

## **BHRS Community Driven Innovation Projects – 2010-2014 Brief Project Summaries**

These summaries are very, very brief and should be viewed as a “snap shot” of the full learning goals pursued by each demonstration project. More detailed information may be found about each project at <http://www.stanislausmhsa.com/Innovation.shtm>

### **Evolving a Community-Owned Behavioral Health System of Supports and Services**

**Community Agency Implementing:** BHRS with participation from key community stakeholders from community-based organizations and other partner agencies

**Summary:**

The primary purpose is to promote interagency (and community) collaboration in our first innovation Project. The project would focus on development of stakeholder processes that enable community and county partners to join with BHRS leaders in developing an integrated, financially sustainable behavioral health system committed to results.

This project will build upon our work over the past five years to expand the Department’s role from providing services to individuals who meet eligibility criteria, to implementing multiple strategies to increase the capacity of communities to promote the behavioral health and emotional well-being of their members independent of services.

**Learning proposed:**

Can we engage community partners and stakeholders in processes that, over time, develop shared understanding and *ownership* of the BHRS budget, as well as the array of other community, private, and county resources available to improve residents’ behavioral health and emotional well-being?

**Strategy:** Applies to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or setting.

**Project ended in FY2012-13.**

### **Arts for Freedom**

**Community Agency Implementing:** Peer Recovery Arts Project

**Summary:** The primary purpose is to increase quality of services, including better outcomes for individuals of all ages by offering a free public art gallery, art consignment shop, classroom, meeting space and clearinghouse for participants to volunteer and gather for support and arts expression. Project would be open to anyone in Stanislaus County including mental health consumers and family members from diverse cultural groups. Emphasis would be on what people can do rather than what they cannot do.

**Learning proposed:** Would building a welcoming and inclusive community that provides opportunity for those with a mental illness to step away from and not be their illness while working (and learning) side by side with others, increase self-esteem, promote recovery, reduce stigma and contribute to healthier and more productive members of the community who are therefore less dependent on the mental health system?

**Strategy:** Introduce a mental health practice or approach that is new to the overall mental health system

**Adaptive Dilemma:** Connecting people receiving services to community-based supports

**Project ends in FY2014-15**

## Beth & Joanna Friends in Recovery Project

**Community Agency Implementing:** National Alliance for Mental Illness

**Summary:** Proposes to increase quality of services, including better outcomes in this project that pairs two individuals, a peer and a pal, for a six-month period of time. A Peer is someone who has mental illness and/or co-occurring substance issues, is isolated or needs support. A Pal is someone successful in recovery from mental illness. Pals may be recruited from among MJC Human Services (CASRA) students and will receive training from NAMI.

**Learning proposed:** Does making connections to community-based peer supports improve the experience of recovery and decrease the length of time and intensity of needed treatment?

**Strategy:** Applies to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings

**Adaptive Dilemma:** Connecting people receiving services to community-based supports

**Project ends in FY2014-15**

## Building Support Systems for Troubled Children

**Community Agency Implementing:** Ceres Partnership for Healthy Children with Center for Human Services

**Summary:** Proposed to increase quality of service and better outcomes by increasing developmental assets and community supports for troubled children ages 7-11 yrs. Individual mentoring services will be provided to children who have demonstrated aggressive or inappropriate behaviors at school including educational curriculum that addresses anger control and develop of pro-social skills. Parents, teachers and others are included.

**Learning proposed:** Change existing mental health mentoring practice and integrate community support, services for parents, and involve all adults in the child's life who can provide meaningful support to work together and build internal and external developmental assets for identified youth.

**Strategy:** Make a change to an existing practice in the field of mental health

**Adaptive Dilemma:** Improving the well-being of children, Transition Age Youth, and Transition Age Young Adults and Connecting people receiving services to community-based supports

**Project ended in FY2013-14**

## Civility School Learning Project

**Community Agency Implementing:** Center for Human Services with Keyes Unified School District

**Summary:** Proposes to collaborate with small rural school district to conduct learning project that will increase quality of services, including better outcomes for children, school staff and parents. Introduces a promising approach that, if proven could be replicated in other schools in the county. Propose to use Professor P. M. Forni's Choosing Civility: 25 Rules of Considerate Conduct as a reference guide in establishing strategies/activities.

