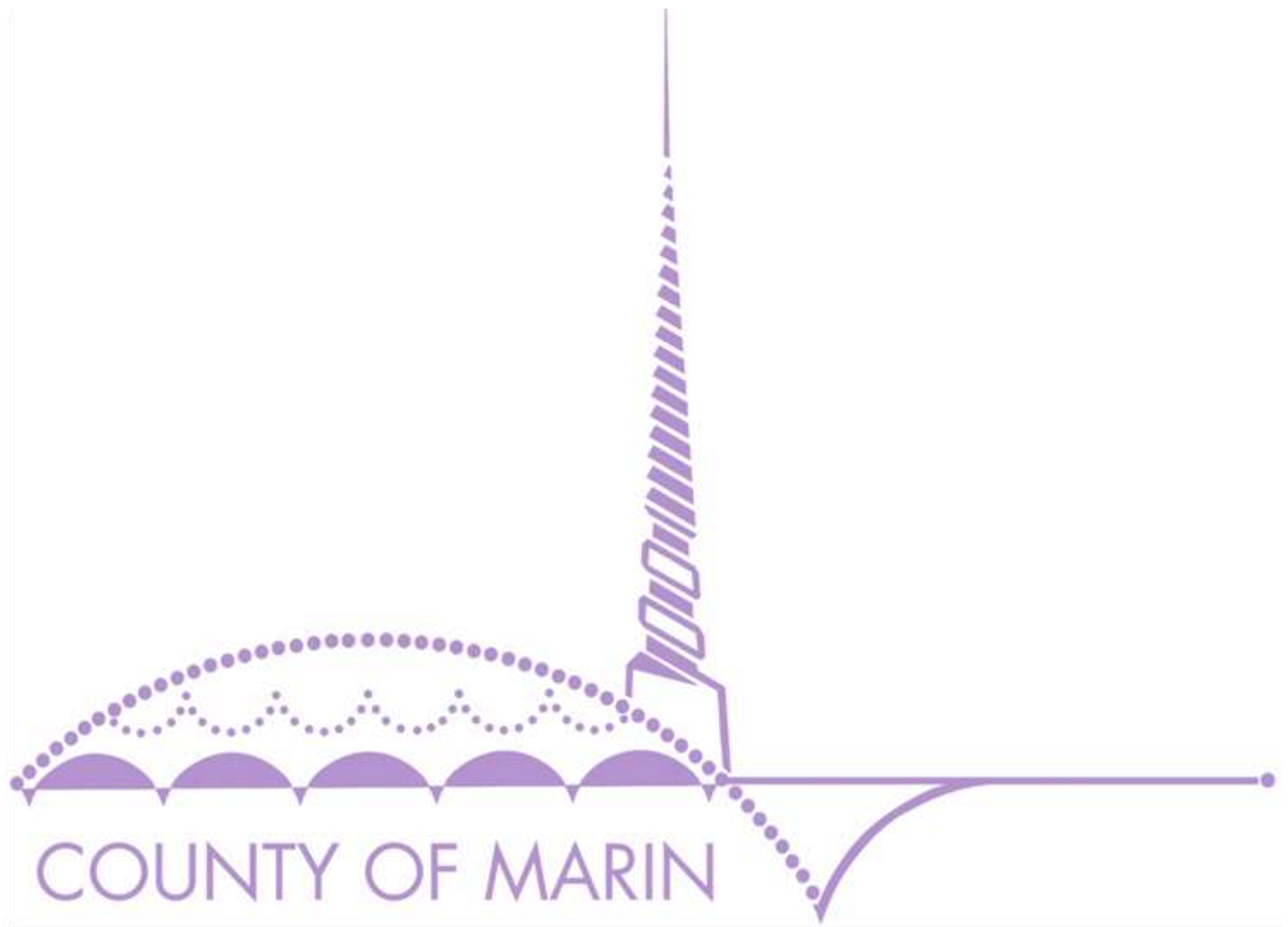


MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL INNOVATION (INN) REPORT

REPORTING ON DATA FOR FISCAL YEAR 2022-23



INNOVATION COMPONENT

OVERVIEW

The Mental Health Services Oversight and Accountability Commission (MHSOAC) defines innovative programs as novel, creative, or ingenious mental health approaches. An Innovative Program is one that contributes to learning in one or more of the following ways:

- Introduces new, never-been-done-before, mental health practices or approaches,
- Makes a change to an existing mental health system practice or approach including adaptation for a new setting, or
- Introduces a new application to the mental health system of a promising community-driven practice or approach that has been successful in a non-mental health setting.

Marin's third Innovation Project, focused on innovative approaches to serving older adults, ended December 2023 and FY22/23 outcomes are shared on the following pages.

During in FY20-21 there was extensive community planning for the next MHSA Innovation Projects. Per recommendation from the MHSA Advisory Committee, two new projects were brought to the Mental Health Services Oversight and Accountability Commission for approval.

- *From Housing to Healing (H2H): A Re-Entry Community for Women*
- *Student Wellness Ambassador Program (SWAP): A County-Wide, Equity-Focused Approach*

OLDER ADULT TECHNOLOGY SUITE INNOVATION PROJECT

PROGRAM OVERVIEW

PROJECT DATES: January 1, 2019- December 31, 2023

PROJECT BUDGET: \$1,580,000 over 5 years. Project concluded in the middle of FY 23/24.

