SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

MHSOAC
Mental Health Services
Oversight & Accountability Commission

INNOVATIVE PROJECT PLAN
RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☐ 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.
☐ Local Mental Health Board approval Approval Date: November 6, 2024
☐ Completed 30 day public comment period Comment Period: November 6, 2024
☐ BOS approval date Approval Date: _____ If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: December 10, 2024 *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.*
Desired Presentation Date for Commission: December 2024 or January 2025 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

Mental Health Services Act (MHSA) Innovation Project Plan

County Name: San Mateo County
Date submitted: TBD
Project Title: allcove Half Moon Bay (allcoveHMB)
Total amount requested: $1,600,000

- $1.5M service delivery for 3 years
- $100K BHRS administration
- Evaluation to be provided by Stanford as part of the multi-county collaborative

Duration of project: 3.5 years

- 3 years of service provision + 6 months of pre/post BHRS administration

In early 2024, CoastPride, a nonprofit based in San Mateo County's coastside community, was awarded two-year start-up funding from the MHSOAC to establish an allcove center in the city of Half Moon Bay (allcoveHMB) to reach youth and young adults on the coast. This proposal is for local San Mateo County INN funding to supplement the state start-up grant and specifically fund the delivery of early intervention services behavioral health services to youth and their families, including mental health support groups, individual therapy and other treatment services. The funding will also be utilized to implement principles for allcove centers called ACCESS (Anti-racist, Culturally-minded, Community Education, Support, and Services). ACCESS principles will allow allcoveHMB to prioritize Latine and queer youth community engagement and become truly reflective of the diverse community in the coastside and support access to services that are bicultural, bilingual, queer-affirming, and resonate with our young coastsiders' multiple identities.

This proposal contains specific details on the local context, local community planning process (including local review dates), and budget details for San Mateo County's allcove center in Half Moon Bay (allcoveHMB). The statewide INN Plan is provided as an attachment for context. This proposal will serve as an appendix to the broader INN plan for a Multi-County allcove collaborative, which is attached here for reference.

BACKGROUND

As part of the Prop. 1 behavioral health transformation, the Behavioral Health Services Act (BHSA) prioritizes strategies to increase access to early intervention services for youth and young adults. The California Mental Health Services Oversight and Accountability Commission (MHSOAC) has approved a statewide collaborative that supports counties to use MHSA Innovation (INN) funding to establish youth multi-service centers based on the allcove™ model. The allcove model, inspired by successful

international integrated youth mental health models in Australia, Canada, and Ireland, creates stand-alone, "one-stop-shop" health centers for young people ages 12 to 25 to access support for mild to moderate needs with mental health, physical health, substance use, peer support, supported education and employment, and family support, as well as linkages to community referrals in the continuum of care for more intensive needs.

LOCAL NEED

In San Mateo County, as in the United States as a whole, there are dire concerns about the status of youth mental health. In October 2021, leading children's health organizations declared a National State of Emergency in Children's Mental Health and in December 2021, the U.S. Surgeon General issued a National Advisory on the youth mental health crisis. Youth and young adults are facing an unprecedented level of stress from causes including racism, violence, the climate crisis, cyberbullying, the impacts of the COVID-19 pandemic, and a charged political climate around immigration and LGBTQ+ rights, all of which contribute to increased levels of chronic stress among youth, which in turn can lead to anxiety and depression.

An allcove center in the city of San Mateo was established in the fall of 2023 by Peninsula Health Care District. However, it is well known that San Mateo County's coastside region is physically isolated from the central parts of the county and lacks equitable access to services. The coastside has long struggled with social and economic challenges that have been exacerbated by the COVID-19 pandemic, the climate crisis, and the growing economic disparity in the Bay Area. Despite being situated in one of the richest counties in the nation, the limited resources in this part of the county have limited access to mental health, substance use prevention and treatment, educational and employment opportunities, and other supportive services. Behavioral health inequities flow from this economic disparity, and while it is felt by all coastsiders, it disproportionately impacts residents of color and LGBTQ+ communities.

The mental health of middle school and high school age students points to a need for greater support. The California Healthy Kids Survey for Cabrillo Unified School District (CUSD) in 2022-23 found that one-third of students in grades 7th, 9th and 11th report chronic sadness; among 7th graders, 20% of students reported they considered suicide; among 11th graders, one-third of students reported social and emotional distress; and less than half (45%) of students in all grades reported a sense of optimism.

A 2023 community survey of Latinx youth on the coastside (n=46) also had distressing findings about the behavioral health struggles that youth face.

- **Stress related to school and family.** Four out of five respondents said that they were really stressed out about school/homework. Thirteen percent of respondents reported being bullied. One in four said they were really stressed out about family.
- **Concern and stress about the future**. When asked about their future, over 40% said confused and concerned; 24% scared and not sure what the future may hold; and close to 36% said excited and hopeful. Nearly one-third reported being really stressed out about their future.
- **Life-changing events**. Youth reported experiencing life changing events in the previous year, including grieving the death of a loved one (19%) and having to move (13%).

- **Sadness, depression, self-harm, and thoughts of suicide.** Over 40% of respondents said they felt sad or depressed "a little" or "some of the time" during the past month, and close to 20% said "most of the time." 13% said they self-harmed. 20% said that they considered suicide during the past year.
- **Substance use**. Over 70% said young people got alcohol or marijuana from other teens.
- **Gaps in support.** A little over half of respondents felt they had a friend they could talk to when they were having a hard time. Almost 60% said they didn't think anyone showed concern or maybe just a little or they just didn't know if anyone was concerned with what they were doing. In response to the question, "What do you wish the community would do to support people your age?" the main themes were: 1) more mental health services; 2) alcohol/drug/smoking prevention services; 3) access to rehab services; 4) support in school; and 5) more activities that are fun.

In 2022, CoastPride partnered with Our Voice to engage students from diverse backgrounds across gender, sexual orientation, race, and disability to document positive and challenging aspects of their school and community life. Twenty-three students from local Gender Sexuality Alliance (GSA) and social justice groups collected 137 photos and descriptions to document affirming (positive) and non-affirming (negative) spaces and interactions in their school and community. The records were categorized into eight themes, with mental health being by far the most commonly represented theme: mental health (44), gender (15), race/ethnicity (13), physical activity (14), language (8), religion (7), sexual orientation (7), and something else (47). Challenging and non-affirming results included stressful spaces, run-down buildings, anti-LGBTQ slurs, racial slurs, and the overwhelming need to address youth mental health.

Given the significant need among youth in San Mateo County's coastside, youth-led and community-defined evidence-based practices such as allcove are needed in order to reduce behavioral health disparities and advance behavioral health equity for young coastside residents.

PROPOSED PROJECT

In early 2024, CoastPride, a nonprofit based in San Mateo County's coastside community, was awarded two-year start-up funding from the MHSOAC to establish an allcove center in the city of Half Moon Bay (allcoveHMB) to reach youth and young adults on the coastside. The start-up grant funding will be used during the first two years of operation to support start-up costs including identifying a building, hiring and training staff, and planning for services. Local INN funding will supplement and support the delivery of early intervention services behavioral health services to youth and their families at the allcoveHMB center, including mental health support groups, individual therapy and other treatment services. The funding will also be utilized to implement principles for allcove centers called ACCESS (Anti-racist, Culturally-minded, Community Education, Support, and Services). ACCESS principles will allow allcoveHMB to prioritize Latine and queer youth community engagement and become truly reflective of the diverse community in the coastside and support access to services that are bicultural, bilingual, queer-affirming, and resonate with our young coastsiders' multiple identities.

The allcoveHMB center will provide:

- Holistic and coordinated services including mental health, substance use, education and career readiness, skill development, mentorship, and social and arts activities.
- Upstream, early intervention services that aim to positively alter even the most serious forms of mental illness through early detection and intervention.
- Youth-centered approaches that focus on resilience and identity, and a youth-friendly physical space with accessible hours of operation.
- Connections to community-based partners, including Ayudando Latinos a Soñar (ALAS) and Youth Leadership Institute (YLI).

Specific services will depend on youth priorities and needs for culturally informed services. CoastPride has identified youth interests in the following mental health supports: tools for anxiety, harm reduction and trauma-informed tips, neurodiversity versus neurodivergent exploration, disordered eating and mindful eating, and music, art, games, and martial arts.

Numbers Of Youth Served with INN Funding

allcoveHMB will begin serving youth in Year 1 with a soft launch, which will include implementation of ACCESS principles and mental health supports to youth and their familiess. The full launch will occur in Year 2, and by Year 3 will operate at full capacity. The estimated numbers of youth receiving direct services using INN funding are as follows:

- Year 1: 50 youth
- Year 2: 100-125 youth
- Years 3-5: (Full capacity) 10% of target population living on the coastside ages 12-25, or approximately 200-800 youth annually

The allcoveHMB center estimates it will serve approximately 10% of the target population of youth ages 12-25 in the region. The large range in the estimated number of youth served, 200-800, rests with the discrepancy in the numbers between public school data and Census data for the target population. Because the coastside has families who are very wealthy and those that are very economically disadvantaged, many families likely send their children to local private schools.

Public School Data - Total: 1,550

- Public Middle School: 550
- Public High School: 1,000

Census Data (12-25 years old) - Total: 8,202

- Under age 18: 5,795
- Age 18 to 24: 2,407

Population Served

The target population will be underserved youth ages 12 to 25 living on the San Mateo County coastside from Pacifica to Pescadero (zip codes 94018 and 94019, 94038, 94037), including vulnerable youth populations such as those who identify as Black, Indigenous, and people of color (BIPOC), LGBTQ+, and young people experiencing homelessness.

San Mateo County - Coastside Profile	
Race/Ethnicity of Youth in CUSD • Hispanic/Latinx: 53.1% • White: 39.5 • Asian: 1.3% • Filipino: .7% • Two or more Races: .5% • Black/African American: .3% • Pacific Islander: .0% *Source: CUSD*	**Language Spoken by CUSD Students** In CUSD public schools, close to half of the children speak a language, other than English at home. The vast majority of those speak Spanish at home as their first language, with a small percentage speaking an Asian language. *Source: CUSD*
Immigrant Population As of 2020, 22.6% of residents were born outside of the United States, which is higher than the national average of 13.5%. In Half Moon Bay, 55.7% are from Mexico, 6.3% from Vietnam, 4.7% from China (excluding Hong Kong and Taiwan), 2.9% from Canada, 2.6% from El Salvador, 2.4% from Iran, 2.2% from Philippines, 2.% from England, 1.7% from Brazil, 1.7% from Serbia, and 1.6% from Lebanon (all other countries of origin are 1.5% or less). It is estimated that in several areas of the coastside, half or more of immigrants are undocumented. *Source: Census and Towncharts citing census*	**Income and Housing** *Poverty*: Nearly half (45.1) of students in CUSD are low income/socioeconomically disadvantaged. *Food Insecurity*: 1,642 households received basic safety net services from Coastside Hope, 35% of which have children. *Housing Insecurity or Homelessness*: 120 community members are served at Abundant Grace and 52 community members are served at Coast House through interim housing and support services to families, couples, and individuals experiencing homelessness in Half Moon Bay. *Sources: CUSD, Coastside Hope, Abundant Grace, Coast House*

CONTRACTING

All BHRS service agreements (contracts, MOUs) are monitored by a BHRS Manager that has the subject matter expertise. Contract monitors check-in at least monthly with service providers to review challenges, successes, troubleshoot and stay up-to-date on the progress of the project. Additionally, reporting deliverables are set in place in the agreements and linked to invoicing. Payments of services

are contingent on the reporting. Evaluation contracts are monitored in a similar fashion by the MHSA Manager in collaboration with the assigned BHRS Manager.

COMMUNITY PROGRAM PLANNING

The allcoveHMB was approved for start-up funding through CoastPride's planning and application process with the MHSOAC. In San Mateo, the CPP process for Innovation Projects supported the local implementation and begins with the development of the MHSA Three-Year Plan. A comprehensive community needs assessment process determines the gaps, needs and priorities for services, which are used as the basis for the development of Innovation projects. One of San Mateo County's current MHSA Three-Year Plan strategies includes to *expand drop-in behavioral health services that includes access to wrap around services for youth*. allcoveHMB addresses this priority. Appendix 1 describes the Three-Year Plan CPP process and Appendix 2 includes the MHSA Strategy Recommendations for San Mateo County.

