

# First Annual Innovations (INN) Program and Evaluation Report

Outcomes for Fiscal Year 2016/2017\*



*First Impressions Innovation Project*

## Mental Health Services Act (MHSA) City and County of San Francisco

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\* This report is in compliance with the requirements for the Annual Innovative Project set forth in California Code of Regulations, Title 9, Section 3580 and 3580.010.

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## ***Community Program Planning for Implementation of October 2015 Innovations Regulations***

### Description of Implementation Strategies

SF-MHSA has implemented several new strategies to collect the required data, per the new Innovations Regulations dated October 2015. Several stakeholders convened a work group to discuss current evaluation strategies and create a data collection tool to collect the new demographics data. This data collection tool was named the “Year End Data Program Report – FY16/17” (see Appendix A) and presented to the MHSA Advisory Committee, which includes consumers and family members, to gather input and seek approval. The data collection tool was rolled out to all INN funded programs in July of 2016. In addition, SF-MHSA set up a series of Technical Assistance Trainings during the first few months of fiscal year 2016/2017 to provide support to program managers and providers. These training seminars answered questions about the new data collection tool and provided strategies for programs to modify their existing evaluation efforts and put concrete plans in place to collect all of the necessary data.

### Description of Challenges Meeting the Reporting Requirements

With feedback from INN stakeholders and consumers, SF-MHSA identified that the collection of all new required data could be challenging based on the large volume of demographics now being collected. Some data may not be available, some consumers may be resistant to disclosing all of this information upon intake and some programs may interpret the questions differently from others.

### Summary of Missing Data and Implementation Plan with Timeline

This Fiscal Year 2016/17 Innovations Program and Evaluation Report provides all of the newly required items, however, we have identified that several programs provided “unknown” data resulting in a low sample size. SF-MHSA plans to continue providing technical assistance support in hopes to decrease some of these identified challenges and teach programs ways to create better evaluation plans to collect necessary demographics. We also plan to better collaborate with neighboring counties to discuss their data collection strategies and identify better ways to report data on a county level. These new efforts are already underway and we anticipate that we will have demographics data for all clients participating in Innovations programs for the reporting year of FY17/18.

## ***Innovations Overview***

Innovation (INN) projects are defined as creative and innovative mental health practices or strategies that are expected to contribute to learning, and developed through a process that is inclusive and representative of unserved and underserved individuals. The Innovation component allows for the opportunity to test new approaches that can inform current and future mental health strategies and contributes to learning. Innovation projects are subject to one-time funding with time limitations to assess and evaluate the efficacy of each project to determine if all of some of the strategies/approaches should be implemented on a long-term basis.

The San Francisco MHSA Innovations (INN) service category is currently comprised of the following four (4) Innovations learning projects. Three projects fall under the service component

titled Peer to Peer Support Services and one falls under Vocational Services:

Peer-to-Peer Support Services

- Addressing the Needs of Socially Isolated Older Adults
- Hummingbird Peer Respite
- Transgender Pilot Project

Vocational Services

- First Impressions Construction and Remodeling Project
- AAIMS Vocational Training and Nutrition Education Project

## ***Peer-to-Peer Support Services Overview***

Peer-to-Peer Support Services are an integral part of a wellness and recovery-oriented mental health system, as individuals who have participated in mental health services, either as a consumer or as a family member, bring unique skills, knowledge, and lived experience to consumers who are struggling to navigate the mental health system. Peers also support consumers in dealing with stigma and facing economic and social barriers to wellness and recovery.

There is also a key role for peer-based strategies in the ongoing work of educating the public on stigma reduction. Peer-to-Peer Support Service programs reach out to a wide range of public venues, such as health fairs, senior centers, and youth service centers, in order to demonstrate that consumers can recover and make positive contributions to the community. Through presentations and dialogue with community residents, consumers can offer a vision for wellness, especially to communities that are facing stigma and hopelessness about the possibility of recovery. The stigma of mental illness is often culturally influenced, which makes it that much more essential that peers reflect the gender, language, age groups and culture of the City and County of San Francisco.