PROJECT APPROVAL: The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the original project in September of 2018.

PROJECT DESCRIPTION: The Help@Hand Project (previously known as the Innovation Technology Suite) is a multi-county/city Innovation project designed to determine if, and how, technology fits within the behavioral health system of care. Help@Hand provides support for Marin County older adults to access wellness apps and digital literacy training through 2023. The intent of this project in Marin is to understand if and how digital technology resources may support the wellness of older adults, particularly those who are socially isolated. Digital behavioral health is a rapidly emerging field, with over 10,000 apps in development and a robust evidence base showing that digital self-care technology has the potential to impact depression, anxiety, and loneliness for a broad range of populations.

Each county participating in Help@Hand is trying to reach a unique unserved or underserved population. During the FY2017-20 Three-Year Planning process and public comment period, Marin stakeholders identified a need for additional mental health resources to support the growing older adult community in Marin County, particularly those who are isolated, often due to lack of access to transportation, physical limitations, anxiety or depression, loss, or for fear of stigma related to mental illness or cognitive impairment. The Innovation proposal was developed based on a nine-month community planning process (November 2018- August 2019) involving community members, providers and other stakeholders. Based on the community planning process, Marin County was focused on identifying an application, developing training curricula focused on meeting the needs of isolated older adults, and learning what strategies and interventions best meet the needs of isolated older adults.

TARGET POPULATION:

- Socially isolated older adults, including those experiencing or at risk of loneliness or depression
- Older adults who are at risk for developing mental health symptoms or who are at risk for relapsing back into mental illness
- Older individuals with mild to moderate mental health symptom presentations, including those who may not recognize that they are experiencing symptoms
- Underserved older adults including those who are geographically isolated and residents whose primarily language spoken is Spanish

ESTIMATED NUMBERS TO BE SERVED: 200

LEARNING GOALS:

- What changes do older adults report in their sense of social connectedness due to participation in this program?
- What changes do older adults report in their sense of health and well-being due to participation in this program?
- Are there changes in the attitudes towards digital health tools/technology after digital literacy training?
- What are the most effective strategies for recruitment of older adults within the county?
- What is the motivation to participate in the pilot and the program?

UPCOMING PROJECT CHANGES:

The Help@Hand project in Marin is winding down in the first half of the FY 23/24. For the remainder of the project, Marin County is shifting its focus from the initial application focused collaborative initiative to a grants program that will give time-limited to local organizations through a Request for Proposal (RFP) process. The purpose of these grants will be for organizations to incorporate a digital component to increase access to wellness supports, program, and or community event with an emphasis on supporting digital literacy and promoting access for older adults in the community who may not otherwise have access.

FY22/23 OUTCOMES:

A Request for Proposal (RFP) was issued in May 2023 and seven grantees were selected. The selected organizations were chosen because they collaborate closely with their respective communities, employ a multifaceted approach to building digital literacy among older adults. Workshops, individual sessions, informative videos, and digital literacy websites collectively serve to empower older adults with essential technological skills. Learning opportunities delivered through both in-person and virtual sessions, ensure accessibility and inclusivity for all.

Marin's Peer facilitated English and Spanish digital literacy workshops and individual technology sessions for older adults in the community. The sessions were recovery-oriented, culturally appropriate services that promote engagement, socialization, self-sufficiency, and self-advocacy through trauma informed support. The Peer designed and planned 13 digital literacy workshops. She worked directly on site with two community partners, Marin City Community Development Corporation and Enterprise Resource Center.

Both the Peer and the subgrants made significant strides in promoting mental health wellness among English and Spanish-speaking adults aged 65 and over. These individuals were offered increased access to mental health services through improved digital literacy. The result is that many older adults have experienced increased feelings of connection with family and their community and discovered new opportunities to continue growing as individuals. These successes will continue to spread through the effort of our subgrantees.

- Older adults were served nearly 1,500 times (duplicated count)
- Over 700 sessions were offered
- Over 1,000 hours of services

Participants experienced a significant increase in their comfort with technology after the digital literacy sessions. Grantees reported a 160% increase in the percent of people who said they were somewhat or very comfortable in their use of technology. Before the sessions 41-60% of participants felt somewhat or very comfortable with technology. After services, that percentage rose a full quintile to 61-80%.

Participants are more capable of accessing telehealth, addressing health concerns, receiving aid for depression, loneliness, anxiety, or boredom, reading the news, articles, blogs, or books, and even discovering employment opportunities.

Overall, the participants appreciated the services with nearly 100% being willing to recommend the program.



One participant shared how much the program meant “So so helpful, like life-saving help, when drowning in ignorance and going down deeper in complicated technology. I want to learn so much and have. Thank you so much from my heart.”

CHANGES FOR FY 2024-25: This program ended December 2023.

FROM HOUSING TO HEALING: A RE-ENTRY COMMUNITY FOR WOMEN

PROJECT DATES: January 15, 2022-January 14, 2027

ORIGINAL PROJECT BUDGET: \$1,795,000 over 5 years

EXPANDED PROJECT BUDGET TOTAL: \$2,355,300 (No changes in project dates). The extension adds \$560,300 of additional funding (average of \$140,075 per year for the final 4 years of the project)

PROJECT APPROVAL: The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the original project on May 27, 2021. The Marin County Board of Supervisors approved this project on June 8, 2021. The project expansion was approved by the Marin County Board of Supervisors on March 28, 2023.

