SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH (SFDPH)
SAMHSA COMMUNITY PROGRAMS FOR OUTREACH AND INTERVENTION WITH YOUTH AND YOUNG ADULTS AT CLINICAL HIGH RISK FOR PSYCHOSIS (CHR-P / FOA # SM-18-012)

PROJECT NARRATIVE

SECTION A. POPULATION OF FOCUS AND STATEMENT OF NEED

1. Description of Catchment Area and How Populations Will be Impacted: The proposed project will seek to: a) significantly reduce the number and percentage of youth and young adults affected by psychosis and b) lessen the severity of psychotic disorders among youth within the **City and County of San Francisco, California (SF),** an extremely concentrated region with high rates of substance use, mental illness, and homelessness. With a 2016 estimated population of **870,887,** the density of SF is **18,649** persons per square mile - the highest population density of any county in the nation outside of New York City. San Francisco is also an extremely diverse area, with persons of color making up **59.1%** of the city's population, including a population that is **35.9%** Asian / Pacific Islander, **5.6%** African American, and **15.2%** Latino / Hispanic. Fully **34.0%** of San Francisco residents were born outside the US and **44.0%** speak a language other than English at home, including over **100** separate Asian languages and dialects alone. Only **half** of SF high school students were born in the United States, and almost **one-quarter** have been in the country six years or less. An estimated **10.2%** of SF residents live below the federal poverty line.

2. Extent of Problem and Need in the Catchment Area: Psychosis often begins when an individual is in their late teens to mid-twenties and an estimated **100,000** adolescents and young adults experience an initial psychotic episode in the US each year.[1] Recent research has confirmed the importance of both early identification of psychosis prodromal symptoms [2,3] and the need for rapid connection to evidence-based services in order to prevent or reduce the severity of psychotic disorders.[1,4] In San Francisco, at least **2,100** young people between the ages of 10 and 25 are believed to be at potential risk for psychotic disorders, based on a conservative estimate of **1%** of the city's youth and young adult population.

San Francisco experiences high rates of mental illness, with **23%** of all city residents reporting needing emotional help and support and at least **9%** of adults reporting serious psychological distress in any given year.[5] Depressive symptoms are common among SF school-aged youth, with **26%** of SF high school students reporting episodes of prolonged sadness. These rates are even higher among Latino students (**37%**) and gay and lesbian students (**53%**). Major depressive and other mood disorders, substance use disorders, schizophrenia, and personality

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[1] National Institutes of Mental Health, Recovery After First Episode Psychosis (RAISE): First episode psychosis, *Fact Sheet*, Bethesda MA, Revised January 2016.
[2] Lynch S, McFarlane W, et al. Early Detection, Intervention and Prevention of Psychosis Program (EDIPPP): Community Outreach and Early Identification at Six U.S. Sites, *Psychiatric Services*, 67(5):510-6. May 1, 2016.
[3] Addington, J., et al. North American Prodrome Longitudinal Study (NAPLS 2): The Prodromal Symptoms. *The Journal of Nervous and Mental Disease*, *203*(5), 328–335, 2015.
[4] E.g., Stafford M, et al, Early interventions to prevent psychosis: Systematic review and meta-analysis, *British Medical Journal / BMJ*, 44(3):449-468, 2014.
[5] These and other statistics in this section from the SF Health Improvement Partnership, *Community Health Needs Assessment 2016*, SF Department of Public Health Population Health Division, SF, CA, 2017.

disorders are the most common mental health conditions among those who die by suicide [6]. In part because of the proximity of the Golden Gate Bridge, San Francisco also has one of the nation's highest rates of **adult and teen suicide.** Suicide is the **8th leading cause of death** in SF and the city's per capita suicide rate is **twice as high** as the city's homicide rate. **13%** of SF high schoolers and **15%** of middle schoolers report having considered suicide. Psychosis is associated with increased suicide risk, as suicidal thoughts and behaviors are very common [7].

