



County of Orange

Health Care Agency Behavioral Health Services

Mental Health Services Act Innovation Component Plan

May 20, 2010 (Revised 6-21-10)

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Innovation Plan Overview and Executive Summary

On January 30, 2009 The California Department of Mental Health issued Information Notice No. 09-02, which provided guidelines for development of a Mental Health Services Act (MHSA) Innovation Component Plan.

The Orange County Community Planning Process was comprehensive, one in which nearly 400 stakeholders representing a variety of ethnic, linguistic and consumer, family member and provider groups, as well as the County Behavioral Health Service's community partners, were involved. The resulting plan includes ten separate projects; each of them selected by the Orange County MHSA Steering Committee as the top priority Innovation projects for which the County would request funding.

An Innovation Planning Team composed of county staff developed a series of community presentations aimed at different consituencies throughout the community in which the purpose of and guidelines for the Innovation Component could be presented and project proposals solicited. A total of 392 individuals, representing 78 separate community groups, attended 29 different stakeholder planning meetings. Ninety twoproject proposals were submitted by groups representing ten different primary languages and a diverse group of ethnicities. A subcommittee of the MHSA Steering Committee was appointed to review and prioritize the proposals. The priority rankings were presented to the full Steering Committee on March 29, 2010 and the ten top priority projects were selected to be included in this Plan.

The ten included projects share a common theme, which is the involvement of consumers and family members to provide services and/or direct the activities involved in the projects. In some cases, it is precisely this consumer and family member involvement in implementing the project that is the greatest innovation. In other cases, nearly all aspects of the project, including the involvement of consumers and family members, are innovative. A major purpose of our innovation projects, in addition to their other learning goals, is to increase paid employment opportunities for our trained consumers and family members and to assess how well this works.

The ten projects are:

- 1. Integrated Community Services
- 2. Family Focused Crisis Management and Community Outreach
- 3. Volunteer to Work
- 4. OK to Be Me
- 5. Vets Connect
- 6. Community Cares Project

- 7. Education, Training, and Research Institute
- 8. Project Life Coach
- 9. Training to Meet the Mental Health needs of the Deaf Community
- 10. Consumer Early Childhood Mental Health

Each project is explained in the Plan and the expected outcome measures for each are described. A thorough evaluation for each project will be conducted at the end of the project period and a report prepared on the results of project. The Innovation Advisory subcommittee of the Orange County MHSA Steering Committee (which includes consumer and family member representation) will review and provide input on the draft assessment procedures before the procedures are finalized. Following data collection and analysis, the Innovation Advisory subcommittee will review the project results and provide their assessment of the achievement of learning objectives.

The overarching question we seek to answer from all 10 projects is: "Can a well-trained consumer/family member be an effective paraprofessional in all clinical settings?"

This plan requests a total of \$18,410,300 for Fiscal Year 2009-2010 from the Fiscal Years 2008-2009, 2009-2010, and 2010-2011 MHSA allocations for Orange County for Innovation funding.

EXHIBIT A

INNOVATION WORK PLAN COUNTY CERTIFICATION

County Name: Orange County

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9. CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.

EXHIBIT B

Description of Community Program Planning and Local Review Processes

County Name: Orange County

Work Plan Name: MHSA Innovation Plan

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

Orange County's Community Planning process began following the release of Department of Mental Health Information Notice 9-02, which detailed Proposed Innovation Component Plan Guidelines. The strategy for the Community Planning Process was discussed at meetings of our community-based MHSA Steering Committee, which provides a forum for members and the public to participate in the planning and implementation of MHSA programs. The Committee received information, documentation, and presentations monthly on the status of MHSA Innovation Plan development.

An MHSA Innovation Planning Team composed of county staff developed a series of community presentations aimed at different constituencies throughout the community. At these presentations, the Innovation Component guidelines were presented and project proposals solicited. At each of these community presentations the planning team presented a set of powerpoint slides and held a discussion of, 1) the definition of an Innovative Project as one that contributes to learning rather than has a primary focus on providing services, 2) the three ways in which a project could be innovative and contribute to learning, and 3) the four "essential purposes," at least one of which each project had to address. A total of 392 individuals, representing 78 separate community groups, attended 29 different stakeholder planning meetings. As a result of these meetings, 92 project proposals were submitted by groups representing ten different primary languages (see Appendix 1), and the following race/ethnicities: Caucasian European (55%), Hispanic (21%), Asian and Pacific Islander (14%), Middle Eastern (3%), Native American (1%), African American (2%) and other (3%).

The County's community planning process for MHSA Innovation, just as our previous planning processes, was open, participatory and inclusive of a wide variety of diverse stakeholders, including groups not often heard, such as those who are linguistic and culturally isolated and their families. Meaningful consumer/family member participation in the planning process was encouraged and supported through several different mechanisms, including grocery vouchers, transportation, childcare, and meals at meetings. Orange County conducted community outreach to inform the public about the MHSA Innovation Plan and the planning process. Special attention was given to

EXHIBIT B

reaching unserved/underserved ethnic minorities and marginalized populations by word of mouth with various community leaders and by advertisements in various languages.

The practice of providing incentives to encourage participation of unserved and underserved groups in the planning process has proven very effective. Use of incentives has been and will continue to be incorporated into programs/projects included in this Plan. Provision of transportation, childcare, food vouchers and meals at meetings/trainings has helped to overcome barriers to participation. Our goal is to be as inclusive as possible in both our community planning activities and in serving our diverse communities.

Project proposals were summarized by county planning staff and presented to an Innovation Subcommittee of the MHSA Steering Committee. This Subcommittee consisted of 12 community members of the Steering Committee, none of whom had a direct interest in any of the proposals; six out of twelve of the members were consumers or family members; two represented the API community; and, three were from the Latino/Hispanic community. Proposals were then priority ranked by this subcommittee and the rankings were presented to the full Steering Committee. The top-ranked proposals were discussed in detail at the March 29, 2010 Steering Committee meeting. The final County Plan includes those top-ranked proposals. A decision was also made to use consumer-provided services as a theme throughout the entire group of Innovation component programs.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

The 392 persons that attended stakeholder meetings represent 78 different organizations. These organizations can be grouped into the following 16 stakeholder categories: County Behavioral Health line staff and administrative staff (8 Departments), Ethnic-Specific Service Providers (6), Gay and Lesbian organizations (3), School Districts (6), Disability groups (5), Housing (2), Community Providers (14), Consumer Advocacy groups (3), Colleges or Universities (2), City Government (2), Older Adults (4), Employment Services (4), other Government Agencies and Staff (8), Consumer and Family Support Organizations (4), Veteran's Groups (2), and Unaffiliated (5). A list of these 78 organizations can be found in Appendix 2.

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The written plan was posted for a thirty-day Public Comment period from April 12, 2010 to May 12, 2010. Posting occurred on the county MHSA website; notices appeared in the local newspapers indicating that electronic copies were on the internet and available in hard copies at county administrative offices and at all county libraries. Hard copies were deposited and held for public review at all 33 branches of the Orange County Public Library. A Mental Health Board Public Hearing was held on May 13, 2010. No

substantive comments were received. All the written Public Comments (14) indicated support for the Plan and in particular the proposals for Family-Focused Crisis Management (INN02) OK to Be Me (INN04) and Project Life Coach (INN08). Comments at the Public Hearing were also positive and did not request any substantive change in the Plan. The Plan was unanimously approved by the Mental Health Board on May 13, 2010.

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Innovation Work Plan Narrative

		Date:	April 8, 2010
County: Orang	e County		
Work Plan #:	INN-01		
Work Plan Name:	Integrated Community Services		
Purnoso of Propos	ed Innovation Project (check all that apply)		
ruipose oi Propose	eu innovation Project (check all that apply)		
☐ INCREASE ACCESS	TO UNDERSERVED GROUPS		
INCREASE THE QUA	LITY OF SERVICES, INCLUDING BETTER OUTCOMES		
	ENCY COLLABORATION		
INCREASE ACCESS	TO SERVICES		

Briefly explain the reason for selecting the above purpose(s).

The high mortality rate among individuals living with serious and persistent mental illness (SPMI) has sparked concern for the amount and kind of physical health care these persons receive. Members of this group die, on average, 25 years earlier than their age cohorts in the general population. High rates of untreated or poorly treated physical disorders in this population, especially cardiovascular, pulmonary and infectious diseases, as well as diabetes contribute to the high mortality. Effective psychotropic medications, especially the anti-psychotics, can often cause metabolic syndromes exacerbating the risks for heart disease. The fact that individuals with SPMI receive services from multiple agencies or migrate from one service system to another during their lifetime poses further risks of increasing complications for both mental and physical health conditions. Many studies have concluded that to be effective in reducing mortality, collaboration is required by the many agencies that contribute to the care of this vulnerable population. The integration of primary care with mental health services is one strategy that fosters a potentially important collaboration.

Recent studies conducted by Emory University showed that effective medical case management provided within mental health settings resulted in significant improvements in the quality and outcomes of primary care for the mental health clients who received such case management compared to treatment as usual. Effective medical case management includes provision of communication and advocacy with medical providers, as well as health education and support in overcoming system-level fragmentation and barriers to primary medical care.

Furthermore, due to the stringent eligibility requirements for SPMI (to qualify for public mental health services) most people whose psychiatric diagnoses are relatively mild seek care in primary care settings such as community health clinics. Some do so because they are uninsured or their insurance does not provide adequate coverage for mental health services. As many as 40% of patients seeking help for mental health problems are seen only by Primary Care Providers (PCPs), and PCPs are often the first

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point of contact for people dealing with mental illness. Unfortunately, mental health problems often go undetected and untreated in the primary care setting. Providing appropriate mental health treatment in the primary care setting also presents an important opportunity to reach those groups who cannot or will not access care in the specialty mental health setting. Lack of knowledge about mental health services or stigma about receiving such services creates a barrier to clients accessing specialty mental health services. Treating mental health problems in the primary care setting is also crucial because many who seek help there have milder symptoms that, if treated appropriately, can be prevented from developing into a more disabling disorder.

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Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

In anticipation of the DHCS 1115 Waiver and Healthcare Reform in Congress being signed into law and implemented over the next few years. Orange County proposes a program that provides integrated physical and mental health services at both behavioral and physical health sites for consumers with mental and physical health diagnoses and, often, with co-occurring alcohol/substance abuse problems. program will provide mental health care at primary medical care community clinics, employing trained consumer mental health workers as peer mentors and outreach workers supervised by licensed mental health staff. It will also provide psychiatric consultation to primary care physicians seeking consultation about prescribing. At behavioral health sites, clients will be assigned to Medical Care Coordinators who will be employed consumers. The consumers will be trained to coordinate and monitor physical health care of behavioral health clients. They will be supervised by registered nurses. Additionally, an effort will be made to provide standard/basic medical care in the behavioral health setting by primary care physicians from our community clinic partners. Since all cases selected will be individuals with Medi-Cal or MSI (Medical Services Initiative) program eligible, the primary care physicians will be registered as providers of these two programs. Therefore, laboratory and treatment (procedures and medications) costs related to physical health conditions will not be an expense for MHSA innovation funds.

The role of the paid trained consumers as peer mentors, outreach workers and medical care coordinators is an important innovative component of this project. We believe these clinicians will be able to utilize their lived experiences to engage both providers and clients and their families into treatments. The fact that consumers in recovery can be part of the treatment team is an important concept in community integration that speaks to this concept of wellness, recovery and resiliency. Furthermore, in working with families from ethnic minority communities, where the mental illnesses remain highly stigmatized, this project will provide a visible and realized hope for families as they struggle to provide better care for loved ones living with mental health conditions.

Both of these interventions (those within physical health provider locations and those within behavioral health provider locations) are innovative programs and provide two different approaches to integrating physical health, mental health and alcohol/substance abuse treatments. This also provides an opportunity to compare outcomes from the two approaches.

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The expected outcomes will be:

- 1. Increased access to mental health services for persons without medical insurance or with mental health conditions that do not meet admission criteria for county behavioral health services.
- 2. Increased number of mental health clients who have a regularly visited primary care provider.
- 3. A determination as to whether or not providing integrated physical and mental health care reduces risks for cardiovascular and other medical conditions that are known to be associated with increased mortality in mental health clients.
- 4. Improved prescribing practices for mental health conditions by primary care providers.
- A comparison of use and satisfaction with physical and mental health services by mental health clients who receive them in physical health locations vs. mental health locations.

This project is not a duplication or a supplantation of the Orange County CalMend project which seeks to develop a common data base system for our current separated physical health, mental health and substance use treatment systems.

This proposed program meets the General Standards contained in the MHSA and CCR Title 9, Section 3320. This is demonstrated by the following:

- The project includes Community Collaboration, both in terms of it being developed through a community planning process and in terms of co-locating physical and mental health services through the cooperation of community partners.
- This project is culturally competent in that it will provide services to underserved ethnic and cultural groups within the county and utilize service providers who come from those communities and understand the belief systems and values of those communities as well as speak their language. Specifically, it utilizes consumer and family member employees from the culture of the clients and directs services toward those ethnic groups, which disproportionately, are underserved in the physical and/or mental health spheres because of lack of resources or stigma regarding mental illness.
- This project is family driven in that family members were involved, both in the stakeholder process and in the Advisory Subcommittee from the MHSA Steering Committee, in choosing and designing the project. The clients served by this project will be TAY, adults and older adults, most of whom are independent of their families. By engaging clients in culturally appropriate ways, the clients themselves, will be involved in the decision making and planning for meeting their physical and mental health and determining the services they receive. In cases where the clients choose to include their families, the project will also

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engage family members toward the end of empowering the client within the context of his or her family to be in charge of his or her treatment.

- It is Wellness, Recovery, and Resilience-Focused since it addresses both the physical and mental health needs of clients. A goal of this project is to promote regular medical checkups and positive health changes in all clients. For those clients seen in medical settings where their mental health needs might be ignored, this program will promote greater resilience by intervening early in problems that could develop into more serious mental illness. For those clients seen in mental health settings, on-site linkage to primary care practitioners is expected to decrease the negative consequences of untreated physical ailments and to promote positive behavior changes that will result in preventing physical health problems and stopping minor illnesses or conditions from becoming major.
- Finally, by providing both medical and mental health services within the same setting, the project will provide an integrated service experience for clients.

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Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This project fits the definition of innovation by introducing a new mental health practice that has never been done before, specifically, by using paid consumer and family member employees to provide medical care coordination and mental health support services, the former within a mental health setting and the latter within a general health setting It is an entirely innovative approach the effectiveness of which will be evaluated. With this proposed Integrated Community Services project, we hope to answer the following questions related to overall health for consumers of both physical health services (PHS) and mental health services (MHS) who have co-occurring disorders (medical disorders, mental health disorders, and alcohol and substance use disorders):

- 1) Can integrated services in both PHS and MHS settings reduce health outcome disparities between persons with severe mental illness and the general population?
- 2) Can integrated services in both PHS and MHS settings result in cost-effective health care, ie, reduced overall cost of health care, yet improve overall quality of care?
- 3) Can an integrated service model improve overall health care utilization regardless of the health care setting?
- 4) What interventions can actively engage and empower health care consumers?
- 5) What payer or organization-level incentives and structures are necessary for a integrated physical and mental health care program to be cost-effective and sustainable in the long term?
- 6) Can mental health consumers be trained to provide Medical Care Coordination in order to reduce medical risks and improve preventive care in mental health clients?
- 7) Which is more effective in terms of physical and mental health outcomes and client satisfaction mental health services provided in physical health sites or medical health coordination provided in behavioral health sites?

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Innovation Work Plan Narrative

<u>Timeline</u>

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:	07/10 - 06/13
	MM/YY – MM/YY

The first six months of the project will consist of developing requests for proposals, contracts and identifying contract providers and/or county staff who will work within the project. The next three months, months seven though nine, will involve intensive training of consumer and family member employees to become mental health workers or medical services providers. At the same time, the mechanisms for referral and consultation will be developed within both community medical sites and behavioral health sites. By month ten the program will be underway with clients in the community medical sites being referred for co-located mental health services and a psychiatric practitioner providing consultation to the co-located PCP. Clients in behavioral health sites will be referred for medical care coordination and services provided by an on-site medical care provider.

Full-scale implementation of the project, including collection of outcome data will continue from months ten through 32 of the project. In months 33-36, the data will be analyzed and reported formally to participants, and a report will be prepared for DMH. Orange County MHSA Innovation Coordinator (Project Lead) and staff will conduct workshops presenting the results to the county public and stakeholders as well as at statewide and national conferences. Our hope is to be able to disseminate research findings and encourage the replication of successful approaches.. Workshop presentations will also be available online for public viewing.

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Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

Prior to the final determination of project assessment procedures, the Innovation Advisory subcommittee of the Orange County MHSA Steering Committee, which includes consumer and family member representation, will review the assessment procedures. Following data collection and analysis, the Innovation Advisory subcommittee will review the project results and provide their assessment of the achievement of learning objectives. Measurement will consist of reviews of chart and laboratory results for various physical risk factors*, history of use of primary care and mental health care, and special quality of life and risk factor indices* as follows:

- 1. Quality of Life measurements for each participant;
- 2. Frequency of visit for mental health and physical health care;
- 3. Overall cost of care;
- 4. Physical health stability;
- 5. Appropriate medical laboratory values changes;
- 6. Chart-based quality indicators for different disease conditions;
- 7. Cardiovascular risk index; and Mental Health stability.
- 8. A satisfaction survey will be administered to both consumers and providers at month 12th and 24th. This will allow for changes to the model that will improve the success of the project.

Stakeholders, defined as both mental health consumers and mental and physical health providers will provide indications of their satisfaction with the services they provide in the different settings employed in the project as well as suggestions for improving services.

^{*} Use of these outcome measures follows the procedures used in Druss, et al. (2009). "A randomized trial of medical care management for community mental health settings: The Primary Care Access, Referral, and Evaluation (PCARE) study," American Journal of Psychiatry and will allow comparison of our outcomes with services provided by consumer medical care coordinators to the outcomes attained with professional nurse medical care coordinators.

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Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Some office services and facilities will be provided by the community medical care coordinators to facilitate the work of the mental health providers within their settings.

