

**NEW/REVISED PROGRAM DESCRIPTION**  
**Innovation**

County: Orange

Completely New Program

Revised Previously

Program Number/Name: INN 02-004 Veteran Services for Military Families

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.**

Orange County has the third largest population of recently deployed veterans in the state. We have an estimated 150,000 veterans in the county most of who have family members; many are struggling with PTSD and/or TBI. We have discovered with our current Behavioral Health Veterans programs that family members do not understand how to cope and often have been affected by secondary trauma symptoms due to the veteran's behavior. Although not an evaluative component of this project serving the military families, it is thought that improving family functioning might also have positive impacts on the veteran's functioning. The family members often do not know how to cope on a day to day basis and lack the skills to effectively communicate in a non-confrontational manner. Compounding the issue is the fact that the Department of Veteran Affairs is tasked with serving the Veteran not the Veteran's Family, and there isn't another agency with the knowledge, ability, funding tasked to assist the family members. Consequently these families are slipping between the cracks of our system. As a result family stability is threatened resulting in more traumas for the veteran and family members, further burdening county support systems and resources.

The National Military Family Association (NMFA) operates from the belief that "When one member joins the military, the whole family serves". The NMFA reports that wartime deployments can have a devastating mental health toll on military families that often manifest in negative cognitive and behavioral changes. "Data suggests that overseas deployment, exposure to combat, experiencing or participating in violence during war deployment, service member injury or disability, and combat-related post-traumatic stress disorder (PTSD) all have profound impacts on the functioning of military families" (Link & Palinkas, 2013, Long-Term Trajectories and Service Needs for Military Families). Family dynamics change significantly with deployments, service and when the service-member returns home. The stress on family interaction is exacerbated by pervasive rates of trauma and other mental health conditions that compound the difficulty in maintaining family functioning and resiliency. Research indicates that PTSD is not restricted to veterans; there is another statistic of family members of veterans experiencing secondary trauma and PTSD, even sometimes committing suicide when they feel unable to cope with the stress and strain of being the support system as noted in Dr. Thomas Joiner's study of suicide and the military (2013). Additional research indicates that these family strains can be especially difficult for the children in these military families who have reported high rates of depression, mental health and trauma. According to the Uniformed Services University of Health Sciences and the Center for the Study of Traumatic Stress (2011), "children in military families will often develop symptoms that mirror those of their injured parent".

Orange County has the country's first Veterans' Non-Criminal Domestic Violence Court. The court officers and our staff often have identified the need to work with the family members on their secondary trauma symptoms, to include anxiety, depression and communication issues. Additionally, the family member is often intimidated by the physical presentation (perceived intimidation) of the veteran. All members need to understand how to present and respond appropriately. These issues have been echoed by family members of our Veteran college campus program

A program designed to address these issues would prevent or provide early intervention by training, family members to communicate using non-confrontational techniques, with improving knowledge of PTSD symptoms and developing

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

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resiliency and copings skills that will facilitate resolution of family issues Enhancing the Veteran's support system, by strengthening the family unit, will decrease the trauma symptoms that effect the Veteran. Family members will become more resilient and have improved coping skills which will enable them to recover from their traumas. Providing services to the family unit will reinforce the important advantage family provides in recovering from PTSD and other Behavioral Health issues.

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.**

The program will target family members of veterans currently enrolled in OC veterans' behavioral health programs (especially the Veterans' Court programs). They will be contacted and offered enrollment in the program. Behavioral health clinicians (who are themselves veterans or military family members) will assess (using standardized tools ,such as the PCL-C; WHO Quality of Life, Dimensions of Anger Reactions II (DAR II), Child Behavioral Check List (CBCL), and Secondary Trauma Scale (STS), interview and develop a plan for case management. Core to the program will be the use of military family member peers (MFMP). The family member will be assigned a Military Family Member Peer. Military Family Member Peers will co- lead support groups. They will also provide one on one support and assist with linkages and referrals to community resources. Family members will be asked to fill out a questionnaire regarding their experience with MFMPs and how effective they were in engaging and supporting the family unit. We have found with our current programs that often peers are often able to engage potential and actual participants quicker and obtain more candid information than clinicians. They can provide reassurance and an example of 'lived' experience which resonates with participates in a positive manner resulting in improved learning and outcomes.

