



MONTEREY COUNTY
BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

Rainbow Connections

Final Innovation Project Plan

Table of Contents

Section 1: General Application Information & Innovation Regulation Requirement Categories	3
County Name	3
Project Title	3
Submission Date	3
Total Amount Requested	3
Duration of Project	3
General Requirement.....	3
Primary Purpose	3
Checklist of Required Approvals and Public Comment.....	4
Section 2: Project Overview.....	5
Primary Problem.....	5
Project Overview	8
Innovations Regulations and Innovative Component.....	9
Project Description	10
Systems Change: Capacity Building in Family and Community Environments	10
Family/Community-Based LGBTQ Specialist	12
Culturally Responsive Family/Community-Member Trainings.....	13
Systems Change: Capacity Building in School Environments.....	13
School-Based LGBTQ Specialists	18
Culturally Responsive Trainings for Students and School Personnel.....	19
Adapted PBIS Model: MCBH Continuum of LGBTQ Affirming Care for Learning Communities	19
Systems Change: A Collaborative Care Model	22
MCBH Rainbow Connections Integrated Care Team	23
Governance Structure	24
Rainbow Connections in Action.....	26
Estimated Number of Individuals Served	27
Population of Focus	28
Research on INN Component	28
Learning Goals / Project Aims	30
Evaluation or Learning Plan.....	30
Section 3: Additional Information for Regulatory Requirements	31
Community Program Planning Process.....	31
FY2022/23 MHSA Annual Update CPPP	31

Local Education Agency (LEA) Stakeholder Focus Groups 32

Demonstrated Demand for Rainbow Connection Services 33

MHSA General Standards 33

Cultural Competence and Stakeholder Involvement in Evaluation 35

Innovation Project Sustainability and Continuity of Service 35

Communication and Dissemination Plan 36

Contracting 36

Timeline 36

Section 4: INN Project Budget and Source of Expenditures 37

 Budget Narrative 37

 Personnel Costs 37

 Consultant Costs / Contracts 38

 Use of Reversion Funds 38

 Budget Tables 39

Appendix I: References 42

Appendix II: Presentation to County of Monterey Behavioral Health Commission 43

Appendix III: Minutes from County of Monterey Behavioral Health Commission approval hearing for
Rainbow Connections MHSA Innovation Plan 53

Section 1: General Application Information & Innovation Regulation Requirement Categories

County Name: Monterey

Project Title: Rainbow Connections

Submission Date: 5/5/2023

Total Amount Requested: \$7,883,562.86

Duration of Project: 5 years

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

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

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

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

Section 2: Project Overview

Primary Problem

The primary problem addressed through this Innovation Plan is the trauma and suffering experienced by LGBTQ youth as a result of systemic failures and gaps of knowledge occurring across family, school, and community environments. Despite advancements in public policy to protect LGBTQ rights and increasingly positive representation of LGBTQ persons in media, acceptance for many LGBTQ individuals often stops there. The struggle for acceptance in family, school, and community environments remains very real. For instance, a survey of 1,700 LGBTQ youth in California found only 21% have identified themselves as LGBTQ to their families at all, 36% rate coming out as LGBTQ to their parents as extremely stressful, and 29% of those who have shared their identity with their parents or family members were treated poorly. The same survey of LGBTQ youth in California found that 45% said their families ridicule those with LGBTQ identities¹. Their sense of feeling judged and shamed then also extends beyond the confines of their home environment. The 2022 Trevor Project survey found that nearly 2 in 5 LGBTQ youth in California reported living in a community that is somewhat or very unaccepting of LGBTQ people².

Adding to the pain and rejection felt by LGBTQ youth in the family and community environments, the school setting often fails to provide any respite. Two large-scale surveys of LGBTQ youth in California and Monterey County identified a host of concerning data points regarding the lack of affirming environments in school settings. At a statewide level, the HRCF's California LGBTQ Youth Report found that¹:

- 10% said all of their school staff are supportive of LGBTQ students
- 32% can be themselves at their schools as an LGBTQ person
- 5% feel they can be open about their sexual orientation with their teacher
- 13% are out as a transgender, non-binary, or gender-expressive person
- 28% have been threatened with physical violence as a result of their LGBTQ identity
- 50% have been teased or bullied in person, and 35% have been cyber-bullied based on their perceived or actual identity as LGBTQ
- 40% of transgender and non-binary persons are called by their affirmed name, and 21% are called by their preferred pronoun
- 30% have access to an on-campus supportive space such as a Gay Straight Alliance (GSA) Club

Locally within Monterey County, the California Healthy Kids Survey (CHKS) polled 9th-grade students from 2017-2019 and found that 56% of students who identify as straight reported feeling safe or very safe at school compared to the 40% of students identifying as gay. Similarly, when looking at instances of bullying and/or harassment, only 27% of cisgender-identified students reported having these experiences compared to 60% of transgender-identified students. Therefore, it is evident that at both

¹ Vincent Pompei. (2019). California LGBTQ youth report. *Human Rights Campaign Foundation*. <https://assets2.hrc.org/files/assets/resources/YouthReport-California-Final.pdf>

² The Trevor Project. (2022). National survey on LGBTQ youth mental health. *The Trevor Project*. <https://www.thetrevorproject.org/survey-2022/>

the state and local levels, school environments are lacking in their ability to support LGBTQ students on par with their straight, cisgender peers³.

The impacts of rejection in the family, school, and community environments are staggering and deadly. LGBTQ youth are dying by suicide, suffering from severe mental health conditions, and impacted with dangerous substance addiction at disproportionality high rates among their peer group across local, state and national levels. Research from the Family Acceptance Project (FAP) at San Francisco State University found that LGBTQ young people in highly rejecting families were more than 8 times as likely to attempt suicide, nearly 6 times as likely to report high levels of clinical depression, and more than 3 times as likely to use illegal drugs compared to their peers who reported no or low levels of family rejection⁴. In contrast, LGBTQ youth from highly accepting families were 3 times less likely to consider or attempt suicide, had significantly higher levels of self-esteem and overall health, and were much less likely to experience depression and have substance abuse problems⁵. In 2022, the Trevor Project conducted a national survey of LGBTQ youth and found that 45% seriously considered attempting suicide in the past year. And more locally in Monterey County, the California Healthy Kids Survey (CHKS) found that 60% of students who identify as gay or transgender experienced chronic sadness and feelings of hopelessness, while 40% of the gay respondents and 60% of the transgender respondents considered suicide.

To further evidence this problem of rejection experienced by LGBTQ youth and the negative impact it has on their health and well-being, two local youth clients shared their stories with MCBH. Their names are changed to maintain privacy.

- Max is a 15-year-old transgender male who attends a large public high school in his home community. As he walks across campus for his math class, his peers throw things at his head and whisper, “freak” and “you are not a real boy” as he passes. Upset and highly anxious, Max arrives tardy to class, and as Max settles into his seat, his teacher calls him by his birth name, Becky, stating, “I’m calling you Becky since this is what is on your school record.” Feeling humiliated and insignificant, Max wonders to himself if anyone would care or notice if he ended his life.
- Vivian, a 13-year-old Latina female, identifies as lesbian and has just started dating her first crush, Carla. When Vivian comes out as lesbian to her parents, who are Catholic and very active in their church, they tell her she is going to Hell and that she is an embarrassment to the family and the church. They insist that Vivian stop dating Carla immediately and that she keeps her lesbian identity a secret from everyone in the church and from her extended family. Overcome with shame and depression from being rejected by her family, Vivian starts engaging in self-harming behavior to cope with her emotional pain.

³ The California School Climate Health and Learning Surveys. (2019). CHKS gender identity and sexual orientation-based harassment module. *California Department of Education*. <https://calschls.org/>

⁴ Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346–352. <https://doi.org/10.1542/peds.2007-3524>

⁵ Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of child and adolescent psychiatric nursing: official publication of the Association of Child and Adolescent Psychiatric Nurses, Inc*, 23(4), 205–213. <https://doi.org/10.1111/j.1744-6171.2010.00246.x>

Experiences like Max’s and Vivian’s are occurring daily throughout our community. While some support resources are available in Monterey County, the reach and impact are currently minimal, and the lack of support in many schools, communities, and families overshadows these efforts.

Adding to the concern about the rejection of LGBTQ youth and the associated negative consequences thereof is the reality that more and more youth are identifying as LGBTQ and doing so at younger ages. Over the past four decades of the information age and the emergence of social media, LGBTQ young people have increasingly seen positive media representations of LGBTQ people and advances in public policy, such as marriage equality, that have enabled youth to self-identify as LGBTQ at much younger ages than were unimaginable for older generations of LGBTQ adults⁶. One of the first population-based studies of LGB youth (1986-87) found that 1.2% of youth identified as bisexual or predominantly homosexual⁷, compared with 14.3% who identified as a sexual minority in a comparative state study from 2009-2017⁸, and 21% of young adults identified as LGBTQ in the most recent Gallup (2021) study⁹. It is critical data to consider that over the past 35 years, the rate of young people identifying as a sexual minority has not only significantly increased, but they are identifying at much younger ages than in prior decades.

This trend of youth identifying as LGBTQ beginning and occurring at such a young age impacts health risks and care needs across the lifespan because LGBTQ young people often experience an increased risk of ejection and removal from the home and placement in out-of-home care, homelessness, bullying, and harassment, substance abuse, and lack of access to affirming medical and mental health services when they are rejected or not supported by the environments around them due to their LGBTQ identities¹⁰. Whereas FAP has documented the critical need for family support and has generated evidence-based multilingual family guidance resources and the first family support model to help diverse families learn to support their LGBTQ children, they have identified that family support for LGBTQ children and youth have not been integrated into services for families with LGBTQ children and across systems of care^{10, 11}. The result of these trends is the problem of trauma and suffering experienced by LGBTQ youth because of systemic gaps in service delivery becoming significantly greater and increasingly underserved over time.

⁶ Glassgold, J. M., & Ryan, C. (2022). The role of families in efforts to change, support, and affirm sexual orientation, gender identity, and expression in children and youth. In D. C. Haldeman (Ed.), *The case against conversion “therapy”: Evidence, ethics, and alternatives* (pp. 89–107). American Psychological Association. <https://doi.org/10.1037/0000266-005>

⁷ Remafedi, G., Resnick, M., Blum, R., & Harris, L. (1992). Demography of sexual orientation in adolescents. *Pediatrics*, 89(4 Pt 2), 714–721.

⁸ Raifman, J., Charlton, B. M., Arrington-Sanders, R., Chan, P. A., Rusley, J., Mayer, K. H., Stein, M. D., Austin, S. B., & McConnell, M. (2020). Sexual Orientation and Suicide Attempt Disparities Among US Adolescents: 2009-2017. *Pediatrics*, 145(3), e20191658. <https://doi.org/10.1542/peds.2019-1658>

⁹ Gallup. (2021). In U.S., Estimate of LGBT Population Rises to 5.6%. <https://news.gallup.com/poll/350486/support-same-sex-marriage-new-high.aspx>

¹⁰ Glassgold, J. M., & Ryan, C. (2022). The role of families in efforts to change, support, and affirm sexual orientation, gender identity, and expression in children and youth. In D. C. Haldeman (Ed.), *The case against conversion “therapy”: Evidence, ethics, and alternatives* (pp. 89–107). American Psychological Association. <https://doi.org/10.1037/0000266-005>

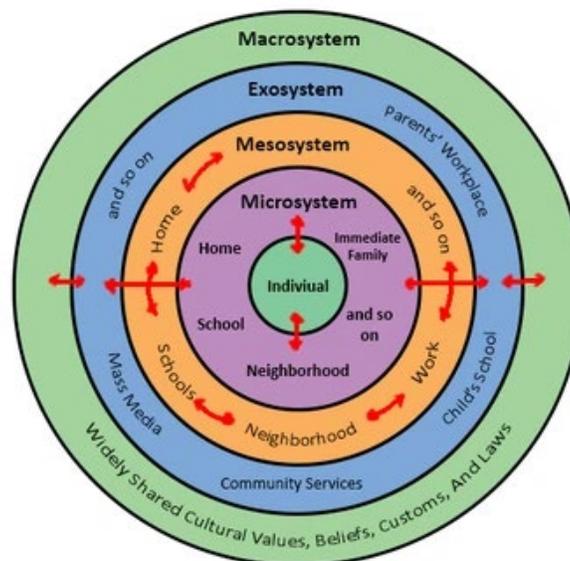
¹¹ Ryan, C. (2014). Generating a revolution in prevention, wellness & care for LGBT children & youth, *Temple Political & Civil Rights Law Review*, 23(2):331-344. https://familyproject.sfsu.edu/sites/default/files/documents/Ryanc_Wellness%2CPrevention%20%26%20Care%20for%20LGBT%20Youth-fn.pdf

There is an urgent need in Monterey County to bring LGBTQ-affirming training and education to the youth-serving systems, organizations, and support persons struggling to meet the complex and nuanced mental health and medical needs of LGBTQ youth. The data concerning the stigma and poor mental health outcomes of LGBTQ youth is consistent across local, state and national levels. More specifically, the existing services and supports for this vulnerable population often occur in silos, without a coordinated approach to support LGBTQ youth's mental health needs across the various environments youth are engaged with. This existing siloed approach then results in missed opportunities for prevention and early intervention and a failure at collaborative and integrated care. At the individual level, the consequences of this problem result in LGBTQ youth not feeling accepted in their homes, schools, and community settings because of how they identify as an individual. As a result, youth stress levels rise, ultimately resulting in disproportionately high and alarming rates of anxiety, depression, suicidal ideation, and suicide attempts. The proposed solution with this Innovation Plan is aimed at improving the outcomes of our Monterey County LGBTQ youth by changing our local awareness and creating an integrated approach to affirming care. This effort will require developing an efficient system for detecting the specialized needs of LGBTQ youth across the school, family, and community settings that are strongly anchored by culturally responsive specialized care navigation and coordination once the needs of the LGBTQ youth and family have been identified.

Project Overview

The microsystem of the LGBTQ youth includes the immediate environment of family, school, peers, and health services. In addressing the mental health needs of the whole child, it is essential to take a systems approach. The **Rainbow Connections project** will be grounded in Bronfenbrenner's Bioecological systems theory. This Bioecological Systems Theory provides a holistic approach, inclusive of all the systems children and their families are involved in, accurately reflecting the dynamic nature of family relationships and their impact on mental health and wellbeing¹².

FIGURE 1: BRONFENBRENNER'S BIOECOLOGICAL MODEL



¹² Hayes, N., O'Toole, L., & Halpenny, A.M. (2017). *Introducing Bronfenbrenner: A Guide for Practitioners and Students in Early Years Education* (1st ed.). Routledge. <https://doi.org/10.4324/9781315646206>

Through this project, MCBH aims to reduce risk and achieve positive mental health outcomes for LGBTQ children and youth. This will be accomplished by building and increasing capacity for those who care for LGBTQ youth to understand and affirmatively respond to the complex issues that LGBTQ youth experience, while also promoting a culture of greater acceptance and support across the systems and environments in which LGBTQ youth live, learn, and grow. This will not only require strengthening the knowledge base and skill sets of students, family members, teachers, and school staff, faith leaders, first responders and law enforcement, and the various healthcare and service providers touching these students' lives, but this effort must also increase interagency communication and collaboration for the systems and community-based organizations serving LGBTQ youth and their families. Currently, these youth are being inadequately served because of disconnected care coordination, poor communication between agencies, and lack of capacity and knowledge amongst behavioral health and physical healthcare providers to respond to the mental and medical needs of LGBTQ children and youth in an integrated, affirming, and culturally reflective manner.

