Trinity County Behavioral Health

Innovation Proposal 2018

Primary Problem

Trinity County is extremely rural. There are only two main highways that allow travel through the county: SR 299 and SR 3. Both are subject to closures resulting from rock slides, wildfires, and inclement weather. Although the county has enjoyed 'boon' years due to the timber industry, in general the economy is not very strong; approximately 19% of the population live in poverty. Isolation and poverty both contribute to an overall lack of resources for county residents including access to services to help address and reduce mental health crisis.

Trinity County Behavioral Health Services (TCBHS) has spent the last seven years building its capacity to support the mental health needs of the community through the implementation of Mental Health Services Act (MHSA) programs. One of the first programs to be implemented under the Community Supports and Services (CSS) component of the MHSA was a wellness center staffed by peers that offers recovery and resiliency- oriented services. This marked the first shift away from the typical medical model approach to addressing the community's mental health needs by utilizing the lived experience of individuals in recovery.

It rapidly became apparent how useful peer support was in supporting clients to focus on their recovery and re-establish meaningful roles in the community. Individuals who were regularly participating at the wellness center were, in general, functioning better than those who were just attending traditional services. Going hand in hand with the effort to focus on recovery and lived experience was the purposeful planning to create both a career pathway for clients and family members as well as more meaningful roles within the county mental health system. Another overarching theme was emphasis on improving the quality of mental health services delivered in the county.

In 2009, with these elements in mind, Trinity County Behavioral Health conceptualized its first Innovation plan. This first plan encompassed efforts toward capacity building, increasing the prominence of peer support, and improving psychosocial outcomes for individuals. Trinity County Behavioral Health used funds from Capital Facilities and Technology Needs (CFTN) component along with CSS revenues to fund the purchase of a home for the county's board and care facility, Alpine House. This facility would allow full service partners who were, at the time, placed out of county to come home to be nearer family and other support systems. Alpine House is a six-bed facility with the sixth bed being designated as 'respite.' Although the respite strategy is not new to the mental health field, it was new to Trinity County especially as it was coupled with intensive peer support provided by staff anchored at the wellness center. The idea that peer support would prove beneficial in ameliorating additional crises for persons who had been admitted to the respite bed was demonstrated in the reduced number of out of county hospitalizations and use of crisis services.

Trinity County Behavioral Health Services
Proposed New Innovation Plan June 2017

Trinity County initiated a second Innovation project with a learning question that again focused on the effectiveness of peer support. In this program, peer staff took the lead during crisis intervention for individuals who presented at the agency or wellness center in crisis. Trinity County was hoping to implement this strategy to discover if this would successfully reduce the use of the emergency room at the local acute care facility by individuals experiencing a psychological crisis. Hospital indicators are the most significant indicator of success of the Innovation program. During the time frame from April 2012 through March 2013, there were 32 hospital admissions with 279 bed days used/ During April of 2013 through March of 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 the next year, during the same 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. These outcomes indicate that the Innovation plan is useful in helping Trinity County reduce bed days and hospitalizations. Additionally, anecdotal responses gathered from individuals who met with a peer specialist when he or she was experiencing a crisis indicate that this level of response was successful in keeping the crisis from rising to the level of psychiatric emergency. Additionally, membership at the wellness center has increased as it is being utilized as a stabilizing resource for individuals dealing with a variety of challenges in addition to mental health symptoms.

This brief summary of Trinity County's Innovation plans underscore the main problem with which the county struggles: lack of services, specifically services for individuals experiencing or at-risk for a crisis. Although respite interventions and peer support are not new concepts in terms of mental health strategies they introduce a much-needed fresh perspective in frontier areas like Trinity County that still harbor significant mental health stigma. Peer support that engages people in mutually supportive nonmedical relationships based on respect, shared responsibility, and agreement of what is helpful is a well-researched and documented practice in more urban areas (Chinman et al., 2014; Mead, 2003). Introducing this strategy in a frontier setting is not only providing quality direct services to individuals in need who have few other options, but also working to change the macro-level system that is the community and how it perceives individuals with a mental health diagnosis and recovery from a mental health disorder (Segal, Silverman, & Temkin, 2013). Trinity County is endeavoring to make a real change to standard mental health practice in Trinity County by implementing a peer respite program in a rural setting to improve access to services

Historically in Trinity County, if a person is experiencing a psychiatric crisis he or she would be evaluated at the local emergency department and then hospitalized if he or she met criteria. This involves transporting the individual to a psychiatric hospital located outside of the county, sometimes hundreds of miles away and over narrow mountain roads that are often negatively impacted by weather. Travel out of the county means multiple hours in the vehicle in order to reach the nearest psychiatric facility with an available bed. In some instances, transportation to a psychiatric facility must be done via an ambulance versus a county vehicle referred to as a 'cage car'. In either case, travel to the psychiatric facility can be destabilizing to the consumer. Not only did this represent a significant cost to the county it also represented a substantial gap in the quality of services. Individuals who were hospitalized out of county were isolated from their natural support systems and then also faced the stigma of a psychiatric hospitalization. Trinity's respite bed allowed individuals (who were assessed and determined to be in crisis but not in need of psychiatric hospitalization) to remain connected to their community, friends, and

families. Receiving peer support that delivered strengths- based support and social learning opportunities helped these consumers manage stressors in multiple life domains which worked to prevent subsequent crisis episodes.