**Target Population for Peers:** Peers are defined as individuals with personal lived experiences who are consumers of behavioral health services, former consumers, or family members or significant others of consumers. Peers utilize their lived experience in peer-to-peer settings, when appropriate, to benefit the wellness and recovery of the clients and communities being served.

**Target Population Served by Peers:**

Peers will conduct culturally and linguistically congruent outreach, education and peer support to consumers of residential, community, mental health care and primary care settings within the Department of Public Health.

## ***Vocational Services Overview***

The San Francisco Department of Public Health incorporates vocational services within its mental health programming through MHS funding. These vocational services ensure that individuals with



serious mental illness and co-occurring disorders are able to secure meaningful, long-term employment. Research shows that supported employment programs help individuals with mental illness achieve and sustain recovery.

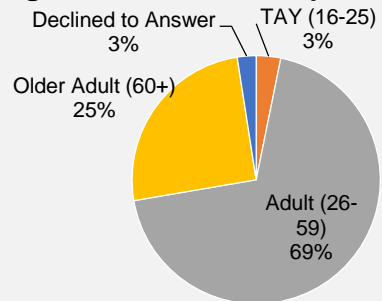
The target population consists of San Francisco. Particular outreach is made to underserved populations and those interested in job readiness programs, on-the-job training, internships, competitive employment and meaningful activities leading to work.

Innovation Programs	
Program Name	Services Description
Addressing the Needs of Socially Isolated Older Adults	The Curry Senior Center's Addressing the Needs of Socially Isolated Older Adults program provides peer outreach and engagement services along with screening and assessment services to reduce isolation among the older adult population.
Hummingbird Peer Respite	The Hummingbird Peer Respite program is a peer-run and peer-led program provides a respite and an alternative to crisis/PES services for those individuals who may inappropriately use emergent and emergency services. This program provides one-on-one peer counseling, groups, art and other peer modalities to engage individuals in need of support.
Transgender Pilot Program	The Transgender Pilot Program is designed to increase evaluation planning in order to better collect data on the strategies that best support Transgender women of color with engaging in behavioral health services. TPP entered the pilot year of operations in FY15-16 as a MHSA Innovations Project. The two primary goals involve increasing social connectedness and providing well-ness and recovery based groups. The ultimate goal of the groups is to support clients with link-age into the mental health system and services.
First Impressions	First Impressions is a vocational program that offers training in basic construction and remodeling skills, such as painting and patching walls, ceilings, and doors; changing/applying window dressings; installing and disposing of furniture and accessories; building furniture; cleaning and repairing flooring; hanging décor; and minor landscaping. Vocational services offered by this program include vocational assessments, vocational planning and job coaching, vocational training and workshops, job placement, and job retention services.
AAIMS Project	The Alleviating Atypical Antipsychotic Induced Metabolic Syndrome (AAIMS) project provides nutrition, exercise, and health education and training. The program educates program participants on the connection between diet and health, provides healthy cooking and exercise classes, information on shopping for healthy food based on local availability with the goal of decreasing participants metabolic syndrome issues and increasing their social connectedness. AAIMS peer leaders also advocate for neighborhood food access.

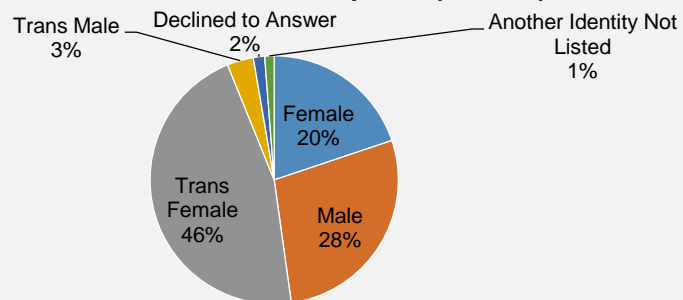
## ***FY16-17 Participant Demographics and Outcomes***