The intention of the Rainbow Connections project is to establish and demonstrate the effectiveness of an LGBTQ Network of Affirming Care in Monterey County for our LGBTQ youth and their families. To be discussed further in the 'Project Description' section below, the key activities taking place to deliver services and promote interagency and community collaboration through the proposed multi-tiered interconnected approach can be summarized as:

- Comprehensive training provided to build internal capacity within Behavioral Health and across youth-serving systems and community stakeholder groups for providing affirming care for LGBTQ youth and their families.
- Coordination with the Monterey County Office of Education (MCOE) to link educators and other community stakeholders to training in LGBTQ affirming care and to develop a streamlined referral process for accessing continuum of LGBTQ Affirming Care.
- Coordination with a Community Based Organization (CBO), The Epicenter, to provide school and community outreach and LGBTQ youth mental health and wellness training and support in public schools across the county, including a streamlined referral process for MH services to MCBH for LGBTQ youth.
- Coordination with a CBO, Harmony at Home, to provide Bullying Prevention Programming and integrate the Welcoming Schools curriculum into the bullying prevention work they provide in local schools.
- Coordination with a CBO, Partners 4 Peace (P4P), and a research and training organization, the Family Acceptance Project (FAP), to provide culturally grounded parent/caregiver education and peer support for families of LGBTQ youth.
- Receiving consultation and training from and on FAP to increase local awareness, knowledge, and skills in serving the LGBTQ in the community and supporting their families.
- Engaging Primary Care to ensure that both physical and mental health care for LGBTQ youth are coordinated and fully address their potentially complex care needs.

Innovations Regulations and Innovative Component

This Innovation Plan will address the two general requirements of MHSa Innovations regulations, as specified per CCR, Title 9, Sect. 3910(a), of:

1. Introducing a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention; and

2. Making a change to existing practice in the of mental health field, including but not limited to application to a different population.

The new approach to the mental health system being introduced promotes interagency and community collaboration related to mental health services and supports the identified population of focus. In the case of the Rainbow Connection project, the new approach emphasizes capacity building, in terms of training and staffing, along with the creation of channels for interagency and community collaboration that support the identification of persons in need and the coordination of their care. This effort to create systems change then affords Monterey County the opportunity also to pilot a change to an existing practice in the field of mental health, which is the adaptation of the evidence-based Positive Behavioral Interventions and Supports (PBIS) for school environments to address the specific needs associated with LGBTQ youth. Following the successful implementation of this Innovation Plan, the collaborative systems-change approach and adapted PBIS model put forward here will function as a template for any other county seeking to improve the outreach, coordination, and delivery of services for LGBTQ youth.

Project Description

Rainbow Connections will use a systems approach to establish a county-wide network of providers that collaborate and interconnect to improve school climate and cultivate environments of belonging for LGBTQ youth at home, school, and in their communities that empower, value, and embrace diversity. The project has been designed to effectively identify the needs of LGBTQ youth and families, with a system developed to link them to culturally responsive, specialized services and supports. This will be accomplished through the provision of an adapted PBIS model serving LGBTQ youth and building the capacity to surround and support that model. Capacity is to be built by providing culturally responsive trainings to parents, school staff, health professionals, faith-leaders and community members, creating of an online access point to facilitate training requests and share resources, and creating dedicated staff positions and teams amongst MCBH and youth-serving organizations. Going further, accountability to stakeholder preferences and assurance of culturally competent practices will be supported by the formation of an oversight body consisting of various stakeholders that ensures implementation and evaluation activities adhere to the values and goals of this project.

Systems Change: Capacity Building in Family and Community Environments

Family and community environments significantly influence the development of LGBTQ youth. These environments are part of the youth's microsystem and directly impact their mental health and wellbeing. Families need psychoeducation specifically developed to increase understanding of the experience of their LGBTQ loved one, the impact that family rejection and support have on their child's mental health and wellness, and guidance on how to resolve conflict between their cultural and religious beliefs with having an LGBTQ child. Despite progress in mainstream awareness of mental health and wellness, stigma continues to surround mental health and LGBTQ issues. The level of stigma increases significantly when a family's strongly held and deeply ingrained cultural and/or religious values and beliefs also stigmatize mental health and LGBTQ identification. As a result of such complex stigma, it has been extremely difficult for Monterey County Behavioral Health (MCBH) to engage families of LGBTQ youth to attend trainings and learning opportunities offered by MCBH that could increase their knowledge and understanding of how to support their LGBTQ loved one. It is suspected that this engagement difficulty is in part due to MCBH being a governmental entity, which can, in some instances, create hesitancy and/or fear for families who do not want system involvement, who are embarrassed or ashamed of having a child that identifies as LGBTQ, and do not want to seek help in a public setting. Given this dynamic and the critical need to effectively engage our families, including the Spanish

speaking population, a community-based approach to providing this much needed psychoeducation will be necessary to create the conditions of a non-threatening learning environment for our diverse families.

To implement this family and community component of the Rainbow Connections project, engagement in partnership with two key organizations will occur: The Family Acceptance Project (FAP) and Partners4Peace (P4P).

The **Family Acceptance Project (FAP)** is a research, education, and intervention initiative that was established 20 years ago at San Francisco State University. FAP conducted groundbreaking primary research and developed the first evidence-based family support model to help racially, culturally and religiously diverse families learn to decrease rejection and health risks, including depression, suicidality, substance use and sexual health risks, and to increase family support and well-being for LGBTQ youth. FAP trainers are affiliate members of the National Child Traumatic Stress Network. FAP has shown how family rejecting behaviors are traumatic for LGBTQ children and youth and has integrated FAP's family support model into Trauma-Focused Cognitive Behavioral Therapy to foster recovery for LGBTQ children and youth who have experienced trauma^{14, 15}. FAP's research and family support work has been carried out with Latino and Anglo LGBTQ youth and families and has been applied with racially, religiously, and linguistically diverse LGBTQ children, youth and families, making FAP a culturally sound match for the farmworker communities of Monterey County. In addition, FAP's foundational research and early education work was carried out in Monterey County; this early work included the production of media radio narratives to help Spanish-speaking families to support LGBTQ family members.

FAP's family support model was designed to be implemented across systems of care and to be adjusted as needed and applied in schools, behavioral health, primary care, residential care, out-of-home care and pastoral care. Moreover, FAP's family support strategies and educational resources can be used in any setting to help decrease family rejection and increase support, including by families themselves. For example, FAP's *Healthy Futures* posters that teach about family accepting and rejecting behaviors on a single page are available online free of charge in four sizes and 11 language and cultural versions, including for Indigenous families with LGBTQ and Two Spirit children.

FAP's family support work, which is provided in the context of the family's cultural and religious backgrounds, has been recognized with multiple awards from national professional groups in the fields of counseling, medicine, nursing, psychiatry, psychology and social work, and from civic, LGBTQ, advocacy, arts and faith-based groups, including the Distinguished Scientific Contribution Award for groundbreaking research on LGBTQ youth and families from the American Psychological Association's Division 44. SAMHSA contracted with the FAP Director to write the first practice guidance publications on family support for LGBTQ youth and to provide training for their grantees. In addition, FAP has developed the first "Best Practice" resources for suicide prevention for LGBTQ youth included in the Best Practices Registry for Suicide Prevention. FAP Director Dr. Caitlin Ryan has provided education and training for more than 120,000 families, providers, and religious leaders on decreasing risk and promoting well-being for LGBTQ children and youth using FAP's family support strategies in all the

¹⁴ Cohen, A. J. & Ryan, C. (2021). Trauma-focused CBT and family acceptance project: An integrated recovery framework for sexual and gender minority youth. *Psychiatric News*, (6), 15-17.

<https://www.psychiatrytimes.com/view/the-trauma-focused-cbt-and-family-acceptance-project>

¹⁵ Ryan C. (2019). The family acceptance projects model for LGBTQ youth. *Journal of the American Academy of Child & Adolescent Psychiatry*, 2019, 58(10): S28-S29. <https://doi.org/10.1016/j.jaac.2019.07.123>

United States, in Spanish-speaking and other countries. This work is changing how families nurture their LGBTQ children and how services are provided across systems of care.

Partners 4 Peace is a local non-profit organization that has been working to develop strong families for the past 25 years and provides culturally relevant parenting classes virtually and in-person across Monterey County. As family acceptance plays such a vital role in the health and wellbeing of LGBTQ youth, it is essential that families have training, supports and resources available and accessible to them on how to support their LGBTQ child in a safe and non-stigmatizing setting to promote an environment of receptivity and optimal learning. Given that Partners 4 Peace has been collaborating with MCBH for the past several years through the School Climate Transformation Grant and more recently through the Mental Health Student Services Act (MHSSA) to implement parenting classes as part of ISF implementation, they are a natural fit and ideal agency to provide a *Rainbow Connections FAP Family Support Partner* to provide support for families with LGBTQ children. This work will be grounded in the FAP family support framework, research, and family support strategies.

Family/Community-Based LGBTQ Specialist

This component of the project will be supported through providing a new position (1.0 FTE) within P4P, a **FAP Family Support Partner**. The position will carry out the following activities and participant services:

- The Family Support Partner (FSP) is a peer specialist with shared lived experience who provides education, guidance and support for parents, families and caregivers who are raising a LGBTQ / gender diverse child. The FSP will have knowledge and experience in providing support for caregivers with LGBTQ / gender diverse children who experience emotional, behavioral, mental health, developmental or other health challenges. Their role is to support the family, help them to engage, advocate for and actively participate in obtaining services and care and make informed decisions to reduce their LGBTQ child's risk and to increase well-being and family connectedness.
- The FSP uses personal and professional life experience to provide consultation and coaching to increase awareness and improve parent/caregiver-professional partnerships and maximize parent/caregiver voice, choice, and involvement to decrease risk, increase well-being and connect LGBTQ youth and families to appropriate services, using principles of family support practice and competencies.
- Participates in FAP training and coaching to learn about FAP's family support model, how to provide FAP family support strategies, to talk about decreasing family rejecting behaviors and increasing family support in the context of the family's cultural and religious backgrounds and to use the evidence-based resources that FAP has developed to help families learn to support and affirm their LGBTQ child.
- Provides individual peer support to help diverse parents and caregivers to decrease family rejection and increase family support for their LGBTQ child in the context of their cultures and faith traditions.
- Assists parents and caregivers to obtain appropriate services and care for their LGBTQ child, address institutional barriers to meeting the mental health and medical needs of LGBTQ youth, address problems such as bullying and teach parents and caregivers how to advocate to meet their LGBTQ child's needs.
- Works with the FAP to develop content and address family support needs to conduct family support groups for parents and caregivers with LGBTQ children and youth in English and Spanish.

- Facilitates support groups for parents and caregivers with LGBTQ children and youth in English and Spanish.
- Connects parents, caregivers and LGBTQ youth with needed services and supports locally and online.
- Networks with other Rainbow Connections programs and staff to support linkages between programs that will serve LGBTQ youth and families.

Culturally Responsive Family/Community-Member Trainings

Beyond the FAP-informed trainings to be delivered through P4P described above, a series of FAP trainings will also be provided to support the family members, community members, and professionals who are responsible for the care of LGBTQ youth. This training series includes:

- **FAP Training for Faith-Based Leaders:** This training covers general FAP content with a focus on religious beliefs and values.
- **FAP-Trauma Focused (TF)-Cognitive Behavioral Therapy (CBT) Integrated Model Training for Mental Health Practitioners:** This training covers and expands upon the general FAP content with the inclusion of family and LGBTQ content within the TF-CBT model.
- **FAP General Mental Health Training for Professionals, Caregivers, and Community Members:** This is a general training of FAP information with specific content on assessment of family dynamics and culture, knowledge of sexual orientation and gender identity and reactions to their LGBTQ child and targeted psychoeducation to decrease family rejection and increase affirmation and support.
- **LGBTQ Youth Training:** This training may be provided to youth, families, community members and/or professionals, in either community or school settings. It will share information on how family rejecting and accepting behaviors impact the youth's health risks, self-esteem, sense of the future and well-being. It also covers how parents and caregivers learn to support their LGBTQ children, with guidance on increasing family support and access to resources and connecting youth with county services.

Systems Change: Capacity Building in School Environments

Locally, Monterey County schools have not integrated family support for LGBTQ students in the same manner as schools routinely have for parents and caregivers of students who have health and developmental needs. This has resulted in a significant gap in providing culturally grounded education, prevention, and early intervention services for diverse families about sexual orientation, gender identity and expression as part of normative child development. Early education and guidance for families about their child's sexual orientation, gender identity and expression can prevent serious health risks related to family rejection and normalize their child's experience before many parents learn about their child's LGBTQ identity. The need for family support is underscored by the current mental health emergency among children and youth, and the growing body of research on family acceptance of LGBTQ youth as a

key protective factor^{16, 17, 18}. For example, in a forthcoming qualitative study of racially diverse LGBTQ youth on knowledge and services related to increasing family support, youth said that schools are their primary sources of support, and yet schools also do not provide needed information or resources to help them deal with their families¹⁹. Moreover, all youth in the study asked for help to interact with their families and for resources to help them to decrease family rejection and to increase family acceptance and support.

Additionally, while there are some school districts in Monterey County that are actively working to cultivate safe and inclusive learning environments within their schools for LGBTQ students, there remains a serious school climate issue in schools with LGBTQ students feeling unsafe at school and being the targets of bullying and harassment because of their LGBTQ identities. For LGBTQ youth, the chances of experiencing bullying are much higher than for youth in the general population²⁰. This is evident in the CHKS data, which confirmed higher rates of bullying and harassment of LGBTQ students in comparison to their heterosexual and cisgender peers, which directly and negatively impacts mental health and overall wellbeing. Although many school sites in Monterey County have begun to address the issue of bullying with bullying prevention programs, there is a deficit of information and a lack of inclusion of prevention efforts that specifically address LGBTQ youth. To have sustainable impact, addressing bullying and harassment in schools requires a systems approach using a model of training in prevention to increase capacity, along with intervention and postvention support to address problems or incidents. Currently, there are no schools in Monterey County implementing bullying prevention curriculum specifically focused on addressing bullying and harassment of LGBTQ youth. Without targeted focus to improve this ongoing problem in our school system, the problem will persist and inevitably worsen.

For the past eight years, MCBH has been working in close collaboration with the Monterey County Office of Education (MCOE), multiple Monterey County school districts and various community agencies to implement an Interconnected Systems Framework (ISF) that integrates mental health into Positive Behavioral Intervention and Supports (PBIS) implementation efforts at school sites across the county. As PBIS is an evidence-based, three-tiered framework that uses data and teaming to make decisions to determine the level of behavioral support and intervention needed, ISF enhances the PBIS framework to include mental health services and supports while also including community-based mental health providers in the teaming process at the school sites. Community provider inclusion allows for their added expertise to assist in determining level of need and what community resources are available to meet the need(s), once identified. Within the PBIS and ISF frameworks, all members of the learning

¹⁶ Glassgold, J. M., & Ryan, C. (2022). The role of families in efforts to change, support, and affirm sexual orientation, gender identity, and expression in children and youth. In D. C. Haldeman (Ed.), *The case against conversion “therapy”*: Evidence, ethics, and alternatives (pp. 89–107). American Psychological Association. <https://doi.org/10.1037/0000266-005>

¹⁷ Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, *123*(1), 346–352. <https://doi.org/10.1542/peds.2007-3524>

¹⁸ Ryan, C., Barba, A., & Cohen, J. (forthcoming). Family-based psychosocial care for transgender and gender diverse children and youth who experience trauma. *Child and Adolescent Psychiatric Clinics*.

¹⁹ Matarese, M., Weeks, A., Warner, S., Ryan, C., & Greeno, E. (2022). LGBTQ youth speak out about needs related to information and resources to increase family support. School of Social Work, University of Connecticut.

²⁰ Russell, Stephen & Kosciw, Joseph & Horn, Stacey & Saewyc, Elizabeth. (2010). *Social Policy Report: Safe Schools Policy for LGBTQ-students*. *Child Development*. 24.

community have access to three tiers of supports and services, depending on level of need. This tiered framework is what allows for a comprehensive and tailored response to intervention.