Although Alpine House, Trinity County's board and care facility, represents an important addition to the county's system of care it still presents a barrier to immediate and necessary services for clients in crisis. Due to Community Care licensing standards, admission into the respite bed sometimes takes days.

The county plans to add to its compendium of services by building a peer respite -- Cedar Home. Similar to other peer respites around the state and across the nation, this program will serve individuals who are experiencing or at-risk of a crisis yet do not meet the criteria for a psychiatric hospitalization. Cedar Home will be run by qualified peer staff that will oversee the daily operations and will work closely with the clinical deputy director and crisis triage manager to identify individuals who would most benefit from a stay at the home. The peer that will be hired to fill the role of Cedar Home Peer Liaison will be an individual with lived experience and who has achieved stability in his or her own mental illness recovery. Additionally, this individual will have on the job experience and/or an educational background focusing on psychiatric rehabilitation strategies. The official county job classification for this position will be a Case Manager II. Peer run crisis diversion programs are not without precedent, however Trinity County is extremely rural and lacks significant depth of service.

What Has Been Done Elsewhere to Address Your Problem

Peer respites exist in other areas both in California and in other states and the number of programs is growing every year (Ostrow & Croft, 2015). According to the clearinghouse for information about peer respites in the U.S., www.Peerespite.net, there are several peer respites currently in operation in California, and more planning to open in the near future due to the CHFFA grant that Trinity was also awarded. The oldest is 2nd Story Peer Respite located in Santa Cruz; there are also two in Los Angeles County: Hacienda of Hope in Long Beach and SHARE Recovery Retreat in Monterey Park. What these homes (and the others that are planned) have in common is that they are located in areas where there have plentiful resources; they fit into an already robust system of care that exists in these suburban and urban areas. Nevada County opened a peer- and family member-staffed respite home in 2015. While it is a rural area, Nevada County typically has more robust mental health supports for its residents than its more rural counterpart Trinity County. Also, unlike Nevada County, Trinity plans to implement an entirely peer-staffed peer respite.

Systematic reviews of the evidence for peer support consistently find that it has positive impacts on reducing inpatient and emergency services utilization (Chinman et al., 2014; Pitt et al., 2013). Specifically, a 2015 quasi-experimental study of a peer respite suggests that those who used peer respite were subsequently 70% less likely to use psychiatric emergency services, compared to other, similar mental health clients who did not use peer respite (Croft & Isvan, 2015). This study also found that for those peer respite users who also used psychiatric emergency services, the length of stay in the peer respite significantly reduced inpatient and emergency service hours. However, there is little research targeting the implementation and effectiveness of peer support in extremely rural areas like Trinity County.

Therefore, Trinity County is asserting that -- despite its existence in other settings -- peer respite is innovative in a 'frontier' context. As a frontier community, Trinity County is short on

resources, including a notable shortage of health care professionals. One of the strategies in place to address this shortfall is participation in the Superior Region WET Collaborative which creates educational pathways for individuals working in the mental health field. Another strategy to address the health care professional shortfall is to hire individuals with lived experience and provide them with psychiatric rehabilitation training. Individuals who have participated in these programs have been able to provide quality peer support as well as more traditional therapeutic interventions.

The Proposed Project

To continue Trinity County's exploration into implementing effective peer supports that are tailored to the community's unique needs for quality services that promote better outcomes, we are in the process of opening a peer respite, called Cedar Home. Specifically, this proposed Innovation plan will allow Trinity County to hire a house manager for Cedar Home. The house manager will be an individual with lived experience who has training in peer support and will supervise other peer support staff at the Cedar Home. This lead staff will also be responsible for interfacing with the Trinity County Behavioral Health Services triage crisis manager. The Cedar Home Peer Liaison/Case Manager II will be experienced in the delivery of psychiatric rehabilitative services and will be able to provide high level case management, to consumers both with and without, Medi-Cal benefits.

Thus far, Trinity County has focused its innovation efforts on testing whether peer support improves outcomes and quality of services. In the first iteration of its Innovation Plan, Trinity County delivered peer support to individuals who were admitted into the respite bed at the county's board and care facility. The next phase introduced intensive peer support to individuals who utilize the wellness center for stabilization. Next, the county tested the effectiveness peer support in terms of crisis intervention. Peer staff were identified as the first point of contact for individuals that were presenting in a crisis. The overarching result from each phase of this project was the reduction of bed days, out-of-county hospitalizations, crisis evaluations at the emergency room and repeated crisis episodes.

In May of 2016 Trinity County was awarded a grant from the California Health Facilities Financing Authority (CHFFA). The Peer Respite Care grant has provided the county with $750,000 to build a new home that the county intends to use as a peer respite. The county will braid Innovation funds with the CHFFA grant in order to establish Cedar Home Trinity County's peer respite facility. While the CHFFA money will be used to construct the building, Innovation dollars will be utilized to create and test peer respite programming.

Trinity County has approximately $89,000 available for its Innovation allocation. With these funds Trinity County plans to hire one staff (FTE). This staff member will oversee organizing the everyday operations of the house, including meal planning, organizing activities, and linking guests to resources in the community. More importantly this individual will be skilled in delivering psychiatric rehabilitation interventions while utilizing his or her lived experience. While performing these essential tasks this individual will also be utilizing his or her lived experience to provide consumers with recovery and wellness focused interventions.