### **Demographics: Innovation-Funded Programs**

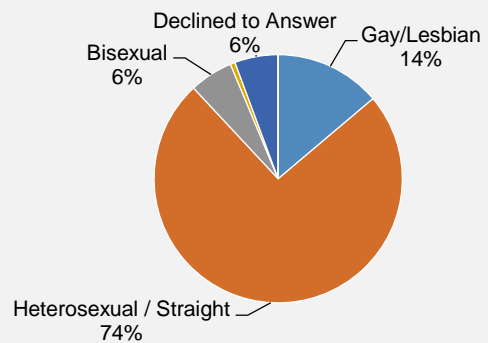
**Age: Innovation Participants (n = 408)**



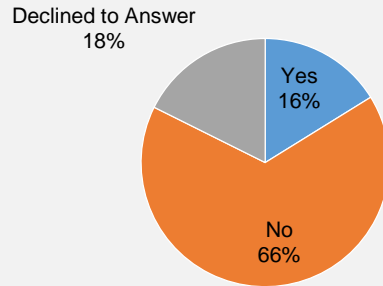
**Gender: Innovation Participants (n = 408)**



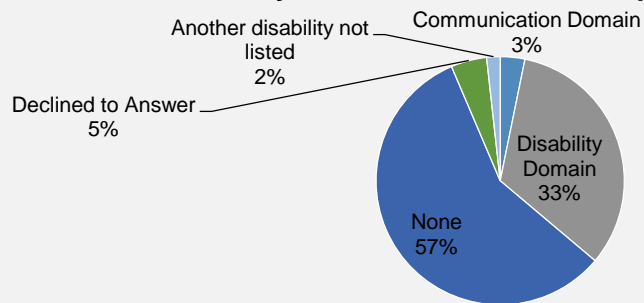
**Sexual Orientation: Innovation Participants (n = 159)**



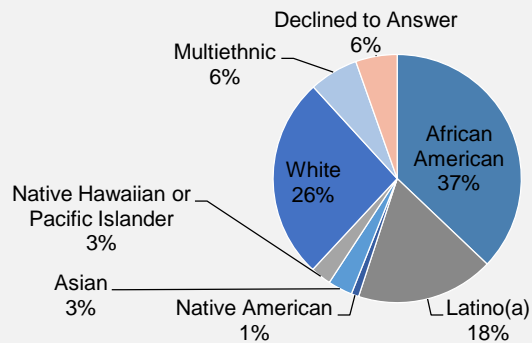
### Veteran Status: Innovation Participants (n = 68)



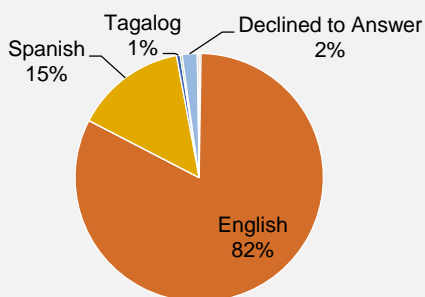
### Disability Status: Innovation Participants (n = 343)



### Ethnicity: Innovation Participants (n = 373)



**Primary Language: Innovation Participants (n = 408)**



*\* Please refer to the document titled “FY16/17 Demographics Data – INNOVATIONS San Francisco MHSA” for the complete demographics data.*

Program	FY16-17 Key Outcomes and Highlights
<b>Curry Senior Center – Addressing the Needs of Socially Isolated Older Adults</b>	<ul style="list-style-type: none"> <li>61 unduplicated seniors were outreached in FY16-17, and 53 individuals received a total of 1,179 units of service.</li> <li>Among clients participating in the program for at least six months, socialization was found to have increased 37% in FY16-17, and social isolation has decreased by 38%, as measured by the Curry Isolation Scale.</li> <li>In FY16-17, 37 direct referrals were made to medical, substance use, mental health, or case management services, and 95 referrals were made to organized community social activities.</li> </ul>
<b>SF DPH – Hummingbird Peer Respite</b>	<ul style="list-style-type: none"> <li>FY16-17 marked the second full year of operations for the Hummingbird Peer Respite, with staff focused on building a core group of attendees at the space.</li> <li>In FY16-17, 79% of participants reported an increase in social connection, and 83% reported an increase in the ability to care for themselves.</li> <li>The Hummingbird Peer Respite was 100% peer-run in FY16-17, including all staff and the DPH Program Manager.</li> </ul>