2 (cont.) The issue and learning goal it addresses, and the expected learning outcomes: Many of the veterans we now serve report relationship and family issues secondary to their behavioral health issues. We believe that the family experiences secondary trauma and requires assessment and appropriate interventions for each member of the family unit. Assessment and intervention is also necessary to improve communication and empathy within the family dynamic. The learning goal is to discover whether using Military Family Member peers has a positive impact on improving the understanding, communication and coping skills of military family members enrolled in the program resulting in improved family cohesion and improved communication.

2(cont): How the Innovation meets the definition of Innovation: The innovative part of this program is two-fold. The use of Military Family member peers as well as the use of military veteran/family member clinicians. We are unaware of any other behavioral health program that addresses the family issues of veterans who are in court programs, (especially for domestic violence issues) by using military family member peers and a military cultural approach (by using clinicians who are veteran/military family members and veteran geared psych education as well as military aligned assessment tools) to case management. We also plan to use the peers to solidly integrate with our county's Social Service agencies, as well as community providers. We currently are partnered with our County's' agency that provides services for Veterans claims; our housing authority and the OC Workforce Investment Board. We have been in discussion with OC Family Courts, Juvenile Justice System, Public Defender Office, and Social Services Agency to maximize coordination of identification of military families. We have strong relationships with Department of Education. We also work closely with Adult and Child Protective Services to assist with military family issues and resources. We have a Ca. Dept. of Veterans Affairs liaison (LINC) stationed in the Veterans' Service Office, co-located with this programs' Administrative Manager.

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

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

**Community Collaboration:** This project was developed by eliciting from community members, community agencies and staff, veterans and military families the perceived gaps in current veteran behavioral health care in Orange County. The Family Court, local colleges and the Social Service Agency especially were concerned about the lack of coordination in the response to veteran domestic violence, the lack of staff understanding of the factors involved (especially military related issues and resources), and the lack of veteran specific treatment programs available, and the absence of military family

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specific unification programs that train in positive communication techniques for military family members. Of paramount concern was the absence of programs aimed at prevention and early intervention for military family members. Veterans live in family units and need the support of their families to recover and thrive. These family members must be trained in positive techniques as well as being provided treatment for their own secondary trauma caused by exposure to the Veterans' maladaptive behaviors.

This information was presented to the MHSA Steering Sub-Committee who selected this Innovation project, which was then selected by the MHSA Steering Committee as a necessary new community Innovation Project. This project was approved and endorsed by the OC Board of Supervisors, June 2013 as a new innovation project.

**Cultural Competence:** This project is entirely focused on being 'culturally competent'. The core concept is to use military family members and veterans who 'speak Vet'. Additionally, we are actively involved in the new Social Service Agency's 'Cultural Broker' programs. Our staff is all military, but also includes staff from various cultures, and age groups (even our Peers come from various ethnic backgrounds, veteran eras, and genders). We have access to OC Behavioral Health Services' Office of Multi-Cultural Diversity for assistance with specific cultures, and languages.

**Client and Family-Driven Mental Health System:** This program's title OC4Military Families describes the fact that the program is family-centric. Family members were involved in the stake holder process, family members are employed as clinician staff and as peers.

**Wellness, Recovery, and Resilience Focused:** The program's designed is to improve Family wellness and as well as to improve individual wellness and Recovery. The program is based upon the Recovery model and is Resiliency focused. We plan to incorporate principles from Seeking Safety, as well as other Military resiliency tools.

**Integrated Service Experience:** This project provides an integrative service experience for participants. The staff will work closely, on site with the Family Courts as well as with other County agencies (Public Defender, APS/CPS, and Social Services). Participants will have access on site to the OC4Vets housing, and employment, training specialists as well as be linked directly with necessary County mental health and other resources. Due to the strong relationship with our local VA Healthcare system we can use the peers to accompany veterans to engage in VA available services.

**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.**

50 spouses and children per year. Comprehensive demographic data will be captured. It is difficult to predict the family member's demographics, however, the current veteran population in our Veterans' Behavioral Health programs closely mirrors the US census data of 2012 for our county, with a very slight increase in the Latino, African-American, Asian, and females enrolled in our program. We have availability for bilingual treatment with current clinicians for Spanish. We plan to hire another clinician. All clinicians speak 'veteran' as they are all prior service or have lived with as a military family member. We have access through BHS Multi-Cultural staff and directory to provide culturally appropriate services to family members.

**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.**

Four years' timeframe for this funding period then based on evaluation implement a continuation plan.

**0-3 Month:** We will immediately start a three month implementation period upon receiving approval from the OAC and our agency. This will include obtaining appropriate space, equipment, moving into the space, developing procedures, hiring additional staff, establishing community linkages, resources, training all staff, developing forms, and making information about the program available throughout the community.

