



**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. <i>(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)</i></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: 5/10/21-6/8/21</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><i>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.</i></p>	



County Name: **Marin**

Date submitted:

Project Title: **Student Wellness Ambassador Program (SWAP): A County-Wide Equity-Focused Approach**

Total amount requested: **\$1,648,000**

Duration of project: **3.5 years**

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

Young people, parents, educators, and providers in Marin County have all called for a more comprehensive approach to addressing the growing behavioral health needs of Marin County youth. Recent community assessments have highlighted the need for expanded school-based mental health supports for students to address student depression, anxiety, and lack of school connectedness.^{1 2} California Healthy Kids Survey data show that in Marin County, 29% of 9th graders and 36% of 11th graders experienced chronic sadness and/or feelings of hopelessness, and that 14% of 9th graders and 14% of 11 graders had seriously considered attempting suicide in their life.³ Additionally, primary and secondary data indicate that these concerning statistics are even higher amongst Black, Latino/a, Native American, and LGBTQ+ youth in Marin County and that many youth are unsure of where to go for mental health support. While a comprehensive Marin County-wide assessment has not been administered during this pandemic, we know that the isolation experienced by youth during this unprecedented time has taken a toll on the mental health of young people across the country, state and indeed within our county. Numerous state and national studies suggest that the pandemic has exacerbated already alarming rates of

¹ [County of Marin Mental Health Services Act FY 2020/2021-2022/2023 Three-Year Plan](#)

² [Marin County Suicide Prevention Strategic Plan, 2020](#)

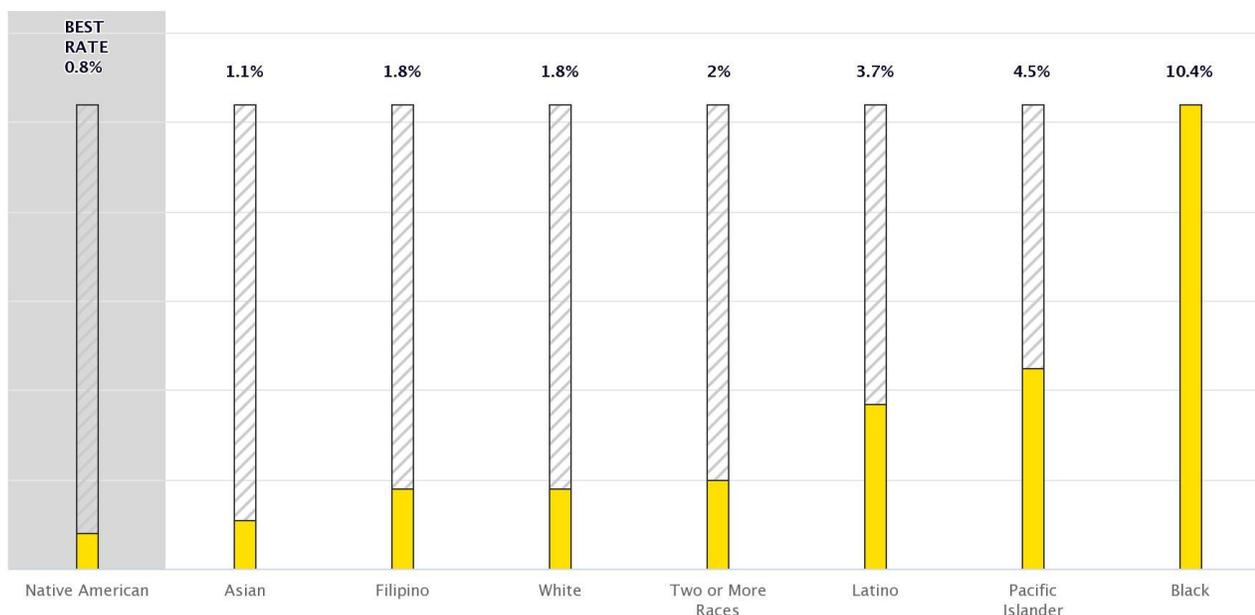
³ California Healthy Kids Survey [CHKS] 2017-2019-2016: [Marin County 1719 Sec CHKS.pdf](#)



depression and anxiety amongst school-aged kids.⁴⁵⁶ As schools reopen, heightened levels of anxiety persist for many students as they struggle with the lasting impact of prolonged social isolation and uncertainty. Anecdotal data from Marin County community members, providers, teachers and students over the last year as well as a recent Grand Jury Report- [Reading, Writing and Therapy: Mental Health Challenges in Our Schools](#) - underscore the urgent need to address the growing mental health needs of school-aged children in Marin in ways that build on partnerships between the county, schools, and the community.

One of the challenges in Marin is that there are 18 different school districts in the county and significant disparities. According to [Race Counts](#), an initiative that tracks racial disparity in California, Marin is “the 1st most racially disparate county in California.” Just 1.8% of our white students have been suspended from school while 10.4% of our Black students have.