The staff chosen for this role will not only have lived experience to draw from but will have an educational background in psychology, social work, or participation in psychiatric rehabilitation trainings or certification programs. This individual may also be a substance use disorder specialist. The staff hired for the role will be required to complete additional training beyond that

received during his or her educational experience so that they gain specific expertise in using lived experience to support others. As is the practice standard in other peer respites (Ostrow & Croft, 2015), this training will be Intentional Peer Support (IPS: www.intentionalpeersupport.org) and will help further hone the individual's skills to support consumer empowerment, advocacy, and self-determination. IPS is a trauma-informed model that enables peer supporters to provide crisis support by building healing, trusting relationships (Mead, 2009). This involves a process of mutual helping based on the principles of respect and shared responsibility, in which individuals help themselves and others through support and advocacy to empower people to participate in their communities and achieve independence (Mead, 2009).

This lead peer staff/house manager will work closely with the crisis triage manager who will interface with various county agencies that are integral to crisis response. This peer staff will be able to provide guests with intensive peer support that will help de-escalate crisis situations and help the consumer access applicable resources in the county. Additionally, this peer staff will promote connections with Milestones Wellness Center. Milestones Wellness Center is available to persons who wish to focus on wellness and recovery. The wellness center is structured around a 'membership model' with the goal of encouraging a sense of mutuality and safety in relationships. The "Membership" is an inclusive structure in peer-run programs, as opposed to the "client" role in many other mental health services, which emphasizes passive acceptance of services (Ostrow & Hayes, 2015). In a membership model, members are encouraged to build alliances (Holter, Mowbray, Bellamy, MacFarlane, & Dukarski, 2004). Access to the center can help a consumer further stabilize by benefitting from the recovery focused activities and through interaction with peers.

Cedar Home guests may or may not have an open Anasazi chart (Trinity County's health record system for county clients), but if he or she does have an open chart he or she will have a treatment plan outlining treatment goals. Treatment goals and movement toward these goals can also be tracked through the Milestones outreach support team interventions. Interventions for peer respite guests will primarily focus on rehabilitation and strengths-based model case management approaches. In addition to Intentional Peer Support, peer staff at Cedar Home will be trained in solution focused and motivational interviewing strategies, which will be important tools in assisting consumers to capitalize on their strengths. Emphasis will always be placed on transitioning the consumer back into his or her meaningful roles in the community.

Like other peer respites, Cedar Home will have an advisory group composed of a majority of appointees who have personal experience with psychiatric diagnosis, trauma, addictions, homelessness, and other significant life challenges. The Cedar Home Peer Liaison will be primarily responsible for getting this advisory group off the ground, with the support of Trinity County and Milestones staff as-needed.

The Cedar Home advisory group will not have fiscal oversight but will take an active role in helping the agency implement its goals and objectives and represent the interests of the peer respite within Trinity County. With a focus on the peer respite, they will advise on policy and procedure, provide guidance that helps staff solve day-today problems, and offer a forum for program stakeholders to communicate their opinions, share their expertise, and coordinate services.

Over the last 9 years Trinity County has meaningfully expanded the services available to consumers in the community. The county has assertively moved away from delivering only

traditional interventions to strengths-based services that encourage consumer empowerment, self-determination, and emphasize the value of lived experience. Just as opening the wellness centers and Alpine House created depth in the mental health services available in the county, Cedar Home will be the next step in this continued development. Mirroring this growth will be the county's continued focus on the importance of lived experience in the delivery of quality mental health services.

Innovative Component

According to www.PeerRespite.net, the majority of peer respites have been opened in the last ten years (Ostrow & Croft, 2016). Peer respites may be a relatively new crisis intervention strategy, but it is obvious that they are, at the very least, considered a promising practice. Research exists regarding the effectiveness of peer respites but the settings for these respite homes are nearly always urban or in areas that are considered rural but where there is access to services that are varied and available. Conversely, Trinity County is adapting a strategy for use in a frontier setting where there is paucity of and a great distance from resources designed to assist individuals in addressing mental health or substance use symptoms. To our knowledge, this is unprecedented. Trinity County asserts that a peer respite home couple with peer support programming will go a long way in addressing the provider shortage that exists in the county and further foster the integration of mental health, substance use and wellness programming that has been the county's continued focus since the inception of the county's wellness centers.

Trinity County's initial innovation project set out to determine if peer support delivered to individuals utilizing the respite bed would reduce the instances of subsequent crisis episodes and work to reduce out of county hospitalizations. At the end of this initial project it was determined that out of county hospitalization did decrease as did instances of crisis for individuals who received peer support while staying in the respite bed. Additionally, the success of this program worked to further embed peer programming into the county mental health system. Building on this success, Trinity took the idea of peer support to the next level. The next learning question for Trinity County was to discover if peer support provided to individuals presenting in crisis at the wellness center would reduce the burden on the local emergency room and law enforcement in terms of psychiatric crisis intervention. Our data demonstrates that this an effective intervention.

Trinity County is working to build capacity for services that are easily accessible and available to community members. Cedar Home is another step toward creating a variety of choice in terms of service delivery. The innovative component of this proposed plan is taking a strategy that works in a larger and more resource rich environment and implementing it in a more resourced challenge setting. Instead of being just one of many resources available in a community, Cedar Home will be one of the *most* key resources available to consumers. It will be incumbent upon the peer respite program to meet the needs of consumers who are in crisis while at the same time reduce the number of instances those in a psychiatric crisis are seen at the local emergency room, provide case management to guest and work seamlessly with Trinity County Behavioral Health Services as well as other partner agencies. While Trinity County has 'discovered' from its previous innovation projects that peer support improves quality of services and outcomes, it has yet to discern if a peer respite will be as effective. It is in this way that a peer respite will be considered innovative in Trinity County.