PROJECT DESCRIPTION: This project is healing-centered and holistic treatment for women with serious mental illness and potentially co-occurring substance use disorders who have been incarcerated or otherwise resided in a locked facility who have high Adverse Childhood Experiences (ACEs) scores. This program promotes a holistic view of healing from traumatic experiences and environments and shift the paradigm from lawbreaker past victims of traumatic events to “agents in the creation of their own wellbeing.” The approach includes a focus around understanding the widespread impact of trauma, learning to manage the subsequent maladaptive reactions and behaviors, and collective healing. Creating safety and building community are key bedrocks for this work. Part of the program is a safe and welcoming home for 6 women (one of the women will be a peer provider) to focus on this healing before moving to permanent housing. This program is uniquely geared toward managing the types of behavioral issues that women with a history of trauma tend to present with (intense interpersonal conflict, self-harm ideation, etc.) that can be a barrier to enrollment or successful completion of other treatment programs. As part of its innovation, services begin prior to residency at the house—as part of their re-entry planning, the trauma therapist works with women in the jail or other locked facility prior to release—to start building a foundation, connecting them with benefits, establishing rapport, and providing psychoeducation to help the women recognize how trauma could be impacting them. Often the focus of treatment for these women is the substance use or mental health diagnosis and the trauma does not get attention. Psychiatric medication and talk therapy alone are often insufficient to treat behavioral problems stemming from a history of trauma. When a client is in custody, it is often a unique time to talk with them about treatment as they are sober and often more motivated to talk with providers in a way they are not when in the community.

This program focuses on actively resisting re-traumatization and supporting the women to remain engaged with the trauma healing after they move on from living in the house. Women do not graduate from this supportive housing environment without housing and ongoing support in place. When women do leave, they can continue therapy with the trauma therapist during a transitional period, so that treatment and connection do not abruptly end at the same time as a transition in housing is occurring. Knowledge about trauma and its impacts is fully integrated into policies, procedures, practices, and settings, for instance if a woman departs the house abruptly in the context of an emotional or interpersonal breakdown, this is managed in a Trauma Informed way and she is not automatically discharged from the program as is often the case in residential programs. In addition to the Trauma Therapist, a variety of somatic, alternative, cultural, or other healing practices are utilized. The woman

will play an active role in evaluating those therapies and selecting what should be introduced more broadly within Behavioral Health and Recovery Services (BHRS) in Marin. There is a holistic approach, including strong coordination with other service providers throughout Health and Human Services and the community including substance use treatment. Nutrition is a key part of this program and all alumnae will be welcomed back for Sunday dinners (as well as groups) to help foster the sense of community. To further complement the nutrition aspects of the program there will also be a vegetable garden where the women can learn about growing some of their own food. Only Sunday dinners and healthy snacks for groups will be purchased on an ongoing basis using MHSA INN funding as well as gardening supplies to grow vegetables and herbs. The women will have support ensuring they are able to access their benefits including CalFresh, etc. Learning in a supportive environment some of the necessary social skills and life skills around how to budget, how to go grocery shopping, and how to prepare healthy meals within that budget will help set the women up for success after they transition from the house. The goal is to help the women feel more control over their lives and learn skills to promote and sustain their own wellbeing while they are in a transitional supportive environment.

TARGET POPULATION: The target population for this proposal is women (trans-inclusive) with serious mental illness (often with co-occurring substance use disorders) who have been incarcerated or otherwise resided in a locked facility who have high Adverse Childhood Experiences (ACEs) scores. Based on the initial assessment, women in the Marin County Jail have significantly higher ACEs scores than the general population or even than the men in the jail. These women have histories of traumatic experiences in childhood and adulthood, criminal justice involvement, and typically exhibit impulsivity, self-harm ideation, intense interpersonal relational patterns, rapid mood cycling and other symptoms.

With the project expansion, there are no changes to the target population.

ESTIMATED NUMBERS TO BE SERVED: It is estimated that there would be 8 women served in year one (including women undergoing re-entry support in the jail setting prior to release), with that number increasing by 8 each year as alumni of the program will stay significantly involved. Year two, 16 women would be served, year three 24 women would be served, year four there would be 32 women served, and year five there would be 40 women served. In addition, by year 5, another 100 individuals would be offered somatic or alternative therapy programs that that the women in the house and alumni recommend. In all, approximately 140 individuals would be served, with a projected 40 women having resided in the house. Since its opening in 2022, the Carmelita House has served a total of 13 residents and is currently housing seven women, including the peer support specialist. Over the past year, two beds were added, increasing Carmelita's capacity to eight beds. Of the 13 residents served, six were women of color: two identified as Black, African American or African, three as multiracial, and one as Guatemalan. Six additional women identified as non-Hispanic White, and one as White Hispanic/Latina. Two women identified as Bisexual, and two as queer.

LEARNING GOALS:

- Does centering the program on healing and addressing trauma result in higher rates of successful stabilization, decreased recidivism, increased housing stability, and increased feelings of psychological wellbeing?
- What somatic therapies are the most successful with this group of women?
- How can we spread the learnings throughout the Behavioral Health and homelessness systems of care? (New with Project Expansion)
- Is the *Housing to Healing* approach Cost effective as compared to expected costs without this intervention?

