



## **STAFF INNOVATION SUMMARY— ORANGE COUNTY**

**Name of Innovative (INN) Project: Employment and Mental Health Services Impact**

**Total INN Funding Requested for Project: \$1,645,657**

**Duration of Innovative Project: Five (5) Years**

### **Review History**

Approved by County Board of Supervisors June 2, 2015

Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) consideration of INN Project: September 22, 2016. Continuance to October 27, 2016.

### **Project Introduction:**

Orange County proposes to increase access to services by co-locating and integrating behavioral health clinicians at employment centers in Orange County. They anticipate that by having visitors to the employment centers complete a health and quality of life assessment in conjunction with other application materials for employment services, they will provide a stigma-free point of entry (if appropriate) to the mental health care system in the County.

The County proposes to serve 150 unduplicated individuals per year who are unemployed or at risk of unemployment and who present as having mild to moderate symptoms of mental illness or co-occurring substance use disorders.

The final year of the project will consist of project evaluation as well as a decision process as to whether to support these services through another Mental Health Services Act (MHSA) component, most likely Prevention and Early Intervention.

In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including: What is the unmet need that the county is trying to address? Does the proposed project address the need? Are there clear learning objectives that link to the need? And, will the proposed evaluation allow the county to make any conclusions regarding their learning objectives? In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements that the proposed project must align with the core MHSA principles, promote learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four allowable primary purposes.

## **The Need**

Orange County reports there are no employment centers in the County that provide onsite emotional/behavioral health support services. The county cites research that “unemployment negatively impacts emotional and behavioral health”. Perhaps because of the economic downturn in California, in 2007 Orange County employment centers saw an increase of job seekers. The County also has experienced about a 10% population increase since 2000, which may account for some of the rise in job seekers. The County reports that while the center representatives could help most of the job seekers, they “were not prepared for the collateral emotional and behavioral health support that these individuals needed to address symptoms typically associated with unemployment.”

What is not particularly clear in the proposed Innovative plan is the actual need for these services. Data from the Employment Development Department indicates that the unemployment rate for Orange County is 5.8 %, which is about 3% lower than the total unemployment for the State of California at 8.5%. Given the population data in Orange County, this does not represent a large cohort of unemployed. Further, the County indicates that some of the beneficiaries of this plan will be job seekers with substance use issues. The plan lacks detail as to the numbers of job seekers in this target population.

## **The Response**

The County posits that traditionally, regardless of how job seekers may be feeling or how aware they are of the emotional impact of their unemployment, job seekers do not necessarily seek behavioral health support as part of a job search effort. By co-locating clinicians in employment centers, the County hopes to assist employment center staff, as well as job seekers, by identifying persons who may be having emotional problems through this early intervention.

Over the course of this five-year Innovation plan, the County intends to establish a pool of clinicians to staff various employment centers. These clinicians will provide supportive counseling (16 sessions), behavioral health workshops and support groups to the centers’ clientele. During the initial stages of this plan, County administrative staff will conduct site visits to coordinate agreements, data tracking and charting along with creating a policy and procedures manual. Emotional and behavioral health screening of new and existing employment center clientele will occur throughout the course of this innovation and persons flagged by clinicians as being mildly to moderate impacted, will receive emotional support services, if they are interested.

Co-location of auxiliary and related services in employment centers is not a new concept in California. Examples include the Sacramento Employment and Training Agency (SETA) program here in Sacramento where various agencies co-located to provide bundled vocational services to the unemployed; various co-locations between the Department of Rehabilitation (DOR) and Employment Development Department facilities; and Career One Stops that have co-located individual DOR vocational counselors, veterans representatives and supported employment service agencies.

Outside of California, research to date only identifies two similarly situated programs: one in Missouri (Missouri Department of Mental Health) and another in Minnesota (Resource). The information provided for these programs, however, does not indicate whether these co-located behavioral health services are adjunctive to the employment centers in the same way that Orange County proposes.

What makes Orange County's project potentially innovative is that it provides both a methodology for identifying emotional problems (assessments) and on-site support service staff to address these problems. Other programs and co-located entities mentioned appear to have been less institutionally structured to both identify and address behavioral health concerns on-site.

It appears that the County is trying to learn and possibly to establish if there is a "causal link" between emotional problems and unemployment. In part, research that the County has relied upon appears to question whether such a connection can be made directly. Goldsmith and Diette, researchers, cited by the County articulate this:

*Social scientists from a range of disciplines have provided cross-sectional evidence of a connection between unemployment and various indicators of mental health. However, these researchers recognize the potential for reverse causality where poor mental health can lead to joblessness and thus call their results into question. Numerous researchers attempt to address this problem by examining persons who switch over time from work to unemployment. However, their findings supporting the link between unemployment and a decline in emotional well-being, although compelling, are not definitive evidence of a causal link because something unobserved by the researcher may have changed before the onset of unemployment that damaged a person's emotional wellbeing. . . .A second shortcoming identified by Kessler, Turner and House (1988) in conventional studies using both cross-sectional and panel data is the selection into unemployment on the basis of prior mental health.*

### **The Community Planning Process**

Orange County conducted its community planning process for this Innovation in Fiscal Year 14/15. They state that they developed strategies to assist stakeholders throughout the process of community meetings, including providing clear definitions of the process and criteria to be used for vetting Innovation projects. They also provided stakeholders with a template for submitting ideas and provided them technical assistance via Q & A about projects that were being considered. These questions and responses are included on the County's website.