The MCBH Services to Education Program currently serves 23 school districts in the county as a contracted mental health provider and has clinical and support staff in 120 schools across the county, serving students in both Special Education and General Education through a variety of funding streams. The program has been using ISF to implement a highly successful service delivery model, the MCBH Continuum of Care for Learning Communities, over the past several years which aligns with the PBIS framework and provides three tiers of services and supports:

- **Tier 1** - universal/prevention supports address the mental health and wellness of learning communities and includes an array of mental health trainings for capacity building.
- **Tier 2** – supports offer skills building social emotional groups.
- **Tier 3** - services are provided 1:1 when intensive intervention, services and case management are needed to stabilize students due to high acuity mental health conditions.

This MCBH service delivery model is accessible through referrals to the MCBH clinician serving the school site from the student's school PBIS/Coordination of Services Team (COST) team or Individualized Education Plan (IEP) team. The interagency collaboration that is required for implementation of this service delivery model has increased and deepened cross-systems communication and partnerships with school staff and community-based organizations serving the schools, resulting in an effective and efficient single service delivery model for students in need of MCBH services and supports. While the current service delivery model has been instrumental in improving the delivery of mental health services and supports for youth and their families in learning communities across Monterey County and has increased cross systems collaboration, it focuses primarily on the general population of students and does not specifically address the specialized needs of LGBTQ youth and their families.

As shown in Figure 2 below, the MCBH Continuum of Care for Learning Communities provides the following mental health services and supports in all three tiers of the PBIS framework:

FIGURE 2: “MCBH CONTINUUM OF CARE FOR LEARNING COMMUNITIES” PBIS FRAMEWORK



There is a desire by MCBH, Monterey County school districts and Monterey County community stakeholders, to modify and tailor MCBH school-based programming to better serve the nuanced needs of the LGBTQ student population. Many educators, administrators, and providers lack training and expertise in addressing specific mental health issues that are impacted by a student's sexual orientation, gender identity and expression, and yet remain in the position of serving them despite a significant lack of cultural competency and understanding in this area. In response to this gap in knowledge and understanding of LGBTQ issues impacting students, staff and families, MCBH and stakeholders began considering the implementation of an *MCBH Continuum of LGBTQ Affirming Care for Learning Communities* model, which is an adaptation to, and enhancement of, the existing MCBH Continuum of Care for Learning Communities currently accessible to all school districts across the county through established Memorandums of Understanding with MCBH as a contracted mental health provider. These stakeholder inquiries and conversations were a foundational piece into developing the Rainbow Connections Innovation Plan.

The Rainbow Connections project will provide county-wide access to the MCBH Continuum of LGBTQ Affirming Care for Learning Communities by leveraging the existing partnerships among Monterey County Behavioral Health (MCBH), the 24 Local Education Agencies (LEA's) in the county and Monterey County Clinic Services (MCCS), as well as the existing MHSA agreements that MCBH holds with 3 local LGBTQ allied community-based organizations currently serving the schools, which are Partners 4 Peace, The Epicenter and Harmony at Home. The project will center schools as a nexus point for connection and coordination of care, providing a unique opportunity and an innovative approach to serving the needs of LGBTQ youth and families by interconnecting and building on existing partnerships among service providers to the schools while aligning with PBIS and ISF implementation efforts. The MCBH Continuum of LGBTQ Affirming Care will integrate prevention and intervention services and supports across home, school and community settings while leveraging the existing partnerships that MCBH has developed in collaborative work with MCOE through the School Climate Transformation Leadership

Team with implementing ISF in multiple school districts across the county. The School Climate Transformation Leadership Team is the collaborative that serves as the governing body for ISF implementation and consists of stakeholders from MCOE, MCBH, multiple Monterey County school districts and a variety of other county and community agencies who hold decision making authority in their respective positions. As the proposed project grows and develops, the sharing of information and resources available for our LGBTQ youth and their families will have the ability to ripple out to learning communities across the county in a meaningful and impactful way.

In addition to MCBH efforts, partnership with Harmony at Home and the Epicenter is needed to implement this school integration component of the Rainbow Connections project.

Harmony at Home serves 58 schools across the county and has expertise implementing bullying prevention curriculum while also providing individual and group counseling for youth experiencing trauma. MCBH Services to Education clinicians collaborate closely with Harmony at Home mental health staff and serve on PBIS and Coordination of Services Teams (COST) together and in many instances attend the same meetings to discuss students in need of services and supports. Through this innovations project, Harmony at Home will provide a *Rainbow Connections Bullying Prevention Specialist* to support the implementation of Welcoming Schools, a LGBTQ inclusive bullying prevention program developed by the Human Rights Campaign. Welcoming Schools curriculum provides comprehensive LGBTQ and gender inclusive professional development training, lesson plans, booklists and resources specifically designed for K - 12 educators and youth-serving professionals that assists in building skills on best practices for intervening and responding when LGBTQ students are the targets of bullying and harassment. In adopting the Welcoming Schools program, Harmony at Home will expand their existing bullying prevention program that is currently being provided in 10-12 Monterey County schools so that this important information will be incorporated into their programming. In addition to implementing the Welcoming Schools program, the Rainbow Connections Bullying Prevention Specialist will provide social emotional groups for LGBTQ students at up to 5 schools per year when there is a need identified, as well as provide 1:1 support for LGBTQ students when they are experiencing a mild to moderate mental health problems related to bullying and harassment they are experiencing at school.

The **Epicenter** is a non-profit organization that serves youth ages 16-24 by connecting them to community resources that provide opportunities for equity and hope in order to improve outcomes in Monterey County. Currently, The Epicenter services an MHSA PEI agreement with MCBH to provide a TAY and LGBTQ resource and wellness clinic at their Salinas location. The Epicenter will provide a *Rainbow Connections Wellness Outreach Coordinator*, who will provide outreach at various school sites across the county and deliver presentations on mental health and wellness at Be Yourself Clubs/Gay Straight Alliance Clubs meetings and other school events to raise awareness on mental health and stigma while also providing information on resources available through the Rainbow Connections program and other LGBTQ supports and services in Monterey County. Additionally, the Rainbow Connections Wellness Outreach and Engagement Coordinator will serve as a resource for school sites needing training and technical support in developing safe inclusive spaces at school so that LGBTQ youth can experience belonging, support and connectedness. The Epicenter will be a resource for school districts, parents, caregivers, and community providers , providing linkage to the MCBH Continuum of LGBTQ Affirming Care when there is a need for specialized services and supports and will host trainings and professional development opportunities in collaboration with MCBH in the school setting, with the goal of increasing cultural competency in service provision to LGBTQ students and their families, while also providing a much-needed resource for school districts.

School-Based LGBTQ Specialists

This component of the project will be supported through providing a new position (1.0 FTE) within Harmony at Home and a new position (1.0 FTE) within the Epicenter. The positions will carry out the following activities and participant services:

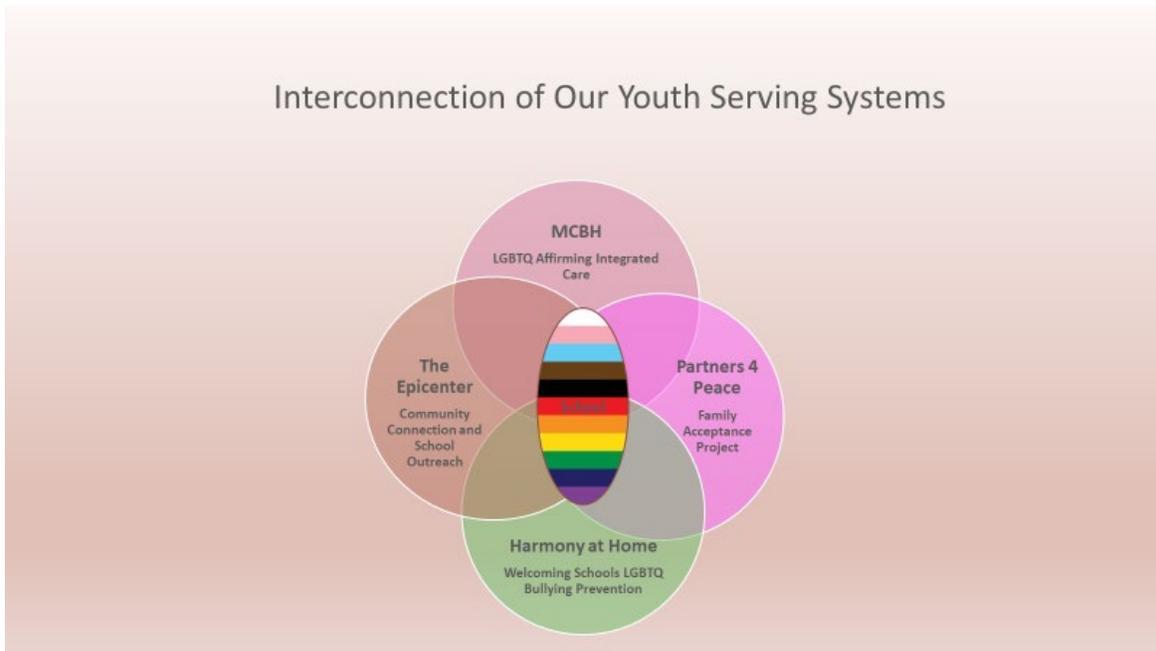
- **Harmony at Home - Rainbow Connections Bullying Prevention Specialist (1.0 FTE)**
 - Provide school staff training in Welcoming Schools Curriculum year-round at designated school sites
 - Help create, coordinate, and facilitate a Student Led Assembly to the entire student body driven by LGBTQ students from the Be Yourself Clubs on campus, and any other students interested in participating
 - Remain present on campus for the full school day to provide support with on-the-spot interventions, classroom meetings, de-escalations, teacher coaching sessions, expert resource regarding bullying prevention and harassment of LGBTQ students
 - Provide consultation and 1:1 support for school staff and/or providers to support and advocate for LGBTQ students that are the targets of bullying and harassment because of their identities.
- **Epicenter - Rainbow Connections Wellness Outreach and Engagement Coordinator (1.0 FTE)**
 - Conducts regular and routine training and outreach to the Be Yourself Clubs and at district and community outreach events at schools across all regions of the county to provide information on mental health services and supports available through Rainbow Connections and other LGBTQ resources
 - Leads the Rainbow Connections LGBTQ Youth Wellness Campaign to include facilitation of a county-wide Rainbow Connections LGBTQ Student Wellness Logo contest, ordering of Rainbow Connections promotional materials/swag and distributing at outreach events and school site visits throughout Monterey County
 - Coordinates and co-facilitates LGBTQ training offerings on LGBTQ Best Practices in collaboration with MCBH at school sites across Monterey County
 - Provides training and technical assistance on the establishment and development of Gender Sexuality Alliance (GSA) Clubs and Be Yourself Clubs and manages county-wide Be Yourself Club/Gender and Sexuality Alliance online registry for public access on The Epicenter website
 - Provides districts, parent(s)/caregiver(s), and community providers with access and linkage to MCBH Continuum of LGBTQ Affirming Care for Learning Communities
 - Develops and maintains content for Rainbow Connection program offerings on The Epicenter website and on social media accounts, advertising program at least once monthly throughout the life of the project.
 - Develops Rainbow Connections resources and materials that can be used by schools to support LGBTQ youth and allies.
 - Facilitates quarterly LGBTQ Professional Learning Community meetings in collaboration with MCBH to maintain and expand partnerships with LGBTQ youth serving agencies and community-based organizations in the tri county area (Monterey, Santa Cruz, and San Benito Counties) and Greater Bay Area, and to build strong networks for information sharing.
 - Serve as a resource for the community on best practices, national trends and needs in the areas of identity development, diversity, access, and inclusion.

Culturally Responsive Trainings for Students and School Personnel

In addition to the trainings offered through The Epicenter and Harmony at Home, capacity building in school environments will also be supported through a series of FAP-led trainings in school settings and for organizations interfacing with schools, such as those working in areas of mental health, child welfare (inclusive of MCBH FAST Team clinicians who work with child welfare agencies), juvenile justice and homeless services. These school-based trainings offer an overview of the emergence of LGBTQ children and youth, the critical role of families, accepting and rejecting behaviors and their impact on risk and well-being, FAP framing and education strategies to decrease rejection and increase family support.

The school integration component of this project will result in a robust interconnected youth serving system, as represented in Figure 3 below:

FIGURE 3: INTERCONNECTING YOUTH SERVICES THROUGH SCHOOLS



Adapted PBIS Model: MCBH Continuum of LGBTQ Affirming Care for Learning Communities
Specialized services and supports within the MCBH Continuum of LGBTQ Affirming Care for Learning Communities model have been adapted from and organized in alignment with the 3 Tiers of the PBIS framework. This continuum provides culturally responsive services and supports for LGBTQ youth, their families, school staff and administration, as well as access to community resources and coordinated care with medical providers. The scope and activities within the 3 tiers are as follows:

- **Tier 1:** training activities aim to build capacity and a foundation of knowledge and cultural understanding for school staff and administrators, parent(s)/caregiver(s), behavioral health and healthcare providers and other Monterey County agencies and organizations serving LGBTQ youth, such as child welfare, juvenile probation, first responders and law enforcement, and Mobile Response Team (MRT). These educational opportunities include:
 - o **Gender Affirming Care:** Participants learn the medical aspects of gender affirming care. Topics include basics of gender, concepts, and terminology, as well as barriers to care

which can include discrimination, intersectionality, and trauma. Participants also learn how to cultivate gender affirming environments and systems as well as hormones, puberty blockers, and gender affirming surgeries.

- o **Family Acceptance Project:** Participants learn about the critical role of family support in reducing health risks and increasing well-being for LGBTQ youth; strategies for helping parents and caregivers to decrease family rejecting behaviors that contribute to increased health risks for LGBTQ adolescents, including suicidality, substance abuse, depression and HIV and family conflict that leads to placement in child welfare, juvenile justice settings and ejection from the home and to increase family supportive and accepting behaviors that help protect against risk and promote well-being; providing family support in the context of the family's cultural and religious beliefs; and using FAP's family education resources that help diverse families to support their LGBTQ children.
 - o **Legal Protections for LGBTQ Youth:** Provides participants with information on the experiences of LGBTQ youth in public schools, medical privacies, review of California Healthy Kids Survey Data on students who identify as LGBTQ, Right to Privacy & Non-Discrimination in School, Gender Identity, Gender Expression & Student Rights, Seth's Law is also reviewed
 - o **LGBTQ Best Practices:** LGBTQ terminology, statistics, risk factors and issues impacting the mental health of LGBTQ students and families. Strategies for cultivating an inclusive learning environment will be explored along with practical best practices and community resources for serving LGBTQ students and families.
 - o **Welcoming Schools LGBTQ Bullying and Harassment Prevention and Intervention:** provides comprehensive LGBTQ and gender inclusive professional development training, lesson plans, booklists and resources specifically designed for K - 12 educators and youth-serving professionals that assists in building skills on best practices for intervening and responding when LGBTQ students are the targets of bullying and harassment.
 - o **Cultivating Relationships with LGBTQ Students: Essential Practices for Learning Communities:** Participants explore the concept of belonging and learn the importance of being an ally for LGBTQ students and their authentic self-expression in the school setting. Essential practices that help build positive relationships with LGBTQ students are defined and applied to special considerations for the school environment.
 - o **Navigating Stigma: Supporting the Mental Health and Wellness of LGBTQ Youth:** Provides data, context, and information on how stigma impacts the mental health and wellness of LGBTQ students and the mental health risk and protective factors that come into play when youth are exploring their sexual orientation, gender identity and expression.
- **Tier 2:** Group activities aim to expand on the awareness and knowledge established in Tier 1, by fostering the growth of relationships, dialogue, and community. Activities include:
 - o **Families and Caregivers of LGBTQ Youth (English & Spanish):** Provides education, guidance, and support to help families learn to support their LGBTQ children, to reduce health risks and increase well-being and connectedness. These groups will be provided by Partners 4 Peace with consultation and support from the Family Acceptance Project.
 - o **LGBTQ Clinical Consultation Groups:** Provides MCBH clinicians and support staff with clinical consultation and guidance from the Family Acceptance Project and Integrated Medical Care that informs work and services with LGBTQ youth and families.