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Innovation Work Plan Narrative

		Date : 4/1/10
County:	Orange	County
Work Plan	#: <u>IN</u>	N-02
		Family-Focused Crisis Management and Community
Work Plan Name: Outreach		
	•	
Purpose of	Propos	ed Innovation Project (check all that apply)
☐ INCREASE	E ACCESS	TO UNDERSERVED GROUPS
☐ INCREASE	THE QUA	LITY OF SERVICES, INCLUDING BETTER OUTCOMES
N PROMOTE	INTERAG	ENCY COLLABORATION
☐ INCREASE	ACCESS	TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Stigma regarding Mental Illness exists at high levels in many ethnic communities. Within these communities people have learned to trust ethnic specific services providers who, in their minds are primarily associated with services unrelated to mental health. Thus, we find that within ethnic communities, people have trust in some organizations but do not associate them with mental health services. When an individual or a family develops a mental health problem, particularly a severe one, such as one requiring psychiatric hospitalization or involving law enforcement, they are faced with the question of whom to turn to to find assistance and resources.

This project provides a format for a number of community providers who have access to and trust within specific ethnic communities to collaborate, both with each other and with county mental health services, by providing crisis management services. These services typically use a family model and trained consumer and family member paraprofessionals. In this project, providers will be affiliated with the National Alliance on Mental Illness (NAMI) but will provide additional services (clinical crisis services) as well as the traditional NAMI services and integrate them with successful NAMI services, such as Peer-to-Peer and Family-to Family. This collaborative model both extends service and promotes collaboration by using a common approach across providers and ethnic communities.

Many of the families and individuals who will be using these services are more comfortable with ethnic-specific services providers (who may not be associated in their minds with mental health). The fact that these providers will now offer family-based NAMI services and outreach provided by persons with lived experience in mental illness is expected to increase overall access of ethnic communities to mental health services.

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Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

The aim of the Family-Focused Crisis Management Team (FFCMT) is to assist families in learning, as soon as possible, about the support services and resources that are available to families who have a loved one with a mental illness. This is especially important during a crisis situation. In addition, the FFCMT can assist the whole family to develop a plan of action that will serve as a tool in taking appropriate actions in a timely manner.

FFCMT will provide short term case management, facilitate family communication, and share knowledge and resources to assist in empowering the family as a whole. These services will be provided by trained consumer and family member paraprofessional staff. Supervision and back-up will be provided by a professional project manager and a Master's level clinician who also work for the project. The clinician will be available to provide direct assessment or crisis services when needed, but his or her main role will Family Focused Crisis Management will offer services in all Orange be supervisory. County threshold languages (Spanish, Vietnamese and Farsi) and also in Arabic, Korean and American Sign Language. Satellite offices in the community will be colocated within ethnic specific agencies that have developed a NAMI affiliation (including an agency that serves the deaf and hard of hearing). These agencies will be selected based on their years of experience working in their own ethnic community, the wide array of other social services provided and the volume of participant involvement in these services. An on-going training in mental health related topics will be part of the requirement for these ethnic and cultural-specific community providers. learning sessions will not only provide opportunity for these agencies to learn from each others during the duration of the project but also for opportunity for future collaborations.

FFCMT will provide a range of services including:

- Short term comprehensive support and crisis intervention services to families and individuals with an immediate need.
- Support to help alleviate the emotional burden and to assist families in preparing a practical crisis plan of action.
- Coordination with the Orange County Crisis Assessment Team (CAT Team), which can recommend that a family contact the NAMI-OC FFCM Team for follow up to CAT intervention.

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- Meet with family members at the hospital after intake in collaboration with the hospital social worker. Help families define their resource needs and provide information to guide them through the follow-up process.
- Ensure that the ill family member is included in planning meetings, when appropriate.
- Offer services that are culturally and linguistically appropriate and are provided by a trained consumer or family member paraprofessional who has the credentials of "lived experience" with mental illness.
- Work with the family as a unit, to avoid the "consumer vs. well family members" situation that often happens after a mental health crisis.
- Assist in conducting the NAMI-OC Orientation Class on Resources and Support Services (to be developed) to help families fast track the education and learning process. This will better equip the family to deal with the issues they will be facing as a family.
- The orientation class will be conducted at psychiatric hospitals, the NAMI-OC office and other convenient meeting places in the community.
- Work with staff at participating hospitals and medical facilities to ensure their staff includes the NAMI-OC Mental Health Resource Handbook, and the NAMI-OC Calendar and Program Overview as part of the discharge process.
- Work collaboratively with Orange County mental health agencies and other community based organizations.

This proposed program meets the General Standards contained in the MHSA and CCR Title 9, Section 3320. This is demonstrated by the following:

- The project includes Community Collaboration, both in terms of it being developed through a community planning process and in terms of it utilizing community providers to provide mental health services. These community providers represent agencies from each of the ethnic communities within Orange County as well as the Deaf community and they will meet and collaborate regularly to share experiences and compare how the project is working across the varied ethnicities.
- It is Culturally Competent in attempting to focus upon underserved groups such as Hispanic-Americans, Asian-Americans, Iranian and Arab Americans, and the deaf and hard of hearing. By using community agencies located with and staffed by members of specific ethnic and cultural communities and consumer and family member employees from those communities the project will approach clients and their families in ways that take into account belief systems and practices of those communities and groups.

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- This project is family driven in that family members were involved, both in the stakeholder process and in the Advisory Subcommittee from the MHSA Steering Committee, in choosing and designing the project. Specifically, the project uses family-focused approaches to engage the entire family around coping with the client's mental illness and empowers them to make their own decisions and access resources.
- It is Wellness, Recovery, and Resilience-Focused by providing mental health services to persons at the early or mild stages of their mental health problems and within the context of their families.
- Finally, by providing a structure in which outreach, and treatment are provided by consumers, family members, and professional employees who work with a network of private providers and have established relationships with hospitals and the county mental health services, the project will provide an integrated service experience for clients.
- Biannual learning sessions will not only provide opportunity for these agencies to learn from each others during the duration of the project but also for opportunity for future collaborations.

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Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This project fits the definition of innovation by making changes to existing practices. It adapts the NAMI model of family support and empowerment to ethnic and cultural specific groups within the community. It then uses trained, paid consumer and family member employees from that community to implement that approach. It involves several innovative practices, the evaluation of which will contribute to learning. These include, but are not limited to the following:

- 1. The incorporation of ethnic and culturally specific service providers into a network, which includes NAMI affiliation of each.
- 2. The use of ethnic and culturally-specific service providers whose main identity is not within the mental health field to provide mental health crisis and support services.
- 3. The use of consumer and family member employees to provide crisis services.
- 4. The location of professionally supervised crisis services within NAMI affiliate offices.

The following questions will be asked of the project.

- 1. Does Family-Focused Crisis Management reduce multiple psychiatric hospitalizations in the clients it serves compared to those persons hospitalized but not involved in the project?
- 2. Does involvement with the project improve the communication between well family members and the family member with a psychiatric diagnosis?
- Does involvement with the project assist families and individuals in developing a plan of action to be used in the event of future crisis situations? It is expected that the number of families who have such plans will increase as a result of this project.
- 4. The project brings together multi-ethnic/cultural agencies to collaborate for a common goal (assisting those living with a mental health diagnosis), but relies upon common support techniques developed by NAMI. Thus, a question to be answered is: Does using the model of integrating various ethnic communities through services provided by established community service providers who share a common philosophical approach and methods (i.e. NAMI-related) establish a viable model for community collaboration in the field of mental health?

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5. Since use of consumer and family member mental health workers may be more compatible with some cultures than others, another question to be answered by the project is whether services provided by consumer and family members is equally accepted across different ethnic and cultural communities.

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Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

	07/10 - 06/13
Implementation/Completion Dates:	
	MM/YY – MM/YY

The first three months of the project will consist of developing and finalizing a contract between the County and the network of providers who will implement the project. The next three months will be spent hiring and training consumer and family members, as well as professional staff. At the same time, contacts within the mental health community, such as with hospitals and the County Crisis Assessment Team will be made. Beginning in month seven, services will be offered and continued through month 32, with outcome and learning data being collected continuously during that time. From months 33-36, the data generated by the project will be analyzed and a final report prepared. Orange County MHSA Innovation Coordinator (Project Lead) and staff will conduct workshops presenting the results to the county public and stakeholders as well as at statewide and national conferences. Our hope is to be able to disseminate research findings and encourage the replication of successful approaches. Workshop presentations will also be available online for public viewing.

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Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The Innovation Advisory subcommittee of the Orange County MHSA Steering Committee (which includes consumer and family member representation) will review and provide input on the draft assessment procedures before the procedures are finalized. Following data collection and analysis, the Innovation Advisory subcommittee will review the project results and provide their assessment of the achievement of learning objectives.

The project goals will be assessed by tracking the ethnicity and language characteristics of all participating families, including the family member(s) with mental illness, and asking them:

- 1. Have they received mental health services in the past?
- 2. What has been the history of hospitalization or incarceration for the member of the family with mental illness?
- 3. Did they have a crisis and support plan in place at the time of entering the project? Do they have a crisis and support plan in place after participating in the project?
- 4. Were they aware of resources available to them at the time of entering the project? Are they aware of resources available to them after participating in the project?
- 5. Have they participated in any NAMI support services prior to entering the project? And, do they participate in any NAMI support services after entering the project?
- 6. A satisfaction survey will be administered to both consumers and providers at month 12th and 24th. This will allow for changes to the model for improvement to occur in order to achieve the above desired outcomes.

In addition, the collaborating agencies will assess the following:

- 1. Do they have a better understanding of how services to their specific ethnic group are different or similar to those of other ethnic groups?
- 2. Have they developed interagency methods of sharing project results and solutions? And, do they have a shared view of how mental health services can be provided across the Orange County multi-ethnic community?
- 3. Have they developed new methods for providing services, accessing training, and leveraging funds as a result of this collaboration?

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- 4. What are their perceptions of the applicability of the NAMI programs within their ethnic/cultural group?
- 5. What are their perceptions of the applicability of the consumer/family member provider model within their ethnic/cultural group?

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Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Because this project utilizes NAMI programs and resources, the training and support resources of both NAMI- Orange County and NAMI National will be available to the participating organizations.

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Innovation Work Plan Narrative

	Date: <u>4-5-10</u>
County: Orange	e County
Work Plan #: _Ⅱ	NN-03
Work Plan Name:	Volunteer to Work
Purpose of Propo	sed Innovation Project (check all that apply)
☐ INCREASE ACCES	S TO UNDERSERVED GROUPS
$oxed{oxed}$ INCREASE THE QL	JALITY OF SERVICES, INCLUDING BETTER OUTCOMES
PROMOTE INTERA	GENCY COLLABORATION
☐ INCREASE ACCES	S TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

An important component of mental health recovery is for consumers to be able to gain or regain employment, both as a vehicle for increasing self-worth and as a means of financial self-support. However, with an economy that is distressed, unemployment is high and new jobs, especially for persons with a disability, are scarce. In addition, many consumers are not ready or do not consider themselves ready to enter competitive employment. They need a way of re-entering the workforce on a limited basis in order to gain confidence and skills before taking on real employment. The essential purpose of this program is to provide an innovative method of improving services and support to underserved consumers who want to safely get involved in meaningful work roles by having them serve as volunteers in the community. This program will demonstrate the value of using trained consumers in a consumer-managed organization, to support, role-model, and assist individuals in finding volunteer opportunities that match their unique skills and goals and are likely to lead to employment. They will do this through establishing "Outreach Groups," which are composed of consumers with similar interests and are led by the consumer employees of the program.

These outreach groups will engage in projects related to the consumers' interests and the type of work they would like to pursue. These opportunities to volunteer will help them develop work and social skills that can be used in employment. After working in volunteer roles, it is expected that consumers will be better prepared to seek and maintain competitive employment. As part of the program, the organization providing the role modeling and assistance will collaborate with other mental health programs within the County that provide jobs to consumer employees. It is expected that an innovative, collaboration between employment assistance and mental health employers sharing the same recovery values will develop.

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Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

This project will demonstrate the value of using trained consumers in a consumer-managed organization, to support, role-model, and assist individuals in finding volunteer/job opportunities that match their unique skills and goals. This will be accomplished by being a supportive 'home-base', and coordinating with partner agencies in Orange County such as the Wellness Center, the Recovery Education Center, and others, to assist consumers in building self-worth, gaining confidence, and cultivating interests and skills in order to comfortably enter the workplace. This type of support is expected to assist consumers who have been out of the labor force to achieve meaningful roles in society. This program provides a new framework for building the collaboration and capacity of community partners by providing a flexible model to support the goal of consumer integration into society.

Furthermore, it is our hope that the provider selected for this project be an organization that is completely owned and operated by consumers; this will separate this project apart from other existing supportive employment programs that only employ a small percentage of consumers of mental health services who are in recovery.

This community-based, consumer-run program uses trained consumer mentors to facilitate the preparation and involvement of program participants in volunteer and employment positions in the community.

Another innovative aspect of this program is that this preparation and involvement relies heavily on 'Outreach Groups' that are facilitated by trained mentors. These Outreach Groups are support and special interest groups that serve various purposes:

- 1. Participants are immediately involved in activities in a group to help them get acclimated to being involved with others, and to help them identify their interests and goals. The use of incentives will be utilized to ensure on-going engagement of participants during the first volunteer phase.
- 2. Groups are formed based on the interests of the participants, and will involve outreach projects that can help develop an assortment of skills, such as interpersonal, group, public speaking, project management, outreach, etc. This mirrors the many social network groups existing in the community for folks with a similar professional or interest background.

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- 3. The groups can supply needed outreach services to specific populations in the community, such as: seniors, consumers transitioning out of the hospital, etc. Participants will be encouraged to create other types of groups, such as "starting a business."
- 4. Career days will be organized frequently with a wide array of professionals presenting their personal career satisfaction and development.
- 5. Graduation events that involve family members will take place on a regular basis to celebrate successful transition from volunteer to work.

Trained consumers will also be utilized to give empowerment trainings, train the trainer, and other workshops as needed. Family members will also be invited to participate in these trainings as a way to increase encouragement for the clients at home. Our hope is that this approach will ensure the message of wellness, recovery and resiliency at all fronts. Collaboration with local partners will be a large component of this program for services, such as benefits counseling, resume writing, and trainings on job skills, and increasing job readiness/employability.

The deliberate use of volunteer positions as opportunities to "try out" employment roles while both being supported by other consumers and being involved in a flexible work role is unique and innovative as a method of getting consumers back to work.

This Project is consistent with the General Standards contained in the MHSA and CCR Title 9, Section 3320. This is demonstrated by the following:

- It includes Community Collaboration, both in terms of it being developed through a community planning process and in terms of it having the program staff work with community employers to develop volunteer positions, as well as employment positions for persons with mental illness.
- It is Culturally Competent in attempting to focus upon underserved groups, including Hispanic-Americans, Vietnamese Americans, and Korean Americans. Paid consumer and family member employees who run the Volunteer to Work program will be chosen to represent the various cultural and ethnic groups within Orange County so that they can provide services within the cultural framework appropriate to the client and within the clients' belief systems.
- This project is family driven in that family members were involved, both in the stakeholder process and in the Advisory Subcommittee from the MHSA Steering Committee, in choosing and designing the project. This project serves TAY, adults and older adults. The client will remain in charge of their own course of action and determine his or her own readiness to work or volunteer in fields of their own choosing. In cases where the clients choose to include their families, the project will also engage family members and strive to empower the clients within the context of their families.

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- It is Wellness, Recovery, and Resiliency focused in that employment has been found to be an important variable in attaining and sustaining on-going wellness and recovery from Serious Mental Illness. This project, by supporting job finding and continued employment, is expected to provide a stable, productive environment that will boost client's feelings of- self worth and support integration back into the community.
- Finally, by providing a structure in which outreach, support and job finding are all provided by the same consumer-run organization, this project will provide an integrated service experience for clients.

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Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This project fits the definition of innovation by introducing a new mental health practice that has never been done before, which is to use consumer and family member employees to engage clients around their personal interests and to develop socialization and support groups around those interests as way of encouraging and supporting entry into the employment market.

The Volunteer to Work project will contribute to learning by answering the following questions:

- 1. Does active participation in the innovative component of group outreach activities lead to more meaningful involvement in the community? Group outreach is an innovative method of promoting meaningful community involvement that has not been tried before and this goal will provide useful information as to its efficacy.
- 2. Does using trained consumers to mentor other consumers improve the clients' ability to participate meaningfully in the community, in addition to helping them to find employment? Both meaningful community involvement and finding employment are goals of this program, but normally only employment is measured as an outcome. In this case, increased community participation is also an outcome that could be measured.
- 3. Does the innovative practice of using a peer-managed program, rather than a professionally-staffed program, improve quality of life outcomes?
- 4. Does the innovative practice of giving consumers a chance to choose from an assortment of flexible volunteer work opportunities increase their ability to find meaningful roles when they do choose to go to work?
- 5. Does allowing consumers to become involved in meaningful volunteer/job opportunities in the community, either by providing outreach or employment through a group or business in the community, build their confidence in their ability to be employed? Confidence in one's own ability to be employable is a crucial factor that this program may improve.
- 6. Does the innovative community ('home-base' type) model of support improve outcomes for work retention and success?
- 7. Does the innovative collaborative aspect of this model, between the consumer employment organization and other mental health community partners improve the likelihood that consumers will find employment with community partners, and thus benefit the overall community mental health system?

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Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:	07/10 - 06/13
	MM/YY - MM/YY

The initial six months of this project will entail the county management staff developing a request for proposals and then solidifying a contract with a provider that satisfies the criterion of being a consumer-operated organization. At the conclusion of the contract development period, the selected provider will hire staff and then simultaneously initiate training for its consumer staff, and begin collaborative efforts with the local community to find potential volunteer and employment positions for the program participants. By the ninth month of the project, the provider will be ready to recruit clients who are interested in pursuing volunteering and working and start forming Outreach Groups made up of clients with similar interests. By the 12th month of the project, clients will have begun to be placed in volunteer or paying positions and provided support by the project staff. This process will continue through the next 20 months of the project. At the conclusion of the 32nd month of the project and through the 36th month, data collected during the study period will be analyzed and a report prepared and distributed. Orange County MHSA Innovation Coordinator (Project Lead) and staff will conduct workshops presenting the results to the county public and stakeholders as well as at statewide and national conferences. Our hope is to be able to disseminate research findings and encourage the replication of successful approaches.. presentations will also be available online for public viewing.

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Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The Innovation Advisory subcommittee of the Orange County MHSA Steering Committee (which includes consumer and family member representation) will review and provide input on the draft assessment procedures before the procedures are finalized. Following data collection and analysis, the Innovation Advisory subcommittee will review the project results and provide their assessment of the achievement of learning objectives. Since the program will be run by consumers and the participants who receive the services will also be consumers, they will be involved in all aspects of the measurement of outcomes and learning goals.