EDUCATION
 Students Suspended per 100 Students
 Marin County



© Advancement Project California; RACE COUNTS, [racecounts.org](https://www.racecounts.org), 2021
<https://www.racecounts.org/county/marin/> (accessed April 23, 2021)
 Data Source: California Department of Education (2018–19)
 Our Partners: California Calls, USC Dornsife, PICO California

⁴ Study on impact of COVID-19 on pediatric mental health released (2021, March 2) retrieved 18 April 2021 from <https://medicalxpress.com/news/2021-03-impact-covid-pediatric-mental-health.html>

⁵ Center for Disease Control and Prevention Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020 *Weekly* / August 14, 2020 / 69(32);1049–1057 <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

⁶https://jbcc.harvard.edu/sites/default/files/impact_of_the_covid19_pandemic_on_children_youth_and_families_.pdf

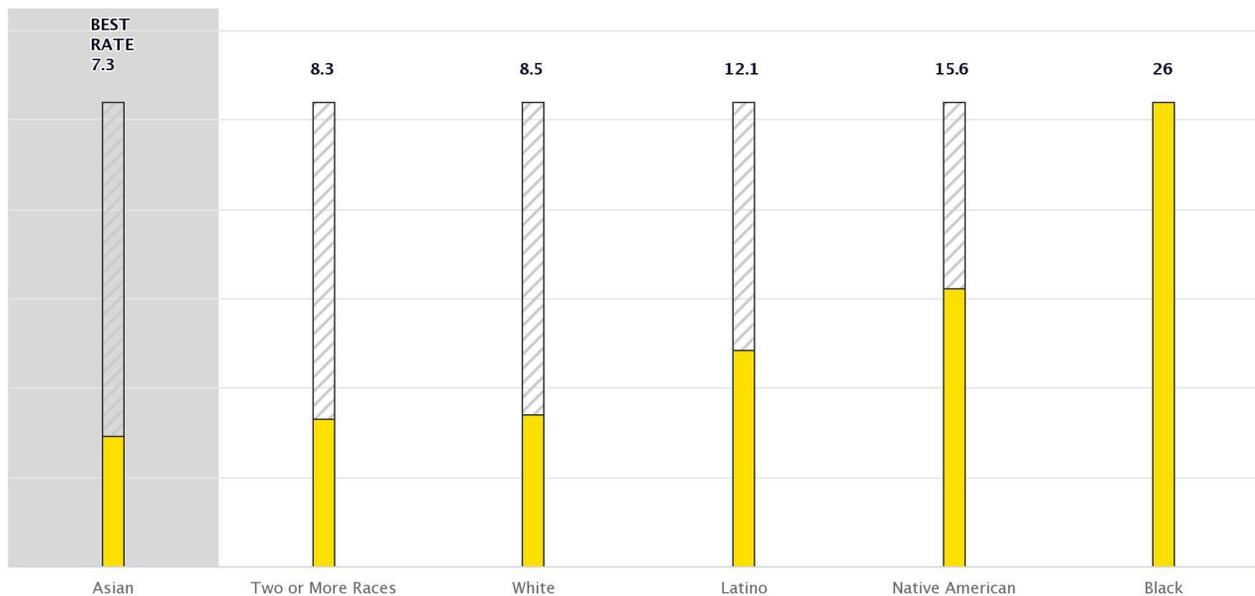


COUNTY OF MARIN MENTAL HEALTH SERVICES ACT (MHSA) INNOVATION PLANNING



Meanwhile, over one in four--26%--of our Black students are chronically absent whereas fewer than one in eleven--8.5%--of our white students are chronically absent.

EDUCATION
Chronically Absent Students per 100 Students
Marin County



© Advancement Project California; RACE COUNTS, racecounts.org, 2021
<https://www.racecounts.org/county/marin/> (accessed April 23, 2021)
Data Source: California Department of Education (2017-18)
Our Partners: California Calls, USC Dornsife, PICO California

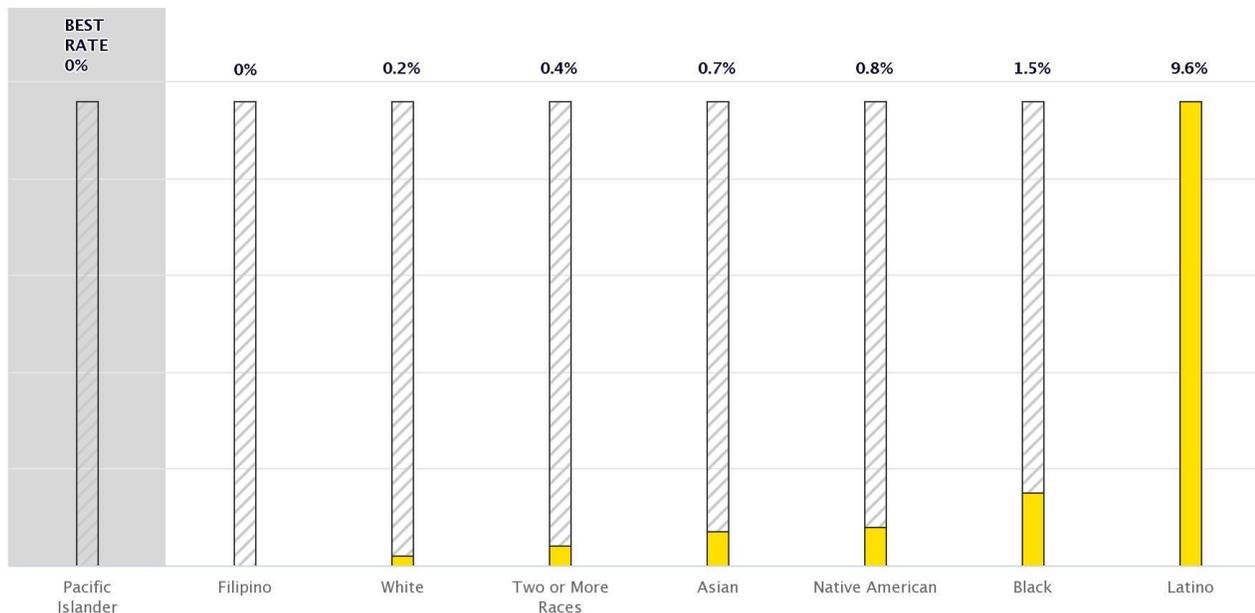


COUNTY OF MARIN MENTAL HEALTH SERVICES ACT (MHSA) INNOVATION PLANNING



9.6% of our Latino students are homeless, whereas only 0.2% of our White students are.