**Learning proposed:** Does creating a "culture of civility" have impact on emotional wellness outcomes and improve developmental assets for children in a school environment?

**Strategy:** Introduce a mental health practice or approach that is new to the overall mental health system

**Adaptive Dilemma:** Improving the well-being of children, Transition Age Youth, and Transition Age Young Adults

**Project ended in FY2013-14**

**Connecting Youth Receiving Services to Community-based Supports**

**Community Agency Implementing:** Sierra Vista Child and Family Services with Family Resource Centers & The Bridge

**Summary:** Proposes a primary focus of increasing quality of services, including better outcomes with secondary foci of promoting interagency collaboration and increasing access to services by offering youth who are currently receiving services (at SVCFS, FRC, The Bridge and other agencies) access to community-based activities. Clinicians will assist youth in identifying activities they are interested in and passionate about. Community Support Specialist, based at FRC or partner agency, would receive an activity referral and the Specialist would connect the youth and monitor participation in the activity. The clinician would monitor progress toward recovery, including length of time and intensity of treatment.

**Learning proposed:** Is it beneficial to include community-based youth development activities as a formal part of the treatment plan and would including these activities significantly transform the way a clinician performs and provides mental health services to youth.

**Strategy:** Applies to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings

**Adaptive Dilemma:** Improving the well-being of children, Transition Age Youth, and Transition Age Young Adults; Connecting people receiving services to community-based supports

**Project ended in FY2013-14**

**Integration Innovations**

**Community Agency Implementing:** Stanislaus County Health Services Agency with WMKKNC and NAMI

**Summary:**

Primary purpose is to increase the quality of services including better outcomes, for adult and older adult individuals of all cultures, and ethnicities who receive medical and psychiatric care in a primary care clinic setting. Proposes operating a primary care clinic based, patient-centered care model with an interdisciplinary care team comprised of community resource liaisons, physicians, physician-residents, a psychiatrist, and behavioral health clinicians that guide the patient and their support network through a gradual understanding of both the resources and knowledge necessary to take an active and responsible role in their health care. Proposed services include case coordination, individual therapy, group psycho-education (focusing on both self-management of disease and psychological coping) medication/disease management by the primary care provider, psychiatric consultation, and peer support. Peer Support to be accomplished through a community liaison that establishes collaboration with various behavioral health and community-based programs serving a similar population.

**Learning Proposed:** To learn to what extent an integrated behavioral health with peer support available to patients can be effective in a medical primary care setting. By combining non-medical case coordination, peer support, group/individual interactive learning, and chronic disease management can the approach effectively contribute to reducing psychiatric and chronic disease symptoms, treatment plan adherence, as well as building resilience in a population of patients dually-diagnosed with one or more mental health conditions, substance use/abuse issues and chronic medical condition.

**Strategy:** Make a change to an existing practice in the field of mental health

**Adaptive Dilemma:** Connecting people receiving services to community-based supports; Treatment options for people struggling with both substance abuse and SMI.

**Project ended in FY2013-14**

**Families in the Park**

**Community Agency Implementing:** Stanislaus Multi-Cultural Community Health Coalition – West Modesto King Kennedy Neighborhood Collaborative with Healthy Start Program-Franklin Elementary School

**Summary:** Proposes a 3 year project to provide outreach to pre-school aged children and their caregivers who spend their days in Mellis Park (April – November) and proposes to serve 15-25 families with 30 – 50 young children. Focus is to provide supports and increase school-readiness.

**Learning proposed:** “Families in the Park” will increase access to underserved groups through an innovative approach in a culturally specific way of outreaching to young African-American families (predominantly mothers with pre-school children) who spend their days from April to November in West Modesto’s Mellis Park. Locating the project in the untypical and accessible location of the familiar neighborhood park is the first step in a culturally specific approach as the park is a place where families feel relaxed and comfortable.