Assessment will include the following activities:

- 1. Pre and post assessment of the type and extent of consumers' involvement with the community.
- 2. Participant description of the consumer's experience with peer mentoring from another consumer and their evaluation of its impact upon them.
- 3. Pre and post assessment of quality of life from the point of view of each consumer.
- 4. Assessment of the number of volunteer roles taken by each consumer and the relationship of the number of roles to job satisfaction once they are working.
- 5. Pre and post assessment of consumers' confidence in their employability.
- 6. Assessment of participants' success and retention in their employment.
- 7. Assessment of participants' likelihood of finding employment with a community partner.
- 8. Outcome data will be compared with our current supportive employment program that is not part of a consumer owned and operated organization.
- 9. A satisfaction survey will be administered to both consumers and providers at month 12th and 24th. This will allow for changes to the model. that will improve the success of the project.

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Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

For those consumers who are placed in volunteer or paying positions within the public mental health system, the Orange County MHSA Workforce Education and Training (WET) program will provide Consumer Employee Support services in the form of support groups and additional training on topics such as how to balance work and benefits. The Orange County MHSA WET program has also contracted with the Orange County Chapter of NAMI to provide training and education to local businesses that are interested in hiring mental health consumers as either volunteer or paid employees.

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Innovation Work Plan Narrative

	Date:
County: Orange	County
Work Plan #: IN	IN-04
Work Plan Name:	OK to Be Me
Purpose of Propos	sed Innovation Project (check all that apply)
☐ INCREASE ACCESS	TO UNDERSERVED GROUPS
☐ INCREASE THE QUA	ALITY OF SERVICES, INCLUDING BETTER OUTCOMES
PROMOTE INTERAC	GENCY COLLABORATION
☐ INCREASE ACCESS	TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Despite efforts in outreaching to the underserved and unserved community, individuals identified as Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ) are still hard to reach, especially those within the ethnic communities. This is evidenced by the high volume of crisis calls to the Behavioral Health Services crisis intervention team. Another alarming piece of evidence is that many of our newly tested HIV positive cases in our Public Health Sexually Transmitted Disease Clinic are youth with depression; the correlation between depression and high-risk behaviors leading to HIV infection has long been well-documented. In response to focus group results with the LGBTQ community, this project will examine the effectiveness of utilizing trained peer mentors in outreach, education, and linkages to mental health services for the LGBTQ community and their parents in Orange County, California.

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Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

LGBTQ youth are at higher risk than their heterosexual peers for anxiety, depression, alcohol and drug abuse, high school drop out, HIV infection, and suicide. For example, 33% of LGB students reported attempting suicide in the previous year, whereas 8% of their heterosexual peers reported attempting suicide. Fifty-three percent of gay identified street youth have attempted suicide. LGBTQ youth are more likely to drink, smoke, or to be previous smokers. Gay students are more likely to run away, to be ejected from their homes by their parents, and to attempt or commit suicide (Culture and Trauma Brief, 2006). A study in Los Angeles found 25-35% of homeless youth to be gay. Herbert, et al., in 1994, found that, among high school students in the ninth to twelfth grades, gay, lesbian, and bisexual orientation was associated with an increased lifetime frequency of use of cocaine, crack, anabolic steroids, inhalants, illegal and injectable drugs. The coming out process for LGBTQ youth often exposes them to severe stress, stigma and rejection by peers and parents. They are often traumatized by physical abuse and emotional assaults. Ultimately, becoming comfortable with one's sexual and/or gender identity can take several years. During this time, LGBTQ people are fearful and extremely hesitant to walk into a gay identified or HIV serving agency for fear of being "outed," and hide their LGBTQ status from mainstream providers. Internalized homophobia and the stigma associated with being gay also prevent youth from seeking care. This isolation puts them at risk for a variety of adverse outcomes including high rate of suicide, substance abuse, and mental illness. Epidemiological studies have shown a recent rise in HIV infections among youth from ethnic minorities; as well as studies linking high-risk behaviors among youth with untreated depression.

The innovative component of this project is in the utilization of the Promotora Model, where Transitional Age Youth (age 18-25) and adult peers will be trained <u>and employed</u> to assist in providing culturally competent outreach, education, and linkages to mental health and co-occuring disorder services both via phone and in person. Peers will provide home visits to engage and assist in obtaining services for isolated high-risk (suicide, depression, risky and self destructive behaviors) individuals from the LGBTQ community in Orange County. Perhaps, peers will be able to effectively engage individuals from this community. Peers will engage both clients and family members in conversations that promote understanding and support for the individual LGBTQ members living with mental health conditions. Furthermore, the interaction between peers and family members will provide a message of hope for wellness, recovery and resiliency.

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Expected outcomes include:

- 1. LGBTQ youth and their parents will become aware of mental health and substance abuse resources specific to the Orange County LGBTQ population.
- 2. LGBTQ youth and their parents will seek care for issues such as coming out, trauma, anxiety, depression, suicide and substance abuse.
- 3. LGBTQ youth and their parents will seek personalized help over the phone or in person.
- 4. LGBTQ youth and their parents will be more likely to seek care with a licensed therapist after an interaction with a trained Peer Mentor.
- 5. The number of newly infected LGBTQ, especially those from the ethnic communities, in our county Public Health STD clinic will decrease due to decreasing the risky behaviors related to depression.

This project is consistent with the General Standards contained in the MHSA and CCR Title 9, Section 3320. This may be shown by the following:

- It includes Community Collaboration, both in terms of it being developed through a community planning process and in terms of it having the program staff collaborating with a local Orange County LGBTQ community center and other agencies in Orange County that provide HIV/AIDS services. All of these agencies have a high degree of expertise and cultural competency with the target population.
- It is Culturally Competent in attempting to focus upon underserved groups, including Hispanic-Americans, Vietnamese Americans, and Korean Americans in its target population. By using paid consumer and family member employees who share LGBTQ cultural values with the clients to whom they outreach and by including members of the various ethnic groups who make up Orange County among these paid consumer and family member employees, the services will break down some of the stigma associated with receiving mental health services among the LGBTQ community.
- This project is family driven in that family members were involved, both in the stakeholder process and in the Advisory Subcommittee from the MHSA Steering Committee, in choosing and designing the project. Services will aim to engage both clients and families and provide the sense that receiving mental health services does not mean relinquishing control of determining what the client needs. With youth, this will involve including the family and empowering them to determine the kinds of services they think would be most helpful.
- It is Wellness, Recovery, and Resilience Focussed because it seeks to provide outreach, support, and access to services prior to LGBTQ youth developing serious mental illness.

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• Finally, by providing a structure in which outreach and engagement of individuals into mental health care, substance abuse treatment, and HIV screening occur, this project will provide an integrated service experience for clients.

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Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This project fits the definition of innovation by making changes to existing practices through the use of consumers and family members from the LGBTQ community (rather than professionals) to conduct the outreach and engagement for clients who ordinarily are reluctant to access mental health services.

Using the Promotora Model, Transitional Age Youth (age 18-25) and adult peers will be trained to assist in providing culturally competent outreach, education, and linkage to services, such as mental health services, substance abuse treatment and HIV testing for individuals from the LGBTQ community in Orange County.

This project will contribute to learning by answering the following questions:

- 1. As an integral part in answering the over-arching question for all of Orange County Innovative projects, can a well-trained peer mentor effectively provide a wide array of mental health services to individuals from all communities affected by mental health conditions, especially those from the unserved and underserved populations identified by the Mental Health Service Act?
- 2. Does using a trained LGBTQ peer in outreach and engagement reduce stigma, and thus, result in an increased willingness for individuals in this community to access culturally competent mental health information and care?
- 3. Can a trained LGBTQ peer from a specific ethnic community be better able to engage individuals from that ethnic community into care?
- 4. Will providing the outreach and engagement via trained peers effectively bring individuals from the LGBTQ community into mental health and substance abuse services; thereby, lowering the incidence of HIV infection in that population?

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Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: 07/01/2010-06/31/2013

This project timeline will include:

- During the initial 6 months of the project, county management staff will develop a
 request for proposals and then solidify a contract with a provider who has had a
 long history of providing services for the LGBTQ community. During the process
 of finalizing the contract, the selected provider will simultaneously hire and train
 peer mentors.
- 2. By the ninth month of the project, trained peers will be equipped to provide outreach and engagement via phone or in person.
- 3. The implementation period will continue until the 30th month, utilizing the Plan-Do-Study-Act (PDSA) cycle.
- 4. The project will conclude with a 4-6 months period for data analysis and conducting focus groups on lessons learned.

Orange County MHSA Innovation Coordinator (Project Lead) and staff will conduct workshops presenting the results to the county public and stakeholders as well as at statewide and national conferences. Our hope is to be able to disseminate research findings as well as encouraging the feasibility of replicating the positive results from the project approaches. Workshop presentation will also be available online for public viewing.

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Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The Innovation Advisory subcommittee of the Orange County MHSA Steering Committee (which includes consumer and family member representation) will review and provide input on the draft assessment procedures before the procedures are finalized. Following data collection and analysis, the Innovation Advisory subcommittee will review the project results and provide their assessment of the achievement of learning objectives. As mentioned previously, the last phase of this project will involve data analysis and focus group meetings on lessons learned. Objective measure will be used such as:

- LGBTQ youth and their parents will become aware of mental health and substance abuse resources specific to the Orange County LGBTQ population.
- 2. An increased number of LGBTQ youth and their parents will seek care for issues such as coming out, trauma, anxiety, depression, suicide and substance abuse services.
- 3. Data from the county Public Health STD clinic will be analyzed, looking for a downward trend in the number of HIV infections among LGBTQ youth, especially those from the ethnic community.
- An assessment will be conducted of the likelihood that individuals from the LGBTQ community will utilize individual counseling for depression and suicidal ideation.
- 5. Most importantly, the work of the peer mentors will be under supervision in order to monitor progress, as well as ensuring implementation of appropriate continuing education/training in a timely matter.
- 6. A satisfaction survey will be administered to both consumers and providers at month 12th and 24th. This will allow for changes to the model that will improve the success of the project.

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Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Resources from the selected contract service provider (such as office space, supplies and utilities) will be leveraged.

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Innovation Work Plan Narrative

	Date : 4-1-10	
County: Orang	e County	
Work Plan #: <u> </u>	NN-05	
Work Plan Name:	Vet Connect	
Purpose of Proposed Innovation Project (check all that apply)		
	SS TO UNDERSERVED GROUPS	
☐ INCREASE THE QU	JALITY OF SERVICES, INCLUDING BETTER OUTCOMES	
PROMOTE INTERA	AGENCY COLLABORATION	
☐ INCREASE ACCES	S TO SERVICES	

Briefly explain the reason for selecting the above purpose(s).

MHSA identifies veterans as a priority group for MHSA funding. Veterans are among the underserved populations in Orange County and have unique needs that may be addressed through Innovative programs. Military operations often involve "in extremis" decision making and action. Such operations can involve intense emotions, including those associated with notice of deployment, reactions during training, anticipation of operations, witnessing disturbing images, death of comrades, sometimes terrifying conditions during operations, and emotions following return from operational theater (e.g., intense feelings of euphoria, regret, grief, anger, or disgust). Over longer periods, the failure to regulate emotional responses can lead to poor long-term performance (e.g., decision making) and health declines (e.g., PSTD), as well as disruptions to social (e.g., family unit) function. With this in mind, veterans need a single point of contact to learn about resources, provide limited triage services; and help navigate the complex labyrinth of paperwork for resources available to them. The purpose of the Vet Connect program is to co-locate services and referral networks for these veterans to facilitate their ability to obtain the resources needed to make a smooth transition back to civilian life.

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Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

The Vet Connect project has several components that 1) have never been tried before and 2) combine a variety or networking, referral, employment, and clinical services to initiate, support and expand collaboration and linkages, especially connections with systems, organizations, healers and practitioners not traditionally connected with current pathways for veterans.

This innovative project will examine whether co-locating services for veterans will increase access to health and supportive services for veterans with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and severe depression, including those dually diagnosed with substance abuse disorders. It is expected to facilitate access to a comprehensive array of treatment and supportive services for veterans and their families and provide assistance (a warm hand-off) to help those veterans who are too fragile to integrate into the VA system. The goal is to provide an integrated, holistic approach to veteran behavioral health, recognizing that medical, as well as basic shelter, food, and job issues impact behavioral health.

The project will create a centralized place for veterans and families to access services in an atmosphere that will decrease stigma, provide privacy, and reinforce positive interactions. In addition, it will identify gaps in community resources necessary for veterans and families to successfully transition from military to civilian life and adjust to the experiences that occurred during their military service. The Project will provide one, centralized contact/place for community providers to collaboratively interact to educate each other on and to maximize resources needed by veterans. It will also integrate approaches to PTSD, TBI and ensure outreach to community cultural groups to improve access to care and follow through.

Furthermore, the project will create a network of providers and volunteers that are trained on military culture and resources. Services such as mental health, substance abuse, housing, employment and medical services will either be available or easily accessible through this Project through for veterans and families.

The bulk of the outreach and support services will be provided by employed veteran peer mentors who are individuals in recovery with mental health conditions. This is an important innovative approach that separates this project from other existing vet centers. Furthermore, statistics have shown that the number of young men and women veterans from ethnic and cultural minorities has risen in recent years especially those live in Orange County; yet, VA services have not been able to keep up with these

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demographic changes especially in meeting the language needs of the family members. This project will seek to employ peers from the same background with many vets from ethnic minority communities to ensure ethnic and cultural competent services. This approach will also reduce disparities for family members with language barriers.

This Project meets the General Standards contained in the MHSA and CCR Title 9, Section 3320. This is demonstrated by the following:

- It includes Community Collaboration (both in terms of the Project being developed through a community planning process and in terms of it having the program staff work with community veteran organizations). Collaboration will be used to develop programs, as well as employment positions for veterans with mental illness.
- It is Culturally Competent in attempting to focus upon underserved groups within the veteran population, including Hispanic-Americans, Vietnamese Americans, and Korean Americans in its target population. By using paid consumer and family member employees who are from the same cultural and ethnic communities of the clients and whose primary language is the same as the client's, this project aims to reduce cultural barriers, including stigma about receiving mental health services, which have resulted in disparities among ethnic groups of veterans who access mental health services.
- This project is family driven in that family members were involved, both in the stakeholder process and in the Advisory Subcommittee from the MHSA Steering Committee, in choosing and designing the project. This project serves adults and older adults. By connecting with the veteran through the use of a peers who have lived with similar problems and navigated the mental health system, this project seeks to give the client the sense that her or she can remain in charge of how they want to approach receiving assistance with the client's mental illness.
- It is Wellness, Recovery, and Resilience focused in that it will facilitate access to a wide variety of resources needed to attain and sustain recovery. The use of peer mentors to work with clients supports resilience in that, should a barrier to accessing services arise or a set-back in recovery occur, the peer is expected to provide to provide friendly, experienced consultation to promote resiliency and reduce the likelihood that the situation will become a barrier to progress in recovery.
- Finally, by providing a single location for veterans to access services, veterans will be provided an integrated service experience that will improve penetration rates for mental health treatment for this population.

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Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This project fits the definition of innovation by making changes to existing practices through the use of paid consumers and family member employees, rather than professionals, as the outreach employees who make contact with and engage the client in accessing mental health services.

The Vet Connect project will contribute to learning by answering the following questions:

- 1. Does the innovative practice of having a single location where veterans can access information increase their ability to access the services they need?
- 2. Does active participation in the innovative component of group outreach activities lead to more veterans accessing services? Group outreach is an innovative method of promoting meaningful community involvement that has not been tried before and this learning goal will provide useful information as to its efficacy.
- Does using trained consumer veterans to mentor other consumer veterans improve the veterans' ability to participate meaningfully in the community, in addition to helping them to find employment and access services? Both meaningful community involvement and finding employment are goals of this program.
- 4. Does the innovative practice of using a peer-managed program, rather than a professionally staff program improve quality of life outcomes?

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Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:	07/10- 6/13
	MM/YY – MM/YY

The initial six months of this project will entail the county management staff developing a request for proposals and then finalizing contracts with one or more service providers. Any provider selected must be a veteran-oriented and operated organization. Once a contract has been approved, the selected provider will hire staff and then, simultaneously initiate training for its staff and begin building collaborative relationships with the local community. By the ninth month of the project, the veterans will be recruited to work in the project and start forming Outreach Groups made up of veterans with similar backgrounds. This process will continue through the next 20 months of the project. At the conclusion of the 32nd month of the project and through the 36th month, any lessons learned to facilitate ongoing program priorities will be implemented through a transition plan. Data will be collected on an ongoing basis and analysis will address the contribution to learning of the project. A report will be prepared and distributed. Orange County MHSA Innovation Coordinator (Project Lead) and staff will conduct workshops presenting the results to the county public and stakeholders as well at statewide and national conferences. Our hope is to be able to disseminate research findings and encourage the replication of successful approaches... presentations will also be available online for public viewing.

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Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The Innovation Advisory subcommittee of the Orange County MHSA Steering Committee (which includes consumer and family member representation) will review and provide input on the draft assessment procedures before the procedures are finalized. Following data collection and analysis, the Innovation Advisory subcommittee will review the project results and provide their assessment of the achievement of learning objectives. The project will be assessed by measuring the following:

- Improved access to needed services by the target population.
- Reduced arrests and number of days incarcerated in the previous 12 months.
- Improved collaboration among agencies providing services to veterans.
- Improved level of satisfaction with services by target population.
- Improved family relationships.
- A satisfaction survey will be administered to both consumers and providers at month 12th and 24th. This will allow for changes to the model for improvement to occur in order to achieve the above desired outcomes.

Questions to be answered include:

- Does creating a centralized site for services and referrals for veterans that is colocated with a Veteran's Service Office improve utilization of needed services?
- Is this a cost-effective way of improving access to services?
- Does this kind of arrangement increase community collaboration?
- Are veterans more satisfied with their care under this type of arrangement than previously?
- Have gaps in community resources been identified?

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Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Space, and utilities will be provided by the OC Community Resource Agency in the County owned building occupied by the Veteran Service Office. Collaboration with the Veteran Service Office is key to the success of this project.