HOUSING
Student Homelessness (%)
Marin County



© Advancement Project California; RACE COUNTS, racecounts.org, 2021
<https://www.racecounts.org/county/marin/> (accessed April 23, 2021)
Data Source: California Department of Education (2018–19)
Our Partners: California Calls, USC Dornsife, PICO California

To further illustrate these disparities, in 2019, one of the school districts in Marin got California’s first school desegregation order in 50 years⁷.

These disparities are also present in the amount of Peer/Student Wellness Programming available at different schools. Some school districts have the resources to provide robust Peer Wellness; however, this is no way the standard. In fact, proactive peer wellness programming within school districts is the exception and not the norm. Most school districts do not have the capacity to offer peer/student wellness programming. This program intends to disrupt that cycle by building the capacity of school districts to provide proactive wellness support directly to and through students. By centralizing a County-wide approach to Peer Wellness—rather than leaving it to each school or district which have differing amounts of resources—and by engaging trusted community-based partners to provide additional support to Student Wellness Ambassadors from underserved communities, we are hoping to be able to provide expert training and guidance to schools across the county in launching and sustaining successful programs that serve youth in an equitable way.

⁷ <https://www.latimes.com/california/story/2019-09-21/desegregation-order-sausalito-marin-county>



PROPOSED PROJECT

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

A key recommendation in the school strategy of Marin County's [Suicide Prevention Strategic Plan](#) is expanding peer supports as a way of breaking down stigma around help seeking and increasing mental health resources on school campuses across the county. Research indicates that School-based peer mentoring programs lead to positive outcomes for both “mentors” and “mentees” including fostering empathy and moral reasoning, connectedness to school and peers, and interpersonal and communication skills⁸ and can improve mental health outcomes. These programs can also “help with transition points in participants’ lives. Mentees in middle school benefit from having an older student help them through the challenges of moving to a new school and the accompanying changes in social relationships that brings. High school mentors build personal skills and confidence that can help prepare them for their lives after high school.” This project aims to support students during these critical transition points and throughout their high school years by creating a centralized a county-wide approach to peer wellness programming.

The key components of the Student Wellness Ambassador Program (SWAP) include:

- **A centralized county-wide coordination, training, and evaluation structure:**
 - *A Coordinator*, housed at the Marin County Office of Education, in coordination with BHRS’ Prevention and Outreach team, will develop and implement training, build on partnerships with schools, Community Based Organizations (CBOs) and county entities, oversee recruitment efforts, and provide outreach and support to sites around implementation.
 - *Leveraging partnerships* with existing Marin County youth advisory committees, such as the Marin Youth Action Team or Youth Leadership Institute, a committee will be assembled comprised of student wellness ambassador leads that will serve as an integral part of advising on the program and developing an evaluation. Additionally, the Marin Schools Wellness Collaborative (MSWC) has taken the lead in the implementation of the Suicide Prevention Strategic Plan school strategy and will play a key role in providing oversight and direction for this project. The MSWC was formed in 2019 with the leadership of BHRS, MCOE, Marin County school district representatives, and Community Based Organization leaders. The mission of the MSWC is to “foster communication and collaboration between Marin County schools and stakeholders in order to develop, coordinate, implement, and improve

⁸ Geddes, 2016: [Los Angeles County Youth Mentorship Program](#)



COUNTY OF MARIN

MENTAL HEALTH SERVICES ACT (MHSA)

INNOVATION PLANNING



- policies and programs that will improve the mental health and wellbeing of students.”
- *A county-wide learning collaborative*, led by the Coordinator and youth leads, will allow site-based adult leads, Student Wellness Ambassadors (SWAs), and CBO partners to get to know one another, share resources, and develop processes by which students from different schools can engage with wellness ambassadors from other schools should they choose.
 - **Robust training for both the Student Wellness Ambassadors and the site-based adult leads** so that Wellness Ambassadors and adult site leads feel supported and are equipped with the necessary skills to implement programs on their respective school sites.
 - *Training of Student Wellness Ambassadors* will allow for the incorporation of skill-building activities, reinforcement of self-regulation activities, engagement in individual and group activities, and social support to support student mental health needs. Student Wellness Ambassadors will learn mental health first aid for teens, boundary setting, mindfulness techniques, peer engagement strategies, conflict resolution, etc. Wellness Ambassador cohorts may then engage in mental health awareness and advocacy campaigns, peer conversations, and wellness centered activities and meetings to build skills and efficacy and offer peer support for students in need. They will also engage in activities that support the work of BHRS and the Suicide Prevention Collaborative such as Mental Health Awareness and Suicide Prevention Month activities. An emphasis will be placed on supporting students transitioning from elementary to middle and middle to high school. Curricula will be drawn upon from existing successful evidenced-based peer mentoring programs that serve underserved youth and are focused on justice, equity and inclusion such as the Madison Park Academy (Oakland) [training curriculum](#). Curricula will be adapted to support our county-wide approach with input from youth, staff, and CBO contractors.
 - *Training for adult site leads* will include, for example, cultural responsiveness, building leadership skills, Mental Health First Aid, trainings on suicide prevention, warning signs, mental health symptoms and treatment, and supporting student wellness and self-care.