San Francisco's epidemic of **youth homelessness** - part of an overarching homelessness crisis facing the city - also contributes to high risk for youth psychosis. According to the US Department of Housing and Urban Development, San Francisco is one of **5** major cities that account for more than **25%** of the total homeless youth population in the US, with at least **2,500** homeless youth on the streets of SF at any given time.[8] A seminal study conducted by Mundy, et al. found that **29%** of homeless adolescents experienced **4 or more psychotic symptoms** , including paranoid ideation, ideas of reference, and auditory hallucinations, symptoms that were correlated with reports of affective disturbance, abuse life experiences, and substance use.[9]

SECTION B. PROPOSED IMPLEMENTATION APPROACH

1. <u>Project Goals, Objectives, and Service Population:</u> The San Francisco Department of Public Health (SFDPH) will closely collaborate with Felton Institute to implement the **Bringing Early Awareness and Management to Untreated Psychosis (BEAM UP) program**, a comprehensive, collaborative psychosis prevention outreach, education, referral, and service initiative for youth and young adults through age 25 in San Francisco, California. The **overarching goal** of the program is to: a) significantly reduce the number of youth and young adults at high risk for psychosis who progress to psychosis; b) reduce the duration of untreated psychosis through early identification and referral; and c) lessen the severity of later psychotic disorders by creating an impactful, multidisciplinary, communitywide psychosis prevention system model that can be replicated in jurisdictions throughout the US. The program will provide state-of-the-art, family-centered psychosis prevention services in community settings and will incorporate strong provider and consumer leadership in both program design and implementation. The program will utilize and build upon current scientific findings and strategies for understanding and addressing the needs of individuals in the earliest stages of psychosis while being extensively evaluated to assess the outcomes of its **stepped-care intervention strategy** for young people. The program will accomplish its goals through a series of **10** linked process and outcome objectives that will provide benchmarks for assessing project success throughout the grant period, as follows:

<u>Process Objectives:</u>

- **<u>Objective # 1:</u>** Between September 30, 2018 and January 31, 2019, to conduct a **comprehensive 4-month planning and start-up phase** that includes a) negotiating and finalizing project subcontracts; b) hiring and training project staff and consultants; b) obtaining community and youth input into program design and approaches, including convening a Community Leadership Council, conducting a full-day planning retreat in program month one,

[6] Bertolote J & Fleischmann A, "Suicide and psychiatric diagnosis: a worldwide perspective." *World Psychiatry* 1(3): 181-5, 2002.
[7] National Institute of Mental Health, Schizophrenia, *Brochure*, Bethesda MA, December 2017.
[8] Larkin Street Youth Services, *Youth Homelessness in SF: 2014 Report on Incidence and Needs*, SF, CA 2015
[9] Mundy P, et al., The prevalence of psychotic symptoms in homeless adolescents, *Journal of the American Academy of Child & Adolescent Psychiatry*, 29(5):724-731, September 1990.

and enhancing systems for inter-agency referral in relation to youth psychosis prevention; c) finalizing project objectives and activities in collaboration with SAMHSA; d) convening monthly meetings of the Project Management Team; e) developing the project evaluation plan, including finalizing data collection and reporting procedures and timelines developing project outcome objectives in collaboration with the national cross-site evaluator; f) finalizing client consent and confidentiality protection protocols; and g) developing project-specific outreach materials and identity elements.