UPCOMING PROJECT CHANGES: While the essence and structure of this project has not changed since its inception, based on initial learnings, a few changes were made in 2023 to strengthen the program for existing clients and expand the program’s overall reach. In March 2023, additional funding was granted to expand the number of women served and enhance the learning around how to best spread what is being learned through this project throughout our systems of care. The reasons for implementing this expansion in 2023 were twofold: First, the community that was being built at “Carmelita House” (the name for the Housing to Healing residence) in the first 9 months of the project far exceed expectations but was also leaving many of the women feeling trepidation about their transition to long-term housing. In addition, many other women in the community were still cycling through homelessness and incarceration and eager to partake in this project. Second, which is very closely tied to the first reason, is that we are hoping to speed up the additional focus on the stated learning goal around how to spread the key learnings from this innovation project throughout our behavioral health and homelessness systems of care. This expansion will help reshape the systems into places these women—and everyone else—can get that desire for connection addressed, allowing them to feel confident in leaving Carmelita House to their next step.

The expanded funding will be used in the following ways for the duration of the project:

- **Expanding the number of women served in the house** (increasing from 6 to 8 residents at a time): The organization we selected to operate the housing component of the From *Housing to Healing* project has the capacity for additional bedrooms to accommodate other women in the community ready for this healing centered intervention.
- **Increasing the support for women to transition out of the house and retain that critical sense of community** (by adding a stipended alumnae peer position): Currently we have a stipended peer resident (\$750 per month in addition to housing). Through this expansion, we will establish a second stipended peer position (\$750/month) for a former resident to focus on supporting Carmelita alumnae in bringing them back for weekly dinners, events, and groups and building that support network for women who have transitioned to their next place of residence, helping alleviate the fear many women are expressing in leaving Carmelita House. These alumnae will also help share their success stories with the current residents helping them see opportunities for connection and community after leaving the house as well.

- Expanding learnings more widely throughout the behavioral health and homelessness systems of care** (*Seeds of Hope—1.0 FTE* peer specialist position): The third portion of funding for the expansion will be focused on expanding the learning throughout the systems of care through what we are calling “Seeds of Hope”. This will involve funding one full-time or two-part time peer leader positions who would help build the pipeline of peer leaders/staff by reaching out to peers interested in giving back and mentoring them in peer leadership and potentially peer certification to help build and spread community building. In addition, the peer leaders will identify, publicize, and create opportunities for social connection based on the desires of this community. One of the focuses of these peers will be for building this social fabric and workforce pipeline to those in our recently established and upcoming supportive housing programs (where many of the Carmelita residents may eventually move), those living on the streets, those at Carmelita House, and those who have been homeless but are now housed independently. Local data has shown that the first six months of independent housing for many individuals who have been chronically homeless can be the most vulnerable due to a loss of that sense of community that can be found in places like an encampment or Carmelita house.
- Expanding the Evaluation Scope:** We have increased the evaluation budget by \$20,000 to evaluate the more expansive focus on spreading the learnings throughout the system of care through “Seeds of Hope.”

CHANGES FOR FY 24/25: None.

FY 22/23 EVALUATION: The following pages are from a report prepared by the independent Evaluation consultant, Impact Justice, contracted to evaluate this Innovation project.

Evaluation Contractor: IMPACT JUSTICE

Impact Justice is a national innovation and resource center committed to reducing the number of people involved in US criminal justice systems, improving conditions for those who remain incarcerated, providing meaningful opportunities for successful re-entry, and attending to crime victims’ needs. Home to some of the foremost leaders in juvenile justice, violence prevention, research and evaluation, restorative justice, and youth development, Impact Justice provides an array of technical assistance to criminal justice and community stakeholders. For more information, please visit www.ImpactJustice.org

THE RESEARCH AND ACTION CENTER

This report falls under the purview of the Research and Action Center. As a Center of Impact Justice, our research catalyzes community efforts to eliminate disparities and propel system change. We focus especially on the populations most impacted by disparities, including youth and adults of color, as well as members of the LGBTQ/GNCT communities. That’s why we partner with community service providers, government agencies, and key stakeholders across the country to research, evaluate, and support implementation of the most effective and innovative practices.

Kiara Sample
Senior Research Analyst, Research & Action Center

Findings from Year 2 of Implementation

DATA COLLECTION METHODOLOGY

To document and assess program outcomes, the evaluation team utilized administrative data collected by Carmelita House staff, surveys, and in-depth interviews. Surveys administered in January of 2024 by Carmelita staff were designed to assess self-efficacy using the Self-Efficacy for Personal Recovery Scale (SEPRS)¹ and Coping Self-Efficacy Scale (CSE)², sense of safety using the Neuroception of Psychological Safety Scale (NPSS)³, as well as belonging and social inclusion using the Social and Community Opportunities Profile (SCOPE).⁴ We received completed surveys from 4 of the 6 current residents (66%) and conducted interviews with all 6 residents, the peer support specialist resident, the full-time onsite therapist, house manager, and MSW intern. Survey data was entered into Excel workbooks for analysis and interviews were coded for themes. In person interviews were conducted with all six residents, the peer support specialist, and Carmelita House staff in February of 2024. Interview questions focused on evaluating the experience of living in Carmelita house, and the impact of the somatic-centered therapeutic practices.