<u>INN Idea Selection Process</u>

- ✓ With the availability of funding for new INN projects to be approved in the current fiscal year, BHRS sought to identify potential INN projects from its 2022 idea submission round that would meet current needs and align with the priorities of the BHSA.
- ✓ BHRS staff reviewed the 14 ideas that had been pre-screened in 2022 against the Innovation requirements. In order to prioritize INN projects that could be sustained under the BHSA, staff screened the 14 ideas to identify projects that included treatment/recovery and/or early intervention services. Most project ideas were in the area of prevention; five ideas included components of early intervention, treatment, and/or recovery.
- ✓ BHRS conducted an internal feasibility review of the five projects, and determined to move forward with two of the INN proposals based on BHRS capacity and priorities for the BHSA transition. In addition, BHRS decided to move forward with two multi-county collaborative INN projects.
- ✓ On September 5, 2024, the MHSA Steering Committee met to review the two community-derived INN ideas, and the two multi-county collaborative projects, and provide comment and considerations for the projects through breakout room discussions and online comment forms.
- ✓ *[This section to be updated after closing of the public comment process] The Behavioral Health Commission voted to open the 30-day public comment period on October 2, 2024 and reviewed comments during the public hearing and closing of the public comment period on November 6, 2024. [Substantive comments received are summarized in Appendix 3/No other substantive comments were received]. All comments and letters of support are included in Appendix 3.*

MHSA GENERAL STANDARDS

A) Community Collaboration

allcove centers are led by two strong local community advisory bodies: the Youth Advisory Group, which ensures that local youth voice informs service design at an individual, service and governance level, and the Community Consortium, which ensures that the center is embedded in the local youth service system. Together they provide a collaborative platform for service system reform and uplift the voice of young people and families with living or lived experience. Along with direct service delivery, another main activity of the center will be outreach in the community to raise awareness of services, increase mental health literacy and initiate conversations about mental health early to decrease stigma. These

activities will be planned and carried out through formal and informal community collaboration arrangements.

CoastPride has strong partnerships with Ayudando Latinos A Soñar, Puente de la Costa Sur, Pacifica Collaborative (ALAS and Puente are the LatinX-centered nonprofits serving the midpeninsula and south coast respectively and the Pacifica Collaborative membership includes all of the nonprofit safety net organizations serving Pacifica), Adolescent Counseling Services, Outlet and the San Mateo County Pride Center (these are LGBTQ+ centered service providers on the peninsula), On the Margins (a San Francisco network of clinicians providing consulting services in pursuit of transformative, antiracist, affirming, and innovative work), and Peninsula Family Service. The center will also employ a Community Engagement Manager to maintain strong relationships with community partners and families.

B) Cultural Competency

One of the key principles for the allcove model is that youth-centered care must be socially and culturally inclusive. allcove centers are intended to reflect a community's culture and be flexible enough to adapt to the needs and unique characteristics of a given community, whether large or small. Each center is led by a coalition of service providers and community-based agencies joining together in an integrated approach to serving young people. Beyond the Youth Advisory Group and Community Consortium, which reflect the local community, centers will also build additional partnerships, especially those of hard to reach and vulnerable groups. Lead agencies and service partners are encouraged to staff their allcove center with young adults and adults who look like the young people in the community who will be seeking services, and each center identifies staffing needs, including building more culturally responsive services, on an ongoing basis. Stanford's Central allcove Team and youth advisors co-developed a set of principles and recommended actions for promoting inclusion, belonging and anti-racist practices in allcove centers. These principles and actions will be encouraged through the allcove Learning Community and upheld through model integrity process.

allcoveHMB will use the allcove ACCESS (Anti-racist, Culturally-minded, Community Education, Support, and Services) principles to strengthen Latinx/Latine and queer youth engagement to be truly reflective of the diverse community in the coast. The center will ensure young people have access to culturally informed services based on cultural/ethnic background, gender, and sexual orientation, such as providing access to therapists who specialize in gender expansive youth, referrals to hormone therapy, access to bicultural providers, and cultural healing practices such as traditional Mexican dance, art, or mariachi.

C) Client-Driven

Through the mechanisms of shared decision making, Youth Advisory Group and Community Consortium representation, a foundational characteristic of the allcove model is the central and ongoing involvement of young people in their individual care, the center's service design and governance. These community-based groups ensure that allcove services and activities are client-driven.

CoastPride has deep experience centering youth voice in the design and implementation of services. In response to hate crimes on the coastside, CoastPride established an equity project entirely youth-led. Approximately 30 youth served as citizen scientists, reflecting on their experiences in school in real time-discerning whether they felt affirmed or undermined in their multiple identities (race/ethnicity, sexual

orientation, gender identity). The experiences of these LGBTQ+ and BIPOC youth were amplified through the use of a Stanford University phone application called, Our Voice. The data they collected were brought forward to School and Civic leaders for immediate collective action in their schools. CoastPide's approach to working with youth and young adults is to empower them by uplifting their strengths to achieve their desired goals, helping them explore and understand their multiple and intersecting identities, and uncovering the impact of how others are treating them may be shaping their sense of wellness and belonging.

D) Family-Driven

While the focus of the allcove model is young people, the program acknowledges the importance of families as a critical support network. When clinically indicated and acceptable to the young person, families and other adults providing care are guided in supporting their young people with a variety of service options including brief interventions, psychoeducation and group programs. CoastPride also offers a monthly family support group to engage families.

E) Wellness, Recovery, and Resilience-Focused

While supporting young people to address health and wellbeing challenges as they arise, the allcove center will provide group wellbeing, health education and recreational programs that support wellbeing and develop protective factors. Services will be youth centered, hope inspired and strengths based. Every allcove center is active in the community to raise mental health literacy, increase help seeking and reduce mental health stigma.

F) Integrated Service Experience for Clients and Families

The heart of the allcove model is providing a core set of co-located, integrated, clinical and youth development services, with referral pathways to other services that provide a continuum of care, that address bio-psycho-social determinants of health in achievement of young people's aspirational health and wellbeing goals.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Statewide, to date, allcove centers have spent up to several million dollars on start-up costs. These costs vary widely by geography, type of lead agency, facility access, payer mix, etc. These are also the costs without any reimbursement plan to this point, which will allow for lower annual costs. Stanford's Central allcove Team is working in partnership with Commission in developing further sustainability, including through collaborating to facilitate regular meetings with leadership from across the allcove network to create more pathways for billable reimbursement opportunities and funding for non-billable services. The allcove center will have a focus on prevention and early intervention supporting youth and their families in addressing mild to moderate mental health needs. As this model provides a "no wrong door" point of entry, each allcove center will facilitate supported referrals to more specialized services for young people presenting with serious mental illness. These referrals will also be in place so as not to disrupt continuity of care should the center cease to operate. These "warm hand-off" referrals include direct linkages to early psychosis programs and mental health services for needs greater than mild to moderate.

In addition to the two-year MHSOAC start-up grant for allcoveHMB, CoastPride receives funding from individual donors and the following grants: San Mateo County Measure K funds, Half Moon Bay City Community Services and Financial Assistance grant, Chan Zuckerberg grant, San Francisco Community Foundation grant, and Wells Fargo social impact grant.

The project aligns with the county's transition to BHSA by by expanding and increasing the types of early intervention strategies available to to children, youth and young adults through the prioritization of Early Intervention strategies. The project removes a barrier to accessing culturally informed, collaborative, and youth and family friendly services.

BHSA Transition Questions	Response
How does the proposal align with the BHSA reform?	The project focuses on early-life investments and strategies for youth and young adults 25 and younger, and their families to intervene in the early signs of mental illness or substance use.
Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness?	No
Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?	Yes, the project provides early behavioral health services for youth.
Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?	No
How will the County continue the project, or components of the project, after its completion without the ability to utilize certain components of MHSA funding for sustainability?	allcoveHMB will develop a sustainability plan that is vetted and informed by an established youth advisory group. The goal would be to leverage diversified funding for ongoing sustainability of the program including opportunities for Medi-Cal billing of approved services. Additionally, a proposal of continuation will be brought to the BHSA Community Program Planning (CPP) process for Behavioral Health Services and Supports - Early Intervention funding.
How does the project assist the county's transition to the behavioral health reform?	BHSA expands and increases the types of support available to children, youth and young adults through the prioritization of Early Intervention strategies. The project provides access to culturally informed, collaborative, and youth and family led services.

COMMUNICATION AND DISSEMINATION PLAN

MHSA implementation is very much a part of BHRS' day-to-day business. Information is shared, and input collected with a diverse group of stakeholders, on an ongoing basis. All MHSA information is made available to stakeholders on the MHSA webpage, www.smchealth.org/bhrs/mhsa. The site includes a subscription feature to receive an email notification when the website is updated with MHSA developments, meetings and opportunities for input. This is currently at over 2,000 subscribers.

The BHRS Director's Update is published the first Wednesday of every month and distributed electronically to county wide partners and stakeholders, and serves as an information dissemination and educational tool, with a standing column written by the County's MHSA Manager. The BHRS Blog also provides a forum for sharing and disseminating information broadly. In addition, presentations and ongoing progress reports are provided by BHRS, and input is sought on an ongoing basis at the quarterly MHSA Steering Committee meeting; at meetings with community partners and advocates; and internally with staff.

Opportunities to present at statewide conferences will also be sought.

TIMELINE

allcoveHMB is currently in the first year of its start-up phase. INN funding will begin in Year 1 of the start-up period when allcoveHMB will have a soft opening, and will continue for three years. The following timeline outlines milestones that will occur each year of project implementation.

Establishment Phase (Year 1)
Project team from community assembled
Lead agency begins by completing the establishment work plan (template) and set timelines for milestones Attend monthly implementation meetings with Central allcove Team and the MHSOAC Youth outreach specialist hired
Youth Advisory Group established and continue regular meetings
Facility secured, space fit out and permits completed
Community Consortium established and continue monthly meetings
Lead agency staff attend and participate in Learning Community activities
Center design completed (furniture, branding, etc.)
Center manager and clinical lead hired
Partnership agreements completed

Establishment Phase continues with Model Integrity (Year 1 or Year 2)
Continue attending monthly implementation meetings with Central allcove Team and the MHSOAC
Data requirements completed
Center staff (clinical, youth development, administrative) hired

Lead agency and service partner staff attend and participate in Learning Community activities
Model integrity review completed (at least 8 weeks before soft opening)
Lead agency and service partners prepare for visit from Central allcove Team (at least 1 – 2 weeks prior to soft opening)

Local INN Funds: ACCESS Principles implementation (Year 1 and Year 2)
Translate all materials to Spanish and provide interpretation services at relevant events
Creating Cultural Safety Dialogues with Community Consortium and Youth Advisory Group, including introductory equity trainings to develop shared language
Piloting Cultural Safety concepts and adapting them to Community Consortium Member organizations
Align Cultural Safety Principles with a curriculum that will be taught to staff and core service providers
Process Evaluation

Establishment Phase continues with Soft Opening (Year 1 or Year 2)
Continue attending monthly implementation meetings with Central allcove Team and the MHSOAC
Lead agency staff attend and participate in Learning Community activities
allcove center soft opening (at least 4 weeks before public opening)
Begin collecting evaluation data through the use of datacove
Lead agency and service partners prepare for visit from Central allcove Team (at least 1 – 2 weeks prior to official launch)

Local INN Funds: soft opening mental health services (Year 1 and Year 2)
Begin provision of mental health support groups, individual therapy and other early intervention treatment services
Facilitate focus groups with families to understand familial needs as the youth support system

Establishment Phase continues with Official Launch (Year 1 or Year 2)
Move to attending quarterly implementation meetings with Central allcove Team and the MHSOAC
Lead agency staff attend and participate in Learning Community activities
allcove center public opening (after completion of all model integrity review outstanding items)

Continue collecting evaluation data through the use of datacove

Center Operational Phase (Year 2 or Year 3 through Year 5)
Attend quarterly implementation meetings with Central allcove Team and the MHSOAC
Complete annual model integrity review every 12 months after official launch
allcove staff attend and participate in Learning Community activities
Continue collecting data through the use of datacove
Participate in other evaluation activities, including focus groups and interviews, about the development of the allcove center

Local INN Funds: ACCESS Principles implementation (Year 3)
Translate all materials to Spanish and provide interpretation services at relevant events + plus providing interpretation for services provided at allcove
Continue providing trainings and workshops for all service stream providers and staff
Piloting Cultural Safety concepts and adapting them to Community Consortium Member organizations
Align Cultural Safety Principles with a curriculum that will be taught to staff and core service providers
Process Evaluation

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

Note: As long as allcoveHMB is designated by the MHSOAC as a site to receive ongoing technical assistance from Stanford's Center for Youth Mental Health and Wellbeing, no additional costs for ongoing technical assistance and evaluation are required.

The total Innovation funding request for 3.5 years is **$1,600,000**, which will be allocated as follows:

Service Contract: $1,500,000	**BHRS Administration: $100,000**
· $250,000 for FY 24/25 (6 months) · $500,000 for FY 25/26 · $500,000 for FY 26/27 · $250,000 for FY 27/28 (6 months)	· $20,000 for FY 24/25 (9 mths) · $30,000 for FY 25/26 · $30,000 for FY 26/27 · $20,000 for FY 27/28 (9 mths)

Direct Costs will total $1,500,000 over a three-year term and includes all contractor expenses related to delivering the program services (salaries and benefits, program supplies, rent/utilities, mileage, translation services, subcontracts, etc.).

Indirect Costs will total $100,000

- $100,000 is for BHRS county business, procurement processes, contract monitoring, fiscal tracking, IT support, and oversight of the innovation project.
- As long as allcoveHMB is designated by the MHSOAC as a site to receive ongoing technical assistance from Stanford's Center for Youth Mental Health and Wellbeing, no additional costs for ongoing technical assistance and evaluation are required.

Federal Financial Participation (FFP) there is no initial anticipated FFP. Opportunities for developing Medi-Cal billing capacity for BHSA early intervention providers will be pursued.

