care continue to enact trauma upon TGE communities— a 2015 US Transgender Survey, carried out by the National Center for Transgender Equality, found that one third (33%) of transgender individuals were targeted (verbally harassed, refused care, etc.) by a mental or physical healthcare professional because of their TGE identity. Additionally, 23% of transgender individuals did not seek necessary care out of fear of discrimination and mistreatment.<sup>1</sup> Such disparities in care are dangerously paired with disparities in mental wellness—the 2022 National Survey on LGBTQ Youth Mental Health carried out by the Trevor Project reports that up to 65% of transgender individuals experience suicidal ideation at some point in their lifetime, and a 2013 survey in Santa Clara County found that nearly half of transgender respondents considered suicide and/or self-harm in that year.

*“Over 80% of Trans Spectrum respondents also reported experiencing discrimination at least 1 to 3 times a year (if not more frequently) based on their gender identity/ expression. However, Trans Spectrum respondents reported more frequent discrimination, with 34% reporting feeling discriminated against on a daily or weekly basis. Black and Native American Trans Spectrum respondents reported even higher rates of over 41%. Overall (daily to yearly), 92% of Black Trans Spectrum respondents reported feeling discriminated against because of their gender identity/expression. CS respondents were asked how much distress the discrimination they felt caused them. For every subgroup, 90% or more experienced some level of distress caused by sexual orientation discrimination. For all subgroups except older adults, 40% or more of respondents reported feeling moderate to extreme distress, with Latino respondents reporting the highest rate at 51%. Stress experienced due to gender identity/ expression discrimination was reported at even higher rates for certain subgroups. Trans Spectrum, and particularly AA & NHPI, Latino and Native American Trans Spectrum respondents reported rates of 65% and higher for experiencing moderate to extreme distress.”<sup>2</sup>*

*(California LGBTQ Reducing Mental Health Disparities Population Report, CRDP 2018)*

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<sup>1</sup> Source: <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>

<sup>2</sup> Source: [https://cpehn.org/assets/uploads/2021/05/LGBTQ\\_CRDP\\_Population\\_Report.pdf](https://cpehn.org/assets/uploads/2021/05/LGBTQ_CRDP_Population_Report.pdf)

According to national data, 40% of transgender respondents reported having attempted suicide in their lifetime. Locally, according to data from the County of Santa Clara's Gender Health Center, almost half of their 400+ patients had a documented lifetime suicidal ideation, 24.5% had a lifetime suicide attempt, and 23.3% had received inpatient psychiatric treatment. Moreover, the 2021 LGBTQ+ Older Adults in Santa Clara County study found that almost one-fifth of participants lived alone and experienced high levels of loneliness.<sup>3</sup> Higher rates of depression, anxiety, substance misuse, and other mental health disruptions all contribute to the overall disparities in the holistic wellness of TGE communities.

In addition, TGE adults are nearly 4x more likely to experience homelessness than the general population, and the National Center for Transgender Equality 2022 US Trans Survey reports that one in four transgender people have lost their job due to bias, more than three fourths have experienced some form of discrimination, and as a result of high unemployment levels and poverty, one in eight turn to underground economies.<sup>4</sup> Gender-affirming environments, practices, and care have been shown to lower rates of depression and suicide risk for TGE folks.

This new MHSA Innovation project goes beyond ensuring TGE visibility in Santa Clara County (SCC); it encourages TGE folks to thrive by giving them a space dedicated to their holistic wellness. In many ways, the mere creation of this project can give rise to community healing because it communicates that SCC acknowledges the unique experiences of TGE people and alleviates TGE community members of the burden of creating affirming spaces for themselves. This project will address the gaps between TGE individuals, their families, and the providers that serve them by creating a space dedicated to culturally competent, holistic care.

## PROPOSED PROJECT

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

The primary learning goal of this project is to be attentive to the needs of TGE individuals through a community-informed approach, and by centering programs and solutions through the lived experience of local TGE community members. By creating a physical space and access for TGE people to thrive, SCC can gain the insight and knowledge needed to accelerate the reduction and elimination of anti-trans stigma and related disparities, while encouraging TGE people to leverage lived expertise as a source for empowerment, resilience, and liberation. This would be the first public sector, TGE center in the greater Bay Area to be designed by, and primarily dedicated to the TGE community. By establishing a physical location, the project will serve as a signal to the TGE community that SCC supports them, and knows of the importance of providing competent, compassionate and comprehensive services and supports.