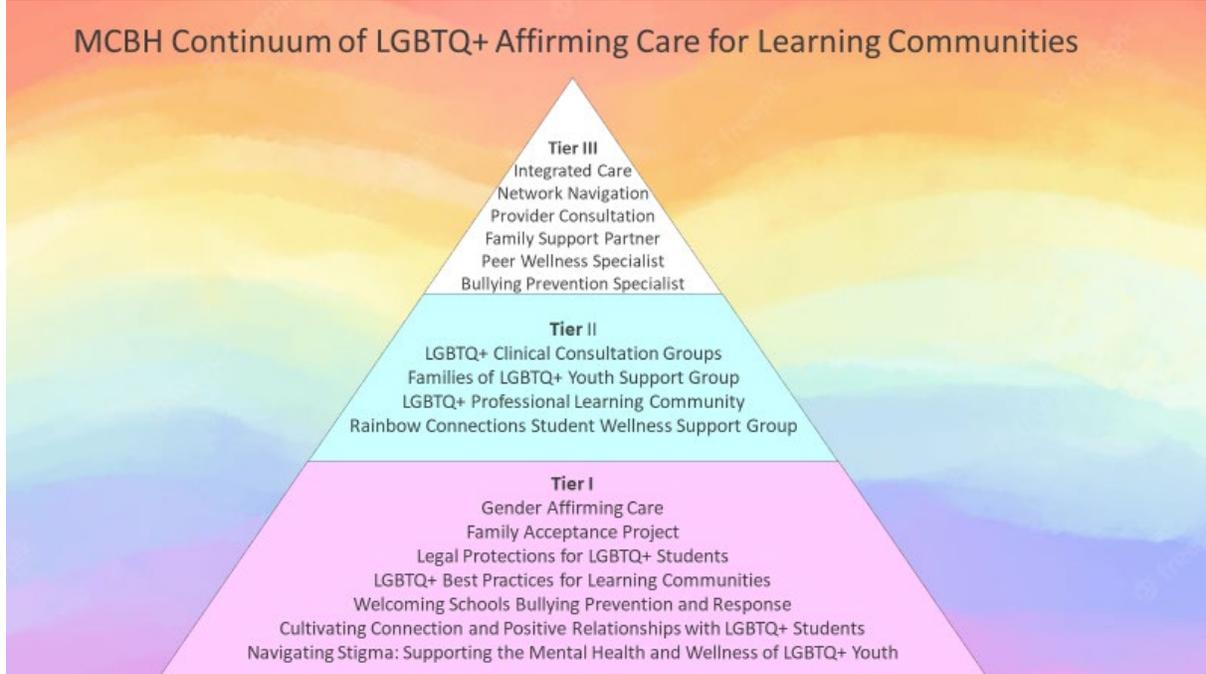
- **LGBTQ Professional Learning Community:** Forum for ongoing collaboration, discussions and networking among educators and providers to increase capacity, knowledge and understanding of how to best support LGBTQ youth and their families.
- **Rainbow Connections Student Wellness Support Group:** Group support for students who identify as LGBTQ to promote identity development, authentic self-expression and build healthy relationship skills. Skills building to manage symptoms of anxiety and depression, support mental health and wellness, and to help build self-identity and self-awareness. Groups facilitated by Harmony at Home Bullying Prevention Specialist.
- **Tier 3:** Activities focus on providing individualized treatment services and integrated care coordination. LGBTQ youth in need of Tier 3 level of care will be referred to Rainbow Connections via the online Request for Assistance Form through the following access points:
 - MCBH Services to Education program clinician at student’s school site
 - MCBH Clinicians in other CSOC programs
 - MCCS Medical Social Worker at student’s primary care clinic
 - The Epicenter
 - Harmony at Home
 - Partners for Peace

Tier 3 activities include:

- **Integrated Care:** Specialized LGBTQ affirming individual therapy, case management, crisis intervention and stabilization, and psychiatric care integrated with medical care.
- **FAP Family Support Partner:** Provides 1:1 peer support for parent(s)/caregiver(s) and family members to increase family acceptance.
- **Network Navigation:** Provides Linkage to Continuum of LGBTQ Affirming Care for Learning Communities in coordination with staff from all youth serving agencies via online request system.
- **Peer Wellness Specialist:** Provides outreach and engagement to LGBTQ youth at school sites that support community connection and access to the Continuum of LGBTQ Affirming Care for Learning Communities and other resources that support healthy development for LGBTQ youth.
- **Mental Health Consultation-** Provides 1:1 school staff or provider with consultation on LGBTQ related issues to increase capacity and understanding of sexual orientation, gender identity and gender expression. Clinical consultation is also available on FAP, medical issues or legal issues that are impacting the health and wellness of LGBTQ youth.
- **Bullying Prevention Specialist-** Provides 1:1 support, guidance and intervention that assist students, school staff and parent(s)/caregiver(s) with addressing and resolving issue of bullying and harassment that target LGBTQ students.

The visual representation of the MCBH Continuum of Affirming Care for Learning Communities to mirror the traditional PBIS pyramid is represented in Figure 4 below:

FIGURE 4: "MCBH CONTINUUM OF LGBTQ+ AFFIRMING CARE FOR LEARNING COMMUNITIES" ADAPTED PBIS FRAMEWORK



Implementation of Rainbow Connections will be facilitated through interagency collaboration among MCBH, P4P, Harmony at Home, and The Epicenter to address the specialized needs of LGBTQ youth and their families across home, school, and community settings, with the MCBH Continuum of LGBTQ Affirming Care serving as the centerpiece to access the array of specialized service and supports available. Meanwhile, the FAP agency will overlay and support each Tier of activities with their specialized training expertise. MCBH will work with the 3 local community-based providers that currently serve the public schools and have active involvement in the PBIS implementation efforts at the county, district and school site level. All involved agencies will be interconnected and provide LGBTQ affirming services and supports available at each Tier of PBIS intervention, while having the ability to cross refer to one another when a need is identified that can be addressed by a different Rainbow Connections collaborative partner. The Request for Referral Form on the LGBTQ Support Page within the MCBH website will serve as a single point of access to make inquires and referrals to assist with care coordination.

Systems Change: A Collaborative Care Model

Currently, the Monterey County youth serving entities of public schools, child welfare, juvenile probation, managed care plans, and community-based agencies are operating in silos when working with LGBTQ youth, which results in the specialized needs of these youth going undetected. While MCBH is a System of Care that is connected to all of these other service systems through a variety of programs and full-service partnerships, and has been making efforts to develop a LGBTQ Network of Affirming Care to link all systems together and establish referral pathways between agencies, there is no existing universal referral system for providers to access, nor is there dedicated staffing across agencies to support the specialized services, supports and care coordination that the LGBTQ population can require. MCBH clinicians serve their LGBTQ clients in their respective programs to the best of their ability, while maintaining robust caseloads and lacking capacity and system linkages to effectively provide integrated

care. Lack of integration has led to scenarios where LGBTQ youth and their parent(s)/caregivers(s) are overburdened by attempting to access affirming, integrated health care on their own and advocate for themselves in multiple venues including schools and healthcare provider offices. There is currently no established network of providers across youth serving systems with shared knowledge, language and clear pathways to specialized, coordinated care.

In some instances, LGBTQ youth presenting with mental health needs to their primary care doctor at Monterey County Clinic Services (MCCS) are referred to providers out of county due to their physician's lack of knowledge about or connection to the existing LGBTQ resources available through MCBH. Currently, MCCS provides gender affirming medical care at Laurel Family Practice Center for 11 individuals ages 12-25, with several receiving hormones to support their gender congruence. As mental health needs have been identified for some of these individuals, MCCS refers them directly to MCBH ACCESS or to Beacon, Monterey county's MCP provider for Medi-Cal beneficiaries for individuals with mild to moderate mental health symptoms. As both MCBH ACCESS and Beacon serve the general community of Monterey County, neither provider has established specialty services and supports for LGBTQ individuals, nor is there a system in place that allows for detection when LGBTQ specialized supports and services may be indicated. Additionally, youth who access emergency psychiatric services in Monterey County for mental health issues that are rooted in rejection of their LGBTQ identities are not connected to specialized LGBTQ supports upon discharge, which results in the contributing factors remaining unaddressed and likely exacerbating the youth's condition. The result of this fragmented system is LGBTQ youth being inadequately or inappropriately served, duplication of resources among providers, and greater risk for negative health outcomes persisting for this vulnerable population.

MCBH Rainbow Connections Integrated Care Team

This Innovation Plan will support the creation of a *Rainbow Connections Integrated Care Team (ICT)* consisting of clinical and support staff who can provide specialized integrated care for any LGBTQ youth and/or family member served within the MCBH Child and Adolescent System of Care (CSOC), as well as for LGBTQ youth and/or family member identified by any educator, school personnel, school-based provider or community-based agency. The proposed approach will leverage the existing 65 MCBH Services to Education program staff that are embedded in the school sites across Monterey County, as well as the staff of each collaborative agency working in the schools, to serve as access points for referral into the MCBH Continuum of LGBTQ Affirming Care for Learning Communities. When specialized care needs for a LGBTQ identified youth or family member have been detected, an online referral to request Network Navigation can be made so that the *Rainbow Connections Network Navigator* will provide linkage to clinical consultation to assess the level of support and/or intervention needed, and the LGBTQ youth and/or family member can be connected with the necessary agency for resources. This online system, located on the LGBTQ Support Page within the MCBH website, will also allow for MCBH clinicians working in other programs within the MCBH CSOC to make referrals for any of their LGBTQ identified clients needing specialized care. If it is determined that coordination with MCCS is needed to access gender affirming medical care or to integrate existing medical services with behavioral health services, the MCBH Rainbow Connections ICT will work with the referring MCBH clinician to establish the best approach for coordinated care based on client and family need.

This component of the project will be supported through the provision of several new positions within MCBH. The positions will carry out the following activities and participant services:

- **Rainbow Connections Clinician** (1.0 FTE Senior PSW) to provide 1:1 therapy for LGBTQ identified youth, integrated care coordination, crisis management and clinical consultation to MCBH clinicians. Co-located at The Epicenter, providing mental health services and supports to LGBTQ

youth. Provides mental health screening and makes referrals to lower level of care where clinically indicated. Works closely with all contracted collaborative partners to provide clinical expertise on best practices for LGBTQ youth and families.

- **Rainbow Connections Psychiatrist** (0.50 FTE) to provide psychiatric care for LGBTQ youth in need of specialized services and administers hormones and hormone blockers, and coordinates care with MCBH Rainbow Connections Clinician or CSOC Clinician and client's primary care physician.
- **Rainbow Connections Network Navigator** (1.0 FTE SW III) to provide linkage to identified services, supports and community resources and provides case management to bridge supports across referral sources and ensure that existing services are not duplicated.
- **Behavioral Health Services Manager II** (0.40 FTE) to provide oversight to daily program operations, coordinates Tier 1 training offerings, monitors activities provided by contracted agencies, training consultants, and program evaluator.
- **Behavioral Health Unit Supervisor** (0.20 FTE) to provide clinical oversight and clinical consultation to Rainbow Connections ICT, delivers MCBH training content and collaborates with staff and administration from collaborative agencies and school districts to support with Rainbow Connections program implementation.

It is to be noted that MCBH is a System of Care with a multitude of programs and a highly utilized mental health provider for the public schools, juvenile probation, and child welfare systems in Monterey County, maintaining strong collaborative relationships across these systems, which sets a solid foundation and infrastructure to implement the Rainbow Connections integrated care model. MCBH also serves Transitional Age Youth and youth who have experienced a mental health crisis and need stabilization services following a psychiatric hospitalization, and do not have existing MCBH services in place, which makes access to this model essential, given the high rate of suicide attempts in LGBTQ youth. Additionally, MCBH contracts with Seneca Family of Agencies to provide emergency response services for children and youth to the entire county through the Mobile Response Team (MRT) and is a resource that is accessed regularly by the school districts; MRT will be an additional access point in the county. While MCBH does not currently have an integrated care model with Monterey County Clinic Services (MCCS) to serve youth, it is important to note that MCBH and MCCS are partnering with Central Coast Alliance for Health (CAAH) in the building of an integrated care clinic for children and adolescents, which is currently under construction and scheduled to open to the public in January 2024. As the Rainbow Connections project develops and a physical space is made available to provide integrated care, there is great potential to create a LGBTQ Affirming Care Clinic that would be available serve Medi-Cal beneficiaries of Monterey County and allow access for specialized medical and behavioral health services for LGBTQ youth in one location.

Governance Structure

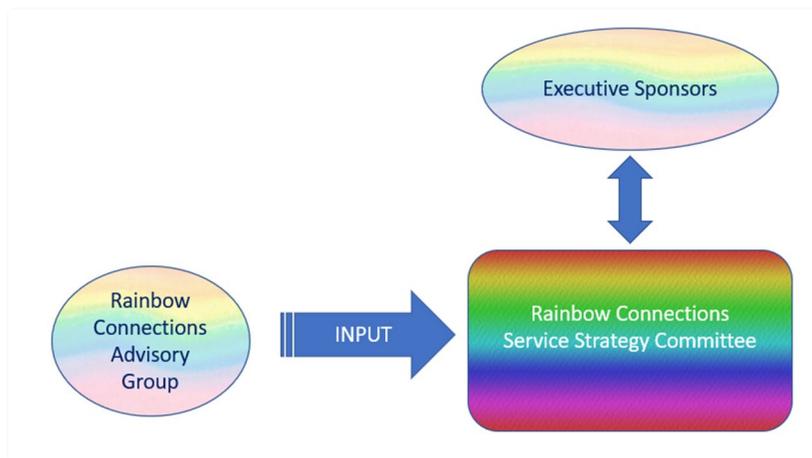
To ensure the Rainbow Connections project sufficiently engages stakeholders throughout implementation and evaluation activities, and adheres to the values and goals set forth in this Innovation Plan, a governance structure will be developed to provide the appropriate level of oversight and guidance (Figure 5). This structure will include:

- The **Executive Sponsors**, which are persons holding executive decision-making authority among participating organizations. This includes MCBH executive leadership along with executive directors of P4P, Harmony at Home, and the Epicenter. This group will convene on an ad hoc basis, while also being continuously informed and engaged on the progress and evaluation made

with Rainbow Connections activities. This group will also be kept informed of actions and direction offered by the Rainbow Connections Service Strategy Committee and Rainbow Connections Advisory Group. The function of the Executive sponsors is then to fulfill administrative duties to support or sustain the LGBTQ Network of Affirming care over the term of this Innovation Plan, and ideally beyond.

