



INNOVATION PLAN APPROVAL SUMMARY

San Diego County Innovation

Name of Innovative Program: Peer-Assisted Transitions

Total Requested for Innovation: \$3,334,347

Duration of Innovative Program: Three Years

Staff Recommends: APPROVAL

Review History

County Submitted Innovation Plan: February 9, 2015

MHSOAC Vote regarding Plan Approval: February 26, 2015

Innovation Plan Summary

San Diego County is seeking the Mental Health Services Oversight and Accountability Commission's approval for their Innovative Program, Peer-Assisted Transitions (PAT). The primary learning goal of PAT is to evaluate a peer-based program for persons diagnosed with serious mental illness (SMI) who present at a crisis house or hospital for a psychiatric emergency and who are socially isolated. Priority for services will be for persons who have been previously hospitalized or in a crisis residential facility for a psychiatric emergency, are homeless, and/or who live alone or in a Board and Care facility. Program goals include to increase client engagement, improve well-being and level of functioning, enhance recovery, and promote continuation of social activities and connections after clients' involvement with this program ends. This project is an adaptation to the peer support program San Diego County operated through an earlier Innovative Program.

Peer Specialist Coach's (PSCs) will engage with clients through peer support, 'Welcome Home Baskets,' social/recreational activities, mentoring, and shared decision-making, all of which are designed to identify and promote connections with relevant community services and supports. The PSC will work closely with the client and the assigned discharge planner and will ensure that the client is actively involved in his/her discharge planning. The shared decision-making component will support the client's primary role in decision-making, and will utilize resources such as Substance Abuse and Mental Health Services Administration's Shared Decision-Making tools and/or elements of the web-based application Common Ground.

PAT services will be provided at a variety of sites to help identify which lead to the best outcomes, including a primary focus on crisis residential facilities (crisis houses), with additional trials at a non-County-operated psychiatric hospital for patients with Medi-Cal

or no insurance. The County is considering also providing the service at a locked long-term care facility for persons who have not previously effectively connected with the more formal support services available to them upon discharge. The County is exploring connecting PAT peer staff to the current transition team, which links hospitalized persons with relevant services and has established connections with all private psychiatric hospitals serving persons with Medi-Cal.

To support the wide variety of persons who come to the crisis houses, project staff will be linguistically and culturally competent for the population served. Staff orientation will include a focus on increasing understanding of diverse belief systems concerning mental illness and mental wellness, the impact historical bias has had upon many different groups, the possible effects of trauma and the importance of trauma-informed care, and strategies to include forms of support that are most relevant to a person's specific background and world view.

The average length of service is expected to be three months. Caseloads will be low to ensure sufficient time to provide highly individualized support to each person, as well as to coordinate and participate in social outings with individuals and groups of clients. The program is expected to serve at least 240 clients annually.

Evaluation:

A key purpose of this Innovative Program is to add to knowledge in the field, which can benefit from more rigorous evaluation on the impact of peer support for persons with serious mental, according to a County literature review. While research demonstrates the value of peer staffing and programs, sound evaluations of outcomes and cost-effectiveness are limited, with many challenges with existing studies. This County plans to explore the possibility of establishing a randomized clinical trial (RCT). If unable to establish a RCT due to research challenges, the County will pursue alternative methods such as sample matching, site comparisons, and pre/post-measures on key variables.

Data to be gathered and evaluated include, but are not limited to:

- Number of hospitalizations and hospitalization days
- Number of crisis house admissions and days
- Readmission at crisis houses and/or psychiatric hospitals
- Linkages of clients with formal support services
- Number of people in a person's active social support network
- Level of recovery as measured by participant report and scale (e.g., Recovery Markers Questionnaire)
- Level of recovery as measured by provider report and scale (e.g., PHQ-9, IMR)
- Client input, including focus groups, about impact of various elements of the program, including shared decision-making, 'Welcome Home Baskets,' and social/recreational activities.

The evaluation will compare and contrast outcomes for PAT clients at crisis houses and designated hospital(s), compared to a sample of people at similar sites who did not have access to PAT supports. The program will be assessed annually and will report results to the County of San Diego's Adult Council, Older Adult Council, and Transitional-Age Youth Workgroup. The County's internal Performance Outcomes Team will also review the reports.