- **Objective # 2:** Between February 1, 2019 and September 29, 2022, to conduct a **comprehensive community youth psychosis prevention outreach and education campaign** incorporating broad-based provider and community outreach and education; production and distribution of web and print-based psychosis prevention materials and information; development of an online pre-psychosis screening and referral tool; and formation of a **Youth Leadership Council** in program year 2 that develops and conducts youth-based psychosis prevention awareness and outreach activities.
- **Objective # 3:** Between February 1, 2019 and September 29, 2022, to organize and conduct as least **100** community-based orientation and education sessions on psychosis prevention, early intervention, and screening and referral for at-risk youth for a minimum of **800** youth-serving providers, clinicians, and community members.
- **Objective # 4:** Between February 1, 2019 and September 29, 2022, to conduct comprehensive clinical screening for at least **375** youth and young adults age 25 and below referred to the BEAM UP program who have been identified as being at potential risk for psychosis using the Brief Version of the Prodromal Questionnaire (PQ-B).
- **Objective # 5:** Between February 1, 2019 and September 29, 2022, to enroll at least **110** youth and young adults at clinically-identified risk for psychosis via Structured Interview of Psychosis-Risk Syndromes (SIPS) battery in a comprehensive, family-based, 24/7 stepped-care program designed to delay or prevent psychosis onset and symptoms, including individualized care plan development and case management services; individual, group, and family counseling and mental health services; psychiatric screening, prescription, and monitoring; employment and education support services; insurance enrollment and benefits counseling programs; home-based and foster care-based services; and access to respite care and other essential services.
- **Objective # 6:** Between February 1, 2019 and September 29, 2022, to ensure that at least **85%** of youth and young adults enrolled in BEAM UP program who convert to formal psychotic disorder diagnosis are connected to a coordinated specialty care for first episode psychosis program.

Outcome Objectives:

- **Objective # 7:** By September 29, 2022, to ensure that at least **70%** of BEAM UP youth and young adult enrollees who remain in the program for at least 6 months show improvement in clinical high-risk status by decreasing **at least one full scale** from baseline to discharge using the Scale of Psychosis Risk Symptoms (SOPS) contained in the Structured Interview for Psychosis Risk Syndrome (SIPS) protocol.
- **Objective # 8:** By September 29, 2022, to ensure that **less than 20%** of BEAM UP youth and young adult enrollees who remain in the program for at least 6 months convert to a formal psychotic disorder diagnosis.
- **Objective # 9:** By September 29, 2022, to ensure that at least **75%** of youth and young adult clients with project-identified employment and/or educational goals who remain in the program

for at least 6 months maintain or improve their involvement in employment and/or educational activities.

- **Objective # 10:** By September 29, 2022, to ensure that at least **75%** of participants in provider outreach and education sessions demonstrate having gained new knowledge or understanding of the early warning signs for clinical high risk state for psychosis as measured by presentation post-tests.

The BEAM UP program will provide comprehensive, clinical screening services for an unduplicated total of at least **375** high-risk young people aged 25 and under who will be referred to Felton Institute to identify or confirm pre-psychosis risk. Of these young people, an estimated **110** are expected to be identified as being at risk for psychosis and will be formally enrolled in the stepped care program (**20** in year 1 and **30** per year in years 2-4). These young people and their families will receive multidisciplinary services for a minimum of **6 months** following initial enrollment and for **up to 2 years or more** based on identified and emerging needs. The service population is expected to consist of approximately **75%** young people of color, the overwhelming majority of whom will fall into the transition-age youth (TAY) age range of 16 - 24. An estimated **60%** of the enrolled youth service population are expected to be cis males; **30%** will be cis females; and **10%** will be transgender or non-gender confirming young people. At least **800** youth-serving providers, clinicians, and community members will receive orientation and education on psychosis prevention, early intervention, screening, and referral.

