INNOVATIVE PROJECT CHANGE REQUEST-Optional Template

MHSOAC *Office Use Only*
*Version #:*_____
Staff:

County: Trinity County **Date Submitted: July 18, 2016**

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

PLEASE NOTE: USING THIS TEMPLATE IS **OPTIONAL**. It is being provided as a technical assistance tool to staff who wish to make use of it. Regulatory requirements for the Innovation (INN) Component of the 3-Year Plan & Annual report can be found in section 3930 of the INN Project Regulations. In some cases, the items contained in this **OPTIONAL** template are ***more specific or detailed*** than those required by the regulations: you may skip any questions or sections you wish.

1. **Restate the INN Project's primary learning question(s) or objective(s).** *What is it that you want to learn or better understand of the course of the Innovative Project?*

2. **Changes to the Inn Project Requiring Approval**
   What change(s) would you like to make to this INN Project? (Check all that apply)
   □ Change the primary purpose
   □ Change the basic practice or approach
   □ An increase in expenditures, such that more funds are expended than previously approved
   □ Any other change for which you would like to voluntarily submit for approval

   Please Note:
   - *Proposing a change to the primary purpose, please explain how the learning question or objective is tied to the proposed new primary purpose of the project.*
   - *If proposing change to the basic practice or approach, please explain how the learning question or objective is focused on the impact of what is new or changed about the approach or intervention.*

   For each change,
   a) State wat was approved and describe the proposed change(s).
   b) List the reasons for the change.
   c) Describe how stakeholder involvement contributed to the change request.
   d) Desired date that the change would take effect: mm/dd/yyyy

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Trinity County Response to Item #1:

Trinity County wishes to continue the focus of its primary learning question and that is how providing peer support in a rural county setting supports the increase in quality services including better outcomes. The current plan is in its third iteration to investigate the utility and effectiveness of peer support. In the current plan, Trinity County is hoping to discover if having peer staff take the lead in crisis intervention will be effective in minimizing the use of the local acute care facility emergency department to care for psychological crises, minimizing the burden on local law enforcement agencies, reducing the occurrence of additional crisis episodes and reducing the number of out of county hospitalizations. Integral to the success of this project is developing and refining the skills of peer staff who will be assuming this role. Also key, is developing a strong referral process so that peer staff interacting with individuals who are experiencing a serious crisis can access the services of a triage crisis worker who is able to deliver a more intensive intervention, including evaluating the individual for a psychiatric hospitalization.

Trinity County Response to Item #2:

The time line described in the approved plan stated that the project would begin officially in December of 2014 and come to a close on June 30, 2016. Ostensibly, this timeframe would have allowed the county about eighteen months for planning and implementation. As the project has been underway the county has had opportunity to perform program monitoring to assure that there has been no shift from the original intent and focus. The narrative of the approved plan described the county's plan to identify appropriate trainings that would be accessed to provide peer staff with the training necessary to increase their professional development and efficacy at first-level interventionists. The county was successful in partnering with the Superior Region WET Collaborative and sent peer staff to a thirteen month peer certification training presented by CASRA. The training for the peer staff just finished in July of 2016. With that said, there has been no time to perform meaningful evaluation regarding employee skill development and to gather consumer feedback regarding their work with peers who received this training. Therefore the proposed change is extending the amount of expenditures for project that was originally approved as well as extending the time frame in order to evaluate the project.

Feedback from stakeholders about this phase of the county's Innovation Project has been very positive. During this year's round of focus groups held to gather input for the 2016/17 Annual Update stakeholders were in favor of continuing the project long enough to evaluate effectiveness. Members of the Quality Improvement Committee, two of which are consumers, are in favor of extending the program so that more thorough outcome evaluation can be completed. This echoed the sentiments of the Trinity County Behavioral Health Advisory Board. Members of this board are interested in the career growth of peer staff as well as the evolution of the Innovation Project while still maintaining the focus on quality services and better

outcomes. Community partners, law enforcement and emergency department personnel, are witnessing a serious reduction in the amount of individuals they contact who are experiencing a mental health crisis. They are in support of maintaining a resource in the community that will appropriately serve individuals in need without drawing on resources of these agencies. Given enough time for analysis and evaluation Trinity County will be able to transition funding from Innovation to Community Supports and Services in order to sustain this crisis intervention effort. The county would like the effective date of the extension to begin July 1, 2016 and wrap up officially June 30th, 2017.