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<sup>3</sup> Source:

[https://lgbtq.sccgov.org/sites/g/files/exjcpb1081/files/documents/LGBTQ%2B\\_Older\\_Adults\\_in\\_Santa\\_Clara\\_County\\_2021\\_Final-Report.pdf](https://lgbtq.sccgov.org/sites/g/files/exjcpb1081/files/documents/LGBTQ%2B_Older_Adults_in_Santa_Clara_County_2021_Final-Report.pdf)

<sup>4</sup> Source: <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>

The following represent the intended goals for this project along with proposed activities/deliverables to assess project progress and impact:

1. Establish a Project Steering Committee formed by up to ten (10) local members of the TGE community and its partners/allies.
  - a. The Committee will serve as an advisor to the project, overseeing the selection, retrofit and design of the physical space, informing the service mix and providing subject matter expertise for the general activities and deliverables related to the project on an ongoing basis.
  - b. Committee members will be selected by SCC staff with the assistance of other community partners. A list of qualifying criteria will be established for the selection of members, and if necessary, interviews will be conducted with applicants.
  - c. Individuals can apply directly or be referred by community partners.
2. Provide healing, wellness, and stability to promote the empowerment of transgender, non-binary, and gender expansive (TGE) county residents.
3. Create a safe and affirming space where TGE residents can engage in a variety of services and resources, such as, but not limited to:
  - a. Respite drop-in services, that offer a space for patrons to seek out information and assistance, spend time reading, make use of the computer terminals, meet up with friends and peers, or attend events organized by the center.
  - b. Peer-driven non-clinical crisis support and access/referral to TGE affirming behavioral health services.
  - c. Connection to local and national TGE service providers and community organizations.
  - d. Provide resources and access to housing assistance for clients at risk at, or already unhoused/underhoused.
  - e. Kinship circles and support groups for TGE residents focused on healing practices and positive health outcomes.
  - f. Wellness activities that connect TGE people to TGE heritage, arts, and culture.
  - g. Job readiness, career development, and leadership trainings that seek to economically empower TGE people.
  - h. TGE community advisory for service providers and organizations.
  - i. Solutions for families and caretakers to actively affirm, include, and care for TGE people.
  - j. Offer a clothing closet that includes gender affirming clothing and similar items that are hard to find in traditional retail establishments.
  - k. Offer computer stations to help in job applications and communications.

4. Partner with community organizations providing services for TGE clients.
  - a. Identify community partners serving TGE clients and establish collaborative agreements to provide and/or enhance services and supports, and Center staff can better connect clients with these existing service providers.
5. Conduct a comprehensive data and evaluation/return on investment analysis to assess program goals and impact.

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

This project makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population. The primary innovation being tested is the effectiveness of establishing a community center for TGE clients designed by and for them, including the types of services available. Although the SCC has multiple LGBTQ+ providers and organizations that may include TGE services and resources, they are limited in scope for this community and are not centralized. While the Gender Health Center has been a place for TGE community members to receive affirming medical care, there is a gap in holistic health and community building that this new center can provide. This project aims to intentionally and actively address the unique challenges and barriers TGE people face, especially those of intersectional TGE Black, Indigenous, People of Color (BIPOC) identities where community members would not need to hesitate or question if their identity or experience will be seen, valued and supported in a larger LGBTQ+ space.

*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 approach used for this project is similar to San Mateo County's former Innovation project for the PRIDE Center, which combined direct mental health services with community building and educational programming aimed at the LGBTQ+ community. The project will allow the primary intended recipients of services, namely the TGE community, to decide for themselves what type of services are most necessary and useful to their community, in a way that will increase both the engagement of TGE folks with services, as well as the quality of services available to them. In order to increase awareness of existing services, this project will also provide outreach and informational sessions, and will be able to host service providers who wish to make use of the space for events, meetings and/or workshops. To achieve this, the project will establish a TGE steering committee tasked with guiding the selected provider(s) in identifying a space, designing the center, recommending the service mix, and performing periodic reviews to ensure that the project advances smoothly.

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

The 2020 US census states that about 1% of the US population identifies as TGE; this means there are about 20,000 TGE residents in Santa Clara County. This project seeks to serve as many clients as possible but will aim to serve an estimated 500 unique individuals each year, including youth, transitional age-youth and adults at the center, and provide outreach and

education to an estimated 1,000 people each year. Over the 4.5-year lifecycle of the project about 20-25% of the TGE population would have engaged with the Center in some capacity.