2. Implementation of Required Activities: SFDPH Behavioral Health Services will contract with Felton Institute - a nationally respected mental health services agency - to deliver **all** direct clinical and community outreach and education activities through the BEAM UP program. Felton will implement a **two-part** initiative to prevent and reduce youth psychosis onset in San Francisco consisting of: **a)** direct, comprehensive clinical and support services designed to prevent young people who are at clinically-identified psychosis risk from progressing to psychosis; and **b)** a comprehensive community outreach and education campaign to raise awareness of youth psychosis issues and to disseminate effective tools and approaches for identifying and referring at-risk youth to treatment, including a peer-based youth outreach and education campaign. These elements are described below:

a) Stepped Early Psychosis Identification and Intervention: Building on its extensive clinical expertise, including its experience in operating a **coordinated specialty care** model early psychosis intervention program, Felton Institute will conduct comprehensive clinical risk assessments using the SIPS tool for young people referred to the program and will obtain informed consent from all young people confirmed to be at psychosis risk who are enrolled in the program. Staff Therapists and the project's Clinical Coordinator will develop an Individualized, Comprehensive Care Plan in collaboration with the young person and his or her family, and will serve as both clinical providers and case managers throughout the term of each young person's involvement in the program, with 24/7 emergency and crisis support available. While specific therapeutic interventions will be based on immediate youth needs at admission, clinical staff will continuously assess clients' needs and adjust intensity of services to reduce psychosis risk. Clinicians will also ensure direct linkage to coordinated specialty care for the less than 20% of youth enrollees who experience a first psychotic episode.

Felton's program methodology focuses on progress toward individual recovery goals, as well as improving social and role functioning, overall well-being, and improved mental and behavioral health outcomes. **Psychoeducational Multifamily Group (PMFG)** support will be provided to both young people and to all relevant family members and/or caregivers. Felton

psychiatric staff will assess youth enrollees for co-occurring conditions, and will provide ongoing diagnostic, prescription, and medication monitoring support, utilizing evidence-based medication support approaches for the psychosis-risk syndrome. The program will feature a robust employment and education support component following the Individual Placement and Support (IPS) Employment / Education Services model, in which trained staff work with young people to assess needs and produce education / employment plans that collaboration with schools to develop individualized education plans (IEPs); linkage to education support activities such as tutoring and educational counseling; linkage to employment and job training programs; and linkage to competitive employment. Additional BEAM UP services will include psychoeducation for individuals and family members; substance use risk reduction intervention; behavioral skills training; provision of intensive home-based services as needed for youth and their families, particularly when a young person is at risk for out-of-home placement; services provided in therapeutic foster family homes or individual therapeutic residential homes; linkage to respite care services for family members where needed; and programs to support the transition to adult services where needed.

SFDPH and Felton Institute will work closely together to ensure that the project's clinical assessment and treatment component is embedded within a broader collaborative system represented by San Francisco's newly emerging **TAY System of Care.** Led by SFDPH Behavioral Health Services, the system is designed to produce a multidisciplinary, seamless matrix of outreach, support, and mutual service referrals to meet the needs of transition-age youth in SF, and involves all key public and private providers in the city, including SF Psychiatric Emergency Services (PES), Foster Youth Services, the Juvenile Justice Coordinating Council, the SF Sheriff's Department and its Adult Probation TAY Unit, SF Community Health Programs for Youth, Larkin Street Youth Services, LYRIC LGBT Youth Services, and Instituto Familiar de la Raza. Felton plays a key role in this system, and SFDPH will ensure that BEAM UP is publicized and integrated into this existing collaborative. **Because of the TAY System of Care program, SFDPH is <u>not</u> requesting SAMHSA infrastructure development funds.**

- **<u>Communitywide Outreach and Education Campaign:</u>** The communitywide outreach and education campaign will both expand awareness and early identification of youth pre-psychosis in San Francisco and provide a referral bridge of clients to the BEAM UP intervention. During the first 3 months of the program, SFDPH and Felton will collaboratively convene a 15-member **Community Leadership Council** made up of key public and private providers - along with community members and youth consumers - which will meet on at least a **quarterly** basis - including in a full-day planning retreat in the first project quarter - to design the community outreach campaign, working with graphic and web consultants to prepare initial campaign identity elements and to develop an initial **dedicated webpage** for the early psychosis outreach project. Throughout the 5-year project period, Felton staff will conduct outreach to local youth-serving agencies and programs - including middle schools and high schools, local college and college health offices, hospitals, physician's offices, homeless service agencies, mental health crisis responders, youth agencies, churches, gyms, and other entities - to a) raise awareness of the issue of pre-psychosis among youth; b) offer providers tools to spot potential early psychosis symptoms, including orientation to the **Brief Version of the Prodomal Questionnaire (PQ-B)**; and c) provide referral resources for the Felton BEAM UP program, including distributing information on the project's website, which is expected to include an online version of the PQ-B by the end of project year 2. Also in the second project year, a **Youth Leadership Council** will be formed which will work with the Project Director and Felton staff to design youth-based