Innovation Work Plan Narrative

	Date: 4-5-10
County: Orang	ge County
Work Plan #:	INN-06
Work Plan Name	: Community Cares Project
Purpose of Prop	osed Innovation Project (check all that apply)
INCREASE THE C	SS TO UNDERSERVED GROUPS QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES RAGENCY COLLABORATION SS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Many people with mental health problems do not have the means to obtain help. The public mental health system is overburdened and only serves those with serious and persistent mental illness. The private mental health system requires that a person have insurance with adequate mental health coverage or else substantial resources to afford mental health treatment. It is part of the ethical principles of most mental health professions that members of the profession will offer some of their services at no cost to the public. While many mental health professionals say they are more than willing to give pro-bono time, there is no system in place to make it workable for them and easy to access for those who need help. Thus, we have need and a possible resource to address it, but no mechanism for linking the two. The resource is only a possible one because it is not really clear that mental health professionals will volunteer their services when given the opportunity, nor that those people who need such services will be able to access them, even if they are available. Furthermore, the project will combine professional mental health staff and peer mentors to develop and implement the program.

This project seeks to answer the following questions:

- 1) Can a structure be developed that will allow private mental health professionals to market their free services to the persons in the community who need them?
- 2) Will those persons who need such services take advantage of this system to use them?

Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

While much of MHSA focuses upon underserved groups of clients, in truth, the entire population with mental illness is underserved in terms of everyone having access to the services they need. In Orange County, the data provided by the California Department of Mental Health suggests that 4.55% of the non-institutionalized population (134,162) individuals of all ages meet medical necessity criteria for serious mental illness. Within the population who come from households of less than 200% of the poverty level, this percentage rises to 7.73% of the population (62,609) individuals. In contrast, the public mental health system in Orange County serves approximately 33,000 clients per year or about half of those with serious mental illness in the poverty population. However, besides those in the poverty level, there are an additional 20,478 persons with serious mental illness whose household incomes are between 200% and 300% of the federal poverty level. These households are least likely to be covered by either public or private insurance.

These estimates do not include the additional 20% of the adult population and 15% of the child population, who, according to the National Institutes of Health, have a diagnosable, mental illness that is not severe enough to meet the serious mental illness medical necessity criteria required for qualifying for public mental health services. In Orange County, this would translate into approximately 171,000 persons in the adult population of up to 300% of the federal poverty level and approximately 60,000 of the child population in that same income range. A recent Gallup study of the approximately 17% of those who are uninsured in the United States indicated that the two groups with the highest uninsured percentage are Hispanic-Americans (41.5%) and those with incomes less than 350% of the poverty level (28.6%).

All of the above data suggest that there are a large number of persons in Orange County with either serious or mild mental illness that are not being served by the public or private mental health systems. This occurs because sufficient services are not available and/or because those in need of services do not have insurance or means to cover treatment. The Mental Health Services Act is attempting to address some of the lack of access to mental health treatment by doing both outreach to underserved communities, such as Hispanic Americans, and by expanding public mental health treatment to include prevention and early intervention to persons who may not qualify as seriously mentally ill but have a diagnosable mental illness. However, the figures cited above suggest that even an expansion of the public mental health system to include

treatment of less severe mental illness will not meet the overwhelming number of persons who are in need of treatment, but unable to access it.

This project uses an innovative approach to reach and provide mental health treatment to those who cannot get into the public mental health system and cannot afford to access the private mental health system. By organizing the private mental health providers into a system that offers pro-bono services to those who can't afford them and by using trained consumers and family members to provide outreach services to make this system available to those in need, this project offers an innovative approach to improving the mental health system within Orange County.

This project will provide an outreach staff consisting of up to four consumer/family members who can work with referral sources to meet with individuals and families who lack resources. The outreach workers will engage the potential client to discuss their mental health needs. These consumer/family member outreach staff would each focus on an age group (children, TAY, adult, older adult). A licensed professional clinical supervisor and the consumer/family members would recruit mental health professionals from the community, particularly those with age or ethnic specific skills and develop a network of community providers that would offer to treat at least one client each, for free. The licensed professional clinical supervisor would be available to directly assess potential clients in to match them with providers. Moreover, each referred client would be followed to determine if he or she becomes successfully engaged in treatment.

This project is consistent with the General Standards contained in the MHSA and CCR Title 9, Section 3320. This is demonstrated by the following:

- The project includes Community Collaboration, in that it was developed through a community planning process and it utilizes community providers to provide mental health services.
- It is Culturally Competent in that it attempts to focus upon underserved uninsured groups, such as Hispanic-Americans. In the case of accessing mental health services, as well as other health services, the Hispanic-American community is a particularly underserved group and one, along with other ethnic groups, that will be targeted by this project. By using paid consumer and family member outreach and engagement staff from the clients' own communities and with similar language backgrounds, the culturally specific beliefs that can either hinder or promote receiving services can be addressed.
- This project is family driven in that family members were involved, both in the stakeholder process and in the Advisory Subcommittee from the MHSA Steering Committee, in choosing and designing the project. By outreaching and engaging families in the case of children and youth as well as individual adults and assisting them in defining their mental health needs and connecting them with resources to meet those needs, this project keeps families and clients themselves in charge of directing their own treatment and use of mental health resources.

- It is Wellness, Recovery and Resilience Focused in that it allows access to mental health treatment without requiring that the client necessarily satisfy the criteria of already having a serious and persistent mental illness, as they would receiving services in the public mental health system. This will allow a greater focus on client strengths (Wellness), and development of resilience as well as promoting recovery, since the earlier in the experience of having a mental disorder one receives treatment the greater the likelihood of recovery.
- Finally, by providing a structure in which outreach, case-finding and treatment are provided by the same group consisting of a consumer, family members, and professional employees who work with a network of private providers, the project will provide an integrated service experience for clients.

Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This project fits the definition of innovation by introducing a new mental health practice that has never been done before. The public mental health system has not utilized the private mental health system and its ethical obligation to provide pro bono services as a way of addressing unmet needs in the overall mental health system._Partnerships between the public and private sector, particularly in mental health, are often talked about but seldom implemented. This project will fund the staff to develop the case-finding capability and a network of private mental health providers as an innovative approach to collaboration between the public and private mental health systems. How well such a collaboration works will be an important question that will be answered by implementing this project. Specifically the learning questions to be answered are whether private practitioners will agree to provide mental health services to clients who may not fit their usual profile of client in terms of ethnicity or resources and whether the services provided by a private mental health practitioner meet the needs of clients who may have multiple mental health, economic and social difficulties.

In addition to the public-private collaboration involved in the project, the use of trained consumers and family members in paid positions to provide the case-finding and outreach services within the project is another innovation, the strength of which will be assessed as another contribution to learning. Specifically, the questions to be answered are whether both potential clients and private practitioners will be receptive to case finding services provided by consumers and family members, which will, in most cases be an unfamiliar source of referral to providers and an unfamiliar representative of the mental health system to potential clients and families.

Finally, the willingness of private mental health professionals to participate in a pro-bono system, even on the limited basis of offering to treat a single client is one of the main things that will be assessed by this project. The success or lack of success of this approach will contribute to our learning about the potential use of the private mental health system to supplement the public mental health system with pro-bono services. Specifically both the initial response of private practitioners to the request to provide pro-bono services and the willingness of those who do provide such services to continue to participate in the program in the future will answer the question as to whether such an approach is feasible as a long-term partnership between the public and private mental health sectors.

Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:	07/10-06/13
	MM/YY – MM/YY

It is expected that the first six months of the project will be spent with county management staff soliciting contractors that want to implement this project. Following the completion of contractual arrangements with a provider, the project will simultaneously train the consumer/family member employees and contact private practitioners to recruit them into the program. Recruitment will occur through presentations to local practitioner groups and individual contacts, mostly by the Licensed Clinical Supervisor in the program. The consumer training is expected to take about six weeks.

Beginning in the eighth month, the team of consumer/family member staff and the professional staff will establish contacts with referral sources in the community, while continuing to recruit private practitioners and develop and implement a system for intake, screening, and referral. Data on referrals and outcomes will continue for 24 months. Quantitative and qualitative data will be collected. At the conclusion of the 32nd month of the project, all of the data will be analyzed and a report written describing the outcomes of the project. The process will be completed in month 36.

Orange County MHSA Innovation Coordinator (Project Lead) and staff will conduct workshops presenting the results to the county public and stakeholders as well as at statewide and national conferences. Our hope is to be able to disseminate research findings and encourage the replication of successful approaches. Workshop presentations will also be available online for public viewing.

Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The Innovation Advisory subcommittee of the Orange County MHSA Steering Committee (which includes consumer and family member representation) will review and provide input on the draft assessment procedures before the procedures are finalized. Following data collection and analysis, the Innovation Advisory subcommittee will review the project results and provide their assessment of the achievement of learning objectives. The learning contributions from this project involve studying the collaboration between the public and private mental health systems. To determine how well this collaboration works, its effects on client mental health status, and satisfaction of both the consumer and the provider, we will need to use a combination of quantitative and qualitative data.

Quantitatively, we will need to measure:

- 1. The number of private practitioners who are recruited who will agree to see at least one referred case on a pro-bono basis.
- 2. Of these private practitioners, the number who are able to serve clients whose primary language is not English, particularly, the three threshold languages in Orange County, which are Spanish, Vietnamese and Farsi.
- 3. The number of these private practitioners, who are able to serve each age group: children, TAY, adults, and older adults.
- 4. In terms of case finding, the total number of potential clients found...
- 5. The number of these clients who represent underserved ethnic or linguistic groups, and which groups these are.
- 6. The number and percentage of members of underserved groups who are able to be matched with private practitioners who are able to serve them.
- 7. The percentage of all clients identified who are able to be matched with private practitioners willing to see them.
- 8. The percentage of clients who are referred to private practitioners who are assessed by those practitioners.
- 9. The percentage of clients who are referred to private practitioners who are taken into treatment.
- 10. The number of weeks clients referred to private practitioners continue to stay in treatment.

- 11. The impact of treatment on the mental health status of the clients, as assessed by a positive change in the client's rating of the severity of his or her presenting problem, using a Likert-type self-report rating scale.
- 12.A satisfaction survey will be administered to both consumers and providers at month 12th and 24th. This will allow for changes to the model that will improve the success of the project.

Qualitatively, we will need to assess:

- 1. How clients relate to consumer/family member outreach staff, as measured by their response to written questions and interview by project staff.
- 2. How private practitioners feel about receiving clients who are referred through use of paraprofessional consumer and family member staff as measured by their response to a written survey form and to interviews by project staff.
- How private practitioners think the clients referred to them compare to the kinds
 of clients they ordinarily see, and what are the positive and negatives of any
 differences in the clients as measured by written survey and interview by
 project staff.
- 4. Are there any unique difficulties or strengths related to using this program with certain age or ethnic or linguistic groups, as assessed by analysis of the previous questions?
- 5. Does the network of private practitioners and the structure that is developed for case finding, referral and coordinating services appear to be one that could continue as a public/private partnership, as assessed by staff and advisory committee (stakeholder) analysis of the data collected to evaluate the project?

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

- 1. The services offered for free by private practitioners are a major resource that we hope to leverage in this project.
- It is also hoped that some community partners, such as the school systems or early childhood providers (such as Head Start), or older adult community providers may provide office space for the outreach staff where they may hold confidential meetings with families or potential clients to discuss referral for mental health services.

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Innovation Work Plan Narrative

		Date : 4-5-10
County: C	range	County
Work Plan #:	IN	IN-07
Work Plan Na	ame:	Education, Training and Research Institute
Purpose of Proposed Innovation Project (check all that apply)		
☐ INCREASE A	CCESS	TO UNDERSERVED GROUPS
	HE QU	ALITY OF SERVICES, INCLUDING BETTER OUTCOMES
PROMOTE IN	NTERAC	GENCY COLLABORATION
☐ INCREASE A	CCESS	TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

The public mental health system in California is almost exclusively dependent upon government funding, either in the form of revenue from taxes and fees or from government reimbursement for services rendered. In California, state budget cuts have seriously threatened services that are already in place, as well as those contemplated for the future. MHSA funds have been threatened, although so far they have remained intact. However, MHSA funding fluctuates with the economy as it is dependent upon tax revenues. Other money to fund mental health programs, particularly if they are research-oriented, innovative, demonstrate new techniques or provide training is available from private funders, such as foundations, like the California Wellness Foundation, or the HealthCare Foundation for Orange County. Other funding is also available through government sources that offer grants for specific projects, such as SAMHSA's Knowledge Dissemination grants and NIH's Dissemination and Implementation Research grants..

The development of an Education, Training and Research Institute that is able to apply for public and private grant money will provide an ongoing vehicle for leveraging non-MHSA funds to support education and training activities that fall within the scope of MHSA goals and guiding principles. Given shrinking public mental health funds, including MHSA funds, this will allow continuation of crucial WET-funded projects, as well as provide a source of potential funding for continuing Innovation projects which have proven their worth or merit additional study. An Advisory Board of mental health professionals, consumers, and family members will ensure that the activities of such an institute remain true to MHSA recovery principles and general standards.

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Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

County Behavioral Health, historically, has not established truly collaborative partnerships with entities in the private sector nor has County Behavioral Health often sought funding outside of its usual source of state and local allocations. The establishment of an Education, Training, and Research Institute, in partnership with, but separate from County Behavioral Health will represent a new type of collaboration. The main issue to be addressed by such a collaboration will be whether this represents a viable method of securing supplemental funding to maintain and develop education, training, and research projects that fall within MHSA guidelines but may need additional funds to fully fund the project.

Such an Institute will be expected to develop its own mechanisms for sustaining itself using administrative and other funds from grants it receives and to secure funding to maintain or augment WET or Innovation projects that are viewed as high priority by county mental health and consumer and family member stakeholders.

The institute may be a stand-alone institution or be nested within another organization, but the structure must meet the following criteria:

- 1. Have an independent advisory board that includes mental health professionals, consumers, family members, and representatives of underserved groups. At least 51% of that advisory board must be consumers and family members and members of underserved cultural/ethnic groups, such as Asian and Pacific Islanders, Native Americans, Latinos, Korean, Middle Eastern must be represented so that the Advisory Board mirrors the ethnic makeup of Orange County..
- 2. Have the ability to support grant writers, educators, and evaluation specialists.
- 3. Be closely connected to the various public and private organizations that address issues of mental health within the County.
- 4. Be able to develop a business plan by the conclusion of the first year of funding. The business plan will provide estimates of the resources that will be necessary to sustain the institute beyond the second year of funding. The business plan must describe the services and products to be offered; analyze the potential market/audience and how they will be reached; project the annual budget; identify the amount needed to sustain the Institute past FY 12/13, prioritize the programs and services; set specific goals for generating financial resources

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needed to sustain programs; and identify the strategies and tactics for meeting these goals.

Priority areas of Institute activity beyond the initial two-years of MHSA Innovations component funding should include, but not be limited to:

- 1. Securing funding to sustain and/or expand the activities of projects currently funded using MHSA WET funds within Orange County.
- 2. Securing funding to sustain projects which have proven successful as learning activities using MHSA Innovation, but need a new source of funding to continue.
- 3. Securing funding to continue MHSA Innovation projects that require further study to determine their contribution to learning.
- 4. Securing funding to develop methods of evaluating the impact of education, training, and service activities within the recovery-oriented mental health sphere.
- Securing funding to provide education and training activities that will assist Orange County in meeting the mental health needs of local consumers and families

This project is consistent with the General Standards contained in the MHSA and CCR Title 9, Section 3320. This is demonstrated by the following:

- This project includes Community Collaboration, both in terms of it being developed through a community planning process and in terms of it being a partnership between the public mental health system within the county and the world of private funding sources. In addition, the insistence that the Institute have an advisory board that represents the community (including consumers and family members) ensures that community collaboration will be ongoing.
- It is Culturally Competent in that it follows MHSA recovery principles and focuses upon finding continuing funding for MHSA WET and Innovation projects, particularly those that increase the access to and quality of services for underserved ethnic and linguistic groups. The requirement that the Advisory Board for the Institute have a multiethnic makeup will insure programs developed by the Institute address disparities in access to and quality of services, historical biases and racism in service delivery, and ethnic and cultural specific values and practices that need to be addressed.
- This project is family driven in that family members were involved, both in the stakeholder process and in the Advisory Subcommittee from the MHSA Steering Committee, in choosing and designing the project. Consumer and family members are required to have a majority representation on the Advisory Board for will insure that decision making and policy development within the Institute is family and consumer driven.

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- This project is Wellness, Recovery and Resilience focused by definition, since it is a requirement of projects funded by the Education, Training and Research Institute that they address the goals and requirements of the Mental Health Services Act. The focus of the Institute will be upon funding of Education and Training and Innovative projects, but also prevention and clinical services projects that promote wellness, recovery and resilience. The inclusion of a research focus to some projects will allow questions to be answered regarding if and how different approaches promote wellness, recovery and resilience.
- Finally, its focus upon funding projects that are related to MHSA recovery principles will ensure that those projects are aimed toward providing an integrated service experience for clients.

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Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This project fits the definition of innovation by introducing a new mental health practice that has never been done before. The public mental health system at the county level has not, in the past, invested in developing a private arm, whose mission is to secure additional funding outside of traditional government revenue streams to support mental health programs. By introducing a new type of collaboration between the public and private sector aimed toward supporting County Behavioral Health projects that conform to MHSA principles, this project will answer the basic learning question of whether the goals of the MHSA can be pursued by a government agency through the use of a non-government funding mechanism. The very fact that such a approach to funding has rarely been used by any government agencies, and virtually never by county government, indicates that there is an assumption that it cant' be done and this project will put that assumption to the test.. In doing so, It will allow the County to examine whether such a collaboration can:

- 1. Sustain itself by finding ongoing money to support such an Institute;
- 2. Secure funding to continue or develop education, training and research projects;
- 3. Overcome obstacles to collaboration stemming from differences between entities from the public and those from the private sector;
- Allow active advisement from mental health stakeholders including professionals, consumers, family members, and representatives of underserved cultural and ethnic groups.

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Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:	07/10 - 06/13
	MM/YY – MM/YY

July 2010 - June 2011: Develop infrastructure of Institute by either partnering with an existing entity or contracting with a provider that will develop the Institute according to county guidelines. This will include securing a location, staff, supplies and developing a business plan.

July 2011- June 2013 - Select funding targets from among WET and Innovation projects and apply for funds to support them.

July 2012-May 2013 - Develop additional funding targets and strategies for securing funding to support them.

June 2013- July 2013 - Write a formal report assessing the success of the project in terms of the answers to the questions raised as contributions to learning.