*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 project will serve transgender, non-binary, and gender expansive (TGE) community members of all ages and backgrounds in Santa Clara County. The center will partner with other community organizations to drive engagement with their services. Family members and friends of TGE folks will also have access to resources and services, as appropriate.

## **RESEARCH ON INN COMPONENT**

Currently, there are no community centers in California that are designed by, and specifically for transgender, non-binary, and gender expansive folks. The County of Santa Clara does offer some services for TGE clients, but those services are often housed within broader LGBTQ+ programming, are more focused on clinical and medical needs, and are not developed from the beginning in collaboration with TGE residents. This project will allow the TGE community to decide how they wish to create a sense of community at the center, and what services and supports are most important and valuable to them to achieve this goal. The project is designed to be community-driven and aims to serve clients who are currently unserved or underserved.

The County of Santa Clara conducted a Trans Needs Assessment community survey in the fall of 2021. 276 participants provided their feedback through a mix of personal interviews, focus groups, and written responses to survey questions. The peer-reviewed findings highlighted the following needs:

1. Increased access to multilingual health care services
2. Multilingual professional development services
3. Community mobilization and coalition building

The survey also reported that 80% of respondents experienced discrimination in the last year, and 90% of them chose to go outside of Santa Clara County to find culturally sensitive and welcoming services.

The County also held community roundtable sessions and collected feedback and comments from participants. The main topics of discussion centered around lack of awareness of available resources, housing availability, feeling isolated and disconnected from the community, and the need for more and better employment. Additionally, the MHSA team held conversations with the representatives from the County's office of LGBTQ Affairs, the Q Corner, the Gender Health Center, and Trans Empowerment Center. The central theme to all these conversations was the need to provide the TGE community their own space, one that serves a dual purpose of connecting people (to other people, resources and/or services) and educating the community through advocacy and knowledge sharing.

## LEARNING GOALS/PROJECT AIMS

- 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?

This project will try to answer the following questions:

- a. Will the center help reduce the rates of isolation, rejection, and persecution that the TGE community reports experiencing, as well as provide a sense of belonging?
- b. Can we better engage the TGE community by providing access to people and services through “their very own door” in the form of a community center?
- c. Can we improve the quality and quantity of services and supports available to the TGE community by establishing a TGE center?

The third-party evaluator will work with the selected vendor(s) and County to identify appropriate metrics to evaluate and analyze the project’s success in the above areas. The project evaluation and reports will include data and findings related to both the processes and outcomes associated with it. Examples of tools and metrics to be considered include client surveys and pre/post questionnaires, rate of referrals into other community providers providing TGE services and follow ups to referrals, and attendance rates to TGE Center events, programs, and other sponsored events.

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

The TGE community, through the established project committee, will help guide and inform the creation of the center from the very beginning, allowing them to identify the ways in which engagement with services can be improved, finding activities and events that encourage community building and provide a sense of belonging, as well as highlight ways in which TGE folks can feel less isolated, rejected, or misunderstood. The project will try to find answers to the above questions and generate a final project report that includes findings, recommendations, and lessons learned so that future work centered around serving the TGE community can be informed by this project.

## EVALUATION OR LEARNING PLAN

To maintain a neutral evaluation method, an independent evaluator will be contracted to conduct a comprehensive process and outcome evaluation of the project. BHSD will utilize the following data to inform the outcomes of this program:

- CBOs will be contracted to manage the TGE center and will be asked to track the total number of clients served, the type of services/supports they receive, referrals made to additional resources, and general demographic information in accordance with 9 CCR Chapter 14 Title 9 3580.010(a) (4).
- For outreach events, center staff will track the total number of people engaged, as well as the types of resources provided.
- Center staff will be asked to track demand of the center’s services and share this information with the TGE Steering Committee in order to determine if any changes



need to be made. For instance, high utilization of certain courses/services may dictate an increase in offerings of those events.

- To determine whether the TGE center offers an appropriate mix of resources, information and services, patrons of the center will be invited to provide feedback on their experience, as well as make suggestions for improvements. The TGE Steering Committee will include this information when considering any changes to the program.
- To evaluate if the TGE Center can effectively build community trust and lower stigma related to seeking behavioral health services, the program will conduct regular customer satisfaction surveys.

