

**NEW/REVISED PROGRAM DESCRIPTION  
Innovation**

County: Trinity County

Completely New Program

Program Number/Name: Milestones Outreach Support Team  Revised Previously Approved Program

Date: July 18, 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.

Trinity County has discovered from its original Innovation project that providing peer support services to individuals admitted into the county's respite bed has been successful in preventing hospitalizations and has succeeded in de-escalating on going crisis situations. In its original plan Trinity County wanted to focus on implementing the Recovery Model into its current programming. With this as its focus the county hired more peer specialists and by doing so posited that this would increase the quality of services and impact positively on outcomes. The vehicle used to "discover" or learn if this was, in fact, the case was a respite bed that is located at the county's board and care facility. The leaning goal of the original plan was to determine if emphasis on the Recovery Model and reciprocal interaction with Milestones (one of the county's wellness centers) would increase the quality of services and improve outcomes for the consumer admitted into the respite bed. A secondary goal was to determine whether providing support activities to the consumer in the respite bed would also strengthen the recovery of the peer specialist?

It was determined that, in fact the addition of peer support services to the standard clinical approach, was helpful in reducing the amount of hospitalizations and re-hospitalizations for the county. Peer support also helped, in some cases, reduce the number of times an individual would present in crisis to the agency. From this initial focus the county soon realized that the project was too narrow in its focus. An unintended outcome became clearly evident when consumers left the respite bed, though not in crisis any longer, they still required the support of the Peer Specialist who had worked with them during their stay in the respite bed. Two weeks, the standard stay for the respite bed, was not sufficient time to help the consumer link to other resources in the community or to fully ameliorate the chances of another crisis episode. From this discovery an "after care" component was added to the plan. It was also during this initial phase of the project that the Peer Specialist's working with the respite consumer became known as M.O.S.T (Milestones Outreach Support Team).

Historically, utilizing the lived experience of peers has added depth to programming at Trinity County Behavioral Health. The original Innovation project significantly helped Trinity County move more assertively toward a strengths based and Recovery Model approach. Going forward it is the intention of the county to continue with this process and key to this effort will be the implementation of another phase of Innovation. In the new phase, the learning question will still focus on peer support but will focus on putting peer support in a more primary role. Trinity County would like to discover if having peers be the first point of contact in its crisis triage program will increase the quality of services including supporting positive outcomes. Trinity County views this as a logical next step toward increased implementation of recovery oriented programming which has been a priority for Trinity County since the passage of Prop 63. Given that this is the priority, it makes sense to have the next Innovation project build on the successes of its predecessor while at the same time using a new vehicle to discover the answer to the county's learning question.

Trinity County Behavioral Health has reported regularly on the progress of its initial Innovation project to multiple stakeholder groups. These groups include the Behavioral Health Advisory Board, Trinity County Wellness Centers Advisory Council, Trinity County Board of Supervisors, Trinity County Department Head meetings, and during the focus groups held to gather input for the county's MHSA Annual Updates. The original program has been well received and supported by all of these important groups. The expansion of the original Innovation project, to include intensive peer support offered to individuals at the wellness centers, prompted members of the Behavioral Health Advisory Board to ask if the program would likely expand again to further the county's progress toward the de-stigmatization of mental illness and to further embed recovery oriented services into behavioral health programming. Support from all of the stakeholder groups was garnered to support the county in development of this new Innovation plan that would braid, almost seamlessly, with the SB 82 Triage grant that the county was awarded in February of 2014 and was funded in April. Consumers appreciated the fact that with these new programs in place they could access crisis services without coming through the "front door" of the agency. Staff from Behavioral Health as well as partner agencies in the community support, and have come to rely on, the efficacy of peer

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

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staff in making appropriate referrals to resources and services. Having Peer Specialists take the lead in interacting with consumers as they present at the center in crisis seemed the natural next step in this project's growth. When the idea was packaged and presented officially to participants of all the stakeholder groups it was unanimously supported.

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.

Trinity County has determined that the continued focus will be on implementing recovery oriented programming within the county mental health system. One of the most important ways that this is evidenced currently, is the creation of a career ladder for individuals of lived experience and hiring individuals with this experience. Trinity County intends to focus again on improving quality of services and improving outcomes. Trinity County applied for and received funding from the SB 82 grant. This grant was used to establish a crisis triage program. Trinity's triage program is anchored at Milestones Wellness Center. Two para-professional crisis staff are onsite to provide support when a serious crisis situation presents. Having this designated crisis staff has allowed the county to increase the hours a day and days a week that the center is open to the community. In this plan, para-professional staff are working side by side with peer staff. While the county provides oversight for the center in terms of policy and procedure the center is peer run. When individuals from the community arrive at the center the first individuals that greet them are peer staff who are on their own journey to recovery and are utilizing their significant experiences to assist others through problematic times in their lives. Trinity County's idea for its new Innovation plan intends to build on this process.

