Two Proposed Innovation Projects

Handout #4

Proposed Project	Stanislaus County Wisdom Transformation Initiative	Garden Gate Innovative Respite
Primary Purpose	Promote Interagency and Community Collaboration	Increase the Quality of Services, Including Outcomes
Learning Questions	The overarching questions we will assess through this project are whether the adoption of the Wisdom Transformation framework by participating organizations increases their capacity to: • Improve outcomes for people suffering from or at risk of mental illness; • Create a stronger and more positive internal environment for staff, board members, and others connected to the organization so they can better support the people they serve; • Learn to adapt better to the current policy and fiscal chaos buffeting the behavioral system; and • Cultivate more effective collaboration among each other and with BHRS. Through our efforts to address these overarching questions, we also expect to learn much about: • How to help community-based organizations—each with different missions, cultures, and histories—successfully adapt the Wisdom Transformation framework within their particular programs and services; • How to build effective learning communities among staff members, community leaders, family members, and people who receive services; and • Whether cross-organizational learning communities and Peer Allies are promising strategies for sustaining long-term transformation efforts.	The overarching questions that we will explore through this project include: 1. Can a "culture" shift occur in the community? a. Creating better alignment between need and support available b. Creating a more effective way of supporting individuals and families that experience the negative consequences of mental illness? 2. Can this project approach allow individuals to step away from their illness, increase self esteem, promote recovery, reduce stigma and contribute to healthier, happier and more productive members of the community who are less dependent on the behavioral health service system in a crisis? 3. Can we assist people to avoid the trauma of psychiatric hospitalization by offering community-based peer support paired with short-term respite care? 4. Can we learn a new cost effective approach to significantly reduce psychiatric hospital admits and possibly other related costs to the behavioral health and related systems; such as emergency rooms and jails? Through our efforts to address the overarching questions, we expect to learn a great deal about how to connect individuals to community supports effectively and produce better outcomes. Specifically, we will seek to learn from these questions: 5. Does offering a safe and trusting short-term living environment to individuals in a mental health crisis provide sufficient basis for them to connect with inclusive and welcoming community based support?

		6. Does offering a safe and trusting short-term living environment to individuals in a mental health crisis provide sufficient basis for their family members to connect with inclusive and welcoming community-based support? 7. Can we move outside the paradigm of thinking that there are only two choices for people in mental health crisis: "treatment vs. no treatment"? 8. Can we move outside the paradigm of "treatment vs. no treatment" to assist people in avoiding the trauma and isolation of no support? 9. Respite approaches are known to be successful. Will the following differentiation between this project and existing practices help move us outside the paradigm of "treatment vs. no treatment" as the primary alternatives? a. A collaborative workgroup will coordinate efforts to ensure adherence to the proposed learning approaches to integrating: culturally specific, community-based peer support and family support.
Issues to be Addressed	Budget reductions leading to dramatic declines in the numbers of people being served across the county's behavioral health system and the dramatically increasing numbers of people seeking outpatient and other services, presenting with ever more severe symptoms and conditions. Referred to as an adaptive dilemma because neither BHRS nor its community partners, can resolve these challenges and improve behavioral health outcomes through traditional strategies for managing budget shortfalls. A qualitatively different response is needed. This project will support a collaborative transformation and learning effort among six non-profit and community-based organizations in Stanislaus County. The largest non-profit and community-based contractors with	The issues to be addressed by the innovation are: A. Ineffective or nonexistent supports for individuals experiencing a mental health crisis (and/or co-occurring substance use problems) to the extent that the vulnerable individual seeks psychiatric hospitalization as a remedy B. Individuals in a mental health crisis often feel isolated, alone, and vulnerable which makes it hard to reach out for support C. Repeat hospital admissions for individuals who are not connected to community supports or service programs D. Individuals and their families who are experiencing a mental health crisis often feel isolated, alone, and don't know where to go except to the psychiatric hospital E. Families of individuals with mental illness don't have enough, if any, support from other families and as a result feel helpless, ineffective, and angry at the "system" for

	BHRS. These organizations provide behavioral health services and supports to some of the county's most vulnerable individuals and families. The purpose of this project is to help each organization better respond to the adaptive dilemma confronting the county behavioral health system, and to facilitate a deeper level of collaboration among the six organizations, and between the organizations and BHRS. Over time, this project will improve outcomes for people receiving services and supports through the behavioral health system.	failing their mentally ill family member F. Families don't have enough opportunities to learn self-care and receive support from other families members who have "been there and done that" G. Soaring cost of psychiatric hospitalization that is diminishing resources in the behavioral health system H. Uncoordinated outreach and peer support efforts between agencies and community-based programs
Local Learning	Extends the learning begun with first BHRS Innovation project: This newly proposed Innovation project—the Wisdom Transformation Initiative—builds upon the success of the first Innovation Project. In this project, six of the largest community-based partners of BHRS will translate and integrate the Wisdom Transformation framework into their cultures and day-to-day operations to help them improve and sustain positive behavioral health outcomes for the people they serve.	Extends learning begun in the community planning process that identified local learning edges. Two learning edges will be advanced in this project: Learning Edge (#4): Treatment options for people struggling with both substance abuse and mental illness Learning Edge (#1): Connecting people receiving services to community-based supports
Length of Time Needed to Learn	3 years	3 years
Estimated Funds Needed (total)	$844,445	$1,650,452
Implementation Partners	Aspiranet, Center for Human Services, Sierra Vista Child and Family Services, Telecare, Turning Point, West Modesto King Kennedy Neighborhood Collaborative, and Center for Collective Wisdom/Luminescence Consulting	Lead Agency: Turning Point Community Programs. Partners in ongoing implementation workgroup: individuals with lived experience as mental health consumers, family members of individuals with mental illness, behavioral health service providers, community-based providers of diverse outreach and prevention services, evaluation specialists, the provider of respite services as well as others to be identified