Orange County MHSA Innovation Coordinator (Project Lead) and staff will conduct workshops presenting the results to the county public and stakeholders as well as at statewide and national conferences. Our hope is to be able to disseminate research findings and encourage the replication of successful approaches.. Workshop presentations will also be available online for public viewing.

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Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The Innovation Advisory subcommittee of the Orange County MHSA Steering Committee (which includes consumer and family member representation) will review and provide input on the draft assessment procedures before the procedures are finalized. Following data collection and analysis, the Innovation Advisory subcommittee will review the project results and provide their assessment of the achievement of learning objectives.

Assessment will measuring the following things:

- 1. The percentage of the Advisory Board that represents mental health professionals, consumers, family members and representatives of underserved groups.
- 2. The views of the Advisory Board members regarding their roles and their efficacy in guiding the activities of the Institute, as assessed by surveys and interviews.
- 3. Is the Institute able to develop a business plan within a one-year time frame?
- 4. The difficulties that were encountered related to the collaboration between the County and the Institute as a private organization and if they were resolved, how they were resolved, as assessed by surveys and interviews.
- 5. How were target projects chosen, and to what extent were various stakeholders' views included in the process, as assessed by surveys and interviews?
- 6. An analysis of the process of developing strategies for applying for funding, and the success was the Institute in doing so, as assessed by interviews.
- 7. Did the Institute secure sufficient funding to sustain itself following the conclusion of funding as an Innovation project?
- 8. What kind of ongoing collaborative arrangement was developed between the Institute and the County and what are the positives and negatives of that arrangement from the points of view of the County, the Institute staff, and the Advisory Board members, as assessed by surveys and interviews?
- 9. To what extent was the Institute able to maintain MHSA principles, and what has been put in place in its by-laws and policies that will ensure that this happens on an ongoing basis, as assessed by surveys and interviews?
- 13. A satisfaction survey will be administered to both consumers and providers at month 12th and 24th. This will allow for changes to the model that will improve the success of the project.

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Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The aim of this project is to secure funds from outside of MHSA to both sustain the Institute itself and to fund ongoing Training and Innovation projects. If it achieves its goals it will be leveraging considerable funds from both the public and private sectors. It is expected that the Orange County Health Care Agency will be able to offer expertise and contacts to assist the Institute in its initial phases. If the Institute is located within a larger non-profit agency that has experience and expertise in securing funding, it is expected that the resources of that larger agency can be leveraged to assist the Institute in its initial phases.

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Innovation Work Plan Narrative

	Date : 4-1-10	
County: Orange	County	
Work Plan #: IN	IN-08	
Work Plan Name:	Project Life Coach	
Purpose of Proposed Innovation Project (check all that apply)		
☑ INCREASE ACCESS	S TO UNDERSERVED GROUPS	
☐ INCREASE THE QUA	ALITY OF SERVICES, INCLUDING BETTER OUTCOMES	
PROMOTE INTERAC	GENCY COLLABORATION	
☐ INCREASE ACCESS	TO SERVICES	

Briefly explain the reason for selecting the above purpose(s).

Considerable data, replicated on several occasions over many years, has affirmed that severely mentally ill people have better outcomes for their mental disorders, particularly schizophrenia, in developing countries than they do in developed countries. Various explanations for this paradoxical finding have been offered, although none has been unequivocally accepted. However, the overall conclusion that societal factors are an important element in determining outcome for mental illness remains unquestioned, however. Among the factors that have been proposed as causal in determining better outcomes in developing countries have been greater family cohesion; families are closely involved in treatment, support, recuperation and rehabilitation of individuals with schizophrenia. An individual is seldom removed from the family's care and social integration within the family setting is not disrupted. Another factor that has been suggested is the greater likelihood of ill members of society remaining integrated or being reintegrated into work roles alongside of their peers who do not have mental illness.

Project Life Coach will try to capitalize on these factors, which have been suggested as improving prognosis for persons with severe mental illness, by providing counseling and coaching by employed consumers and family member peer mentors, to strengthen families and by developing active collaboration between ethnic mental health providers and ethnic communities in order to allow the clients to work and remain integrated within their local communities. Project Life Coach aims to determine if the process of developing collaborations between ethnic-specific mental health service providers, ethnic community leaders, and ethnic community businesses and the development of a county-wide network of ethnic service providers will result in an increase in the placement of limited English-speaking mental health clients in ethnic community businesses and thereby strengthen their mental health. The project will use counseling and family strengthening techniques, utilizing consumer and family member peer mentors and adapted to each ethnicity, as an innovative therapeutic intervention to

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promote recovery in ethnic minority clients. This is also expected to improve the communication between well family members and the

family member with a psychiatric diagnosis, with the aim that the clients will then be better prepared to function in a job setting.

In addition to promoting employment, the unique, ethnic-specific interventions are expected to lead to a decrease in multiple psychiatric hospitalizations for the clients who are served. The project will be based upon the innovation of developing collaborations between service providers serving different ethnic populations and between mental health service providers and local, ethnic businesses. Use of ethnic-specific service providers who have a history working within the community and of gaining the trust of local ethnic populations will increase access to services for underserved groups and using consumer and family member peer mentors to provide counseling and support services will be instrumental in gaining the trust of individual clients and families..

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Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

Project Life Coach is a program for underserved monolingual or Limited English Proficiency Latino, Iranian and Asian/Pacific Islanders with mental illness. this program will use family strengthening and counseling approaches, provided by consumer and family member peer mentors as paid employees, and community collaboration between and among ethnic businesses and ethnic service providers to promote employment and improve the functioning of persons with mental illness. The underlying approach for Project Life Coach is the use of life-counseling (also called life coaching) techniques to promote self-esteem, help-seeking behavior, personal development, and family integration among clients who are monolingual speakers of languages other than English and who are not currently employed. Such life coaching will be provided by consumer and family member peer mentors from the same ethnic communities who are fluent in the client's language. The approach is asset-based, and it capitalizes on the intrinsic motivation of individuals, regardless of level of functioning, to be part of the community and to be a valued member through their employment. It also takes advantage of community assets that can be used to promote the integration of individuals with mental illness into their ethnic communities.

These community assets include: individual and community resiliency; the presence of community-based organizations; the presence of formal and informal support networks, networks of community leaders; and connections to native culture and language. These assets are often not utilized or are underutilized by mainstream mental health care providers. Project Life Coach will develop innovative collaborations, first between a network of community-based social service providers long-established as gatekeepers in the Latino, Korean, Vietnamese, and Farsi-speaking communities and who are utilizing consumer and family member peer mentors to provide life coaching, and second between this network of providers and local ethnic businesses and leaders within each community. Although each ethnic provider will work with the individual businesses and community leaders within its own ethnic community, because these providers have developed a network among themselves, they will be able to share insights and strategies across the various ethnic communities that comprise the county.

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The ultimate aim of this project is to help underserved Latino, Iranian and Asian/Pacific Islander mental health consumers gain employment at local ethnic businesses as a method of maintaining or developing their integration within the community in which they live. This is hoped to promote their recovery and to discover to what extent different ethnic groups can network together, share experiences, and provide equivalent services across their different communities.

This Project is consistent with the General Standards contained in the MHSA and CCR Title 9, Section 3320. This is demonstrated by the following:

- It includes Community Collaboration, both in terms of it being developed through a community planning process and in terms of it utilizing community providers to provide mental health and job development services. It also seeks to promote collaboration between mental health providers and businesses within the community. Additionally, it promotes the development of a structured network of ethnic-specific mental health providers across the County.
- It is Culturally Competent in attempting to focus upon underserved uninsured groups such as Hispanic-Americans, Korean-Americans, Vietnamese-Americans and Iranian-Americans. The unique aspect of this project is its focus upon ethnic communities as a source of services, both professional and paid consumer and family member services, and as a source of jobs. The aim will be to strengthen individuals by tying them closer to their communities and to strengthen ethnic communities by integrating those with mental illness into them as participating members. All services and approaches must be offered within the parameters of the individual's ethnic culture, primary language and community practices.
- This project is family driven in that family members were involved, both in the stakeholder process and in the Advisory Subcommittee from the MHSA Steering Committee, in choosing and designing the project This project serves TAY, adults and older adults but also will utilize intervention and support techniques that are aimed at strengthening families as well as individuals, so that the client and, at his or her discretion, the family, is able to determine his or her employment and mental health needs and what resources to utilize.
- It is Wellness, Recovery, and Resilience-Focused because it addresses not just the client's mental illness, but his or her need for social support and productive employment.
- Finally, by providing a structure in which outreach, mental health support, and job
 placement and support are provided by the same provider, the project will
 provide an integrated service experience for clients.

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Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This project fits the definition of innovation by introducing a new mental health practice that has never been done before. Adopting a community integration model of mental health intervention and employment, adapted to the specifics of each ethnic community, is a new model of how to capitalize upon findings of improved outcomes within developing countries. This project will try to replicate the essential ingredients of those community approaches within our county.

The core of Project Life Coach is that it will capitalize upon findings of improved mental health outcomes in underdeveloped countries. These findings appear to be dependent upon societal factors, which include integration of the mental health consumer with his or her family, community, and work situation. Project Life Coach will take these findings from naturally occurring situations and try to address them as goals within our county's ethnic communities. The mechanisms for doing so will be individual and family counseling and life coaching, collaboration between the mental health services providers and the local ethnic community and businesses, and collaboration and mutual learning among providers from various ethnic communities. The collaboration between mental health service providers and the local community and businesses within ethnic communities is one innovation and the collaboration between ethnic service providers across ethnic communities is another.

From these innovations we hope to find out:

- 1. If provision of community-oriented life counseling and employment within ethnic communities by providers from within that community improves the overall outcome of clients who participate in the program.
- 2. If provision of life coaching by consumer and family member peer mentor paid employees allows the development of trusting, supportive relationships between service providers and clients in the different ethnic communities.
- 3. If active efforts by community mental health services providers located within ethnic communities to reach out to employers within those communities promotes greater acceptance of those with mental illness within the communities and within the workplace within those communities, i.e; reduction of stigma with regard to mental illness..
- 4. If discussion and comparison of experiences across ethnic-specific mental health service providers is helpful in identifying the services and methods that are useful across ethnicities and those which are only useful for some ethnic communities and not others or require modification for use in different ethnic communities.

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Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates:	07/10 - 06/13
	MM/YY – MM/YY

The first six months of the project will consist of developing a request for proposals, selecting a provider, and negotiating a contract with the provider. During months 7-9 the consumer/family member employees will be trained to work in mental health support and job finding and development. At the same time, ethnic community businesses will be contacted and the program will be explained to them. They will also be solicited for job sites for placement of clients. During all of this time, the various ethnic-specific service providers will meet regularly to compare experiences and share strategies. Beginning in month 10, the project will begin providing services to clients and this will continue through month 32. Outcome data will be collected during this same time period. During months 33-36, data analysis and a report will be completed, examining the project in terms of its contribution to learning.

Orange County MHSA Innovation Coordinator (Project Lead) and staff will conduct workshops presenting the results to the county public and stakeholders as well as at statewide and national conferences. Our hope is to be able to disseminate research findings and encourage the replication of successful approaches.. Workshop presentations will also be available online for public viewing.

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Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The Innovation Advisory subcommittee of the Orange County MHSA Steering Committee (which includes consumer and family member representation) will review and provide input on the draft assessment procedures before the procedures are finalized. Following data collection and analysis, the Innovation Advisory subcommittee will review the project results and provide their assessment of the achievement of learning objectives. To determine if the innovations within Project Life Coach improve the overall outcomes of persons who participate in the program, for each client involved, we will measure the following:

- 1. Self-perceived integration within the community, as assessed by surveys and interviews of clients who participate in the program
- 2. Self-perceived integration within one's family as assessed by surveys and interviews of clients who participate in the program
- 3. Self-perceived readiness for work as assessed by surveys and interviews of clients who participate in the program
- 4. Change in number of days spent in the hospital, as reported by the client.
- 5. Change in Global Assessment of Functioning Score, as rated by the clinician or peer mentor.

To determine if the innovations with the Project Life Coach contribute to learning the services and methods that are useful across different ethnic groups and which are useful for some ethnic communities but less so for others or require modification for use in different ethnic communities, we will assess:

- 1. Comparison between ethnic specific service providers of experiences, as assessed by surveys and interviews.
- 2. Comparison of the positives and negatives of using consumer and family member peer mentors to provide life coaching across the different ethnic communities as assessed by surveys and interviews of both service providers and clients.
- 3. Ratings and narrative descriptions of usefulness of procedures and solutions in different ethnic communities.
- 4. Ratings and narrative descriptions of experiences employing consumers by ethnic businesses.

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- 5. Changes in community perception of consumers with mental illness as reported by ethnic community leaders and ethnic businesses using surveys and interviews.
- 14. A satisfaction survey will be administered to both consumers and providers at month 12th and 24th. This will allow for changes to the model that will improve the success of the project.

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Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Ethnic-specific mental health services providers will contribute space and staff time to promote this project with their clients and within their communities.

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Innovation Work Plan Narrative

		Date:
County:	Orang	ge County
Work Plan	#:	INN-09
Training to Meet the Mental Health Needs of the Deaf Work Plan Name: Community		
Purpose of	f Prope	osed Innovation Project (check all that apply)
	E ACCE	SS TO UNDERSERVED GROUPS
☐ INCREASI	E THE Q	UALITY OF SERVICES, INCLUDING BETTER OUTCOMES
PROMOTE	E INTER	AGENCY COLLABORATION
☐ INCREASI	E ACCES	SS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Despite efforts in serving and outreaching to the underserved and unserved community, individuals identified from the Deaf community are still hard to reach especially those within the ethnic communities. This is evidenced by the limited number of clinicians (three) in all of our behavioral health service system who are capable of providing services in American Sign Language (ASL). This innovative program is designed to prepare individuals from the Deaf community with the necessary skills to become mental health workers and peer mentors. This effort is expected to improve outreach to and engagement with consumers from this community. An expected outcome is to increase the number of Deaf and Hard of Hearing clients accessing care and improve the quality of existing services. After receiving training, graduates of the program may immediately seek work within the public mental health system or choose to pursue further education in the mental health field.

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Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

At present, Orange County does not have any training programs that address the mental health needs of the Deaf community. This project is innovative in that it utilizes an existing accredited Mental Health Worker Certificate training program to train individual consumers and family members from the Deaf community using ASL as the primary language. Graduates of the program may assume mental health worker or peer mentor positions within the public mental health system, using their certificate to gain entry into employment. They may also continue in their educational program to gain an AA degree, and then go on to a bachelor's or graduate degree in the mental health field, thus, eventually bring licensable people from the Deaf and Hard of Hearing community into the mental health field. Finally, the project is expected to contribute to sensitizing the community to mental health needs of the Deaf.

Expected outcomes include:

- 1. An increase in access to mental health training for the Deaf by expanding the existing accredited college mental health certificate program to incorporate:
 - a. Competencies in ASL;
 - b. A component specifically addressing the cultural needs of this underserved group; and
 - c. An online format that facilitates access to the educational program.
- 2. An increase in the quality of services by teaching individuals in the Deaf community necessary skills to become mental health workers so that they are able to interact in a one on one relationship, under supervision, with consumers and family members from this community.
- 3. An expansion of interagency collaboration between mental health service providers, the Deaf community service providers and the accredited Mental Health Certificate training program.

This project is consistent with the General Standards contained in the MHSA and CCR Title 9, Section 3320. This is demonstrated by the following:

 The project includes Community Collaboration, both in terms of it being developed through a community planning process and in terms of having the

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program staff collaborate with a local Orange County Deaf community services and an accredited Mental Health Certificate training program. All of these agencies have a high degree of expertise and cultural competency with the target population.

- It is Culturally Competent in attempting to focus upon underserved groups, including Hispanic-Americans, Vietnamese Americans, and Korean Americans, and, particularly, by focusing upon the Deaf themselves. This project aims for cultural competence by training members of the deaf and hard of hearing community to provide mental health services to other community members and utilizes ASL, the language of the deaf community in the teaching. It will address stigma regarding mental illness within the community by training consumers and family members to provide services. In addition, in order to reach the multiethnic Orange County deaf and hard of hearing community, it will recruit members of that community to engage in the training program.
- This project is family driven in that family members were involved, both in the stakeholder process and in the Advisory Subcommittee from the MHSA Steering Committee, in choosing and designing the project. Both consumers and family members will gain access to the Certificate training program and, when they join the mental health system as graduates, will be expected to promote a recovery-oriented, consumer and family member model of mental health services delivery within the mental health system.
- This project would further MHSA values of promoting Wellness, Recovery, and Resiliency by incorporating consumers and family members into the mental health workforce.
- By providing a structure in which training consumers and family members in this
 community can outreach to and engage with individuals to help them access
 mental health services and substance abuse treatment, this project will provide
 an integrated service experience for clients.

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Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This project fits the definition of innovation by introducing a new mental health practice that has never been done before. There are no mental health worker training programs in existence that focus upon consumers and family members who are deaf and provide their training program in ASL. By_incorporating ASL into the existing accredited Mental Health Worker Certificate training program, Transitional Age Youth (age 18-25) and adult peers will be trained to assist in providing culturally competent outreach, education and linkages to mental health services/substance abuse treatment for individuals from the Deaf community in Orange County.

This project will contribute to learning by answering the following questions:

- 1. Can a well trained peer mentor, who graduates from this program, provide a wide array of mental health services to individuals from all communities affected by mental health conditions, especially those from the unserved and underserved populations identified by the Mental Health Service Act?
- 2. Does incorporating ASL into an existing accredited Mental Health Worker Certificate training program result in an increased willingness of individuals in the Deaf community to choose mental health as a field of work?
- 3. Does the presence of trained, Deaf mental health workers, who may also be mental health consumers or family members result in an increased willingness of individuals in the Deaf community to access culturally competent mental health information and care?
- 4. Can a trained Deaf peer from a specific ethnic community better be able to engage individuals from that ethnic community who are Deaf and get them into care?
- 5. Does the presence of a entry-level Mental Health Worker Certificate program that is accessible to Deaf and Hard of Hearing students result in more members of the Deaf and Hard of Hearing community choosing mental health careers?

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Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: 07/01/2010-06/31/2013

This project timeline will include:

- An initial six months of county management staff developing a request for proposals and then solidifying a contract with a provider that has working relationships with or is an accredited Mental Health Certificate training program that also has a concurrent American Sign Language program. During the process of finalizing the contract, the selected provider will simultaneously translate the curriculum into ASL.
- 2. By the ninth month of the project, the training program will recruit individual consumers and family members from the Deaf community to enroll in the program.
- 3. The implementation period includes the didactic educational component followed by a clinical internship.
- 4. The project will conclude with a 4-6 month period of data analysis and focus group meetings regarding lessons learned.