Attachment A

Trinity County Behavioral Health Services

Innovation Funding Used/Budgeted						
	YEAR 1		YEAR 2		TOTAL	Extension Request
	Jan '15-jun '15	july- Dec '15	Jan '16-jun'16	July-Dec '16 (Budgeted)		
Approved Innovation Plan	$ 33,178	$ 33,178	$ 66,356	$ -	$ 132,712	
Available Carryover		$ 33,178	$ 17,859	$ 27,617		
Total Funding available	$ 33,178	$ 66,356	$ 84,215	$ 27,617		
Peer Specialist Actual Cost/Budgeted	$ -	$ 48,497	$ 56,598	$ 41,054	$ 146,149	$ 41,054
Shortfall		$ -		$ 13,437	$ 13,437	$ 13,437
innovation funding used/budgeted	$ -	$ 48,497	$ 56,598	$ 27,617	$ 132,712	$ 54,491
Balance for carryover	$ 33,178	$ 17,859	$ 27,617	$ (13,437)		

Attachment B

Trinity County Behavioral Health Services

Milestones Wellness Center Expenditures FY 2015-16								
Classification	PEI Funding	INN Funding	MHSA OES Funding	SB 82 Funding	Intergovernmental Transfer (IGT) Funding	PATH Funding	Medi-Cal FFP	Total
MHSA Coordinator III	$82,048			$0			$23,808	$105,856
Case Manager II (Peer Coordinator)*				$26,323	$35,965	$16,641	$6,056	$84,985
Peer Specialist #1*		$41,252	$22,814	$7,543				$71,608
Peer Specialist #2		$1,143	$53,179	$0				$54,322
Peer Specialist #3*		$23,961	$14,702	$7,543				$46,206
Peer Specialist #4	$11,583			$0	$6,026			$17,609
TOTAL	$93,631	$66,356	$90,695	$41,409	$41,991	$16,641	$29,864	$380,586

Triage Expenditures FY 2015-16							
Classification	MHSA OES Funding	SB 82 Funding	Intergovernmental Transfer (IGT) Funding	PATH	Medi-Cal FFP*	Total	Total Triage Cost
Mental Health Clinician I	$18,701	$33,527			$18,040	$70,268	$70,268
Case Manager II (Peer Coordinator)*		$26,323	$6,150	$16,641	$6,056	$55,170	$55,170
Case Manager II	$0	$26,323			$31,353	$57,676	$55,170
Case Manager II	$7,626	$26,323			$18,714	$52,663	$55,170
Peer Specialist #1*	$8,266	$7,543				$15,808	$15,808
Peer Specialist #3*	$8,266	$7,543				$15,808	$15,808
Evaluation	$1,882	$1,718				$3,600	$3,600
Indirect Costs	$11,517	$10,510				$22,027	$22,027
Admin Costs	$6,424	$5,863			$0	$12,287	$12,287
TOTAL	$62,681	$145,672	$6,150	$16,641	$74,163	$305,307	$305,307

Milestones Costs	$380,586
Triage Costs	$305,307
Duplicated Costs	-$86,786
Total Milestones and Triage Cost (unduplicated)	$599,107

