April 26, 2018
PowerPoint Presentations and Handouts

Tab 2:	•	**PowerPoint:**	**Los Angeles County Innovation Presentation: Mobile Transcranial Magnetic Stimulation Program**
	•	**PowerPoint:**	**Los Angeles County Innovation Presentation: Peer Support Specialist Full Service Partnership Teams**
Tab 3:	•	**PowerPoint:**	**Orange County and Modoc County Innovation Presentatoin**
	•	**Handout:**	**Letter of Support: Orange County Board of Supervisors**

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
Program Development & Outcomes Bureau

Mobile Transcranial Magnetic Stimulation Program for LACDMH

Marc Heiser MD PhD

LACDMH Juvenile Justice Mental Health Program

UCLA David Geffen School of Medicine

LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

Project Goal: Mobile TMS

- Create a network of mobile TMS treatment centers
- Bring an effective treatment for depression directly to people of LAC

Changes To Proposal

- Initial treatment group changed to FSP clients
- Formally incorporate peer support into budget
- Gathered more feedback from consumers and providers
- Testimonials

Initial Treatment Population

- Phase 1: Fully consenting adult outpatient consumers, including FSP, with treatment refractory depression
  - Examine efficacy
  - Gather client feedback

- Phase 2: Expansion to other groups and locations as appropriate

Peer Support

- Incorporated budget for Community Worker
- Role of Community Worker
  - Provide support to clients during treatment
  - Education and outreach about this program
  - Additional advocate for consumer and treatment team
- Expand peer roles as program develops

Consumer Feedback:
The People of LAC Want TMS

- Presented project to consumers and providers throughout LAC
  - Service Area Advisory Committee meetings
  - Peer focus group
  - SLT
  - Mental Health Commission

- Overwhelming support for bringing this treatment to public mental health
- Address concerns regarding target population

Testimonials

Proposed Motion:

MHSOAC approves Los Angeles County's Innovation Project as follows:

Name: Mobile Transcranial Magnetic Stimulation

Amount: $ 2,499,102

Project Length: Three (3) Years

LOS ANGELES COUNTY
DEPARTMENT OF
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hope. recovery. wellbeing.

Peer Support Specialist Full Service Partnership (FSP) Teams

Los Angeles County Innovation Project

Debbie Innes-Gomberg, Ph.D.

The Need

- The Department is seeking to make a change to an existing practice in the field of mental health practice (FSP service delivery model and staffing) within Los Angeles County by:
  - Expanding the reach of peers in LA – evolution over time
    - 1-2 peer staff required for FSP teams → client-run centers→ WOW workers/volunteers→ health navigators→ Peer Respite Homes→ Peer Resource Center→ Whole Person Care- Kin through Peer → **Peer FSP**
  - Optimize meaningful roles for peers in the mental health system
  - Improve engagement practices and access to mental health care for individuals incarcerated or at risk of arrest and incarceration with a mental health condition.
  - Breaking incarceration cycles
- The primary purpose is to improve the quality of mental health services and achieve outcomes
- This project would represent a significant step forward for the LA County Department of Mental Health, in expanding the role of peers. Further, it is not a practice we found in other counties.

The Innovation

- Implement 2 FSP teams comprised primarily of peer support specialists.
  - Composition of each team:
    - 5 Peer Support Specialists
    - Licensed Clinical Supervisor (supervise all staff)
    - Psychiatrist
    - Licensed clinician (to do mental health assessments and treatment plans)
    - 1 administrative staff and 1 clerical staff

  - Traditional FSP programs have been staffed with a multi-disciplinary clinical team which have included peers. This PSS FSP program will modify the existing FSP team staffing to consist primarily of peers utilizing their lived experience
  - The manner in which the full array of FSP services are delivered will utilize lived experience as the foundation for engagement and service delivery.

