

**Orange County
Mental Health Services Act (MHSA)
Proposed Innovation Projects**

Background

Orange County is the third most populous county and second most densely populated county in California, with a little over 3 million people currently residing in this region. Since 2007, Orange County has consistently had the highest cost of living index compared to neighboring areas, with high housing costs significantly affecting the index and making it a very expensive place to live. According to the U.S. Bureau of the Census 2013, approximately 12.4% of Orange County's population was living under the federal poverty level, and 4.4% of residents 16 years and older were unemployed. For individuals struggling with persistent mental health challenges, these demographics highlight the significant challenges they encounter in their journey toward recovery. While employment is vital to recovery, it can be difficult to attain for individuals struggling with serious mental illness.

Orange County MHSA Community Services and Supports (CSS) currently has six programs specifically targeting transition age youth (TAY; ages 16 to 25), and 18 programs targeting adults (ages 26-59). Outcomes for these programs showed that participants enrolled in the Full Service Partnership (FSP) and Program for Assertive Community Treatment (PACT) programs achieved statistically significant gains in total days employed during FY 14/15 compared to the year prior to enrolling in these programs. However, despite these significant gains, employment continues to be a significant challenge and barrier for participants.

In FY 15/16, the Orange County MHSA Office held an extensive planning process to determine what the community stakeholders saw as the biggest needs or gaps in the system that could be addressed. Access to treatment and vocational support was among the list of areas identified. This area of need was reiterated during the Community Planning Process for the development of future Innovation projects. The proposals included in the following briefs reflect the employment and vocational support needs that were identified. These proposals were recommended and ranked as high priorities by the Orange County MHSA Steering Committee, as well as voted and approved by the Orange County Board of Supervisors as part of the Annual MHSA Plan Update.

Innovation Project Brief #1
Project: Community Employment Services

The Challenge

The Orange County Health Care Agency currently offers vocational support services to individuals struggling to enter or re-enter competitive employment. Although currently existing supported employment programs have improved the quality of services, they have also identified the need to provide additional support to participants who feel unable to independently manage the demands of employment. Without this additional support, individuals may be unable to participate in currently existing employment programs, which in turn impacts employment readiness and ultimately the participants' recovery process.

Proposal

Utilizing a peer-to-peer model, a trained peer specialist (individuals with lived experience in behavioral health and/or substance use disorders, and recovery) will work alongside participants to provide comprehensive supportive services related to employment readiness. Peer specialists will collaborate with participants to identify vocational goals, job interests, and training needed to achieve stated goals. Participants will then be placed in a host site where the peer specialists will be available on-site to assist in areas such as communication skills, symptom management and conflict resolution as they arise. Peer specialists will place up to 5 participants at the same host site and provide on-site coaching for up to 6 months. This staffing and caseload pattern will allow peer specialists to maintain support for each participant, as well as allow the participants to build social networks and interpersonal skills with each other as part of their employment readiness skills. Participants will work up to 15 hours a week (e.g., 3 hours per day, 5 days a week), earning minimum wage.

The primary role of the peer specialist is to provide on-site support to participants throughout the work shift; however, additional support provided by peer specialists may be provided before and/or after participants' work shift, as needed, in order to build skills required for successful employment.

The project has an expected start date in FY 2017/18, with a total estimated cost of \$2,404,815.

Timeline

The Community Employment Services project is proposed to be a County-contracted project, with a total of five years dedicated to this project. The initial year will include the County procurement process; the following three years will include working with a selected provider for the provision of contracted services, data collection and ongoing evaluation; and the final year will be dedicated to summative analysis and evaluation.

The Innovation

This project makes a change to an existing approach by providing 100% on-site job coaching to individuals living with a persistent mental health challenge, offering behavioral health coaching at the actual site of employment to help participants manage symptoms that are interfering with workplace performance. This project is intended to bridge the gap in services for individuals who are not yet ready for the services offered in traditional supported employment programs. The comprehensive services aim to provide a safe, supportive environment where participants work with behavioral health and employment coaches to manage their behavioral health symptoms in the workplace.