Learning Goals/Project Aim:

The overarching aim of the project is to further the county's exploration into the effectiveness of peer support and peer interventions. This includes measuring improved outcomes and improved service delivery. This project represents the natural next step in the county's efforts to embed peer support into the standard repertoire of services. The county will focus on improving outcomes and quality services by creating a peer respite home in a very rural, low resourced setting. Although there has been research into the overall effectiveness of peer respites there is little to no data that demonstrates how, in a rural context, a peer respite will perform. As described below in more detail, we propose that measure performance by the degree to which the peer respite reduces: out of county hospitalizations, use of the local emergency room for psychiatric crisis, and overall crisis stabilization.

Depending on how well Trinity County's peer respite performs, this strategy may prove to be a key resource for other rural locations to consider. During the development of this plan, Trinity County has reached out to other peer respite programs to discuss possible barriers to implementation as well as lessons learned from the day-to-day operations of the facility. Because of the unique setting Cedar Home will have its own set of struggles.

Evaluation or Learning Plan:

Trinity County anticipates that this program will serve approximately 200 individuals annually. The effectiveness of Trinity County's Innovation program will primarily be determined by whether the peer respite provides consumers with support to ameliorate or reduce future crisis episodes, how well the services delivered through the program move the consumer further on his or her personal journey toward recovery, and finally, how the program met client needs in addressing his or her crisis situation. The goal for this project is to discover if peer respite in a frontier setting can improve quality of services including outcomes, and to develop a sustainable peer support program model for Trinity County. We also aim to measure the processes and implementation of peer respite in a frontier county, with the goal of informing continuous quality improvement for Cedar Home and provide lessons learned for other rural/frontier peer support and peer respite programs across California and the nation. The Cedar Home advisory group will be particularly important in helping us understand the impact of the program on our community. There will be several ways that the county will collect data in order to measure the impact of the proposed Innovation project.

Fidelity/Implementation

It will be important for Trinity County to take a very 'hands on' approach to fully understand how the program is functioning in this frontier setting. To appropriately guide this process, Trinity County can consult existing fidelity measures of peer-run programs. For instance, measuring the process of peer support is important in demonstrating that peer respites are fundamentally different than other crisis services. Trinity County has opted to utilize The IPS Core Competencies measure, developed with federal research funding from the U.S. Department of Health and Human Services and currently being used in other peer support evaluations (http://www.peerrespite.net/toolkit/#Step2) will be used to measure how guests experience peer support in the respite.

This tool is designed specifically to measure the personal experience of the consumer using the respite home and to provide feedback as to how effective and impactful peer support was from

his or her perspective. It will also help us learn more about how peer support is being provided at Cedar Home and aid our understanding of areas where staff training might be needed. Additionally, information about the process of peer support will complement our interpretation of the outcomes evaluation. Trinity County is planning to measure a reduction in future crisis experienced by consumers using the peer respite. In order to do this Trinity County will be monitoring the number of hospitalizations and bed days. This information will be gathered from administrative data.

Just as measuring the quality of peer support is important to monitor the success of the Cedar Home and its innovative peer run programing, it will be necessary for TCBHS to maintain an ongoing dialogue with local law enforcement. The goal of Cedar Home and the proposed Innovation project is to reduce the number of psychiatric crisis calls to which the sheriff's department responds. Trinity County has been gathering numbers of these contacts for the past three years and these will provide good baseline data for the project. Input from the sheriff department will provide excellent insight into the effectiveness of the referral process and the overall effectiveness of peer programming in minimizing re-occurring crisis episodes.

These numbers will be gathered and analyzed in order to determine trends. Analysis of the data will be completed, and reports will be prepared for presentation to stakeholder groups, the Trinity County Behavioral Health Board, and the Trinity County Behavioral Health Quality Improvement Committee (QIC).

Emergency Service Utilization

Trinity County is using its Innovation program to explore whether peer respite programming is successful in reducing the numbers of individuals that present at the local acute care facility with a psychiatric crisis as well as the number of out of county hospitalizations.

The county has four years of data that tracks the number of hospitalizations for individuals who meet criteria for a 5150 hold. Trinity County will average the number of yearly hospitalizations and then work toward reducing this average by 20%. Additionally, Trinity County will concentrate on reducing the use of the ER by those who are experiencing a psychiatric crisis. The county also has these numbers and will average the annual total and then work toward reducing the usage by 20%.

TCBHS currently records all information related to crisis calls, including those which originate or result in visits to the ER, as well as any and all psychiatric inpatient utilization. TCBHS reports our psychiatric bed day and emergency room utilization to the Quality Improvement Committee. TCBHS has an MOU in place with both the Sheriff and the local hospital making it easy and immediate for TCBHS to be notified when a consumer arrives at the ER struggling with a psychiatric crisis. Since TCBHS is aware of every crisis in the county which occurs and proceeds to the hospital, this aids in the gathering of accurate and consistent statistics.

Analysis of this data will determine whether or not the county can demonstrate that the peer respite reduces instances of hospitalization and use of the emergency room. This data will be collected from the time that Cedar Home is opened to guests, roughly April 2018, to the completion of the proposed project which will be June 30th, 2019. A final report will be created for presentation to the Mental Health Oversight and Accountability Commission, Trinity County Behavioral Health Advisory Board, the annual MHSA focus groups, community stakeholders

and the Cedar Home advisory group, and the Trinity County Behavioral Health Service Quality Improvement Committee.