Fundamental to the county's new Innovation plan is to have peer staff take the lead role in initial contact of individuals who present at the center in crisis. It will be the peer staff that will guide the referral process. Peer staff will interact and connect with individuals in order to uncover their most urgent needs. To a large degree it will be up to peer staff to determine what would be the most appropriate referral for the consumer. Peer staff will never "second guess" the individual. For instance, if the individual in crisis states directly that he or she wishes to see the crisis worker the peer staff will help facilitate this meeting. If however, the individual is in obvious distress but is unsure of the direction he or she should take the peer staff will be prepared to support and guide a decision making process. Often it will be just this one –on one intensive peer support that will de-escalate the crisis for the individual. The peer staff member will initiate the referral process to services at Trinity County Behavioral Health or services offered through community partner agencies. The agency, to support peers in this role, will ensure that peer staff are sent to relevant trainings. These may include but are not limited to the following:

- Motivational interviewing,
- Boundaries and ethics,
- In depth psych-rehab curriculum.

To cite one study specifically, Durmont and Jones (2002) compared outcomes of consumers utilizing a peer provided crisis intervention program to those consumers utilizing traditional crisis intervention services. They found that the group served by peers had fewer days in the hospital and were more satisfied with the service they received than the control group. Moreover, another study which mirrors the county's original Innovation Project states that "the outcomes of persons recently discharged from hospitals and referred to traditional community health services to those that received these same services, but also received support from a peer provider...found fewer (re) hospitalizations among those receiving services enhanced by a peer provider"(Pratt, et.al, 2007).

Although there has been research on the effectiveness of peer support in the area of crisis de-escalation and in the delivery of non-traditional services Trinity County's Innovation plan is unique in that peer staff in Trinity County will be working in tandem with clinical staff to provide a more holistic and wrap around service for individuals. Studies conducted to demonstrate the efficacy of peer delivered services have been in *comparison* with more traditional services. Additionally, Trinity County is an extremely rural community with limited resources effectiveness of programs is paramount. While evidence exists that peer support works Trinity County is discovering if it is just as effective in a rural community where the mind set of some community members may not be as open as in more urban or progressive areas.

This approach represents a positive change in that it moves away from the deficit model and more in the direction of recognizing individual strengths and personal accomplishments. Currently, Trinity County access to services is done in a more traditional manner. Clients seeking services come to the agency and are scheduled for assessments with clinical staff. The common points of contact are through reception at the agency or when an individual presents in crisis. Embarking on this new approach emphasizes the importance of social connection and places less emphasis on the standard or typical "gatekeepers" of services.

During the stakeholder process it has been determined that the wellness center is viewed as a key resource in the community. Utilization at the wellness center has nearly tripled since its inception. The active members list numbers about 75 individuals. Most of these individuals do not receive the traditional services of the agency but receive needed support through the MOST program. These individuals are representational of the county's general population with most individuals

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identifying as Caucasian, some Native American and one Latino individual. Other community stakeholders such as the Sheriff, the Behavioral Health Advisory Board, the acute care medical facility, the director of the local Department of Health Care Services all support the new triage program and the fact that it is accessed through the wellness center. In summation, it is the belief of Trinity County Behavioral Health Services that having peer staff take the lead on referrals is maintaining fidelity to the concept of consumer driven services. In a sense, this offers a fresh perspective instead of professional clinical staff offering the standard set of referrals, peer staff can assist the individual identify what his or her specific needs are.

It is no small task to have the responsibility of supporting another in making healthier decisions about his or her life. No one should be expected to take on this level of responsibility without the benefit of specialized training/education. This training benefits the Peer Specialist but ultimately benefits the consumer reaching out. "Considering the many advantages of employing (peer) providers and the fact that the transition from consumer to provider can be difficult the ongoing provision of supports both inside and outside the work environment and the education and training of the peer providers must be considered"(Pratt, et.al, 2007, p. 362). In order to provide support to peer providers, both seasoned and new, on –going training will be necessary. Trinity County would utilize Innovation dollars to facilitate this endeavor. The county envisions that training of peer staff will be made up of several interlinking and progressive components. The county is currently using Community Services and Support dollars to fund the Wellness Centers that have developed a volunteer program for consumers wishing to work at the center. Prevention and Early Intervention funds are being utilized to develop and present a work readiness group/program. The Superior Region WET Collaborative is actively working on offering training, education and possible certification for peer and consumer family members. The county is interested in offering training courses that will be offered by California Association of Social Rehabilitation Agencies (CASRA) to peer staff that will be undertaking this new responsibility.

