



INNOVATION PLAN APPROVAL SUMMARY

Orange County Innovation

Name of Innovative Programs:

- 1. Proactive On-site Engagement in the Collaborative Courts**
- 2. Religious Leaders Behavioral Health Training**
- 3. Access to Mobile/Cellular/Internet Devices in Improving Quality of Life**
- 4. Veteran Services for Military Families**
- 5. Developing Skill Sets for Independent Living**

Total Requested for Innovation: \$2,354,414.00

Duration of Innovative Programs: Varies

Staff Recommends: APPROVAL

Review History

County Submitted Innovation Plan: March 12, 2014

Mental Health Services Oversight and Accountability Commission (MHSOAC) Vote on Innovation Plan: April 24, 2014

Innovation Plan Summary

Orange County is seeking MHSOAC approval for the following Innovative Programs:

Proactive On-site Engagement in the Collaborative Courts (\$370,261)

This four-year project integrates mental health education with mental health system navigation services onsite at collaborative courts for probation clients with serious and persistent mental illness and their families. In addition, Peer Specialists will teach mental health courses at local mental health clinics. Probation clients and families will learn how to manage their mental illness and support their mental health, navigate the mental health system, and thrive outside the criminal justice system. The county believes that the combination of on-site mental health education, structured mental health education courses, family engagement, and peer-driven supportive services will create a safety net that results in better client outcomes, including improved mental

health and reduced hospitalization and criminal justice recidivism. The Innovative Program will be piloted with 300 individuals.

Evaluation

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

- Increase in participants' and their families' understanding of serious and persistent mental illness
- Increase in participants' engagement and access to mental health services
- Reduced criminal justice recidivism and hospitalization rates of participants.

The county will track participants' completion of courses and knowledge gained as a result, referrals/linkages to mental health services/resources including follow through, jail time, and hospitalizations.

Religious Leaders Behavioral Health Training (\$429,032)

This three-year program will increase access to services by introducing formal behavioral health training for 30 faith-based organizations using a train-the-trainers approach, increasing the number of lay persons trained in basic mental health practice skills sets. The intention of the Innovative Project is to recruit adult religious leaders from a variety of denominations throughout Orange County. The trainings will also be offered to transition-age youth and adult congregants from each religious organization and will reflect the cultural and linguistic needs of each group.

A team of Peer Specialists will staff this project to assist with trainings and provide case management for consumers needing referrals/linkages to county and community mental health services and resources. Each newly trained trainer is expected to deliver three trainings per year. Potentially, up to 1800 lay people in various religious organizations will be trained in basic mental health interventions and serve as a gateway to refer those in need to professional services as needed and appropriate. The number of religious leaders and congregants who can be trained by each religious leader during and long after the project's end is exponential, as is the number of consumers who potentially can be helped by those trained individuals.

The goal of training religious leaders and religious community members in basic response to a potential mental illness is not intended to replace professional mental health support, but rather to assess the person for risk of harm or suicide, listen non-judgmentally, give reassurance, and encourage individuals to seek and access appropriate mental health services and supports as applicable and needed.

Evaluation

Learning outcomes: The County will assess if training and certifying religious leaders and congregants as behavioral health trainers will result in:

- Participants' increased understanding of mental health (both the new trainers and the individuals they train)

- Increased number of lay persons in various religious communities who are skilled and knowledgeable in basic mental health practice skill sets
- Increased numbers of individuals in religious communities who access mental health services.

Data on number of individuals trained, training completion rates, the number of subsequent trainings provided by new trainers, and mental health referrals and linkages will be collected to measure the impact of this mental health train the trainers approach for religious communities. The evaluation will also track referrals and linkages provided by Peer Specialists. Performance outcomes will be measured by intake and enrollment data, self-assessment surveys and interviews.

Access to Mobile/Cellular/Internet Devices in Improving Quality of life (\$327,583)

This three-year project is designed to increase access to mental health services and enhance the quality of life of low-income adults living with severe and persistent mental illness through access to mobile devices, accompanied by Peer Specialist supportive services. Each participant will be provided with a cell phone with internet access. At weekly check-in meetings, Peer Specialist will support participants regarding use of the phone as well as additional opportunities to reduce social isolation, increase social networks of emotionally supportive friends and peers, increase personal safety, search for jobs, manage mental health appointments, and other uses of the technology to improve mental health outcomes. Through group training and support group sessions, Peer Specialists will teach skills such as how to use the virtual calendar to keep track of appointments and set reminders, how to set alerts to assist with medication management, how to set up and use Facebook, online safety lessons and warnings, online job searches, and/or other topics, in response to participant requests.