<b>SF DPH – Transgender Pilot Project</b>	<ul style="list-style-type: none"> <li>• In FY16-17, the Transgender Pilot Project was staffed entirely by peers (3 total) who are also certified WRAP facilitators.</li> <li>• In FY16-17, 88% of participants reported an increase in social connectedness as a result of their participation in the program.</li> <li>• 87% of participants in FY16-17 reported improvements to health, wellness, and recovery.</li> </ul>
<b>UCSF Citywide Employment Program – First Impressions</b>	<ul style="list-style-type: none"> <li>• In its fourth year, First Impressions provided BHS consumers 10 weeks of classroom basic construction training, followed by 6 months paid work experience renovating DPH clinic wait rooms.</li> <li>• The First Impressions program enrolled a total of 16 consumers in FY16-17, with 8 consumers graduating.</li> <li>• 100% of trainee graduates reported an improvement in the development of skills to use toward future opportunities as well as an improvement in confidence to use these new skills.</li> </ul>
<b>AAIMS Project</b>	<ul style="list-style-type: none"> <li>• In FY16/17, the AAIMS Project launched healthy cooking classes on a monthly basis at Larkin Street Youth Services and led educational group outings for program participants at various places throughout San Francisco.</li> <li>• In FY16/17, 30% of the program participants reported the ability to make changes to their lifestyle and eat a healthier diet.</li> <li>• In FY16/17, The AAIMS Project provided nutrition education, outreach and services to 1,552 individuals. This was 115% of their annual goal.</li> </ul>

<b>FY16-17 Total Served</b>	
<b>Category</b>	<b>Clients Served</b>
Innovations Programs	1,970 clients

# Appendix A – Year End Data Program Report Template - FY16/17

## MHSA PEI INN FUNDED PROGRAMS YEAR END DATA PROGRAM REPORT - FY16/17 July 1, 2016 through June 30, 2017

### *For PEI & INN Programs only*

**Instructions:** This program report should include program participants served by MHSA-funded activities conducted between **July 1, 2016 through June 30, 2017**. A separate report must be submitted for each program. **School-based and Population-focused Mental Health Promotion & Early Intervention, and Innovations Programs** are required to complete this report. **Fill in each blue box with the appropriate information**. The new PEI & INN state regulations require additional data to be collected by PEI & INN programs. However, programs will be able to provide a brief explanation if your program is unable to collect data for any part of this report.

Please remember that this program report is separate from other fiscal, performance, and compliance monitoring conducted by San Francisco Department of Public Health, Behavioral Health Services.

Please note that this is PART 1 of the program report, which consists of two parts. PART 2 includes the Program Narrative Report.

This report needs to be completed and submitted via e-mail to Kathleen Minioza, [kathleen.minioza@sfdph.org](mailto:kathleen.minioza@sfdph.org) by **Friday, September 1, 2017**. Thank you for all your great work this year!

MHSA Program Name:

Organization:

Staff Preparing Report:

Phone:

Email:

**Box A: Please provide the total number of individuals served through MHSA funding in FY16/17. For any blue box left empty, please provide a brief reason explaining why the data was not collected.**

Total number of individuals (including duplicates) served in FY16/17:	
Total number of unduplicated individuals served in FY16/17:	
Total number of unduplicated individuals at risk (see endnote #1) for mental illness served in FY16/17:	
Total number of unduplicated individuals with early onset of a mental illness served in FY16/17:	

**Box B: Please provide the numbers in the blue boxes for the demographic data as listed below:**

AGE CATEGORIES	
0-15 yrs	
16-25 yrs	
26-59 yrs	
60+	
Declined to answer	
<b>TOTAL</b>	

CURRENT GENDER IDENTITY	
Female	
Male	
Trans female*	
Trans male**	
Declined to answer	
Another identity not listed	
<b>TOTAL</b>	
If another identity is counted, please specify:	