Other Funding: The County will go through a local bidding process to identify the contractor for direct services; the bidding process will inquire about any in-kind or other revenue sources that can be leveraged.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY 28/29**	**TOTAL**
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs	$20,000	$30,000	$30,000	$20,000		**$100,000**
4.	**Total Personnel Costs**	**$20,000**	**$30,000**	**$30,000**	**$20,000**		**$100,000**
	OPERATING COSTS*						
5.	Direct Costs						
6.	Indirect Costs						
7.	**Total Operating Costs**						**$**
	NON-RECURRING COSTS (equipment, technology)						
8.							
9.							
10.	**Total non-recurring costs**						**$**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11.	Direct Costs	$250,000	$500,000	$500,000	$250,000		**$1,500,000**
12.	Indirect Costs						
13.	**Total Consultant Costs**	**$250,000**	**$500,000**	**$500,000**	**$250,000**		**$1,500,000**
	OTHER EXPENDITURES (please explain in budget narrative)						
14.							
15.							
16.	**Total Other Expenditures**						**$**
	BUDGET TOTALS						
	Personnel (total of line 1)						**$**
	Direct Costs (add lines 2, 5, and 11 from above)	$250,000	$500,000	$500,000	$250,000		**$1,500,000**
	Indirect Costs (add lines 3, 6, and 12 from above)	$20,000	$30,000	$30,000	$20,000		**$100,000**
	Non-recurring costs (total of line 10)						**$**
	Other Expenditures (total of line 16)						**$**
	TOTAL INNOVATION BUDGET	**$270,000**	**$530,000**	**$530,000**	**$270,000**		**$1,600,000**

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

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	**Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY 28/29**	**TOTAL**
1.	Innovative MHSA Funds	$270,000	$530,000	$530,000	$270,000		$1,600,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Administration**	**$270,000**	**$530,000**	**$530,000**	**$270,000**		**$1,600,000**
EVALUATION:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY 28/29**	**TOTAL**
1.	Innovative MHSA Funds						
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Evaluation**						
TOTALS:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY 28/29**	**TOTAL**
1.	Innovative MHSA Funds*	**$270,000**	**$530,000**	**$530,000**	**$270,000**		**$1,600,000**
2.	Federal Financial Participation						**$**
3.	1991 Realignment						**$**
4.	Behavioral Health Subaccount						**$**
5.	Other funding**						**$**
6.	**Total Proposed Expenditures**	**$270,000**	**$530,000**	**$530,000**	**$270,000**		**$1,600,000**
*** INN MHSA 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.**							

Appendix 1. MHSA Three-Year Plan, 2020-2023
Community Program Planning (CPP) Process

The MHSA Three-Year Program and Expenditure Plan is developed in collaboration with clients and families, community members, staff, community agencies and stakeholders. In November 2022, a comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan commenced and engaged over 400 diverse clients, family members, staff and community agencies and leaders representing geographical, ethnic, cultural and social economic status, providers of behavioral health care services, social services and other sectors across various means of providing input (surveys, input sessions, public comments). Planning was led by the MHSA Manager, Behavioral Health Commission MHSA Co-Chairpersons, an MHSA Three-Year Plan Workgroup and the MHSA Steering Committee. A draft CPP process was provided to the Behavioral Health Commission (BHC) and the MHSA Steering Committee in December 2022. Stakeholders provided input and comments on the process and what additional stakeholder groups should be engaged.

CPP FRAMEWORK

MHSA THREE-YEAR PLAN WORKGROUP

Between November and January 2023, a workgroup was convened made up of diverse stakeholders including clients, family members, community members and contracted service providers. The workgroup met monthly with the goal of co-designing an MHSA 3- Year Plan Community Program Planning (CPP) process that is equitable, inclusive and honors and centers the voices of marginalized communities. The objectives of each meeting included the following:

- Review and advise on data needed to support a comprehensive needs assessment
- Advise on the community input process and community engagement best practices, to ensure it is inclusive of all vulnerable communities
- Support opportunities for all San Mateo County community members to provide input

The MHSA Three-Year Plan Workgroup guided and informed the process each step of the way:

1. Needs Assessment
    - Informed Data Collection resources
    - Advised on the Community Survey structure
2. Strategy Development
    - Informed Community Input Sessions strategy
    - Advised on the creation of a Facilitator Training for stakeholders to support input sessions
    - Facilitated Community Input sessions
3. MHSA Three-Year Plan Development
    - Reviewed the Recommended Strategies for accuracy

COMMUNITY PROGRAM PLANNING PROCESS

1. Needs Assessment – this phase of the CPP process included the following two steps:
    - ✓ Data Review: Over 30 local plans, assessments, evaluation reports, and data were reviewed to identify prominent mental health and substance use needs reported across service sectors and the community. All of the concerns identified in the needs assessment review were categorized into the following 8 areas of need.
        i. **Access to Services** - this category captures the needs of diverse cultures and identities (race/ethnicity, LGBTQIA+, veteran status, age) related to accessing mental health and substance use services, including knowledge and education and culturally responsive approaches to engaging communities.
        ii. **Behavioral Health Workforce** - this category captures the needs related to recruiting, developing, supporting and maintaining a sufficient workforce to address the needs and the diversity of the community. This includes supporting individuals with lived experience as clients and/or family members of clients of mental health and substance use services to join the workforce and support all services and programming.

iii. **Crisis Continuum** - this category captures needs related to mental health and substance use crisis response, as well as appropriate community-based supports and stabilization during and after a crisis.

iv. **Housing Continuum** - this category captures the housing needs for individuals living with mental health challenges ranging from assisted living facilities to having access to permanent supportive housing, to early assessment of risk of homelessness and culturally responsive approaches and support with locating and maintaining housing.

v. **Substance Use Challenges** - this category captures the increasing need for substance use services and supports that are accessible, integrated and coordinated with mental health services.

vi. **Quality of Client Care** - this category captures the needs of clients that are in treatment for mental health and/or substance use challenges to have timely access to care when needed, are successfully connected to services after an emergency and receive culturally responsive approaches to their treatment.

vii. **Youth Needs** - this category is age-based and captures mental health and substance use challenges for school to transition-age youth ages 6-25, it includes recent data for adolescent suicides, juvenile justice involvement, school-based and on-campus supports.

viii. **Adult/Older Adult Needs** - this category is age-based and captures mental health and substance use challenges for adults and older adults, it includes recent data related to increasing complexity of needs, general poor mental health outcomes, and suicide prevention needs.

✓ Community Survey: The identified needs from the review of local plans and data were included in an online survey that was distributed broadly to individuals living or working in San Mateo County. The survey asked respondents to share any additional concerns related to mental health and/or substance. Additionally, the survey requested that respondents rank the 8 areas of need in order of importance.

There were 129 survey respondents to the survey, the Needs Assessment summary of results were presented to the MHSA Steering Committee on February 2, 2023, to launch the Strategy Development phase.

2. Strategy Development – this phase of the CPP process included the following two steps:

✓ Community Input: 31 community input sessions and key interviews with diverse groups and vulnerable populations (immigrant families, veterans and transition-age youth) were conducted. Based on advice from the MHSA Three-Year Plan Workgroup, groups were asked to select 1 of the 8 areas of need to brainstorm strategies in the areas of prevention, direct service and workforce supports.* Participants were asked what possible solutions (services, programs, infrastructure, etc.) would they recommend to address the need they selected. See Appendix 2. for the full list of Strategy Recommendations.

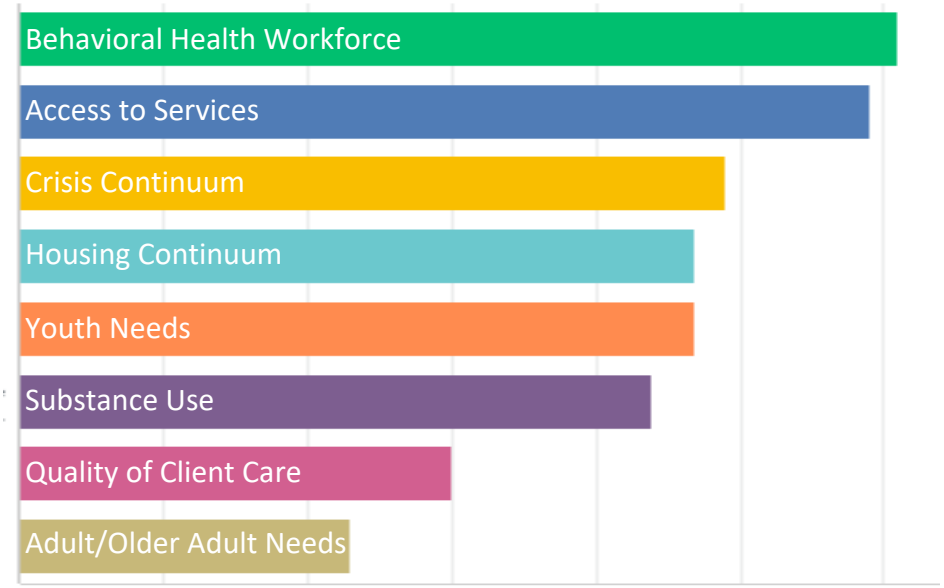
** As part of a simultaneous process to develop the MHSA 3-Year Workforce Education and Training (WET) Plan, 5 additional sessions were conducted to brainstorm around Behavioral Health Workforce strategies with the Diversity and Equity Council, Lived Experience and Education Workgroup, Alcohol and Other Drugs' Contracted Providers and BHRS Adult and Youth Leadership Teams.*

✓ Prioritization: To support the prioritization of strategies, participants were also asked: If you had to select one strategy to focus on over the next 3 years, which would you prioritize? Qualitative data analysis of all input received was conducted to identify the top strategy recommendations and key themes to present to the MHSA Steering Committee on May 4, 2023. Over 1,000 strategy ideas were shared via the Community Input sessions. This was narrowed down to 70 Strategy Recommendations across the 8 areas of need; strategies were included in this list if they were the top prioritized strategy by an input session group, they were repeated across input sessions, and for the areas of need that weren't selected as often by community groups (i.e., crisis continuum, substance use challenges, quality of client care and adult/older adult needs) all strategies that received a prioritization vote during in the input sessions were included.

Additionally, three key themes emerged from the input sessions overall, these strategies were brought up in virtually all input session: 1) Increase community awareness and education about behavioral health topics, resources and services; 2) Embed peer and family supports into all behavioral health services; 3) Implement culturally responsive approaches that are data-driven to address existing inequities. The idea is to incorporate these components into EVERY prioritized strategy moving forward.

The key themes and 70 Strategy Recommendations, Appendix 2., were presented to the MHSA Steering Committee on May 4th along with pre-recorded stakeholder video testimonials for each of the 8 areas of need and with an opportunity for additional public comments from meeting participants. Following the meeting the MHSA Steering Committee members were asked, via an online survey, to rank the 8 areas of need and help narrow down the scope of MHSA resources (both funding and planning) over the next three years. Given this prioritization, the areas of focus for the next three years will include Behavioral Health Workforce, Access to Services and addressing gaps in the Crisis Continuum. The MHSA Steering Committee was then asked in a follow-up survey to select their top Strategy Recommendations for each of the three prioritized areas of focus.

MHSA Steering Committee
Part 1 Survey Results – Areas of Need Prioritization:



3. MHSA Three-Year Plan – this phase of the CPP process includes the development of the plan, the 30-day public comment period and public hearing hosted by the Behavioral Health Commission (BHC) and the subsequent approval by the Board of Supervisors.

   - ✓ 30-Day Public Comment: The BHC voted to open a 30-day public comment period on June 7, 2023 and held a Public Hearing on July 5, 2023.
   - ✓ Board of Supervisor Approval: The BHC also voted to submit the MHSA Three-Year Plan to the Board of Supervisors for approval after the closing of the public comment period on July 7, 2023.

   This MHSA Three-Year Plan includes new funding allocations for the prioritized strategy recommendations, proposed funding allocations for other areas of need and strategy ideas that were identified; if there is an opportunity to leverage other efforts, initiatives, and/or external funding. The MHSA Three-Year Plan also builds on previous priorities. Funding and implementation for recommendations from the FY 20-21 Housing Taskforce and the Full Service Partnership (FSP) Workgroups will continue. See the Housing and FSP Workgroup priorities section.

   Additionally, The MHSA Three-Year Plan includes ongoing funding allocations for existing MHSA-funded programs. These programs are monitored, evaluated and adjusted as needed during the MHSA Three-Year Plan implementation years and recommendations are made annually about continuing, adjusting and/or ending a program. Changes to existing programs and services are included in subsequent Annual Updates, which involve stakeholder input, the MHSA Steering Committee and the BHC 30-day public comment period. Agencies selected to provide MHSA-funded services go through a formal Request for Proposal (RFP) process to ensure an open and competitive process to funding opportunities. The RFPs are posted on the BHRS RFP website, www.smchealth.org/rfps, which includes a subscription option to receive notifications.

MHSA THREE-YEAR PLAN STAKEHOLDER INPUT

Extensive outreach was conducted to promote the MHSA Three-Year Plan Workgroup participation opportunity, the Facilitator Training opportunity, the MHSA Steering Committee meetings, and the Community Input sessions. Flyers were made available in English, Spanish, and Chinese. Stipends to consumers/clients and their family members and language interpretation were offered at every meeting, childcare for families and refreshments were offered for in-person meetings.