An Equity-focused recruitment and engagement strategy: Student Wellness Ambassadors will be recruited from traditionally underserved communities to ensure that youth impacted by structural racism and other forms of discrimination and students for whom English is a second language are central to this project. CBO contractors with expertise and experience in working with Marin youth from underserved communities such as LGBTQ+, English



COUNTY OF MARIN

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INNOVATION PLANNING



language learners, and African American youth, will support recruitment and provide additional training and support to Wellness Ambassadors through an equity lens. CBO partners and Student Wellness Ambassadors will serve both as an advisory role for the overall project rollout and support sites to engage mentees from underserved backgrounds. Student mentees will be referred through wellness coordination systems (i.e. COST or Coordination of Services Team), teachers, CBO partners, or self-referral.

Career Pathways: In conjunction with the Equity-Focus of the program there will be career pathway presentations and panels developed to share information about different potential behavioral health and other helping professions career pathways. Students will have opportunities to volunteer and shadow professionals in the field to gain “real life” experiences and skills that can be applied to future internships and careers. Student Wellness Ambassadors will “graduate” from the program not only with a resume documenting their experience and creating a pathway into helping professions, but with an understanding of their value, skills and abilities, and how they can continue to be of service to their community.

Proposed Staffing: A full-time bilingual/bicultural Program Coordinator, housed at the Marin County Office of Education will coordinate, in collaboration with BHRS’ Prevention and Outreach Team, all aspects of the recruitment, training, and evaluation and serve as a liaison with CBO contractors and specialty trainers.

Program Structure: “Mentoring” sessions as well as Student Wellness Ambassador-led school-wide presentations and events will take place mostly during school hours. By embedding this program into the school day as well as providing opportunities for students to receive school/class credit will be explored and implemented to the maximum extent possible, we hope to foster a sense of school belonging and connectedness and in turn support retention and school engagement through this process. Through an intentional matching process, Student Wellness Ambassadors will be assigned 5 mentees and have a regular schedule to create consistency and accountability. In addition to the one-to-one support, SWAs will work with each other to develop school and community projects around mental health and wellness and will provide lunchtime “drop-in” support in safe spaces for students seeking a more informal check-in. SWAs will also develop and provide workshops and resource fairs for parents on mental health and wellness and how to support their young person. Student Wellness Ambassadors will be given ipads (or other device) to take notes, and access training materials and resources. After completing the initial training to become a Student Wellness Ambassador, SWAs will participate in monthly consultation groups and receive individual coaching through the CBOs and site-based leads.

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.

- B) 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.

By centralizing a County-wide approach to Peer Wellness—rather than leaving it to each school or district which have differing amounts of resources—we are hoping to be able to **provide expert support to schools across the county in launching and sustaining successful programs that serve youth in an equitable way**. Since Student Wellness Ambassadors are recruited from within the student population, fewer resources are needed over the long-term once the infrastructure has been established through this project. SWAs will participate in creating training curricula, school orientations, mental health toolkits, and other resources that will benefit current and future students alike.

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

At the end of three and a half years, approximately **180** Student Wellness Ambassadors will be identified and trained across 16 school districts (LEAs). Each Ambassador will support approximately 5 students through direct student contact. Therefore, we anticipate serving approximately **900** students through the one on one mentoring.

16 school districts in Marin County will be participating in the program. Current enrollment figures suggest 30 separate schools have students eligible to participate. The program will work to identify one (1) grade level Student Wellness Ambassador for every 90 same grade students at a school. Given that 16,000 students are currently enrolled in grades 6-12, a total of 180 SWAs will be identified to participate in the program.

The proposed program has the potential to serve any of the roughly 16,000 6-12 grade students on an annual basis in Marin County. The Student Wellness Ambassadors will have direct impact at the school site by working with peers and opportunities for additional impact to the larger school community through their participation in workshops, events, and other campaigns they participate in to support wellness.



- D) 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 is students enrolled in grades 6-12 in Marin County public schools. Student Wellness Ambassadors will be recruited by placing a focus on students that represent the following demographics including Newcomers and English Language Learners, African American, LatinX, and LGBTQ+ youth.

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?

While there are a number of different peer mentoring programs across the state and country, to our knowledge, this type of centralized county-wide coordination, training and evaluation structure combined with the equity-focused recruitment and engagement strategy makes this project unique. This project is innovative in taking a new county-wide approach to student peer wellness which aims to maximize resources to increase equity, capacity, and sustainability of student peer support across the county and develop a model for other counties to replicate.

- 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.

A literature review of contemporary peer mentoring studies yields substantive evidence about the benefits of peer mentoring programs in the high school setting. However, gaps exist in the context of supporting English Language learners and the LGBTQ+ community. Further, most existing programs exist at the school site or community program level, rather than a county-wide level, as this project proposes. The current literature on peer mentoring programs in the U.S. suggests there is a plethora of innovative peer mentoring programs in existence. Traditionally, these programs have been offered in single school or school district settings, with few programs existing for the purpose of serving historically marginalized groups such as English Language Learners and the LGBTQ+ community. Each of these communities requires unique training and consideration to competently serve, especially at a peer to peer level. To our knowledge, this county/school/community-based organization and youth partnership has not been implemented in this capacity.



