



MENTAL HEALTH SERVICES ACT

Innovation Project 6 Plan: allcove Sacramento

December 5, 2023

County Name: Sacramento County

Project Title: allcove Sacramento Innovation Project

Total amount requested: \$10,000,000

Duration of project: 5 Years

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

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

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

CHOOSE A PRIMARY PURPOSE:

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

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

Section 2: Project Overview

PRIMARY PROBLEM

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

Increasing need: A mental health crisis facing American youth

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

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

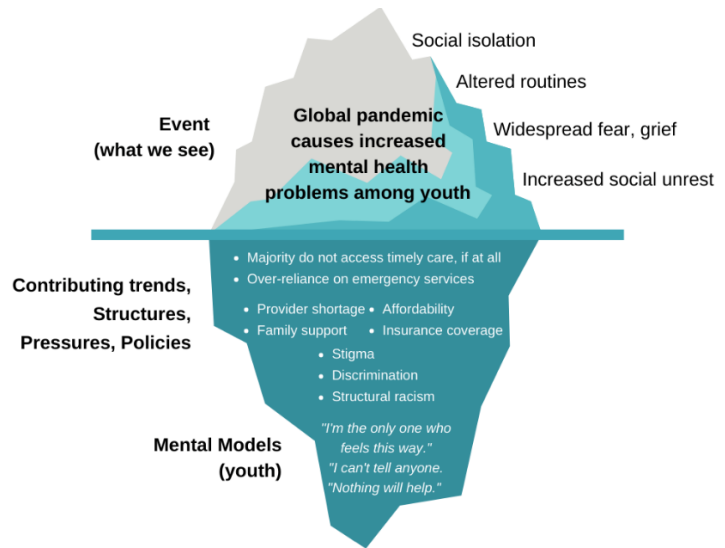
After the start of the COVID-19 pandemic, there was a greater than 50% increase in suspected suicide attempt emergency department visits among girls ages 12 to 17 in the beginning of 2021, as compared to the same period in 2019 (Yard et al., 2021). Suicide is now the second-leading cause of death for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

According to the Centers for Disease Control and Prevention (2023), more students experienced persistent feelings of sadness or hopelessness from 2009 through 2019, regardless of race/ethnicity; more than 1 in 3, and almost half of female students reported persistent feelings of sadness or hopelessness in 2019. Roughly half (49.5%) of adolescents in the U.S. have met the criteria for a mental disorder at some point, with anxiety disorders being the most common (31.9%), followed by mood (14.3%), behavior (19.6%), and substance use (11.4%). According to the Substance Abuse and Mental Health Services Administration’s 2019 Behavioral Health Barometer, 57% of youth aged 12 to 17 with a major depressive episode did not receive treatment in the past year. The Mental Health in America 2022 report notes an increase in the number of youth who experienced a major depression episode (15%, up 1% from the previous year) and that only 27% of youth with severe depression received consistent treatment while 60% do not receive any treatment at all.

The status of youth mental health appears to be approaching a breaking point. In October 2021, three leading children’s health organizations declared a [National State of Emergency in Children’s Mental Health](#) and in December 2021, U.S. Surgeon General Vivek Murthy issued a [National Advisory on the youth mental health crisis](#). This alarming increase in distress does not point to any one stressor. Rather, climate change, racism, gun violence, income inequality, and charged political discussions (i.e., immigration, LGBTQ+ topics) that have a direct impact on individuals’

futures are among factors that contribute to increased levels of chronic stress among youth, which can lead to anxiety and depression. Income inequality alone is linked to higher rates of mental health difficulties (Pickett & Wilkinson, 2015). In addition, LGBTQ+, maltreated, runaway, and unhoused youth are at a disproportionately high risk for depression, self-harming behaviors, suicidal ideation, and suicide (Stillman Cohen & Bosk, 2020). Successfully identifying and treating mental health issues that youth and young adults are facing is key to ensuring their lifelong emotional and mental wellbeing.

Figure 1. Mental health factors for youth iceberg



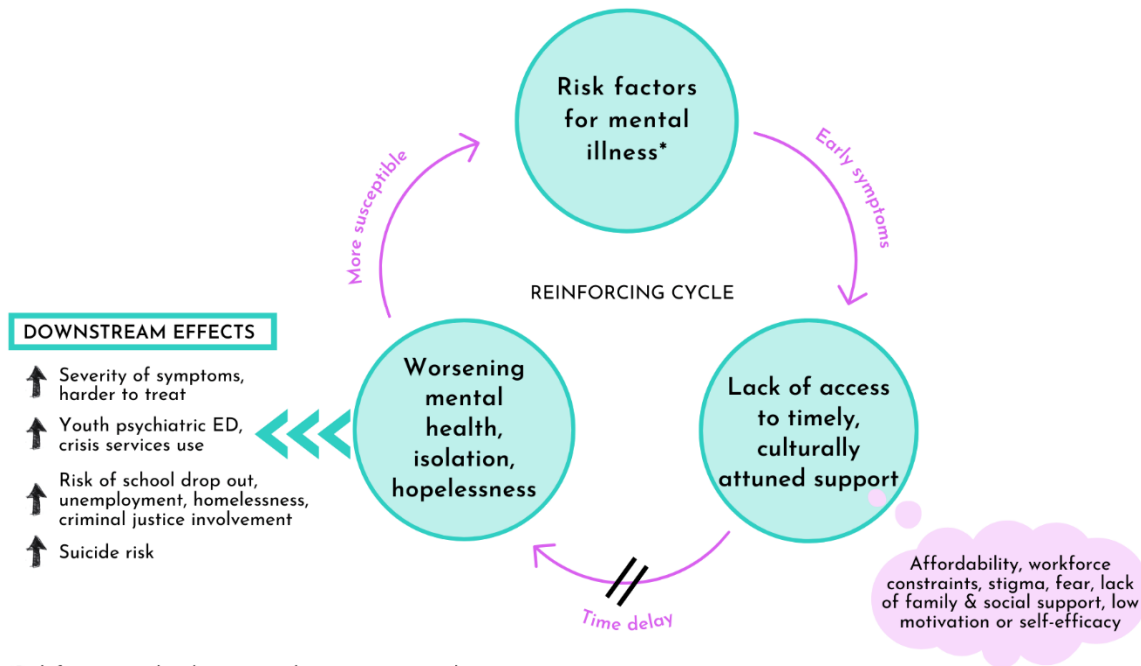
The COVID-19 pandemic has exacerbated the mental health crisis among young people. Feelings of isolation and hopelessness, reduced access to friends, disruptions to education, economic instability, lack of access to resources, stigma, and hopelessness are all factors that fuel the current youth mental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

Throughout the pandemic, anxiety, depression, sleep disruptions, and thoughts of suicide have increased for many young adults. In a Kaiser Family Foundation study (2021), results suggested that approximately 56% of young adults ages 18 to 24 reported symptoms of anxiety and/or depressive disorder. These factors, along with the already challenging transition from adolescence to adulthood, can be even more difficult for youth with pre-existing mental health risks.