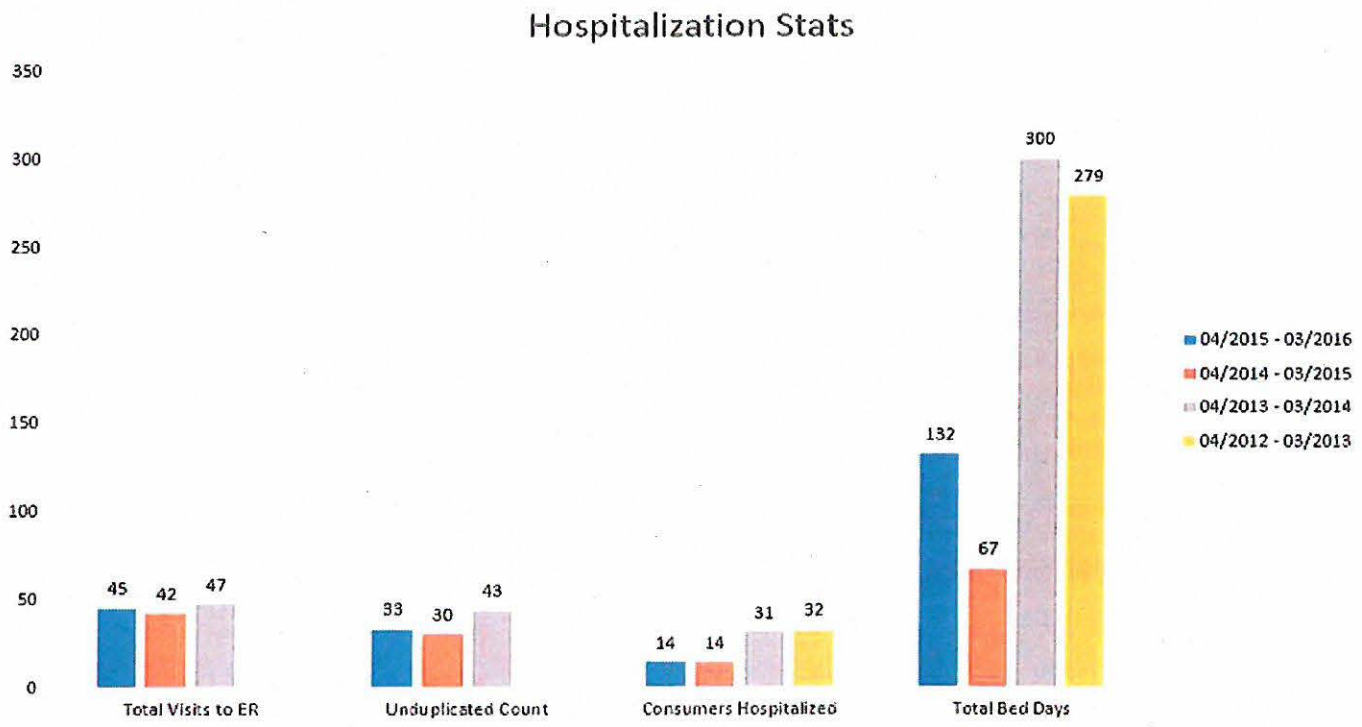
* Milestone's Staff that also works on Triage