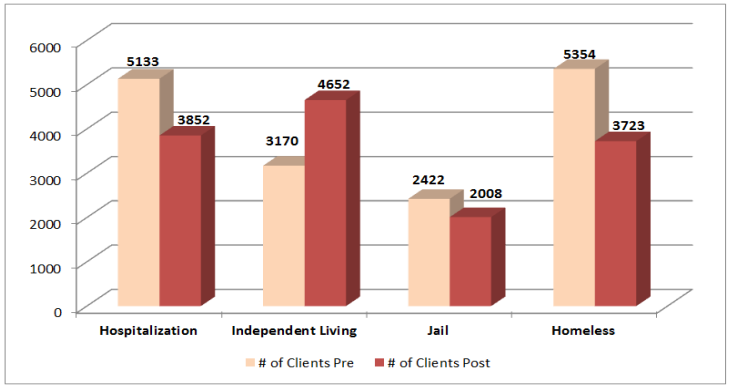
Overarching Learning Questions and Evaluation

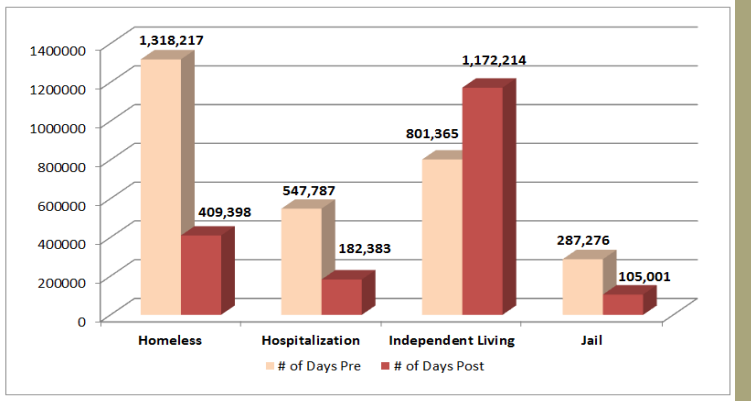
- Will justice involved individuals remain enrolled in FSP services with greater consistency throughout their treatment if support and care is provided by a PSS FSP rather than a traditional FSP team?
  - Compare reasons for disenrollment (met goals, lost contact, disenrollment due to incarceration of 6 or more months)
  - Compare average tenure in FSP for differences
  - Compare FSP clients who remain in FSP for 1 and 2 years with traditional FSP teams serving justice-involved populations.
- Are there differences in FSP data quality between PSS FSP and traditional FSP programs?
  - Compare missing baseline reports, Key Event Tracking/Change completion rates and Three Month/Quarterly (3M) outcomes.
- Are justice- involved FSP clients individuals less likely to recidivate if services are provided by a Peer FSP Team?
  - Compare incarceration outcome reports (Baseline incarcerations from the year prior to entering FSP to incarcerations after enrollment; cohort incarceration analyses after 1 and 2 years in FSP)

Overarching Learning Questions and Evaluation

- Does the work of Peer Support Specialists result in FSP clients who are more successful in integrating back into their communities?
  - Compare employment and volunteering patterns, distinguishing between in-house and community-based employment and volunteering.
  - Compare living arrangement outcomes, particularly independent living, congregate living and homelessness.
- What unique supports need to be put in place for Peer Support Specialists to be maximally effective in their roles in order to achieve effective client outcomes?
  - Qualitative interviewing of Peer Support Specialists at intervals during the project. This information will not only be used for the evaluation of the project but also to inform ongoing training and technical assistance.
- Will PSS staff be able to provide the array of FSP services within their current scope of practice?
  - Compare overall FSP outcomes for Peer Support Specialist FSP to outcomes for traditional FSP programs serving justice-involved populations.
  - Qualitative analysis of Peer Support Specialist competencies in providing each service array element.

FSP Adult Living Arrangement Outcomes





- 69% reduction in days homeless
- 67% reduction in days hospitalized
- 63% reduction in days in jail
- 46% increase in days living independently
- 30% reduction in clients homeless
- 25% reduction in clients hospitalized
- 17% reduction in clients in jail
- 47% increase in clients living independently

Number of Clients Included: 12,807
Number of Baselines Included: 13,481

Pages 53-57 of the MHSA Annual Update

The Budget

4 year project

- FY 2018-19 $2,511,082
- FY 2019-20 $2,454,601
- FY 2020-21 $2,454,601
- FY 2021-22 $2,454,601

Net Total **$9,874,886 MHSA INN**

Sustaining the Project: Should the project be successful, funds will be sought through the MHSA Community Services and Supports Plan- FSP for continued funding.

Proposed Motion:

- MHSOAC approves Los Angeles County's Innovation Project as follows:

- Name: Peer Support Specialist Full Service Partnership
- Amount: $9,874,886
- Project Length: Four (4) Years

DRIVING ACCESS TO BEHAVIORAL HEALTH CARE THRU INNOVATION:

"THE TECHNOLOGY SUITE"

A multi-county, multi-vendor collaborative to increase access to mental health care - and support and promote early detection of mental health symptoms that predict the onset of mental illness.

