



INNOVATION PLAN APPROVAL SUMMARY Butte County Innovation

Total Requested for Innovation: \$908,133¹

Staff Recommend: APPROVAL

Review History

County Submitted Innovation Work Plan: 5/24/2010

MHSOAC Vote regarding Plan Approval: 6/24/2010

Butte County

Butte County in California's Central Valley had an estimated 2009 population of 220,577. Approximately 12.9% of the County is Latino. Other minority groups in the County include APA (4.3%), Native American (2.2%), and African American (1.7%). There is an estimated population of 10,000 Hmong residents in Butte County; of these individuals, only an estimated 64 elders have received public mental health services. According to a 2009 Butte Countywide Homeless Continuum of Care Council *Point-In-Time Homeless Census and Survey Report*, homelessness in Butte County is increasing, with 59% of homeless Butte citizens residing in Chico. Approximately 21% of Butte County residents are under age 18, while approximately 15% of residents are 65 years of age or older.

The Butte County Innovation Work Plan consists of five programs, described below.

1. Effectiveness of Services for People Experiencing a Mental Health Crisis
2. Homeless Shelter Collaboration
3. Early Intervention Systems for Youth Task Force
4. Therapeutic Wilderness Experience
5. A Community-based Treatment for Historical Trauma to Help Hmong Elders

Effectiveness of Services for People Experiencing a Mental Health Crisis

Summary Information

The core of this Innovation is creation of a team of consumers, family members, and behavioral health staff who will provide supportive services that begin at the point of a behavioral health crisis and continue until the consumer is connected to ongoing services and well established in the community. Currently mental health clinicians and

¹ Includes \$131,540 County administration costs

doctors support people leaving the Psychiatric Health Facility or Crisis Stabilization Unit. Examples of the kinds of services envisioned by the new team include a supportive ride-along peer for consumers going to and coming back from out-of-county hospitals, ongoing contact and emotional support, assistance in making medical and other appointments, and helping the consumer identify and obtain additional services and supports. All services provided through this Innovation will be voluntary, all consumers will receive at least the current level of post-crisis services, and the County will prioritize the needs, preferences, and safety of consumers and family members over the project's learning goals.

Expected Contribution to Learning and Development of New/Improved Mental Health Approaches

This Innovation will assess how best to include peers and family members on an intensive post-crisis case management team. A workgroup composed of consumers, family members, staff, and evaluation experts will create a model that tests various combinations and levels of service to determine the most effective approach to reduce the distress of mental health crises, with the goal of reducing repeat emergency admissions and stress for families and consumers. This same workgroup will be involved in assessing the implementation of this program and designing changes to services as indicated by data gathered.

Anticipated Challenges (if applicable)

- We anticipate that there will be challenges in assessing the impact of this Innovation because of the large number and combinations of variables.

Example Reviewer Comments

- Concern that there consumers would experience disparities in the levels of services provided, based solely on the program's learning goals, and that consumers would not receive standard-of-care post-crisis services - Butte County revised the work plan to clarify that consumers' service needs will always be prioritized over the program's learning goals and that the Innovation program will not prevent any consumers from participating in current follow-up support provided upon discharge from crisis services in Butte County.
- Concern about the extent of consumer involvement in planning the intensive services to be provided by the crisis support team - the County revised the work plan to clarify how consumers and family members will be involved in planning and evaluating the intensive services to be provided.
- Concern about how the program would meet cultural competency standards - the County provided this clarification in revised work plan, including commitment to collaborate with various community-based organizations, translation of program materials, etc.

Duration of Innovation Program: three years

Amount of Funding: \$173,437 for the first year

Similar Focus to other MHS Innovation Programs: Kern, Madera, San Diego, Trinity, Tuolumne (not yet approved by MHSOAC)

Homeless Shelter Collaboration

Summary Information

People who are homeless and mentally ill in Butte County face a fragmented and uncoordinated array of services, according to the Innovation work plan. They often don't know what services are available or how to access those services. People who do not receive needed services disproportionately utilize first responder services and cycle through the hospital emergency room, the Psychiatric Health Facility, and shelters. The result is stress for people who are homeless and mentally ill and for the service system. This Innovation tests a unique collaboration of Butte County departments of Public Health, Behavioral Health, and Social Services. This collaboration will create a support team that brings behavioral health, medical, and financial services to shelters and coordinates with existing shelter services to provide a seamless engagement and service experience. The Department of Employment and Social Services will help people apply for MediCal. The Department of Public Health will provide medical assessment and clinic services. A Behavioral Health clinician will provide assessments and run groups at the shelter.