Input included perspectives from clients and family members, communities across geographical, ethnic, cultural and social economic status, providers of behavioral health care services, social services and other sectors. The sessions were conducted through 14 existing collaboratives/initiatives, 11 committees/workgroups, 3 geographically-focused collaboratives (Coastside, East Palo Alto and North County) and 3 stakeholder group key interviews of transition-age youth, immigrant families and veterans. The majority of the meetings were conducted online. Over 400 individuals participated across the various means of providing input (surveys, input sessions, public comments).

Input Session conducted

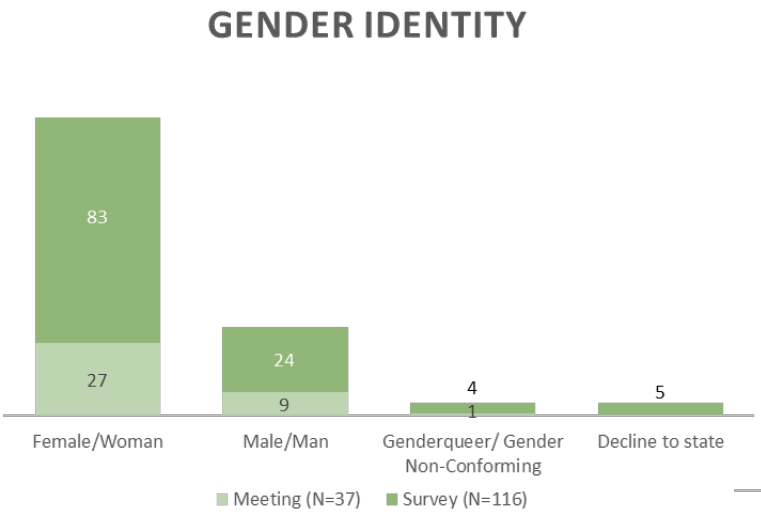
Date	Stakeholder Group	Input Session Topics
	MHSA Steering Committee	
2/2/23	4 Breakout Groups	Access to Services; Behavioral Health Workforce; Housing Continuum; Crisis Continuum
	Health Equity Initiatives	
2/3/23	Chinese Health Initiative	Access to Services
2/7/23	Pacific Islander Initiative	Youth Needs
2/8/23	Pride Initiative	Housing Continuum
2/14/23	African American Community Initiative	Quality of Client Care
2/14/23	Spirituality Initiative	Adult/Older Adult Needs
2/16/23	Native American and Indigenous Peoples Initiative	Quality of Client Care
2/16/23	Filipino Mental Health Initiative	Access to Services
2/28/23	Latino Collaborative	Access to Services
	Community Collaboratives	
2/10/23	North County Outreach Collaborative	Behavioral Health Workforce
2/16/23	East Palo Alto Behavioral Health Advisory	Behavioral Health Workforce
2/22/23	Coastside Collaborative	Access to Services
3/9/23	East Palo Alto Community Collaborative	Access to Services
	Peer Recovery Collaborative	
2/6/23	California Clubhouse/Heart & Soul	Housing Continuum
2/7/23	Voices of Recovery	Substance Use Challenges
	Behavioral Health Commission (BHC)	
2/1/23	BHC Older Adult Committee	Adult/Older Adult Needs

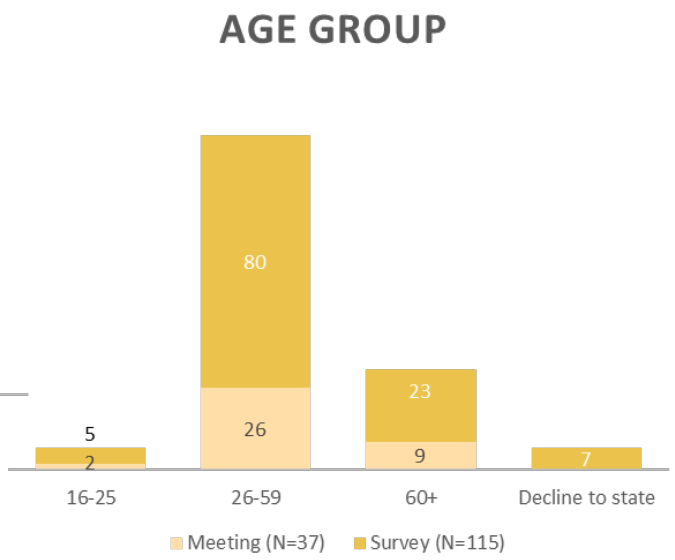
2/15/23	BHC Child and Youth Committee (3 Breakout Groups)	Youth Needs
2/15/23	BHC Adult Committee	Housing Continuum
2/21/23	BHC Alcohol and Other Drugs Committee	Substance Use Challenges
	Other Committees/Groups	
2/9/23	Housing Operations Committee	Housing Continuum
2/7/23	Lived Experience Education Workgroup	Housing Continuum
2/16/23	Contractors Association	Behavioral Health Workforce
2/20/23	Solutions for Supportive Housing	Housing Continuum
2/24/23	School Wellness Counselors	Youth Needs
2/14/23	BHRS Youth Leadership	Crisis Continuum
	Workforce Education & Training 3-Year Plan	
3/3/23	Diversity and Equity Council	Behavioral Health Workforce
3/2/23	Alcohol and Other Drug Providers	Behavioral Health Workforce
3/8/23	BHRS Adult Leadership	Behavioral Health Workforce
2/28/23	BHRS Youth Leadership	Behavioral Health Workforce
3/7/23	Lived Experience Education Workgroup	Behavioral Health Workforce
Key interviews conducted:		
Immigrant Families, Transition Age Youth, Veterans		Youth Needs; Access to Services

Demographics of participants

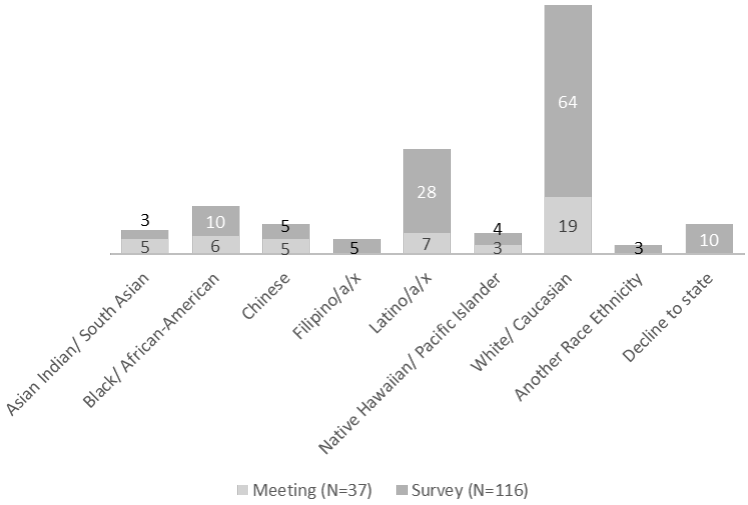
Demographic data was not collected from all 31 Community Input Sessions. 35 client and family members received stipends for participating in these sessions.

Demographics were collected for 129 survey respondents and 37 participants via a Zoom Poll feature during the two MHSA Steering Committee meetings focused on the MHSA Three-Year Plan Community Program Planning process.

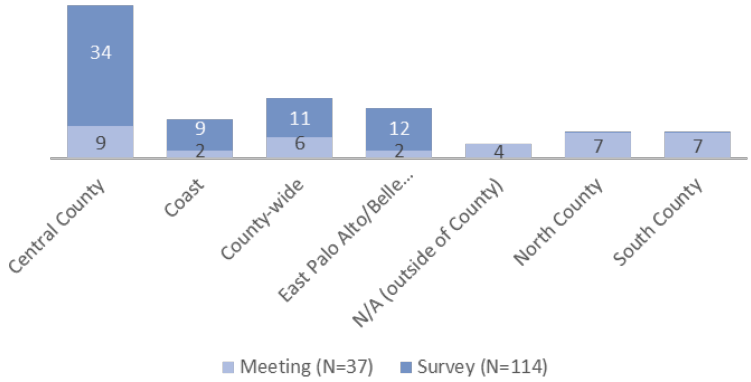




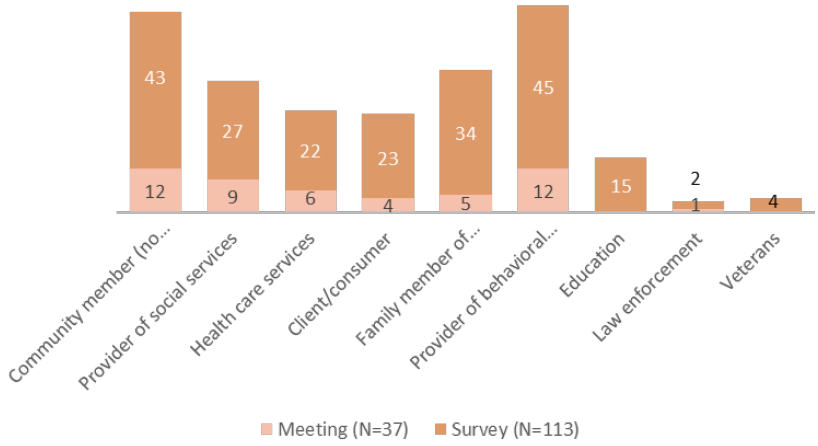
RACE/ETHNICITY



AREA OF COUNTY REPRESENTED



STAKEHOLDER GROUP



SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

Appendix 2. MHSA Three-Year Plan Strategy Recommendations

FY 23-24 to FY 25-26

30+ community input sessions and key interviews were conducted to brainstorm strategies to address San Mateo County behavioral health needs. The MHSA Steering Committee will be voting to prioritize across the Identified Needs and across the Strategy Recommendations. This prioritization will inform the allocation of resources over the next three-years. Across all community input sessions, three core themes emerged. These components will be incorporated into EVERY prioritized strategy:

1. **Increase community awareness** and education about behavioral health topics, resources and services
2. **Embed peer and family supports** into all behavioral health services
3. **Implement culturally responsive** approaches to address existing inequities that are data-driven

Direct Services & Supports / Prevention Early Intervention

Identified Needs	Strategy Recommendations
Access to Services	1. Coordinate behavioral health services for cultural and ethnic communities (centralize services, outreach and education for the Chinese community, hire bilingual/bicultural peer staff, etc.).
	2. Expand drop-in behavioral health services that includes access to wrap around services for youth.
	3. Provide school-based behavioral health services starting in elementary and middle school; include early diagnosis and assessment at high school grade level.
	4. Co-locate prevention services (support groups, programs, workshops, etc.) in community settings such as faith-based organizations, core-service agencies, community spaces, etc.
	5. Conduct racial equity analysis of BHRS policies and procedures to identify barriers to accessing care; include service utilization and staff capacity data.
	6. Expand services for older adults focused on addressing isolation, peer support, social engagement and intergenerational work.
	7. Expand the Health Ambassador Program to include diverse languages/cultures and subject expertise (substance use, justice involved, unhoused, human trafficking, etc.)
	8. Expand outreach partnerships to include increased mild-to-moderate services, faith-based organizations and veteran engagement.
	9. Promote volunteerism to increase social engagement and community cohesion.

Recruitment & Retention Strategies

Identified Need	Strategy Recommendations
Behavioral Health Workforce	1. Create a pipeline program focused on increasing Asian American and African American behavioral health staff, develop partnerships with local and neighboring academic and non-academic programs.
	2. Create more entry level positions and internships for students of diverse backgrounds; streamline hiring processes (e.g., onboarding and process to hire interns).
	3. Target recruitment activities to reach black, indigenous, people of color (BIPOC) communities (e.g., partner with BIPOC-focused communities and student organizations and networks).
	4. Implement recruitment and retention financial incentives such as retention bonuses, signing bonuses, educational loan repayment for staff and contracted providers.
	5. Examine and adjust caseload size and balance, particularly for bilingual staff.
	6. Expand type, flexibility, and access to staff wellness and engagement opportunities (e.g., appreciation, healing activities, mentoring, behavioral health supports, networking events).
	7. Explore opportunities for alternative and flexible schedules and remote work.
	8. Implement supports for direct service staff, including peers, to advance in their careers, specifically BIPOC staff (e.g., scholarships to pursue licensure/credentials, mentorship).
	9. Invest in support, retention and leadership development of peer and family support workers (training, fair compensation, career ladders, flexible hours, and mentorship).
	10. Address extra help and contracted positions, especially for those that interface with the community.
	11. Research, plan, and implement compensation and benefits that are aligned with competing agencies and neighboring counties (e.g., salaries, cost of living, retirement plans, housing vouchers).

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Crisis Continuum	1. Create stabilization unit(s) and dedicated teams.
	2. Expand step-down from hospitalization facilities, programs and teams (e.g., respite centers).
	3. Create a youth crisis residential in the County.
	4. Expand intensive outpatient services (extended Intensive Outpatient Programs for youth, day treatment programs, detox centers, etc.).
	5. Provide respite care and language-appropriate navigation supports for parents with children who experience a behavioral health crisis (5150, psychiatric emergency services, hospitalization, etc.).
	6. Expand non-armed 24/7 mobile mental health crisis response to serve the entire community.
	7. Expand drop-in centers for individuals that struggle with mental health and/or substance use.