Five community stakeholder meetings were held regionally throughout the County.

*Participation in these regional meetings included consumers, family members, providers, and individuals representing the larger health care community in Orange County that have an interest in behavioral health care.*

*Invitations for participation were sent to consumers and consumer organizations as well as to individuals who represent safety (e.g., Probation and Sheriff), education, faith communities, physical healthcare providers (e.g., CalOptima, hospitals, community clinics), Social Services Agency), among others. Interpretive services were available for each of the meetings to remove barriers to participation for those whose primary language was not English. (Orange County New Innovative Project Description, page 2)*

This process generated thirty-one project suggestions submitted to the County. Behavioral Health staff reviewed the suggestions for fit with Innovative Project criteria and conducted a literature review to assess whether these ideas had been tried previously or if they had, if was there something about the Orange County suggestions that differentiated them sufficiently from the previous Innovation project.

Projects that passed both these preliminary levels were then presented to the MHSA Steering Committee. “The MHSA Steering Committee voted for the Employment and Mental Health Services Impact project proposal to move forward for consideration and formal submission to the MHSOAC for approval.” (Orange County New Innovative Project Description, p.3)

### **Learning Objectives and Evaluation**

Orange County states that the goals of this project will be to:

1. Increase participant access to community behavioral health and supportive services/programs.
2. Improve participant knowledge and/or awareness of behavioral health resources.
3. Improve participant behavioral health outcomes.
4. Improve participant global health. (Orange County New Innovative Project Description, p. 5)

The County intends to start the data gathering process in the second year of the project (first full service year) by collecting intake/exit data and documenting the types of services provided, types of trainings a participant may attend, referrals and linkages to other community services and participation in actual treatment with onsite clinicians. (Orange County New Innovative Project Description, p. 5).

The description of the learning objectives and evaluation methodology for this project closely mirror the statements provided in the County’s Job Training and On-site Support for TAY project, also before the Commission. In both cases, the County’s specification of its learning objectives and evaluation approach needs further clarification.

### **The Budget**

The project is to be contracted out to a community-based organization and so the County is only estimating suggested line item costs. The County indicates that the actual budget will depend on the selected provider’s proposal. Therefore, staffing and other expenses

are contingent upon the contract provider's final budget. The County's proposed budget should clarify what expected costs will be for contracted services versus direct County costs.

The projected budget is \$1,645,657 over the five (5) year project. Evaluation costs estimated for this project are \$197,814, or approximately 12% of the total plan costs. The breakout for the evaluation dollars is as follows:

5% from Personnel (\$750,000) =	\$37,500
5% from Operating Expenses (\$303,000) =	\$15,150
5% from Non-Recurring Expenditures (\$15,000) =	\$750
25% from Other Expenditures (\$577,657) =	\$144,414

As mentioned above, there do not appear to be any specific budget allocations or differentiation for administrative costs, although much of the Other Expenditures category appears to be for administrative expenses.

This project proposal has evolved considerably from the project described in the County's fiscal year (FY) 2015/16 Annual Update (Orange County MHSA Annual Update, pp. 246-248). The County is asking the Commissioners to approve a total Project amount of \$1,645,657 for five (5) years, considerably more than the one-year funding amount included in the Annual Update discussion. The County does not clarify in its proposal how these new project amounts were determined.

### **Additional Regulatory Requirements**

The County could provide clarifications regarding budget items (including administration expenses and proposed purchase of software) and more clarity on the actual need for this service. The proposal as presented appears to meet or exceed other minimum regulatory requirements.

### **References**

Goldsmith, A. H. & Diette, T. M. (2012). "Exploring the link between unemployment and mental health outcomes." *The SES Indicator*, 5(1). Abstract

Orange County Board of Supervisors Meeting minutes June 2, 2015 [https://docs.google.com/gview?url=https%3A%2F%2Focgov.granicus.com%2FDocumentViewer.php%3Ffile%3Docgov\\_b985024cbcfec03d66fce25a3b04c04f.pdf%26view%3D1&embedded=true](https://docs.google.com/gview?url=https%3A%2F%2Focgov.granicus.com%2FDocumentViewer.php%3Ffile%3Docgov_b985024cbcfec03d66fce25a3b04c04f.pdf%26view%3D1&embedded=true). Accessed September 13, 2016.

Orange County MHSA Annual Update, FY 15/16.

Orange County New Innovative Project Description. September 1, 2016. "INN 03-003 Employment and Mental Health Services Impact."

Missouri Department of Mental Health. "Mental Illness." Accessed September 7, 2016. <https://dmh.mo.gov/mentalillness/adacpsemploymentservices.html>.

Resource. "About Resource." <http://www.resource-mn.org/about-resource/>. Accessed September 7, 2016.

Wikipedia. "CA Unemployment Statistics." Accessed September 7, 2016. [https://en.wikipedia.org/wiki/California\\_unemployment\\_statistics](https://en.wikipedia.org/wiki/California_unemployment_statistics).