English Language Learners in existing peer mentoring programs identify a disconnect with mentors when they do not share similar ethnic backgrounds (Rivera et. al, 2013). Disparities in cross ethnic support efforts for English language learners are often attributed to cultural variables. Rosales et al (2017) describes the importance of services for this population to consider cultural variables such as *familismo*, *simpatia*, *respeto*, and *tacto*. Due to the limited availability of mentors in the small school setting, it has been difficult to consistently offer a matching component to such peer mentoring programs. Additionally, LGBTQ+ individuals report difficulty seeking out mentors for several factors including trust in adults, school/organization climate, and fear of lack of confidentiality. LGBTQ+ individuals also face unique challenges many generally trained mentors may not be equipped to address such as family rejection, increased risk of homelessness, and increased risk of substance use (Mallory, 2014). Successful mentorship relationships have been observed when the mentee reports positive school climate, feelings of safety, and contact with “non diversity-shy” individuals (Mulcahy et. al, 2016). Review of existing programs addressing peer mentorship for LGBTQ+ youth identifies “evidence that the use of criteria that are inclusive of—but not limited to—shared sexual orientation and gender identity/expression between youth and mentors may be important for enhancing the quality of mentoring relationships for LGBTQ+ youth” (see the [National Mentoring Research Center](#))

Our research indicates that there is a unique opportunity in Marin County to fill the need for peer mentorship on a county-wide basis and simultaneously uplift traditionally underserved groups. By 1.) recruiting naturally occurring relationship opportunities in individuals from these communities and 2.) providing comprehensive and competent training through a centralized county-wide initiative, these individuals will gain professional development and the opportunity to improve prosocial skills to support and advocate for other members of their communities. Additionally, research suggests program climate and benefits from the peer mentoring relationship are a two-way street. (Straude-Sites, 2012). By engaging this model, we may effectively improve the community experience with improved climate, which in turn may increase engagement in this peer mentorship model.

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?



- Can a county-wide centralized coordination and training structure enhance the effectiveness and sustainability of student peer wellness support across Marin County schools?
- Does centralizing student peer wellness support county-wide increase equity in who accesses peer mentoring?
- By engaging and supporting youth from traditionally underserved communities as lead wellness ambassadors, can we break down stigma around mental health and improve outcomes for youth of color and LGBTQ+ youth in our county?

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

Learning goals One, Two and Three relate to the core innovative component of this project, whether a county-wide centralized approach to peer supports can produce results and improve sustainability and equity.

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.

Learning Question 1: Can a county-wide centralized coordination and training structure enhance the effectiveness and sustainability of student peer wellness support across Marin County schools?

- Student wellness Ambassadors survey to measure quality of experience, skill, and leadership development;
- Surveys to measure quality and effectiveness of county-wide learning collaboratives and trainings;
- Comparison data from the California Healthy Kids Survey (CHKS) survey to measure overall changes in school connectedness, feelings of safety at school, perceptions of adult expectations and relationships;
- Adaptation of the CHKS survey to measure individual impact of program participation; and
- School records will be analyzed pre and post intervention to determine changes in school attendance and performance.

Learning Question 2: Question 2: Does centralizing the Peer Wellness programming county-wide increase equity in who accesses peer mentoring?

- In year one of the program all schools will be asked to provide demographic data on who accessed student wellness ambassador programs the previous year at their school. If they were not tracking this, they will be asked to approximate to the best of their abilities with consultation support from our evaluator to establish a baseline.



This data will be compared to the demographics of who is accessing peer support in year three of the program.

Learning Question 3: By engaging and supporting youth from traditionally underserved communities as lead Wellness Ambassadors, can we break down stigma around mental health and improve outcomes for youth of color and LGBTQ+ youth in our county?

- Evidenced based strategies to evaluate stigma reduction programs and outcomes such as utilizing tools from Patrick Corrigan’s stigma evaluation toolkit;
- Teen Mental Health First Aid post-survey to measure changes in knowledge and attitude towards mental health;
- Survey developed by Student Wellness Ambassadors and CBOs to measure stigma reduction in students of color and LGBTQ+ participants; and
- School records will be analyzed pre and post intervention to determine changes in school attendance and performance as well as retention and engagement amongst students from traditionally underserved groups.
- Surveys and focus groups with parents of SWAs and mentees to assess improvements in the quality of their relationship with their student, and their perception of improvements in the child’s functioning.

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?

BHRS will contract with the Marin County Office of Education to oversee the training and coordination of this project and with local CBOs for training and outreach efforts with peer mentors from underserved communities. The CBO contracts will be awarded through an RFP process. A contract will also be awarded to an evaluator through an RFP process. BHRS’s Prevention and Outreach team will oversee these contracts and play a central role in advising around the rollout and implementation of the project to ensure alignment with our larger strategic goals.

Through the Request for Proposal (RFP) process, the county will ask questions related to promoting racial equity and ensure at least one member from the target population of the RFP is included on the RFP review committee, in alignment with the new Advancing Racial Equity framework for Marin County contracting. The contracts will be managed by the BHRS Prevention and Outreach Unit Supervisor in collaboration with the MHSA Coordinator to ensure regulatory compliance and MHSA General Standards are implemented throughout.