Orange County MHSA Innovation Coordinator (Project Lead) and staff will conduct workshops presenting the results to the county public and stakeholders as well as at statewide and national conferences. Our hope is to be able to disseminate research findings and encourage the replication of successful approaches.. Workshop presentations will also be available online for public viewing.

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Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The Innovation Advisory subcommittee of the Orange County MHSA Steering Committee (which includes consumer and family member representation) will review and provide input on the draft assessment procedures before the procedures are finalized. Following data collection and analysis, the Innovation Advisory subcommittee will review the project results and provide their assessment of the achievement of learning objectives.

As mentioned previously, the last phase of this project will involve data analysis and focus group meetings on lessons learned. The evaluation will use objective measure such as:

- The number of deaf consumers and family members who participate in an accredited Mental Health Certificate training program in order to become effective peer mentors for individuals in this population.
- 2) Does this program increase awareness of mental health and substance abuse services in the Deaf community as assessed by community surveys?
- 3) Data from the County Behavioral Health System will be analyzed looking for an increased enrollment in mental health services from the Deaf community, especially those from within specific ethnic communities.
- 4) An assessment of an increase in likelihood that individuals from the Deaf community will engage into care with the support of a trained peer mentor who is competent in ASL as determined by survey and interviews.
- 5) A survey of Deaf and Hard of Hearing enrollees within the Mental Health Worker Certificate program will be conducted to determine their interest in remaining in the mental health field and pursuing further education toward an advanced degree.
- 15. A satisfaction survey will be administered to both consumers and providers at month 12th and 24th. This will allow for changes to the model that will improve the success of the project.

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Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

This project will incorporate ASL in an existing accredited Mental Health Certificate training program. The selected educational institution will also be expected to have a large and highly respected ASL program from which to draw enrollment. The volunteer services program of Orange County Behavioral Health Services and several contracting agencies will provide internship placements for the students in this program. Resources from the academic institution and participating contract providers will be leveraged.

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Innovation Work Plan Narrative

			Date:	4-1-10
County:	Orange	County		
Work Plan	#: <u> </u>	IN-10		
Work Plan	Name:	Consumer Early Child	dhood Mental Health	
Purpose of	f Propo	sed Innovation Projec	t (check all that appl	<u>y)</u>
☐ INCREASE	E ACCES	TO UNDERSERVED GROU	JPS	
$oxed{\boxtimes}$ increase	E THE QL	ALITY OF SERVICES, INCLU	JDING BETTER OUTCOM	ES
PROMOTE	INTERA	GENCY COLLABORATION		
	E ACCES	TO SERVICES		

Briefly explain the reason for selecting the above purpose(s).

Early childhood is a time of transition; however, health care services in the United States today are not designed to help young people develop healthy routines, behaviors, and relationships that they can carry into their adolescent and adult lives. While most children are thriving, many of them with a mental illness continue to have difficulty gaining access to necessary services; or have poor academic performance. They may also engage in risky behaviors that can jeopardize their health during these formative years and contribute to poor health outcomes in adulthood.

Missed opportunities for disease prevention and health promotion are two major problematic features of the County Behavioral Health System. Research shows that more than 50% of children with mental illness had symptoms before the age of eight. An Innovative way to look at this problem is to train and supervise paraprofessionals to provide services and the necessary linkages for children.

Certain groups of children have particularly high rates of co-morbidity, defined as the simultaneous occurrence of two or more diseases, health conditions, or risky behaviors. These children are particularly vulnerable to poor health. Moreover, specific groups of children, such as: those who are poor; in the foster care system; homeless; or in families that have recently immigrated to the United States may have especially complex health issues that often are not addressed by the health services and settings they use.

Furthermore, members of racial and ethnic minorities are becoming a larger portion of the overall U.S. adolescent population. Because minority racial or ethnic status is closely linked to poverty and a lack of access to quality health services, the number of children experiencing significant disparities in access to quality health services can be expected to increase. By using paraprofessionals to provide linkages and services, the

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hope is to increase the access to the services these vulnerable children need, while increasing the kinds of innovative services being offered. Using paraprofessionals to intervene earlier in the diagnostic process, is expected to improve treatment outcomes, reduce disparities, and increase access to services.

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Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

Development matters. Early childhood is a period of significant and dramatic change spanning the physical, psychological, biological, and social, transitions from childhood to young adulthood. This dynamic state influences both the health and the health services required. This project seeks to address these issues using paraprofessional promoters/consumers to provide short term intervention services for families with children experiencing these problems. These paraprofessionals will be supervised by a licensed mental health provider.

Within this developmental context, five core areas will be addressed.

Timing matters- Early childhood is a critical time for health promotion. Many mental health problems and much of the risky behavior that underlies later health problems begin here.

Context matters- Social context and such factors as income, geography, and cultural norms and values can profoundly affect the health of children and the health services they receive.

Need matters- Some segments of the population, defined by both biology and behavior, have health needs that require particular attention in health systems.

Participation matters - Effective health services for the most vulnerable invite children and their families to engage with clinicians. The paraprofessionals will serve as a bridge to facilitate this communication.

Family matters - At the same time that children are growing in their autonomy, families continue to affect their health and overall well-being and to influence the health services they use. Young people without adequate family support are particularly vulnerable to risky behavior and poor health and, therefore, often require additional support in health service settings.

MHSA Innovation guidelines identify a project as Innovative if it "introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings," this is such a project.

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This Project meets the General Standards contained in the MHSA and CCR Title 9, Section 3320.

- Community Collaboration is demonstrated, both in terms of it being developed through a community planning process and in terms of it having the program staff work with local educational institutions.
- It is Culturally Competent in attempting to focus on children within underserved groups, including Hispanic-Americans, Vietnamese Americans, and Korean Americans. The population of young children in Orange County is ethnically diverse and their parents are linguistically diverse and any program employing parents to provide services to other parents must utilize staff and approaches that fit within different ethnic communities. By utilizing family members to provide services, the service providers will share ethnic backgrounds and practices with their clients and be able to address issues in the primary language of the clients' parents.
- This project is family driven in that family members were involved, both in the stakeholder process and in the Advisory Subcommittee from the MHSA Steering Committee, in choosing and designing the project. This project uses family members who have lived the experience of having a child with a mental health problem and worked with the mental health system to reach out to other family members who have children with similar problems and design and provide interventions that fit with the families' needs. This approach puts the family members in control and helps them to see that, as family members, they are the experts in determining the services they need.
- This project, being directed toward very young children and with a focus upon strengthening the families of these children, is strongly directed toward developing resilience and, by intervening early in the lives of young clients, promoting maximum recovery. The use of family members who have, themselves, gone through treatment for their own children's mental illness promotes a wellness focus by using these families strengths to help other families and to promote role-modeling from them.
- Finally, by providing a structure in which treatment, outreach, and support are all
 provided by the same consumer -run organization, this project will provide an
 integrated service experience.

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Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This project fits the definition of innovation by introducing a new mental health practice that has never been done before. While parent partners have been used within the mental health system, parents who have had a child with mental health problems have never been used as the primary interventionists with other similar families. If this innovation is successful, it will be a milestone in empowering families as the primary designers and implementers of services within children's mental health systems.

The Early Childhood Mental Health project will contribute to learning by answering the following questions:

- Does our current system and existing policies promote high-quality mental health services for children, as well as reducing barriers to the provision of such services?
- Does this new strategy for helping children—especially those at significant risk for health disorders in such areas as mental health, child abuse, poor hygiene and diet—facilitate better entrance and navigation of the mental health system?
- Does cross-discipline collaboration in the various settings, services, and providers used by children produce better results?
- Does using paraprofessionals in some areas, such as mental health services for children, improve access to these services and reduce the disparities in access by language and cultural groups?
- Does this model identify eligibility gaps, and if so what are the recommendations to address these issues?
- Does using paraprofessionals hamper or improve transitions across care settings?
- Can paraprofessionals reduce the segmentation of services?
- Moreover, because many providers of health services are poorly equipped to foster disease prevention and mental health promotion for children, can using paraprofessionals have a significant impact on rates of both physical and mental illness in children?

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Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: O7/10 - 6/13

The initial six months of this project will entail the county management staff in developing a request for proposals and then establishing a contract with a provider that is able to provide the necessary mental health services for early childhood. At the conclusion of the contract development period, the selected provider will hire staff and then simultaneously initiate training for its paraprofessional staff and initiate collaborative efforts with the local community. By the ninth month of the project, the provider will be ready to begin providing services to young children who are eligible for services. By the 12th month of the project, the provider will issue a process report consisting of how many children are enrolled in the program and their baseline demographic data. Mental Health services will continue through the next 20 months of the project. And data will be collected. At the conclusion of the 32nd month of the project, the data will be analyzed and a report prepared and distributed.

Orange County MHSA Innovation Coordinator (Project Lead) and staff will conduct workshops presenting the results to the county public and stakeholders as well at statewide and national conferences. Our hope is to be able to disseminate research findings and encourage the replication of successful approaches.. Workshop presentations will also be available online for public viewing.

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Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The project will be guided by three basic frameworks in its data collection.

The first is a review of the evidence gathered through focus groups, surveys, and other client data, and deliberations on various dimensions of early childhood health status and health services. Paraprofessionals will have quarterly forums to discuss best practices and areas of improvement. These will be recorded, analyzed and the notes from them distributed.

The second focuses on behavioral and contextual characteristics that influence how children interact with the health system.

The third objective is to examine the current delivery system of children's health services and compare it against a paraprofessional model. The goals is to learn if using paraprofessionals will help to improve the children's physical health and mental health status.

Assessment will include the following activities:

- 1. Pre and post assessment of the type and extent of mental health treatment being provided, using paper and pencil measures.
- 2. Pre and post assessment of quality of life from the point of view of each family member, using survey instruments and interviews.
- 3. Assessment of participants' success in achieving good health and reduction of their symptoms, using survey instruments and interviews.
- 4. A satisfaction survey will be administered to both consumers and providers at month 12th and 24th. This will allow for changes to the model that will improve the success of the project.

EXHIBIT C (INN-10 Page 8 of 8)

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Resources from the Orange County Department of Education, Social Services Agency and Health Care Agency will leverage resources when available and applicable.

Innovation Work Plan Description (For Posting on DMH Website)

County Name	Annual Number of Clients to Be Served (If
Orange County	Applicable) – 800 Total
Work Plan Name	– <u>800</u> Total
INN-01-Integrated Community Services	

Population to Be Served (if applicable):

Transitional age youth, adult and older adults with mild to severe mental illness who are receiving services either in community medical settings or in county behavioral health settings.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

This project will provide mental health care at primary medical care community clinics, using trained consumer mental health workers supervised by licensed mental health staff. It will also provide psychiatric consultation to primary care physicians seeking consultation about prescribing. At behavioral health sites, clients will be assigned to Medical Care Coordinators who are consumers. These consumers will be trained to coordinate and monitor physical health care of behavioral health clients and will be supervised by registered nurses. Additionally, an effort would be made to provide some medical care in the behavioral health setting by physicians from our community clinic partners. Both of these interventions (those within physical health provider locations and those within behavioral health provider locations) are innovative programs. This project provides two different approaches to integrating physical health, mental health and alcohol/substance abuse treatments. This also provides an opportunity to compare the outcomes from both approaches.

Innovation Work Plan Description (For Posting on DMH Website)

County Name	Annual Number of Clients to Be Served (If		
Orange County	Applicable) 300 Total		
Work Plan Name	<u>555</u> 15tdi		
INN-02-Family-Focused Crisis Management			
Population to Be Served (if applicable):			
All ages of persons and families who are experiencing a crisis mental health situation.			

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

Family-Focused Crisis Management will provide short-term case management, facilitate family communication, and share knowledge and resources to assist in empowering the family as a whole. Family-Focused Crisis Management will offer services in all Orange County threshold languages (Spanish, Vietnamese and Farsi) and also in Arabic, Korean and American Sign Language. Satellite offices in the community will be colocated within ethnic specific agencies that have developed a NAMI affiliation (including an agency that serves the deaf and hard of hearing). These services will be provided by trained consumer and family member paraprofessional staff. Supervision and back-up provided by a professional project manager and a Master's level clinician who also work for the project. The clinician will be available to provide direct assessment or crisis services when needed, but his or her main role will be supervisory.

Services will include: 1) short-term comprehensive support and crisis intervention services to families and individuals having an immediate need; 2) support to help alleviate the emotional burden and assist families in preparing a practical crisis plan of action; 3) coordination with the Orange County Crisis Assessment Team (CAT Team); 4) meetings with family members at the hospital after intake (in collaboration with the hospital social worker); and5) help for families to define their resource needs and provide information to guide them through the follow-up process.

Innovation Work Plan Description (For Posting on DMH Website)

County Name	Annual Number of Clients to Be Served	
Orange County	(If Applicable) 100 Total	
Work Plan Name	100 10tal	
INN-03-Volunteer To Work		
Population to Be Served (if applicable):		
Transitional age youth, adults and older adults with serious mental illness and who are interested in going to work		

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

This community-based, consumer-run program uses trained consumer mentors to facilitate the preparation and involvement of program participants in volunteer and employment positions in the community.

An innovative aspect of this program is that this preparation and involvement relies heavily on 'Outreach Groups' that are facilitated by trained mentors. These Outreach Groups are support and special interest groups that serve various purposes: 1) Participants are immediately involved in group activities to help them get acclimated to being involved with others and to help them identify their interests and goals. 2) Groups are formed by interests of the participants, and will involve outreach projects that can help develop an assortment of skills, such as interpersonal, group, public speaking, project management, outreach, etc. 3) The groups can supply needed outreach services to specific populations in the community, such as, seniors, consumers transitioning out of the hospital, etc. Participants will be encouraged to create other types of groups, such as "starting a business."

Trained consumers will also be utilized to give empowerment trainings, train the trainer, and other workshops as needed. Collaboration with local partners will be a large component of this project, for services such as benefits counseling, resume writing, and trainings on job skills and increasing job readiness/employability. The deliberate use of volunteer positions as opportunities to "try out" employment roles while both being supported by other consumers and being involved in a flexible work role program is unique and innovative as a method of getting consumers back to work.

Innovation Work Plan Description (For Posting on DMH Website)

County Name	Annual Number of Clients to Be Serve
Orange County	(If Applicable) 400 Total
Work Plan Name	400 Total
INN-04- OK to Be Me	

Population to Be Served (if applicable):

Lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth and their families who are in need of mental health services.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

The innovative component of this project is in the utilization of the Promotora Model, where Transitional Age Youth (age 18-25) and adult peers will be trained to assist in providing culturally competent outreach, education, and linkages to mental health and co-occurring disorder services, both via phone and in person. Peers will provide home visits to engage isolated high risk (suicide, depression, risky and self destructive behaviors) individuals from the LGBTQ community into care. The expected outcomes from this project include the following: 1) LGBTQ youth and their parents will become aware of mental health and substance abuse resources specific to the Orange County LGBTQ population; 2) LGBTQ youth and their parents will seek care for issues such as coming out, trauma, anxiety, depression, suicide and substance abuse; 3) LGBTQ youth and their parents will be more likely to seek care with a licensed therapist after an interaction with a trained Peer Mentor; 4) the number of newly HIV-infected LGBTQ, especially those from the ethnic communities, in our county Public Health STD clinic, will decrease due to reducing the risky behaviors related to depression.

This project will contribute to learning by answering the questions: Does using a trained LGBTQ peer in an outreach and engagement approach result in an increased willingness of these individuals to access culturally competent mental health information and care? Does using this approach decrease stigma? Can a trained LGBTQ peer from a specific ethnic community be better able to engage individuals from that ethnic community into care? Will providing the outreach and engagement via trained peers effectively bring individuals from the LGBTQ community into mental health and substance abuse services; thereby lowering the incidence of HIV infection?

Innovation Work Plan Description (For Posting on DMH Website)

County Name	Annual Number of Clients to Be Serve
Orange County	(If Applicable) 100 Total
Work Plan Name	<u>100</u> 10tai
INN-05- Vet Connect	

Population to Be Served (if applicable):

Veterans are among the underserved populations in Orange County and have unique needs that can be addressed through the Vet Connect project. Within this group are sub-groups, including Hispanic-Americans, Vietnamese Americans, and Korean Americans that will be served by this project.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

This Innovative project will demonstrate whether or not co-located services will increase access to health and supportive services for veterans with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and severe depression, including those dually diagnosed with substance abuse disorders. It will provide access to a comprehensive array of treatment and supportive services for veterans and their families and provide assistance (a warm hand-off) to help those veterans who are too fragile to integrate into the VA system. The goal is to provide an integrated, holistic approach to veteran behavioral health, recognizing that medical and basic shelter, food, job issues impact behavioral health.

This project will also provide a centralized place for veterans and families to access services in an atmosphere that will decrease stigma, provide privacy, and reinforce positive interactions. The project will integrate approaches to PTSD, TBI and ensure outreach to community cultural groups to improve access to care and follow through for veterans and families. In addition, it will identify gaps in community resources necessary for veterans and families to successfully transition from military to civilian life and adjust to the experiences that occurred during their military service. The project will provide one, centralized contact/place for community providers to collaboratively interact to educate each other on and to maximize resources. Furthermore, the project will create a network of providers and volunteers that are trained on military culture and resources. Mental health, substance abuse, housing, employment and medical services will either be available or easily accessible through this project.

Innovation Work Plan Description (For Posting on DMH Website)

County Name	Annual Number of Clients to Be Served
Orange County	(If Applicable) 100 Total
Work Plan Name	<u>100</u> 10tai
INN-06- Community Cares Project	
Population to Be Served (if applicable):	
Children, TAY, adults and older adults with mil who don't have private or public insurance to o	•

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

This project uses an innovative approach to reach and provide mental health treatment to those who cannot get into the public mental health system and cannot afford to access the private mental health system. In this project, the private mental health providers will be organized into a system that offers pro-bono services to those who can't afford them and uses trained consumers and family members to provide outreach services to make this system available to those in need, this project offers an innovative approach to improving the mental health system within Orange County.