The following table describes outcome measures that will be used and how information gathered will be available for other counties, stakeholders, consumers, and family members to review:

Trinity County Data Sources for tracking Cedar Home Respite Project

Data Tool	***Outcome domain***	***Who Collects Source***	***Collection method***
ER Visits Log	Service utilization	Triage Worker or Peer Specialist	Triage Crisis Log
Sheriff Contacts Log	Service utilization	Triage Worker or peer specialist	Triage Crisis Log
Bed Days Spreadsheet	Hospital bed days utilization	Medical Records	Anasazi & Paid Invoices
Cedar Home Entry Survey	Demographics	Triage Worker or Peer Specialist	Electronic Survey administered during entry process
Cedar Home Exit Survey	Disposition	Peer Specialist	Electronic Survey
Consumer Satisfaction Survey	Consumer's experience	Guest	Online Survey / Research.net
Cedar Home Family Satisfaction Survey	Satisfaction of families who were involved	Peer Specialist	Online survey / Research.net
Cedar Home Partner Agency Survey	Agency Satisfaction	QIC Coordinator	Online survey / Research.net
Trinity Incarceration List	Jail entry form	QIC Coordinator	Electronic form

Figure A.

Service Use Experience/ Person Reported Outcomes

It will be important to gather data from individuals who utilize the Cedar Home who did not meet criteria for a 5150 but were struggling with a potentially destabilizing psychosocial crisis. Outcomes of interest in this area may include: social connectedness, establishing or re-stablishing roles in the community, and overall mental health functioning. Furthermore, feedback regarding the Cedar Home resource will need to be gathered from family members of individuals who use the program. Instruments to gather this information will be identified through consultation with the Cedar Home advisory group, contractors, program staff, consumers/family members and community members.

Trinity County understands how important it will be to accurately track and analyze data gathered throughout this project. Not only will stakeholders, consumers and family members be interested in the overall efficacy of the program other rural counties will potentially be interested in how well this project worked. To that end, Trinity County has assembled a team to analyze the outcomes. A subject matter expert will be hired to consult on the evaluation and will assist the quality assurance (QA) team with analysis and dissemination of the data gathered. The QA team is made up of skilled administrative and clinical staff. In addition, this QA team will present findings to the entire Quality Assurance Committee for ongoing oversight and direction. Since the project will run twenty- seven (27) months there will be opportunity and more than likely, need, to revise the project in order to streamline processes and to improve outcomes. Stakeholders, consumers, and family members will be able to provide input regarding the project through the Behavioral Health Advisory Board and through the Quality Assurance Committee in addition to the ongoing surveys that will be gathered throughout the project (see figure A.)

Community Planning Process

Trinity County engaged in a robust Community Planning Process while developing this proposed plan for Cedar Home. There were three focus groups held to invite input from the community at large and key stakeholders. The focus groups were held in three varied community locations. The first was held in Hayfork at Horizons Wellness Center on February 22, 2017. The second was held in Weaverville at the main clinic located at 1450 Main Street on February 27, 2017. The third and final focus group was held in Southern Trinity at the community center located on Van Duzen Road on March 10, 2017. Each of these communities have a unique perspective as to the wants and the needs of the individuals residing in each location and in the county as a whole. Weaverville is considered the most ‘urban’ with a total of 3500 residents. Hayfork residents number approximately 2500 and Southern Trinity is the most rural with just under 500 residents.

In order to inform the communities about these focus groups and to invite participation flyers were disseminated widely. Information and invitations was sent to the Trinity County Office of Education, Human Response Network, Mountain Valley Unified School District, Trinity County Probation, North Valley Catholic Social Services, the Health and Human Services Department and the Southern Trinity Unified School District. In addition, flyers were placed in locations where members of the public could be apprised of the upcoming focus groups. These locations include the supermarkets in both Hayfork and Weaverville as well as the post offices in both communities. A community announcement was submitted to the Trinity Journal.

In general, the input gathered from stakeholders and community members through this round of focus groups was affirming to the county's ongoing efforts to incorporate peer support services into the array offered through community mental health, prevention and early intervention efforts offered through the county school districts and a continued focus on building capacity for crisis response by utilizing peer staff. Attendees were highly supportive of wellness and recovery-oriented programming that is offered at the county's wellness centers and that is integral to proposed Innovation project. An important part of this feedback was the concern that this new service would not be available to individuals in the outlying areas such as Hayfork and Southern Trinity. It was stressed that this proposed project is a 'pilot' study that will determine the effectiveness of peer respite in a rural setting and if deemed a success opens the door for similar programming offered in different locations in the future. It was also stressed that regardless of the location every effort will be made to support the residents of the county regardless of where he or she lives.

Trinity County has partnered with law enforcement, the acute care facility, faith-based organizations, the local non-profit social service agency as well as consumers and family members to conceptualize and implement Innovation programs. Input from these entities has proved integral to the shaping of programming and making appropriate changes as necessary throughout the duration of each Innovation program. Although community partnering is important in every county it seems especially necessary in rural areas simply because of the lack of depth overall community resources. This partnering has provided much needed feedback to Trinity County Behavioral Health regarding natural next steps for new or changed Innovation projects.