- The **Rainbow Connections Service Strategy Committee**, which serves as the main oversight body for Rainbow Connections for the purposes of guiding the mission and objectives of this project. Members of the committee include key project staff from MCBH, P4P, Harmony at Home, and the Epicenter. This committee will meet monthly to ensure that all collaborative partners involved in the project are implementing training, services and supports as outlined in the project and in accordance with the agreed budget.
- A **Rainbow Connections Advisory Group** will be established to provide a venue for stakeholders to be engaged throughout the implementation and evaluation of this Innovation Plan, where they may both learn about the progress and outcomes of the project, as well as contribute and offer their input and perspective. This group will meet bi-annually and be open to the community at-large. To include a diverse set of perspectives from individuals working to support LGBTQ youth in Monterey County, MCBH will seek the participation from individuals such as family members, students, community-based organizations, local elected officials and/or their staff, Monterey County Employee Resource Group and Civil Rights Office staff, LGBTQ advocates, faith leaders, local youth council representatives, and healthcare staff and leadership.
- A **Rainbow Connections Youth Advisory Group** will be created to provide youth in Monterey County with an opportunity to have a voice in the implementation and evaluation of the Rainbow Connection activities. This youth-only group will meet quarterly to bi-annually, as to be determined, and function as a youth-led safe space for participants to share their view and experiences as students and young adults. To support this group, the EpiCenter will leverage an existing Queer Youth Trans Collective (QYTC) that serves as a peer mentoring group that will work in collaboration with the Rainbow Connections Wellness Outreach Coordinator and will lead the Rainbow Connections Student Wellness Campaign. Youth participation will be encouraged through stipends and events such as a Rainbow Connections logo contest.

FIGURE 5: RAINBOW CONNECTIONS GOVERNANCE STRUCTURE



Rainbow Connections in Action

Below are two images that reflect the reach and workflow of the Rainbow Connections Innovation Plan and the LGBTQ Network of Affirming Care that it will create in school settings. As shown in Figure 6, MCBH currently has clinical teams working throughout most school districts in the county who will become Rainbow Connection advocates and access points for LGBTQ youth in their schools. The MCBH LGBTQ Continuum of Affirming Care for Learning Communities established through this Rainbow Connections project will train and equip these clinical teams to identify, or be contacted by, LGBTQ youth or their families in need of mental health supports. As illustrated in Figure 7, the school-based clinical teams can then engage Integrated Care Team personnel or utilize the online Request for Referral form to activate the Rainbow Connections Network Navigator who will contact the persons in need and arrange for the appropriate service(s) to be delivered.

FIGURE 6: RAINBOW CONNECTIONS ACROSS LEARNING COMMUNITIES

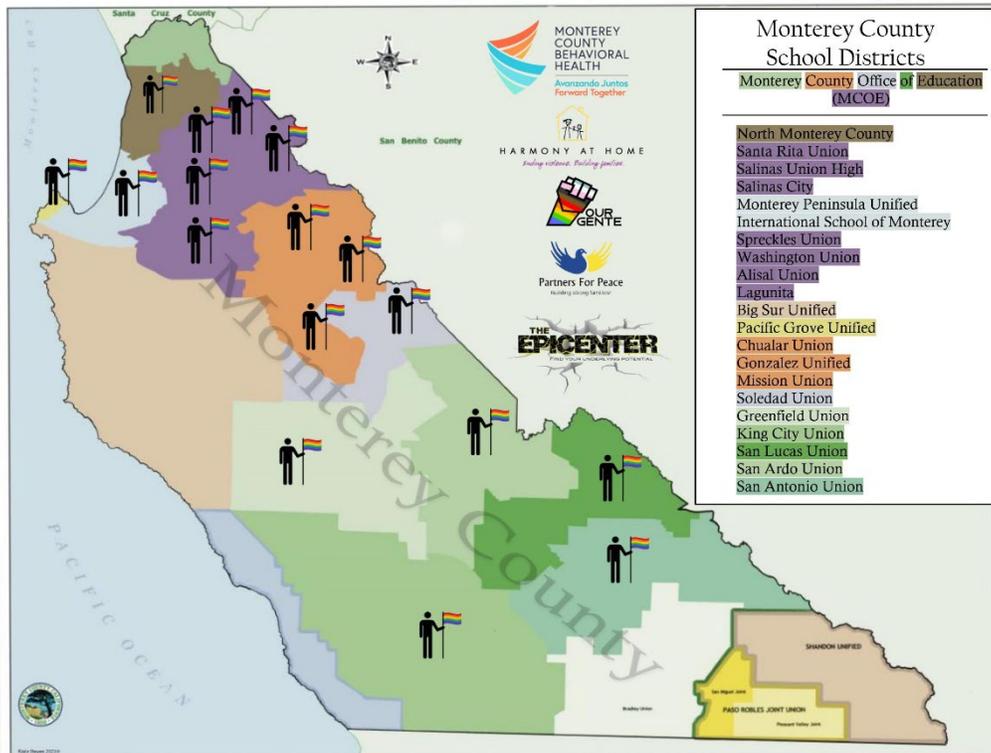
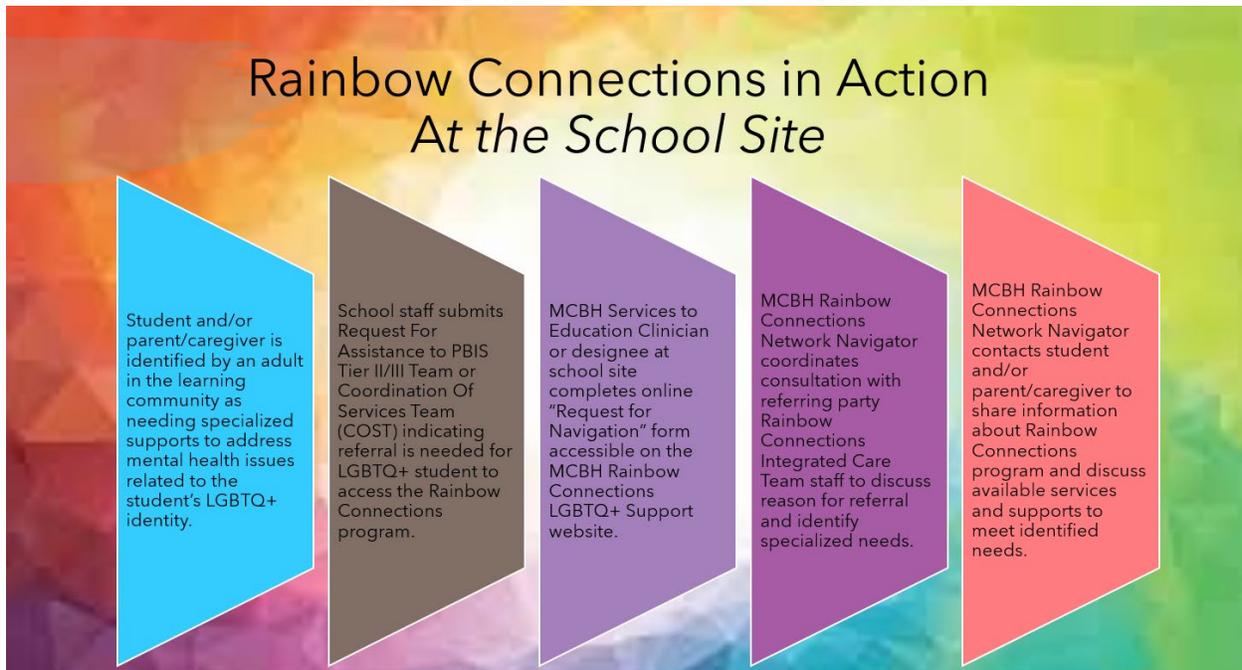


FIGURE 7: RAINBOW CONNECTIONS SCHOOL-SITE WORKFLOW



Estimated Number of Individuals Served

The Rainbow Connections project anticipates serving approximately 19,185 youth and their families across the 5-year term of this Innovation Plan, as represented in the table below:

	Year 1	Year 2	Year 3	Year 4	Year 5
Tier 1- Training					
Youth	1500	2000	2000	2000	2000
Parents/Caregivers	250	300	300	300	300
Educators	850	1000	1000	1000	1000
Mental Health Providers	300	350	350	350	350
Community and Partner Organizations	150	200	200	200	200
Tier 2- Group/Consultation Support					
Youth	10	20	20	20	20
Parents/Caregivers	10	20	20	20	20
Educators	10	20	20	20	20
Mental Health Providers	5	10	10	10	10
Community and Partner Organizations	5	10	10	10	10
Tier 3 Individualized Services and Supports					
Youth	10	25	25	25	25
Parents/Caregivers	10	25	25	25	25
Educators	5	10	10	10	10
Mental Health Providers	10	25	25	25	25
Total Individuals Served	3125	4015	4015	4015	4015

Population of Focus

The primary population of focus to be served and benefit through this project are LGBTQ Youth up to age 24 and their families. Additional populations of focus to receive training and facilitate the systems change activities described in this Innovation Plan are adults, caregivers and professionals working in education, mental health, healthcare, community service agencies and faith-based organizations, along with family members of LGBTQ youth.

Research on INN Component

A survey of California counties easily uncovers numerous mental health services and outreach programs aimed at LGBTQ youth. As evidenced above, the nuanced challenges and needs experienced by LGBTQ youth has become increasingly more well known, accepted, and served through county behavioral health bureaus and MHSA initiatives. Despite there being many localized service offerings existing across the state, MCBH staff and stakeholders could not identify system-wide implementation initiatives to emulate that could promote, leverage, and deliver services tailored for LGBTQ youth and their families in a coordinated approach across the landscape of home, school and community environments, and across a continuum of care.

The Q Corner, operated in nearby Santa Clara County's Behavioral Health Services Department (SCCBHSD), represents the closest example of what MCBH would like to implement. The Q Corner provides coordination of training on Affirming LGBTQ mental health services, access to mental health resources, wellness-based social and community support activities and assistance with navigating services. The Q Corner has been providing training on an array of LGBTQ related topics for providers, families, foster families, and religious leaders since the inception nearly 3 years ago. However, while the Q Corner serves as a training and information resource for county residents and providers, they are not a contracted provider to the school districts and do not coordinate care for LGBTQ youth and families across county and community agencies. Additionally, the Q Corner has not linked schools to services and care as a nexus of identifying LGBTQ children and youth at risk, nor have they linked multiple county and community-based organizations with integrated LGBTQ support services into schools or other kinds of services in the county's system of care.

An example of a systemic approach to coordinated care is the Positive Behavioral Interventions and Supports (PBIS) school-based framework. PBIS is an evidence-based, tiered framework for supporting students' behavioral, academic, social, emotional, and mental health. When implemented with fidelity, PBIS improves social emotional competence, academic success, and school climate. It also improves teacher health and wellbeing. It is a way to create positive, predictable, equitable and safe learning environments where everyone thrives.

The PBIS model operates by offering 3 Tiers of supportive services. Tier 1 systems and practices support everyone – students, educators, and staff – across all school settings. They establish a foundation for positive and proactive support. Tier 1 support is robust, undifferentiated, and enables most (80% or more) students to experience success. Tier 1 practices include a variety of programs the promote collaboration, education, expectation, and culture setting practices between and among students, families, and educators to define and prioritize positive social, emotional, and behavioral skills. In addition to the Tier 1 foundation, students with higher needs receive more intensive Tier 2 group supports such as school-family communication, increased social emotional supports, and additional monitoring and supervision. Lastly, a Tier 3 level of services exists to supports students that need

intensive, individualized support to improve their outcomes. Examples of Tier 3 services include Wraparound care and person-centered planning, along with functional behavioral health assessment and intervention involving the student, educators, and family.

Monterey County schools, in partnership with the Monterey County Office of Education (MCOE) and MCBH, have implemented the PBIS model to fidelity, and with great success, for several years now. MCBH therefore understands and has experienced how a systems-based approach to promoting mental health education and wellness among youth, schools, families, and communities can work. Similarly, MCBH has observed how the PBIS model is good for all student populations but does not include layers or types of programming serving the needs of specific demographics, including that of LGBTQ students. Based on this observation and experience, MCBH recognizes and is pursuing the opportunity to adapt a PBIS-like framework to improve outcomes for LGBTQ youth.

This proposed Rainbow Connections Innovation project aims to change an existing practice in mental health by promoting interagency and community collaboration related to mental health service supports and outcomes through enhancing an existing model. Specifically, this Innovation project seeks to establish a complimentary model to the existing MCBH Continuum of Care for Learning Communities which will provide specialized, integrated healthcare that is tailored to serve the needs of LGBTQ youth up to 24 and their families, using a systems approach for project implementation. Rainbow Connections will support the development of a LGBTQ Network of Affirming Care that aims to establish an effective model for serving LGBTQ student populations that other counties may adopt. Rainbow Connections will adapt from and build upon the effective Interconnected Systems Framework (ISF) program model that is currently being implemented at all schools that MCBH serves in Monterey County and that integrates mental health services and supports into Positive Behavioral Intervention and Supports (PBIS), to serve the unique needs of the LGBTQ student population. The implementation of ISF has proven to be effective and efficient in developing a single service delivery model for students, while also increasing and deepening cross-systems collaboration. While this model focuses primarily on the general population of students, there is a major gap in how we are serving LGBTQ students since many providers lack the knowledge and expertise to address specific mental health issues and support needs that are impacted by a student's sexual orientation, gender identity and expression remain in the position of serving our LGBTQ students due to the lack of cultural competency in this area.

To fill this gap, MCBH plans to implement an LGBTQ Continuum of Affirming Care model and design a referral system to enable a team of specialists to effectively identify at risk LGBTQ youth, their care and family support needs while also establishing clear pathways for access to the types of affirming care needed. It is to be noted that piloting the Rainbow Connections project offers an opportunity to establish a successful model for counties across California to replicate where they have a County Behavioral Health school-based model that can be interconnected with other youth serving systems and community agencies to ensure that any level of LGBTQ Affirming service and support is accessible to those who need it.

Piloting the innovative Rainbow Connections project at a time when risks for LGBTQ youth have significantly increased because of the current pandemic offers an opportunity to establish a successful model of integrated care for LGBTQ youth that other California counties can replicate. This proposed integrated Behavioral Health school-based project model will be interconnected with other youth-serving systems and community agencies to ensure that any level of LGBTQ Affirming service and support is accessible to those who need it, at every tier of PBIS intervention. Although integrated services that are youth and family-centered are a core component of systems of care, to date, no system

of care has integrated a range of services from prevention to early identification and intervention that are interconnected and linked with schools to reduce risk and provide urgently needed mental health services for LGBTQ youth and families.

Learning Goals / Project Aims

This project aims to promote interagency collaboration between MCBH, MCCS, school districts and three youth-serving community-based organizations in Monterey County to improve a variety of outcomes for LGBTQ youth up to age 24. The delivery model entails an adaptation of the successful PBIS framework that has improved mental health and school climate outcomes for the general student population, and the creation of dedicated staff roles to facilitate and coordinate information sharing, referrals and services to support the population of focus. In addition to adapting the PBIS framework to serve a distinct underserved population and improve their school environments, the adapted form of this framework goes further, to engage with family and community environments as well. This engagement occurs as either educating and training the adults and providers caring for these youth, or otherwise providing family/group therapy and supports. Given the capacity building that will need to occur to support this new adapted model, MCBH believes this Innovation Plan also inherently introduces a new approach into the mental health system, wherein a coherent strategy or framework is established to serve an underserved population in a culturally responsive manner and refer them into appropriate care. The innovation of this project lies in the application of the adapted PBIS model to serve the LGBTQ community and the new integrated approach for serving this community represents.

Therefore, the learning goals of this project are to determine if the adapted model and integrated systems approach will:

1. Increase capacity for parents, teachers, school administrators, and mental and physical healthcare providers to identify and affirmatively respond to the mental health needs of LGBTQ youth.
2. Increase interagency and community collaboration to effectively refer LGBTQ youth to care with the provision of an online referral resource.
3. Improve the access to, and quality of, supportive services for LGBTQ youth as a result of the culturally responsive and collaborative framework that is applied across the primary domains in which they live, learn and grow.