BHSD, with the help of local TGE advocates, will establish a TGE Steering Committee comprised of consumers, family members of consumers, peers and representatives from service providers and partner agencies. The Committee will work closely with the contracted provider(s) and BHSD to evaluate and inform the development and progression of the program. This group will meet up to 10 times per year (estimated) to assess program progress and inform of changes or adjustments that need to be made.

A variety of measurements will be in place to assess and understand the lessons learned (e.g., process evaluation) during the ramp-up phase of this new Innovation project. The overarching goal of the project is to increase access to services. The project intends to reach marginalized populations, as well as those that may be stigmatized by institutionalized services already in place.

This project will add an outreach and marketing campaign, direct to potential clients as well as families. Baseline measures will be in place at the end of the ramp-up phase to help with pre/post-implementation comparisons and the success of this outreach.

### **Section 3: Additional Information for Regulatory Requirements**

#### **CONTRACTING**

For this Innovation project, program services will be contracted out to one or more Community Based Organizations (CBO) through the Request for Proposal (RFP) process. Evaluation services will be contracted out to a professional evaluator, through a separate Informal Competitive Process (ICP). The contractor(s) selected to provide direct services and the contracted evaluator will work closely with each other and BHSD to ensure the evaluation plan, data collection, and all technical processes are completed successfully for a robust evaluation. This will also enable BHSD to make a data-driven decision on whether the project services should be sustained after the 4.5 years of the Innovation Project are completed.

As part of the RFP that will be released to procure a CBO provider(s), and the ongoing standards of contract monitoring for all Santa Clara County contractors, BHSD will review all contractor audit and financial information. The BHSD Contracts Unit, in collaboration with the BHSD Program Management team, will ensure quality as well as regulatory compliance. The independent evaluator contracted specifically for this Innovation Project will also be tasked with evaluating the quality of services.

## COMMUNITY PROGRAM PLANNING

The County launched the Innovation Community Planning Process in November of 2021, with a call for idea submissions from any resident or community partner. Using the INN Idea Submission Form anyone can submit their project idea for consideration. The idea submission period lasted between November 7, 2021, and December 15, 2021. During this time, the County offered several community conversation forums to gather input beyond the form submission, with a combined attendance of 78 participants. Sessions were offered both virtually and in person. Additionally, the County held two virtual office hours during which people could ask questions about the process, the idea form, or get some initial feedback on their prospective project ideas. At the time of closing nine (9) idea forms were submitted for consideration.

An Innovation Subcommittee was formed in order to review and rank the submitted ideas. The members included BHSD staff, a youth and education representative, consumers, Stakeholder Leadership Committee (SLC) representatives, and community peer support staff. The members were:

- Catherine Aspiras, Division Director, School Linked Services and Early Psychosis Services Division, County of Santa Clara Behavioral Health Services Department.
- Lorraine Zeller, Mental Health Peer Support Worker, MHSA Stakeholder Leadership Committee member: client/consumer
- Wesley Mukoyama, Peer Support Worker, Behavioral Health Board and MHSA Stakeholder Leadership Committee member: Family member of client/consumer
- Stephen Manley, Judge, Santa Clara Mental Health Court
- Kiana Simmons, Policy Aide, Bill Wilson Center
- Juan Miguel Munoz-Morris, MHSA Innovation Manager, County of Santa Clara Behavioral Health Services Department

The subcommittee reviewed the criteria for innovative projects and used them to do a preliminary review of the submitted projects, and then voted to rank them in order of importance and viability. The entire list of ideas was shared with the County's Stakeholder Leadership Committee (SLC) and representatives of the MHSOAC in January 2022 to gather initial feedback on the projects themselves, and the ranking that was established. Of the 9 ideas, the top three (3) were identified as most viable for development. After receiving additional project feedback from the MHSOAC, two (2) of the projects were selected by the INN subcommittee for development: TGE center, and psychiatric fellowship. The former was a joint submission from the Santa Clara County's Q Corner and Office of LGBTQ+ Affairs, the Gender Health Center, and Caminar, while the latter was submitted by Judge Stephen Manley.