Although every effort is to include under-served populations in the community planning process, some groups do not attend despite outreach efforts. Trinity County Behavioral Health's partner agencies are included in the process through various meetings including the Behavioral Health Board meetings, occasional meetings with department heads and collaboration with the local non-profit the Human Response Network. The following table provides an at a -glance view of individuals who have provided input and who have not and the effort that the county is making to gather input from these identified groups.

Community Stakeholder Groups

	Provided Input Into INN Plan Via Focus Groups	**Provided Input into Inn Plan Via Advisory Board**	**Provided Input Into Inn Plan Via other means**	**Did Not Provide Input**	**County Plans to Engage for Future Contributions**
Adults and Seniors with SMI	Input from this population was gathered at the focus groups	Input from the plan was gathered from this group thru	Input on the plan was gathered from this group at the quality		

	(adults and seniors)	advisory board meetings (adults and seniors)	improvement committee (adults and seniors)		
Families of Children with SED			Input was gathered through input from a parent of three children with SED that believes a peer run facility is a community benefit but wishes the services could also be available to children		
Representatives of Unserved or Underserved Populations			Members of the Nor Rel Muk tribal council and tribal members have provided input on the plan through there participation at/relationship with the wellness centers	Latino Hmong	These populations have been identified as needing to be engaged but this remains a challenge. Contact has been made with members of the Latino community in order to being outreach and engagement strategies. TCBHS has contracted with the Hmong Cultural Center of Butte County for technical assistance on outreach efforts to the county's Hmong community.

Family Members of Unserved Underserved Populations			Members of the Nor Rel Muk tribe have provided input regarding the county's MHSA programs through ongoing participation at the wellness centers and in some circumstances through feedback given during informal conversations with TCBHS staff.	Latino Hmong	As stated above efforts will be made to engage family members of Latino or Hmong individuals who may be receiving services and to encourage these family members to participate focus groups or on the advisory board
Consumers That Reflect Cultural and Ethical Diversity of TCBHS Consumers	Individuals who represent the culture of 'rural poverty' which is prevalent throughout the county. This group was very supportive of the Cedar Home and also the accompanying Innovation program that focuses on peer support.			Latino Hmong	See the previous comments regarding plans for future engagement of these populations
Providers of Services			There are a limited number of outside providers of service in the county. These providers serve the less chronically mentally ill in the community. There are three in total. Two of		

			these providers have been in contact with the agency and have inquired about the 'Recovery Model" and the philosophy of 'lived experience'. At this time the Innovation Plan was discussed. Although the providers are somewhat unfamiliar with this ideology they agreed that peer support would be useful in providing interventions to other experiencing similar symptoms.		
Law Enforcement Agencies	Staff from the probation department attends the focus group every year. Input gathered from this person has been consistently in support of peer support including the idea of a peer respite home.	The sheriff is a member of the TCBHS advisory board and has provided input about the Innovation Plan. He also provides regular feedback on the SB 82 project. In general, he has been supportive of both the Cedar			

		home as an added community resource and peer support as an effective intervention.			
Education	Many teaching, admin and counseling staff from the area's schools participate in the yearly MHSA focus groups. Overall, these individuals support Cedar Home and the hiring of individuals with lived experience to support recovery and wellness.				
Social Service Agencies			Staff from partner agencies have provided input on Innovation Plan through occasional meetings with management staff from TCBHS as well as through unofficial communications These staff are very supportive of the Cedar Home and the embedded peer support programming.		

Veterans					Trinity County has made ongoing efforts to outreach to individuals who identify as veterans. Most of these attempts have been ineffective due to other services specifically for veterans. Efforts are still underway to engage this group in order to at least provide input on programming.
Representatives From Veteran Organizations					TCBHS has outreached to the county's Veteran's Services Officer with little return response.
Providers of Substance Abuse Disorder Services		The Substance Abuse Services Admin. is a member of the Behavioral Health Advisory Board. This person supports the recovery model and the value of lived experience.			

		The administer states that Trinity's new Innovation plan is a logical next step for the continued shirt toward the recovery paradigm.			
Health Care Organizations			Input from health care organizations was gathered through meetings between administrators of the acute care facility and TCBHS Clinical Director. Although, the idea of the recovery model and peer support remains a new concept for the administrators. This iteration of the Innovation Plan was determined to be helpful in reducing the use of the ER for a psychiatric crisis.		

Target Population

This Innovation project will focus on the same populations as the county's other Mental Health Services Act program. The concentration will be on what have been determined to be underserved populations within in the county. These groups include those struggling with significant rural poverty, Latinos, Hmong, and Native Americans. This program will be available

to any community member over the age of 18 who needs to utilize respite space and peer support. Trinity County Behavioral Health Services has an ongoing collaborative relationship with the Nor Rel Muk tribal council members of the tribe can easily be referred to the Cedar Home to receive needed support. Ongoing efforts to establish relationship with the Hmong community will be made in order to ensure Hmong individuals are aware of this new community resource. Additionally, TCBHS is outreaching to the Latino community whose members will also potentially benefit from peer respite facility and the supportive peer programming offered. Trinity County Behavioral Health Services has strived to provide staff with a variety of cultural raining designed to increase the overall sense of cultural humility among its staff. These trainings have focused on the LGTBQ community and the special challenges that this community often face. The Cedar Home will be a safe place for an LGTBQ individual to seek refuge from a mental health crisis. It is an ongoing goal of TCBHS to embrace the rich tapestry made up of the varied individuals who make up the community, and to provide equal opportunities to all community members to be trained and hired as peer support staff at Cedar Home and Milestones.