All of these efforts will be packaged together to form a comprehensive step-by-step process for a consumer or a family member to follow in order to achieve employment at the center or in other areas of the county mental health agency. If employment is not the goal of the individual presently, official volunteer positions will be available at the wellness center. These positions will have descriptions and be specific to match skills of the consumer and support the activities desired at the center. The focus will be to provide ongoing opportunity for skill development. For peer staff that have already been employed by the agency, emphasis will be on supporting the next phase of their professional development. Courses offered through CASRA focusing on psychosocial rehabilitation will be instrumental to achieving this goal. The agency will continue working on a long-term goal of establishing a career ladder for Peer Specialists including a supervisor/coordinator position for Peer Specialists.

Trinity County will use Innovation dollars to pay for approximately 1 FTE.

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.

In terms of the General Standards stipulated in the California Code of Regulations Trinity County is confident that the new Innovation project meets them all. Community collaboration has been key for any MHS program to be implemented within the county and the Innovation plan is no different. Through focus groups, department head meetings, behavioral health board meetings, the Sheriff’s Department and family member input it has been determined that the wellness center serves a very important function of providing a consistent environment that promotes safety and rehabilitation. It has become an important resource within the community; primarily in terms of agencies with clients in common with TCBHS to refer them to the center. The new triage crisis program has succeeded in adding new depth. Trinity County will continue to focus on providing quality services to individuals with an eye toward cultural competence. Although Trinity County lacks ethnic diversity at this time, Trinity County Behavioral Health Services has a robust Cultural Competency Committee and two of its members are peer staff from Milestones Wellness Center. Because of this committee’s efforts regular culturally focused training is offered to staff, partner agencies, consumers and family members. Examples of the trainings that have been recently offered are: Latino culture, Native American Culture and Spirituality, LGBTQ, culture of poverty, consumer perspective, ‘unintentional intolerance’, and two spirituality panels. Members of the Native American, Latino, LGBTQ, and homeless communities represent underserved populations in the county and outreach efforts to these communities will continue. Outreach efforts to the Native American community has garnered Trinity County Behavioral Health a partnership with the Nor Rel Muk Tribe which is the indigenous tribe in the area. Currently, Trinity County has three staff who speak Spanish and have knowledge of Latino culture. These staff members are available to provide interpreter services to Spanish speaking individuals who may come to the agency or wellness center for services. Peer staff that have grown up in the area have the unique ability to perform successful outreach and to build relationships with the most geographically isolated individuals who come from the most poverty stricken areas of the county.

The whole focus of the new Innovation project is client driven in that individuals who come to the center and may be experiencing a crisis will first be greeted by a Peer Specialist and invited to talk, have a snack, or a cup of coffee. The Peer

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Specialist will draw from his or her lived experience to provide the most relevant support for the consumer. The consumer will not be automatically funneled through to see the crisis worker but instead time will be taken to create a relationship so that the consumers individual needs and strengths can be identified. This personal approach will allow the individual to feel comfortable enough to share with the Peer Specialist what is currently an issue in his or her life.

During the stakeholder process family members of individuals who participate at the center were pleased to hear that crisis intervention would also be offered at the center. In addition, should an individual be in crisis a family member will feel much more comfortable taking a loved one into the center for help rather than to the emergency room for an evaluation. This setting will allow the family member to better support the loved one and contribute helpfully to the intervention. The client experiencing the crisis will feel much less distressed about talking with someone from the wellness center than reporting to the emergency room for help which can be anxiety provoking.

The wellness center peer staff will be in the unique role of taking the lead on the referral process and in effect this process will be the first step toward integrating services for the individual. Peer staff will be able to assist consumers seek temporary housing, apply for entitlements, access food pantries connect them with faith based support, and seek medical treatment at the local clinic as necessary. All of these resources available throughout the community will help to stabilize the consumer and it will all be initiated at the wellness center.