Between March and July 2022, the subcommittee performed research on the idea topics, to establish whether there were other similar programs already in existence. Part of the research included reaching out to subject matter experts and community partners to get their input, help develop an initial plan draft and ensure that the voice of the community was being incorporated into the plans. Having a clearer picture of how these projects would take form and having identified the learning opportunities to be tested the County once again checked in with the MHSOAC to hear their thoughts and ensure that the projects were still viable and

worth developing fully. In June 2022 MHSOAC representatives shared their feedback and thoughts on these two projects. The County began to cost out the proposed projects, discuss whether they would be community or county based, and finalize the draft plan to be posted for public comment and be reviewed by the local Behavioral Health Board and Board of Supervisors prior to submission to the MHSOAC for final considerations. The final draft was published for a 30-day public comment period between March 16 and April 16, 2023. During this period six (6) substantive comments were received. There were additional comments received that included offensive language. These comments were reported to local authorities and County security personnel and are a reminder of the real need for a safe, welcoming and affirming space for TGE members of our community.

## **MHSA GENERAL STANDARDS**

### **A) Community Collaboration**

In December 2021, BHSD launched an INN planning process for the County's next round of innovation projects. This new INN project is a result of that extensive community planning process, which included holding informational stakeholder meetings and initiating an input submission window period to provide stakeholders and the public an opportunity to submit potential new INN ideas for consideration for the County's INN plan. The public/ stakeholders were requested to utilize an INN Idea Form to submit potential INN ideas. Through that process, 9 ideas were received. BHSD conducted a review of all the submitted ideas and selected project ideas that would be developed into an INN project. Ultimately, BHSD selected two new project ideas and one of those projects is the TGE Center Project. BHSD held an informational stakeholder/public meeting regarding the County's review and selection of the projects and provided opportunities for community members to give input via email and an online survey.

### **B) Cultural Competency**

Staff will be required to be culturally competent, and resources will be developed in the County's threshold languages. The project will include a steering committee that will guide and inform every aspect of the services to be offered, as well as contribute to the design and retrofitting of the center itself. The TGE community will help define what services and resources are offered through this project, shape what community building looks like for them at the center and contribute to identifying the relevant data and measurable outcomes used to analyze the project's success.

### **C) Client-Driven and Family-Driven**

BHSD has engaged in extensive discussions with consumers, family members, providers, and other local community stakeholders to identify the greatest barriers and challenges to accessing and engaging in needed care within the current systems and potential solutions. Every step of the process has been informed by the MHSA SLC and any community member who wished to attend the meetings and participate in the discussion forums. Additionally, there were options to email the BHSD MHSA team directly or to provide input via SurveyMonkey. All input was taken into consideration for incorporation in the plan through its many iterations.

#### D) Wellness, Recovery, and Resilience-Focused

The project design encourages wellness and recovery by increasing access to services by underserved populations, decreasing the stigma that causes barriers to access, and by providing community support to encourage resilience. Services are focused on assisted individuals and families in achieving their potential and goals for living their life, by overcoming their mental health challenges through client-driven and family-driven, culturally competent services.

#### E) Integrated Service Experience for Clients and Families

The TGE center will offer a centralized “door” for the TGE community to engage with a variety of services and supports. The center will connect clients with available services in the community and serve as a referral hub for the Gender Health Center, Q Corner, and other community programs. Having close partnerships with these organizations as well as the Trans Empowerment Center and Santa Clara County office of LGBTQ affairs will ensure that clients have a seamless experience when seeking out information, resources, or more intensive services.

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

The BHSD is committed to incorporating best practices in all planning and evaluation processes that allow consumer and stakeholder partners to participate in meaningful discussion around critical behavioral health issues that impact diverse communities across the lifespan. An essential part of all community planning and evaluation for MHSA programs and services involves working with the MHSA Stakeholder Leadership Committee. In the County of Santa Clara, the BHSD works in collaboration with the Stakeholder Leadership Committee (SLC), a 30-member local representative community stakeholder group that provides input and review for all MHSA program recommendations and innovative program ideas. This process ensures that stakeholders reflect the diversity of the County, including but not limited to, geographic location, age, gender, and race/ethnicity. All MHSA SLC members are required to attend an initial orientation regardless of previous experience with organizations, committees, workgroups, service providers, etc. (California Code of Regulations § 3300(b)). Additionally, they are actively engaged in the implementation discussions and roll outs of new projects, including Innovation Projects. This would not be an exception.