Trinity County pays, on average $136,574 per year for out of county hospitalizations. It is the hope that the Cedar Home will reduce the amount of psychiatric hospitalizations the county will complete but will also meet the needs of others in the community who are struggling with a crisis but that does not require a 72-hour hold. It is estimated that around 200 individuals will be served by Cedar Home during the course of a year. The duration of each stay will be up to two weeks. The need for a longer stay may be necessary at times with the approval of the clinical deputy director and triage crisis manager. These individuals will be mental health consumers, people struggling with a serious mental health issue or those who have a mental illness and are seriously struggling to handle a psychosocial crisis.

MHSA General Standards

In terms of the general standards stipulated in the California Code of Regulations (CCR) Trinity County is confident that the new Innovation project meets them all. Community collaboration has been key for any MHSA program to be implemented within the county and this new Innovation project will be no different. Through focus groups, advisory board meetings, quality improvement committee meetings, interactions with partner agencies and individual providers it has been determined that the Cedar Home and the embedded peer focused programming will serve a very important function by promoting an environment focused on safety, wellness, and rehabilitation. The Cedar Home is poised to become a very important resource within the community and will succeed in adding new depth to the services that are currently in place within the county.

Trinity County will continue to focus on providing quality services to individuals with an eye toward cultural competence. Admittedly, Trinity County lacks significant ethnic, linguistic, or spiritual diversity at this time. However, Trinity County Behavioral Services has a robust and active cultural competency committee including two members with lived experience. Due to this committee's efforts, regular culturally focused trainings are offered to staff, partner agencies, consumers, and family members. Some examples of the trainings offered are: Latino culture, Hmong culture Naïve American culture, spiritual diversity, LGTBQ culture, consumer perspective and cultural of poverty. Members of the Native American, Hmong, Latino and LGTBQ communities all represent under-represented populations in the county and outreach efforts to engage these groups are ongoing.

Trinity County has been very successful in its outreach efforts to the Native American community as evidenced by an ongoing relationship with the tribal council and members of the Nor Rel Muk tribe which are the indigenous people of Trinity and neighboring counties. Two staff have considerable knowledge of the Latino culture and one of these staff is semi-fluent in Spanish. These staff help in the creation of informing materials available to persons whose preferred language is Spanish. Peer staff that are employed at the behavioral health agency have grown up in the area and have the unique ability to perform successful outreach and to build relationships with the most geographically isolated individuals and who come from the most poverty-stricken areas of the county.

The new Innovation plan is client driven in that peer respites are entirely voluntary, meaning that clients determine whether or not a stay at the Cedar Home would be a benefit. Peer staff will utilize his or her lived experience to support the consumer in his or her choice to seek respite at the house and to formulate a viable discharge plan. Peer staff have a unique advantage in making a meaningful connection with the consumers that they serve. This connection will be integral to the Innovation plan goal of improving the quality of services and the outcomes of the consumers who stay at Cedar Home.

During the stakeholder process, family members of individual who would likely utilize the respite house were pleased to know that this resource would soon be available in the community. More importantly, family members of those experiencing crisis will be able to remain in close contact with their loved one. The family members stated that they are much more comfortable helping their family member access a stay at the respite home than taking he or she to the hospital to be evaluated. It is understood that this home like setting will allow a family member to support his or her loved one and to contribute helpfully to any intervention suggested. Additionally, the consumer will feel much less distressed and isolated knowing that his or her family and friends are accessible and that he or she is not having to endure a crisis in an austere clinical setting.

The peer staff at the Cedar Home will be in the unique role of taking the lead in the referral process. This process will be integral for the linkage to a variety of community resources but to integrating services that will promote the mental health of the consumer. Peer staff will be able to assist consumers seek temporary housing, apply for entitlements, access food pantries, connect him or her to faith- based support and seek medical treatment at the local clinic as necessary. All of these resources support the idea of holistic wellness, resiliency and recovery.

Continuing the Project

Trinity County Behavioral Health Services will ultimately decide whether or not continue this Innovation project based on the results of project evaluation. It follows that if the project meets the goals of improving quality of services including outcomes then the county would look to continue this successful program. The county would continue funding this program through its Community Support and Service (CSS) component of the MHSA as this project further embeds peer support programing into the traditional county mental health system. Historically, CSS component funds have been used to create county programs that focus on wellness and recovery. This iteration of the Innovation project is in keeping with this effort. On the other hand, in the unlikely event that this intervention is determined ineffective the Innovation project will be phased out and at that time the county would need to re-evaluate how Cedar Home programming will move forward.

Communication and Dissemination

At the culmination of the project Trinity County Behavioral Health will complete a final report that consists of a narrative and analysis of the outcome measures. This report will be presented to stakeholders at the Trinity County Behavioral Health Advisory Board meeting, the yearly MHSA focus groups. Quality Improvement Committee meetings and through various informal communications. In addition, the final report will be presented to the Mental Health Oversight and Accountability Commission. Trinity County will be willing to communicate findings to other counties. The report will be placed on Trinity County Behavioral Health's website. Input from stakeholders regarding broadening the communication effort will be gathered from consumers and stakeholders during these meetings and other interactions.

Timeline

Trinity County Behavioral Health estimates that the project will take approximately 27 months through implementation and evaluation. The program will begin in April of 2018 when recruitment for the peer support liaison commences. The Cedar Home will be opening sometime in May. Project tracking will begin as soon as the Cedar Home opens and enrolls consumers in the programming. TCBHS anticipates that the project will officially end June 30, 2020 at that time the final evaluation of the program will be completed, and a report will be created that will explicate lessons learned and whether the project will continue by being underwritten with other funds.