COMMUNITY PROGRAM PLANNING

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

- Our Marin County MHSA Advisory Committee with representatives from the stakeholder groups required in the regulations, came up with a plan for how the County was going to do this round of INN planning at the open November MHSA Advisory Committee meeting which was held via ZOOM—here is a [link](#) to those slides.
- To operationalize that plan, a [flyer](#) and a webpage (www.MarinHHS.org/INNPlan) were created to solicit proposals. The flyer was sent via email to over 800 community members including our stakeholder listserv, our suicide prevention collaborative, and others. The MHSA Advisory Committee played an active role in sharing the flyer with their networks as well.
 - In addition to the emails, the MHSA Coordinator attended several community meetings including the Coordinated Entry Steering Committee meeting with all the Marin County housing providers and homelessness focused programs to share about this opportunity as well.
 - The flyer was also sent to all BHRS staff with a request to share their ideas and to share it with their clients/family members.
 - Updates were shared at the Mental Health Board meetings on a monthly basis.
- 14 potential ideas were submitted by community members and coalitions through an online webform (www.MarinHHS.org/INNPlan) – two ideas were not included in the review because they either had no cost associated with them or were already in our budget
- A Lived Experience Review Committee met virtually on 2/2/21 to discuss the 12 ideas and then scored each proposal on 4 different metrics and provided additional free form feedback (<https://marincounty.iotform.com/build/210286586939066>)
- The top six ideas based on their scores from the lived experience review committee were brought to a leadership review committee who scored this as one of the top two proposals to move forward.
- The two finalists were brought to the MHSA Advisory Committee on 2/24/21 who recommended both ideas be pursued.
- 5 meetings with Community-Based Organizations and providers with experience working with Marin County youth from diverse populations to elicit input around the proposal.
- 2 meetings with statewide peer mentoring advocates and program managers
- 3 Youth focus groups week of March 15th:
 - LGBTQ+ high school students
 - “Newcomers” (middle school) in Spanish
 - “Newcomers” (high school) in Spanish



- Feedback session on proposal during Marin Schools Wellness Collaborative monthly meeting- March 18th

Some of the comments from stakeholder meetings included:

“I like the idea of peer mentoring for all students in Marin as a safety net for youth during a difficult transition time of their lives. Peer mentoring will help alleviate the sense of isolation through this matriculating period.”

“Engaging youth from underserved backgrounds as leaders is really the way to go and can potentially have a really powerful impact in Marin.”

“The youth are already talking about this and have been wanting this for a long time.”

“I think it’s so effective for students to be the voice and the leaders on this because they’re the ones that are experiencing mental health challenges and stress and they can speak much better to what’s going on than we can, they’re going to be more effective ambassadors than we would be... so I think it’s a great idea.”

“Our students are really craving something like this.”

“There is a plethora of data that exists that shows the invaluable benefits of peer programs. This is something that is needed in every community.”

Some of the comments from youth focus groups included:

“sometimes money issues keep kids from being able to receive help from professionals and peer to peer support might be good for them.”

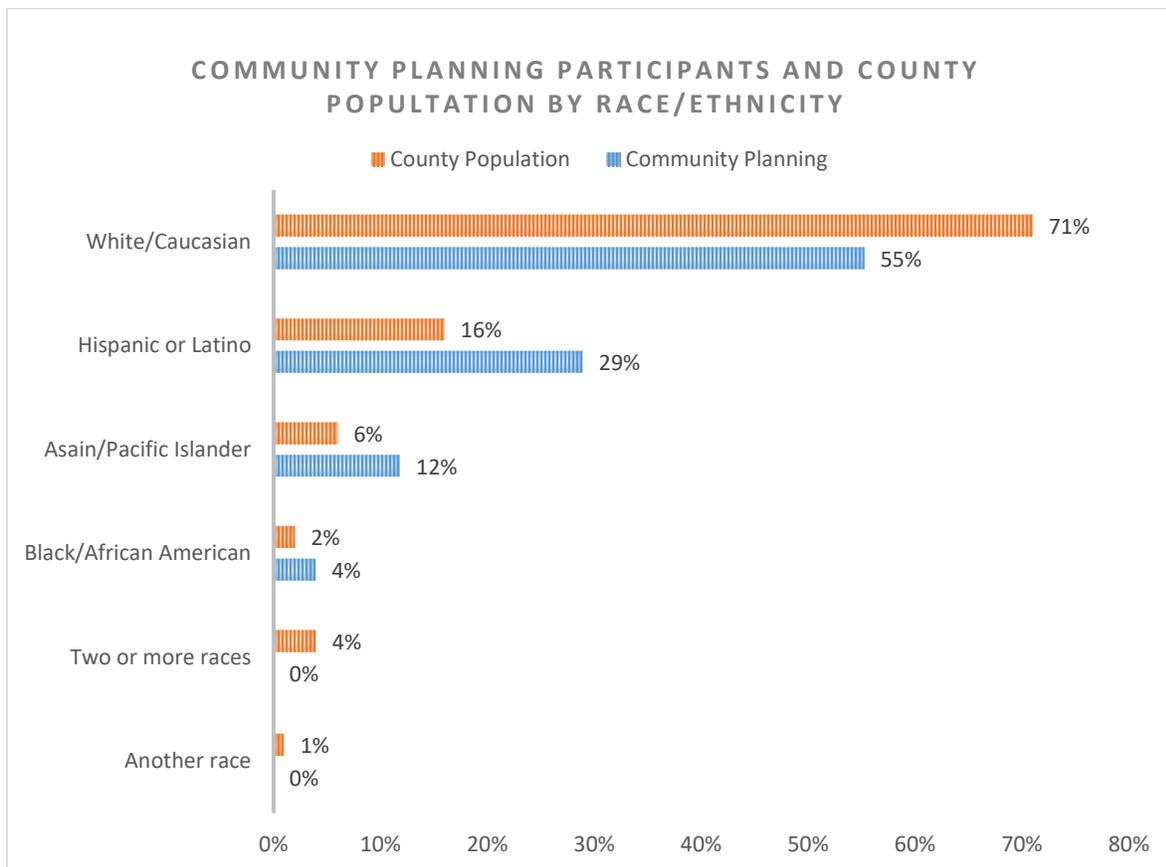
“you would not feel as judged talking to someone outside your school— it’s like a blank sleight”- (discussing the county-wide aspect and potential for meeting with Wellness Ambassadors from other schools).

