

## NEW/REVISED PROGRAM DESCRIPTION

## Innovation

County: Orange

- Completely New Program  
 Revised Previously Approved Program

Program Number/Name: INN 02-001 Proactive On-site Engagement in the Collaborative Courts

Date: April 2, 2014

Complete this form for each new INN Program. For existing INN programs with changes to the primary<sup>1</sup> purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

- Increase access to underserved groups  
 Increase the quality of services, including better outcomes  
 Promote interagency collaboration  
 Increase access to services

**1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your County.**

**Increase the quality of services, including better outcomes:**

A wealth of resources and referrals are available to probation clients through the Collaborative Court system, but there is a lack of advocacy and access for probation clients and their families to seek basic mental health education. Basic mental health education could teach probation clients and their families about their diagnosis, symptoms and how to manage their serious persistent mental illness and live well on a daily basis. There is a need for integration of mental health education with mental health system navigation services to truly help make a change in these probations clients functioning and lives.

This project is designed to increase the quality of mental health services by bringing access to mental health education programs to both the probation client and their families - onsite at the collaborative courts. The intent of this project is to teach and help probation clients and their families to better understand their serious persistent mental health diagnosis and how to live well and thrive outside of the criminal justice system. Probation clients and families will also learn how to navigate the mental health system and manage their mental health independently on a daily basis. This combination of on-site mental health education, structured mental health education courses, family engagement and peer driven supportive services will create a safety net that we believe will result in better outcomes such as: increased mental health awareness, ability to navigate the mental health system, reduced recidivism, and decrease in hospitalization rates of probation client participants involved in this project.

**2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.**

**Description of the INN Collaborative Court Project: (Participant = Probation Client)**

This project is being proposed as a result of the increased rate of criminalization of the mentally ill in our community. Collaborative or "problem solving" Courts are specialized court tracks that address underlying issues that may be present in the lives of persons who come before the court on criminal, juvenile, or dependency matters. The INN Collaborative Court Project will bring a Peer Specialist Mental Health Worker on-site to the courts in an effort to engage probation clients and their families to access mental health education courses and services. Individual mental health education will be offered on-site at various Collaborative Court locations and group mental health courses will be taught at local mental health clinics. Enrolled participants will be provided with bus tokens to address any transportation issues.

The physical presence of a Peer Specialist not only increases and eases access to mental health education, resources and services but also helps display the support of the court and community to help de-stigmatize mental illness. Having Peer Specialists teach the mental health education courses allows participants to learn and relate to their shared lived experiences as it applies.

<sup>1</sup> The term "essential purpose" has been replaced with the term "primary purpose" for INN.

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The participants will have many opportunities to connect with the Peer Specialist through the various stages of the probation program. During the initial contact with the Peer Specialist, each participant will complete an intake form, at minimum. If the participant is not ready to join the educational program, the participant will continue to check-in with the Peer Specialist each time they return to court and update their status in the court program. At each encounter, enrollment to the mental health education courses, in addition to mental health referrals/linkages, will be offered to the participant. The participants will have the primary decision-making role in choosing which mental health courses to take and how frequently they would like to meet with the Peer Specialist Mental Health Worker. Participants will learn positive self-determination skills and be active in expressing and identifying what mental health education courses and resources they access. Additionally, the Peer Specialist will actively engage the families of the participant to encourage their enrollment in mental health education and offer referrals/linkages to County and community resources to help build a support network for each participant. As part of the mental health education courses, the Peer Specialist will guide and teach the participant and family members to efficiently and effectively navigate County and community mental health systems and resources independently.

**Staffing:** The project team funded through this project will consist of Peer Specialists (consumer/ family members), an Office Technician and infrastructure positions (Program Evaluation Specialists and Project Administration). Employing trained peers (consumers and family members) as Peer Specialists (community mental health representatives), increases the rapport between the participant and worker which helps destigmatize mental illness through example and empathy. This personal connection increases the likelihood that the participant will stay engaged through intake, enrollment, completion of educational classes, and ultimately, the access and use of mental health services. The reoccurring connection with the Peer Specialist also helps to keep in contact with the participant, and update contact information, should they be in the midst of moving between residences as they get settled back into the community. In order to meet the challenge of access and to meet court mandated completion dates, the mental health education program will offer an array of scheduled classes, to include but not be limited to, weekdays, evenings and weekends.