In this project, there will be an outreach staff consisting of up to four consumer/family members who can work with referral sources to meet with individuals and families who lack resources and discuss their mental health needs. These consumer/family member outreach staff would each focus on an age group (children, TAY, adult, older adult). A licensed professional clinical supervisor and the consumer/family members will recruit mental health professionals from the community, particularly those with age or ethnic-specific skills and develop a network of community providers who would offer to treat at least one client each for free. The licensed professional clinical supervisor would be available to directly assess potential clients when necessary in order to match them with providers. Each referred client would be followed to determine if he or she becomes successfully engaged in treatment.

Innovation Work Plan Description (For Posting on DMH Website)

County Name	Annual Number of Clients to Be Served
Orange County	(If Applicable) NA Total
Work Plan Name	INA Total
INN-07- Innovation Training and Research Institute	

Population to Be Served (if applicable):

This project does not provide direct services to clients, but instead seeks to raise money to fund recovery-based programs for clients of all ages and ethnicities.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

The establishment of an Education, Training and Research Institute, in partnership with, but separate from County Behavioral Health will represent a new type of collaboration. The main issue to be addressed by such a collaboration will be whether this represents a viable method of securing additional funding to maintain and develop education, training and research projects that fall within MHSA guidelines but may not be able to be fully funded with MHSA dollars. Such an Institute will be expected to develop its own mechanisms for sustaining itself using administrative and other funds from grants it receives. It will also secure funding to maintain or augment WET or Innovation projects that are viewed as high priority by county mental health and consumer and family member stakeholders.

The Institute may be a stand-alone institution or be nested within another organization, but the structure must have an independent advisory board that includes mental health professionals, consumers, family members and representatives of underserved groups. At least 51% of that advisory board must be consumers and family members.

Priority areas of Institute activity beyond the initial two-years provided by monies from the MHSA, Innovation funding should include, but not be limited to, securing funding to (1) sustain and/or expand the activities of projects currently funded using MHSA WET funds; (2) sustain and/or augment projects that have proven successful as learning activities using MHSA Innovation funds; and 3) continue MHSA Innovation projects that require further study to determine their contribution to learning.

Innovation Work Plan Description (For Posting on DMH Website)

County Name	Annual Number of Clients to Be Served
Orange County	(If Applicable) ——— 250 Total
Work Plan Name	<u>250</u> Total
INN-08- Project Life Coach	

Population to Be Served (if applicable):

Transitional age youth, adults and older adults from underserved communities in which English is not the dominant language, who are interested in employment within businesses within their community.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

Project Life Coach is a program for underserved monolingual or Limited English Proficiency Latino, Iranian and Asian Pacific Islanders with mental illness, which will use family strengthening and counseling approaches and community collaboration between and among ethnic businesses and ethnic service providers to promote employment and improve the functioning of persons with mental illness. The underlying approach for Project Life Coach is the use of life-counseling (also called life coaching) techniques to promote self-esteem, help-seeking behavior, personal development, and family integration among clients who are monolingual speakers of languages other than English and who are not currently employed. Project Life Coach will develop innovative collaborations, first between a network of community-based social service providers long-established as gatekeepers in the Latino, Korean, Vietnamese, and Farsi-speaking communities and second between this network of providers and local ethnic businesses and leaders within each community. Although each ethnic provider will work with the individual businesses and community leaders within its own ethnic community, because these providers have developed a network among themselves, they will be able to share insights and strategies across the various ethnic communities that comprise the County.

Innovation Work Plan Description (For Posting on DMH Website)

County Name	Annual Number of Clients to Be Served (If Applicable) N/A Total
Orange County	
Work Plan Name	IVA I Otal
INN-09- Training to Meet the Mental Health Needs of the Deaf Community	

Population to Be Served (if applicable):

Members of the Deaf and Hard of Hearing community who are interested in careers in mental health.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

At present, Orange County does not have any training programs that address the mental health needs of the Deaf community.

This project is innovative in that it utilizes an existing accredited Mental Health Worker Certificate training program to train individual consumers and family members from the Deaf community using ASL as the primary language. Graduates of the program may assume mental health worker or peer mentor positions within the public mental health system, using their certificate to gain entry into employment. They may also continue in their educational program to gain an AA degree, and then go on to a bachelor's or graduate degree in the mental health field Thus, eventually this will bring licensable people from the Deaf and Hard of Hearing community into the mental health field.

This project will contribute to learning by answering the following questions: 1) Does incorporating ASL into an existing accredited Mental Health Worker Certificate training program result in an increased willingness from individuals in the Deaf community to choose mental health as a field of work? 2) Does the presence of trained, Deaf mental health workers, who may also be mental health consumers or family members, result in an increased willingness from individuals in the Deaf community to access culturally competent mental health information and care? 3) Can a trained Deaf peer from a specific ethnic community better be able to engage individuals from that ethnic community who are deaf and get them into care? 4) Does the presence of an entry-level Mental Health Worker Certificate program that is accessible to Deaf and Hard of Hearing students result in more members of the Deaf and Hard of Hearing community choosing mental health careers?

Innovation Work Plan Description (For Posting on DMH Website)

County Name	Annual Number of Clients to Be Served
Orange County	(If Applicable) 200 Total
Work Plan Name	200 10tal
INN-10- Consumer Early Childhood Mental Health	
Population to Be Served (if applicable):	
Children in Orange County between the ages behavioral health problems, as well as their faunderserved groups.	

This project will provide brief behavioral intervention services to families of young children using consumer and family members to provide short-term intervention services for families with children experiencing behavioral problems related to transitions from childhood to young adulthood.

Project Description (suggested length - one-half page): Provide a concise overall

description of the proposed Innovation.

The consumers and family members providing services will be trained to provide interventions, such as family groups, under the supervision of licensed professionals. In the past, consumers and family members have not been used to provide such services to young children who are experiencing behavioral difficulties and to their families. The target population will include children and families from underserved groups, including both ethnic and linguistic minorities within Orange County. Consumers and family member providers will be chosen from those same underserved groups. Direct services and referral will both be offered to families in need of services. Outcomes and satisfaction with services provided by consumers and family members will be compared to the outcomes from similar services offered by professionals.

EXHIBIT E

Mental Health Services Act Innovation Funding Request

County:	Orange	Date:	May 19, 2010
County.	<u> </u>	Date.	Widy 10, 2010

	Inr	novation Work Plans	FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
	No.	Name	. unumg	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	1	Integrated Community Services	\$4,162,267		\$1,040,567	\$2,081,133	\$1,040,567
2	2	Family Focused Crisis Management and Community Outreach	\$1,404,462	\$234,077	\$234,077	\$702,231	\$234,077
3	3	Volunteer to Work	\$1,743,869		\$435,967	\$871,935	\$435,967
4	4	OK To Be Me	\$1,791,542	\$447,885	\$895,771	\$447,886	
5	5	Vets Connect	\$2,168,099	\$361,350	\$722,699	\$722,700	\$361,350
6	6	Community Cares Project	\$516,877	\$129,220	\$129,219	\$129,219	\$129,219
7	7	Education, Training and Research Institute	\$1,068,839	\$267,210	\$267,210	\$267,210	\$267,209
8	8	Project Life Coach	\$1,992,837		\$498,209	\$996,419	\$498,209
9	9	Training to meet the Mental Health Needs of the Deaf Community	\$217,457	\$54,364	\$54,365	\$54,364	\$54,364
10	10	Consumer Early Childhood Mental Health	\$900,597	\$900,597			
11 12							
13							
14 15							
16							
17 18							
19							
20							
21 22							
23 24							
25							
26	Subtota Work P	lans	\$15,966,846	\$2,394,703	\$4,278,084	\$6,273,097	\$3,020,962
27	Plus Co Adminis		\$2,395,027	\$359,205	\$641,713	\$940,965	\$453,144
28	Plus Op	otional 10% Operating Reserve	\$48,427				
29	Total M Innovat	IHSA Funds Required for ion	\$18,410,300				

Innovation Projected Revenues and Expenditures

County:	Orange	Fiscal Year:	2009/10
Work Plan #:	1		
Work Plan Name:	Integrated Community Services		
New Work Plan	\boxtimes		
Expansion			
Months of Operation:	07/10-06/13		
	MM/YY - MM/YY		

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Personnel Expenditures			\$3,118,790	\$3,118,790
Operating Expenditures			\$1,099,458	\$1,099,458
Non-recurring expenditures			\$0	\$0
4. Training Consultant Contracts			\$41,000	\$41,000
5. Work Plan Management	\$132,399			\$132,399
6. Total Proposed Work Plan Expenditures	\$132,399	\$0	\$4,259,248	\$4,391,647
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. Unspent Innovation Planning funds	\$132,399		\$96,981	\$229,380
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$132,399	\$0	\$96,981	\$229,380
4. Total Revenues	\$132,399	\$0	\$96,981	\$229,380
C. Total Funding Requirements	\$0	\$0	\$4,162,267	\$4,162,267

Prepared by:	Robert Balma	Date:	4/8/2010
Telephone Number:	(714) 834-5994		

Budget Narrative for Integrated Community Services

A) Expenditures

1. Personnel Expenditures

Staffing for each year of the project includes the following positions: A full-time Clinical Director, who would be a licensed mental health professional or Psychiatric Nurse, 2 FTE Licensed Clinical Supervisors (LCSWs or LMFTs) to supervise the peer mentors who will provide mental health services, 2 FTE Registered Nurses to train and supervise the peer mentors who will provide medical care coordination, 10 FTE consumer or family member peer mentors to provide mental health services and 6 FTE consumer or family member peer mentors to provide medical care coordination, 1 FTE Psychiatric resident to provide consultation to primary care physicians and 1 FTE Community Physician to provide medical consultation and care to clients in the psychiatric clinics, as well as 2 FTE office staff.

2. Operating Expenditures

Operating Expenses include Services and Supplies, which include rent, desks computers, office supplies, etc and are budgeted at 15% of salaries for each position per year. Transportation costs include transporting staff and clients to appointments: Contractor indirect costs are budgeted at 15% of total personnel, operating and training costs.

3. Non-recurring Expenditures

There are no non-recurring expenditures

4. Training Consultants Contracts

Training will involve extensive initial training of all staff, including peer mentor training and medical care coordination training for consumer and family member staff.

5. Work Plan Management

Work plan management, including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff.

B) Revenues – Unspent Innovation Planning funds

Unspent Innovation Planning funds will be used to fund all of the work plan management costs and a portion of contract provider costs.

C) Funding Requirements by Year

Year 1 (6 months contracting and hiring and 6 months of training and services): \$891,733-; Year 2 (12 months services): \$1,664,907; Year 3 (12 months services and data analysis): \$1,605,627. Total: \$4,162,267

Innovation Projected Revenues and Expenditures

County:	Orange	Fiscal Year:	2009/10
Work Plan #:	2		
Work Plan Name:	•	sis Management and Com	nmunity
New Work Plan			
Expansion			
Months of Operation:	07/10-06/13		
	MM/YY - MM/YY		

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Personnel Expenditures			\$1,100,715	\$1,100,715
Operating Expenditures			\$372,228	\$372,228
Non-recurring expenditures			\$0	\$0
4. Training Consultant Contracts			\$28,500	\$28,500
 Work Plan Management Total Proposed Work Plan 	\$132,399			\$132,399
Expenditures	\$132,399	\$0	\$1,501,443	\$1,633,842
B. Revenues 1. Existing Revenues				\$0
2. Additional Revenues				
a. Unspent Innovation Planning funds	\$132,399		\$96,981	\$229,380
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$132,399	\$0	\$96,981	\$229,380
4. Total Revenues	\$132,399	\$0	\$96,981	\$229,380
C. Total Funding Requirements	\$0	\$0	\$1,404,462	\$1,404,462

Prepared by: Robert Balma Date: 4/8/2010

Telephone Number: (714) 834-5994

Budget Narrative for Family Focused Crisis Management and Community Outreach

A) Expenditures

1. Personnel Expenditures

Staffing for each year of the project includes the following positions: A half-time Project Director, 2 FTE Licensed Clinical Supervisors (LCSWs or LMFTs) to provide supervision to peer mentors, 6 FTE consumer or family member Peer Mentors who will provide the crisis intervention and support services to families. These peer mentors will be bilingual consumers or family members who, in addition to English, are fluent in either Spanish, Korean, Farsi, Arabic or Vietnamese, 1 FTE Office support staff.

2. Operating Expenditures

Operating Expenses include Services and Supplies, which include rent, desks computers, office supplies, etc and are budgeted at 15% of salaries for each position per year, plus additional printing and supplies cost to cover the expenses of brochures and flyers making the program known to the community.

3. Non-recurring Expenditures

There are no non-recurring expenditures

4. Training Consultant Contracts

Training of Peer Mentors in crisis intervention and support skills will occur primarily in the first year of the program.

5. Work Plan Management

Work plan management, including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff.

D) Revenues – Unspent Innovation Planning funds

Unspent Innovation Planning funds will be used to fund all of the work plan management costs and a portion of contract provider costs.

E) Funding Requirements by Year

Year 1 (6 months contracting and hiring and 6 months of training and services): \$330,172; Year 2 (12 months): \$561,785; Year 3 (12 months services and data analysis): \$512,505. Total: \$1,404,462

Innovation Projected Revenues and Expenditures

County:	Orange	Fiscal Year:	2009/10
Work Plan #:	3		
Work Plan Name:	Volunteer to Work		
New Work Plan Expansion Months of Operation:			
	MM/YY - MM/YY		

	County Mental Health	Other Governmental	Community Mental Health Contract	
	Department	Agencies	Providers	Total
A. Expenditures				
Personnel Expenditures			\$1,239,420	\$1,239,420
Operating Expenditures			\$572,930	\$572,930
Non-recurring expenditures				\$0
Training Consultant Contracts			\$28,500	\$28,500
5. Work Plan Management	\$132,399			\$132,399
6. Total Proposed Work Plan Expenditures	\$132,399	\$0	\$1,840,850	\$1,973,249
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. Unspent Innovation Planning funds	\$132,399		\$96,981	\$229,380
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$132,399	\$0	\$96,981	\$229,380
4. Total Revenues	\$132,399	\$0	\$96,981	\$229,380
C. Total Funding Requirements	\$0	\$0	\$1,743,869	\$1,743,869

Prepared by:	Robert Balma	Date:	4/8/2010
		·	

Telephone Number: <u>(714)</u> 834-5994

Budget Narrative for Volunteer to Work

A) Expenditures

1. Personnel Expenditures

Staffing for each year of the project includes the following positions: 1 Full-time Project Director who is also a consumer, 2 FTE Job Developers, who are also consumers, 6 FTE Consumer Peer Mentors who will perform outreach and conduct outreach and support groups and on the job peer support to clients, 1 Office Support Staff who is also a consumer.

2. Operating Expenditures

Operating Expenses include Services and Supplies, which include rent, desks computers, office supplies, etc and are budgeted at 15% of salaries for each position per year. Transportation costs include the cost of leasing and insuring a van to transport clients and staff to job sites as well as bus passes for clients to go to work and stipends for clients who volunteer. Contractor indirect costs are budgeted at 15% of total personnel, operating and training costs.

3. Non-recurring Expenditures

There are no non-recurring expenditures

4. Training Consultants Contracts

Training, will involve extensive initial training of all staff, including training of both job developers and peer mentors in best practices in supportive employment.

5. Work Plan Management

Work plan management, including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff.

B) Revenues – Unspent Innovation Planning funds

Unspent Innovation Planning funds will be used to fund all of the work plan management costs and a portion of contract provider costs.

C) Funding Requirements by Year

Year 1 (6 months contracting and hiring and 6 months of training and services): \$398,054; Year 2 (12 months): \$697,548; Year 3 (12 months services and data analysis): \$648,267. Total: \$1,743,869

Innovation Projected Revenues and Expenditures

County:	Orange	Fiscal Year:	2009/10	
Work Plan #:	4			
Work Plan Name:	OK to Be Me			
New Work Plan				
Expansion				
Months of Operation:	07/10-06/13			
	MM/YY - MM/YY			

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Personnel Expenditures			\$1,329,420	\$1,329,420
Operating Expenditures			\$530,603	\$530,603
Non-recurring expenditures			\$0	\$0
4. Training Consultant Contracts			\$28,500	\$28,500
5. Work Plan Management 6. Total Proposed Work Plan	\$132,399	\$0	\$1,888,52 3	\$132,399 \$3,000,000
Expenditures B. Revenues	\$132,399	40	\$1,000,323	\$2,020,922
1. Existing Revenues				\$0
2. Additional Revenues				
a. Unspent Innovation Planning funds	\$132,399		\$96,981	\$229,380
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$132,399	\$0	\$96,981	\$229,380
4. Total Revenues	\$132,399	\$0	\$96,981	\$229,380
C. Total Funding Requirements	\$0	\$0	\$1,791,542	\$1,791,542

Prepared by:	Robert Balma	Date:	4/8/2010
Telephone Number:	(714) 834-5994	_	

Budget Narrative for OK to Be Me

A) Expenditures

a. Personnel Expenditures

Staffing for each year of the project includes the following positions: 1 Full-time Project Director, 3 FTE Licensed Clinical Supervisors (LCSWs or LMFTs or Licensed Psychologists), 6 FTE Peer Mentor TAY and Adult outreach staff to provide education, outreach, linkages using the promotora model and who represent both the majority and ethnic minority communities, including possessing bilingual skills in English and either Spanish, Vietnamese, Farsi, Korean or Arabic, 1 FTE Office Support Staff.

b. Operating Expenditures

Operating Expenses include Services and Supplies, which include rent, desks computers, office supplies, etc and are budgeted at 15% of salaries for each position per year. In addition printing and publication costs are budgeted to cover advertising the program and services as well as stipends to provide attendees at information and educational meetings as an inducement for attendance. Contractor indirect costs are budgeted at 15% of total personnel, operating and training costs.

c. Non-recurring Expenditures

There are no non-recurring expenditures

d. Training Consultants Contracts

Training will involve extensive initial training of all staff, including peer mentor training, cultural competence training, training on HIV prevention and services.

e. Work Plan Management

Work plan management, including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff.

B) Revenues – Unspent Innovation Planning funds

Unspent Innovation Planning funds will be used to fund all of the work plan management costs and a portion of contract provider costs.