Attachment C

Hospitalization and Peer Support Brief

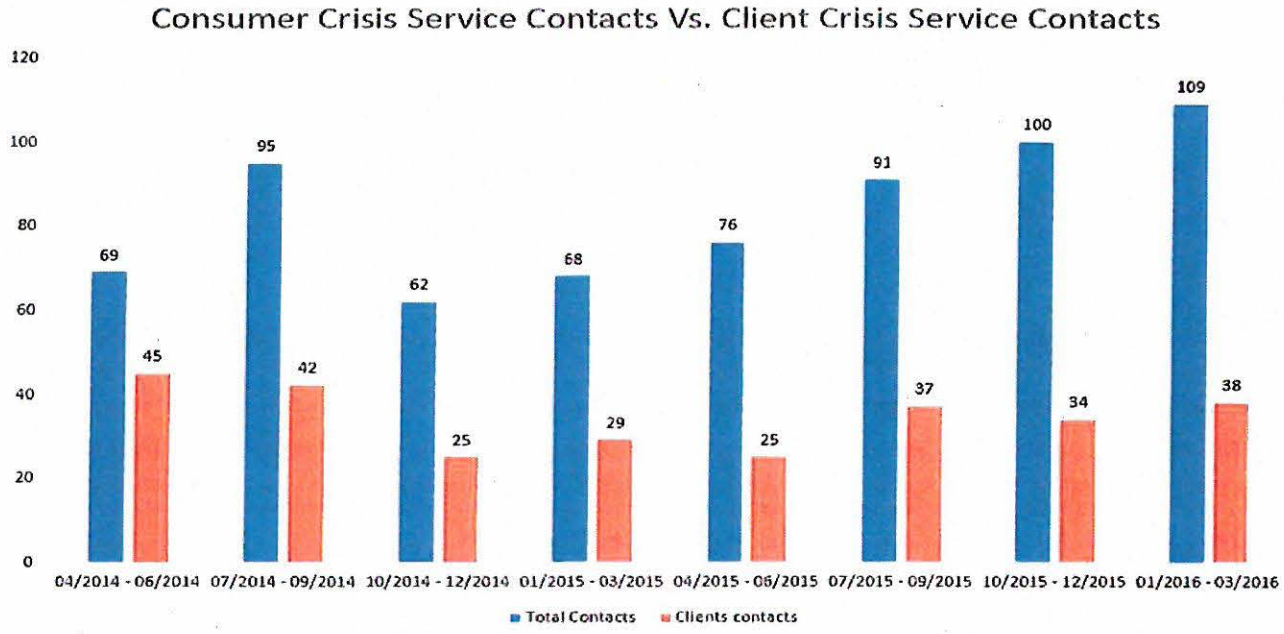
While we continually work to gain a better appeal with other agencies and within our community, we face the same challenges as many other rural agencies to accomplish this goal. The statistics from our hospitalizations have given us a more complete picture of just how effectively our Triage Program is working. During the last two years, we have seen a reduction in the number of hospital admissions and bed days, in comparison to the previous two years.

Hospital numbers are the most significant indicator of the success of the Triage Program. During the time frame of April 2012 through March 2013, there were 32 hospital admissions with 279 bed days used. During April 2013 through March 2014, there were 57 crisis call visits to the emergency room for 43 unduplicated consumers of services. Of those 43 consumers, 31 were hospitalized, with a total of 300 bed days. During this past year, in the same monthly time period, TCBHS had 42 crisis call visits from 30 unduplicated consumers. Of those 30 consumers, 14 were hospitalized for psychiatric care, with a total of 67 bed days. There were only four who were hospitalized during the last six months, which is typically the season for the highest amount of hospitalizations. TCBHS attributes several factors arising as a result of the Triage Program for this change.



Attachment C

Medication management, wrap around services, and client socialization has been an integral piece of the puzzle for improving mental health of our clients requiring higher needs and facing possible hospitalization. When they are not working in a crisis situation, the triage workers will concentrate their efforts to assist our highest need clients by assisting with medication management education, as well as any other needed case management 'type' services, in a proactive measure to decrease hospitalizations. We find this has specifically resulted in decreased hospitalizations and overall improved outcomes for the clients. The best indicator of this is the numbers depicted in the chart B, shown below. During the first three months of the Program there were 45 contacts, or 65.22%, of the requests for crisis services from clients who already received medication management and other mental health services, while in the last three month reporting period there were 38 contacts, or 34.86%, of the requests for crisis services. This is a significant difference in the amount of requests from our own clients. Since both the number of clients and the percentage declined, while our number of clients in service at the Agency has actually increased by over 40 clients in this same time period, we can deduce that the Program is having a positive outcome.



Additionally, the combination of a Peer Specialist working within the structure of the Wellness Center and the availability of the Triage Crisis Worker to conduct an intervention is a model that has been quite effective for TCBHS and Trinity County as a whole. Together with a revamp of the Wellness Center's core membership program, this Crisis Triage Program has increased the Wellness Center's monthly attendance counts by over 10 times in one year.