We received feedback on the surveys indicating that residents found some questions confusing to answer, and consistent distribution every six months was challenging. Moving forward, Impact Justice will collaborate with the house manager and therapist to refine data collection tools that better align with Carmelita House's holistic healing approach and can be seamlessly integrated into daily routines and programming. For this report, the interviews and qualitative analysis offer an overview of Carmelita House's structure, programming, and impact.

DEMOGRAPHICS AND CARMELITA HOUSE CAPACITY

Since its opening in 2022, the Carmelita House has served a total of 13 residents and is currently housing seven women, including the peer support specialist. Over the past year, two beds were added, increasing Carmelita's capacity to eight beds. Of the 13 residents served, six were women of color: two identified as Black, African American or African, three as multiracial, and one as Guatemalan. Six additional women identified as non-Hispanic White, and one as White Hispanic/Latina. Two women identified as Bisexual, and two as queer.

All the residents have extensive histories of struggles with mental health, substance use, and trauma which means Carmelita House is effectively serving their target population: women at the highest risk of ongoing mental and behavioral health struggles, and who are also at high risk for homelessness.

Entrances and Exits

Since its opening, Carmelita House has seen a total of 10 individuals enter and exit the program. For those who exited the program, the length of stay ranged from one month to one and a half years, with 6 months being the average length of stay for those who exited the program. Reasons for leaving Carmelita House vary, including substance use, voluntary departure, and arrest. One resident successfully graduated out of the program and transitioned into stable housing. Unfortunately, one resident tragically committed suicide during the process of transitioning to stable housing after receiving a voucher.

Table 1. Exits and Entrances of Carmelita Residents 2022-2024

Enrollment Status	# of Residents
Exited	7
Exited and returned	3

Table 2. Current Resident Length of Stay

Length of Stay	# of residents
Less than 6 months	1
6 months	2
1 year or more	3

COMMON THEMES FROM SURVEYS & INTERVIEWS

Why Carmelita House

Residents were drawn to Carmelita House for various reasons, including the trauma-centered approach, onsite counseling, group activities, gym membership, location, and need for housing. Initially, some residents were apprehensive but became excited after seeing the welcoming environment.

After moving in, residents found Carmelita House exceeded their expectations. They appreciated the supportive environment and the caring staff. Over time, they became more comfortable and engaged with the program. Through activities like tours, family-style dinners, and introductions, most residents felt welcomed by staff and other residents. Challenges during the initial days included the distance to stores and the probationary period requiring a buddy for outings.

Residents suggested having direct welcome groups to facilitate introductions and encourage interaction among new residents. They also proposed encouraging new residents to bring friends or family for additional support during tours to establish Carmelita as also connected to their support system outside the house.

Daily Routine and Therapeutic Programming

Residents described their typical days at Carmelita House as structured yet flexible. They engage in various activities such as group sessions, walks, cooking classes, and outings to the store. Meals are often communal, and evenings may include movie nights or engaging in personal hobbies like reading or watching TV. They follow a structured daily routine with morning groups, therapy sessions, walks and evening activities such as cooking classes, sewing, yoga, and AA meetings. Activities are announced in morning groups. The daily schedule is written on a whiteboard in a common space, and residents are given planners.

Residents participate in a wide range of activities, including yoga, creative writing, acupuncture, and cooking classes. Their top-rated activities include massage therapy, cooking, and NADA acupuncture. Some expressed excitement about future excursions like visiting the farmer's market and suggested group trips to the gym. However, certain activities, like breathwork exercises, are avoided by some due to personal limitations. The flexibility of the programming allows residents to exercise autonomy and decline activities that don't resonate with them.

Somatic-centered therapeutic programming is a key focus of Carmelita House programming. The onsite therapist has incorporated acupuncture into the therapeutic programming at Carmelita House, and it has been a form of healing widely embraced by residents. The sessions are facilitated by the onsite therapist who has over a decade of experience offering acupuncture in group contexts. The acupuncture

protocol implemented draws from the NADA (National Acupuncture Detoxification Association) technique, involving the insertion of five small needles into specific points in the outer ear.

“...one of their favorite interventions, and I think a lot of that is because it doesn't involve them having to, it's very passive....they just have to receive it...The lives the women live here is very busy, always taking appointments, and acupuncture is the main activity where they don't have to do any work.” - Staff

Even those who entered with hesitation frequently found themselves becoming "more open" as sessions unfolded. With 90% of residents eagerly partaking, residents reported the experience evoked a sense of "strength and silence," allowing them to enter a state of stillness and inward focus aided by soft music or reading materials during the session. The sessions represented a chance to simply receive and allow themselves to wholly relax without any additional effort required. The physiological and psychological impacts described by residents highlighted acupuncture's capacity for inducing a calm, focused state. Many articulated feelings of relaxation, both mental and physical, with observed benefits like reduced cravings and anger. For some, the sessions facilitate a profound inward journey, cultivating greater self-compassion, peace and ability to inhabit safer emotional zones. Residents widely characterized the experience as soothing and grounding.

While generally positive, a few residents mentioned adverse effects like dizziness, discomfort, or an overwhelming sense of sleepiness that could linger for an extended period after the session. However, these responses were outnumbered by depictions of acupuncture as "very relaxing" and even "life-changing" in gaining a sense of self-control and guidance. This aligns with Carmelita House's trauma-informed approach, providing a safe space for residents to mindfully inhabit their bodies through guided somatic experiences within a supportive community.