SEXUAL ORIENTATION	
Gay/Lesbian	
Heterosexual/straight	
Bisexual	
Questioning/unsure	
Declined to answer	
Another group not listed	
<b>TOTAL</b>	
If another group is counted, please specify:	

VETERAN STATUS	
Yes	
No	
Declined to answer	
<b>TOTAL</b>	

DISABILITY STATUS	
<b>Communication Domain</b>	
Vision	
Hearing/Speech	
Another type not listed	
<b>Communication Domain Subtotal</b>	
<b>Disability Domain</b>	
Cognitive ( <b>exclude</b> mental illness; <b>include</b> learning, developmental, dementia, etc.)	
Physical/mobility	
Chronic health condition	
<b>Disability Subtotal</b>	
<b>None</b>	
<b>Declined to answer</b>	
<b>Another disability not listed</b>	
<b>TOTAL</b>	
If another disability is counted, please specify:	

\*Trans female - transgender women, transfeminine, or transwomen, sometimes referred to as male-to-female or MTFs

\*\* Trans male - transgender men, transmasculine, or transmen, sometimes referred to as female-to-male or FTMs

Please report on the following major ethnic categories of participants (OK to choose more than one category). If appropriate to your program, please report on the respective ethnicity subcategories under each major category.

ETHNICITY	
<b>African American</b>	
Caribbean African	
African	
Another ethnicity not listed	
<b>African American Subtotal</b>	
<b>Latino(a)</b>	
Mexican	
Central American	
South American	
Chicano/Mexican American	
Puerto Rican	
Cuban	
Another ethnicity not listed	
<b>Latino(a) Subtotal</b>	
<b>Native American</b>	
American Indian (United States)	
Alaska Native	
First Nation (Canada)	
Indigena (Mexico, Central, & South	
Another ethnicity not listed	
<b>Native American Subtotal</b>	
<b>Asian</b>	
Asian Indian	
Chinese	
Japanese	
Korean	
Filipino	
Cambodian	
Hmong	
Laotian	
Thai	
Vietnamese	
Another ethnicity not listed	
<b>Asian Subtotal</b>	
<b>Native Hawaiian or Pacific Islander</b>	
Native Hawaiian	
Pacific Islander	
Guamanian	
Samoan	
Tongan	
Another ethnicity not listed	
<b>Native Hawaiian or Pacific Islander Subtotal</b>	

ETHNICITY (CONTINUED)	
<b>White</b>	
Russian	
Other European	
Middle Eastern	
Arab/North African	
Another ethnicity not listed	
<b>White Subtotal</b>	
<b>Multi-Ethnic</b>	
<b>Declined to answer</b>	
<b>ETHNICITY TOTAL</b>	
If another ethnicity is counted, please specify:	

PRIMARY LANGUAGE	
Chinese	
English	
Russian	
Spanish	
Tagalog	
Vietnamese	
Declined to answer	
Another language not listed	
<b>TOTAL</b>	
If any other languages, please specify:	

For any **demographic data not collected in Box B**, please provide a brief reason why in the blue boxes below:

Type of demographic data not collected	Reason not collected

**Box C:** If your program serves families, please provide the total number of family members served through MHSA funding in FY16/17. For any blue box left empty, please provide a brief reason explaining why the data was not collected.

Total <u>number of unduplicated family members</u> served in FY16/17:	
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**Box D:** For programs that perform outreach activities, please provide information for unduplicated potential responders (i.e., those who are in a position to identify early signs of potentially severe mental illness (see endnote #2), provide support, and or refer individuals who need treatment) reached in FY16/17. For any blue box left empty, please provide a brief reason explaining why the data was not collected.

Types of responders (i.e., employers, nurses, school personnel, promotores, etc.) reached & types of settings (i.e., schools, senior centers, churches, etc.) where potential responders were engaged in FY16/17:	<i>Example: 2 nurses at schools, 15 parents at schools, 15 parents at community centers, 15 teachers at schools, 5 police officers at community centers, &amp; 1 police officer at a school.</i>
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## THANK YOU FOR COMPLETING THIS REPORT

### Endnotes - Definitions as provided by the PEI & INN Regulations

(1) Examples of risk factors include, but are not limited to, a serious chronic medical condition, adverse childhood experiences, experience of severe trauma, ongoing stress, exposure to drugs or toxins including in the womb, poverty, family conflict or domestic violence, experiences of racism and social inequality, prolonged isolation, traumatic loss (e.g. complicated, multiple, prolonged, severe), having a previous mental illness, a previous suicide attempt, or having a family member with a serious mental illness.