A [statement](#) released by the White House on the date of President Biden’s first State of the Union address highlighted the dire state of mental health in the nation and proposed priority areas, such as connecting Americans to care through the integration of mental health and substance use services in community-based settings, and developing the peer workforce. While half of all lifetime cases of mental illness begin by the age of 14 (Kessler et al., 2005), this country has yet to create a public mental health system that children and families need. While successfully identifying and treating mental health issues that youth and young adults are facing is key to fostering their lifelong emotional and mental wellbeing, current U.S. health systems pose many barriers for youth to access the help, as illustrated in Figure 2. Spaces that encourage youth voice, establish a safe

environment which respects gender identity and sexual orientation, and ultimately increase youth’s accessibility to clinical services and support are essential for this vulnerable population.

Figure 2. Reinforcing cycle of mental health issues for youth



Garrett, 2022

Fragmented services and barriers to access

Because of its whole-person approach, the allcove model may have a significant positive impact on Sacramento County’s young people’s mental health and wellbeing. As an integrated service, allcove addresses the overlapping needs of young people, whether through providing vocational support, reducing mental health distress, or starting conversations with a peer support specialist that may lead to an appointment with a substance use specialist or primary care staff. allcove’s model structure is aligned with many of the key principles outlined in the California Department of Health Care Services’ Framework for a Core Continuum of Care (2022), including offering locally tailored, culturally responsive prevention and early intervention-focused, community-based, whole person care. This “no wrong door” approach supports the realities of young people’s lives and encircles them with broad support in one setting, and aligns with Sacramento County Behavioral Health Services (BHS) approach to mental health treatment.

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

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

Complicating the crisis related to a lack of access to mental health services is the hesitation of many youth to seek help, for reasons such as:

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

The crisis impacts every community as well as individuals. In 2013, the estimated cost of mental disorders among persons under 24 years of age in the U.S. (including health care, use of services such as special education and juvenile justice, and decreased productivity of those with mental health challenges) was \$247 billion annually (Perou et al., 2013). Due to young people not receiving adequate support during this vulnerable time, quality of life and academic and professional successes are negatively impacted, and the risk for mental illness, substance abuse, suicide, teen pregnancy, and many other adverse health and achievement outcomes that follow them into adulthood increases. This current state is a cause for alarm and calls for a cultural paradigm shift in approaching youth health across the U.S. (Center for Youth Mental Health and Wellbeing, 2016).

A new model to meet the moment: allcove

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

allcove centers engage youth ages 12-25 to help detect, prevent, and treat mild to moderate mental health needs, and connect young people to their local community behavioral health system for more intensive interventions. Developed by the Center for Youth Mental Health and Wellbeing within the Department of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine, allcove is guided by a vision of a place where every youth belongs, chooses the

support they need, and thrives. allcove focuses on early intervention services that are easily accessible, welcoming, and culturally responsive through a network of youth integrated mental health centers.

A new model to meet the moment in Sacramento County

BHS was awarded a California Mental Health Services Oversight and Accountability Commission (MHSOAC) grant as seed funding to start an allcove Youth Drop-in Center (allcove Sacramento) in Sacramento County. BHS currently offers drop-in mental health respite centers for this population to provide a space that is safe and nonjudgmental, and to provide linkage to mental health services for youth. Before being introduced to the allcove model, BHS did not have a one-stop shop approach to serve youth of all ages. Instead, BHS' service array includes multiple contracted agencies skilled at providing specific services that work together to support the youth in meeting their needs. allcove Sacramento will engage Sacramento County young people and their families and enable them to access a variety of services and levels of care in the same space. Services will be delivered to youth and families wherever they are, rather than the youth and families having to go to the center. allcove Sacramento will work with youth to assist them in building their own community and will also work to destigmatize multiple types of services provided to youth, such as mental health, physical health, and substance abuse.

Other areas in which BHS would like to grow in utilizing the allcove model and addressing the primary problem include:

- Making a center that is surrounded and driven by youth input and leadership. The implementation of the Youth Advisory Group (YAG) will be key to supporting BHS in implementing allcove and will ensure that BHS will be even more intentional in providing holistic services to youth in a way that we have not done before in Sacramento County. Having youth focused intentionality at all stages of implementation will support allcove Sacramento in becoming a unique space for Sacramento County youth.
- Designing the allcove Sacramento center physical space that ensures the center holistically addresses the youth's needs, starting with when youth walk into the physical space.
- Service integration to holistically meet the youth's needs. Our current programs do not have specific access to education and employment supports, which is a core component of allcove model.
- Data collection and data-driven results to better serve this age group. Although BHS' current drop-in mental health respite centers collect data, our county would like to be a part of the international and multi-county efforts to collect data for these vulnerable populations. Being able to access the allcove data collection system (datacove) and work as a system with other state and international partners will be helpful to address the systemic needs of young people served by allcove. This will help Sacramento County address youth needs within the community.
- A sustainability plan involving the use of different funding streams to implement the allcove model. Currently, BHS drop-in mental health respite centers do not utilize Medi-Cal for billing. The allcove model would allow for a program to implement processes to capture insurance billing to offer these services.

PROPOSED PROJECT

A) Overview of the project

“allcove offers support in every sense of the word, all forms of support (physical, mental, etc.) are connected to allcove’s core mission.”

~ Quote from a Central allcove Team youth advisor

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

A fully staffed and operational allcove center that meets the allcove model integrity standards is anticipated to serve 1,000 youth annually, based on the [headspace U.S. feasibility report, 2015](#). Factors impacting a center’s operations include, but are not limited to, workforce challenges, partnership agreements and changes, and related community conditions, including access to public transportation and availability of support.

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

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

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

allcove centers complement existing community services rather than compete with them, specifically with school-based mental health and early psychosis services. allcove centers become potential partners to link young people who may want to have conversations outside of schools; allcove staff can also support school communities with suicide prevention, intervention and postvention activities and receive referrals for higher needs services while staying connected

within confidentiality limits. The supported education and employment services provide a complement for school-based efforts to learn about careers and future planning. allcove centers also become comfortable places for youth who may be developing clinical high risk or early psychosis to feel welcomed and get support, especially if they may not want to access a community mental health center. By getting help early, allcove centers become an important partner in prevention and early intervention approaches, as well as provide “warm hand-offs” that directly connect young people and their families to higher needs service providers, while continuing to serve as a welcoming space for other needs.

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

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

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

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

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

In Sacramento County, BHS is partnering with Greater Sacramento Urban League (GSUL), the lead agency/contracted provider, to implement the allcove model of care that considers the holistic needs of young people as a place for youth to pause, get grounded, and access a range of services. allcove Sacramento will provide on-site services as listed above, including mental health counseling, primary care, substance use counseling, access to education and vocational guidance, and access to a range of ongoing services based on needs of the youth and family.

allcove Sacramento will have its own Youth Advisory Group (YAG) composed of young people from the local community who represent diversity in race, ethnicity, gender identity and expression, sexual orientation, lived experience, ability, and socio-economic status. At every allcove center, the YAG's goal is to ensure that youth voice and experience is included in that center's development and services. YAG members also serve as community ambassadors for the program, conducting outreach and education through schools, community events, conferences, and social media, within their own peer groups. Participation in the allcove YAG also presents opportunities for youth skill and leadership development through individual and group advocacy, outreach projects, and training across a range of relevant topics such as youth mental health first aid, developing healthy relationships, and public speaking.