[Mentor programs would provide] “someone who has been through the same things and knows what they feel like.”

“It would be great to be able to talk to someone my age who is also gay or trans”



“I feel most comfortable venting to someone not too much older than me compared to an adult I don’t know.”



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:** This project includes community-based organizations, youth advisory boards, schools, and advocacy organizations serving youth in Marin County.
- B) **Cultural Competency:** This project will seek to engage underrepresented and underserved youth in Marin County through trusted community-based organizations and stakeholder groups. In addition, the project, evaluation plan, and results will be presented to the Cultural Competency Advisory Board (CABB), MHSA Stakeholder Committee, and other Marin County youth and equity focused stakeholder groups.



- C) **Client-Driven:** The nature of this project necessitates that youth take a leadership role in every stage of the development, implementation, and evaluation of this project. Youth are the heart of this project and will be at the forefront of advising on strategic direction and decision making.
- D) **Family-Driven:** Parents and caregivers are a critical part of supporting student wellness. As such, families will be engaged to gather input on program design, and evaluation to measure impact of this project. Student Wellness Ambassadors will also provide relevant wellness resources and information to families.
- E) **Wellness, Recovery, and Resilience-Focused:** Peer Ambassador models can break down stigma around mental health and help seeking, promote pro-social behaviors, and provide mutual benefits for both the mentor and the mentee, including leadership and advocacy skills and building connections.
- F) **Integrated Service Experience for Clients and Families:** This program will be part of a comprehensive approach to student wellness in Marin schools that focuses on providing multi-tiered systems of support and utilizes coordination structures to refer and track student participation and outcomes. Caregivers will be involved in this program both as participants in SWA events and workshops and in the evaluation.

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.

This project will be led by a stakeholder committee that is made up of youth and others from underserved or unserved populations in collaboration with adult leads. Caregivers will also be engaged in the evaluation process. Stipends are included in the budget for both committee meetings as well as key informant interviews and focus groups for inform the evaluation process and program planning/funding continuation.

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.



Determination of whether the program will continue after the end of the Innovation Period using other funding will be made through the Community Planning Process by looking at outcome data, occupancy, cost-effectiveness, student, staff, and parent-feedback, and availability/prioritization of funding. Determination and continuity planning will be included in the FY2024/25 MHSA Annual Update and three-year planning process.

Since mentors are recruited from within the student population, fewer resources are needed over the long-term once the infrastructure has been established through this project. There is an existing resource pool that can be tapped into for recruitment of new peers. In addition, peers can help train new cohorts of peer mentors to ensure sustainability. Therefore, funding to maintain this program once this INN project is complete will be less than the annual costs of each Innovation project year.

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.

This program is open to all students regardless of diagnosis. Students identified as needing more intensive mental health supports will be referred to the appropriate resources, including ACCESS.

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?

The Youth Advisory Committee, evaluator, and staff will provide annual updates presentations and written reports to the Community at large about the project and its status. There will also be a webpage dedicated to this project linked to from the BHRS Prevention and Outreach website, the MCOE website and school district pages, that will house the updates and keep the community informed about progress. School newspapers, newsletters, district email listservs, school newsletters, monthly or bi-weekly meetings with participating LEAs, monthly meeting with participating students, monthly meetings with districts will also be utilized to disseminate information.



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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.

1. Peers
2. Students
3. Wellness Ambassadors
4. Mental Health
5. County-wide

TIMELINE

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

January 2022 – June 2025

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

3.5 years

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

In advance of the project starting:

- Release RFPs for CBO providers, develop contract with Marin County Office of Education
- MCOE recruits and hires Program Coordinator to start Jan 1, 2022

Year 1, Quarter 1: (FY21/22: January-March 2022)

- Student Advisory Committee is formalized, meets monthly during Year 1
- Evaluation framework, protocols, and procedures are developed with lead evaluation partner
- Site Lead and Student Wellness Ambassador training curriculum developed and vetted
- Contracted partners selected from RFP responses, and contracts are approved by the Board of Supervisors
 - Community-Based Organization (CBO) partners to work with Student Wellness Ambassadors from underserved communities
 - Evaluator contract
 - Specialty trainer contracts

Year 1, Quarter 2: (FY21/22: April-June 2022)



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- 5 Local Educational Agencies will be participating
 - Coordinator will identify and train site-based leads.
 - Establish contracts and relationships with CBO providers.
 - Develop protocols and procedures for training and retention of Student Wellness Ambassadors.
 - Site Lead Student Wellness Ambassador training curriculum finalized
 - Baseline evaluation data gathered

Year 1, Quarters 3 and 4: (FY22/23: July 2022-Dec 2022)-

- 60 Wellness Ambassadors selected and trained across 10 different schools.

Year 2, Quarters 1 and 2: (FY22/23: Jan 2023-June 2023)

- Program is fully operational at 10 sites
- Annual Student Advisory Committee community presentations
- Ongoing evaluation
- Expansion of most highly specialty trainings for youth and site leads

Year 2, Quarters 3 and 4: (FY23/24: July 2023-Dec 2023)

- 10 Local Educational Agencies will be participating.
 - An additional 10 school site leads will be identified and trained.
 - An additional 60 Wellness Ambassadors will be trained across 10 different schools.

Year 3, Quarters 1 and 2 (FY 23/24: Jan 2024-June 2024)

- Program is fully operational at 20 sites

Year 3, Quarters 2 and 3 (FY24/25: July 2024-Dec 2024)

- 16 Local Educational Agencies will be participating.
 - An additional 10 school program coordinators will be identified and trained.
 - An additional 60 Wellness Ambassadors will be trained across 10 different schools.