(2) Severe mental illness: a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. These mental illnesses include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders.

**Appendix B: Complete INN Demographics Data**

Organization	Program	Total Served	Age						Language								
			CYF (0-15)	TAY (16-25)	Adult (26-59)	Older Adult (60+)	Declined to Answer	Total Age	Chinese	English	Russian	Spanish	Tagalog	Vietnamese	Declined to Answer	Other	Total Language
Sums		1970	0	13	282	103	10	408	1	336	0	59	2	1	8	1	408
Curry Senior Center	Addressing the Needs of Socially Isolated Older Adults	61			1	50	10	61		41		9	2		8	1	61
DPH	Hummingbird Peer Respite	68		3	52	13		68	1	65		1		1			68
DPH	Transgender Pilot Project	244		10	199	35		244		195		49					244
UCSF Citywide Employment Program	First Impressions	45			14	2		16		16							16
API Wellness Center	AAIMS	1552			16	3		19		19							19

Organization	Program	Total Served	Current Gender Identity						Sexual Orientation							
			Female	Male	Trans Female	Trans Male	Declined to Answer	Another Identity Not Listed	Total Gender	Gay / Lesbian	Heterosexual / Straight	Bisexual	Questioning / Unsure	Declined to Answer	Another group not listed	Total Sexual Orientation
Sums		1970	81	114	188	14	6	5	408	22	118	9	1	9	0	159
Curry Senior Center	Addressing the Needs of Socially Isolated Older Adults	61	16	38	1		6		61	8	41	2	1	9		61
DPH	Hummingbird Peer Respite	68	13	52	3				68	4	44	6				54
DPH	Transgender Pilot Project	244	38	5	182	14		5	244	10	33	1				44
UCSF Citywide Employment Program	First Impressions	45	3	13					16							
API Wellness Center	AAIMS	1552	11	6	2				19							

			Veteran Status				Disability Status							
Organization	Program	Total Served	Yes	No	Declined to Answer	Total	Communication Domain		Disability Domain		None	Declined to Answer	Another disability not listed	Total
Sums		1970	11	45	12	68	11		113		197	16	6	343
Curry Senior Center	Addressing the Needs of Socially Isolated Older Adults	61	4	45	12	61	6		24		9	16	6	61
							Vision 5		Cognitive 8					
							Hearing/Speech 1		Physical/Mobility 9					
							Another type not listed 0		Chronic health condition 7					
DPH	Hummingbird Peer Respite	68	3			3	3		35					38
							Vision 2		Cognitive 7					
							Hearing/Speech 1		Physical/Mobility 12					
							Another type not listed 16		Chronic health condition 16					
DPH	Transgender Pilot Project	244	4			4	2		54		188			244
							Vision 1		Cognitive 1					
							Hearing/Speech 1		Physical/Mobility 1					
							Another type not listed		Chronic health condition 54					
UCSF Citywide Employment Program	First Impressions	45												
API Wellness Center	AAIMS	1552												

