

Summary of INN Concepts

February 15, 2010

Concept, Est. Funding, Duration		Project Description	Key Problem	Key Learning Objective(s)
1.	<p>Early Childhood Universal Screening</p> <p><i>\$250,000/year for two years.</i></p>	<p>This project pilots the use of computer-based screening tools in primary health care settings (e.g. pediatricians' offices). The tool would be used to screen young children for social and emotional delays and developmental concerns so that interventions could be provided as early as possible.</p>	<p>While the use of standardized tools for developmental screening during well child visits is an established best practice that has been recommended by the American Academy of Pediatrics, the implementation of the practice is inconsistent.</p>	<p>The project tests whether the use of an electronic version of a standardized developmental screening tool instead of a paper-based version results in increased utilization of recommended universal screening practices.</p>
2.	<p>Peer-Run TAY Inn</p> <p><i>\$300,000/year for three years</i></p>	<p>The project expands and adapts peer mentoring approaches in a voluntary 24-hour care setting designed to promote recovery for high risk transition age youth. Peer mentors, with support from adult staff, will be responsible for decision-making required to run the "inn" and the provision of program services. Programs offered at the inn will be informed by wellness and recovery approaches that are effective in helping youth develop skills and increased capacity to achieve life goals.</p>	<p>Currently twenty five percent of youth being emancipated from foster care become homeless. High-risk transition age youth who are homeless or at-risk of homelessness face numerous barriers to accessing and successfully engaging in mental health services and supports.</p>	<p>The key learning from the project will be to gain knowledge about whether peer informed therapeutic approaches and peer-led decision-making provided in a non-traditional 24 hour care setting is effective in increasing engagement and positive life outcomes for youth.</p>
3.	<p>Co-Occurring Mental Health Disorders in Adults with Autism and Developmental Disabilities</p> <p><i>\$250,000/year for two years</i></p>	<p>This project conducts a needs assessment to understand the scope and complexity of treatment for clients with autism or developmental disabilities and co-occurring mental health disorders. This project also identifies a new or synthesized approach to treatment, and pilots an intervention.</p>	<p>Individuals with autistic disorders and developmental disabilities are frequently found to have co-occurring mental disorders. These consumers are underserved within the mental health system.</p>	<p>The project identifies and pilots a new or synthesized approach for treatment of individuals with autistic disorders and developmental disabilities and co-occurring mental health disorders.</p>

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<p>4. Merging the Old with the New</p> <p><i>\$300,000/year for two years</i></p>	<p>This program tries out new approaches to identify (case-finding), engage and provide strength-based early interventions to underserved older adults with emerging mental health symptoms related to lifestyle changes, decreased independence, deteriorating physical health or isolation. Specifically, older adults will be engaged in storytelling and other culturally-based models to place them in the traditional roles of transmitting cultural values and knowledge to younger generations within their families and in the community.</p>	<p>Individuals over 60 years of age who are isolated are at-risk for developing mental health symptoms, such as anxiety and depression which can lead to serious mental illness and suicide. Many older adults do not have family members actively participating in caregiving. They may have a formal caregiver or neighbors and others who assist them informally. Underserved older adults from ethnic communities are especially susceptible to isolation due to cultural and language barriers that inhibit their ability to engage in meaningful activities and interaction within their extended families.</p>	<p>This project determines whether new case-finding approaches and alternative culturally-based therapeutic techniques improve engagement, access, and quality of life for underserved older adults with emerging mental health symptoms.</p>
<p>5. Multi-Cultural Center</p> <p><i>\$450,000/year for three years</i></p>	<p>This project establishes a culturally- and linguistically- appropriate “wellness center” that is designed to welcome members of multiple underserved communities and their families and friends into alternative, strengths-based, and culturally-focused services and supports. The center will include cross-cultural and multi-generational approaches to solve problems and improve conditions individuals, families and communities.</p>	<p>Members of ethnic communities who are struggling with mental illness often face problems of inadequate income and discrimination. They are underrepresented in the mental health care system and overrepresented in the criminal justice system. They face multiple barriers to engagement and assistance, including: stigma, restrictive eligibility criteria, and non-effectual traditional mental health settings and approaches.</p>	<p>The key learning for this project will be to gain insight into how inter-ethnic group collaboration within a multi-cultural center results in increased engagement and improved quality of life for individuals from ethnic communities.</p>

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6.	<p>Transitional MH Services to Newly Released Inmates</p> <p><i>\$350,000/year for two years</i></p>	<p>This project pilots new approaches to serving newly released inmates from underserved cultural populations. The project targets inmates with emergent mental health symptoms or risk factors that predispose the development of mental illness. Faith-based and/or culturally-specific organizations will engage qualified inmates upon release. The organizations will develop and provide strengths-based, culturally relevant services and supports in order to reduce risk factors, promote protective factors, prevent exacerbation of mental health symptoms, and prevent homelessness and/or recidivism.</p>	<p>The County jail, which is over-represented by Latinos and African Americans, books approximately 65,000 arrestees annually. These individuals have significant risk factors for developing mental health problems (e.g. drug or alcohol-related problems and incidences of trauma). However, most do not meet the criteria for severe mental illness, and therefore receive very few, if any, services from an already over-burdened public mental health system.</p>	<p>This project identifies and tests whether relatively inexpensive culturally-specific and/or faith-based approaches will increase engagement, prevent the emergence of severe mental health problems and improve standards of living for newly released inmates from underserved ethnic communities with emergent mental health symptoms.</p>
7.	<p>Mental Health / Law Enforcement Coordinated Crisis Response</p> <p><i>\$400,000/year for three years</i></p>	<p>The project adds a component of direct clinical expertise to the current system (CIT, MH Urgent Care and MHD Law Enforcement Liaisons) by placing three mental health clinicians in law enforcement settings with 7 day coverage, strategically assigned to meet peak areas of need throughout the county. The clinicians would provide assistance in the field by responding directly to crises with law enforcement and phone consultation.</p>	<p>County wide, law enforcement agencies lack an adequate capacity to appropriately serve consumers in acute mental health crises. The negative consequences for consumers are unnecessary incarcerations, admission to EPS or admission to emergency rooms, a lack of access to services, and in extreme situations, fatalities.</p>	<p>This project tests whether strategically combining an established best practice of placing mental health clinicians in law enforcement settings with existing services as part of a comprehensive strategy results in measurable changes and better outcomes for consumers in crisis.</p>