**6Month:** The next milestone will occur in six months at which time we will have enrolled at least 8 families and started one peer co-facilitated support group. 1 military family member will have been hired; brochures about the program will have been created and distributed.

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**1 Year:** At one year we will have 50 family members including children will have been assessed and served. We will review evaluation and outcome criteria quarterly and annually. Program will be continually, revised based upon evaluation data. All standardized tools will be given at enrollment (Pre) and then at 90 day intervals and at program exit (Post). Evaluation will consist of comparison of the Pre and Post scores for each tool, as well as Satisfaction questionnaire. Representative case stories will be recorded monthly. The proposed time line will allow the program to take a baseline reading of the participants and monitor their progress throughout their participation in the program. The programs tools will measure the participant's anxiety, depression, which are the primary secondary trauma symptoms we expect to be dealing with. The tools will also allow the program to measure family dynamics, to include communication and empathy. An assigned program research analyst will be included in all steps of the evaluation design, implementation and reporting.

**2<sup>nd</sup> Year:** Additional 50 families will have been assessed and case managed.

**3<sup>rd</sup> Year:** Services will be closed to new families, unless decision has been made to continue program using other funding Final Data analysis will occur in fourth year.

**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.**

We will use standardized screening tools already used for other MHSA Prevention and Early Intervention children and family programs. We will also use the PCL-C to measure for civilian trauma and a comprehensive SBIRT tool; the WHOQL and Participant Questionnaire, CBCL, DARII and STS. These results will be collected at 0, and each 90 days & at program completion. The expected outcome is that the MFMPs will provide an essential service to the family unit by helping them establish a warm linkage with necessary services. The primary measurement tool for this outcome will be a program generated questionnaire and continue engagement with the program. An additional expected outcome will be the improved family functioning of the family unit. This will be measured by using published tools to track common secondary trauma symptoms, such as; anxiety depression, communication problems, anger and family inter relational challenges.

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

We currently have strong relationships and shared programs with the County's Social Services Agency, the OC Community Resources (Workforce Investment Board; Housing Authority; Veterans' Service Office) and two OC community colleges, as well as the Family Court. We have existing strong referrals between BHS Prevention and Intervention and Innovation programs, the Superior Courts, the local VA HealthCare system. Additionally Orange County has a newly formed Veterans' Collaborative of Over 80 diverse community entities who provide or wish to provide services to veterans. We are very involved with this effort and plan to extensively refer to appropriate resources.

**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 \$2,126,045: including one month in the 2013-2014 fiscal year for administration; three years of project services (FY 2014-2017).**

**FY 2013-2014 administration projected amount is: \$10,805; The first project year projected amount is \$737,184; the second project year projected amount is \$695,497; and the third project year projected amount is \$682,559.**

The plan is to leverage off of the current Innovation project OC4Vets to assist with administrative management and clerical support. Our current programs have an experienced Administrative Manager who is a retired Army Nurse (Col.) She has run our Veterans' programs for the past 4 years. Three of our current clinical staff has worked in Veterans' programs for more than two years, We believe that the current programs' experience gives us the ability to extend into this new area rapidly and will allow quick access to appropriate community assets and resources.

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The budget for OC4Military Families primarily will cover 2FTE additional clinicians; and 2 FTEs of Peer Navigators, 1.5FTE clerical support as well as office supplies, office equipment, and funds for office space and expenses. Innovations programs will share assigned Program Research analysts. Work plan management costs, as described below, are spread across the Innovation Projects for the percentage of time dedicated to each project.

**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	326,154			326,154
2.	Operating Expenditures	149,928			149,928
3.	Non-recurring Expenditures	47,500			47,500
4.	Contracts (Training Consultant Contracts)				
5.	Work Plan Management	213,601			213,601
6.	Other Expenditures				
	<b>Total Proposed Expenditures</b>	<b>\$737,184</b>			<b>\$737,184</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>\$737,184</b>			<b>\$737,184</b>

**D. Budget Narrative**

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

**Personnel:** 2 FTE MSW/MFT; 2FTE Peer Navigators; 1.5FTE Clerical support

**Operating Expenses:** Supplies, Printing, Lease for office Space, Phones, Mileage

**Non-recurring Expenditures:** Computers, software, work station creation, furniture, installation costs, etc.

**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, contract monitoring, data collection, supervision support, project evaluation and outcome reporting.