Expected Contribution to Learning and Development of New/Improved Mental Health Approaches

This Innovation will learn whether successful outcomes for people experiencing homelessness and mental illness can be achieved through integrated on-site service delivery and follow-up offered through the collaboration of these three departments. The County will assess whether the collaboration enhances engagement of shelter guests in their recovery and wellness plans, increases their length of stay at the shelter to allow time for services to be effective, results in more seamless access to services, helps shelter guests reach their own goals, improves their functioning, and reduces future first responder involvement.

Anticipated Challenges (if applicable)

- Since the innovative (new/changed) component of this program is the particular kind of collaboration, we anticipate methodological challenges in differentiating the impact of this collaboration from other elements of the model

Example Reviewer Comments

- Concern about whether this program is sufficiently different from other mobile, integrated approaches for people who are struggling with mental health issues to meet the Guidelines' definition of Innovation
- Appreciation for the very strong support in Butte County for innovating in this service area
- Concern that because people stay at shelters for varying lengths of time, there might be challenges in measuring the impact of this program

Duration of Innovation Program: three years

Amount of Funding: \$180,787 for the first year

Similar Focus to other MHSAs Innovation Programs: none

Early Intervention Systems for Youth Task Force

Summary Information

The proposed Butte County Continuum of Care for Youth Task Force will establish a county-wide multi-system collaborative to assess and make recommendations regarding the Continuum of Care system for youth mental health services. The program will expand links among youth, mental health providers, family resource centers, schools, and other agencies and organizations that work with youth. The Task Force will also explore how the development of collaborative approaches that include youth can transform and institutionalize increased collaboration in planning, with the expectation that ongoing collaboration ultimately will result in better access to services. Youth will be equal partners for all elements of the work of the task force. Youth will also be invited to present the findings of this task force to a variety of county and educational leaders in the area of youth services, using a variety of media and formats. .

Expected Contribution to Learning and Development of New/Improved Mental Health Approaches

The Continuum of Care for Youth Task Force will learn how inclusion of youth in a collaborative process to develop and establish policy for a continuum of care for youth mental health services will affect both the quality of service delivery and the capacity for ongoing collaboration. Example learning questions include:

- 1) What are the elements that contribute to successful collaboration by youth in the task force's work?
- 2) How can the development of the collaborative task force process improve future collaboration?
- 3) How will individual stakeholders' learning from participating in the process be transferred to organizational learning?
- 4) Does the collaborative task force process result in improved access by youths to mental health services, or other service benefits?

Anticipated Challenges (if applicable)

- Youth need to be able to play a very strong role in the task force in order to accomplish the desired learning and system change goals.

Example Reviewer Comments

- Concern about whether the youth involvement in this task force is sufficiently different from other efforts to meet the Guidelines' definition of Innovation
- Limited information provided about possible roles for family members in this Innovation program
- Useful citations documenting that collaboration among systems for school-based and other youth-focused mental health services is crucial, challenging, and an important area for innovation.

Duration of Innovation Program: one year

Amount of Funding: \$80,000

Similar Focus to other MHS Innovation Programs: Humboldt

Therapeutic Wilderness Experience

Summary Information

This Innovation modifies therapeutic wilderness experience interventions that are used for teenagers who are at risk of being placed outside of their homes and away from their communities. Therapeutic Wilderness Experiences have shown “promise” with youth in this situation; however, these programs typically lack family involvement and aftercare. Youth often return home after a transformation experience in the wilderness program unable to put into practice what they have learned. The youth’s family has not had a transformational experience and may have a hard time supporting the changes the youth has made. Both the youth and family members typically lack a support network of other youth and families who have gone through a similar experience. This program addresses these lacks by adding aftercare, peer support, and family components while promoting a self-paced recovery and wellness orientation that is close to home.