			Ethnicity														
Organization	Program	Total Served	African American		Latino(a)		Native American		Asian		Native Hawaiian or Pacific Islander		White		Multiethnic	Declined to Answer	Ethnicity Total
Sums		1970	151		73		4		13		11		107		26	22	373
Curry Senior Center	Addressing the Needs of Socially Isolated Older Adults	61	13		11		1		5		1		21		0	9	61
			Caribbean African	Mexican	American Indian	Asian Indian	Native Hawaiian	Russian									
			African	Central American	Alaska Native	Chinese	Pacific Islander	Other European									
			Another ethnicity not listed	South American	First Nation (Canada)	Japanese	Guamanian	Middle Eastern									
				Chicano/Mexican American	Indigena	Korean	Samoan	Arab/North African									
				Puerto Rican	Another ethnicity not listed	Filipino	Tongan	Another ethnicity not listed									
				Cuban		Cambodian	Another ethnicity not listed										
				Another ethnicity not listed		Hmong											
						Laotian											
								Thai									
						Vietnamese											
						Another ethnicity not listed											
DPH	Hummingbird Peer Respite	68	18		10		0		4		3		29		3		33
			Caribbean African	Mexican	American Indian	Asian Indian	Native Hawaiian	Russian									
			African	Central American	Alaska Native	Chinese	Pacific Islander	Other European									
			Another ethnicity not listed	South American	First Nation (Canada)	Japanese	Guamanian	Middle Eastern									
				Chicano/Mexican American	Indigena	Korean	Samoan	Arab/North African									
				Puerto Rican	Another ethnicity not listed	Filipino	Tongan	Another ethnicity not listed									
				Cuban		Cambodian	Another ethnicity not listed										
				Another ethnicity not listed		Hmong											
						Laotian											
								Thai									
						Vietnamese											
						Another ethnicity not listed											
DPH	Transgender Pilot Project	244	99		49		2		4		5		49		23	13	244
			Caribbean African	Mexican	American Indian	Asian Indian	Native Hawaiian	Russian									
			African	Central American	Alaska Native	Chinese	Pacific Islander	Other European									
			Another ethnicity not listed	South American	First Nation (Canada)	Japanese	Guamanian	Middle Eastern									
				Chicano/Mexican American	Indigena	Korean	Samoan	Arab/North African									
				Puerto Rican	Another ethnicity not listed	Filipino	Tongan	Another ethnicity not listed									
				Cuban		Cambodian	Another ethnicity not listed										
				Another ethnicity not listed		Hmong											
						Laotian											
								Thai									
						Vietnamese											
						Another ethnicity not listed											
UCSF Citywide Employment Program	First Impressions	45	7		3		0		0		2		4		0	0	16
API Wellness Center	AAIMS	1552	14				1						4				19



**Appendix C: FY 16/17 Innovations Estimated Budget**

					Values Sum of MHSA Portion Medi-Cal FFP	Sum of 1991 Realignme	Sum of 2011 Realignme	Sum of Other Funds	Estimated MHSA FY 16/17 Expenditures	
Componen Program	IP ID	Program Name	Provider							Total
INN	270	INN 14. First Impressions	UC-Citywide CM (B-7)						343,867	343,867
INN 14. First Impressions Total									343,867	343,867
	167	INN 15. Building a Peer-to-Peer Support Network for Socially Isolated Older Adults	Curry Senior Sevice - SIOAP (B-3)						256,250	256,250
INN 15. Building a Peer-to-Peer Support Network for Socially Isolated Older Adults Total									256,250	256,250
	181	INN Admin	Innovation Planning and Technical Assistance	Harder & Company-IPP					68,800	68,800
	88		INN Program Manager	Health Program Coordinator III					77,622	77,622
	84		INN Evaluation Program Manager	Health Program Coordinator II					60,235	60,235
INN Admin Total									206,657	206,657
	255	INN 16. Building a Peer-to-Peer Support Network for Transgender Individuals	San Francisco Study Center						190,444	190,444
	147		Transgender Peer-to-Peer Support	Public Service Aid					68,625	68,625
INN 16. Building a Peer-to-Peer Support Network for Transgender Individuals Total									259,069	259,069
	144	INN 17. Hummingbird Place - Peer Respite	Hummingbird Project (Lead Peer Counselor)	Public Service Aid					47,967	47,967
	145		Hummingbird Project (Lead Peer Counselor)	Public Service Aid					29,514	29,514
	253		Fiscal Intermediary for Innovation	San Francisco Study Center					218,534	218,534
INN 17. Hummingbird Place - Peer Respite Total									296,015	296,015
	104	INN Evaluation	Epidemiologist						147,659	147,659
INN Evaluation Total									147,659	147,659
INN Total									1,509,518	1,509,518

\*No FFP earned for PEI or INN in FY 15/16