Mental health education course topics may include, but not be limited to: building awareness about serious persistent mental illness, understanding diagnosis, co-occurring disorders, alcohol/drug use, understanding symptoms, managing symptoms, medication management, coping strategies, basic crisis intervention, when/how/who to call for help, mental health system navigation, accessing County/community resources, creating support networks, addressing stigma, setting goals, personal growth, relationship management and support group networks. On-site at various court locations, mental health education sessions will be conducted one to one with the participant and/or family with Peer Specialists in 30 to 60 minute sessions, tailored to the individual's situation and needs, to address topics listed above. Each participant and their family will be given access to group mental health courses that will be taught on an on-going basis, in 30-60 minute sessions with rotating topics, at local mental health clinics. Typical consumer participation in the project may range from thirty days to sixty days, depending on need. Participants have the option to return and access services at any time during the four year project duration, as needed, their case files will be reactivated without having to re-enroll in the project.

This project creates positive change in the participant and families' understanding of mental health and how it may affect their daily living. This project uses an innovative approach to reach and provide mental health education to those that may not have access to, or resources to, through the integration of on-site mental health education with peer driven supportive services for both the probation client and their families.

**The issue and learning goal addressed:**

There is a growing need for more integration of mental health education and services between the criminal justice system and the mental health community. With the development of the mental health criminal courts, participants are now being given an opportunity to reduce the severity of their sentence by completing court ordered requirements, one of which is to attend a community based program. Currently the court does not require that the court ordered participation in a community based resource be of an educational nature.

The difference between existing services and this INN project: Some existing courts offer reduced sentences for participation in any community based programs; this project would work with the courts to offer and advocate for mental health education programs to be an identified option for reduced sentence opportunities. Some existing courts require that participants have a specific diagnosis of schizophrenia, bi-polar disorder, anxiety, or major depressive disorder; this project would reach out to and serve probation clients with any serious persistent mental health diagnosis. Some existing court programs provide case management and supportive services to probation clients but do not engage their families; this project would actively engage probation clients and their families to receive mental health education and supportive services. Some existing courts utilize peers as case managers and advocates; this project will expand on the peer role to include mental health educator. Existing mental health courts do not provide mental health education courses on-site; this project would bring access to mental health education on-site to the courts and integrate it with supportive services.

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This project proposes that offering participants and their families an opportunity to learn more about mental health (including how it affects behavior/functioning and how to manage it) will significantly reduce the rate of recidivism of the enrolled participants. This project will provide a unique opportunity to engage and offer mental health education programs and services that the participant and/or their family members would not otherwise have had exposure to. Through active engagement, the participant and their family can learn about various education, programs and services that will help them not only increase their understanding of their mental illness but also learn how to "live well" and productively with their illness.

**Expected learning outcomes:**

Learning outcomes will assess if participation in a peer-led mental health education program combined with supportive services will result in an increase of the quality of services, including better outcomes, as evidenced by:

- Providing mental health education courses to increase participants' and their families' understanding of serious persistent mental illness
- Teaching participants and their families how to navigate the mental health system to increase participants' engagement and access to mental health services
- Reduced recidivism and hospitalization rates of participants as a result of mental health education and learning how to manage and live well with serious persistent mental illness

If this project is successful, there will be a reduction in recidivism as more probation clients and their families learn about mental health, mental health management, County/community resources and how to access/navigate the mental health system. These outcomes will be measured as described below in section 4.

**Meets MHSAs definition of Innovation:**

This project makes a specific change to an existing mental health practice by bringing the access and delivery of mental health education on-site to collaborative court settings. This project integrates mental health education with peer driven supportive navigation assistance and services.

A study on the significance of mental health education noted, "Obtaining accurate information is consistent with recovery from serious mental illness in several ways. Knowledge can be a resource that fosters teamwork and eases adaptation to living with the illness. A patient who understands treatment options and is collaboratively active in the treatment process is more likely to engage in behaviors that effectively manage chronic illnesses" (Hibbard JH, Mahoney ER, Stock R, et al. Do increases in patient activation result in improved self-management behaviors? Health Services Research. 2007; 42:1443–1463).