C) Funding Requirements by Year

Year 1 (6 months contracting and hiring and 6 months of training and services): \$407,588; Year 2 (12 months): \$716,617; Year 3 (12 months services and data analysis): \$667,337. Total: \$1,791,542

Innovation Projected Revenues and Expenditures

County:	Orange	Fiscal Year:	2009/10
Work Plan #:	5		
Work Plan Name:	Vets Connect		
New Work Plan			
Expansion			
Months of Operation:	07/10-06/13		
	MM/YY - MM/YY		

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Personnel Expenditures			\$1,409,140	\$1,409,140
Operating Expenditures			\$827,440	\$827,440
Non-recurring expenditures			\$0	\$0
4. Training Consultant Contracts			\$28,500	\$28,500
5. Work Plan Management	\$132,399			\$132,399
6. Total Proposed Work Plan Expenditures	\$132,399	\$0	\$2,265,080	\$2,397,479
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. Unspent Innovation Planning funds	\$132,399		\$96,981	\$229,380
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$132,399	\$0	\$96,981	\$229,380
4. Total Revenues	\$132,399	\$0	\$96,981	\$229,380
C. Total Funding Requirements	\$0	\$0	\$2,168,099	\$2,168,099

Prepared by: Robert Balma Date: 4/8/2010

Telephone Number: <u>(714)</u> 834-5994

Budget Narrative for Vets Connect

A) Expenditures

1. Personnel Expenditures

Staffing for each year of the project includes the following positions: A full-time Clinical Director, who would be a Licensed Clinical Supervisor and could provide clinical supervision as well as direction of the project, 2 FTE Case Managers who also have backgrounds as veterans, 4 FTE Peer Mentors who are veterans as well as mental health consumers or family members, 1 FTE Job Developer, 1 FTE LVN, 1FTE Housing Specialist and 1 FTE Licensed Therapist (LCSW or LMFT). In all cases an effort will be made to hire staff who are either veterans and/or mental health consumers or family members as well as staff who represent ethnic minority cultures. 1 FTE Office Support Staff will be employed.

2. Operating Expenditures

Operating Expenses include Services and Supplies, which include rent, desks computers, office supplies, etc and are budgeted at 15% of salaries for each position per year. In addition, stipends and bus passes to encourage attendance at informational meetings are budgeted. Substance abuse treatment, both inpatient and outpatient for dually diagnosed clients will be purchased as part of the project. Contractor indirect costs are budgeted at 15% of total personnel, operating and training costs.

3. Non-recurring Expenditures

There are no non-recurring expenditures

4. Training Consultants Contracts

Training, will involve extensive initial training of all staff, including peer mentor training and training on veteran culture for all staff.

5. Work Plan Management

Work plan management, including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff.

B) Revenues – Unspent Innovation Planning funds

Unspent Innovation Planning funds will be used to fund all of the work plan management costs and a portion of contract provider costs.

C) Funding Requirements by Year

Year 1 (6 months contracting and hiring and 6 months of training and services): \$482,900; Year 2 (12 months): \$867,240; Year 3 (12 months services and data analysis): \$817,959. Total: \$2,168,099

Innovation Projected Revenues and Expenditures

County: Ora	ange	Fiscal Year: _	2009/10
Work Plan #: 6			
Work Plan Name: Co	ommunity Cares Project		
New Work Plan Expansion Months of Operation: 07/]		

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Personnel Expenditures			\$449,190	\$449,190
Operating Expenditures			\$157,168	\$157,168
Non-recurring expenditures			\$0	\$0
Training Consultant Contracts			\$7,500	\$7,500
5. Work Plan Management	\$132,399			\$132,399
6. Total Proposed Work Plan Expenditures	\$132,399	\$0	\$613,858	\$746,257
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. Unspent Innovation Planning funds	\$132,399		\$96,981	\$229,380
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$132,399	\$0	\$96,981	\$229,380
4. Total Revenues	\$132,399	\$0	\$96,981	\$229,380
C. Total Funding Requirements	\$0	\$0	\$516,877	\$516,877

Prepared by:	Robert Balma	Date:	4/8/2010
Telephone Number:	(714) 834-5994		

Budget Narrative for Community Cares Project

A) Expenditures

1. Personnel Expenditures

Staffing for each year of the project includes the following positions: 1 FTE Licensed Clinical Supervisor (Licensed Psychologist, LCSW, or LMFT), 2 FTE consumer or family member Peer Mentors who will perform outreach and case finding within the community, 1 FTE Office Support Staff.

2. Operating Expenditures

Operating Expenses include Services and Supplies, which include rent, desks computers, office supplies, etc and are budgeted at 15% of salaries for each position per year. Transportation costs include transporting clients to appointments as needed and staff to meetings with community providers. Contractor indirect costs are budgeted at 15% of total personnel, operating and training costs.

3. Non-recurring Expenditures

There are no non-recurring expenditures.

4. Training Consultants Contracts

Training, will involve initial training of peer mentor staff in case finding and outreach skills and training of staff in cultural competence and best clinical practices.

5. Work Plan Management

Work plan management, including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff.

B) Revenues – Unspent Innovation Planning funds

Unspent Innovation Planning funds will be used to fund all of the work plan management costs and a portion of contract provider costs.

C) Funding Requirements by Year

Year 1 (6 months contracting and hiring and 6 months of training and services): \$142,655; Year 2 (12 months): \$206,751; Year 3 (12 months services and data analysis): \$167,470; Total: \$516,877

Innovation Projected Revenues and Expenditures

County:	Orange	Fiscal Year:	2009/10
Work Plan #:	7	<u></u>	
Work Plan Name:	Education, Trainin	g and Research Institute.	
New Work Plan	<u>—</u>		
Expansion Months of Operation:			

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Personnel Expenditures			\$788,850	\$788,850
Operating Expenditures			\$360,970	\$360,970
3. Non-recurring expenditures			\$16,000	\$16,000
4. Training Consultant Contracts			\$0	\$0
 Work Plan Management Total Proposed Work Plan 	\$132,399			\$132,399
Expenditures	\$132,399	\$0	\$1,165,820	\$1,298,219
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. Unspent Innovation Planning funds	\$132,399		\$96,981	\$229,380
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$132,399	\$0	\$96,981	\$229,380
4. Total Revenues	\$132,399	\$0	\$96,981	\$229,380
C. Total Funding Requirements	\$0	\$0	\$1,068,839	\$1,068,839

Prepared by: Robert Balma Date: 4/8/2010

Telephone Number: (714) 834-5994

Budget Narrative for Education, Training and Research Institute

A) Expenditures

1. Personnel Expenditures

Staffing for each year of the project includes the following positions: A full-time Director, with a background in grant writing and procurement in mental health, 1 FTE mental health education and training subject matter specialist/ grant writer, 1 FTE accountant to prepare budgets, 1 FTE Office Support Staff.

2. Operating Expenditures

Operating Expenses include Services and Supplies, which include rent, desks computers, office supplies, etc and are budgeted at 15% of salaries for each position per year. Travel costs are budgeted to cover the cost of attending meetings with potential funders, stipends for Advisory Board members who are mental health consumers and may be on limited incomes are covered as well as printing costs. Contractor indirect costs are budgeted at 15% of total personnel and operating costs.

3. Non-recurring Expenditures

Start up costs to hire staff, support Advisory Board development and develop initial Institute structure are budgeted in the first year

4. Training Consultants Contracts

No training costs are budgeted for this project.

5. Work Plan Management

Work plan management, including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff.

B) Revenues – Unspent Innovation Planning funds

Unspent Innovation Planning funds will be used to fund all of the work plan management costs and a portion of contract provider costs.

C) Funding Requirements by Year

Year 1 (Start up plus 6 months of operation): \$226,567; Year 2 (12 months operation): \$421,136; Year 3 (12 months operation and assessment): \$421,136 Total: \$1,068,839

Innovation Projected Revenues and Expenditures

			2009/1
County:	Orange	Fiscal Year:	0
Work Plan #:	8		
Work Plan Name:	Project Life Coach		
New Work Plan			
Expansion			
Months of Operation:	07/10-06/13		
	MM/YY - MM/YY		

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Personnel Expenditures			1,504,380	\$1,504,380
Operating Expenditures			556,938	\$556,938
Non-recurring expenditures			0	\$0
Training Consultant Contracts			28,500	\$28,500
5. Work Plan Management	132,399			\$132,399
6. Total Proposed Work Plan Expenditures	\$132,399	\$0	\$2,089,818	\$2,222,217
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. Unspent Innovaton Planning funds	\$132,399		\$96,981	\$229,380
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$132,399	\$0	\$96,981	\$229,380
4. Total Revenues	\$132,399	\$0	\$96,981	\$229,380
C. Total Funding Requirements	\$0	\$0	\$1,992,837	\$1,992,837

Prepared by: Robert Balma Date: 4/8/2010

Telephone Number: _(714) 834-5994

Budget Narrative for Project Life Coach

A) Expenditures

1. Personnel Expenditures

Staffing for each year of the project includes the following positions: A full-time Project Director, 5 FTE Job Developers, each of them bilingual in English and one other language, Spanish, Farsi, Korean, Vietnamese or Arabic and familiar with the cultures who speak that language, 6 FTE Peer Mentors who are consumers or family members with similar linguistic skills (and may be limited English proficient), one FTE Licensed Therapist who is able to supervise these staff and 1 FTE Office Support Staff.

2. Operating Expenditures

Operating Expenses include Services and Supplies, which include rent, desks computers, office supplies, etc and are budgeted at 15% of salaries for each position per year. Transportation costs include transporting clients to work and meetings and the cost of bus passes and also stipends as incentives to attend informational meetings. Contractor indirect costs are budgeted at 15% of total personnel, operating and training costs.

3. Non-recurring Expenditures

There are no non-recurring expenditures

4. Training Consultants Contracts

Training will involve extensive initial training of all staff, including peer mentor training in both peer support skills and community awareness as well as job developer training and best practices.

5. Work Plan Management

Work plan management, including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff.

B) Revenues – Unspent Innovation Planning funds

Unspent Innovation Planning funds will be used to fund all of the work plan management costs and a portion of contract provider costs.

C) Funding Requirements by Year

Year 1 (6 months contracting and hiring and 6 months of training and services): \$447,847; Year 2 (12 months): \$797,135; Year 3 (12 months services and data analysis): \$747,855. Total: \$1,992,837

Innovation Projected Revenues and Expenditures

County:	Orange	Fiscal Year:	2009/10
Work Plan #:	9		
Work Plan Name:		Mental Health Needs of t	the Deaf
New Work Plan			
Expansion			
Months of Operation:	07/10-06/13		
	MM/YY - MM/YY		

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Personnel Expenditures			244,565	\$244,565
2. Operating Expenditures			69,873	\$69,873
3. Non-recurring expenditures			0	\$0
4. Training Consultant Contracts			0	\$0
5. Work Plan Management	132,399			\$132,399
6. Total Proposed Work Plan Expenditures	\$132,399	\$0	\$314,438	\$446,837
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
 a. Unspent Innovation Planning funds 	\$132,399		\$96,981	\$229,380
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$132,399	\$0	\$96,981	\$229,380
4. Total Revenues	\$132,399	\$0	\$96,981	\$229,380
C. Total Funding Requirements	\$0	\$0	\$217,457	\$217,457

Prepared by: Robert Balma Date: 4/8/2010

Telephone Number: <u>(714)</u> 834-5994

Budget Narrative for Training to Meet the Mental Health Needs of the Deaf Community

A) Expenditures

1. Personnel Expenditures

Staffing for each year of the project includes teachers and college staff (e.g. recruitment, admissions) in the Certificate Mental Health Worker program who are fluent in sign language and able to present the curriculum in ASL and online in written form.

2. Operating Expenditures

Operating Expenses include Services and Supplies, which include rent, desks computers, office supplies, etc for staff and are budgeted at 15% of salaries for each position per year.

3. Non-recurring Expenditures

There are no non-recurring expenditures

4. Training Consultants Contracts

There are no direct costs for training.

5. Work Plan Management

Work plan management, including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff.

B) Revenues – Unspent Innovation Planning funds

Unspent Innovation Planning funds will be used to fund all of the work plan management costs and a portion of contract provider costs.

C) Funding Requirements by Year

Year 1 (6 months of contracting and translating of curriculum into ASL and 6 months of program): \$60,503; Year 2 (12 months): \$86,983; Year 3 (12 months services and data analysis): \$69,971. Total: \$217,457

Innovation Projected Revenues and Expenditures

County:	Orange	Fiscal Year:	2009/10
Work Plan #:	10		
Work Plan Name:	Consumer Early Ch	nildhood Mental Health	
New Work Plan Expansion			
Months of Operation:	07/10-06/13		
	MM/YY - MM/YY		

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Personnel Expenditures			720,540	\$720,540
Operating Expenditures			269,538	\$269,538
Non-recurring expenditures			0	\$0
4. Training Consultant Contracts			7,500	\$7,500
5. Work Plan Management	132,399			\$132,399
6. Total Proposed Work Plan Expenditures	\$132,399	\$0	\$997,578	\$1,129,977
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. Unspent Innovaton Planning funds	\$132,399		\$96,981	\$229,380
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$132,399	\$0	\$96,981	\$229,380
4. Total Revenues	\$132,399	\$0	\$96,981	\$229,380
C. Total Funding Requirements	\$0	\$0	\$900,597	\$900,597

Prepared by: Robert Balma Date: 4/8/2010

Telephone Number: <u>(714)</u> 834-5994

Budget Narrative for Consumer Early Childhood Mental Health

A) Expenditures

1. Personnel Expenditures

Staffing for each year of the project includes the following positions: A full-time Licensed Clinical Supervisor (LCSW, LMFT or Licensed Psychologist) to provide supervision for family member Peer Mentors, 5 FTE family member Peer Mentors who will provide, under supervision, clinical interventions with families who have a young child with mental health issues or risk factors. 1 FTE Office Support Staff.

2. Operating Expenditures

Operating Expenses include Services and Supplies, which include rent, desks computers, office supplies, etc and are budgeted at 15% of salaries for each position per year. Transportation costs include transporting staff to client homes and clients to appointments. Contractor indirect costs are budgeted at 15% of total personnel, operating and training costs.

3. Non-recurring Expenditures

There are no non-recurring expenditures

4. Training Consultants Contracts

Training will involve extensive initial training of all staff, including consumer and family members, on intervention technique and learn practices.

5. Work Plan Management

Work plan management, including ongoing planning, monitoring and evaluation and outcome reporting will be conducted by county staff.

B) Revenues – Unspent Innovation Planning funds

Unspent Innovation Planning funds will be used to fund all of the work plan management costs and a portion of contract provider costs.

C) Funding Requirements by Year

Year 1 (6 months contracting and hiring and 6 months of training and services): \$212,599; Year 2 (12 months): \$360,239; Year 3 (12 months services and data analysis): \$327,759. Total: \$900,597

Primary Languages Spoken by the Participants of the Stakeholder Meetings

American Sign Language
Amharic
Arabic
Chinese
English
Korean
Pashto (Afghani)
Spanish
Urdu
Vietnamese

Organizations Represented at Stakeholder Meetings

Organizations Represented at Stakeholder Meetings
Acacia Housing
Access California Services (ACS)
Alcohol and Drug Abuse Board
AIDS Services Foundation (ASF)
Alzheimer's Association
Anaheim City School District - Early Childhood Education (ACSD - ECE)
Anaheim Family Justice Center
Capistrano Unified School District (CUSD)
Centralia Elementary School District (CESD)
Child Abuse Prevention Center (CAPC)
Child Guidance Clinic (CGC)
Children and Families Commission of Orange County (CFCOC)
Children's Bureau
City of Buena Park
Clutter Cleaners
Coastline College
College Community Services (CCS)
CSU Fullerton Department of Social Work
Dayle McIntosh Center (DMC)
Delhi Center
Depression and Bipolar Support Alliance (DBSAOC)
Family Support Network
Friendly Center
Fullerton College
Goodwill Employment Works
Grant and Per Diem Program (GPD)
HCA BHS Admin
HCA BHS Adult Mental Health Services
HCA BHS CYS
HCA BHS MHSA
HCA BHS Older Adult Services
HCA BHS Patients' Rights
HCA BHS Veteran Services
HCA Public Health Community Nurse
Help Me Grow
Human Options
Irvine Unified School District (IUSD)
Kaiser Permanente

Korean Community Services (KCS)
La Habra
Latino Health Access (LHA)
Leukemia and Lymphoma Society
Magnolia Park Family Resource Center (MPFRC)
Mental Health Board Arts Committee
Mestizo Productions
Multi-Ethnic Task Force
NAMI OC
Newport Mesa Unified School District LEAPS (NMUSD - LEAPS)
OASIS
OC Children's Therapeutic Arts Center
OC Department of Education
OC Department of Education (OCDE)
OC Fire Authority (OCFA)
OC Human Relations
OC Task Force on Hoarding
Ocean View School District (OVSD)
Orange Coast College (OCC)
Orangewood Children's Foundation
Pacific Clinics
Phoenix House
Placentia - Yorba Linda Unified School District (PYLUSD)
Santa Ana College (SAC)
Shanti Orange County
South Coast Children Society (SCCS)
South Orane County Family Resource Center (SOFRC)
SSA Adult Protective Services
St. Jude Brain Injury Network
St. Jude Medical Center
Straight Talk Clinic
The Center Orange County
The Gary Center
The Villa
Tustin Unified / State MHSA
UCI Geriatric Medicine
VA Perdiem
Vet to Vet
Veterans First
Wellness Center
WFRC



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Mary Hale, Chief of Operations Behavioral Health Services

Danielle Daniels, Staff Specialist Behavioral Health Services

County of Orange Mental Health Board

405 W. 5th Street, Ste 501 Santa Ana, CA 92701 TEL: (714) 834-5481 / FAX: (714) 834-4586 Email: ddaniels@ochca.com

> Thursday, May 13, 2010 10:30 am - 12:00 noon

Hall of Administration – Board Hearing Room 10 Civic Center Plaza (333 West Santa Ana Blvd.) Santa Ana, CA 92701

MINUTES

The regular meeting of the Orange County Mental Health Board was held on Thursday, May 13, 2010, at the Hall of Administration, 333 W. Santa Ana Blvd. Santa Ana, CA 92701.

During the regular meeting, a Public Hearing was held to consider the Mental Health Services Act Innovation Component. There were approximately 44 people in attendance with 4 guest speakers.

At the conclusion of the Public Hearing the Mental Health Board, with eight members in attendance, voted unanimously in favor of approving the Mental Health Services Act Innovation Component as written.

Officially Submitted by:

Danielle Daniels, Mental Health Board Liaison

Reporting Secretary

Next Meeting: The next Mental Health Board meeting will be held on May 26, 2010 from 9:00 am - 10:30 am, Address Above - Planning Commission Hearing Room.