Furthermore, BHSD has a commitment to cultural competency and racial equity, ensuring that these MHSA core principles are incorporated into all aspects of BHSD policy, programming, and services, including planning, implementing, and evaluating programs (CCR § 3200.100). To ensure cultural competency in each of these areas, BHSD has established the Cultural Communities Wellness Program (CCWP) which reports to the new Division Director of Consumer, Family Affairs and Cultural Wellness. This Division Director will oversee the Department’s Cultural CCWP.

The CCWP provides linguistic and culturally competent outreach and education, advocacy and peer support to ethnic communities. The CCWP staff are multicultural and multilingual, representing at least 10 cultural communities, and speaking at least 12 languages. There are seven CCWP teams: African Heritage, African Immigrant (Eritrean, Ethiopian, and Somali), Chinese, Filipino, Latino, Native American and Vietnamese. CCWP services include

outreach and education, consumer and family support and education, individual support, and advocacy. With the CCWP's support in evaluation (from language needs to reaching out to clients/consumers), this will be at the center of the evaluation activities. This team's involvement ensures that consumer voice and representation is present throughout the review, evaluation, and quality improvement efforts for MHSA funded services.

Evaluation support will not be limited to the CCWP staff, but also to Consumer Affairs staff, the majority of whom are consumers with direct lived mental health experience. These consumer-driven, peer-run services are an essential part of the stakeholder process including the use of the community connections and stakeholder linkages that allow the Department to obtain feedback and input on services and programs funded by the MHSA.

Additionally, the new Program Manager in Cultural Competency, funded by the MHSA, takes the efforts a step further in ensuring cultural competency at all system levels within the public mental health system and within community partners.

The BHSD is highly committed to including consumers, family members, and other stakeholders within all levels of our organizational structure. It has been and continues to be the Department's mission to include consumers and family members into an active system of stakeholders. The program's goals are to reduce the stigma associated with behavioral health conditions, increase understanding of behavioral health issues, increase willingness to seek help, and increase access to behavioral health services.

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

Working closely with evaluation experts as well as lead project staff, close attention will be placed on process evaluation. Utilizing the indicators of success described earlier, program leads will assess completion of project benchmarks quarterly and annually in order to gauge the project benefits in the target populations as well as the lessons learned (including barriers to success).

During the start of each year, a thorough review of the previous year's success will be applied to guide the remaining goals and objectives. If the project successfully reaches positive outcomes for clients/consumers, it would be recommended for continued funding another of the MHSA components after a thorough and well-vetted community program planning process with direct oversight by the MHSA Stakeholder Leadership Committee and BHSD leadership staff. Integration into a BHSD System of Care will be assessed based on available funding and approvals as defined by the community program planning process.

## **COMMUNICATION AND DISSEMINATION PLAN**

- 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?

BHSD values and encourages community involvement in outreach, engagement, and education activities to disseminate MHSA programs and services. To limit hardships and barriers caused by travel, in the past, free transportation services to the client/consumer have been provided as well as translation services to anyone requesting this support in order to attend meetings or participate at conferences. During the COVID-19 pandemic, the Department started using technology to remotely interact with our stakeholder communities in the dissemination of program announcements and as part of the community program

planning process. BHSD uses Zoom and other similar software programs to have webinar style meetings with the public. This type of technology has the benefit of face-to-face interaction and presentation of materials, as well as the ability to collect feedback from the participants in real time and through recording capabilities. As meetings return to being in person, the use of this technology will provide meeting attendees with an option to participate virtually.

Dissemination of information to clients/consumers will continue to be announced via email to list-serves and participants from previous meetings, as well as current and former SLC members and in collaboration with the Behavioral Health Board. Meeting announcements will be sent to all BHSD staff and Department Managers to share broadly with community service providers and the public. All community activities will be included in organized timelines and shared calendars to be distributed at meetings, via email and posted on the MHSA website ([www.sccbhsd.org/mhsa](http://www.sccbhsd.org/mhsa)). Furthermore, the Department will continue to use virtual technology solutions for all upcoming MHSA SLC programs and services announcements. In addition, Facebook Live and YouTube technologies continue to be an integral part of dissemination of services and project success locally and beyond.

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.

Transgender, TGE, TGI, non-binary, gender expansive, two-spirit, TGNBGE, nonconforming, genderqueer, intersex.