3. Project Timeline:

Key Project Activities & Milestones	Project Quarters - 9/30/18 - 9/29/22															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Finalize Felton Institute subcontract and finalize project objectives and timeline	■															
Hire and train project staff	■															
Begin convening twice-monthly Project Management Team meetings	■															
Convene Community Leadership Council and hold Full-Day Planning Retreat	■															
Design integrated psychosis intervention, including clinical protocols and standards	■															
Develop community awareness and education plan and begin outreach	■															
Secure linkage relationships to community resources and youth psychosis treatment	■															
Design identity elements and outreach materials and begin publicizing program	■															
Develop data collection and evaluation plan in collaboration with evaluation staff	■															
Ensure clinical staff certification in all evidence-based practices	■															
Design and launch project website	■	■														
Begin providing comprehensive psychosis prevention services for youth		■														
Continue to hold quarterly Leadership Council meetings		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Continually collect, analyze, and report project data to refine and enhance program		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Present ongoing community psychosis awareness and education events for providers		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Continually expand integration of project activities into SF TAY System of Care		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Launch a web-based version of a pre-psychosis assessment tool for use by providers			■													
Convene initial meeting of the Youth Leadership Council to develop strategies for raising youth awareness of early psychosis issues, symptoms, and resources				■												
Conduct ongoing youth-generated outreach and awareness events and activities, and continually build the size and skills of the Youth Leadership Council					■	■	■	■	■	■	■	■	■	■	■	■
Begin preparing project continuation plan, including working with SFDPH to identify long-term non-federal resources to support the program									■	■	■	■	■	■	■	■
Begin developing dissemination tools and approaches to encourage project replication in collaboration with SAMHSA, including a potential project replication toolkit													■	■	■	■
Prepare and submit annual reports on the program				■				■				■				■

psychosis prevention awareness and outreach activities and to recruit other young people to participate in the initiative, including young people who have successfully overcome pre-psychosis symptoms. The Council will plan and direct youth-specific outreach and education activities, and will participate in youth-specific events. Youth Council members will also participate with adults in project-related outreach and education to youth-serving providers.

SECTION C. PROPOSED EVIDENCE-BASED SERVICES / PRACTICES

1. Evidence-Based Service Practices to Be Used and Modifications Anticipated: All clinical staff providing services through the BEAM UP project will be highly trained, youth-specialized clinicians who will receive training and certification in all project modalities of treatment and support for pre-psychosis youth and young adults. At the level of initial and ongoing client assessments, the project will utilize a series of research-validated diagnostic assessments that include the **Structured Interview of Psychosis Risk-Syndromes (SIPS)** and the **Brief Version of the Prodomal Questionnaire (PQ-B)**. Originally developed in 2001, the SIPS assessment battery aims to: a) Rule out past and/or current psychosis; b) Rule in one or more of the 3 types of psychosis-risk syndromes; and c) Rate the current severity of the psychosis-risk syndromes in order to identify an appropriate course of treatment and support.[10] The PQ-B is a self-report screening measure for psychosis risk syndromes among adolescents and young adults, and has been demonstrated as an effective, efficient self-report screen for prodromal psychosis syndromes when followed by a diagnostic interview.[11]

Key EBPs to be used in the BEAM UP treatment and support process include the following:

- **Cognitive-Behavioral Therapy (CBT) for Psychosis:** Originally designed to treat depression, cognitive behavioral therapy works to solve existing problems and issues and to change unhelpful thinking and behavior through an approach that merges more traditional cognitive and behavioral therapy approaches.[12] CBT is a "problem focused" approach, designed to address specific issues and barriers faced by the individual, and is "action oriented," in that it provides a system through which the therapist works to assist the client in selecting specific strategies to help address his or her specific problems. CBT has been effectively adapted for the treatment of psychotic disorders,[13] and will be adapted by Felton Institute in collaboration with SAMHSA specifically as an approach to pre-psychosis treatment. All project-enrolled youth will participate in therapist-led individual CBT sessions, including sessions conducted in the home, in group home settings, and in other community locations as needed.
- **Psychoeducational Multifamily Groups (PMFG):** Psychoeducational Multifamily Group Treatment (PMFG) is a treatment modality for individuals with a mental illness or mood disorder, and for their caregivers.[14] The program aims to improve illness management, coping skills, and overall quality of life. PMFG is designed to a) inform patients and families about mental illness and its treatment; b) gain social support from other families in similar situations; and c) build skills in symptoms management, affect regulation, coping, problem solving, and communication. PMFG sessions are led by licensed mental health professionals and for at least

[10] McGlashan T, Walsh B, & Woods S, *Structured interview for psychosis-risk syndromes, English language, Version 5.3*, PRIME Research Clinic, Yale School of Medicine, New Haven, CT, July 5, 2013.
[11] Loewy R, Pearson R, Vinogradov S, Bearden C, & Cannon T, Psychosis Risk Screening with Prodomal Questionnaire - Brief Version (PQ-B), *Schizophrenia Research*, 129(1):42-46, June 2011.
[12] Beck J, *Cognitive behavior therapy: Basics and beyond (2nd Ed.)*, The Guilford Press, New York, NY, 2011
[13] E.g., Freeman D, Cognitive-behavioral therapy for psychotic disorders, *Psychiatric Times*, 30(12), Dec. 11, 2013.
[14] Dyck D, et al., Management of negative symptoms among patients with schizophrenia attending multiple-family groups. *Psychiatric Services*, 51(4), 513–519, 2000.

the first 3 PMFG sessions (also called joining sessions), clinicians meet separately with the families, without the clients, on a weekly basis, with later sessions including clients with their families.

- **Individualized Placement and Support (IPS) Model of Supported Employment and Education:** Individual Placement and Support (IPS) is a model of supported employment for people with serious mental illness (e.g., schizophrenia spectrum disorder, bipolar, depression). IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing, or to advance their educational goals. Mainstream education and technical training are included in IPS as ways to advance career paths. All BEAM UP clients will participate in IPS assessments and care plan development, and will be case managed by therapeutic staff as they pursue individual employment and education goals. The **Dartmouth IPS Fidelity Scale** is a tool that will be used both to track client progress and ensure adherence to IPS model principles and elements.[15]
- **Motivational Interviewing (MI):** MI is a well-established, evidence-based intervention used for both individual and group therapy that is designed to elicit behavior change by helping clients explore and resolve ambivalence in order to establish self-protective goals and behaviors. [16] MI can be implemented in single session or multiple session formats, and is designed to assess and address individual risk factors and personal motivation to change by building client rapport and suggesting strategies designed to move each client along the individual continuum of change. MI will be used as a strategy to be used to explore behaviors, symptoms, feelings, and personal norms, and to help youth consider and prepare for engagement in the intervention.