Specifics for the Community Planning Process is as follows:

There were three focus groups held to invite stakeholder input. In the interest of gathering the most input from the varying communities in the county, the focus groups were held in three different areas. The first was held in Weaverville on February 26th, 2014 at the Trinity County Behavioral Health Services agency. The second was held on March 5th, 2014 in Hayfork at the Community Center. The last group was held in the Southern Trinity community of Mad River on March 12th, 2014 at the community hall. Each of these three communities has a unique perspective as to the wants and needs of the individuals residing in the community and the county as a whole. Weaverville can be considered the most urban of all the areas. Weaverville has a population of approximately 3500 people. Hayfork is the next largest community in the county with a population of about 2500 hundred. Mad River, is the most rural with about 420 residents according to the latest census. In order to inform the community of these focus groups and to invite participating flyers were disseminated widely to the Trinity County Office of Education, Human Response Network, Mountain Valley Unified School District, Trinity County Probation, North Valley Catholic Social Services, Health and Human Services Department, Southern Trinity Health Services, and the Southern Trinity Unified School District. In addition, flyers were placed in locations where members of the general population could be apprised of the focus groups. These public locations consist of the post office in both Hayfork and Weaverville and the local grocery stores in both communities as well.

All three focus groups were relatively well attended. In general, the input garnered from the stakeholders during from this year round of groups was affirming to the county's efforts. It did come to light that more interaction is required with the Probation Department as the Prevention Services Liaison is anchored in this department and it appears that he is not as available to all of the county schools as much as he should be. In fiscal year 13/14 it was requested by school admin staff from all school districts in the county that the liaison be a more visible presence on campus. The liaison's efforts to visit the nine school campuses in the Trinity Alps Unified school district has increased. The next step is to extend this effort to the more distant areas in the county. Discussion also centered around the success of the wellness centers and how utilization is on the rise at Horizons in Hayfork. The participants of the focus groups were supportive of how the program had developed in its efficacy to provide support to members of the community who may be struggling with mental health issues but were not currently or did not want to receive services from the agency. Ideas were discussed on how to increase the services delivered by peer staff and continue to integrate the services peer staff provide into the 'mainstream' of the agency service delivery culture. The idea of weaving triage crisis services and peer support into the wellness center programming was first discussed at these focus groups. The feedback provided by attendees of the focus group was very supportive of the idea.

Trinity County Behavioral Health provides ongoing information about its current programs on a bi-monthly basis at the Behavioral Health Advisory Board meetings. Two members of the Trinity County Board of Supervisors also sit on this governing board. Additional members include the Alcohol and Other Drug Administrator, two family members, two consumers of mental health services, the Sheriff and the Director of the local non-profit agency. The focus of the board is to identify issues in the county that could be addressed with outreach efforts through Behavioral Health Services and to monitor effective service delivery to consumers of the behavioral health agency. The members continue to be interested in the impact that MHSA programs have had on the community. An emphasis is also placed on collaboration; it is a benefit to have representation of the consumer and family member voice as well as other county agencies. Occasional meetings held by the department heads of the human service agencies also serve as a mechanism for feedback for the existing MHSA programs as well as input for future programs. Regularly present at these meetings are the Sheriff, the Chief Probation Officer, the Health and Human Services Director, and the Superintendent of Schools.

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|   | Provided Input Into INN Plan: Focus Groups | Provided Input Into INN Plan: Advisory Board (specify)  | Provided Input Into INN Plan: Other (specify) | Have not Provided Input into INN Plan | County Plans to Encourage Future Contributions   |
|---|--|---|---|---------------------------------------|--|
| Adults and Seniors with severe mental illness                       |  |   |   | X<br>Seniors                          | County staff will continue outreach efforts to the Golden Age Center (presentations, shared information on resources like the warm line offered through Institute on Aging, invitation to activities at the wellness center, and continued invites to participate in focus groups or on the advisory board). This center is dedicated to the socialization and support of seniors in the community. TCBHS will continue to work with local service organizations that also focus on outreach and support of older adults in the community. Currently, the county has identified one older adult as an FSP this could be another opportunity for input for this and future MHSA programs. |
| Families of children, adults and seniors with severe mental illness |  | The Behavioral Health Advisory board has a family member participant. This board member is the parent of three severely mentally ill teenagers. She has been very supportive of the new Innovation Plan as she states |   |                                       |  |