Evaluation or Learning Plan

A variety of evaluation methodologies will be employed to assess the impacts of this project and respond to the learning goals stated above, which are generally associated with increasing capacity of adults and providers to respond affirmatively and meaningfully to needs of LGBTQ youth, promoting interagency and community collaboration that will drive greater access to care, and improving individual/group mental health and environmental outcomes. Methodologies such as key informant interviews, focus groups and/or surveys may be utilized in support of evaluating all three of the learning goals stated above. Surveys may be applicable to specific programs or activities where applicable and feasible, or they may be applied across entire categories of participants such as student, parents and/or professionals to assess systemic or demographics changes in knowledge and attitudes. Modifications to processes for collecting client demographics on sexual orientation and gender identity may also be considered in order to support meaningful analysis of service impacts.

Evaluating for changes in accessibility to services and interagency collaboration through the Rainbow Connections model and network may consist of collecting and analyzing data points on the number and type of trainings provided, number and source of client referrals reported by partnering agencies and the online network referral tool, along with various website analytics on usage of partner agency websites and the online network referral tool. Data to then assess for changes in mental health outcomes of individuals and/or groups (i.e., families or student populations) served through Rainbow Connections activity may be collected through program or population surveys within the Rainbow Connections model, surveys occurring at the county or statewide level such as the California Healthy Kids Survey, and/or through MCBH mental health services data for the population of focus.

Following the plan approval, an external evaluation team will develop, in partnership with MCBH, an evaluation plan to measure the innovative approach and the specific project objectives.

Section 3: Additional Information for Regulatory Requirements

Community Program Planning Process

FY2022/23 MHSA Annual Update CPPP

This Innovation Plan was initially developed during the Community Program Planning Process (CPMP) for the MCBH Mental Health Services Act (MHSA) FY 2022-23 Annual Update to the 2021-23 Three-year Program and Expenditure Plan. MCBH conducted the Community Program Planning Process (CPMP) utilizing two distinct approaches to ensure that residents could provide input and feedback to guide the development of the draft MHSA FY2022/23 Annual Update. MCBH contracted with EVALCORP, a professional evaluation company, to support an assessment of behavioral and mental health needs in communities throughout Monterey County. The purpose of this needs assessment was to collect primary data from community members and providers about the current mental and behavioral health issues in Monterey County and to gather suggestions for improving access to care and services and reducing health disparities, including ideas or contributions towards Innovation Plans.

Between November 2021 and January 2022, online surveys and focus groups were used for data collection. The two surveys, a Provider Survey, completed by 276 individuals and a Community Member Survey, completed by 200 individuals (6% of whom identifying as LGBTQ), were administered throughout the community. Each instrument was designed to gather perspectives on the current state of mental and behavioral health services and needs in Monterey County. The Community Member and Provider Surveys were distributed via email with a link that directed participants to the survey in the language of their choice. The link to both surveys were also posted to the MCBH website. Email invitations to the surveys were sent to all Monterey County staff, the Behavioral Health Commission; community-based agencies that contract with MCBH; service providers from medical, public health, community, and public agencies; mental and behavioral health service providers; and other stakeholders from the Mental Health Services Act Community Program Planning Process (CPMP). Providers of prevention and early intervention services in the county also distributed the Community Member survey to residents on their email listservs.

A list of community organizations was developed in a purposeful way to reflect a diverse set of voices within the community. The community partners working in different areas of the county and with specific populations where the county is seeing disparities in health and in access/utilization of

behavioral health services (e.g., unhoused, elderly, LGBTQ+, underrepresented racial and ethnic groups, immigrants). These organizations, referred to as host sites, invited their clients to participate in the focus group. Members of the host site and MCBH were not present during the focus group in order to create a safe space for participants to speak freely. To accommodate populations that did not have access to technology or weren't comfortable using it, one focus group was held with the community members at the host site and the facilitator joined virtually.

Seven 60-minute focus groups with 56 total participants, 6% of whom identifying as LGBTQ, were conducted in December 2021 and January 2022. Ten focus groups were scheduled; two had no participants and one had to be cancelled due to COVID-19 related staff outages. The two focus groups that had no attendees were scheduled in mid-January 2022. The COVID-19 variant was wide-spread at that time, which may have had an impact on participation. The other focus groups were well attended. During recruitment, the focus groups were referred to as community conversations. Two focus groups were conducted in Spanish, and one in English and Spanish using a translator. Using the Zoom polling feature, demographics were captured from the participants. When participants met at the host site, the site asked them to complete a demographics form on paper.

Results from the surveys and focus groups indeed spoke the needs of LGBTQ youth and their families, offering their endorsement of an Innovation Plan to serve this underserved population. Specifically, two major themes that emerged from the focus group were a desire for more LGBTQ resources for families coping with mental health challenges, and a desire for more child and adolescent services – ideally linked to schools – to be enhanced. Meanwhile, Community Survey data indicated that 42% of respondents thought services for LGBTQ populations was insufficient, while 7% were unaware of any LGBTQ services. Respondents then also stated that stigma, knowledge of services, and lack of culturally appropriate services were significant barriers impacting access to and quality of care, at response rates of 65%, 51% and 32%, respectively. Alongside these data points, the Community Survey also revealed that 55% of respondents thought family members, support persons, or caregivers of individuals with mental health conditions were being insufficiently served, and 49% of respondents also thought children and youth in stressed families and those at-risk for school failure were also being insufficiently served. Taken together, it is evident the local community wants to see enhanced services for LGBTQ youth and their families, and their engagement assisted in the identification of potential partner agencies.

Local Education Agency (LEA) Stakeholder Focus Groups

In addition to the activities directly associated with the CPPP for the FY22/23 MHS Annual Update, 3 Community Engagement Sessions were held on March 1, 2022, where a total of 31 community stakeholders participated. Participants included both school staff and parents. Three themes emerged across the session which helped refine this Innovation Plan to develop a single service delivery model to serve LGBTQ youth up to age 25. The 3 themes include a desire by stakeholders for MCBH and other youth serving agencies:

- Increase access to mental health and affirming medical care and linkage to community resources for LGBTQ youth
- Provide ongoing training and psychoeducation for providers of youth serving systems on LGBTQ-related topics
- Expand In-place, Embedded Culturally Responsive Care

Demonstrated Demand for Rainbow Connection Services

Advocacy and requests for support coming directly from the learning communities throughout Monterey County also help drive and inform the development of this Innovation Plan. MCBH received 24 distinct service requests over the 2-year period of 2021-2022, coming from the Monterey County Office of Education and numerous school districts across the county, including Salinas Union High School District, Salinas City Elementary School District, Monterey Peninsula Unified School District (USD), Soledad USD, Gonzalez USD, Pacific Grove USD, Carmel USD, and San Antonio Union School District. Examples of the types of requests made of MCBH have been to provide trainings to school staff and parents on how to support and cultivate positive relationships with LGBTQ+ students in learning communities, assist schools with incubating Be Yourself Clubs, speak on LGBTQ empowerment at school functions, participate on LGBTQ+ task forces, and provide individual care to LGBTQ youth who the school felt unable to adequately serve. The responsibility to service these many requests largely fell to a single MCBH staff person with the appropriate and necessary training and skillsets, but this was done so in addition to their regular work duties. Therefore, given this limited capacity, and the ad hoc process of making any requests for support to learning communities, all parties (MCBH, MCOE, school districts) conducted several conversations to help inform the structure of this proposed Innovation Plan.

MHSA General Standards

This INN Project reflects, and is consistent with, all applicable MHSA General Standards below:

Community Collaboration

Community collaboration has been, and will continue to be, included throughout the planning, implementation, and evaluation activities of this project. Advocacy and engagement by school districts, the Monterey County Office of Education (MCOE), community-based organizations serving LGBTQ communities, consumers and families all contributed to the expressed needs to be addressed by this Innovation Plan through direct communications with MCBH staff and during the MHSA Community Program Planning Process activities for the FY22/23 MHSA Annual Update and FY23/24-25/26 MHSA 3-Year Program and Expenditure Plan. These representatives and voices also helped to identify the agencies capable of delivering the necessary services to fulfill this new model of service coordination and delivery.

Upon approval of this Innovation Plan, a governing structure will be created to support implementation and evaluation activities. This structure will include, at a minimum, an oversight council and advisory committee. This structure, and the advisory committee in particular, will provide additional opportunities for community collaboration on this project. The advisory committee will recruit for a diverse set of participants, including but not limited to, service providers, elected representatives, youth boards and organizations, schools, and faith communities. The advisory committee will play an active role to ensure Innovation Plan activities align with the needs and preferences of the community and population of focus.

Cultural Competency

Cultural competency is a critical component to this project, as the goal is to increase capacity of adults and professionals caring for LGBTQ youth to affirmatively respond to their unique set of needs. This means providing training and education for parents, caregivers and

mental health providers on the cultural factors that influence mental health of the LGBTQ community, and that of other diverse demographics such as race and ethnicity, and developing skills to work effectively with these clients. Activities supported through this Innovation Plan are also directed towards improving school climates through education and training of students, parents, and school staff, to address the impacts of discrimination and stigma associated with mental health issues that are influenced by cultural factors. Throughout the delivery of education and therapeutic services, culturally sensitive assessment tools and treatment approaches that take into account the clients cultural background and preferences will be utilize

MCBH and contracted service providers will also seek to hire and maintain staff from LGBTQ, Latinx and other diverse cultural backgrounds who can provide mental health services in the client's preferred language and understand their cultural beliefs, values, and practices. Education and materials will be provided in Spanish, which is the sole threshold language in Monterey County. And lastly, utilization of the governance structure and engagement with community organizations and leaders to build trust and relationships with diverse communities and develop culturally responsive mental health services will be employed during the implementation and evaluation of this project. By implementing these strategies, the mental health services offered through this Innovation Plan will be more responsive to the needs of diverse communities and provide culturally competent care to promote positive mental health outcomes.

Client-Driven

This Innovation Plan will support client-driven mental health services that prioritize the needs, goals, and preferences of the client over those of the provider. This approach recognizes that individuals seeking mental health services are unique, with their own experiences, values, and perspectives, and that treatment should be tailored to meet their specific needs. Collaborative treatment planning will be encouraged at all stages of service delivery, with the persons served working with the provider to set goals and create a plan tailored to their needs, preferences and circumstances. Service providers will also ensure clients and participants have clear understanding of their options and they feel empowered to make decisions about their treatment. Additionally, the scope of services made available throughout the PBIS model ensure that flexible treatment and service options remain available to those seeking help and care. This multi-faceted approach can lead to more effective treatment outcomes and greater client satisfaction with the treatment they receive.

Family-Driven

This Innovation Plan will support family-driven mental health services as it will encourage the involvement and participation of the client's family members in the treatment and care process. This project and its providers recognize the critical role that families play in supporting their loved ones who are experiencing mental health challenges and the importance of involving them in the treatment process. Opportunities for encouraging family-driven care include the education and support that will be offered to families and caregivers, to help them better understand the mental health condition of their loved one and how to support them effectively. Family members can also learn how to recognize warning signs, how to communicate with their loved one about their condition, and how to access available resources.

Family therapy will also be offered through this Innovation Plan, which will bring the family together to work on improving their communication and relationships, and help to identify and address any conflicts or issues that may be contributing to the patient's mental health challenges. Family therapy can also help to strengthen the support network around the patient, which is important for long-term recovery. This Innovation Plan will ensure that service delivery for families will be culturally and linguistically responsive, taking into account the family's unique needs, resources, and preferences.

Wellness, Recovery and Resilience-Focused

This Innovation Plan is focused on client wellness, recovery, and resiliency as prioritizes the promotion of overall well-being and the development of skills and strategies that can help individuals achieve and maintain mental health and wellness. Relevant practices within this Innovation Plan include education on not only mental health conditions and resource, but also their rights as an individual. This education and training will encourage and support self-advocacy, supporting individuals in identifying their own needs and preferences, and helping them to develop the skills and confidence to communicate those needs to their healthcare providers. Additionally, the prevention and early intervention, stigma and discrimination reduction, and various treatment service activities included with the adapted PBIS model will all contribute towards client/participant wellness, inclusive of supporting the mental, emotional, and physical health, and development of coping skills, strength and resiliency. By adopting a wellness, recovery, and resilience-focused approach, mental health services can help individuals develop the skills and strategies they need to manage their mental health challenges and achieve their recovery goals.

Integrated Service Experience for Clients and Families

The design of this Innovation Plan is inherently considerate of providing an integrated service experience for clients and families. First, this Innovation Plan is designed to promote systemic change to how LGBTQ clients and their families are served, where communication and case management will carry through the institutional boundaries of school, family and community settings and environments. Second, within the service delivery modeled proposed (i.e., modified PBIS model), the delivery of education and therapeutic supports will be offered in individual and family group settings, and will also include in-home and/or “meet them where they are at” service delivery.

Cultural Competence and Stakeholder Involvement in Evaluation

The governance structure that is included in the Rainbow Connections Innovation Plan will ensure that both cultural competence and stakeholder involvement in evaluation will occur. The Rainbow Connections advisory group in particular, will support diverse and robust participation of stakeholders that represent or are involved in the care of LGBTQ youth. Additionally, the FAP organization and trainings are a nationally recognized resource for LGBTQ awareness, rights and supports. The consultation and trainings they will provide as part of this project will be at the forefront of culturally responsive approaches used to benefit LGBTQ populations of all demographics.

Innovation Project Sustainability and Continuity of Service

Funding associated with this project is principally associated with education, training, and collaborative communication services, and not directly responsible for clinical treatment time. In the instance that

this project is terminated prior to the term stated in this Innovation Plan, the provision of training and education may be reduced or terminated without having a direct impact on individuals receiving treatment services, which are funded through external sources. If there is a desire by MCBH and its stakeholders to maintain this project, utilization of other MHSA funding streams and/or Realignment funds may occur.

Communication and Dissemination Plan

Communications associated with this plan will occur through a variety of methods. First, annual reports for this Innovation Plan will be reviewed and included as part of annual MHSA CPPP activities and documents, and shared with members of the public, mental health providers in the Monterey County, MCBH staff, and the Monterey County Behavioral Health Commission and Board of Supervisors. Second, the 3 governing structure bodies will be in communication with MCBH and partner agencies throughout the implementation and evaluation of this project, and they will also receive report and/or presentations on the status of this Innovation Plan during their regularly scheduled convenings.

Contracting

To implement this Innovation Plan, MCBH intends on contracting with multiple vendors to deliver a variety of specialized education and trainings services, as well as evaluation services. MCBH staff will provide administration oversight of project implementation, evaluation, and reporting.

Timeline

The total timeframe (duration) requested to complete of this Innovation project shall not exceed 5 years. Key activities and deliverables planned for Year 1 will be focused on building the foundation of Rainbow Connections, prior to initiating the delivery of trainings and services. Activities and deliverables associated with building the foundation of Rainbow Connections includes:

- Establishing Agreements with all participating vendors
- Securing staff persons within MCBH and contracted agencies, to fill the FSP Family Partner, Rainbow Connections Wellness Specialist, Bullying Prevention Specialist, and MCBH Rainbow Connections Integrated Care Team positions
- Integrating FAP content/training into Partners for Peace services
- Integrating Welcoming Schools Curriculum into Harmony at Home services
- Development of referral procedures between MCBH and participating collaborative agencies to support Tier II and III activities of the MCBH Continuum of LGBTQ Affirming Care for Learning Communities
- Development of Rainbow Connections marketing materials and website

Implementation activities to maintain fidelity to the MCBH Continuum of LGBTQ Affirming Care for Learning Communities adapted PBIS framework will also begin in Year 1, and be continued through Year 5. The activities can be summarized as:

- Delivery of outreach, education, and coordination services by Rainbow Connections Wellness Specialist across school sites throughout the county
- Delivery of culturally responsive trainings to student/school staff and family/community audiences.
- Delivery of all trainings in Tier I of the MCBH Continuum of LGBTQ Affirming Care for Learning Communities

- Coordination and delivery of individual/group services in Tier II and III of the MCBH Continuum of LGBTQ Affirming Care for Learning Communities

Evaluation activities will be conducted throughout the course of this Innovation Plan, with Annual Innovation Evaluation Reports to be provided following the conclusion of Years 1-4, and the Final Innovation Evaluation Report to be provided following the conclusion of Year 5.