SECTION D. STAFF AND ORGANIZATIONAL EXPERIENCE

1. Organizational Experience and Collaborators: Originally founded in 1889, **Felton Institute**, formerly the Family Service Agency of San Francisco, is a 501(c)(3) nonprofit benefit corporation that has been providing services to vulnerable children and families for over **125** years. With a focus on equitable access to quality mental health services for marginalized individuals and communities, Felton has historically offered innovative and evidence-based recovery-oriented services to the lowest income and most marginalized residents of SF and the surrounding Bay Areas. The agency's 4 programmatic divisions currently include: a) Children, Youth, and Families (CYF); b) Early Psychosis; c) Adults; and d) Seniors. Felton's 5th Division - Training and Research - provides professional development and behavioral health training in a range of evidence-based and evidence-informed practices, as well as other best practices for the social service environment. Together, Felton's 5 divisions are responsible for delivering **46** high-quality programs to over **10,000** individuals annually, across four California Counties, including San Mateo, San Francisco, Alameda, and Monterey.

For the past decade, Felton Institute has provided a specialized range of behavioral health and other supports to Transition Age Youth age 16-25 and their families in San Francisco and across the Bay Area. Felton Institute supports TAY in their wellness and recovery goals, and their striving toward independence, safety, and stability. Current programs supported through partnerships with SFDPH include a **San Francisco Full Service Partnership (FSP)** specifically for TAY youth as well as the **Felton San Francisco Early Psychosis Program** (formerly PREP

[15] Becker D, et al., *Supported Employment Fidelity Review Manual, Third Edition,* Dartmouth Supported Employment Center, Hanover, NH, December 2015.

[16] Vasilaki E, Hosier S, Cox W, The efficacy of motivational interviewing as a brief intervention for excessive drinking: A meta-analytic review, *Alcohol & Alcoholism,* 41(3), 328-335, 2006.

– Prevention and Recovery in Early Psychosis), serving clients ages 14-34. This comprehensive program integrates components of specialized mental health - including Bipolar Early Assessment and Management (BEAM) - to provide prevention and early intervention (PEI) services for individuals with psychosis and/or mood disorders. In 2014, Felton Institute's first episode psychosis program model was nationally recognized by the National Council on Behavioral Health with the "Science to Service Award" for inspiring hope, advocacy, leadership, and impact in the field of mental health.

2. <u>Project Staff Positions, Roles, and Experience:</u> BEAM UP will be coordinated and overseen by a **25%-time Project Director** based at SFDPH Behavioral Health Services. The Project Director will be a youth-experienced project management specialist who will be funded on a match basis through the California Mental Health Services Act (MHSA). The Project Director will negotiate and oversee the Felton subcontract; convene meetings of the project's Community Leadership Council; integrate BEAM UP within the TAY system of care; coordinate project dissemination; and lead the effort to identify project continuation funding. Felton Institute will employ a **25%-time Program Coordinator (Adriana Furuzawa, LMFT)**, responsible for overseeing and coordinating clinical and outreach elements of the program, as well as a **50%-time Clinical Coordinator (Bruce Adams, LMFT)** who will provide direct project therapeutic services while overseeing and providing clinical supervision to project's clinical team. Ms. Furuzawa is the Early Psychosis Division Director at Felton, and has over 15 years of experience in providing and coordinating direct youth mental health services with over 5 years of early psychosis experience. Mr. Adams is a Program Director in the Early Psychosis Division and is a distinguished youth psychotherapist specialist with over 5 years of early psychosis experience.

The project's clinical team will consist of **two full-time Staff Therapists** - one of whom will be supported on a 50%-time basis through project matching funds; a **2%-time Psychiatrist** with a youth mental health specialty; and a **12%-time Youth Psychiatric Nurse Practitioner.** The Staff Therapists will provide direct services and case management support to youth and families enrolled in the program, while psychiatric staff assess and monitor medication-indicated conditions. A **35%-time Employment & Education Specialist** will oversee and coordinate the project's IPS component while a **20%-time Outreach Coordinator** coordinates and provides outreach and training to local youth-serving agencies and providers. Additional Felton staff include a **14%-time Evaluation Coordinator** and an **8%-time Quality Assurance Manager** to oversee data collection, reporting, and ongoing quality management activities.