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Housing Continuum	1. Expand clinicians available to the Homeless Engagement Assessment Linkage team (a field-based outreach, engagement and intervention services).
	2. Expand supportive housing slots for individuals living with mental health and substance use challenges that do not require homelessness as an eligibility requirement.
	3. Provide housing maintenance and peer supports including case management, wrap around services, hoarding resources, and specialized services for older adults and other vulnerable communities.
	4. Develop a comprehensive housing database that includes real time waitlist times and availability.
	5. Incentivize board and cares (streamline the application process, reduce/subsidize licensing costs, etc.).
	6. Provide housing navigation and locator resources; include re-entry supports, bilingual peer supports, streamlined case management, simplified housing application and subsidized fees.
	7. Provide supports for section 8 housing including funding, vouchers, and training to landlords.

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Substance Use Challenges	1. Create integrated services for complex needs including individuals with dual diagnosis or co-occurring mental health and substance use needs.
	2. Create longer-term sober living arrangements.
	3. Expand non-medication supports for individuals with addiction.
	4. Expand recovery-focused drop-in centers.
	5. Expand resources for reunification (support for parents, how to talk/interact with their children, etc.).
	6. Provide access to Narcan for clients and family members.
	7. Provide family-centered recovery supports that includes child care at every stage.
	8. Address intergenerational trauma in recovery and treatment.
	9. Expand early intervention resources for addiction.
	10. Provide education about substance use prevention starting in elementary school (how to say no, healthy boundaries, etc.).

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Quality of Client Care	1. Provide ongoing resource navigation and peer support in crisis situations.
	2. Create client centered services (meet people where they are, provide virtual/in-person, services in their language, flexible hours, etc.).
	3. Implement best practice sharing across BHRS clinics, including integrated services and identification of supports that can be offered across the county.
	4. Develop a streamlined BHRS intake process across the network of care.
	5. Develop partnerships for substance use referrals for clients with Access and Care for Everyone (ACE).
	6. Develop partnerships with indigenous community spaces and cultural healers.
	7. Address Adverse Childhood Experiences, Social Determinants of Health, and intergenerational trauma.

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Adult/Older Adult Needs	1. Create internal processes to regularly review utilization and outcome data to inform responsive services for older adults.
	2. Create partnership between the County and Veterans Administration to increase supports for veterans (integration with primary care services, resources for women veterans on sexual assault, suicide prevention for veterans, etc).
	3. Expand capacity for neuropsychological evaluation and diagnosis.
	4. Expand in-home hoarding supports (linkages to services, case management, specialized therapy, decluttering, etc.)
	5. Expand services for individuals with complex needs; develop partnerships with organizations that can support complex client needs.
	6. Expand the OASIS team peer specialist' support for older adults, caregivers and family members.
	7. Develop an outreach and communication strategy on behavioral health and wellness in multiple languages; leverage existing networks (SMC Alert, neighborhood CERTs, etc.).
	8. Expand culturally relevant suicide prevention strategies.
	9. Expand prevention services to older adults prior to complications; develop partnerships with organizations that can provide these services.

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Youth Needs	1. Address gaps in the crisis continuum for youth (increase 5150 beds, language capacity, expand non-law enforcement response, stabilization unit, crisis residential, etc.).
	2. Expand school-based behavioral health education and services starting in middle school that includes family therapy and peer support groups for parents, youth, and school staff.
	3. Expand school-based wellness centers.
	4. Expand afterschool-based programming.
	5. Expand availability of diverse wellness counselors and clinicians on all school campuses.
	6. Integrate wraparound services in schools, in partnership with community-based organizations.
	7. Provide Narcan in high schools (used to reverse opioid overdose).
	8. Expand Social Emotional Learning (SEL) curriculum in schools.
	9. Expand the Health Ambassador Program for both Youth and Adults; include case management and increased support for ambassador's families.

ATTACHMENT: Multi-County allcove Collaborative

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

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

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

CHOOSE A PRIMARY PURPOSE:

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

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

Section 2: Project Overview

PRIMARY PROBLEM

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

The allcove™ model, inspired by successful international integrated youth mental health models in Australia, Canada, and Ireland, creates stand-alone, "one-stop-shop" health centers for young people ages 12 to 25 to access support for mild to moderate needs with mental health, physical health, substance use, peer support, supported education and employment, and family support, as well as linkages to community referrals in the continuum of care for more intensive needs. allcove approaches youth wellness in a comprehensive and youth-friendly way, led by members of an active local Youth Advisory Group, who help design the services and environment they most want to see in their community, and a Community Consortium. Through innovative, evidence-based approaches, allcove centers have the flexibility to reflect the unique youth culture of each community being served and fill a critical gap in the spectrum of youth mental health and wellness services.

Increasing need: A mental health crisis facing American youth
Data show American youth are suffering and have been struggling even prior to the onset of the COVID-19 pandemic. According to the National Center for Health Statistics (Curtin & Heron, 2019), the rate of youth suicide:

- Increased nearly 60% among 10- to 24-year-olds between 2007 and 2017.
- Grew at an average rate of 3% per year between 2007 and 2013.
- Rapidly rose to 7% per year between 2013 and 2017.
- Tripled for children aged 10 to 14 between 2007 and 2017, after years of decline.

After the start of the COVID-19 pandemic, there was a greater than 50% increase in suspected suicide attempt emergency department visits among girls ages 12 to 17 in the beginning of 2021, as compared to the same period in 2019 (Yard et al., 2021). Suicide is now the second-leading cause of death for people ages 10 to 24 (The American Association of Suicidology, 2021).

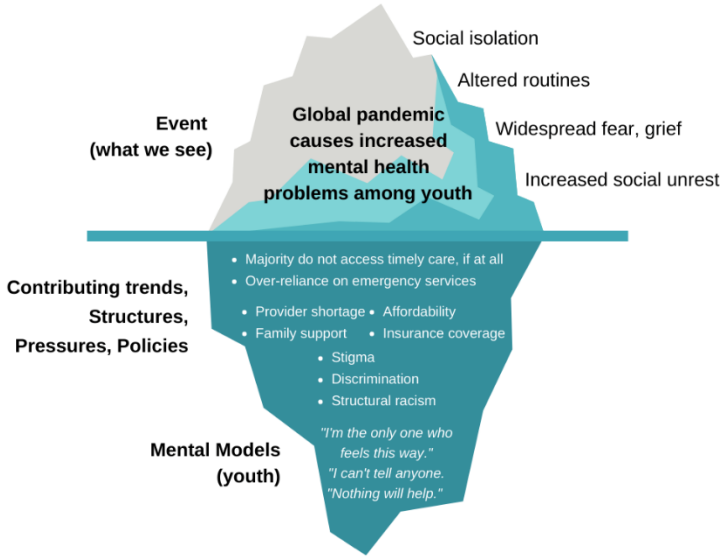
According to the Centers for Disease Control and Prevention (2023), more students experienced persistent feelings of sadness or hopelessness from 2009 through 2019, regardless of race/ethnicity; more than 1 in 3 and almost half of female students reported persistent feelings of sadness or hopelessness in 2019. Roughly half (49.5%) of adolescents in the U.S. meet the criteria for a mental disorder at some point, with anxiety disorders being the most common (31.9%), followed by mood (14.3%), behavior (19.6%), and substance use (11.4%). According to the Substance Abuse and Mental Health Services Administration's 2019 Behavioral Health Barometer, 57% of youth aged 12 to 17 with a major depressive episode did not receive treatment in the past year. The Mental Health in America 2022 report notes an increase in the number of youth who experienced a major depression episode (15%, up 1% from the previous year) and that only 27% of

youth with severe depression received consistent treatment while 60% do not receive any treatment at all.

Figure 1. Mental health factors for youth iceberg

The status of youth mental health appears to be approaching a breaking point. In October 2021, three leading children's health organizations declared a National State of Emergency in Children's Mental Health and in December 2021, U.S. Surgeon General Vivek Murthy issued a National Advisory on the youth mental health crisis. This alarming increase in distress does not point to any one stressor. Rather, climate change, racism, gun violence, income inequality, and charged political discussions (i.e., immigration, LGBTQ+ topics) that have a direct impact on an individual's future are among factors that contribute to increased levels of chronic stress among youth, which in turn can lead to anxiety and depression. Income inequality alone is linked to higher rates of mental health difficulties (Pickett & Wilkinson, 2015). In addition, LGBTQ+, maltreated, runaway, and unhoused youth are at a disproportionately high risk for depression, suicidal ideation, self-harming behaviors, and suicide (Stillman Cohen & Bosk, 2020). Successfully identifying and treating mental health issues that youth and young adults are facing is key to ensuring their lifelong emotional and mental wellbeing.

Garrett, 2022



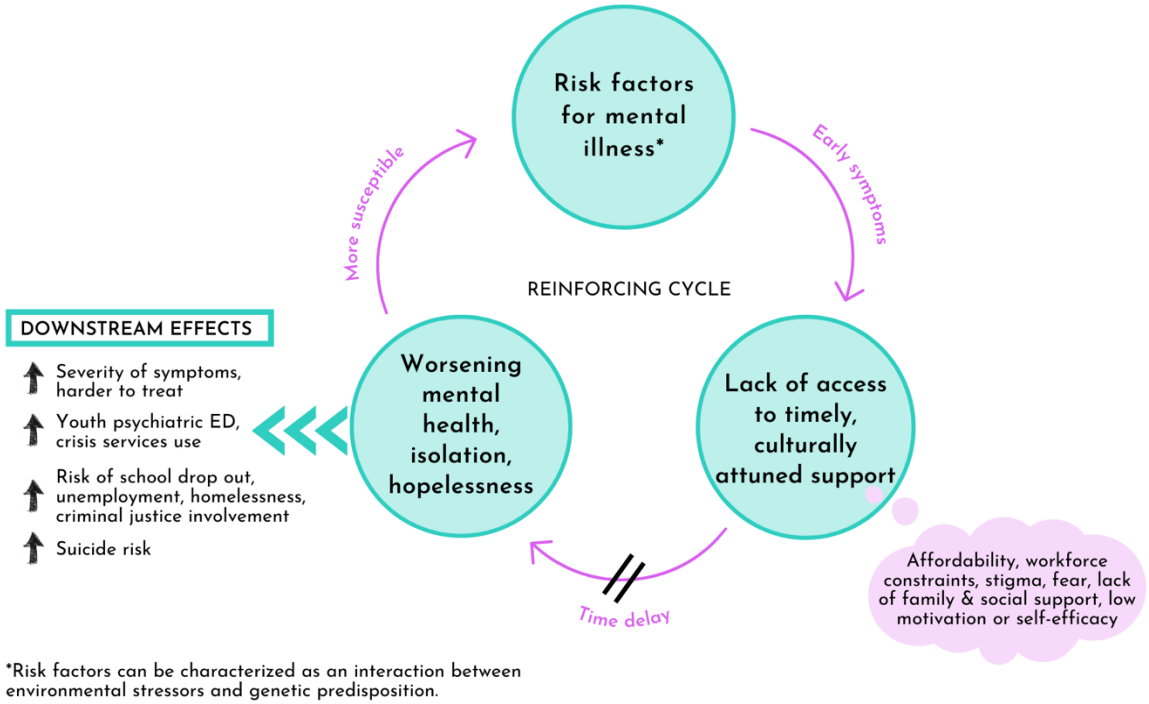
The COVID-19 pandemic has exacerbated the mental health crisis among young people. Feelings of isolation and hopelessness, reduced access to friends, disruptions to school, economic instability, lack of access to resources, stigma, and hopelessness are all factors that fuel the current youth mental health crisis. Many young people have also grieved the loss of connection, key life milestones, and friends and family during the pandemic. For some youth, home can be isolating and for others, dangerous. Adverse childhood experiences, including physical abuse, sexual abuse, and neglect are commonplace, with an estimated 656,000 children and adolescents experiencing maltreatment in 2019 (U.S. Department of Health & Human Services, 2021). Stay-at-home pandemic measures limited access to mandated reporters and maltreatment experienced by youth can go unnoticed (Stillman Cohen & Bosk, 2020). The pandemic has been especially challenging for marginalized communities, such as LGBTQ+ youth. In a survey from the Trevor Project (2021), 70% of LGBTQ+ youth stated that during COVID-19, their mental health was "poor" most of the time or always, and 42% of LGBTQ+ youth, including more than half of transgender and nonbinary youth, reported that they seriously considered attempting suicide in the past year.

Throughout the pandemic, anxiety, depression, sleep disruptions, and thoughts of suicide have increased for many young adults. In a Kaiser Family Foundation study (2021), results suggested that

approximately 56% of young adults ages 18 to 24 reported symptoms of anxiety and/or depressive disorder. These factors, along with the already challenging transition from adolescence to adulthood, can be even more difficult for youth with pre-existing mental health risks.

A statement released by the White House on the date of President Biden's first State of the Union address highlighted the dire state of mental health in the nation and proposed priority areas, such as connecting Americans to care through the integration of mental health and substance use services in community-based settings and developing the peer workforce. While half of all lifetime cases of mental illness begin by the age of 14 (Kessler et al., 2005), this country has never committed to creating a public mental health system that children and families need. While successfully identifying and treating mental health issues that youth and young adults are facing is key to fostering their lifelong emotional and mental wellbeing, current U.S. health systems pose many barriers for youth to access the help, as illustrated in Figure 2. Spaces that encourage youth voice, establish a safe environment which respects gender identity and sexual orientation, and ultimately increase youth's accessibility to clinical services and support are essential for this vulnerable population.