"With culturally relevant resources/ events/staff, according to diverse demographics, this space has great potential to be a vessel for substantial positive change and not just another wasted opportunity amidst a crisis. Consistent adaptability and responsiveness are what is needed from the service providers to make this anything different from the status quo. If it was an emergency, I would have to call 988 or go to the ER and try to avoid law enforcement at all costs."

~ Quote from youth during Sacramento County BHS' allcove INN Project Q&A Focus Group.

allcove Sacramento will facilitate a collaborative multi-disciplinary team - the Community Consortium - where all collaborative partners will work alongside one another for the purpose of coordinating care, with an emphasis on communication. The Community Consortium will support decision-making related to allcove Sacramento and will include YAG members to ensure youth voice is present. Sacramento County has a robust school mental health system which will partner with allcove Sacramento to share about the resource, and as stated above, continue the conversations that are occurring in our Sacramento County schools related to youth mental health and wellness. Sacramento County BHS also has a very robust early onset psychosis program, SacEDAPT, which is operated by UC Davis. This partnership and collaboration with SacEDAPT will be vital to the

upstream approach in supporting young people, and their families, in learning about early onset psychosis and accessing treatment early. Youth and their families will be supported by allcove Sacramento staff as navigation partners through a network of collaborative community partners and resources.

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

The allcove model introduces a new practice or approach to the overall mental health system in Sacramento County. This includes, but not limited to, integrated health services and prevention and early intervention services aimed at increasing access to mental health services to underserved groups including youth 12 to 25 years of age and vulnerable youth populations such as those who identify as historically marginalized, unserved/underserved, and socioeconomically disadvantaged including, but not limited to youth who identify as: LGBTQ+, homeless/experiencing housing instability, racial minority – particularly Black/African American/of African Descent, being served by Child Welfare/Probation, at risk or experiencing exploitation, refugees, immigrants, and indigenous youth.

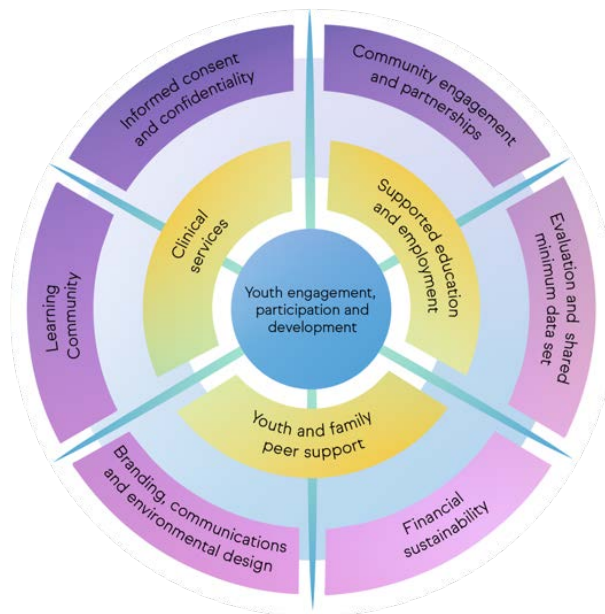
C) Briefly explain how you have determined that your selected approach is appropriate.

The allcove model proposes a new approach to prevention and early intervention health and wellbeing services that are open, accessible, and acceptable to young people and their families. The model aims to remove historical barriers that have traditionally stopped youth from accessing prevention and early intervention services by implementing an integrated youth mental health program that has been successful in other countries and is being adapted to local communities in the U.S., including Sacramento County.

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

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

Figure 3: Model components of the allcove model



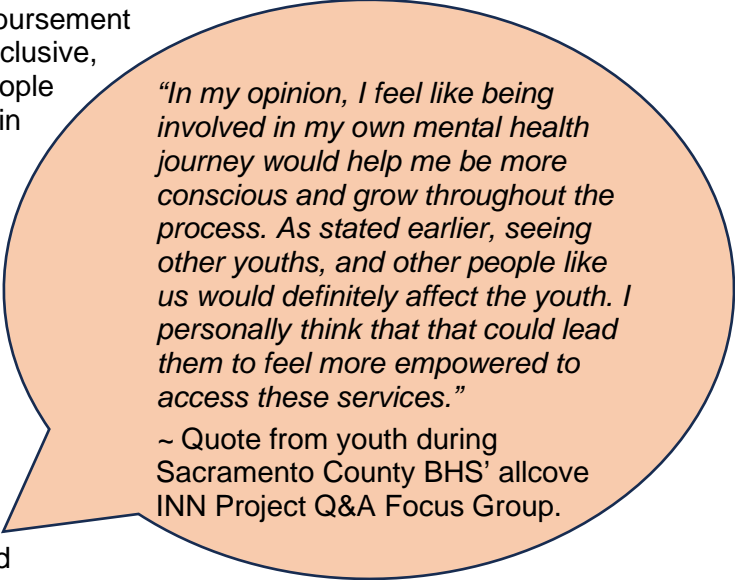
allcove's practice principles and how they have historically been applied are described below:

Youth-centered care

“The ability to have both physical including sexual health and mental health services at allcove support young people navigating two services that are both highly stigmatized in one inclusive space allows for confidentiality, support, and youth focused care.”

~ Quote from a Central allcove Team youth advisor

Historically, adult experts develop services with business-as-usual practice, current funding streams and reimbursement mechanisms, with eligibility criteria that may be exclusive, rather than the actual needs of youth. Young people have expressed that the current service system in place for mental health does not work for them; the result is low levels of seeking help and poor youth health and wellbeing outcomes. At each allcove center, young people will be seen as experts in their own care and services are designed with, by and for youth. Each center's Youth Advisory Group, made up of diverse young people who represent the local community, ensures the ongoing and integral involvement of young people in all aspects of allcove. Because these local youth are instrumental in co-creating and co-designing the center, services are socially and culturally inclusive, strengths based, hope inspired, and relevant to youth and their community.



“In my opinion, I feel like being involved in my own mental health journey would help me be more conscious and grow throughout the process. As stated earlier, seeing other youths, and other people like us would definitely affect the youth. I personally think that that could lead them to feel more empowered to access these services.”

~ Quote from youth during Sacramento County BHS' allcove INN Project Q&A Focus Group.

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

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

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

Prevention, screening, and early intervention

“I did not feel that my concerns deserved support, I thought that I needed to be in crisis in order to talk to someone.”

~ Quote from a Central allcove Team youth advisor

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

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

Connecting with young people only when their health and wellbeing is low or in crisis is a deficit approach to care, rather than being proactive when there is an opportunity to engage with activities to improve and maintain health and wellbeing. Along with individual services, allcove centers provide group wellness, health education, and recreational programs and events that support youth to develop protective factors during a developmentally complex part of their lives. These soft entry service options connect youth with the center and allcove brand, which in turn builds trust needed when, and if, challenges present themselves in that young person's life.