“I feel calm. 'cause sometimes, ever since getting sober, I find myself a little angry because I actually have to confront my feelings now...but I just feel calm and I think that maybe they help with my cravings a little bit..” - Resident

BENEFITS OF HUMAN CENTERED PRACTICES

Open-door Policy

Carmelita House sets itself apart from similar programs with its open-door policy and flexible timeline. This means that if a resident must leave due to substance use or breaking an “immediate denial of service” rule, they are given multiple opportunities to return to the house after taking the necessary steps to stabilize themselves. Typically, this involves going through a substance use treatment program or working with their recovery coach. The current system of accountability is a 30-day period three-strikes rule. If a resident receives three written warnings within a 30-day period, the fourth warning results in an immediate denial of service. However, warnings are only kept on record for 30 days.

The impact of this policy is evident in the supportive community it fosters. The open-door policy reflects the belief that healing isn't always straightforward. Staff understand that residents may stumble, relapse, or break rules, and this policy provides space for them to navigate these challenges without losing their main source of support and stable housing. It allows residents to fully engage in their healing journey, with staff providing continuous support through ups and downs.

Moreover, the open-door policy allows for "aftercare." Even after graduating from the program, residents can still attend therapy sessions, join group activities, and come back for family-style dinners. This reinforces the sense of safety cultivated during their time at Carmelita and acknowledges the potential distress a sudden cut-off of support causes for those with a history of trauma. The Carmelita house ethic is they will never exit someone to homelessness or an unstable situation. Overall, Carmelita House is committed to never leaving someone without support or housing, even if they continue to struggle with rule violations or substance abuse. Staff will ensure residents have access to support and housing, even if they can't stay at Carmelita House.

Open-ended timeline - "However long recovery takes"

The open-ended timeline at the program means there's no fixed graduation date for residents. The positive impact of this policy has been seen mostly on community building and the healing process. This open timeline provides residents with ample space and time to foster a close-knit community, where everyone cares for, respects, and supports each other. Staff actively encourages residents to discuss with other residents their challenges with sobriety, finding housing, and healing from trauma. This approach also influences conflict resolution and mediation. Knowing they can stay long-term motivates residents to invest in building a strong community. Staff can schedule processing groups and ensure everyone's voices are heard. They understand the need to resolve tensions and coexist harmoniously. Residents are given time to understand each other, identify triggers, and learn coping mechanisms. If resolving issues takes time, they're supported in building lasting relationships.

"I haven't participated in other SLES [programs] before. But I often hear about like, there's fighting and there's this, and there's drama and there's so and so doesn't like so and so, and don't get me wrong, right. It a hundred percent happens here. Mm-Hmm. It is the way that we manage those...occurrences or problems in the home that I think is significantly different....I would say in general because the open door policy, we have a really strong bond. And so the goal is always like, we are a family and we all care for each other. We respect each other. Everybody looks out for each other." – Staff

The open-ended timeline at Carmelita also accommodates the time needed to navigate the system. Since the women have stable housing, they're not prioritized for housing vouchers. This means that if their main goal is to secure a job and a housing voucher, they must work within both their own timeline and the county's schedule. Moreover, there are many smaller steps involved in achieving these goals, such as managing finances, building credit to be applicable for housing, and learning essential life skills like cooking and grocery shopping in order to maintain healthy independent living. Carmelita's flexible timeline acknowledges and addresses the typical challenges associated with BHRS case management.

The flexibility in their timeline allows residents to relax and focus on healing without constantly worrying about their next steps. They can settle into the house and prioritize trauma recovery rather than being in survival mode. However, this flexibility may also lead to minor anxiety about transitioning out of the house. Residents appreciate the support structures at Carmelita but may feel nervous about what comes next when they do not have those structures in place. Additionally, the level of flexibility compared to other programs can cause some confusion. Overall, the open-ended timeline provides space for residents to relax, heal, and build meaningful relationships.

Individualized Care and Attention to Personal Growth

Carmelita House customizes goals and support levels for each resident based on their individual needs, which is crucial for a trauma-informed approach. A key strength of the program is their approach to teaching through "modeling," which means they are aware that residents are looking to the people around them to also learn how to live and take care of themselves.

This modeling approach is a critical part of Carmelita’s success in teaching residents essential life skills. Success at Carmelita is measured not just by housing, but also by residents' personal development and acquisition of life skills such as budgeting, scheduling, and technology use.

CARMELITA HOUSE STAFFING

Relationships with Staff

Residents at Carmelita expressed positive relationships with staff, feeling comfortable approaching them. They described the staff as upbeat, approachable, and like a little family. Staff members prioritize fostering open communication and relationships with residents. Residents appreciate the respectful communication and open-door policy, feeling at ease discussing various issues with staff.

Residents appreciate staff availability, and they value informal communication opportunities with staff during downtime, meals, and activities. Staff strive to bridge the gap between residents' experiences at Carmelita House and their relationships outside, ensuring holistic support. Residents value staff members' respectful and attentive communication style, which allows space for negative emotions and regular check-ins. Having staff onsite and their willingness to engage fosters strong relationships over time.