Figure 2. Reinforcing cycle of mental health issues for youth



Garrett, 2022

Fragmented services and barriers to access

Because of its whole-person approach, the allcove model may have a significant positive impact on young people's mental health and wellbeing. As an integrated service, allcove addresses the overlapping needs of young people, whether through providing vocational support, reducing mental health distress, or starting conversations with a peer support specialist that may lead to an appointment with a substance use specialist or primary care staff. allcove's model structure is aligned with many of the key principles outlined in the California Department of Health Care

Services' Framework for a Core Continuum of Care (2022), including offering locally tailored, culturally responsive prevention and early intervention-focused, community-based, whole person care. This "no wrong door" approach supports the realities of young people's lives and encircles them with broad support in one setting.

The Institute of Medicine, National Institute of Mental Health, and others call for a comprehensive developmental approach towards mental health treatment. National mental health leaders express the need for programs that provide broad-based outreach and education, anti-stigma efforts, reduction of known risks such as poverty, and comprehensive early identification and intervention of the spectrum of mental health problems. California's existing mental health care system does not operate holistically; centers that link primary care and mental health care for youth using an integrated approach are rare. While valuable for providing care to many school-age children and youth, schools have struggled to establish the infrastructure and resources needed to recognize and provide early treatment for children with mental health issues, and youth and young adults not attending schools do not receive these services.

For both publicly and privately insured youth, California lacks a systematic early intervention approach for youth mental health at a public health level. Instead, the system is highly fragmented and unequal, organized around numerous eligibility requirements such as age, diagnosis, severity, county of residence, insurance coverage, and income. Medi-Cal and private insurance requirements for financial pre-authorization and reimbursement present additional challenges to the sustainability of an integrated program. The potential for realigning payment structures, currently under consideration with California Advancing and Innovating Medi-Cal (CalAIM) and other systems, would better support more holistic, integrated care models such as allcove. This shift creates changes within our systems of care and the ability to meet the healthcare needs of young people. As allcove centers achieve financial sustainability and the model begins to fill this critical gap, linkages to more intensive services when needs are identified will also be more rapidly and easily available.

Complicating the crisis related to a lack of access to mental health services is the reality that many you hesitate to seek help, for reasons such as:

- A lack of awareness and understanding of mental illness.
- Stigma associated with mental illness.
- A lack of age-appropriate, youth-friendly mental health services.
- Concerns about confidentiality and embarrassment in disclosing health concerns.
- Doubts about the effectiveness of the treatment available.
- A lack of affordable services and inadequate transportation to service locations.

The crisis impacts every community as well as individuals. In 2013, the estimated cost of mental disorders among persons under 24 years of age in the U.S. (including health care, use of services such as special education and juvenile justice and decreased productivity of those with mental health challenges) was $247 billion annually (Perou et al., 2013). Due to young people not receiving adequate support during this vulnerable time, quality of life and academic and professional successes are negatively impacted, and the risk for mental illness, substance abuse, suicide, teen pregnancy and many other adverse health and achievement outcomes that follow them into

adulthood increases. This current state is a cause for alarm and calls for a cultural paradigm shift in approaching youth health across the U.S. (Center for Youth Mental Health and Wellbeing, 2016).

A new model to meet the moment: allcove

The first of its kind in the U.S., the allcove model is a network of integrated youth mental health centers designed with, by, and for youth that reduce stigma, embrace mental wellness, increase community connection, and provide access to culturally-responsive services. Based on successful international models and co-designed with local California youth, allcove centers are embedded within the communities they serve and reflect the unique needs of local youth. allcove services include mental and physical health, substance use, peer support, supported education and employment, and family support.

allcove centers engage youth ages 12-25 to help detect, prevent, and treat mild to moderate mental health needs and connect young people to their local community behavioral health system for more intensive interventions. Developed by the Center for Youth Mental Health and Wellbeing within the Department of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine, allcove is guided by a vision where every youth belongs, chooses the support they need and thrives. allcove focuses on early intervention services that are easily accessible, welcoming, and culturally responsive through a network of youth integrated mental health centers.

PROPOSED PROJECT

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

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

"allcove offers support in every sense of the word, all forms of support (physical, mental, etc.) are connected to allcove's core mission." ~ Quote from a Central allcove Team youth advisor

allcove is a model of care that considers the holistic needs of young people. The model blends best practices to create a strong, youth-directed set of services that are well-positioned to meet the needs of youth. allcove's focus on early intervention works to counter mental health care that is usually only available to those who are in crisis. Through its robust integrated care model, allcove is creating a culture and space that encourages youth to feel comfortable accessing an array of early supports, get help before reaching a point of crisis, and gain both the skills and a community in which to thrive, both as young people and into their adult lives.

A fully staffed and operational allcove center that meets the allcove model integrity standards is anticipated to serve 1,000 youth annually, based on the headspace U.S. feasibility report, 2015. The projected number of youth served may be adjusted for locations based on youth demographics (for example, a rural community versus an urban community), local needs analysis, and relevant service projections. Factors impacting a center's operations include, but are not limited to, workforce

challenges, partnership agreements and changes, and related community conditions, including access to public transportation and availability of support.

Fundamental best practices that are part of the allcove model include:

- Integrated care that provides a holistic approach that promotes better coordination across services, access to services focused mild to moderate mental health issues, a youth-friendly physical space, and connections with community-based partners.
- Upstream, early intervention services that aim to positively alter even the most serious forms of mental illness through early detection and intervention.
- Youth-centered approaches and activities that include focusing on resilience; flexibility in eligible age groups, accessible hours of operation, and mandatory requirements of youth; empowering young people around issues relevant to them; supporting them with education, job training, skill development and mentorship.
- Centers being embedded in and responsive to the local community through the Youth Advisory Group and Community Consortium that guide the development of each allcove center.

Each allcove center is made up of a coalition of service providers and community-based agencies joining together under one unified allcove brand identity in an integrated approach to serve young people. Young people will see the center as a front door to the local continuum of care streamlining the fractured service system, removing barriers to access for youth and their families. To increase the capacity of young people, their families, and communities to build protective factors and seek help earlier, each allcove center works proactively within their community to decrease the stigma surrounding youth mental health, encourage early help-seeking, and increase knowledge and mental health literacy surrounding youth mental health and wellbeing.

allcove centers complement existing community services rather than compete with them, specifically with school-based mental health and early psychosis services. allcove centers become potential partners to link young people who may want to have conversations outside of schools; allcove staff can also support school communities with suicide prevention, intervention and post-vention activities, and receive referrals for higher needs services while staying connected within confidentiality limits. The supported education and employment services provide a compliment for school-based efforts to learn about careers and future planning. allcove centers also become comfortable places for youth who may be developing clinical high risk or early psychosis to feel welcomed and get support, especially if they may not want to access a community mental health center. By getting help early, allcove centers become an important partner in prevention and early intervention approaches, as well as provide “warm hand-offs" that directly connect young people and their families to higher needs service providers, while continuing to serve as a welcoming space for other needs.

Centers will be part of a multi-county initiative to create a network of centers that test and develop the model together, benefiting from the combined efforts of cross-county experience and technical assistance from the Central allcove Team at the Stanford’s Center for Youth Mental Health and Wellbeing.

Each allcove center will have access to the following infrastructure from the Central allcove Team:

- Intensive training, technical assistance, and resources in the establishment phase and ongoing model integrity support.
- Participation in the Learning Community, a forum for networking, knowledge sharing, collaboration, training and education for all allcove center providers and their service partners in building communities of practice and bi-annual conferences bringing together local and international partners.
- Use of a centralized website, allcove.org, with individual center webpages.
- Participation in the common evaluation of the program (see research section) and use of datacove, allcove's centralized data collection system.

Having a network of allcove centers supports each center contributing to a widely recognized and unified brand that young people will associate with high quality, youth-designed services across communities. Supported by the California Mental Health Services Oversight and Accountability Commission's youth drop-in center grant, three communities are currently establishing allcove centers in San Mateo, Sacramento, and South Orange County. Two centers are open: Redondo Beach (Beach Cities) and Palo Alto; the County of Santa Clara is also in process of relocating a second center in the San José community to a setting that will be more conducive for youth access, using funding streams other than Innovation funding.

The Central allcove Team collaborates with international partners who represent networks of integrated youth mental health services worldwide. Projects include developing a common minimum data set and data collection system with Foundry in British Columbia and other Canadian partners; planning opportunities to share knowledge with providers in low- to medium-resource countries through the World Economic Forum and Orygen Global's Framework for Youth Mental Health pilot initiative; and interfacing with other established networks of providers, such as headspace in Australia and Jigsaw in Ireland, to share expertise and leverage existing models and approaches.

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

The allcove model introduces a new practice or approach to the overall mental health system, including, but not limited to, integrated health services and prevention and early intervention services aimed at increasing access to mental health services to underserved groups including youth 12 to 25 years of age and vulnerable youth populations such as those who identify as Black, Indigenous, and people of color (BIPOC), LGBTQ+, and young people experiencing homelessness.

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.

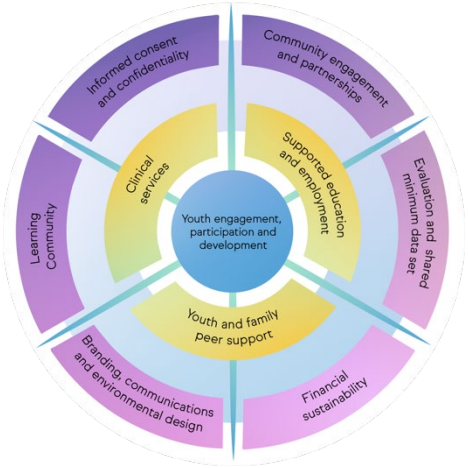
The allcove model proposes a new approach to prevention and early intervention health and wellbeing services that are open, accessible, and acceptable to young people and their families. The model aims to remove historical barriers that have traditionally stopped youth from accessing prevention and early intervention services by implementing an integrated youth mental health

program that has been successful in other countries and is being adapted to local communities in the U.S.

An allcove center implements a consistent set of model components and applies innovative practice principles. The model components, represented in Figure 3, are:

- Youth engagement, participation and development
- Clinical services, including mental health, physical health, and substance use
- Supported education and employment
- Youth and family peer support
- Branding, communications and environmental design
- Evaluation and shared minimum data set
- Community engagement and partnerships
- Financial sustainability
- Informed consent and confidentiality
- Learning Community

Figure 3: Model components of the allcove model.



allcove's practice principles and how they have historically been applied are:

<u>Youth-centered care</u>

"The ability to have both physical including sexual health and mental health services at allcove support young people navigating two services that are both highly stigmatized in one inclusive space allows for confidentiality, support, and youth focused care." ~ Quote from a Central allcove Team youth advisor

Historically, adult experts develop services with business-as-usual practice, current funding streams and reimbursement mechanisms, with eligibility criteria that may be exclusive, rather than the actual needs of youth. Young people have expressed that the current service system in place for mental health does not work for them; the result is low levels of seeking help and poor youth health and wellbeing outcomes. At each allcove center, young people will be seen as experts in their own care and services are designed with, by and for youth. Each center's Youth Advisory

Group, made up of diverse young people who represent the local community, ensures the ongoing and integral involvement of young people in all aspects of allcove. Because these local youth are instrumental in co-creating and co-designing the center, services are socially and culturally inclusive, strengths based, hope inspired, and relevant to youth and their community.

Through the core principles of shared decision-making and informed consent and confidentiality, young people are supported to have agency in their own care, motivating them to engage with adult allies that are ready to meet them wherever they are, on their own terms. At allcove, any youth can come in for services or for a moment of pause, rather than only when they meet criteria for services during a crisis.

Staff includes clinical and youth development professionals with expertise and passion for working with youth. Young people will be welcomed at the door by youth peer support specialists who provide a relatable, lived-experience which is both engaging and therapeutic. All staff, together, deliver developmentally-appropriate interventions and team-based care, bringing together evidence-based and youth-friendly practices.

Offering holistic services within one location that are youth friendly and support referral pathways along the continuum of care ensure that services meet the multiple needs of young people sooner. The allcove approach helps prevent vulnerable youth from falling through the cracks as they try to navigate multiple service locations and systems that do not provide streamlined and integrated level of care.

<u>Prevention, screening and early intervention</u>
"I did not feel that my concerns deserved support, I thought that I needed to be in crisis in order to talk to someone." ~ Quote from a Central allcove Team youth advisor

Historically, health education and community engagement activities focus on services for crisis rather than prevention. Along with direct service delivery, each allcove center actively works in the community to build youth resilience, increase early help seeking, reduce stigma and increase mental health literacy through community engagement activities.

Services and service providers have typically relied on separate electronic health records with little to no sharing of a young person's risk factors, service journey, and experience. This situation results in low levels of collaboration and service integration with other providers in the young person's care team and a disjointed experience for young people and their families as they are required to tell their story repeatedly to each individual provider while it is held in siloed systems. Universal screening of youth at the allcove center through the *youth wellbeing survey* in the allcove data collection system (datacove) supports identification of risk factors that may initiate a cross-team response on a first visit. This process enables the care team to offer tailored and coordinated response to young people, addressing their areas of concern and supporting social determinants of health through allcove's service offerings.