Rapid, easy and affordable access

"allcove is a comfortable place to come in, rather than having to navigate through a whole different system which may be overwhelming."

~ Quote from a Central allcove Team youth advisor

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

For counties that participate in the allcove Learning Community through community supported use of local INN component funds, allcove centers will provide easy and affordable access to youth while a sustainable financial model is developed both at the local level and within the growing allcove center network of partners. Learnings on financial modelling and braiding funding streams will be shared across the multi-county initiative through the allcove Learning Community, relying on the expertise of many partners implementing the program across California together with other relevant experts.

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

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

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

Holistic and integrated care

“Housing services in the same center makes them more accessible, as transportation is less of an issue.”

~ Quote from a Central allcove Team youth advisor

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

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

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

Sacramento is one of the most diverse communities in California with a large number of ethnic, linguistic, and cultural groups. Spanish, Russian, Vietnamese, Hmong, Cantonese, and Arabic are recognized as primary languages spoken by many Sacramento County residents. Sacramento County ranks in the top three counties in California for newly arriving refugees. With this project, BHS’ objective is to support youth from these diverse communities and their families to have inclusive and equitable access to care in Sacramento County.

BHS will implement a local adaptation of the allcove model that is specific to the Sacramento community, Sacramento County youth, and the integrity of Sacramento County youth voice. The program will adhere to the brand expression guidelines put forth by the allcove model design. Maintaining brand integrity and fidelity is fundamental to

“Transparency and confidentiality can be extremely significant to young people like me because sometimes we could feel belittled or not relevant enough to know. When it comes to how we access services, feeling comfortable doing so independently would probably be preferable. The most effective way I could describe what that means is to have an inviting aura when people access these services. That could range from having a user-friendly website or providing customer service (by answering any questions they may have).”

~ Quote from youth during Sacramento County BHS’ allcove INN Project Q&A Focus Group.

consistently reaching youth with the messaging and touchpoints that resonate with and matter to them. The allcove brand has the flexibility to be adapted to individual communities to reflect local context and culture. Brand expression guidelines offer allcove centers direction on implementing the brand with both integrity and a local theme. The center will also benefit from a centrally developed website architecture, outreach campaign, and range of communication materials that can be adopted for local use.

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

The program will have the capacity to serve 400 young people at any given time. This estimate is based on the average client services in other outreach and engagement programs, and other youth drop-in mental health respite center programs within Sacramento County.

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

The allcove Sacramento aims to engage and serve Sacramento County youth ages 12 through 25, with a focus on historically marginalized, unserved/underserved, and socioeconomically disadvantaged young people. This includes, but not limited to, those who identify as LGBTQ+, homeless/experiencing housing instability, racial minority, being served by Child Welfare/Probation, at risk or experiencing exploitation, refugees, immigrants, and indigenous youth. allcove Sacramento will be inviting businesses, services, and members of the Oak Park area to provide services at allcove Sacramento and become members of the community consortium. allcove Sacramento will be open to anyone 12 through 25 who needs allcove services while in Sacramento County.

In fiscal year (FY) 2022-23, 9,903 youth and transition age youth received outpatient mental health services in the Sacramento County Mental Health Plan (MHP). Youth (12-17) accounted for 60% of all served, while TAY (18-25) represented 40%. This INN component funding will help fund the expansion of the allcove Sacramento. Based on the number of youth served in FY 2022-23, it is estimated that between 9,000 and 10,000 youth could benefit from this implementation. Below, Table 1 indicates percentages served for FY 2022-23. Over 50% of youth and TAY served will represent the populations of focus.

Table 1

Youth Served in the MHP FY 2022-23		
Race	Number	Percent
American Indian/Alaskan Native	67	0.7%
Asian/Pacific Islander	472	4.8%
Black/African American	2,205	22.3%
Hispanic/Latino	3,137	31.7%
Other Race	762	7.7%
Unknown/Not Reported	1,333	13.5%
White/Caucasian	1,927	19.5%
Total	9,903	100.0%

In the Oak Park area (Sacramento zip codes of 95817 and 95820), Table 2 below shows the demographic data for youth who have been served by the Sacramento County MHP. Table 3 shows the overall youth demographics (ages 10-24) of these zip codes in 2023 and shows how allcove Sacramento could be a helpful resource to the youth in this neighborhood.

Table 2

Youth Served in the MHP FY 2022-23	95817		95820		Total	
	#	%	#	%	#	%
American Indian/Alaskan Native	0	0.0%	2	0.6	2	0.4%
Asian/Pacific Islander	4	2.4%	13	3.9	17	3.4%
Black/African American	50	29.9%	61	18.1	111	22.0%
Hispanic/Latino	48	28.7%	166	49.3	214	42.5%
Other Race	16	9.6%	32	9.5	48	9.5%
Unknown/Not Reported	21	12.6%	28	8.3	49	9.7%
White/Caucasian	28	16.8%	35	10.4	63	12.5%
Total	167	100.0%	337	100.0	504	100.0%

Table 3*

Population by Age Group	95817		95820		Total	
	#	%	#	%	#	%
Age 10-14	871	32.30%	2,658	35.79%	3,529	34.86%
Age 15-17	566	20.99%	1,582	21.30%	2,148	21.22%
Age 18-20	536	19.87%	1,411	19.00%	1,947	19.23%
Age 21-24	724	26.84%	1,775	23.90%	2,499	24.69%
Total	2,697	100.0%	7,426	100.0%	10,123	100.0%

*From Be Healthy Sacramento website

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

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

Sacramento County BHS has contracted with GSUL as the lead agency; this approach is different from other allcove centers. allcove Sacramento is the only center with a nonprofit/Community Based Organization (CBO) as the lead agency. CBOs are historically mission-driven and collaborative, which will hopefully prove beneficial for allcove Sacramento and may make the implementation of some portions of the allcove model more easily implemented. Additionally, based on the location and the populations currently served by GSUL in this location (Oak Park neighborhood), the youth served by allcove Sacramento will be uninsured/underinsured

Black/African American youth. Based on the demographics currently being served at other startup allcove centers, allcove Sacramento will be unique in our service of this demographic.

The table below shows the U.S. Census Bureau American Community Survey - Median Household/Family income in other Counties where allcove is being implemented:

County	Median Household Income	Median Family Income
Orange County	\$75,998	\$85,472
Sacramento	\$55,615	\$64,496
San Mateo	\$91,421	\$108,088
Santa Clara	\$93,854	\$106,401
Santa Cruz	\$66,923	\$81,495

Based on the U.S. Census Bureau Survey results above, there is a significant economic disparity in the population being served by the different counties who are participating or will be participating in the multi-county collaboration allcove INN Project.

Sacramento BHS staff and GSUL participated in the 2023 allcove conference and attended the presentations of allcove teams from Santa Clara and other counties. BHS noted several differences in other counties approach/existing models (e.g. population of focus, staffing model, resources, facilities, funding streams, etc.).

B) Describe the efforts made to investigate existing models or approaches close to what you’re proposing. Have you identified gaps in the literature or existing practice that your project would seek to address?