Full-time Trauma Therapist

Residents expressed significant benefits from the accessibility and proximity of having an onsite therapist. The full-time trauma therapist plays a crucial role in delivering trauma-centered group and individual therapy sessions. They are responsible for providing talk and EMDR therapy, as well as coordinating somatic-centered therapeutic programming. The presence of an onsite therapist and trauma centered healing activities were some of the most often named reasons that made residents want to stay at Carmelita. Eliminating the need to travel for therapy sessions reduces barriers and frustrations, particularly for those grappling with depression. Residents appreciate being able to express themselves freely to the therapist, who offers empathy and support, sometimes even doing walking therapy sessions.

“I could come in and express myself to her and she'll go for a walk with me or we'll talk. And it's just, it's really helpful to just express myself and get everything out. Off my shoulders. And she made me feel better when I talked to her about things as well.” – Resident

“I suffer from depression. So the faster that I act on...getting help, the better. And it's just really easy to...have somebody on site. Because sometimes having to travel to an office, I've turned around and gone home. Because I'm like, I don't want to do this. I don't want to take all this time and do all this stuff. But, knowing that at minimum I have one day a week where I can talk to somebody.” Resident

While Carmelita House offers a rich array of therapeutic programs, there are limitations to its 50-minute weekly therapy sessions guaranteed for each resident. Some residents want more frequent therapy sessions or an extra therapist to discuss daily issues that come up during the week. They propose having additional shorter check-in sessions throughout the week to better address their needs.

Full-time Peer Support Specialist

The peer support specialist role is designed for an individual with lived experience in recovery to serve as a positive role model and support the other residents in their healing journeys. The person in this role receives training, mentoring, and a monthly stipend in addition to free rent and utilities. Living full-time

at Carmelita House alongside other residents, the peer support specialist actively engages in talk therapy with the onsite therapist and participates in various house activities.

Affectionately deemed the "house mother," the current peer support specialist has emerged as an integral figure within the communal fabric of Carmelita House. In interviews, residents consistently highlighted the "house mother" as one of the most helpful and important people in their experience. Her main responsibilities encompass providing daily support to residents through informal mental health support (open availability to talk), teaching essential life skills like cooking and laundry, managing the house during weekends, mediating conflicts among residents, and ensuring the overall smooth operation of the household. Additionally, she started a daily spiritual grounding group in the mornings which has become an additional space for fostering a deeper sense of community.

"she stays here, so she's always there to talk and she really just made me feel better. I even told her like, she makes me happy, she makes me feel better. She listens and. And she don't put people down or anything." - Resident

Residents express overwhelmingly positive feedback about the house mother, praising her open-door policy and non-judgmental presence. They appreciate her ability to listen without criticism, offer practical advice on establishing routines, and engage in meaningful discussions about sobriety and life experiences. The house mother's role is essential to creating the warm, welcoming atmosphere at Carmelita House. As someone living in the home with her own recovery experience, she embodies the program's principles and serves as a model for others. Through her consistent presence, especially during weekends, and compassionate mentorship, she contributes significantly to the communal bonds that make Carmelita House feel like a supportive environment for healing.

Part-time House Manager – Catholic Charities employee

The part-time house manager, equipped with specialized training in trauma despite not being a clinical therapist, plays a multifaceted role in overseeing the daily operations and community dynamics at Carmelita House. As the Senior Program Director for Catholic Charities supervising multiple programs, their responsibilities at Carmelita include managing the physical property, enforcing house rules and guidelines, conducting intake for new residents, collaborating with the therapist on programming, leading off-site excursions, and documenting incidents.

The current house manager's impact extends beyond these logistical and maintenance duties. Residents frequently referred to her as an important and supportive presence. She engages with residents as peers and community members while also maintaining authority to establish boundaries and uphold rules. She fosters a sense of autonomy by approaching Carmelita House not merely as a sober living environment but as the residents' home, empowering them to shape their living space to meet their needs to feel the most comfortable and safe.

Residents expressed appreciation for the house manager's respectful demeanor, dependability in getting things done, and willingness to advocate on their behalf, such as writing letters to probation officers. Her role in assisting with essential tasks like grocery shopping, which can be challenging given Carmelita's remote location, further positions her as a compassionate friend rather than merely the house manager to residents.

The house manager walks a delicate balance of showing care and warmth towards residents, while also being the authority figure who must uphold rules at times. She has an open-door policy and regularly makes time for casual check-ins about residents' daily lives, frustrations, and victories. This nurturing yet structured approach has established her as another supportive "house mother" figure. Through this blended approach of compassionate leadership and logistical support, the house manager reinforces the program's trauma-informed, community-oriented culture.

Part-time MSW Intern

The part-time MSW intern, who began in August 2023 and will conclude her internship in May 2024, works under the supervision of the onsite therapist. She conducts therapy sessions with individual clients, leads therapy groups, and engages in outreach and recruitment activities. Additionally, she assists in connecting women to various resources and occasionally provides support in case management, such as helping a resident navigate anxiety related to court appearances and communicating with their case manager.

Despite being in a learning phase as an intern, her proficiency in Spanish is a valuable asset at Carmelita House. As one resident's first language is Spanish, the intern also offers translation services and conducts therapy sessions in Spanish for this resident. Her presence underscores the need for improved language accessibility at Carmelita House, a role that will need to be addressed once her internship concludes.