## TIMELINE

The total duration of this project is 54 months (4.5 years). The project is anticipated to gain approval around July 2023, after undergoing a 30-day public posting period and local reviews by the Behavioral Health Board and Board of Supervisors. Working with the Contracts team, the County will prepare a public solicitation for the services outlined in the project and will set out to select the providers for each component (TGE center, TAY/youth services, evaluation) in the following months. It is anticipated that the project will start in July 2024.

Below is a brief timeline of the major milestones for the project:

- Project Kickoff and establish Committee and Identify Center location (months 0-6)
  - Establishment of the TGE steering committee, including its membership, charter, and roles and responsibilities.
  - The selected provider starts working toward securing and retrofitting the site for the center, with the assistance of the TGE committee
  - The selected evaluator starts working with the providers and steering committee to identify the measurable outcomes and data collection resources necessary to analyze the effectiveness of the project
- Center Opening and Community Outreach Begins (months 7-18)
  - TGE center opens to the public
    - Center may open with a limited scope of services as more are being identified and adapted for the project.
  - Partnership with established TGE TAY/Youth providers

- Steering committee meets (in addition to other meetings) as needed during the year to review and update elements of the project that require addressing
- Center operates at full capacity, adjustments made as needed (months 19-30)
  - TGE center operates at full capacity with a complete roster of services and supports
  - Evaluator works with project partners to analyze the first year of services, prepare the necessary reporting documents, and work on any course corrections, updates or other modifications, as needed
- Ramp up outreach activities, start preparing for project end (months 31-42)
  - Services continue throughout the year
  - Outreach and marketing efforts continue in order to bring awareness for the center and its services
  - Evaluator works with project partners to analyze the first two years of services, prepare the necessary reporting documents, and work on any course corrections, updates or other modifications, as needed
  - Providers, committee and evaluator start to discuss the completion of the project and start working on a sustainability plan for continuation of services beyond the Innovation project phase.
- Final Analysis, Reporting and Continuation Planning (months 43-54)
  - Project enters the last year of services
  - Providers, committee and evaluator work together to formulate recommendations for the potential continuation of services beyond Innovation funding.
  - Recommendations are presented to local stakeholders and SCC leadership for their input and decision.
  - Evaluator prepares the final project report with key lessons learned, findings and all other required information as per CCR Title 9 guidelines.
  - INN Project ends

## **INN PROJECT BUDGET AND SOURCE OF EXPENDITURES**

This project includes a TGE steering committee, who will receive a small stipend for their time and expertise and guidance in designing the center and services to be offered. The total budget for the committee stipends is not to exceed \$1,000 per person per year; therefore, the 10-person committee requires a total budget of \$50,000, or \$10,000 per year (including the partial first year where a larger portion of the work is to be completed).

The TGE center will employ a variety of staff in order to operate at an appropriate level of service and offer resources to clients of all ages. It is estimated that the center will need a staffing mix comparable to the one outlined below:

- 1.0 FTE Program Manager
- 2.0 FTE HSR
- 1.0 FTE Management Analyst
- 3.0 FTE Rehabilitation Counselors

- 3.0 FTE Health Education Specialist
- 4.0 FTE Peer Support Workers
- 1.0 FTE Peer Community Coordinator

Additionally, the budget includes the costs of renting/leasing a facility of approximately 4,000 square feet, renovating/site improvements, equipment, and operating expenses such as (but not limited to) marketing materials, clothing/garments, travel, and any other applicable expenses.