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

Established in 2006, the headspace program serves a unique and vital role in the provision of early and integrated mental health supports for adolescents and young adults that does not currently exist in the US. This model has been so successful in providing critical services to an underserved population (Rickwood, et al., 2019) that the Australian federal government continues to expand both funding and services to sites on an annual basis, regardless of the legislative party in power. Legislators across the country compete to have headspace sites in their communities as sites are incredibly popular with young people and families. In fact, most young people coming to headspace sites come on their own or with a friend. The expansion of this model in Denmark, Israel, and Canada point to the potential for replication (McGorry, et al., 2022).

The success of headspace in Australia shows the overwhelming interest and need young people have in accessing early mental health in a setting that is uniquely tailored to their needs. Recent data (Rickwood, et al., 2015) points to the ability of the headspace model to successfully engage and support youth at an early and critical juncture: 60% of headspace clients experienced improved psychosocial functioning and/or improvement in psychological distress. The most common reasons for seeking headspace services include symptoms of depression and anxiety, accounting for two-thirds of all initial services. Most headspace clients receive an appointment within two weeks, reducing long wait times that lead to missed opportunities for support. These outcomes demonstrate that headspace is succeeding in its hallmark efforts to reduce barriers to help-seeking, while also facilitating early access to quality mental health services with positive outcomes for young people

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

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

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

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

- There is strong support for allcove, the services that are provided and for allcove staff.
- Across surveys and focus groups, youth reported satisfaction with the services they have received at allcove. Aspects they enjoyed most were the staff and quality of services. Additionally, youth reported feeling safe and comfortable:
 - 88% were satisfied with the services they received at allcove.
 - 96% indicated that staff at allcove have been supportive.
 - 76% indicated they would be comfortable reaching out to allcove staff in the future.
- Youth also reported their appreciation for how accessible services at allcove are, stating that flexible and quick scheduling allowed youth to receive immediate support. The ability to respond to acute needs is an important and significant achievement. Youth that are undocumented mentioned that allcove does not have structural barriers that slow, limit, or prevent their ability to access care. From the client survey respondents, 88% of youth indicated agreement that provider respect for youth is an area of strength at allcove, and that they feel respected by allcove staff. Receiving services in youths' preferred language also appears to be a strength at allcove.
- Youth emphasized several characteristics that promote accessibility of services, such as adherence to confidentiality, as well as flexible and quick scheduling that allow youth to receive immediate support. Youth also expressed that, without allcove, they would not have otherwise been able to access services.
- Youth advisors reported that the work of allcove is making a difference in destigmatizing mental health and creating a place where youth can come to learn about mental health or

seek services. Youth advisors also shared that they can see their input implemented into the work being done at allcove.

- allcove San Jose also opened in June of 2021 but closed after six months with a plan to relocate. Issues related to the closure were primarily related to the choice of location: within a supportive housing unit in a portion of the city already facing high levels of high-risk activity and police presence. Lessons learned from allcove San Jose include the need to ensure the stability of the community where the allcove center is located, the ongoing involvement of all community partners in committing to the safety of the center itself and the assurance that young people from across the local community are comfortable with using the allcove center location.
- Every community is a good fit for an allcove center, as rates of youth mental health challenges are high across all socio-economic levels. It is essential for every allcove center to have the commitment of local partners and existing organizations to make each site successful. Regardless of the socio-economic or resource status of the community where the allcove center is located, it is essential that allcove center services reflect the values, needs and culture of the youth, families and community members that will engage in services.
- As the allcove model evolves, Stanford's Central allcove Team is also evolving its support for diverse communities, recognizing that the technical assistance approach must meet the community culture to ensure local partner commitments. However, each allcove center will include the six core service streams and complete model components while being delivered with an understanding of and sensitivity to diverse needs of each community.

LEARNING GOALS/PROJECT AIMS

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

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

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

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

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

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

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

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

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

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met.

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

- To evaluate if access is being increased to the priority groups.
- To evaluate if young people are reaching their health and wellbeing goals.
- To understand the level of youth engagement as reported by young people.
- To evaluate if the services are acceptable to young people and their families.

- About young people's presenting concerns.
- About the nature of services received to evaluate if they are engaging early or accessing services they otherwise may not have accessed.
- About the level of collaboration and integration of services.
- About community engagement objectives and activities.

Tools in the allcove minimum data set consist of:

- Socio-demographic information, including the MHSA data set.
- Key life events to measure significant changes in youth's life (e.g., housing, education, employment, juvenile justice system involvement).
- Clinical symptoms measures, including the Patient Health Questionnaire, the General Anxiety Disorder scale, questionnaires to assess early psychosis risk, and the Columbia Suicide Severity Rating Scale.
- Mental health symptoms and wellbeing measures including the Clinical Outcomes in Routine Evaluation to assess psychological distress, and a Flourishing Measure.
- Measures to assess eating disorders and substance use risks.
- Goal-based outcomes to evaluate progress towards a young person's goals over the course of the brief intervention.
- Youth end-of-visit satisfaction survey to assess shared decision making, ease of access, provider relationship, and sense of utility.

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

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

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

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

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

Section 3: Additional Information for Regulatory Requirements

CONTRACTING / WORK PLAN MANAGEMENT

Sacramento County has a long history of contracting for specialty mental health services, substance use disorder services, and integrated health services. Sacramento County Department of Health Services (DHS), Division of Behavioral Health Services (BHS) provides ongoing management and oversight of all behavioral health contracts. BHS developed and facilitated a competitive selection process to award the contract for allcove Sacramento to GSUL. The contract was negotiated, developed, and will be monitored by BHS Mental Health Program Contract Monitor. The evaluation plan for the project will be conducted by BHS' Research, Evaluation and Performance Outcomes (REPO) team in partnership with the Technical Assistance group from Central allcove Team (CaT) operated by Stanford University. Monitoring and evaluation activities include site visits, documenting monthly monitoring visit, reviewing the provider's quarterly outcome reports, gathering client level data and outcomes, tracking encounters and types of service delivery, etc. Evaluation will also include measuring the program's ability to meet allcove model fidelity through model fidelity evaluations. These activities will be utilized to provide ongoing feedback on quality of project and service deliverables, and compliance with allcove model implementation and regulatory requirements.

COMMUNITY PROGRAM PLANNING

In order to gather data from the community to inform future INN Component Plans, BHS released two (2) electronic INN Surveys, developed in partnership with the MHSA Steering Committee. The first survey was released in November 2022 and the second in January 2023. Collectively, approximately 400 community members completed the survey. Survey results supported building new INN component projects within the "Services and Interventions" category. Additionally, survey results noted African American/Black/African Descent, LGBTQ, transition age youth and children/youth as populations of focus.