The project will be under continual evaluation with the final analysis of outcomes to be completed after the projects end date of June 30, 2020. It will be necessary for the county and stakeholders to review the results of the various outcome measures that will be used to evaluate the project. After this review is complete it will then be determined whether or not to continue the project on and what if any changes need to be made to the project to make it more effective.

Budget Narrative

Trinity County is proposing an Innovation project that will focus on the importance and effectiveness of peer support. This peer programming will be anchored at the Cedar Home that will be the county's peer respite facility. The peer staff that will be funded by Innovation dollars will be a case manager with lived experience and will be responsible for the day to day running of the respite home. In addition, this staff will also be key in the linkage of peer respite consumers to a variety of services available in the community. This staff will be skilled in the delivery of rehabilitation services and act as a liaison between the Cedar Home and Trinity County Behavioral Health Services including Milestones Wellness Center. Innovation funds will be adequate to fiscally underwrite the peer staff position however, other funding sources will be integral to the functioning of the program.

In FY 2017-18, TCBHS will open the peer respite home, Cedar Home in April 2018. Trinity estimates that the County receives approximately $89,000 annually for the Innovation Element of the MHSA. In the first quarter of operation, from April 2018 through June of 2018, we anticipate using $64,000 to fund salary and benefit costs for a full time Case Manager II position to oversee the operation of this facility and additionally the innovation project will cover much of the salary and benefits of TCBHS Triage Manager, who will oversee this Case Manager II and who will be responsible for activities associated with the startup. TCBHS anticipates using $6,000 to cover the cost of setting up an office/workstation for staff at Cedar Home. Of this we

anticipate expending $2,000 on computer equipment and $4,000 on office furniture. The remaining $19,000 we be expended to provide training and evaluation activities. $16,000 will be used to contract with an agency to provide Intentional Peer Support for the Case Manager II as well as the other Peer staff that will be hired to run Cedar Home on an ongoing basis. $3,000 during each fiscal year will be used to contract with Laysha Ostrow to assist the Agency in the evaluation of the Innovation project.

In FY 2018-19 and FY 2019-20, TCBHS anticipates using $86,000 to cover the salary and benefit costs of the Case Manager II and the balance of the Innovation allocation of approximately $3,000 each year will be used for the evaluation component.

1. Innovation dollars annually = $89,000: $3,000 will be used for the evaluation of the project to secure the consultant contract. The cost of the Peer Coordinator with lived experience will be $88,288 for salary and benefits in the first full year which will rise during the course of the project due to salary and benefit increases. (July 2018. through June 2019); TCBHS estimates that the salary and benefit costs for the liaison will increase to approximately $92,000 in FY 2018-19. TCBHS will cover the difference in these costs and innovation funding with other source funds.
2. Twenty-Seven (27) months total of Innovation funding will be $267,000 for the entire project. (April 2018 through June of 2020)
3. Trinity has estimated that the total cost for the operation of Cedar Home will be approximately $375,000 annually. Beyond the $89,000 from the Innovation allocation, $286,000 will be needed. Other source funds originating from Intergovernmental Transfer dollars; MHSA Outreach and engagement funds; Medi-Cal as generated from rehabilitation and targeted case management activities by the Peer Coordinator or other Cedar Home staff; Realignment revenues that stem from the hospital savings realized from the 2011 Managed Care Subaccount, all of these will be used to support the operation of the Cedar Home. (April 2018 through June 2020)

A. New Innovative Project Budget by FISCAL YEAR (FY)*							
EXPENDITURES							
PERSONNEL COSTs (salaries, wages, benefits)		**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY xxxx**	**FY xxxx**	**Total**
1.	Salaries	**64,000**	**86,000**	**86,000**			**236,000**
2.	Direct Costs						

3.	Indirect Costs						
4.	Total Personnel Costs	**64,000**	**86,000**	**86,000**			**236,000**
OPERATING COSTs		**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY xxxx**	**FY xxxx**	**Total**
5.	Direct Costs						
6.	Indirect Costs						
7.	Total Operating Costs						

NON RECURRING COSTS (equipment, technology)		**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY xxxx**	**FY xxxx**	**Total**
8.	**IT/Computer**	**2,000**					**2,000**
9.	**Office Furniture/Equipment**	**4,000**					**4,000**
10.	Total Non-recurring costs	**6,000**					**6,000**
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY xxxx**	**FY xxxx**	**Total**
11.	Direct Costs	**19,000**	**3,000**	**3,000**			**25,000**
12.	Indirect Costs						
13.	Total Consultant Costs	**19,000**	**3,000**	**3,000**			**25,000**

OTHER EXPENDITURES (please explain in budget narrative)	**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY xxxx**	**FY xxxx**	**Total**
14.						
15.						
16. Total Other expenditures						

BUDGET TOTALS						

Personnel (line 1)	**64,000**	**86,000**	**86,000**			**236,000**
Direct Costs (add lines 2, 5 and 11 from above)	**19,000**	**3,000**	**3,000**			**25,000**
Indirect Costs (add lines 3, 6 and 12 from above)	**0**					
Non-recurring costs (line 10)	**6,000**					**6,000**
Other Expenditures (line 16)	**0**					
TOTAL INNOVATION BUDGET	**89,000**	**89,000**	**89,000**			**267,000**

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