**Strategy:** Introduce a mental health practice or approach that is new to the overall mental health system

**Adaptive Dilemma:** Improving the well-being of children, Transition Age Youth, and Transition Age Young Adults; Honoring and identifying more holistic approaches to well-being

**Project ends in FY2014-15**

**Promoting Community Wellness through Nature and Neighborhood-Driven Therapies**

**Community Agency Implementing:** Tuolumne River Trust with Orville Wright School and the Airport Neighborhood Collaborative

**Summary:** Proposes a focus for 2 years on increased access to underserved groups through a new community-based approach that proposes using family-oriented outdoor programming with resident-led neighborhood improvements and community capacity building as “therapies” to address wellness issues in the Airport Neighborhood. Proposed as a pilot project that will test the theory that a community’s attitude towards and connection with its natural and urban environments plays an important role in the overall health and vitality of its residents.

**Learning proposed:** Does combining family-oriented outdoor experiences with community-driven neighborhood development and capacity-building in the Airport Neighborhood leads to strengthened Developmental Assets in children, increased leadership and competency in adults and a more connected community?

**Strategy:** Introduce a mental health practice or approach that is new to the overall mental health system

**Adaptive Dilemma:** Improving the well-being of children, Transition Age Youth, and Transition Age Young Adults; Connecting people receiving services to community-based supports

**Project ended in FY2013-14**

## Revolution Project

**Community Agency Implementing:** Center for Human Services with City of Patterson – Parks and Recreation Department

**Summary:**

“Revolution Project” is a 2 year project that will promote interagency and community collaboration. Revolution Project seeks to engage adults who own businesses or have other civic leadership roles to learn what it takes to resolve existing conflicts with youth from nearby schools and build partnerships that transform mental health in the rural, underserved Westside community of Patterson. Traditional models for conflict resolution between youth and adults have a primary focus on “punishing the problem” or “fixing the youth problem” with little to no focus on increasing common ground through communication, increasing developmental assets of youth, and connecting youth to adults in leadership roles in support of their community. It is expected that increasing youths’ high expectations and opportunities for meaningful participation will lower the incidence of involvement in substance abuse and other health/mental health compromising risk behaviors as well as increase youths’ resilience, mental and emotional wellness, and academic success.

**Learning proposed:** Using a unique approach of Asset Learning Circles and other methods not typical of standard mental health practice what changes will occur as adults in Patterson are engaged in learning about positive youth development? How do out-of-school activities help youth experience positive mental health, social experiences, academic success and well-developed life skills? What do Patterson youth want and need to achieve this? What are the most impactful strategies for building community engagement in youth development programs in rural community?

**Strategy:** Applies to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings

**Adaptive Dilemma:** Improving the well-being of children, Transition Age Youth, and Transition Age Young Adults

**Project ended in FY2013-14**

## Wisdom Transformation Initiative

**Community Agency Implementing:** Center for Collective Wisdom in partnership with up to eight community-based agencies who provide mental health services.

**Summary:**

The aim of this 3 year project is to promote interagency and community collaboration by supporting transformation and learning among the six largest non-profit and community-based organizations in Stanislaus County that contract with Behavioral Health Recovery Services to provide behavioral health services and supports to some of the county’s most vulnerable individuals and families at risk of and affected by serious mental illness. The Innovative Program’s ultimate goal is to improve outcomes for people receiving services and supports through the behavioral health system. The Innovation will support the programs to improve their services for people suffering from or at risk of mental illness. The Wisdom Transformation approach has four areas of focus: a commitment to results, community capacity-building, fiscal sustainability, and leadership development.

**Learning proposed:**

Through this project, we will assess whether and how 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.

**Strategy:** Introduce a mental health practice or approach that is new to the overall mental health system

**Adaptive Dilemma:** Creating a sustainable response to the fiscal and policy chaos and improving behavioral health outcomes for the people served and others in the county.

**Project ends in FY2015-16**

### **Garden Gate Innovative Respite Project**

**Community Agency Implementing:** Turning Point Community Programs

**Summary:**

The aim of this 3 yr innovative project is to increase the quality of services, including better outcomes, by developing and testing a consumer- and family-centered approach to short-term crisis respite housing and peer support for individuals and their families who are at risk for psychiatric hospitalization.

**Learning proposed:**

The overarching questions that we will explore through this project include:

Can a “culture” shift occur in the community that creates better alignment between the need and support available? Can we create 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?

**Strategy:** Make a change to an existing practice in the field of mental health

**Adaptive Dilemma:** Connecting people receiving services to community-based supports; Treatment options for people struggling with both substance abuse and mental illness

**Project ends in FY2015-16**