The charts below outline the budgets for each of the components, as well as the costs associated with procuring a third-party evaluator for the project.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
TGE Center							
	PERSONNEL	FY24	FY25	FY26	FY27	FY28	TOTAL
1.	Salaries	\$689,077	\$709,750	\$731,042	\$752,974	\$566,757	\$3,449,601
2.	Direct Costs	\$636,072	\$655,154	\$674,808	\$695,053	\$357,952	\$3,019,038
3.	Indirect Costs	\$ -	\$ -	\$ -	\$ -		
4.	<b>Total Personnel Costs</b>	<b>\$1,325,149</b>	<b>\$1,364,903</b>	<b>\$1,405,851</b>	<b>\$1,448,026</b>	\$924,709	\$6,468,639
	<b>OPERATING COSTS*</b>						
5.	Direct Costs	\$ 50,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 450,000
	Rent/Utilities	\$ 200,000	\$ 400,000	\$ 400,000	\$ 400,000	\$ 400,000	\$ 1,800,000
6.	Indirect Costs	\$ 100,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 900,000
7.	<b>Total Operating Costs</b>	<b>\$ 350,000</b>	<b>\$ 700,000</b>	<b>\$ 700,000</b>	<b>\$ 700,000</b>	<b>\$ 700,000</b>	<b>\$ 3,150,000</b>
	<b>NON-RECURRING</b>						
8.	Site Improvements	\$ 1,750,000					\$ 1,750,000
9.	Equipment	\$ 250,000					\$ 250,000
10.	<b>Total costs</b>	<b>\$ 2,000,000</b>					<b>\$ 2,000,000</b>
	<b>CONSULTANT</b>						
11.	Direct Costs	\$30,000	\$60,000	\$60,000	\$60,000	\$60,000	\$270,000
12.	Indirect Costs						
13.	<b>Total Consultant Cost</b>	<b>\$30,000</b>	<b>\$60,000</b>	<b>\$60,000</b>	<b>\$60,000</b>	<b>\$60,000</b>	<b>\$270,000</b>
	<b>OTHER COSTS</b>						
14.	Committee Stipends	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 50,000
15.	External Evaluator						
16.	<b>Total Other</b>	<b>\$ 10,000</b>	<b>\$ 10,000</b>	<b>\$ 10,000</b>	<b>\$ 10,000</b>	<b>\$ 10,000</b>	<b>\$ 50,000</b>
	<b>BUDGET TOTALS</b>						
	Personnel (total line 1)	\$689,077	\$709,750	\$731,042	\$752,974	\$ 566,757	\$ 3,449,601
	Direct Costs (add lines 2, 5, and 11)	\$916,072	\$1,215,154	\$1,234,808	\$1,255,053	\$ 917,952	\$ 5,539,038
	Indirect Costs (add lines 3, 6, and 12)	\$100,000	\$200,000	\$200,000	\$200,000	\$ 200,000	\$ 900,000
	Non-recurring costs (total of line 10)	\$2,000,000	\$-	\$-	\$-	\$ -	\$ 2,000,000
	Other Expenditures (total of line 16)	\$10,000	\$10,000	\$10,000	\$10,000	\$ 10,000	\$ 50,000
	<b>TOTAL INNOVATION BUDGET</b>	<b>\$3,715,149</b>	<b>\$2,134,903</b>	<b>\$2,175,851</b>	<b>\$2,218,026</b>	<b>\$ 1,694,709</b>	<b>\$ 11,938,639</b>



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

**ADMINISTRATION:**

A.	Estimated total expenditures for administration for the duration of this INN Project by FY & funding sources:	FY24	FY25	FY26	FY27	FY28	TOTAL
1.	Innovative MHA Funds	\$3,715,149	\$2,134,903	\$2,175,851	\$2,218,026	\$ 1,694,709	\$ 11,938,639
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	BH Subaccount						
5.	Other funding						
6.	<b>Total</b>	<b>\$3,715,149</b>	<b>\$2,134,903</b>	<b>\$2,175,851</b>	<b>\$2,218,026</b>	<b>\$ 1,694,709</b>	<b>\$ 11,938,639</b>

**EVALUATION:**

B.	Estimated total expenditures for EVALUATION for the duration of this INN Project by FY & funding sources:	FY24	FY25	FY26	FY27	FY28	TOTAL
1.	INN MHA Funds	\$ 30,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 270,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	BH Subaccount						
5.	Other funding						
6.	<b>Total</b>	<b>\$ 30,000</b>	<b>\$ 60,000</b>	<b>\$ 60,000</b>	<b>\$ 60,000</b>	<b>\$ 60,000</b>	<b>\$ 270,000</b>

**TOTALS:**

C.	Estimated TOTAL mental health expenditures for the entire duration of this INN Project by FY & the following funding sources:	FY24	FY25	FY26	FY27	FY28	TOTAL
1.	Innovative MHA Funds*	\$3,715,149	\$2,134,903	\$2,175,851	\$2,218,026	\$ 1,694,709	\$ 11,938,639
2.	Federal Financial Participation						\$
3.	1991 Realignment						\$
4.	Behavioral Health Subaccount						\$
5.	Other funding**						\$
6.	<b>Total Proposed Expenditures</b>						<b>\$11,938,639</b>

\* INN MHA 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.

\*\*PLEASE NOTE: the FY28 column amounts for Staffing were updated from a 12-month projection to a 6-month projection, adjusting the total term to 54 months.