3. <u>Staffing, Supervisory, and Management Structure:</u> The Felton-based Program Coordinator will be responsible for the hiring, training, and supervision of all project staff, while the Clinical Coordinator will provide day-to-day management, oversight, and supervision of the project's two Staff Therapists and Employment and Education Specialist. A **Project Management Team** will meet on at least a **twice-monthly** basis during the first program year and on at least a **monthly basis** during project years 2 - 4. The Project Director will be responsible for the preparation of project-related reports, working in collaboration with the Program and Clinical Coordinators. The project's Outreach Coordinator will collaborate closely with SFDPH in conducting outreach and education related to the program, to ensure that outreach integrates effectively with the County's only TAY System of Care initiative. Project evaluation staff will provide support to the management team in tracking both qualitative and quantitative outcomes both to continually improve the program and to assist in the preparation of ongoing reports.

SECTION E. DATA COLLECTION AND PERFORMANCE MEASUREMENT

1. <u>How Required Data Will be Collected, How Data Will be Used to Manage, Monitor, and Enhance the Program, and Capacity and Willingness to Adhere to Data Collection and Reporting Requirements:</u> Through a collaboration between Felton project evaluation staff, SFDPH, and SAMHSA, the project will implement a comprehensive, multi-faceted data collection and reporting system for the BEAM UP program that includes timely fulfillment of all federal reporting requirements under the Government Performance and Results (GPRA) Modernization Act of 2010, along with development of a **local evaluation plan** that will assess additional qualitative and quantitative impacts of the project. Client-level data will be collected face-to-face, using uniform data collections tool for all clients who enroll in and receive project-specific services. Data will be entered into SAMHSA's **Performance Accountability and Results System (SPARS)** following time-based reporting standards established by the granting agency. Required data to be reported under SPARS includes, but will not be limited to: a) the number of clients receiving screening, testing, and/or evidence-based treatment; b) demographic data (e.g., gender, race, ethnicity); c) original admitting diagnoses; d) mental health and substance use outcomes; e) housing and employment status; f) criminal justice involvement; g) retention in services; and h) social connectedness. Where necessary to improve client access to services, client data may also be shared using the **San Francisco Coordinated Care Management System (CCMS)**, a composite database of integrated medical, psychological, and social information about high risk, complex, and vulnerable populations served by the San Francisco Department of Public Health.

Additional indicators to be tracked through the project's local evaluation plan will focus on both the project's outreach and clinical service components. Elements to be tracked through the community outreach campaign include the number and type of participants in the project's Community Leadership and Youth Leadership Councils; the number of Council meetings held and the outcomes of those meetings; the number and type of awareness and educational sessions presented to youth providers and agencies and the number and characteristics of participants attending those sessions; post-test outcomes related to increases in early psychosis identification and resources knowledge; and increases in youth awareness of and involvement in early psychosis activities. The project will also develop metrics to assess the extent to which psychosis risk identification and response becomes strongly integrated into the city's TAY System of Care. In regard to the project's clinical treatment components, key elements to be tracked in addition to those above include length of time young people remain in the program and the relationship of duration in treatment to outcomes; degree of involvement of family members and caregivers in the program and the extent to which this influences outcomes; and identified disparities and efforts to effectively address disparities in relation to factors such as ethnicity, language, gender identity, sexual orientation, socioeconomic background, or housing status.

SFDPH and Felton Institute will continually collect project-related process and outcome data following the project's comprehensive evaluation plan to be developed in collaboration with SAMHSA. Project staff will continually collect data on services delivered and on key project impacts. Project data will be aggregated and analyzed by the Felton evaluation staff on a least a **quarterly** basis, and will be reported and reviewed by the project team during regular meetings. The team will examine data reports to identify successes, shortfalls, and disparities in regard to program outcomes, and will design and implement project modifications as needed to enhance impacts and eliminate disparities. Data will also be continually reported to SAMHSA through required quarterly and annual project reports.