This project is important as it intends to help participants reduce the frequency of both hospitalization and going to jail as a result of their mental illness. This project is unique in that it will work to actively engage the participant AND their family/support networks to build a safety net for participants through peer-led mental health education.

**2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.**

This Innovations Project supports and is consistent with the General Standards identified in the MHSAs and Title 9, CCR, section 3320, as demonstrated by the following:

**Community Collaboration:** This project will coordinate services and collection of data between the Innovations Project and the mental health courts. Mental health education will occur on-site at various court locations. Mental health group courses will be taught at County and community clinics. Teaching participants how to navigate the mental health system will involve outreach, networking and collaboration with both County and community mental health services.

**Cultural Competence:** The project will look to bring on peers who are familiar with the court/probation system and also self-identify as a mental health consumer or family members of consumers to use shared lived experiences as part of the education versus solely clinical education courses in mental health. Staff will include peers from various cultures and age groups to meet the cultural and linguistic needs of diverse participants. The curriculum will look at mental health through different cultural lenses, as applicable to participants. All project course material and project promotional materials will be translated into County threshold languages: English, Spanish, Vietnamese, Farsi and Korean.

**Client and Family-Driven Mental Health System:** This project provides more than just mental health education and system navigation guidance to clients and their families. The project will be client and family-driven, in that, the participants

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will choose which mental health courses to take and how frequently they would like to meet with the Peer Specialist Mental Health Worker. Participants will learn positive self-determination skills and be active in expressing and identifying what mental health education courses and resources would be most useful to him/her. This project will use Peer Specialist Mental Health Workers to support the project participants and engage them in services throughout the duration of the project.

**Wellness, Recovery, and Resilience Focused:** This project is focused on wellness, recovery and resilience. It increases and eases access to mental health education and resources with the expectation that increased understanding of their mental illness will empower participants to be engaged and proactive in the management of their mental health. This highlights focus on the participant's strengths and the development of resilience in the promotion of recovery.

**Integrated Service Experience:** This project provides an integrated service experience for participants, as they will have immediate access to a community mental health representative on-site at the collaborative courts. Inherently, this project creates an integrative service experience of the criminal justice and mental health systems.

**2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.**

**(Participant = Probation Client)**

**Target population:** Target population includes non-violent offenders, probation clients, with serious persistent mental health diagnosis/issues in the Collaborative Court system and their families. The underserved mentally ill court population may not have been aware of all the resources and services available to them either from lack of understanding and awareness or language barriers.

**# Served:** This project will serve at minimum 300 individuals annually. (While the identified participant is the probation client, the number of family members served will also be counted in the overall number of individuals served).

**Demographics:**

This Innovation Project will serve probation client participants who are non-violent offenders, with serious persistent mental illness or co-occurring mental health/substance abuse disorders ranging in age from Transitional Age Youth (TAY), adults and older adults. While it would be hard to predict the exact demographics of the project's participants, efforts will be made to insure that all services will be accessible and available with consideration to overall County demographics, including all County threshold languages: Spanish, Vietnamese, Farsi and Korean.

**3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.**

The Proactive On-site Engagement in the Collaborative Courts (POECC) Innovations Project is proposed to be a County operated project. It is proposed that service delivery will run 3 years; program evaluation will take place throughout the duration of the project and there will be an additional 1 year to wrap up services and for summative analysis and evaluation at the project's end, for a **total of 4 years dedicated to this project**. At the project's end, based on the evaluation, a continuation plan will be developed and a different funding source identified.

It is expected that this time frame will allow Orange County Department of Behavioral Health sufficient time to assess the progress of this Innovations Project, make any necessary adjustments, and communicate the contribution to learning to the community, stakeholders, and other interested Counties and State agencies.

**Months 0-3:**

It is expected that the first three months of the project will be spent with County management staff collaborating to implement this project, which will include: inter-department arrangements between the courts and behavioral health departments, hiring of staff, training for the Peer Specialists (consumer/family members) and program development. Project staff will develop and establish project infrastructure. Service delivery begins. During this time, project staff and collaborative court representatives will work together to develop and implement a system for intake, screening, enrollment and referral and begin outreach and rolling out participant enrollments.

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**Month 6:**

At six months, the Collaborative Court project will have enrolled 150 individuals and started individual and group mental health education courses. Outreach material/project brochures will have been created and distributed.