Attachment D

Milestones Wellness Center

Peer Crisis Support

1) On a scale from 1 to 5, with 1 being completely unsatisfied and 5 being completely satisfied; how did peer staff do when you came into the center?


1 2 3 4 5


2) On a scale from 1 to 5, with 1 being completely unsatisfied and 5 being completely satisfied; were they able to help you?


1 2 3 4 5


3) On a scale from 1 to 5, with 1 being completely unsatisfied and 5 being completely satisfied; do you feel like you were heard?


1 2 3 4 5


If you were to offer suggestions regarding ways to improve peer staff interactions with those who may be in crisis, what would these suggestions be?

_____

_____

_____

_____

_____

_____

Peer Specialist Professional Development Survey

This survey is the final in a series of three that have been administered over the last year and a half. Its primary focus is to document your current knowledge, skills and perceptions of various aspects of 'professional development', and measure outcomes after participation in a CASRA's peer specialist trainings.

Now that you are nearing the completion of the CASRA trainings offered through the Superior Region WET Collaborative, how would you define professional development? Please discuss its continued relevance as it pertains to your role of Peer Specialist.

Please rate these eight area of professional competence using the following scales.
On a scale from 1 to 10 (I being the lowest; 10 the highest) please record your current knowledge/skill level based on what you actually know and do. On a scale from 1 to 10, again with 1 being the lowest and 1 being the highest, please record how important you think this knowledge or skill set is to performing you job. (Consider how this helps you to work as part of a team and with wellness center members).

1. Development of professional writing skills

Sub Topic Item	Knowledge/Skill	Importance
1.1 Correct usage of grammar		
1.2 Concise and focused communication		
1.3 Appropriate email correspondence		

2. Computer Skills

Sub Topic Item	Knowledge/Skill	Importance
2.1 Standard word processing		
2.2 Internet navigation		
2.3 Spreadsheet development		

3. Developing healthy and appropriate boundaries /respecting the boundaries of others

Sub-Topic Item	Knowledge/Skills	Importance
3.1 Between Self and Client		
3.2 Between Self and Colleague		
3.3 Between Self and Supervisor		
3.4 Between Self in Role of Peer Specialist and Community Members/Partner Agencies		

4. Continue proficiency development in regard to psychiatric rehabilitation interventions and strategies

Sub-Topic Item	Knowledge/Skills	Importance
4.1 Understanding the purpose and following directions while using published information gathering tools		
4.2 Choosing appropriate strategies and interventions for individual needs		
4.3 Being aware of learning styles when choosing intervention strategies		

5. Ongoing development in regard to working in a collaborative manner

Sub-Topic Item	Knowledge/Skills	Importance
5.1 With clinical staff		
5.2 With staff from partner agencies		
5.3 With direct colleagues		

6. Ensuring that an ethical approach is used in all interactions/relationships

Sub-Topic Item	Knowledge/Skills	Importance
6.1 Rules of confidentiality		
6.2 Appropriate reporting to supervisors		
6.3 Sharing information with outside agencies		

7. Understanding symptoms and how they impact interaction patterns/participation

Sub-Topic Item	Knowledge/Skills	Importance
7.1 Recognizing troubling symptoms		

7.2 Adjust methods to assist those with certain symptoms for greater inclusion and participation		

8. Understanding the meaning of advocacy which includes considering:

Sub-Topic Item	Knowledge/Skills	Importance
8.1 The context of the situation		
8.2 Unintended consequences		
8.3 Assessing the individual's true need in the situation		
8.4 Not creating and "us" vs. "them" dynamic when a situation involves two clients		
8.5 How to recognize when advocacy has turned to enabling		

In the space below discuss one strength that you posses that helps you in your role of Peer Specialist. Then discuss one area of growth that has proven to be a challenge in your role of Peer Specialist.