Target Population

The Community Employment Services project will target adults living with a persistent mental health challenge and/or co-occurring substance use disorder. Eligible participants include individuals who have no prior work experience, have been unsuccessful in maintaining employment for a significant period of time, express a desire to work, and/or are in need of comprehensive support services to reach their vocational goals. Participants must be Orange County residents, legally eligible for employment under federal and state law, and receiving behavioral health services prior to enrollment and throughout the duration of this project.

Evaluation and Analysis

The intended outcomes of this project are to:

- Increase the quality of services, including better outcomes (primary purpose)
- Improve participant employment skills and abilities
- Improve participant behavioral health outcomes
- Improve participant global health

The intended outcomes will be measured by:

- Intake/enrollment and project exit data (e.g., number of unduplicated participants served; number of placements at host site; location of host sites; duration of job placements; types of trainings attended; number of participants attending trainings/groups, successful completions of 6-month job placements, etc.)
- Self-report outcome measures (e.g., possible measures of employment skills and abilities; pre-test/post-test or other longitudinal assessments, such as PROMIS Global Health; and one or more measures of behavioral health indicators such as motivation, self-efficacy, resilience, social support, independence/self-sufficiency, etc.)
- Employment retention rates following project exit
- Satisfaction surveys

Data analysis may include:

- *Significance testing* (i.e., paired sample t-tests, chi-square tests) to indicate statistical significance of whether changes in participants' matched pre-/post-test scores can be attributed to the benefits of receiving project services
- *Effect size* to determine practical significance and magnitude of pre-/post-test score differences
- *Minimal Clinically Important Difference (MCID)* to capture the magnitude of improvement, as well as the value participants place on the change (i.e., whether the observed changes were meaningful to participants)
- *Reliable Change Index (RCI)* to evaluate whether participants' outcomes were attributed to actual improvements or measurement error
- *Dose-effect model* to examine the relationship between length/amount of services (i.e., dosage) received and the amount of gain or improvement/change in outcomes (i.e., therapeutic effect). Analyses may examine whether there might be a dose-effect pattern and possibly an optimal level or "dose" of service provision (e.g., number of sessions or months of coached employment) to reach the desired impact/effect of the program (i.e., desired outcomes such as job readiness, etc.)
- *Comparison group* (if possible) to compare data from this innovative project to available data (e.g., national norms for scores on an outcome measure) or currently existing programs that are similar but less intensive (e.g., supported employment programs without on-site coaching)

Innovation Project Brief #2

Project: Mental Health and Employment Services Impact

The Challenge

Research suggests unemployment negatively impacts emotional and behavioral health. However, currently there are no employment centers in Orange County that provide on-site support to address the emotional and behavioral health symptoms in connection to unemployment and the job seeking experience.

Proposal

This project provides on-site behavioral health services at employment centers to support individuals struggling with emotional and behavioral health symptoms in connection to unemployment and the job-seeking experience. Behavioral health clinicians will be placed at various employment agencies throughout Orange County. A brief behavioral health and quality of life screening and assessment (e.g., Substance Abuse and Mental Health Screening Tool, PROMIS, etc.) will be included in enrollment packets for all new employment center patrons to recruit project participants. Existing patrons will receive the screening tools via their career counselor/case manager. Clinicians will review screening tools and flag patrons whose scores indicate signs of emotional and behavioral health symptoms. Clinicians will outreach to these individuals and offer supportive counseling throughout their job search. Services will include: counseling (limited to 16 sessions), behavioral health education workshops, and support groups. The weekly behavioral health education workshops and support groups will be included on general events calendars and made available to all patrons at the employment centers, regardless of their enrollment in this project. Employment center patrons will be given a choice whether or not to access the behavioral health supportive services. Any individuals deemed in need of intensive therapy not included in the scope of this project will be referred out to behavioral health clinics and/or providers who best meet their needs.

The project has an expected start date in FY 2017/18 with a total estimated cost of \$1,645,657.

Timeline

The Employment and Mental Health Services Impact project is proposed to be a County-contracted project, with a total of five years dedicated to this project. The initial year will include the County procurement process; the following three years will include working with a selected provider for the provision of contracted services, data collection, and ongoing evaluation; and the final year will be dedicated to summative analysis and evaluation.