**Year 1:**

At one year, the Collaborative Court project will have 300 individuals (including identified probation client participants and their family members) enrolled in the project and receiving services.

Program evaluation will continue throughout the duration of the project as data is collected. Quarterly programmatic reviews will give the team opportunities to identify any policy or procedural changes needed to refine the project and services. Data on referrals and enrollment will continue to be collected for the duration of the project. Quantitative and qualitative data will be collected through the use of surveys, self-reports, interviews, enrollment statistics and court reports. The project will be revised based upon recommendations that come out of reviewing the annual outcome analysis.

**Year 2:**

An additional 300 participants (including identified probation client participants and their family members) will be enrolled in the project and receiving services.

**Year 3:**

An additional 300 participants (including identified probation client participants and their family members) will be enrolled in the project and receiving services.

**Year 4:**

Services will be closed to new participants and their families. This year will be focused on transitioning existing participants to other mental health services and resources, unless a decision has been made to continue the project using other funding. Final data analysis will begin and continue through the end of the project.

All of the project data for the 4 years will be analyzed and reported formally to document the outcomes and lessons learned from this project. The data for the project's 4 years will be compared to court reports and participant self-reports of arrests, jail time and hospitalizations for the 5 years prior to enrollment in the project. This report will be prepared for the MHSO Oversight and Accountability Commission, community, stakeholders and any other County/State agencies interested in project outcomes and lessons learned from this Innovations Project.

Orange County MHSO Innovation Coordination, Project Lead and Project Staff will conduct workshops presenting the results to the County public stakeholders as well as at statewide and national conferences, as requested. Our hope is to be able to disseminate research findings, encourage the replication of successful approaches and continue the Collaborative Court project using other funding sources.

**4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.**

**Evaluation plan to measure the results, impacts and lessons learned:**

Project evaluation will occur throughout the duration of the project with final summative analysis conducted during year 4. All participants and family members will be tracked for completion of mental health education courses and follow-through on mental health system navigation referrals and linkages.

To examine the benefits of mental health education, this project will collect and compare data from the 4 years of the Collaborative Court project to 5 years of court records and participant self-reports of jail time and hospitalization prior to the implementation of the project.

All participants and subsequent trainees will be tracked for completion of mental health training courses, documenting increased knowledge with use of pre/posttests. Any referrals/linkages to mental health services/resources will be tracked as well.

After the project's end, if the County chooses to continue these services, the project work plan will explore and consider

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transition to CSS funding and/or other funding sources.

**Outcomes measures:**

Performance outcomes will be measured by intake, enrollment and mental health education completion statistics, referral and linkages, and pre/posttests measuring mental health awareness. Program outcomes will measure the effectiveness of the mental health and navigation education by analyzing court records and self-reported hospitalization history. Other information from intake and quarterly status reports from the Peer Specialist, (such as employment status, housing, medication compliance, hospitalization, probation status, etc.) will also be tracked in a narrative monthly report for additional information related to each participant's level of functioning.

- Providing mental health education courses to participants' and their families will increase understanding of serious persistent mental illness (to be measured by pre and posttest mental health awareness surveys related to the specific course topics).
- Teaching participants and their families how to navigate the mental health system will increase participants' engagement and access to mental health services (to be measured by tracking referrals and linkages to County and community mental health resources and services).
- As a result of mental health education and learning how to navigate the mental health system, the participants will learn to manage and live well with serious persistent mental illness. As a result of the project services, participants will experience reduced recidivism and hospitalization rates (to be measured by court records and participant self-reports).
- To examine the overall benefits of mental health education, this project will collect and compare data from the 4 years of the Collaborative Court project to 5 years of court records and participant self-reports of jail time and hospitalization prior to the implementation of the project.

**Measurement Tools:** OCHCA Mental Health Awareness Survey, Pre and posttests specific to mental health education course topics, court records, participant self-reports, referral and linkage tracking log.

**Outcomes evaluation:**

The Innovation Advisory subcommittee of the Orange County MHSA Steering Committee (which includes consumer and family member representation) will review and provide input on the draft assessment procedures before the procedures are finalized. Following data collection and analysis, the Innovation Advisory subcommittee will review the project results and provide their assessment of the achievement of learning objectives.