Project Overview and Presentation of Proposals to Join by Modoc and Orange Counties

ABOUT THE COLLABORATIVE: A STATE-LEVEL PERSPECTIVE

Shared Goals

- Increase access to the appropriate level of care
- Recognize and acknowledge mental health symptoms sooner
- Reduce stigma associated with mental illness by promoting mental optimization
- Increase purpose, belonging and social connectedness of individuals served
- Analyze and collect data from a variety of sources to improve mental health needs assessment, service delivery

Target Populations

- Individuals with sub-clinical mental health symptom presentations, including those who may not recognize that they are experiencing symptoms
- Individuals identified as at risk for developing mental health symptoms or who are at risk for relapsing back into mental illness
- Socially isolated individuals, including older adults at risk of depression
- Clients or potential clients in outlying or rural areas who have difficulty accessing care
- High utilizers of inpatient psychiatric facilities
- Existing mental health clients seeking additional sources support or seeking care/support in a non-traditional mental health setting
- Family members with either children or adults suffering from mental illness who are seeking support
- Individuals at increased risk or in the early stages of a psychotic disorder.

Collaborative Approach

- Formation of a cross-county steering committee (and focused subcommittees) to guide and oversee the work
- Intra and inter-county project management functions with CalMHSA as the Joint Powers Authority for administration
- Involve end users, peers and stakeholders throughout development and operationalizing of individual applications
- Link the individual technologies to support a 'greater whole' that creates choice for participating counties
- Capitalize on shared learning to advance the scope, coverage and effectiveness of the suite
- Utilize data to evaluate impact and inform services/supports for individuals and populations - and the suite as a whole

PROGRESS AND READINESS

- **Application Management & Advancement**: Selecting applications, identifying customization and advancements
- **End User Experience & Guidance**; Gaining end-user feedback; preparing to conduct focus groups, develop 'super users', and other end-user engagement activities; recruiting a full-time peer lead for the collaborative
- **Outreach & Marketing including Social Media**: Receiving proposals from a focused RFP; preparing to select final vendor and execute contract
- **Clinical Integration**: Preparing to map selected apps across the care continuum and begin preparation of integration activities with vendors, clinical managers, end-users and peers, social media managers
- **Evaluation & Performance Management**: Preparing focused RFSQ for evaluator from pre-qualified vendor list select final vendor
- **Privacy & Security Monitoring, Safeguards**: Identifying requirements related to unique aspects of information security for the 'suite', including responsibilities for vendor and county responsibilities; developing an information security plan
- **Accounting & Contract Management**: Applying a new budget model designed to support fee negotiation, county-specific budgeting and quarterly 'transactions' with vendors

Evaluation:

1) Three-pronged approach:
    1) Each vendor to provide performance reports and monitor their product's performance
    2) INN Project to evaluate each application
    3) INN Project to evaluate the suite as a whole (including impact for individuals using more than one app)
2) Formative approach to support evolving nature of the innovation:
    - To identify potential and actual influences on the progress and effectiveness of implementation efforts
    - To study the complexity of our project and answer questions about context, adaptations, and response to change
3) Current status:
    1) Preparing a follow-up RFSQ for initially qualified vendors
    2) Selected evaluator to prepare a detailed plan to evaluate initial vendor's apps – and the emerging 'suite of apps'
    3) Selected evaluator to expand the plan and evaluation as apps are added and adapted

Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

Modoc County Behavioral Health

FY 17-21/Innovation Plan

Peers: Billy Diaz MBA, Ronnie Gilbert, Ida Moore AA

Rhonda Bandy PhD, Karen Stockton PhD,

California "Frontier" County of Modoc Quick Facts:

- Population 8,795 scattered over 4,200 square miles (about 2 per sq mile)
- 3rd **least** populous county in Ca
  - Native Americans – 5%
  - Hispanic – 15% , Spanish is the only threshold language
  - White – 80%

- **Primary Problem**
  - Isolation and lack of social support (social, geographical, climatic, stigma, & privacy issues)
  - Need to detect mental illness earlier, particularly first break psychosis and depression, and intervene more effectively.
- **Stakeholder Process**
  - Presented to stakeholders in a series of 13 meetings in January 2018 (1.3% of population - 117)
  - Supported by peers, other stakeholders and Advisory Board.
  - Public Posting with no negative or other substantive feedback
  - Approved by the Board of Supervisors March 13, 2018
- **Target Population in Modoc County**
  - Isolated individuals in remote areas of the county
  - Youth
  - Older adults