Survey results were presented to the MHSA Steering Committee as a basis for developing new INN project recommendations. Additionally, at the April 20, 2023 MHSA Steering Committee meeting, BHS presented allcove Sacramento as a possible INN Project. To dedicate more time for thoughtful discussion to build INN project recommendations, the MHSA Steering Committee formed an Innovation (INN) Subcommittee comprised of representatives from the following local advisory bodies:

- Adult and Aging Commission
- Alcohol and Drug Advisory Board
- BHS Cultural Competence Committee
- Family Advocate Committee
- MHSA Steering Committee (SC)
- SC Executive Committee
- Mental Health Board
- Youth Advisory Board
- Youth Advocate Committee

The INN Subcommittee met three times in May and June 2023 to have robust discussions building off of the community INN Surveys. The Subcommittee, too, was provided with a presentation of allcove Sacramento. They reviewed and discussed the allcove model as it relates to Sacramento County youth resulting in their support for moving this proposed INN Project forward. At the June 15, 2023 MHSA Steering Committee meeting, the Subcommittee presented their recommendations for INN projects, allcove model being one among others. After thoughtful discussion, a majority of the Steering Committee members supported moving allcove Sacramento forward as an INN Project.

In preparation for the allcove INN Project Plan submission, on July 27, 2023, Sacramento County BHS conducted a Focus Group to solicit feedback from youth, family/youth advocates, and peer partners regarding the allcove Sacramento Innovation Project program implementation. Twelve (12) participants attended the discussion and provided responses to six questions that address the following areas: access to mental health services, integration of services, youth-friendly environment, transparency, confidentiality, and client voice and choice. Here are the common themes that were apparent and shared by the group:

- Transportation for youth is number one on the list of items that should be addressed to ensure youth can utilize allcove Sacramento.
- Increased education and awareness around youth mental health first aid is necessary.
- Stigmatization and fear of law enforcement involvement deters a lot of youth from seeking services.
- Access to services without parental involvement or guardian oversight will help engage youth.
- Outreach to schools related to psychoeducation is needed.
- Hiring peers that resemble the population of focus would be beneficial.
- Culturally relevant resources, responsiveness, and a safe space that is convenient and comfortable for youth should be a priority.
- One-stop shop where youth can receive a full spectrum of services.
- Transparency and confidentiality are extremely important to youth.
- Being involved in their own mental health journey will help youth feel empowered to access services.
- People of all ages tend to be more successful if their voice is being heard.
- Program staff should receive adequate training.

The following are responses to the questions, “What do you think allcove needs to do so that young people feel comfortable in seeking out services? What is the message that they need to hear?”

- They need to create safe spaces to socialize and gain skills due to lost time in the pandemic. They need to provide a user-friendly digital resource such as the Youth Help Network (MHSA funded PEI component program) to ensure up to date service and program options from all over the county. They need staff that can MODEL aspects of self-care and items related to individual action plans with support from program coordinators. Otherwise, the youth see well intentioned people burning out in real time because they don't demonstrate self-care effectively. They need to help youth develop their own skills to use in the future when confronted with mood regulation and self-reflection.

- Visual representations can help draw people in. For example, you could show them the benefits of these services with pictures of young people getting better or just having fun. Another example would be holding activities and events for youth that are advertised at schools. The most effective way for people to feel comforted to reach out in my opinion is seeing other people seeking out. As for a message some youth might want to hear, I again think that it may differ from person to person or location to location. If the main purpose of this message is to help youth feel more comfortable reaching out, I think it has some changes for each location. Like for example, in Folsom most people I've personally met are stressed whether it's college or something else, so they respond better to words of encouragement. While in Sacramento, where my school is based, most people I've met prefer to hear words of comfort.
- "Come as you are".
- "Uber private". As few people as possible should know that they are accessing services. What they disclose is not going to be disclosed elsewhere.
- "Together we thrive".
- Inclusive to everyone. Youth advocates/family advocates with a variety of lived experiences.
- The "all ya'll tribe". You can come to this place where you can get every service you need.
- It is a safe space where you can receive support from people who look like you and understand you.
- Putting peers at the face of allcove to increase comfort when reaching out for services.

Sacramento County BHS utilized this focus group feedback to support the development of this plan and will continue to utilize youth and family voice to implement allcove Sacramento.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320.

A) Community Collaboration

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

B) Cultural Competency

One of the key principles for the allcove model is that youth-centered care must be socially and culturally inclusive. allcove centers are intended to reflect a community's culture and be flexible enough to adapt to the needs and unique characteristics of a given community, whether large or small. Each center is led by a coalition of service providers and community-based agencies joining together in an integrated approach to serving young people. Beyond the Youth Advisory Group and Community Consortium, which reflect the local community, centers will also build additional

partnerships, especially those of hard to reach and vulnerable groups. Lead agencies and service partners are encouraged to staff their allcove center with young adults and adults who look like the young people in the community who will be seeking services, and each center identifies staffing needs, including building more culturally responsive services, on an ongoing basis.

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

C) Client-Driven

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

D) Family-Driven

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

E) Wellness, Recovery, and Resilience-Focused

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

F) Integrated Service Experience for Clients and Families

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

STAKEHOLDER INVOLVEMENT

Stakeholders and community members have been and will continue to be involved in allcove Sacramento. Prior to the development of the project, stakeholders voiced their concerns about the needs of the transitional age youth population. The MHSA Steering Committee tasked an INN Subcommittee representing local advisory bodies consisting of system partners, community-based providers, consumers, family members, and community members from diverse cultural and ethnic communities, with reviewing the merits of the allcove model for Sacramento County youth and as an INN project. The recommendation was brought for review to and supported by the MHSA Steering Committee.

In preparation for the allcove INN Project Plan submission, on July 27, 2023, BHS conducted a Focus Group to solicit feedback from youth voices. Twelve (12) participants attended the discussion and provided responses to six questions that address the following areas: access to mental health services, integration of services, youth-friendly environment, transparency, confidentiality, and client voice and choice. Participants included consumers, youth/family/peer advocates, youth board members, and advocate/peer supervisors. The group expressed

excitement for this project, and expressed different needs that allcove Sacramento should address and ideas for implementation.

Once the project has begun and throughout the span project implementation, project progress, and evaluation plan including data and outcomes will be presented to the MHSA Steering Committee. The MHSA Steering Committee and community members will have opportunities to provide feedback about the project design, strategies and evaluation activities.

BHS strives to circulate MHSA Component Plans, Three Year Plans, and Annual Updates as broadly as possible. At the beginning of the posting period, a public notice was published in The Sacramento Bee announcing the posting of this Draft INN Project Plan and the date and time of the public hearing. This notice also provided instructions on how to request a hard copy of the Draft Plan by mail. Fliers announcing the posting and public hearing were posted in public libraries, and where youth congregate throughout Sacramento. The information was also circulated through multiple email distributions, ethnic, cultural and language-specific media outlets.

The Draft INN Project 6 Plan: allcove Sacramento was posted for a 30-day public comment period from August 8 through September 6, 2023. The Sacramento County Mental Health Board conducted a Public Hearing to receive public comment regarding the Draft INN Project 6 Plan at the close of the posting period on Wednesday, September 6, 2023.

Public Comment

During the 30-day public review and comment period, comments were received related to the Draft Innovation Project 6 Plan: allcove Sacramento. Comments are summarized and grouped below for purposes of organization and response.

There were many comments in support of allcove Sacramento. There was support for the youth centered approach and curiosity about the project services. The MHSA Steering Committee, Cultural Competency Committee, Mental Health Board, and community expressed support for moving this plan forward to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and Sacramento County Board of Supervisors for review and approval.