**5. If applicable, provide a list of resources to be leveraged.**

N/A

**6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.**

**The projected total budget for this project is \$1,437,348: including one month in the 2013-2014 fiscal year for administration; four years of project services (FY 2014-2018).**

**FY 2013-2014 administration projected amount is: \$10,805; The first project year projected amount is \$370,261; the second project year projected amount is \$360,719; the third project year projected amount is \$360,719; and the fourth project year projected amount is \$334,844.**

The budget incorporates personnel costs and operating costs. Each staff member position funded in this budget is essential to the provision and coordination of services for this project. The Peer Specialists will serve as mental health education instructors and case manager/advocates. The budget incorporates a percentage of a County work plan management team to help develop project design, develop and monitor project infrastructure, guide data collection and evaluation, and offer supervision and support to the project. The Office Technician will provide clerical and administrative support for the project. The operation costs include bus tokens to help reduce transportation barriers for project participants, token expenses will decrease in the final year of the project as services wind down and evaluation ramps up. One time non-recurring costs include the purchase of computer technology for the project staff- the use of iPads helps make the staff mobile and able to do field assessments and education as needed. Work plan management costs, as

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described below, are spread across the Innovation Projects for the percentage of time dedicated to each project.

After the project's end, if the County chooses to continue these services, the project work plan will explore and consider transition to CSS funding and/or other funding sources.

**7. Provide an estimated annual program budget, utilizing the following line items.**

Below please find the estimated annual budget as requested, Project Year 1 (FY 14-15). This year was chosen to illustrate estimated costs to run the project at its peak capacity. Budget amounts have been rounded up to the nearest whole dollar.

**NEW ANNUAL PROGRAM BUDGET**

**A. EXPENDITURES**

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel	131,706			131,706
2.	Operating Expenditures	64,516			64,516
3.	Non-recurring Expenditures	8,297			8,297
4.	Contracts (Training Consultant Contracts)				
5.	Work Plan Management	165,742			165,742
6.	Other Expenditures				
	<b>Total Proposed Expenditures</b>	<b>\$370,261</b>			<b>\$370,261</b>
<b>B. REVENUES</b>					
1.	New Revenues	0			0
	a. Medi-Cal (FFP only)	0			0
	b. State General Funds	0			0
	c. Other Revenues	0			0
	<b>Total Revenues</b>	<b>0</b>			<b>0</b>
<b>C. TOTAL FUNDING REQUESTED</b>		<b>\$370,261</b>			<b>\$370,261</b>

**D. Budget Narrative**

**1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.**

This project is being considered to be a County run project. The following budget narrative is an estimate based on initially anticipated expenses:

**Personnel:** Staffing will include 3 (FTE) Peer Specialists who will serve as mental health education instructors and case manager/ advocates for project participants; 1 (FTE) Office Technician to provide clerical and administrative support for the project/staff; Project infrastructure positions (Program Evaluation Specialists and Project Administration) to provide program development, project oversight and continued guidance for the staff.

**Operating Expenditures:** Operating expenses include services and supplies, which include phone/email, desks, computers, printing, office supplies, etc. Transportation costs include transporting staff and clients to appointments as needed and also includes staff transportation to meetings and community provider locations as needed. Transportation expenses for this project will include purchase of bus tokens for project participants as well as mileage for staff transportation. A minimal training budget will be included to help develop the Peer Specialists' knowledge and skillsets to provide quality mental health education. Office space and facility rental costs have been included to house project staff and secure training rooms for the group education courses. Operating expenses decrease in the last year of the project as services wind down and project evaluation ramps up.

**Non-recurring Expenditures:** Start-up costs include staff computers and set up of office space. Additionally, the project will request one laptop and portable projector to increase the ability to provide mental health education in various locations.

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**Work Plan Management:** Included in work plan management will be a team to provide project and administrative oversight and support. Work plan management, includes ongoing project development, project management, planning, monitoring, data collection, supervision support, project evaluation and outcome reporting.

**Program Evaluation:** The County will have the capability to create/use a database to collect and analyze all program data. Currently County already has access to database and SPSS software and does not anticipate any additional costs for program evaluation. Existing Innovation administrative staff will also be available to assist the Project and Peer Specialists in collecting the data and will collaborate on evaluation and analysis for the project.