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|  |  | that if any of her children needed to access crisis services going through the center and talking to a peer would be much less anxiety provoking than presenting at the emergency room.   |   |             |   |
| Representatives of unserved and or underserved populations                   | Members of the local Nor Rel Muk tribe attended the MHSA Focus Group and were able to provide input in regard to developing this new Innovation Plan. From these participants perspective accessing support through the wellness center was much more desirable for them compared to walking through the front door of the agency. There is ongoing communication between TCBHS and members of the Nor Rel Muk tribal council. These interactions have provided opportunities for the members of the tribe to give both input on the conceptualization of the plan and feedback on developments. | A member of the gay and lesbian community serves on the Behavioral Health Services Advisory Board. This individual has been instrumental and supportive in developing this innovative plan for two reasons; 1) this individual values the lived experience of individuals and the support that they can provide to others experiencing similar circumstances, 2) the innovation plan in combination with the crisis triage component takes the pressure of the local acute care facility in handling non-5150 crises. | Members of the gay and lesbian community who are employed by Trinity County Behavioral Health as providers of clinical services have support the development of the Innovation plan. These individuals have witnessed the success of the first phase of the county's plan and value the positive impact peer staff can have in terms of meeting the needs of community members in crisis. These TCBHS staff have stated that meeting with a peer staff first is less traumatic then a trip to the ER when one is already experiencing a crisis. | X<br>Latino | TCBHS has not been as successful as desired in regard to gathering input from this particular under-served population. However, individuals from this community are receiving services through the agency bi-lingual staff will invite them to participate in the next round of focus groups and will invite them to become members of the behavioral health board. |
| Family members of unserved/underserved populations                           |  |   |   | X<br>Latino | As stated above efforts will be made to engage family members of Latino individuals, who may be receiving services, in focus groups and will be invited by bi-lingual staff to participate on the agency's Behavioral Health Advisory Board.  |
| Consumers that reflect the cultural, ethnic, and racial diversity of Trinity | Members of the Nor Rel Muk Tribe have participated in  |   |   | X<br>Latino | Plans to engage this population on are listed   |

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| <p>County mental health consumers</p> | <p>MHSA Focus groups that were held to discuss the plan. Also in attendance were individuals who represent a culture of 'rural poverty' which is prevalent throughout the county. Both of these groups were supportive of continuing to focus on peer delivered support services. Both groups stated that the approachability of peer staff was key to the success of the new Innovation plan.</p>   |  |  |  | <p>above in the representatives of un/under-served population section</p> |
| <p>Providers of services</p>          | <p>There are a limited number of 'outside' providers of service in the county. These providers serve the less chronically mentally ill in the community. There are three in total. One of these providers visited the agency and asked about the 'recovery model' as he was not familiar with the concept. This lead to a discussion about the proposed Innovation plan and the key point of having peer staff take the lead in the referral process. This provider, although unfamiliar with the purpose behind the MHSA, felt that those with lived experience were in the unique position to offer meaningful support to others experiencing similar symptoms or situation.</p> |  |  |  |   |
| <p>Law enforcement agencies</p>       |  |  |  |  |   |

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| (Already documented)     |   |   |                 |   |
| Education                |   |   |                 |   |
| (Already documented)     |   |   |                 |   |
| Social services agencies | <p>Human Response Network, the local non-profit social service agency, as well as Trinity County Department of Health and Human Services have both provided input in regard to the new phase of the Innovation plan. During department head meetings the director of HHS has had opportunity to comment on the fact that wellness center is a valuable community resource. Building on this already successful resource by expanding the role of peer staff was viewed as a way to create a welcoming and supportive program that would truly help an individual in crisis.</p> | <p>The director for Human Response Network is a member of the Behavioral Health Advisory Board. As a member of this board this individual has provided input regarding the development of the new Innovation plan. The wellness center is a resource that HRN refers their client's to. To have crisis services available in this setting and having well known peer staff have first contact with consumers was seen as a very positive and likely to have a soothing effect on individuals.</p> |                 |   |
| Veterans                 |   |   | <p><b>X</b></p> | <p>Trinity County has been unsuccessful engaging veterans. Most of the veterans in the county tend to live in very secluded areas and do not want to be sought out. Outreach and engagement may be more successful if well-advertised activities or groups were offered on topics that would be specifically geared to veterans. Once relationship is established TCBHS could invite veterans to participate on the advisory boards, MHSA focus groups, and community meetings.</p> |

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|   |  |   |  |  | <p>What will be key to the success of these efforts is a well –established relationship with the county’s Veterans Services Officer.</p> |
| <p>Reps from veterans organizations</p>       |  |   | <p>Trinity County Behavioral Health Staff have attended community planning meetings with the Veterans Service Officer. This individual has been interested in knowing what services are available for veterans. The VSO acknowledges that veterans in the area rarely seek services and it is often difficult for him to contact them again once they have left his office. In regard to the Innovation plan the VSO commented that interacting with peer staff would likely be easier for the veterans he has met with. He was in support of the idea of having peer staff be the lead in the service referral process.</p> |  |  |
| <p>Providers of alcohol and drug services</p> |  | <p>The Alcohol and Drug Services Administrator is a member of the Behavioral Health Advisory Board. The administrator supports the recovery model and the value of lived experience. The administrator states that increasing the responsibility of peer staff is the logical next step for the continued</p> |  |  |  |