Expected Contribution to Learning and Development of New/Improved Mental Health Approaches

Example learning questions for the Innovation program include:

- Will a community-based therapeutic wilderness program allow at-risk youth to implement at home what they learned in the wilderness?
- Will family involvement provide the foundation necessary for the youth to live at home after the wilderness experience?
- Will a community-based support group increase family and youth satisfaction and successful functioning after completion of the wilderness experience?
- What aspects of family involvement work best, according to whom, including perspectives of youth, parents, and siblings?
- Are different types of family involvement and support more effective for different cultures?
- Will the program have impacts on family members (besides the youth)?

Anticipated Challenges (if applicable)

- None identified

Example Reviewer Comments

- Concerns about the cultural competency of this program - the County clarified its plans to reflect this MHSa General Standard, including partnerships with community-based organizations and translations of program materials
- Concern about how to differentiate which program element was responsible for any outcomes that result
- Concern (by one reviewer) about the focus on “wilderness culture and rituals”

Duration of Innovation Program: three years

Amount of Funding: \$230,668 for the first year

Similar Focus to other MHS Innovation Programs: Other counties that are innovating with treatment and intervention models include San Bernadino (previously approved Innovation program) and San Francisco.

A Community-based Treatment for Historical Trauma to Help Hmong Elders

Summary Information

Older Hmongs are likely to suffer from being forced from their homes, friends and family, and way of life at the end of the Vietnam War. Many faced trauma, torture, rape, and starvation in Laos or in refugee camps prior to leaving Southeast Asia. As a result, the Hmong community suffers extremely high rates of mental health disorders, especially posttraumatic stress disorder, anxiety, and depression. The distrust, stigmatization, anxiety, and shame that often result from unprocessed trauma, as well as cultural and linguistic barriers, can result in isolation and make it difficult to seek help from a county agency.

A Community-based Treatment for Historical Trauma to Help Hmong Elders intends to create a supportive community for Hmong elders with historical trauma by adapting a Western trauma recovery model combined with Hmong spiritual practices that focus on healing trauma and on empowerment. These services will be provided by Hmong clinicians and Hmong Wellness staff members, including Hmong counselors, Hmong peer partners, and/or Hmong healers. To the extent possible, services will be provided in Hmong community settings. The program will include an outreach component including accompanied transportation to services to help break down cultural, linguistic and stigmatization as well as the fear of reaching out for services that many trauma survivors experience.

Expected Contribution to Learning and Development of New/Improved Mental Health Approaches

Example learning questions for the Innovation program include:

- To address mental health symptoms in Hmong elders, how important is it to address unresolved trauma? Most programs for Hmong elders have focused on either treating depressive symptoms of isolation, sadness, and hopelessness or on reducing cultural barriers using community health worker models.
- Can the Paving the Red Road to Wellness Model, a community-based treatment for historical trauma in Native American communities, be adapted successfully for Hmong Americans to treat historical and intergenerational trauma?
- Can Hmong cultural practices be integrated with western trauma treatments to more effectively reduce trauma symptoms?
- Are Hmong cultural healing practices effective in reducing trauma symptoms and dysfunctional coping strategies such as gambling addiction and substance abuse as well as to demonstrate wellness in improved self-esteem, more engagement in healthy activities outside the home, greater sense of satisfaction among family members of other generations, and more laughter?

Anticipated Challenges (if applicable)

- None identified

Example Reviewer Comments

- A reviewer was concerned that combining western methods with traditional Hmong methods might not be necessary or appropriate.
- A reviewer was concerned that trying an untested method might expose vulnerable Hmong elders to risk.

This Innovation Duration of Innovation Program: three years

Amount of Funding: \$111,701 for the first year

Similar Focus to other MHSA Innovation Programs: Other counties that are innovating with innovative approaches for diverse cultural communities include Los Angeles, Monterey, and San Bernadino (previously approved Innovation program).