ADDENDUM B

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***Example of Project Outcomes***

1. Name of Project: Reaching Out: A Community Care Model
	1. Background/Project Outcomes: Research shows that there are serious gaps between mental health service needs and access for individuals with both a mental health disorder as well as a developmental disability (1,2,3). Individuals with both mental illness and a developmental disability transitioning out of a restrictive environment into a less restrictive environment require greater access to mental health services, as they are vulnerable to high rates of recidivism. Empirical evidence consistently demonstrates that a variety of interventions, including social skills training, medication management, cognitive behavior therapy, and dialectical behavior therapy, can reduce re-hospitalizations, reduce mental health symptoms, and improve functioning and overall quality of life (4,5). This project will develop a home-visiting program, utilizing individual and group psychotherapy, medication management, and other interventions, for individuals who have recently (within the past month) transitioned from a restrictive environment into a less restrictive environment.
	2. Intended Population: This project is intended for RC consumers ages 18 and over in Sacramento County with a mental illness and developmental disability and who have transitioned from a restrictive environment to a less restrictive environment.
	3. Baseline Data: Making use of a structured, quantitative questionnaire, as well as record reviews, current rates (frequency and percentage) of recidivism will be determined.
	4. The Project Goal is to reduce rates of recidivism from a least restrictive to a more restrictive environment among individuals with both a co-occurring mental health disorder and developmental disability.
	5. Project Objective One: Making use of evidence-based research and best practices, a home-visiting program aimed at reducing rates of recidivism will be developed. The home-visiting program will include the following services and supports, medication management, social skills training, vocational skills development, personal and home care training, and weekly individual psycho-educational therapy. Weekly individual psychotherapy will be provided by a qualified mental health clinician (e.g., psychologist, psychology intern under the supervision of a psychologist, social worker, or board-certified behavior analyst). Data pertaining to the frequency and cumulative percentage of recidivism will be collected quarterly using questionnaires, record reviews, and interviews to monitor progress. Success will be measured by a reduction in recidivism rates by 5% at the end of the three-year project cycle.
	6. Project Objective Two: Making use of evidence-based research, develop a group therapy curriculum for intended population. Success will be measured by recidivism rates dropping by at least 5% compared to baseline recidivism rates, by the end of the three-year project cycle.
	7. Anticipated Outcome(s): By the end of the project, there will be a significant reduction in the number of individuals who relapse, compared to baseline recidivism rates, from a less restrictive environment back to a more restrictive environment.
	8. Replicability: By the end of the project, other Regional Centers will be able to implement the newly developed, evidence-based therapy curricula to reduce recidivism rates in their region.

1. Mental Health Aspects of Developmental Disabilities, 2003

2. National Association of State Mental Health Program Directors, 2004

3. Psychiatric Quarterly, 2008

4. Family Practice, 2006

5. Journal of Nervous and Mental Disease, 2011