The Innovation

The Employment and Mental Health Services Impact project makes a change to an existing mental health practice that has not yet been demonstrated to be effective, such as adaptation for a new setting. This project will offer behavioral health support, education, and counseling specifically related to supporting successful transitions from unemployment to active job searching to gaining unsubsidized employment. Clinicians will have the capacity to address behavioral health issues associated with unemployment as part of the employment center environment and integrated case management team. The co-location of behavioral health and employment services will allow an innovative point of entry into the health care system for individuals who are unaware of the impact of their symptoms and/or are reluctant to seek services at a behavioral health clinic. As a result, this project will enable County Behavioral Health Services to reach an unserved/underserved population and increase their access to behavioral health and employment services.

Target Population

This project will target adults who are unemployed or at risk of unemployment and struggling with mild to moderate symptoms of mental illness or co-occurring substance use disorders. Participants must engage in services with an employment agency within Orange County and maintain their enrollment with the employment agency in order to qualify for and receive services from this project.

Evaluation

The intended outcomes of this project are to:

- Increase access to services (primary purpose)
- Improve participant knowledge and/or awareness of behavioral health resources
- Improve participant behavioral health outcomes
- Improve participant global health

The intended outcomes will be measured by:

- Intake/enrollment and project exit data (e.g., number of unduplicated participants served, types of services provided; duration of treatment; types of trainings attended; number of participants attending trainings, number of referrals and linkages to community behavioral health supports and services, etc.)
- Self-report outcome measures (e.g., pre-test/post-test or other longitudinal assessments, such as PROMIS Global Health; and one or more measures of behavioral health indicators such as motivation, confidence, resilience, social support, independence, etc.)
- Satisfaction surveys

Data analysis may include:

- *Significance testing* (i.e., paired sample t-tests, chi-square tests) to indicate statistical significance of whether changes in participants' matched pre-/post-test scores can be attributed to the benefits of receiving project services
- *Effect size* to determine practical significance and magnitude of pre-/post-test score differences
- *Minimal Clinically Important Difference (MCID)* to capture the magnitude of improvement, as well as the value participants place on the change (i.e., whether the observed changes were meaningful to participants)
- *Reliable Change Index (RCI)* to evaluate whether participants' outcomes were attributed to actual improvements or measurement error
- *Dose-effect model* to examine the relationship between length/amount of services (i.e., dosage) received and the amount of gain or improvement/change in outcomes (i.e., therapeutic effect). Analyses may examine whether there might be a dose-effect pattern and possibly an optimal level or "dose" of service provision (e.g., number of sessions) to reach the desired impact/effect of the program (i.e., desired outcomes such as job readiness, etc.)
- *Comparison group* (if possible) to compare data from this innovative project to available data (e.g., national norms for scores on an outcome measure) or currently existing programs that are similar but less intensive

Innovation Project Brief #3
Project: Job Training and Onsite Support for TAY

The Challenge

Currently vocational support is included in the Full Service Partnership (FSP) and TAY Program for Assertive Community Treatment (PACT) services for youth ages 16-25. These services have led to statistically significant gains in the number of days employed. However, many of these programs focus on youth in the foster care or juvenile justice system. Furthermore, finding sustainable employment continues to be a challenge for TAY. Among TAY in the FSP programs, many have had little or no success in the job market. In 2014, the Orange County FSPs surveyed their transition age youth (TAY; ages 16-25) to assess barriers to employment and found that the single most commonly reported obstacle was lack of confidence. They are reluctant to use skills, which they have rehearsed, for fear of failure. Supported employment programs with job coaches have been successful in some instances; however, many youth are reluctant to pursue employment or engage in self-defeating behavior once they are hired. For many of these youth, SSI becomes an attractive alternative to the struggle of establishing themselves in the workplace. It cannot be overemphasized that while the person is still young it is imperative to develop a solid work history and experience, which will in turn diminish the need to rely on public assistance.

Proposal

This project will place participants in a food service business and provide job training, on-site behavioral health and employment support and case management services. Project staff will collaborate with FSP and TAY PACT programs throughout Orange County to recruit eligible participants. Upon enrollment, behavioral health coaches will collaborate with participants to identify vocational goals, job interests, and training needed to achieve stated goals. Project staff will develop and implement a semi-structured curriculum that educates participants on “how to be an employee” (e.g., how/when to call in sick, etc.).