The county believes that giving access to this technology to low-income mental health consumers who have traditionally had little to no access to mobile smartphones will provide a new opportunity to empower consumers to be self-reliant in managing their mental health. If successful, this program is expected to reduce barriers to accessing mental health services and to increase social support, self-reliance, and effective management of mental illness. This project will also examine if access to mobile devices and the internet improves various dimensions of each participant's recovery, including but not limited to job search and employment, housing stability, medication management, managing mental health appointments, and independent living.

Evaluation

Learning outcomes will assess if connecting mental health consumers with affordable digital devices and cellular/ internet services in the context of peer support will increase access to needed mental health and supportive services and result in:

- Reduced barriers to accessing mental health services
- Reduced social isolation and increasing support networks
- Increased self-reliance and management of mental health treatment
- Improved overall quality of life and wellbeing.

Performance outcomes will be measured by self-assessment surveys, logs of mobile phone use, information from Peer Specialists, and the WHO-5 World Health Organization's Well-Being Index.

Veteran Services for Military Families (\$737,184)

There is considerable evidence that family members of veterans are at high risk for a variety of mental disorders, including post-traumatic stress disorder. This program will target family members of veterans currently enrolled in Orange County veterans' behavioral health programs, especially, the Veteran's Court programs. Behavioral health clinicians who are themselves veterans or military family members will assess each participant for risk or onset of mental illness, 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), and will, with participants, develop a plan for support, treatment, and case management. Family member will be assigned a Military Family Member Peer who will co-lead support groups and assist with linkages and referral to community resources. The emphasis on peer support is essential to this project, intended to provide reassurance and an example of 'lived' experience that is expected to resonate positively with participants, resulting in improved learning and outcomes. Fifty spouses and children per year will be served in the pilot.

In addition to supporting the mental health and recovery of family members, the project is expected to result in improved family communication and cohesion. Although not an explicit part of the evaluation, the expectation is that support for family members will also improve outcomes for the enrolled veterans, many of whom report relationship and family issues secondary to their behavioral health issues.

Evaluation

The learning goal for this Innovative Project is to discover whether using Military Family Member peers:

- Reduces the risk and improved recovery for family members of veterans at risk of or with early onset of a mental illness and
- Improves the understanding, communication and coping skills of military family members resulting in improved family cohesion.

The primary measurement tools will be a program generated-questionnaire; the PTSD Checklist Civilian Version (PCL-C); the comprehensive Screening, Brief Intervention and Referral to Treatment (SBIRT) tool; the World Health Organization Quality of Life (WHOQL) and Participant Questionnaire; the Child Behavior Check List (CBCL); Dimensions of Anger Reactions II (DARII) Scale; and the Secondary Trauma Scale(STS). Data will be collected at intake, every 90 days, and at program completion.

Developing Skill Sets for Independent Living (\$490,354)

Designed to empower adults with serious and persistent mental illness who are homeless or at risk of homelessness and who are dealing with barriers to living independently, this Innovative Project will provide an opportunity for participants to learn independent living skills through a mental health lens prior to moving into publically subsidized housing or other independent living situations. Participants will actively shape their individual program plans by identifying their goals, objectives, hopes, and desires, which will individualize project services. Project staff will link each participant with community resources as needed. The project will target not only those in

supportive housing but also individuals who are recently paroled, unable to retain stable housing, and/or living dependent on others who want to live independently.

Evaluation

This project will assess if participation in independent living skills courses combined with supportive services will result in participants' increased:

- Understanding of their mental illness and recovery
- Independent living skill sets while managing mental health symptoms and facilitating recovery
- Quality of life through learning independent living skills
- Retention of stable housing.

Each learning module will include a unique pre- and post-test, which will focus on specific skills, as well as questions that are personalized to each participant. Progress made as a result of increased independent living skills will be evaluated by the WHO-5 Well-Being Index.