STAFF INNOVATION SUMMARY— TRINITY COUNTY

Name of Innovative (INN) Project: Milestones Outreach Support Team (M.O.S.T.)

Total INN Funding Increase Requested for Project: $54,491

Duration of Time Extension for Innovative Project: Six (6) Months to June 30, 2017

Review History

The original INN plan was submitted on August 29, 2014. The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) approved the project in December 18, 2014. The County's start date for this project was December 2014 based on the start of services and spending.

Request for Project Funding Increase and Time Extension Introduction:

Trinity County is requesting approval for a funding increase and a time extension. The requested extension does not fall ouside of the five (5) year maximum for INN projects.

The County's objective is to determine whether providing peer support at crisis intake in a rural county setting will increase the quality of services and better outcomes. The innovation is using a lead peer staff member as the initial contact in crisis interventions. The County seeks to evaluate whether the innovation will reduce emergency room visits; lessen law enforcement agency burdens; reduce the number of out-of-county hospitalizations; develop peer staff skills; develop a strong referral process; and provide more intensive interventions.

Background

Trinity County is a small, rural county with limited resources, a slow economy, high poverty rate, and transportation difficulties. Trinity County had a successful peer counseling INN program affiliated with their "Respite Bed Project." The present innovation plan intends to build on the Respite Bed Project by having a lead peer specialist and trained peer specialists as the initial contact for individuals and families seeking crisis services (see Trinity County Mental Health Services Act (MHSA) Annual Update for fiscal year 2015/16).

As further stated in the Trinity County MHSA Annual Update for fiscal year 2015/16 plan, a portion of the INN project is to create a peer career ladder. The County, in an innovative approach, created their own career ladder program for individuals with lived experience. Peer staff have entered the workforce as volunteers and contractors, and with the appropriate training, support, guidance, and innovative design, they have moved to paid civil servant positions within positions adopted and sustained through County internal trainings and skill development. The County has partnered with the Superior Region WET Collaborative to independently support persons in California Association of Social Rehabilitation Agencies (CASRA) trainings for crisis team staff. The lead peer support staff position is fully developed under this INN project. The current project will have the lead peer support person as the lead contact for crisis intervention.

The Request

The County is requesting a time extension to 30 June 2017 and additional funding of $54,491, 41 percent of the original requested amount, for the lead peer specialist (salary with benefits; see budget attachments for additional information). Even with the six-month extension, 25 percent of the original requested time, the project will not extend beyond the 5-year program limit mandated in MHSA regulations.

The lead peer specialist staff was hired prior to January 2016 to complete internal professional development trainings prior to the start of a thirteen-month CASRA peer certification training, which was designed to promote development in psychiatric rehabilitation.. Trinity County states that peer certification training for the crisis staff was not completed until July 2016. The County states this resulted in insufficient time to evaluate employee skill development and obtain consumer feedback on the effectiveness of the lead peer evaluations and peer support functions.

The County notes that they have $27,617 (20.8 percent of the original authority) in authorized INN funding remaining. We have asked the county to clarify in their presentation how the 25 percent time extension, together with the remaining unspent authority, necessitates an additional 41 percent augmentation in authorized INN funding.

Learning Objectives and Evaluation

Trinity County states that its primary learning goal is unchanged. The County wants to discover if peer staff taking the lead in crisis intervention will be effective in minimizing the use of emergency hospitalization, burden on local law enforcement, and other additional costs and services.

References

Trinity County 3-Year Plan and Annual Update:
http://www.trinitycounty.org/index.aspx?page=60

http://www.peersnet.org/articles/2014/may/what-you-need-know-about-state-peer-specialist-certification-california

http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=1997-42649-006
Study by Mowbray & Tan (1993), studies of consumer-run drop-in centers show high satisfaction and increased quality of life, enhanced social support and problem-solving.

Klein, Canaan, & Whitecraft (1998) study of one-to-one peer support for mental health services over time (Chinman et al, 2001; Klein, Canaan, and Whitecraft, 1998; Simpson and House, 2002).

Bluebird, G. (2008). Paving new ground: Peers working in in-patient settings. National Technical Assistance Center, National Association of State Mental Health Program Directors (NASMHPD).

Chamberlin, J., Rogers, E.S., & Ellison, M.L. (1996). Self-help programs: A description of their characteristics and their members. Psychiatric Rehabilitation Journal, 19, 33-42.

Chinman, M.J., Weingarten, R., Stayner, D., & Davidson, L. (2001). Chronicity reconsidered: Improving person-environment fit through a consumer run service. Community Mental Health Journal, 37(3) 215-229.

Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J.K. (1999). Peer support among individuals with severe mental illness: A review of the evidence. Clinical Psychology: Science and practice, 6, 165-187.

Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: A report from the field. Schizophrenia Bulletin, 32(3), 443-450.