There were comments made emphasizing that project's evaluation methods capture the efficacy and success of the project services connecting and engaging youth into services not only for the multi-county initiative but also specific to Sacramento County. There were comments related to ensuring that the evaluation collection methods are inclusive of all youth participants.

There were comments made requesting the inclusion of more substance use treatment services for participating youth. Some comments expressed concerns about the vital nature of substance use treatment services for youth struggling with substance use. Other comments expressed concern for how project funding might be impacted by anticipated economic and/or legislative changes.

Behavioral Health Services Response

Behavioral Health Services (BHS) values and appreciates the input provided by community stakeholders, including the MHSA Steering Committee, Cultural Competence Committee, and Sacramento County Mental Health Board. This continues to be a core value of the local community planning process.

BHS clarified the project's name, population served, and the project's mental health and integrated services. BHS will partner with the project service provider, GSUL, to provide

updates/presentations about the project services to the MHSA Steering Committee, other advisory bodies, and community groups.

BHS is committed to ensuring that the INN Project 6 learning objectives are measured through an evaluation plan designed to assess the efficacy of project services at a local level.

BHS recognizes that there is a need for substance use prevention and treatment services for Sacramento County's youth. Although allcove Sacramento will provide mild to moderate level services, the Division and project service provider will partner with BHS' Substance Use Prevention and Treatment (SUPT) unit in linking needed intensive SUPT services or inpatient/residential services for participating youth.

BHS' current MHSA budget is in alignment with the most current available information based on local published records on the MHSA and DHCS websites and includes INN component funding for this project. Should project funding be impacted by anticipated economic and/or legislative changes, BHS will return to the MHSA Steering Committee to discuss reprioritizing MHSA funded projects and activities.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep particular elements of the INN project without utilizing INN Funds following project completion.

To date, allcove centers have spent up to several million dollars on start-up costs. These costs vary widely by geography, type of lead agency, facility access, payer mix, etc. To this point, these costs have had no reimbursement plan, which allows for lower annual costs. Stanford's Central allcove Team is working in partnership with MHSA in developing further sustainability, including through collaborating to facilitate regular meetings with leadership from across the allcove network to create more pathways for billable reimbursement opportunities and funding for non-billable services.

Should the allcove Sacramento demonstrate success in introducing allcove model to Sacramento County and increasing access to mental health services for historically marginalized populations, Sacramento County will return to the MHSA Steering Committee for their input and support for sustaining the project through PEI component funding, if available. If PEI component funding is or is not available, the County will explore the use of other funding sources to sustain the project such as leveraging Medi-Cal funding. Should the project end for any reason, BHS and GSUL will ensure that clients transition to another service provider(s) that will provide the necessary level of care.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

The allcove center will have a focus on prevention and early intervention supporting youth and their families in addressing mild to moderate mental health needs. As this model provides a "no wrong door" point of entry, each allcove center will facilitate supported referrals to more specialized services for young people presenting with serious mental illness. These referrals will also be in place so as not to disrupt continuity of care should the center cease to operate. These "warm hand-off" referrals include direct linkages to early psychosis programs and mental health services for needs greater than mild to moderate.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

The information gathered through the evaluation plan will be reviewed and discussed with the GSUL and system partners that serve the allcove Sacramento population. Additionally, the MHSA Steering Committee and the Mental Health Board will receive periodic presentations and reports about the project and will have opportunities to provide input on ensuring continued program quality. BHS will also work with Sacramento County Department of Health Services' Public Information Officer (PIO) to share updates and news about allcove Sacramento through Sacramento County's social media accounts to ensure community members served by allcove (young people) are updated. The project findings and reports will be incorporated into Sacramento County's MHSA Annual Updates and Three-Year Plans, including reporting annually to the MHSOAC.

TIMELINE

The allcove Sacramento INN Project will span up to five (5) years. The following timeline outlines milestones that will occur each year of project implementation:

<i>allcove Sacramento/ Sacramento County BHS</i> Establishment Phase (Year 1)
BHS will submit a request for an Exception to Bid to the County Purchasing Agent, to utilize MHSA Innovation funds to amend and increase the Greater Sacramento Urban League contract.
BHS will write a Board letter requesting authority to amend and increase the Greater Sacramento Urban League contract to expand the allcove Sacramento.
BHS will negotiate and amend the contract/agreement with Greater Sacramento Urban League (contractor) to implement project services.
GSUL, lead agency, and BHS will update the establishment work plan (template) and set timelines for milestones. Attend monthly implementation meetings with Central allcove Team (CaT) and the MHSOAC. Leadership Team including the Center Manager and Youth Outreach Specialist are recruited and hired.
Youth Advisory Group established and continue regular meetings.
Facility secured, space fit out and permits completed.
Community Consortium established and continue monthly meetings.
GSUL staff and BHS attend and participate in Learning Community activities.
Center design completed (furniture, branding, etc.).
Clinical lead hired.
Partnership agreements completed.

<i>allcove Sacramento/ Sacramento County BHS</i> Establishment Phase continues with Model Integrity (Year 1 or Year 2)
Continue attending monthly implementation meetings with CaT and the MHSOAC.
Data requirements completed.
Center staff (clinical, youth development, administrative) hired.
GSUL, BHS, and service partner staff attend and participate in Learning Community activities.
Model integrity review completed (at least 8 weeks before soft opening).
GSUL, BHS and service partners prepare for visit from CaT (at least 1 – 2 weeks prior to soft opening).

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

<i>allcove Sacramento/ Sacramento County BHS</i> Establishment Phase continues with Official Launch (Year 1 or Year 2)
Move to attending quarterly implementation meetings with Central allcove Team and the MHSOAC.
GSUL, BHS, and service partners attend and participate in Learning Community activities.
allcove Sacramento public opening (after completion of all model integrity review outstanding items).
Continue collecting evaluation data through the use of datacove.

<i>allcove Sacramento/ Sacramento County BHS</i> Center Operational Phase (Year 2 or Year 3 through Year 5)
Attend quarterly implementation meetings with CaT and the MHSOAC.
Complete annual model integrity review every 12 months after official launch.
allcove Sacramento staff attend and participate in Learning Community activities.
Continue collecting data through the use of datacove.
Participate in other evaluation activities, including focus groups and interviews, about the development of the allcove center.
In the final year, the evaluation framework and process will be in its final stages and a final report will be developed.