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|                           |  | shift toward the recovery paradigm. |  |  |  |
| Health care organizations |  |                                     | <p>Input from health care organizations was gathered through meetings between administrators of the acute care facility and TCBHS Clinical Director. Although, the idea of the recovery model and peer support was a relatively new concept for the administrators the Innovation plan and its focus was viewed as a helpful alternative to continued use of the emergency room for non-5150 crisis contacts. It is the hope of Trinity County Behavioral Health to continue to educate community partners about recovery and the utilization of peer staff to facilitate this goal.</p> |  |  |
|                           |  |                                     |  |  |  |

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.

The target population for the wellness center are those that are under-served or un-served in the community. This focus will not change but will expand to include all members of the community who need or want the support of a peer or the triage crisis worker. An unduplicated estimate of how many individuals this project will serve is two hundred (200) per year. It is anticipated that individuals who present at the center in crisis will represent the general population of the county which is predominantly Caucasian and English speaking. It could be argued that women are more likely to seek services; it may be that women will be over-represented in this project just as is commonly found in more traditional programs. The wellness center is open to individuals who eighteen (18) years old and above. Although the triage component of the wellness center is available to individuals of all ages the peer support piece will only be available for TAY, adults and older adults. Perhaps the most central feature of this proposed project is the fact that the focus will be on serving and best meeting the needs of individuals who have a serious mental illness. Trinity County has an ongoing partnership with tribal leaders and members of the Nor Rel Muk. Because of this established relationship it is likely that tribal elders would refer individuals identifying as

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Nor Rel Muk to the center to receive peer and or crisis support. Trinity County benefits from the reciprocity of this relationship as tribal spiritual leaders regularly come to the wellness center to facilitate discussion on Native American culture and beliefs and have also participated in two spirituality panels that were presented on two separate occasions to all agency staff. Outreach to individuals with substance use disorders has begun and is being spearheaded by one of the Peer Specialists who is in active recovery from her own experiences with substances. She is co-facilitating an addiction group on the weekends at the wellness center that is meant to support individuals who self-identify as having any sort of addiction (alcohol, drugs, gambling etc...). As a result we are seeing more individuals come into the center looking for information about addiction and recovery. Veterans have long been a targeted population for outreach but are notoriously difficult to locate. This could be due to the rural and remote qualities of Trinity County. Those who do have contact with veterans in the county state that in general this populations does not want to be found but has sought refuge here. Despite this barrier Trinity County Behavioral Health is in contact with the county's Veterans Services Officer. This individual is regularly notified of activities or programs that may be of interest or relevant to veterans in the community.

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.

Trinity County intends to initiate the new phase of its Innovation project as of mid- December of 2014 and plans to end the project June 30, 2016. This will allow two full years for planning, implementation and trial. This timeframe will allow for a formative evaluation to be completed. The methods used in this formative evaluation may be creating a logic model, utilizing expert consultation or forming an evaluation committee. Program monitoring will be done as the project is underway. Ongoing program monitoring will allow Trinity County Behavioral Health to accurately gauge how well the project is proceeding and to make changes as necessary, in regard to reaching its desired goals, improving the quality or services, including improving outcomes. It will take approximately one to two months to complete the formative evaluation and to develop necessary documentation specific to the project including measurement tools. Key to the project will be to identify appropriate trainings and/or educational programs that will promote professional growth within the mental health system. The Innovation project will serve to expand Trinity County's ongoing efforts to develop a strong career ladder for consumers and family members. While the effectiveness of this intervention will not be measured because it is beyond the scope of the project it does represent another positive outcome.

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.

The Peer Specialists have already completed an initial survey, to gather baseline information, regarding professional competencies. The survey asks the Peer Specialists, using a Likhert scale, to rate how confident they are performing the competencies listed and to rate the importance they place on each of the competencies. This same survey will be administered twice more during the duration of the project; once after a year and again at the end of the project. Each of the Peer Specialists will be required to participate in trainings or educational programs. Sometimes trainings will be individualized, pertaining to the special interests of the Peer Specialist, however most of the trainings will be attended by all of the peer staff. The county will maintain a log of the trainings attended by peer staff. Evidence will be collected to show how professional development knowledge is applied in the work setting. This may include surveying the individuals who have participated in a group facilitated at the wellness center by peer staff, conduct interviews with consumers who have received support from peer staff when they have come into the center in crisis, and/or peer staff will present on topics at agency all-staff meetings.