Year 4, Quarters 1 and 2 (FY 24/25: Jan 2025-June 2025)

- Program is fully operational at 30 sites
- Determination of whether program will continue after the end of the Innovation Period using other funding. Determination will be made through the Community Planning Process looking at outcome data, occupancy, cost-effectiveness, student-feedback, and availability/prioritization of funding. Determination and continuity planning will be included in the FY2024/25 MHSA Annual Update



- Final evaluation report will be submitted to the OAC and shared broadly throughout the county and the state within 6 months of the completion of the Innovation project

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

This budget narrative goes line by line in coordination with the budget on the following pages to provide context and further explanation of the anticipated costs and budget items to fulfill the goals of the project. The budgets are estimates for planning purposes.

1. *Materials and supplies:* Training materials, technology for staff, incidentals
2. *Evaluation Contract:* The first consultant for this project will be for Evaluation. Evaluation is a major part of all innovation projects. At the beginning of the project, the evaluator will set up the framework for the evaluation and the collection methods. There is an increase for the last Fiscal Year when there will be more data for evaluation that will be used to determine continuation of the project and develop final findings to be shared.
3. *Community Based Organization Contracts:* Contracts with three CBO's to provide training and support to Student Wellness Ambassadors from underserved communities.
4. *MCOE Contract for Program Coordinator:* These costs are based on existing MCOE Project Specialist classification with benefits.
5. *Specialty Trainer Contracts:* Specialty trainers in mindfulness, youth engagement, Mental Health First Aid and others will supplement the selected curriculum to enhance skills of participating Youth Wellness Ambassadors and adult leads.
6. *SWA and stakeholder Incentives:* Technology (such as ipads) needed for communication providing resources and information with mentees, taking notes, accessing training materials. Stipends for evaluation focus groups, etc.
7. *Indirect Costs:* These costs are calculated at 15% and are used to cover the indirect costs of the county costs for program oversight and contract management.



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8. *Total Non-recurring costs:* Total Non-recurring costs is the total for materials and supplies (line 15)
9. *Total Consultant costs:* Totals adding the consultant costs and the indirect costs
10. *Other Expenditures:* Incidentals unaccounted for in other budget line items.



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BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)	FY 21/22 (6 months Jan 2022-June 2022)	FY 22/23 (12 months July 2022-June 2023)	FY 23/24 (12 months July 2023-June 2024)	FY 24/25 (12 months July 2024-June 2025)	TOTAL
					-
					-
Total Personnel	\$ -	\$ -	\$ -	\$ -	-
OPERATING COSTS	FY 21/22 (6 months)	FY 22/23	FY 23/24	FY 24/25	TOTAL
					-
					-
Total Operating	\$ -	\$ -	\$ -	\$ -	-
NON RECURRING COSTS (equipment, technology)	FY 21/22 (6 months)	FY 22/23	FY 23/24	FY 24/25	TOTAL
Materials and Supplies	\$5,000	\$10,000	\$10,000	\$10,000	\$35,000
Total Non Recurring	\$5,000	\$10,000	\$10,000	\$10,000	\$35,000
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)	FY 21/22 (6 months)	FY 22/23	FY 23/24	FY 24/25	TOTAL
Evaluation Costs	\$15,000	\$30,000	\$30,000	\$45,000	\$120,000
Contracts with local Community Based Organizations (recruitment and training for underserved youth)	\$75,000	\$150,000	\$150,000	\$150,000	\$525,000
Contract with Marin County Office of Education (Program Coordinator)	\$65,000	\$130,000	\$130,000	\$130,000	\$455,000
Contracts with specialty trainers (mindfulness, MHFA, etc.)	\$25,000	\$50,000	\$50,000	\$50,000	\$175,000
SWA and stakeholder incentives	\$15,000	\$35,000	\$35,000	\$35,000	\$120,000
Indirect Costs	\$29,250	\$59,250	\$59,250	\$61,500	\$209,250
Total Consultant Costs	\$224,250	\$454,250	\$454,250	\$471,500	\$1,604,250



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OTHER EXPENDITURES (please explain in budget narrative)	FY 21/22 (6 months)	FY 22/23	FY 23/24	FY 24/25	TOTAL	
Total Other Expenditures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BUDGET TOTALS	FY 21/22 (6 months)	FY 22/23	FY 23/24	FY 24/25	TOTAL	
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non-recurring costs	\$5,000	\$10,000	\$10,000	\$10,000	\$35,000	
Consultant Costs	\$224,250	\$454,250	\$454,250	\$471,500	\$1,604,250	
Other Expenditures	\$ 2,000	\$2,250	\$2,250	\$2,250	\$8,750	
TOTAL BUDGET	\$231,250	\$466,500	\$466,500	\$483,750	\$1,648,000	



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

ADMINISTRATION:

A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22 (6 months)	FY 22/23	FY 23/24	FY 24/25	TOTAL
1.	Innovative MHSA Funds	\$29,250	\$59,250	\$59,250	\$61,500	\$209,250
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	Total Proposed Administration					

EVALUATION:

B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22 (6 months)	FY 22/23	FY 23/24	FY 24/25	TOTAL
1.	Innovative MHSA Funds	\$15,000	\$30,000	\$30,000	\$45,000	\$120,000
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	Total Proposed Evaluation					

TOTAL:

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 (6 months)	FY 22/23	FY 23/24	FY 24/25	TOTAL
1.	Innovative MHSA Funds	\$231,250	\$466,500	\$466,500	\$483,750	\$1,648,000
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	Total Proposed Expenditures					

*If "Other funding" is included, please explain.