Section 4: INN Project 6 Budget and Narrative

New Innovative Project Budget By FISCAL YEAR (FY)*						
EXPENDITURES						
PERSONNEL COSTs (salaries, wages, benefits)	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	Total
1 Salaries	1,023,580	1,079,759	1,128,749	1,180,686	1,235,720	5,648,494
2 Direct Costs	224,716	235,951	247,749	265,137	273,144	336,145
3 Indirect Costs	123,594	129,773	136,262	142,955	110,229	642,813
4 Total Personnel Costs	1,371,890	1,445,483	1,512,760	1,588,778	1,619,093	7,538,004
OPERATING COSTs	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	Total
5 Direct Costs	835,980	797,998	797,998	506,222	465,907	3,404,105
6 Indirect Costs	0	0	0	0	0	0
7 Total Operating Costs	835,980	797,998	797,998	506,222	465,907	3,404,105
NON RECURRING COSTS (equipment, technology)	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	Total
8 Furnishings and Equipment	221,250	185,639	108,362	0	0	515,251
9	0	0	0	0	0	0
10 Total Non-recurring costs	221,250	185,639	108,362	0	0	515,251
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	Total
11 Direct Costs	100,000	100,000	110,000	120,000	130,000	560,000
12 Indirect Costs	0	0	0	0	0	0
13 Total Consultant Costs	100,000	100,000	110,000	120,000	130,000	560,000
OTHER EXPENDITURES (please explain in budget narrative)	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	Total
14 Work Plan Management	0	0	0	0	0	0
15	0	0	0	0	0	0
16 Total Other expenditures	0	0	0	0	0	0
BUDGET TOTALS	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	Total
Personnel (line 1)	1,023,580	1,079,759	1,128,749	1,180,686	1,235,720	5,648,494
Direct Costs (add lines 2, 5 and 11 from above)	1,160,696	1,133,949	1,155,747	891,359	869,051	5,210,802
Indirect Costs (add lines 3, 6 and 12 from above)	123,594	129,773	136,262	142,955	110,229	642,813
Non-recurring costs (line 10)	221,250	185,639	108,362	0	0	515,251
Other Expenditures (line 16)	0	0	0	0	0	0
TOTAL PROJECT BUDGET	2,529,120	2,529,120	2,529,120	2,215,000	2,215,000	12,017,360
MHSOAC	(440,000)	(440,000)	(440,000)	-	-	(1,320,000)
MHMAA	(89,120)	(89,120)	(89,120)	(89,120)	(89,120)	(445,600)
Patient Care Revenue	-	-	-	(125,880)	(125,880)	(251,760)
Total Projected Additional Revenues	(529,120)	(529,120)	(529,120)	(215,000)	(215,000)	(2,017,360)
TOTAL MHSA INNOVATION FUNDING	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000

New Innovative Project Budget Narrative		
EXPENDITURES		
PERSONNEL COSTs (salaries, wages, benefits)		
1.	Salaries	0.5 Center Manager, 1.00 Clinical Leader, 3.00 Clinical Staff, 1.00 Supported Education and Employment Specialist, 3.00 Youth Peer Support Specialist (Youth Advocate/Peer Advocate), 1.00 Youth Outreach Specialist, 1.00 Community Engagement Coordinator, 1.00 Family Peer Support Specialist, 1.00 Health Services Rep (Clerical)
2.	Direct Costs	Direct costs include staff health benefits, payroll taxes and retirement.
3.	Indirect Costs	<p>President & CEO - Support with contracts, partnerships and external affairs.</p> <p>Executive Vice President - Lead hiring efforts, direct construction, center implementation and evaluation</p> <p>Chief Financial Officer - Support with management of construction, budget management, and insurance requirements</p> <p>VP of Communications - Marketing and outreach strategy</p>
4.	Not applicable	

OPERATING COSTs		
5.	Direct Costs	<p>Occupancy expenses: This includes general overhead expenses including rent, utilities, repairs, security measures and maintenance.</p> <p>Equipment Leases: This is the cost of leased items such as medical equipment.</p> <p>Phone and Internet Service: IT landlines, internet, employee cell phone service or employee cell phone reimbursement</p> <p>Travel, transportation and mileage for staff members and volunteers: Staff will spend time visiting other Sacramento youth drop in facilities. Funds will be used to pay for transportation to these sites and other community events. Transportation resources (Lyfts, bus passes, etc.) for youth to get to allcove. Mileage will also include the allcove vehicle when purchased in FY 24/25 and forward.</p>

		<p>Professional services: Professional services may include plant care, water delivery, automatic repair and regular maintenance, or external auditing services.</p> <p>Other Operating Expenses: Includes direct services provided for program development and evaluation (e.g., tracking and reporting outcomes, and implementation of practices), Quality & Compliance (e.g., internal chart audits, compliance audits, and TJC-readiness preparation), and Training (e.g., TIP and Core Practice trainings provided company-wide.) Monthly stipends for Youth Advisory Group members. Special event and program expenses (e.g., refreshments and decor for grand opening.) Purchase of branded promotional items, collaborative games, and banded clothing items for center staff.) Technical Assistance from Stanford's Center for Youth Mental Health and Wellbeing: As long as allcove Sacramento is designated by the MHSOAC as a site to receive ongoing technical assistance from Stanford's Center for Youth Mental Health and Wellbeing, no additional costs for ongoing technical assistance are required.</p> <p>Insurance: This cost includes Commercial and General Liability, Automotive, Personal Property, Personal Liability D&O, and crimes/fiduciary. It is estimated based on our current policy costs, and allocated to the program based on relative value.</p> <p>Training and conferences. The training budget should match your training plan: The Central allcove Team offers a number of virtual trainings and in-person conferences that are essential for allcove implementation and alignment. With allcove centers opening across the state, funds will be used for transportation, lodging, and meals associated with attending trainings and conferences. Training will also include paying speaker honorariums to invited experts who train center staff. These funds will also be used for professional development opportunities related to the duties of professional staff.</p> <p>Medi-Cal Outreach expenses (List items it includes): This includes items purchased and fees paid related to outreach to youth about allcove. This may include paid advertisement on radio, print ads, bus stop ads, bench ads, billboards, costs associated with tabling at community events, promotional items, and digital ads.</p>
6.	Indirect Costs	Not applicable.
7.	Not applicable	

NON RECURRING COSTS (equipment, technology)		
8.	Furnishings and Equipment	<p>Occupancy Expenses - One-time expenses include construction of a designated all-gender restroom, sound proofing wall panels, one-way privacy features on windows, and installation of security features.</p> <p>Office expenses - One-time purchases include construction costs to convert office space to a medical clinic and furnishing in accordance with allcove brand specifications. This line item also includes the purchase of primary and secondary brand specific fonts, large lockable storage units, medical exam room furnishings, conference room monitor & wall mount, and break room refrigerator & furnishings, interior and exterior signage, lighting fixtures, large monitor and wall mount for common space, etc.</p> <p>Computer Lab and IT Support - Purchases also include Adobe software, desktop computers for professional staff work and reporting, laptops and docking stations for clinicians, laser copier/printer, IT server room equipment and setup, and other facility requirements.</p> <p>In FY 24-25 and FY25-26- will be increasing the size of allcove to include other spaces. These costs will include the above items, and a vehicle purchase to support youth in accessing allcove Sacramento. Many of the youth in the area do not have safe or reliable transportation to attend programs. A vehicle will help remove this barrier.</p>
9.	Not applicable	Not applicable
10.	Not applicable	

CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		
11.	Direct Costs	Medical professional contracted to provide youth clients with basic primary and sexual health care.
12.	Indirect Costs	Not applicable
13.	Not applicable	

OTHER EXPENDITURES (please explain in budget narrative)		
14.	Work Plan Management	Not applicable
15.	Not applicable	
16.	Not applicable	