In conjunction with providing psychosocial rehabilitation education to peer staff the county will focus on gathering data from individuals who come to the center in crisis. They will be asked to complete a three-question survey regarding the effectiveness of the intervention he or she received from the Peer Specialist. The county will not gather baseline data in this area; instead Trinity County Behavioral Health will use a simple single subject research design (SSRD). Instead of an "A-B" design the county will opt for the 'B' design because there will be no baseline data to compare to. It will not allow the county to rule out other explanations for improved outcomes but it will provide information about how clients/consumers are responding to the new strategy. In addition, the county will also track how many hospitalizations occur within the two-year period and how many times the clinical staff reported to the emergency room. This will be compared to data that existed prior to the launch of the Innovation project.

The project will be subject to program monitoring through the course of the two years in order to make sure that there is no

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'programmatic drift' taking place. With this monitoring in place (consumer surveys, number of individuals served etc.) the county will be able to ascertain whether or not the program is a benefit to the population served and augments successfully services offered within the county. This will determine whether the project will be funded by a more permanent source. Since the project is set to run for only two years Trinity County will begin analyzing outcomes in July 2015 with the final determination being made at the beginning of 2016 whether the project will continue past the end of that fiscal year. Trinity County's Quality Improvement Committee and QIC Coordinator will dedicate approximately twenty hours to evaluate the project. After this analysis, Trinity County will be prepared to disseminate information about the project, including lessons learned.

Trinity County intends to use the total of its Innovation funds to pay salary and benefits for one Peer Specialist. The evaluation of the project will require the leveraging of funds from other sources; PEI and realignment dollars.

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

**MHSA PE&I-MHSA Coordinators Time**  
**SB 82 Triage Grant**  
**CSS Outreach and Engagement**  
**1991 Realignment / Administrative support**  
**Medi-Cal FFP**

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.

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

**FY 2014-15 PROGRAM BUDGET**

**A. EXPENDITURES**

|    | Type of Expenditure                       | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers/CBO's | Total             |
|----|---|---------------------------------|-----------------------------|--|-------------------|
| 1. | Personnel                                 | \$ 431,647                      |                             |  | \$ 431,647        |
| 2. | Operating Expenditures                    |                                 |                             |  |                   |
| 3. | Non-recurring Expenditures                | \$ 5,000                        |                             |  | \$ 5,000          |
| 4. | Contracts (Training Consultant Contracts) |                                 |                             |  |                   |
| 5. | Work Plan Management                      |                                 |                             |  | \$ 20,300         |
| 6. | Other Expenditures                        | \$ 20,300                       |                             |  |                   |
|    | <b>Total Proposed Expenditures</b>        | <b>\$ 456,947</b>               |                             |  | <b>\$ 456,947</b> |

**B. REVENUES**

|    |                        |  |                   |  |                   |
|----|------------------------|--|-------------------|--|-------------------|
| 1. | New Revenues           |  |                   |  |                   |
| s  | a. Medi-Cal (FFP only) |  | \$ 24,000         |  | \$ 24,000         |
|    | b. State General Funds |  |                   |  |                   |
|    | c. Innovation Dollars  |  | \$ 66,356         |  | \$ 66,356         |
|    | d. PEI Dollars         |  | \$ 20,000         |  | \$ 20,000         |
|    | e. Triage Dollars      |  | \$ 147,672        |  | \$ 147,672        |
|    | f. CSS Dollars         |  | \$ 15,000         |  | \$ 15,000         |
|    | g. 1991 Realignment    |  | \$ 183,919        |  | \$ 183,919        |
|    | <b>Total Revenues</b>  |  | <b>\$ 456,947</b> |  | <b>\$ 456,947</b> |

**C. Innovation Dollars Detail**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

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|  | Type of Expenditure                  | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers/CBO's | Total            |
|--|--------------------------------------|---------------------------------|-----------------------------|--|------------------|
| 1.   | Personnel                            |                                 |                             |  |                  |
|  | 1 Peer Specialist Salary (.98 FTE)   | \$42,994                        |                             |  | \$42,994         |
|  | 1 Peer Specialist Benefits (.98 FTE) | \$23,362                        |                             |  | \$23,362         |
|  | <b>Total Proposed Expenditures</b>   | <b>\$66,356</b>                 |                             |  | <b>\$66,356</b>  |
| <b>D. TOTAL INNOVATION FUNDS REQUESTED</b> |                                      |                                 |                             |  | <b>\$ 66,356</b> |