Connecting with young people only when their health and wellbeing is low or in crisis is a deficit approach to care, rather than being proactive when there is an opportunity to engage with activities to improve and maintain health and wellbeing. Along with individual services, allcove

centers provide group wellness, health education, and recreational programs and events that support youth to develop protective factors during a developmentally complex part of their lives. These soft entry service options connect youth with the center and allcove brand, which in turn builds trust needed when, and if, challenges present themselves in that young person's life.

Rapid, easy and affordable access

"allcove is a comfortable place to come in, rather than having to navigate through a whole different system which may be overwhelming." ~ Quote from a Central allcove Team youth advisor

Historically, young people have experienced multiple barriers when accessing health and wellbeing services, leading to a delay in seeking help and poor health outcomes. Costs, tied to insurance status and financial circumstances, are one significant barrier. allcove centers seek to introduce an innovative, universal access approach to care by providing free or low-cost mental health, physical health, substance use, peer support, family support and supported education and employment services to all youth between the ages of 12 to 25 and their families. Young people will be able to access services regardless of their circumstances and, where specified by California laws on consent and confidentiality, without parental notification.

Through funding provided by the Innovation project, allcove centers will provide easy and affordable access to youth while a sustainable financial model is developed both at the local level and within the growing allcove center network of partners. Learnings on financial modelling and braiding funding streams will be shared across the multi-county initiative through the allcove Learning Community, relying on the expertise of many partners implementing the program across California together with other relevant experts.

Along with financial barriers, youth and their families often experience confusion as they navigate services with different eligibility requirements and multiple providers. allcove centers remove this barrier by offering the core services in a location where youth naturally congregate that is accessible by public transportation, and providing a youth-friendly, low stigma environment that supports taking a moment of pause.

Youth need services when the window of seeking help is open and typically disengage with appointment-based services that often have long waiting lists. The service modalities of allcove centers adapt to the needs of local youth and include low-threshold drop-in services of brief interventions which have proven to be successful with young people achieving short-term goals within their desired timelines. Brief interventions often provide a low-barrier entry point to accessing longer interventions in the future.

To decrease disengagement that often happens when being referred from one service to another, allcove centers establish strong and formal linkages to referral sources, such as schools and other educational settings, as well as to specific entities for a higher level of care, such as early psychosis or eating disorder services, as needed. Centers support these transitions while keeping the young person engaged in parallel services, such as peer support, to stay connected and prevent disengagement.

Holistic and integrated care

"Housing services in the same center makes them more accessible, as transportation is less of an issue." ~ Quote from a Central allcove Team youth advisor

allcove centers offer onsite mental health, physical health, substance use, peer support, family support and supported education and employment services, all housed together within one location. Young people will only have to tell their story once and can move in and out of clinical and youth development services as they approach achieving their goals.

Services will have a high degree of internal integration providing multidisciplinary team-based, coordinated care, and be connected with the local community and other local providers. Service partnerships are built with young people's input and goals in mind.

Formal structures, such as the Community Consortium, ensure that a strong and consolidated collaborative platform provides the infrastructure and mechanism for local service system reform and direct connections to the community.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.
This information is county specific and can be discussed in the appendix from each County

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

This information can be discussed from each County as part of the Appendix

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 the allcove model is supported by international best practices and shares the characteristics of integrated youth mental health centers worldwide, this innovation project aims to pilot a new model adapted to the U.S. and California, and the needs of local youth in diverse communities.

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.

Within each of the international models, centers become embedded within the communities they serve and reflect the unique needs of local youth.

Established in 2006, the headspace program serves a unique and vital role in the provision of early and integrated mental health supports for adolescents and young adults that does not currently exist in the US. This model has been so successful in providing critical services to an underserved

population (Rickwood, et al., 2019) that the Australian federal government continues to expand both funding and services to sites on an annual basis, regardless of the legislative party in power. Legislators across the country compete to have headspace sites in their communities as sites are incredibly popular with young people and families. In fact, most young people coming to headspace sites come on their own or with a friend. The expansion of this model in Denmark, Israel, and Canada point to the potential for replication (McGorry, et al., 2022).

The success of headspace in Australia shows the overwhelming interest and need young people have in accessing early mental health in a setting that is uniquely tailored to their needs. Recent data (Rickwood, et al., 2015) points to the ability of the headspace model to successfully engage and support youth at an early and critical juncture: Sixty percent of headspace clients experienced improved psychosocial functioning and/or improvement in psychological distress. The most common reasons for seeking headspace services include symptoms of depression and anxiety, accounting for two-thirds of all initial services. Most headspace clients receive an appointment within two weeks, reducing long wait times that lead to missed opportunities for support. These outcomes demonstrate that headspace is succeeding in its hallmark efforts to reduce barriers to help-seeking, while also facilitating early access to quality mental health services with positive outcomes for young people

Similarly, the Foundry model was founded in British Columbia in 2015. Data collected from nearly 5,000 young people across six centers showed that the majority of visits were for mental health/ substance use and that most young people (58%) who accessed Foundry would not have gone anywhere for help had Foundry not been an option. These results show that Foundry is an integrated service model that is addressing an urgent health priority by increasing service access within the province (Mathias, et al., 2022).

In addition to Australia and Canada, similar youth integrated service models have opened in Ireland, Denmark, France, Israel, and other countries (McGorry, et al., 2022). The allcove model represents a version of this integrated youth-service approach that has been adapted for the U.S. context. In addition to being a more diverse and populous country, the U.S. health care delivery system is complex and fragmented. The allcove centers present an opportunity to braid reimbursement mechanism together and find new strategies for making early intervention programs financially sustainable.

Staff from Stanford's Center for Youth Mental Health and Wellbeing represented the allcove model at the International Association for Youth Mental Health (IAYMH) conference in Copenhagen, Denmark in fall 2022 and in prior IAYMH conferences. The opportunity brought together international programs for a two-day conference, sharing research and resources. allcove centers, through Stanford's Center for Youth Mental Health and Wellbeing, will continue to connect with international partners and provide research on the integrated service model.

Santa Clara County's allcove Palo Alto, opened with Mental Health Services Act (MHSA) Innovation (INN) funding, recently released their first evaluation report (Resource Development Associates, 2022) for the center that has been open since July 2021. Their evaluators used a mixed-methods and analytic approach to amplify the voices of youth and provide an assessment of how allcove has met their needs. Among the findings:

- There is strong support for allcove, the services that are provided and for allcove staff.
- Across surveys and focus groups, youth reported satisfaction with the services they have received at allcove. Aspects they enjoyed most were the staff and quality of services. Additionally, youth reported feeling safe and comfortable:
    - 88% were satisfied with the services they received at allcove.
    - 96% indicated that staff at allcove have been supportive.
    - 76% indicated they would be comfortable reaching out to allcove staff in the future.
- Youth also reported their appreciation for how accessible services at allcove are, stating that flexible and quick scheduling allowed youth to receive immediate support. The ability to respond to acute needs is an important and significant achievement. Youth that are undocumented mentioned that allcove does not have structural barriers that slow, limit, or prevent their ability to access care. From the client survey respondents, 88% of youth indicated agreement that provider respect for youth is an area of strength at allcove, and that they feel respected by allcove staff. Receiving services in youths' preferred language also appears to be a strength at allcove.
- Youth emphasized several characteristics that promote accessibility of services, such as adherence to confidentiality, as well as flexible and quick scheduling that allow youth to receive immediate support. Youth also expressed that, without allcove, they would not have otherwise been able to access services.
- Youth advisors reported that the work of allcove is making a difference in destigmatizing mental health and creating a place where youth can come to learn about mental health or seek services. Youth advisors also shared that they can see their input implemented into the work being done at allcove.
- allcove San Jose also opened in June of 2021 but closed after six months with a plan to relocate. Issues related to the closure were primarily related to the choice of location: within a supportive housing unit in a portion of the city already facing high levels of high-risk activity and police presence. Lessons learned from allcove San Jose include the need to ensure the stability of the community where the allcove center is located, the ongoing involvement of all community partners in committing to the safety of the center itself and the assurance that young people from across the local community are comfortable with using the allcove center location.
- Every community is a good fit for an allcove center, as rates of youth mental health challenges are high across all socio-economic levels. It is essential for every allcove center to have the commitment of local partners and existing organizations to make each site successful. Regardless of the socio-economic or resource status of the community where the allcove center is located, it is essential that allcove center services reflect the values, needs and culture of the youth, families and community members that will engage in services.
- As the allcove model evolves, Stanford's Central allcove Team is also evolving its support for diverse communities, recognizing that the technical assistance approach must meet the community culture to ensure local partner commitments. However, each allcove center will include the six core service streams and complete model components while being delivered with an understanding of and sensitivity to diverse needs of each community.

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?

As part of a multi-county initiative, allcove centers will have common learning goals:

1. To learn about the efficacy of the allcove integrated youth mental health model in a local context, evaluating how:
    a. allcove engages with young people and supports them in connecting to services when they want them, before a crisis, leading to better outcomes for youth and cost savings for communities.
    b. allcove destigmatizes mental health and normalizes wellness and prevention and early intervention as important to everyone.
    c. allcove reimagines mental health and wellbeing for young people.
2. To learn the benefits for youth and their families in accessing services from a network of centers who work collaboratively to adapt and test a new model within a multi-county and state initiative.

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

As part of the multi-county initiative, all allcove centers will participate in the allcove common evaluation to evaluate the efficacy of the program model and its adaptation to the local environment.

Goal 1: Learning how allcove engages with young people and supports them in connecting to services when they want them, before a crisis, leading to better outcomes for youth and cost savings for communities, relates to these key allcove approaches:

- *Providing youth-centered care*: To be sure that the center environment, service design, and ethos provide an experience that meets the needs of young people and their families and drives reform in the service system, each center's Youth Advisory Group is involved at the governance, service and individual level.
- *Providing prevention, screening and early intervention services:* Intentional, youth-driven, and targeted outreach to the community and service system aims to increase early help-seeking and mental health literacy, as well as to start health and wellbeing conversations early. Additionally, universal screening identifies risks and protective factors early to address mild to moderate concerns before they become a problem in young people's trajectory and cause higher costs to the health system and community.
- *Providing rapid, easy and affordable access to services*: Removing cost and administrative barriers and providing easy-to-access, free or low cost, set of core services to all youth 12 to 25 years of age delivered in service modalities that are acceptable to young people and their families.

- *Providing holistic and integrated care*: A model of care that is co-located, integrated, and provides clinical and youth development services, along with solid referral pathways to address bio-psycho-social determinants of health and young people's aspirational health and wellbeing goals.

Goal 2: Learning what the benefits are for youth and their families in accessing services from a network of centers working together to test a new model within a multi-county and state initiative relates to these components of the model:

- Participating in knowledge sharing activities of the Learning Community
- Uplifting local and international best-practices by building a community of practice across centers
- Braiding together various insurance reimbursement, state and federal funding for services, and local fundraising efforts to support non-billable services for the overall financial sustainability of the model
- Refining how informed consent and confidentiality, as set by California and federal law, apply to diverse services within the allcove model
- Understanding how model integrity review processes support local allcove center development

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.

The first learning goal will be measured in the allcove cross-center evaluation, designed to assess the efficacy of the program at the center level and of the adaptation of the model at the network level. Using datacove, allcove's centralized data collection system, the evaluation and the model integrity review process, the center will collect data:

- To evaluate if access is being increased to the priority groups.
- To evaluate if young people are reaching their health and wellbeing goals.
- To understand the level of youth engagement as reported by young people.
- To evaluate if the services are acceptable to young people and their families.
- About young people's presenting concerns.
- About the nature of services received to evaluate if they are engaging early or accessing services they otherwise may not have accessed.
- About the level of collaboration and integration of services.
- About community engagement objectives and activities.

Tools in the allcove minimum data set consist of:

- Socio-demographic information, including the MHSA data set.
- Key life events to measure significant changes in youth's life (e.g., housing, education, employment, juvenile justice system involvement).

- Clinical symptoms measures, including the Patient Health Questionnaire, the General Anxiety Disorder scale, questionnaires to assess early psychosis risk, and the Columbia Suicide Severity Rating Scale.
- Mental health symptoms and wellbeing measures including the Clinical Outcomes in Routine Evaluation to assess psychological distress, and a Flourishing Measure.
- Measures to assess eating disorders and substance use risks.
- Goal-based outcomes to evaluate progress towards a young person's goals over the course of the brief intervention.
- Youth end-of-visit satisfaction survey to assess shared decision making, ease of access, provider relationship, and sense of utility.

Additionally, service delivery information will be collected by center providers after every visit to describe types of services youth receive (e.g., mental health, physical health, supported education and employment).

The allcove cross-center evaluation includes measuring consistent program and organizational information to understand characteristics of the allcove model, including youth partnership, mental health stigma, integrated care, and community collaboration. This focus area will be captured through validated or research informed survey instruments to be completed semi- annually, timed to coincide with the model integrity review that includes measuring:

- Youth-adult partnership, youth voice in decision making and supportive adult relationships.
- Stigma among healthcare providers.
- Integrated practice and care integration.
- Collaboration at the multi-agency organizational level.

The second learning goal will be measured through the evaluation of:

- the allcove model integrity review process outcomes that highlight barriers and enablers to the implementation of the model in the U.S. and California.
- The allcove Learning Community outcomes related to knowledge sharing and translation between a network of centers.