Section 4: INN Project Budget and Source of Expenditures

Budget Narrative

Personnel Costs: MCBH requests a total budget of \$3,601,250.47 to support personnel costs across the 5-year term. This sum includes the \$207,250.09 average annual salary cost of 1 FTE Senior Psychiatric Social Worker; 1 FTE Social Worker III; 0.5 FTE Psychiatrist; 0.4 FTE Behavioral Health Services Manager II; and 0.2 FTE Behavioral Health Services Manager II assigned to this project. The salary includes a 2.5% annual increase over the course of the project to reflect the cost of living and step increases. Indirect costs associated with these positions are calculated at 13.86% of salary.

The roles and responsibilities of personnel to be supported include:

Job Title	Responsibilities	FTE	Total Annual Cost
Senior Psychiatric Social Worker	Provide 1:1 therapy for LGBTQ-identified youth, integrated care coordination, crisis management, and clinical consultation to MCBH clinicians. Co-located at The Epicenter, providing mental health services and supports to LGBTQ youth. Provides mental health screening and makes referrals to a lower level of care where clinically indicated. Works closely with all contracted collaborative partners to provide clinical expertise on best practices for LGBTQ youth and families.	1.0	\$217,017.09
Social Worker III	Provide linkage to identified services, supports, and community resources and provides case management to bridge supports across referral sources and ensure that existing services are not duplicated.	1.0	\$184,797.83
Psychiatrist	Provide psychiatric care for LGBTQ youth in need of specialized services and administers hormones and hormone blockers, and coordinates care with MCBH Rainbow Connections Clinician or CSOC Clinician and client's primary care physician.	0.50	\$159,570.55

Behavioral Health Services Manager II	Provide oversight to daily program operations, coordinates Tier 1 training offerings and monitors activities provided by contracted agencies, training consultants, and program evaluator.	0.4	\$107,862.86
Behavioral Health Unit Supervisor	Provide clinical oversight and clinical consultation to Rainbow Connections ICT, delivers MCBH training content and collaborates with staff and administration from collaborative agencies and school districts to support Rainbow Connections program implementation.	0.2	\$51,001.77

Consultant Costs / Contracts: Consultant(s) will be utilized to perform and support the implementation and evaluation activities. Specifically, MCBH will develop contracts with The Family Acceptance Project (FAP) and Welcoming Schools to implement both programs to fidelity. MCBH will also develop contracts for the marketing and promotion of the Rainbow Connections proposal. The total budget requested to support consultant costs throughout the project term is \$4,282,312.39. .

The proposed project is estimated to cost \$7,883,562 over the course of the five-year period. The average cost annually will be \$1,580,000 and includes all service delivery, data evaluation, and dissemination costs. The project will utilize Innovation funding for the duration of the project.

Use of Reversion Funds: MCBH will prioritize spending of all previously unspent Innovation funds allocated to Monterey County that may be subject to reversion.

Budget Tables

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
1.	Salaries	899,658.60	923,274.76	947,258.39	971,784.19	994,876.25	4,736,852.19
2.	Direct Costs						
3.	Indirect Costs	27,558.00	29,706.50	32,054.06	34,620.81	37,428.88	161,368.26
4.	Total Personnel Costs	927,216.60	952,981.26	979,312.45	1,006,405.00	1,032,305.13	4,898,220.44
OPERATING COSTS		FY 23/24	FY 24/25	FY 24/25	FY 24/25	FY 24/25	TOTAL
5.	Direct Costs	56,460.00	27,783.00	29,172.00	33,631.00	35,163.00	182,209.00
6.	Indirect Costs	233,489.59	206,238.07	208,410.44	211,902.38	216,405.51	1,076,445.99
7.	Total Operating Costs	289,949.59	234,021.07	237,582.44	245,533.38	251,568.51	1,258,654.99
NON RECURRING COSTS (equipment, technology)		FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
8.	Technology	6,850.00			2,000.00		8,850.00
9.							
10.	Total Non-recurring costs	6,850.00			2,000.00		8,850.00
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
11.	Direct Costs	391,918.00	267,718.00	253,504.25	241,734.31	242,744.78	1,397,619.34
12.	Indirect Costs	35,942.70	23,567.70	21,400.20	19,597.50	19,710.00	120,218.10
13.	Total Consultant Costs	427,860.70	291,285.70	274,904.45	261,331.81	262,454.78	1,517,837.44
OTHER EXPENDITURES (please explain in budget narrative)		FY 23/24	FY 24/25	FY 24/25	FY 24/25	FY 24/25	TOTAL
14.	Merchandising	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	100,000.00
15.	Community/	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	100,000.00

	Youth Engagement						
16.	Total Other Expenditures	40,000.00	40,000.00	40,000.00	40,000.00	40,000.00	200,000.00
BUDGET TOTALS							
	Personnel (line 1)	899,658.60	923,274.76	947,258.39	971,784.19	994,876.25	4,736,852.19
	Direct Costs (add lines 2, 5 and 11 from above)	448,378.00	295,501.00	282,676.25	275,365.31	277,907.78	1,579,828.34
	Indirect Costs (add lines 3, 6 and 12 from above)	296,990.29	259,512.27	261,864.70	266,120.69	273,544.38	1,358,032.33
	Non-recurring costs (line 10)	6,850.00			2,000.00		8,850.00
	Other Expenditures (line 16)	40,000.00	40,000.00	40,000.00	40,000.00	40,000.00	200,000.00
	TOTAL INNOVATION BUDGET	1,691,876.89	1,518,288.03	1,531,799.34	1,555,270.19	1,586,328.41	7,883,562.86

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	Estimated total mental health expenditures for <u>ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 23/24	FY 24/25	FY 24/25	FY 24/25	FY 24/25	TOTAL
1.	Innovative MHSA Funds	220,676.59	198,037.57	199,799.91	202,861.33	206,912.40	1,028,290.80
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Administration	220,676.59	198,037.57	199,799.91	202,861.33	206,912.40	1,028,290.80
EVALUATION:							
B.	Estimated total mental health expenditures for <u>EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 23/24	FY 24/25	FY 24/25	FY 24/25	FY 24/25	TOTAL
1.	Innovative MHSA Funds	65,000.00	65,000.00	65,000.00	65,000.00	65,000.00	325,000.00
2.	Federal Financial Participation						
3.	1991 Realignment						

4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation	65,000.00	65,000.00	65,000.00	65,000.00	65,000.00	325,000.00
TOTAL:							
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 23/24	FY 24/25	FY 24/25	FY 24/25	FY 24/25	TOTAL
	1. Innovative MSHA Funds	1,691,876.89	1,518,288.03	1,531,799.34	1,555,270.19	1,586,328.41	7,883,562.86
	2. Federal Financial Participation						
	3. 1991 Realignment						
	4. Behavioral Health Subaccount						
	5. Other funding*						
	6. Total Proposed Expenditures	1,691,876.89	1,518,288.03	1,531,799.34	1,555,270.19	1,586,328.41	7,883,562.86
*If "Other funding" is included, please explain.							

Appendix I: References

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<https://doi.org/10.1037/0000266-005>
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Appendix II: Presentation to County of Monterey Behavioral Health Commission



What we will share in this presentation:

- 1) Present the proposed Innovation Plan– Rainbow Connections
- 2) Review public comments received during 30-Day Public Review Period
- 3) Request the Behavioral Health Commissions Approval, in order to participate in MHSOAC Hearing on **May 25, 2023**

MONTEREY COUNTY BEHAVIORAL HEALTH 2



What we will share in this presentation:

- 1) Present the proposed Innovation Plan– Rainbow Connections
- 2) Review public comments received during 30-Day Public Review Period
- 3) Request the Behavioral Health Commissions Approval, in order to participate in MHSOAC Hearing on **May 25, 2023**



Core Elements of Plan

Problem

Trauma and suffering experienced by LGBTQ youth as a result of systemic failures and gaps of knowledge occurring across family, school, and community environments.

Goal

Build capacity amongst adults, caregivers, and providers to affirmatively respond to the needs of LGTBQ youth and connect them to appropriate resources.

Innovative Element

- Adapted form of the Positive Behavioral Interventions and Supports (PBIS) framework for an underserved populations;
- Introduce a system-wide framework to support capacitybuilding.



Core Elements of Plan

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Trauma and suffering experienced by LGBTQ youth as a result of systemic failures and gaps of knowledge occurring across family, school, and community environments.

Goal

Build capacity amongst adults, caregivers, and providers to affirmatively respond to the needs of LGBTQ youth and connect them to appropriate resources.

Innovative Element

- Adapted form of the Positive Behavioral Interventions and Supports (PBIS) framework for an underserved populations;
- Introduce a systemwide framework to support capacity building.



The need for Rainbow Connections

- ***LGBTQ youth experience disproportionately high rates of***
 - ***Bullying/Harassment***
 - ***Feeling unsafe in school environments***
 - ***Not feeling accepted in home and community environments***
 - ***Depression***
 - ***Suicide ideation and attempts***
 - ***Substance use disorders***
- ***Trend in more youth identifying as LGBTQ, and at younger ages***
- ***Promising evidence on the impact of supportive environments, especially in the home.***



The need for Rainbow Connections (cont'd)

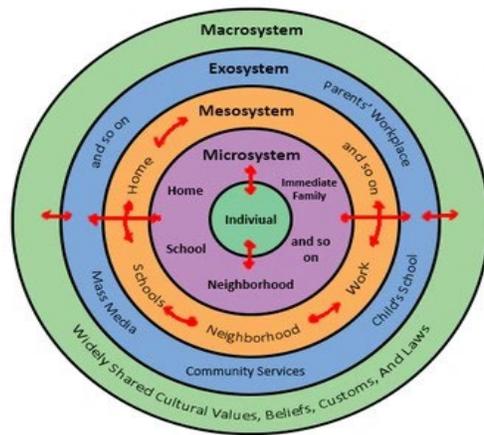
- Across 2021-2022 calendar years, 24 distinct requests from school districts were received by MCBH to:
 - *Provide LGBTQ trainings for school staff*
 - *Assist in forming affirming social/leadership clubs*
 - *Participate on school district LGBTQ task forces*
 - *Provide LGBTQ affirming counseling/service referrals for students*
- FY2022/23 MHSAs Annual Update CPPP included community recommendations and advocacy for increased services for LGBTQ persons and their families
- Direct focus groups with school staff and parents advocating for and contributing to the design Rainbow Connections



Rainbow Connections model

Founded on Bronfenbrenner's Ecobiological Model

Holistic view that all the systems children and their families are involved in reflect in the dynamic nature of family relationships and their impact on mental health and wellbeing.





Transforming Systems with Rainbow Connections

Capacity Building in Family and Community Environments

Partners for Peace to provide culturally grounded parent/caregiver education and peer support for families of LGBTQ youth

Family Acceptance Project (FAP) trainings in various community settings, with curriculum specific to clinical professionals, faithbased leaders, parents/caregivers, and youth

Capacity Building in School Environments

The Epicenter to provide outreach on LGBTQ youth mental health, wellness trainings, help in creating LGBTQ affirming clubs, and assist with referral processes

Harmony at Home to provide LGTBQ-oriented Bullying Prevention Programming

Monterey County Office of Education to link educators and other community stakeholders to training in LGBTQ affirming care and develop streamlined referral process for accessing continuum of LGBTQ Affirming Care.



Creating the MCBH Continuum of LGBTQ+ Affirming Care for Learning Communities





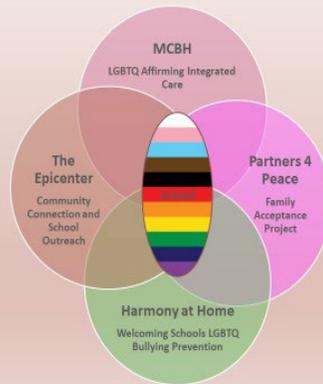
Collaborative Care Model

- 1. Creation of the MCBH Integrated Care Team (ICT)**
 - ***Clinical and support staff***
 - ***Rainbow Connections Network Navigator***
- 2. Monterey County Clinic Services & Primary Care networks**
- 3. Trainings and specialized LGBTQ affirming services and supports**
- 4. Governance Structure – Executive Sponsors to provide oversight and guidance:**
 - ***Rainbow Connections Service Strategy Committee***
 - ***Rainbow Connections Advisory Group***
 - ***Rainbow Connections Youth Advisory Group***



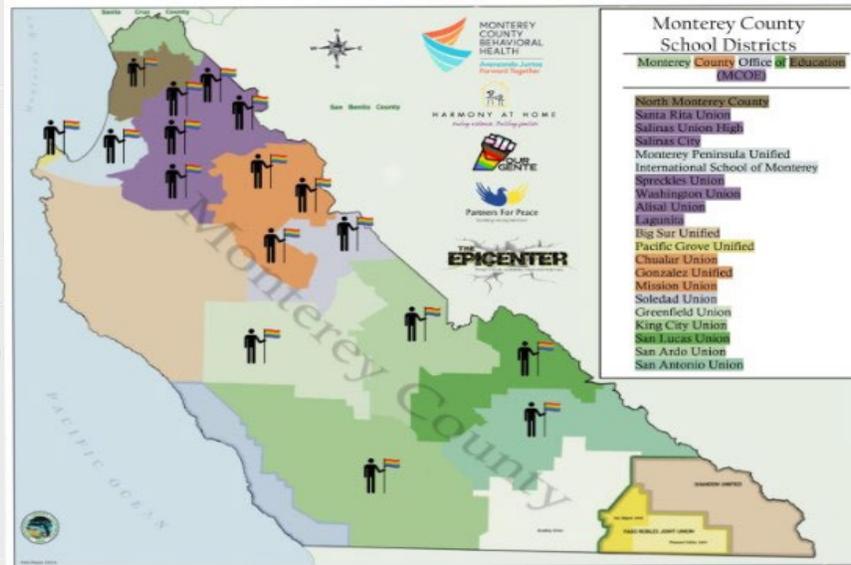
Collaborative Care Model

Interconnection of Our Youth Serving Systems



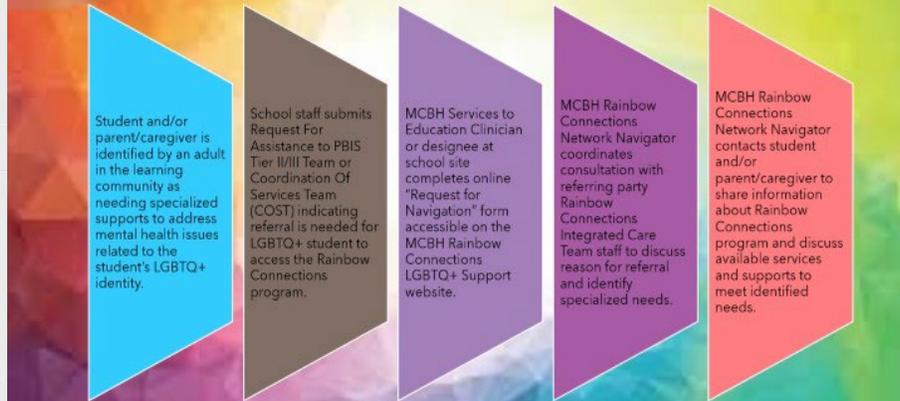


Rainbow Connections in Action



Rainbow Connections in Action

Rainbow Connections in Action At the School Site





Estimated Number of Individuals Served

	Year 1	Year 2	Year 3	Year 4	Year 5
Tier 1- Training					
Youth	1500	2000	2000	2000	2000
Parents/Caregivers	250	300	300	300	300
Educators	850	1000	1000	1000	1000
Mental Health Providers *	300	350	350	350	350
Community and Partner Organizations *	150	200	200	200	200
Tier 2- Group/Consultation Support					
Youth	10	20	20	20	20
Parents/Caregivers	10	20	20	20	20
Educators	10	20	20	20	20
Mental Health Providers	5	10	10	10	10
Community and Partner Organizations	5	10	10	10	10
Tier 3 Individualized Services and Supports					
Youth	10	25	25	25	25
Parents/Caregivers	10	25	25	25	25
Educators	5	10	10	10	10
Mental Health Providers	10	25	25	25	25
Total Individuals Served	3125	4015	4015	4015	4015