**FY 2015-16 PROGRAM BUDGET**

| <b>A. EXPENDITURES</b>  |   |                                 |                             |  |                   |
|---|---|---------------------------------|-----------------------------|--|-------------------|
|   | Type of Expenditure                       | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers/CBO's | Total             |
| 1.  | Personnel                                 | \$ 431,647                      |                             |  | \$ 431,647        |
| 2.  | Operating Expenditures                    |                                 |                             |  |                   |
| 3.  | Non-recurring Expenditures                | \$ 5,000                        |                             |  | \$ 5,000          |
| 4.  | Contracts (Training Consultant Contracts) |                                 |                             |  |                   |
| 5.  | Work Plan Management                      |                                 |                             |  | \$ 20,300         |
| 6.  | Other Expenditures                        | \$ 20,300                       |                             |  |                   |
|   | <b>Total Proposed Expenditures</b>        | <b>\$ 456,947</b>               |                             |  | <b>\$ 456,947</b> |
| <b>B. REVENUES</b>  |   |                                 |                             |  |                   |
| 1.  | New Revenues                              |                                 |                             |  |                   |
| s   | a. Medi-Cal (FFP only)                    |                                 | \$ 24,000                   |  | \$ 24,000         |
|   | b. State General Funds                    |                                 |                             |  |                   |
|   | c. Innovation Dollars                     |                                 | \$ 66,356                   |  | \$ 66,356         |
|   | d. PEI Dollars                            |                                 | \$ 20,000                   |  | \$ 20,000         |
|   | e. Triage Dollars                         |                                 | \$ 147,672                  |  | \$ 147,672        |
|   | f. CSS Dollars                            |                                 | \$ 15,000                   |  | \$ 15,000         |
|   | g. 1991 Realignment                       |                                 | \$ 183,919                  |  | \$ 183,919        |
|   | <b>Total Revenues</b>                     |                                 | <b>\$ 456,947</b>           |  | <b>\$ 456,947</b> |
| <b>C. Innovation Dollars Detail</b>   |   |                                 |                             |  |                   |
|   | Type of Expenditure                       | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers/CBO's | Total             |
| 1.  | Personnel                                 |                                 |                             |  |                   |
|   | 1 Peer Specialist Salary (.95 FTE)        | \$42,994                        |                             |  | \$42,994          |
|   | 1 Peer Specialist Benefits (.95 FTE)      | \$23,362                        |                             |  | \$23,362          |
|   | <b>Total Proposed Expenditures</b>        | <b>\$66,356</b>                 |                             |  | <b>\$66,356</b>   |
| <b>D. TOTAL FUNDING REQUESTED</b>   |   |                                 |                             |  | <b>\$ 66,356</b>  |
| <b>TOTAL OF FUNDING REQUESTED FOR FISCAL YEAR 2014/2015 through 2015/2016</b> |   |                                 |                             |  | <b>132,712</b>    |

**D. Budget Narrative**

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

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Trinity County is proposing a Peer Specialist Project anchored at the County operated Milestones Wellness Center. This Project will build on the last approved Innovation Project where the Peer Specialists provided intensive case management to consumers. It is anticipated that the new program will last two years from July 1, 2014 through June 30, 2016 and that the expenses will be the same for both years. The new program will have the Peer Specialist assuming the new role of taking responsibility for the initial interview with consumers as they frequent the Wellness Center. The Peer Specialist will provide linkage and case management. Because the Innovation funds are insufficient to fiscally underwrite the entire project, a blended model of revenue will be used to demonstrate how Trinity will pay for this entire project. The primary sources of revenue to be used to fund the project will be:

1. Innovation Dollars; \$66,356 for Peer Specialist salary & benefits; the two year total for funding will be \$132,712
2. PE&I Dollars; \$20,000 for staff time to oversee and evaluate the project
3. Triage Dollars; \$145,672 for two Rehabilitation Specialists' salaries & benefits and Peer Specialist salary & benefits that is not covered by the Innovation Funds
4. Medi-Cal Dollars; \$24,000 for billable hours generated by the Rehabilitation Specialists or maximum of 15% of the dollar amount as noted in the Triage Grant
5. CSS Dollars \$15,000 that fund the rent, the consumer budget to operate the Wellness Center and the indirect costs for program support.
6. 1991 Realignment Dollars; \$183,919 for additional staff coverage in the event a Rehabilitation Specialists is on leave; includes Administrative support and other indirect costs for program support that will include evaluation.