Conclusions & Recommendations

Overall, the surveys and interviews conducted at Carmelita House revealed several common themes that underscore the program's effectiveness in providing trauma-centered support and fostering a supportive community environment. Firstly, the presence of dedicated staff members, including a full-time trauma therapist, a peer resident support specialist, a part-time house manager trained in trauma, and a part-time MSW intern, play a crucial role in meeting residents' diverse needs. The accessibility of on-site therapy sessions and the supportive presence of staff members contribute significantly to residents' sense of safety and well-being. The division of labor between therapy and operational roles is identified as a key strength, allowing for a balanced approach to care while maintaining confidentiality and accountability.

The welcoming experience at Carmelita House, characterized by inclusive activities and a supportive atmosphere, sets the stage for residents to engage in their healing journey comfortably. The open-door policy and flexible timeline further reinforce the program's commitment to providing continuous support and housing stability, even amidst setbacks or relapses. Additionally, the emphasis on individualized care and personal growth, coupled with the modeling approach adopted by staff, fosters a supportive learning environment where residents can acquire essential life skills and build meaningful relationships.

STUDENT WELLNESS AMBASSADOR PROGRAM (SWAP): A COUNTY-WIDE, EQUITY-FOCUSED APPROACH

PROJECT DATES: March 1, 2022-August 31, 2025

PROJECT BUDGET: \$1,648,000 over 3.5 years

PROJECT APPROVAL: The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the project on September 23, 2021. The Marin County Board of Supervisors approved this project on November 2, 2021.

PROJECT DESCRIPTION: A key recommendation in the school strategy of Marin County’s [Suicide Prevention Strategic Plan](#) is expanding peer supports as a way of breaking down stigma around help seeking and increasing mental health resources on school campuses across the county. Research indicates that School-based peer mentoring programs lead to positive outcomes for both “mentors” and “mentees” including fostering empathy and moral reasoning, connectedness to school and peers, and interpersonal and communication skills¹ and can improve mental health outcomes. These programs can also “help with transition points in participants’ lives. Mentees in middle school benefit from having an older student help them through the challenges of moving to a new school and the accompanying changes in social relationships that brings. High school mentors build personal skills and confidence that can help prepare them for their lives after high school.” This project aims to support students during these critical transition points and throughout their high school years by creating a centralized a county-wide approach to peer wellness programming.

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

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

¹ Geddes, 2016: [Los Angeles County Youth Mentorship Program](#)

order to develop, coordinate, implement, and improve policies and programs that will improve the mental health and wellbeing of students.”

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

An Equity-focused recruitment and engagement strategy: Student Wellness Ambassadors will be recruited from traditionally underserved communities to ensure that youth impacted by structural racism and other forms of discrimination and students for whom English is a second language are central to this project. CBO contractors with expertise and experience in working with Marin youth from underserved communities such as LGBTQ+, English language learners, and African American youth, will support recruitment and provide additional training and support to Wellness Ambassadors through an equity lens. CBO partners and Student Wellness Ambassadors will serve both as an advisory role for the overall project rollout and support sites to engage mentees from underserved backgrounds. Student mentees will be referred through wellness coordination systems (i.e. COST or Coordination of Services Team), teachers, CBO partners, or self-referral.

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

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

ESTIMATED NUMBERS TO BE SERVED: At the end of three and a half years, approximately 180 Student Wellness Ambassadors will be identified and trained across 16 school districts (LEAs).

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

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

LEARNING GOALS:

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

FY 22/23 OUTCOMES: Data was limited because SWAP Y1 2022/2023 focused on building and launching the program, including: establishing relationships between MCOE and the school SWA sites; setting up the SWA program; developing and implementing orientations and trainings for SWA site coordinators and SWAs; developing and implementing the evaluation data collection tools.

Four SWAP trainings/meetings for all cohort 1 sites during 2022-2023:

- 98% reported (n=54) they had been able to connect with people in a meaningful way
- Majority expressed knowledgeable and confidence in using information or skills gained from training/meeting in SWAP role
- 100% of SWA training participants (n=55) reported:
 - Everyone was encouraged to participate
 - Training/meeting materials were engaging
 - Trainer/facilitator was well prepared
 - Training/meeting went well
 - Glad I attended the training/meeting

Participants (n=12) expressed willingness to:

- Take action to prevent discrimination against people with mental health conditions: 91%
- Hang out with someone who had a mental health condition: 83%
- Actively and compassionately listen to someone in distress: 83%
- Seek support from a mental health professional if I thought I needed it: 67%
- Talk to a friend or family member if I thought I was experiencing emotional distress: 59%

CHANGES FOR FY 2024-25: There are no anticipated project changes.

INNOVATION COMPONENT BUDGET

Note: For Innovation Projects the budget is flexible between the years of the project but cannot exceed the total amount approved for that project by the MHSOAC either through the original approval or a subsequent addendum.

Program	FY23/24	FY24/25	FY25/26	Total
Older Adult Focused Innovation Project: Help@Hand	\$404,630			\$404,630
From Housing to Healing, Re-Entry Community for Women	\$478,117	\$499,145	\$510,093	\$1,487,355
Student Wellness Ambassador Program (SWAP): A County-Wide Equity-Focused Approach	\$466,500	\$499,350	\$91,750	\$1,057,600
<i>Admin/Indirect for INN is included in each Project Budget</i>				
Total	\$1,349,247	\$998,495	\$601,843	\$2,949,585

note: project total is \$2,355,300 including prior and future fiscal years

note: project total is \$1,648,000 including past fiscal years