As participants complete their curriculum, they will be placed in one of the business’ employment positions: food/meal preparation, administrative/clerical tasks, janitorial work, meal delivery and customer service. Each participant may only work one 4-hour shift per day, up to 5 days per week, for a maximum of 20 hours per week, earning minimum wage. The work schedule may include up to 3 shifts per day for each position. During hours of operation, the employment and behavioral health coaches will be available on-site for support services. The participants, with continued assistance from staff, will be involved in all aspects of the food service business, with the prepared meals ultimately being delivered throughout the community (e.g., room and board housing, FSP participants, recovery centers, homeless shelters, etc.). Behavioral health coaches will routinely check-in with participants and identify strategies to manage behavioral health symptoms interfering with workplace behavioral and/or develop

appropriate interpersonal skills (e.g., conflict resolution, how to ask a coworker/supervisor for help, etc.). Behavioral health coaches will also collaborate with the participants' personal service coordinator from the FSP/PACT programs to ensure that treatment goals are actively being worked on in the workplace. The behavioral health coach to participant ratio will be approximately 1:12. Employment coaches will be available to address employment-related issues and concerns (i.e., tardiness, absenteeism, etc.) as they arise and assist participants with resumes, interviewing skills, and job searches as participants approach graduation from this project. The employment coach to participant ratio will be approximately 1:6. Participants may remain in the project for up to 12 months.

The project has an expected start date in FY 2017/18, with a total estimated cost of \$6,531,770.

Timeline

The Job Training and On-site Support for TAY project is proposed to be a County-contracted project, with a total of five years dedicated to this project. The initial year will include the County procurement process; the following three years will include working with a selected provider for the provision of contracted services, data collection, and ongoing evaluation; and the final year will be dedicated to summative analysis and evaluation.

The Innovation

This project is intended to make a change to an existing mental health practice and is designed to increase the quality of services, including better outcomes. The innovative component of this project is two-fold in that the proposed site will be dedicated to training only those TAY who are diagnosed with persistent mental health challenges; and this project aims to provide a safe, supportive and confidence-building training environment where participants work with behavioral health and employment coaches at their actual place of employment. The full-time on-site support creates a unique supported work environment that will address a cognitive emotional component in conjunction with workplace inexperience.

Target Population

This project will target TAY (ages 18-25) enrolled in FSP or PACT programs who are not currently participating in or succeeding in existing supported employment programs in Orange County. Participants must be Orange County residents, legally eligible to work under federal and state law and receiving behavioral health services prior to enrollment and throughout the duration of the project.

Evaluation

The intended outcomes of this project are to:

- Increase the quality of services, including better outcomes (primary purpose)
- Improve participant employment skills and abilities
- Improve participant behavioral health outcomes
- Improve participant global health

The intended outcomes will be measured by:

- Intake/enrollment and project exit data (e.g., number of unduplicated participants served, length of employment, successful completions, etc.)
- Self-report outcome measures (e.g., possible measures of employment skills and abilities; pre-test/post-test or other longitudinal assessments, such as PROMIS Global Health; and one or more measures of behavioral health indicators such as motivation, self-efficacy, resilience, social support, independence/self-sufficiency, etc.)
- Successful employment following project exit
- Satisfaction surveys

Data analysis may include:

- *Significance testing* (i.e., paired sample t-tests, chi-square tests) to indicate statistical significance of whether changes in participants' matched pre-/post-test scores can be attributed to the benefits of receiving project services
- *Effect size* to determine practical significance and magnitude of pre-/post-test score differences
- *Minimal Clinically Important Difference (MCID)* to capture the magnitude of improvement, as well as the value participants place on the change (i.e., whether the observed changes were meaningful to participants)
- *Reliable Change Index (RCI)* to evaluate whether participants' outcomes were attributed to actual improvements or measurement error
- *Dose-effect model* to examine the relationship between length/amount of services (i.e., dosage) received and the amount of gain or improvement/change in outcomes (i.e., therapeutic effect). Analyses may examine whether there might be a dose-effect pattern and possibly an optimal level or "dose" of service provision (e.g., number of sessions or months of coached employment) to reach the desired impact/effect of the program (i.e., desired outcomes such as improved confidence, job readiness, etc.)
- *Comparison group* (if possible) to compare data from this innovative project to available data (e.g., national norms for scores on an outcome measure) or currently existing programs that are similar but less intensive (e.g., supported employment programs without on-site coaching)