Timeline and Budget

- Timeline: **July 1, 2023 – June 30, 2028**
- Total Budget: **\$7,883,562.86**
 Costs inclusive of:
 - County staff direct & indirect
 - Contractors
 - Community Planning and Youth Engagement
 - Technology and materials



30-Day Public Review Period

- **Ran from March 17 – April 17, 2023**
- **Shared/Announced through:**
 - MHA email distribution list
 - All-County Staff email distribution list
 - Social media outlets
 - MCBH website
- **Three comments received**
 - Comments received from representatives of:
 - Harmony at Home
 - County of Monterey LGBTQ+ Employee Resource Group
 - County of Monterey Civil Rights Office
 - All three were positive responses to project moving forward
 - One substantive with substantive questions (see next slide)

MONTEREY COUNTY BEHAVIORAL HEALTH 16

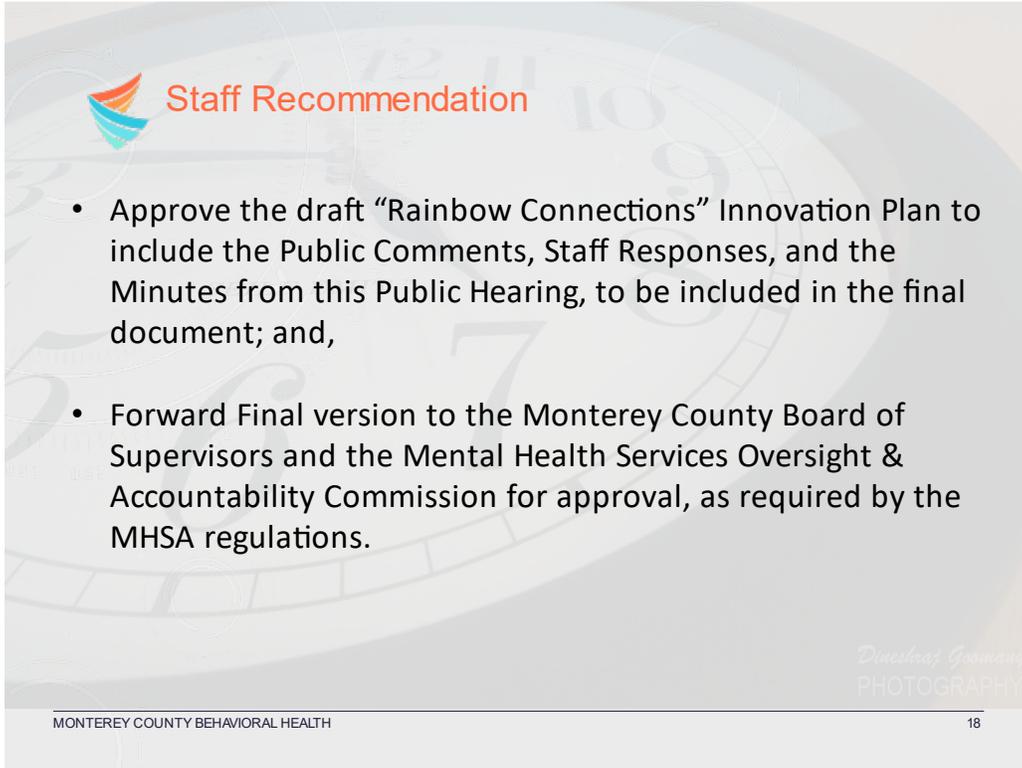


30-Day Public Review Period: County Responses to Substantive Comments

All substantive questions/comments were received by: Edward Juárez-Lefèvre, Co -Chair County of Monterey LGBTQ+ Employee Resource Group,

Substantive Question/Comment	County Response
Request for more robust local data on LGBTQ youth in Monterey County, including MCBH client counts and their needs.	This proposal utilized existing available data on LGBTQ youth in Monterey County. Evaluation of this project will necessitate improved data collection.
Inquiry on / Request for inclusion of child welfare services in project activities.	Yes, as MCBH FAST clinicians will be included in this project, they will ensure child welfare services is connected to training and referral opportunities
Notification of pending request with BOS for Civil Rights Office to create an LGBTQ+ Commission; request for future collaboration.	Participation/Engagement of this commission will be welcomed; Opportunities will exist in Governance Structure.

MONTEREY COUNTY BEHAVIORAL HEALTH 17

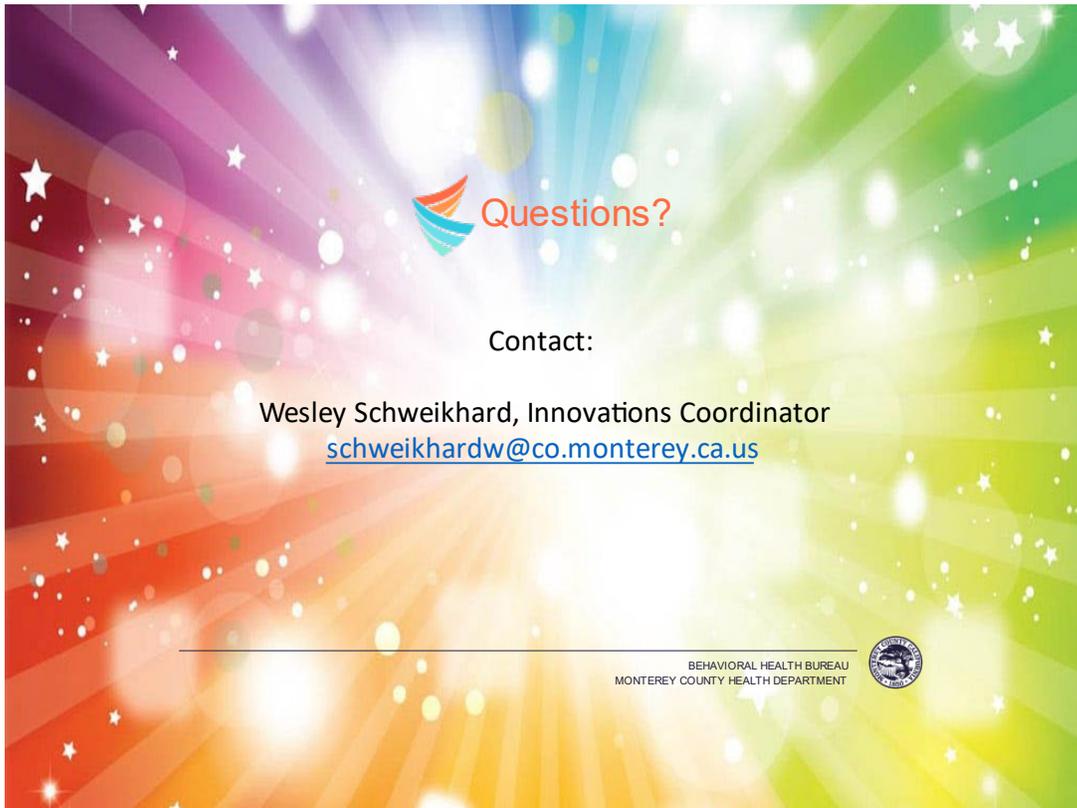


 **Staff Recommendation**

- Approve the draft “Rainbow Connections” Innovation Plan to include the Public Comments, Staff Responses, and the Minutes from this Public Hearing, to be included in the final document; and,
- Forward Final version to the Monterey County Board of Supervisors and the Mental Health Services Oversight & Accountability Commission for approval, as required by the MHSA regulations.

Dineshraj Gomanay
PHOTOGRAPHY

MONTEREY COUNTY BEHAVIORAL HEALTH 18



 **Questions?**

Contact:

Wesley Schweikhard, Innovations Coordinator
schweikhardw@co.monterey.ca.us

BEHAVIORAL HEALTH BUREAU
MONTEREY COUNTY HEALTH DEPARTMENT 

Appendix III: Minutes from County of Monterey Behavioral Health Commission approval hearing for Rainbow Connections MHSA Innovation Plan

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Monterey County Behavioral Health Commission (BHC)

Draft Action Special Meeting Minutes

Cathy Gutierrez, Chairperson
Jeff Wardwell, Chairperson-Elect

Thursday, May 4, 2023

2:00 PM

Health Department – Whitney Rm B & C
1270 Natividad Rd, Salinas, CA 93906

Alta Bakery & Café Patio at
502 Munras Ave, Monterey, CA 93940

45 C St, Gonzales, CA 93926

Pacific Grove Police Department at
580 Pine Ave, Pacific Grove, CA 93950

775 Kimball Ave, Ste 102, Seaside, CA 93955

Quorum Met: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *Excused Absence						
District						
1 – Alejo	<input checked="" type="checkbox"/>	Jeff Wardwell	<input type="checkbox"/>	<i>VACANT</i>	<input type="checkbox"/>	<i>VACANT</i>
2 – Church	*	Alma McHoney	<input type="checkbox"/>	<i>VACANT</i>	<input type="checkbox"/>	<i>VACANT</i>
3 – Lopez	<input checked="" type="checkbox"/>	Claudia Gomez	<input checked="" type="checkbox"/>	Mark Lopez	<input checked="" type="checkbox"/>	Cathy Gutierrez
4 – Askew	<input checked="" type="checkbox"/>	Derrick Elder	*	Regina Palmer	<input type="checkbox"/>	<i>VACANT</i>
5 – Adams	<input checked="" type="checkbox"/>	Linda Fosler	<input type="checkbox"/>	<i>VACANT</i>	<input type="checkbox"/>	<i>VACANT</i>
Law Enforce	<input checked="" type="checkbox"/>	Chief Cathy Madalone, <i>District 2</i>				
BOS Member	*	Glenn Church – <i>District 2</i> ; Alternate: Luis Alejo – <i>District 1</i>				
Staff:	Katy Eckert, Jon Drake, Shane Strong, Marni Sandoval, Kacey Rodenbush, Wesley Schweikhard, Shannon Castro, Lindsey O’Leary					
Guests:	Sara Cervantes Weber (Spanish Interpreter)					

1. CALL TO ORDER

Meeting was called to order by Chairperson Gutierrez at 2:01 PM

2. ANNOUNCEMENTS

Attendance was taken to determine quorum — Quorum established, *see above*.

The agenda was posted at each location from which committee members teleconferenced.

Spanish Interpreter present and announced Spanish interpreter services.

3. PUBLIC HEARING AND APPROVAL OF THE RAINBOW CONNECTIONS INNOVATION PROJECT PLAN APPLICATION — *Attached in Agenda Packet*

Rainbow Connections team provided a brief review and summary of Rainbow Connections Innovation Project Plan presentation presented during the April 27th meeting.

Secretary of the Commission reviewed Commissioners' comments from the April 27th meeting:

Commissioner Fosler asked if it would be possible to get momentum through this project to open an Epicenter-type place somewhere in South County; she explained that part of the power of the Epicenter is that it is a physical place in the community and while services to South County have been provided via outreach, it is not the same. The Rainbow Connections team responded that MCBH will likely begin seeing the need present itself as MCBH gets the outreach individuals out to South County, making room for these conversations and this planning.

Supervisor Church shared that in the presentation, there was mentioned of LGBTQ+ youth and caregivers/parents, but no information about siblings, cousins, or extended family. The Rainbow Connections team referred Supv. Church to the Family Acceptance Project.

Supv. Church suggested that for its social media efforts, MCBH should utilize the Nextdoor app as many people in the community use it. Supv. Church also asked if MCBH would be able to collaborate with the Pajaro District. The Rainbow Connections team responded that MCBH has a strong partnership and contract with Pajaro Valley Prevention Services (PVPSA) – PVPSA provides all school-based mental health services for Pajaro school districts on behalf of Monterey County; Dr. Marni R Sandoval has a good working relationship with the leadership of the organization.

Commissioner Fosler shared that in her experience in teaching mental health first aid, she has typically heard that the first person that LGBTQ+ youth were coming out to were trusted friends, not family. She asked how the Rainbow Connections team plans to pull friends into the program. The Rainbow Connections team explained that MCBH already has a Youth Advisory Group in the schools. As the youth start to know that this is available, the Rainbow Connections team plans to send different outreach coordinators into the schools to provide mental health presentations; these coordinators will be someone that the youth can relate to. These coordinators as well as the Family Acceptance Project will be training the students and providing opportunities for them to learn in a safe environment where they can share and access support. The friend in question would be able to make the request for assistance mentioned in the presentation.

Commissioner Elder expressed a concern for confidentiality disclosures. As mentioned in the presentation, there are many protections which are needed to be able to identify or state that one is aware of someone being LGBTQ+. He asked

how this will be navigated knowing that a friend or sibling is aware? The Rainbow Connections team responded that there is a protection around the individual; for example, if a student approaches staff and requests be referred to using a different name or different pronouns, that adult must keep that private and must ask permission to disclose it. Friends and family, however, are not held by that same protection. MCBH would ask the individual how they received that information and then request the friend/family to give the LGBTQ+ individual access to an MCBH team member.

Commissioner Comments:

Commissioner Wardwell asked what the process is in the case that the child was not in a safe environment, psychologically safe at home, or able to communicate with the parent(s)/guardian(s) and how the connection to services is made. Additionally, Wardwell asked, in situations where there is a pause between notification to the parent(s)/legal guardian(s), what effort is being made to bring a parent/guardian to the table to clear any misunderstandings and ensure that MCBH is doing everything possible to put them into these programs and bring families back together. The Rainbow Connections team reiterated that LGBTQ+ students have legal protections that allow them to self-identify as LGBTQ+ without informing their parents or guardians, particularly if they are making that choice on how to self-identify within the school setting, so the process and timeline of these youth coming out will be driven by the individual and when they are comfortable bringing in their family. However, if a student does come out to their family, the Rainbow Connections team will quickly jump on the opportunity to partner with the youth to provide psychoeducation. The peer consultation is open to anyone that they bring into their safe network and there will be group support available via the Rainbow Connections program. MCBH will also be leaning on the minor consent laws in the State of California so any youth ages 12 or older have the legal ability to participate in mental health services without involving their parents if involving the parents is deemed as a potential risk. It is important to note that under mandated reporting laws, MCBH may have to bring a report to Child and Family Services regarding any potential abuse that may be happening. Additionally, a major component of the program is taking the education initiative into the community, including pushing out resources, information and supports.

Commissioner Madalone shared that collaboration with first responders and law enforcement can help bridge the gap between them and the LGBTQ+ community. Pacific Grove Police Department has an SRO that works in the schools and builds relationships with students; Chief Madalone asked if this is not within the scope of the program if it is possible to include. The Rainbow Connections team shared that law enforcement and first responders will be welcomed in all training spaces being offered.

Public comment:

Public comment offered at each meeting location. Kontrena McPheter asked how the program will be sustained, how long the grant for the Rainbow Connections team would last and if the money would be coming from MHSA funding. The Rainbow Connections team responded that this grant would help to build the infrastructure and initial knowledge base for this initiative; this would then be built into MCBH collaborative systems in a sustainable way as part of the project.

Motion to approve by Comm. Fosler; Seconded by Comm. Lopez; vote taken by roll call — *Approved*

Aye: Wardwell, Gomez, Lopez, Elder, Fosler, Madalone, Gutierrez

Nay: None

Abstain: None

4. ADJOURN

The meeting was adjourned at 2:31 PM