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?
Each allcove center will work in close coordination with the Central allcove Team at Stanford's Center for Youth Mental Health and Wellbeing on all aspects of project evaluation. The Central allcove Team works internally and with contractors, including Dacima and Apex Evaluation, to provide technical support for the common evaluation and coordinated data collection.

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.

Stanford's Center for Youth Mental Health and Wellbeing has in the past and will continue to be available to present or co-present with an allcove center or interested community to county MHSA committees about allcove and the viability of establishing center(s) in that county. In general, Stanford's Center for Youth Mental Health and Wellbeing will provide an overview of the allcove model as well as current information about the progress of developing centers and the impact of open centers. Anyone connected with a community interested in bringing allcove to their area is invited to sign up for access to the Exploring allcove folder. This online resource contains written information about the model, its components, and considerations for developing an allcove center.

As allcove centers are open to anyone between the ages of 12 and 25 years old and is designed to reflect the culture of each community, the model is appropriate for every community.

Potential prompts for local counties/ communities to use in focus groups with local youth to enhance their applications:

- *Based on your/ your peers' experience in accessing mental health, what changes need to be made to empower youth to seek or continue with services?*
- *What would being involved in your own mental health journey feel like? Do you think more youth would feel empowered to access allcove/mental health services if their voices led their care?*
- *Tell us about the power of lived experience and supporting a young person's experience into accessing mental health services and allcove. Why is this a core service at allcove?*
- *What would it mean to have one space that allows you to receive multiple services?*
- *What do you think allcove needs to do so that young people feel comfortable in seeking out services? What is the message that they need to hear?*
- *Why is it important to make sure that allcove services are easy to access for youth?*
- *How important is transparency and confidentiality to young people? As a young person, what do you want to see when it comes to how you access services?*
- *In thinking about allcove and all of its services located in one place, where would you go if you weren't going to allcove? How many places would you have to go to receive care?*
- *What would it feel like to go to a center specifically created for young people?*

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

allcove centers are led by two strong local community advisory bodies: the Youth Advisory Group, which ensures that local youth voice informs service design at an individual, service and governance level, and the Community Consortium, which ensures that the center is embedded in the local youth service system. Together they provide a collaborative platform for service system reform and uplift the voice of young people and families with living or lived experience. Along with direct service delivery, another main activity of the center will be outreach in the community to raise awareness of services, increase mental health literacy and initiate conversations about mental health early to decrease stigma. These activities will be planned and carried out through formal and informal community collaboration arrangements.

B) Cultural Competency

One of the key principles for the allcove model is that youth-centered care must be socially and culturally inclusive. allcove centers are intended to reflect a community's culture and be flexible enough to adapt to the needs and unique characteristics of a given community, whether large or small. Each center is led by a coalition of service providers and community-based agencies joining together in an integrated approach to serving young people. Beyond the Youth Advisory Group and Community Consortium, which reflect the local community, centers will also build additional partnerships, especially those of hard to reach and vulnerable groups. Lead agencies and service partners are encouraged to staff their allcove center with young adults and adults who look like the young people in the community who will be seeking services, and each center identifies staffing needs, including building more culturally responsive services, on an ongoing basis.

Stanford's Central allcove Team and youth advisors co-developed a set of principles and recommended actions for promoting inclusion, belonging and anti-racist practices in allcove centers. These principles and actions will be encouraged through the allcove Learning Community and upheld through model integrity process.

C) Client-Driven

Though the mechanisms of shared decision making, Youth Advisory Group and Community Consortium representation, a foundational characteristic of the allcove model is the central and ongoing involvement of young people in their individual care, the center's service design and governance. These community-based groups ensure that allcove services and activities are client-driven.

D) Family-Driven

While the focus of the allcove model is young people, the program acknowledges the importance of families as a critical support network. When clinically indicated and acceptable to the young person, families and other adults providing care are guided in supporting their young people with a variety of service options including brief interventions, psychoeducation and group programs.

E) Wellness, Recovery, and Resilience-Focused

While supporting young people to address health and wellbeing challenges as they arise, the allcove center will provide group wellbeing, health education and recreational programs that support wellbeing and develop protective factors. Services will be youth centered, hope inspired and strengths based. Every allcove center is active in the community to raise mental health literacy, increase help seeking and reduce mental health stigma.

F) Integrated Service Experience for Clients and Families

The heart of the allcove model is providing a core set of co-located, integrated, clinical and youth development services, with referral pathways to other services that provide a continuum of care, that address bio-psycho-social determinants of health in achievement of young people's aspirational health and wellbeing goals.

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.

The allcove evaluation project was initially co-designed with and informed by young people's perspectives. A core number of the Central allcove Team Youth Advisory Group, the eval squad, worked with evaluation planners in creating the evaluation project. As the evaluation plan evolves, it continues to be assessed with feedback from the Central allcove Team Youth Advisory Group and will include involvement from open allcove centers.

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.

To date, allcove centers have spent up to several million dollars on start-up costs. These costs vary widely by geography, type of lead agency, facility access, payer mix, etc. These are also the costs without any reimbursement plan to this point, which will allow for lower annual costs. Stanford's Central allcove Team is working in partnership with Commission in developing further sustainability, including through collaborating to facilitate regular meetings with leadership from across the allcove network to create more pathways for billable reimbursement opportunities and funding for non-billable services.

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.
The allcove center will have a focus on prevention and early intervention supporting youth and their families in addressing mild to moderate mental health needs. As this model provides a "no wrong door" point of entry, each allcove center will facilitate supported referrals to more

specialized services for young people presenting with serious mental illness. These referrals will also be in place so as not to disrupt continuity of care should the center cease to operate. These “warm hand-off" referrals include direct linkages to early psychosis programs and mental health services for needs greater than mild to moderate.

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 allcove Learning Community provides the network of centers with a way to communicate, share best practices, resources, learnings, address challenges to implementation, to network, and to build communities of practice. The sharing of knowledge through this structured component will build continuous improvement across the center network and provide a forum for sharing international best practices in the implementation of integrated youth mental health services.

The Central allcove Team Youth Advisory Group, with representation across the state, will work with local Youth Advisory Groups from each center to build statewide youth engagement, amplify youth voice and enhance optimal youth participation.

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.

allcove – Youth Advisory Group – career – therapy or counseling – peer

TIMELINE

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

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

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

A complete timeline of aspects for this Innovation Project is in Table 1. The development of an allcove center can be up to a five-year project, depending on timing at the local level, though the aim to is open within 18 months of contract signing or funding award, with funding from the remaining years applied to sustaining the center.

Counties that have received grant funding are eligible to leverage the use of innovation funding to join the multi-county collaborative. Counties may elect to join the collaborative at various times; therefore, every County may be in different stages of implementation within this multi-county

collaborative. If a County uses innovation funding to join the multi-county collaborative, all of the local process steps must be completed by the County in accordance with innovation regulations.

Implementation activities over the five years include:

- An establishment phase, where the lead agency and community partners begin to form an allcove center and begin to receive training and technical assistance from the Central allcove Team. The establishment phase includes:
    - A model integrity phase, where the lead agency and partners are several months away from opening (pre-service) and focused on providing evidence of meeting benchmarks, with support from the Central allcove Team, to ensure model integrity standards are being met.
    - An opening phase, where the allcove center has a soft launch after model integrity standards have been met and approved by the Central allcove Team and the MHSOAC.
    - A launch phase, where the allcove center has a grand opening, after time to test and adjust processes and services to meet community needs.
- An annual review phase, when the allcove center is fully operational and the Central allcove Team reviews model integrity standards and supports service improvement activities

While the process follows the steps outlined below in Table 1, timing is specific to each center's context. Each aspect is built on the successful completion of the previous aspects; exact timing may occur in a later year if the previous aspects are not completed first.

Establishment Phase (Year 1)	
Local county/ community allcove	***Stanford's Central allcove Team***
Project team from community assembled	Provide presentations and information meetings to interested community partners (*may have begun pre-application and may continue*)
Lead agency begins by completing the establishment work plan (template) and set timelines for milestones Attend monthly implementation meetings with Central allcove Team and the MHSOAC Youth outreach specialist hired	Provide model induction presentations, including an introduction to the establishment work plan Begin and facilitate monthly implementation meetings with lead agency and MHSOAC Provide feedback report on the finalized establishment work plan, addressing outstanding items during monthly implementation meetings Provide training and technical assistance to lead agency in recruiting and forming Youth Advisory Group

	Provide training and technical assistance to lead agency on branding, communications, and environmental design as they begin exploring potential sites
Youth Advisory Group established and continue regular meetings	Provide training and technical assistance to youth outreach specialist to recruit and form Youth Advisory Group
Facility secured, space fit out and permits completed	Provide feedback on proposed center design to help ensure minimum requirements are met
Community Consortium established and continue monthly meetings	Provide training and technical assistance to allcove lead agency to recruit and form Community Consortium
Lead agency staff attend and participate in Learning Community activities	Provide Learning Community activities, including quarterly network meetings, monthly cross-site communities of practice meetings, and recorded/ written modules relating to the allcove model
Center design completed (furniture, branding, etc.)	Provide training and technical assistance youth outreach specialist to support Youth Advisory Group completing center design
Center manager and clinical lead hired	Provide training and technical assistance through reviewing job descriptions and supporting recruitment efforts
Partnership agreements completed	Offer review of Request for Applications and service level agreements (contracts) to lead agency

Establishment Phase continues with Model Integrity (Year 1 or Year 2)	
Local county/ community allcove	***Stanford's Central allcove Team***
Continue attending monthly implementation meetings with Central allcove Team and the MHSOAC	Facilitate monthly implementation meetings with lead agency and MHSOAC, , addressing outstanding items during monthly implementation meetings Provide training and technical assistance to allcove lead agency on center development

Data requirements completed	Provide training and technical assistance to allcove lead agency and service partners on data collection requirements and protocols
Center staff (clinical, youth development, administrative) hired	Provide training and technical assistance to allcove lead agency and service partners on core service streams and integrated services approaches
Lead agency and service partner staff attend and participate in Learning Community activities	Provide Learning Community activities, including quarterly network meetings, monthly cross-site communities of practice meetings, and recorded/ written modules relating to the allcove model
Model integrity review completed (at least 8 weeks before soft opening)	Provide training to allcove lead agency and service partners, if applicable, and carry out the model integrity review process Provide feedback report on model integrity review, addressing challenges to implementation and celebrating achievements
Lead agency and service partners prepare for visit from Central allcove Team (at least 1 – 2 weeks prior to soft opening)	Complete a readiness visit prior to soft opening and provide feedback on soft opening plans

Establishment Phase continues with Soft Opening (Year 1 or Year 2)	
Local county/ community allcove	***Stanford's Central allcove Team***
Continue attending monthly implementation meetings with Central allcove Team and the MHSOAC	Facilitate monthly implementation meetings with lead agency and MHSOAC Provide training and technical assistance to allcove lead agency on center development
Lead agency staff attend and participate in Learning Community activities	Provide Learning Community activities, including quarterly network meetings, monthly cross-site communities of practice meetings, and recorded/ written modules relating to the allcove model
allcove center soft opening (at least 4 weeks before public opening)	Tour center prior to soft opening to provide recommendations for any remaining outstanding model integrity standards
Begin collecting evaluation data through the use of datacove	Provide ongoing technical assistance to ensure datacove protocols are being delivered

	Begin providing data to external evaluator contractor
Lead agency and service partners prepare for visit from Central allcove Team (at least 1 – 2 weeks prior to official launch)	Complete a readiness visit prior to official launch and provide feedback on official launch plans

Establishment Phase continues with Official Launch (Year 1 or Year 2)	
Local county/ community allcove	***Stanford's Central allcove Team***
Move to attending quarterly implementation meetings with Central allcove Team and the MHSOAC	Facilitate quarterly implementation meetings with lead agency and MHSOAC Provide training and technical assistance to allcove lead agency on center development
Lead agency staff attend and participate in Learning Community activities	Provide Learning Community activities, including quarterly network meetings, monthly cross-site communities of practice meetings, and recorded/ written modules relating to the allcove model
allcove center public opening (after completion of all model integrity review outstanding items)	Tour center prior to public opening to provide recommendations for any remaining outstanding model integrity items
Continue collecting evaluation data through the use of datacove	Provide ongoing technical assistance to ensure datacove protocols are being delivered Continue providing data to external evaluator contractor

Center Operational Phase (Year 2 or Year 3 through Year 5)	
Local county/ community allcove	***Stanford's Central allcove Team***
Attend quarterly implementation meetings with Central allcove Team and the MHSOAC	Facilitate quarterly implementation meetings with lead agency and MHSOAC Provide training and technical assistance to allcove lead agency on center development
Complete annual model integrity review every 12 months after official launch	Provide feedback report on annual review, addressing challenges to implementation and celebrating achievements
allcove staff attend and participate in Learning Community activities	Provide Learning Community activities, including quarterly network meetings, monthly cross-site

	communities of practice meetings, and recorded/ written modules relating to the allcove model
Continue collecting data through the use of datacove	Provide ongoing technical assistance to ensure datacove protocols are being delivered Continue providing data to external evaluator contractor
Participate in other evaluation activities, including focus groups and interviews, about the development of the allcove center	Provide ongoing technical assistance and support of external evaluator activities

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