Modoc Implementation & Unique Contribution:

- MCBH**, in partnership with our consumers/peer providers**, will **choose components as they are developed** that will best fit the target population's identified needs.
- MCBH will enhance their **contract with Sunray's of Hope**, a non-profit peer-run organization to provide additional support throughout the project (design, selection, promotion, implementation/support/education, evaluation).
- Modoc County's sparse population and remoteness makes us **uniquely situated to contribute to the statewide qualitative story**, rounding out qualitative findings that may be reported in published, peer-reviewed literature.
- MCBH will **participate fully in the** collaborative evaluation process (funding, design, data collection, analysis, and sharing the results).

Modoc County's Participation & Budget

How it meets County needs:	
Peer Chat	• Access to services • Overcome isolation, provide social support • Alternative to traditional treatment • Privacy & Anonymity • Linguistic competence
Therapy Avatar	• Reduces stigma • Reduces barriers to access • System navigation
Customized Wellness Coach (i.e., digital phenotyping)	• Early symptom detection • Objective measures for wellness planning
Marketing/ Promotion	• Essential to engaging users
valuation	• Informs current programs • Overarching questions • County-specific questions

Expenditures (3 years)	Total
Personnel Costs: Salaries	84,909
BH Peer Support Contract	13,000
Operating Costs: Travel	7,991
Non-Recurring Costs: Technology-County Devices/Equipment & Web access	30,100
Technology Products	80,000
Administrative costs:	
Local	13,500
CalMHSA	13,500
Promotion & Evaluation (10%)	27,000
Total:	270,000

Funds subject to reversion through FY 14-15	$74,612
Funds remaining unobligated & projected FY15/16 - FY19/20	$195,388
Total	$270,000

Mental Health Technology Solutions

Orange County Innovation Plan

April 26, 2018

County Quick Facts

3.2 million residents

3rd most populous

2nd most densely populated

59% non-white

Threshold languages

- Arabic
- Farsi
- Korean
- Spanish
- Vietnamese

Monolingual communities

- Mandarin
- Tagalog
- Khmer

Primary Problems Identified Through Recent CPPs

- Difficulty accessing services
- Language barriers
- Stigma and fear
- Ineffective outreach
- Need for support:
  - Family
  - One-on-one
  - Case management
  - System navigation

Local CPP/Stakeholder Decision-Making Process

- 2-hr weekly meetings, December 2017 – March 2018
- Q & A period before and after each meeting
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Target Population

- Family members of children and adults at risk of developing or living with mental illness
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Orange County's Participation

Component:	How it Meets County Needs:
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Total 4-Year Budget

~$24 Million

~$4.8 M dedicated to the hiring, training & supervision of Peers

~$4.4 M

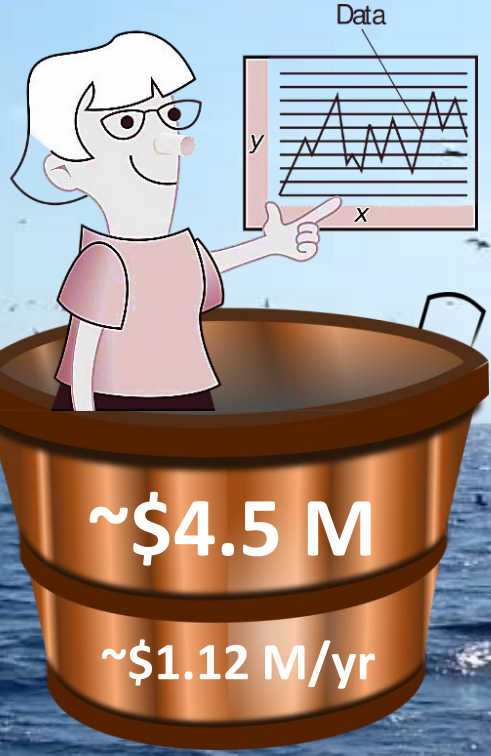
~$1.1 M/yr

Technology Apps

~$4.8 M

~$1.2 M/yr

Culturally Inclusive Marketing



~$4.5 M

~$1.12 M/yr

Evaluation

Administrative: ~$5.5 M

~$1.38 M/yr

~$13,429,412

FY 2008/09 – 2014/15

Reverted Funds

FINAL QUESTIONS?

THANK YOU!

PROPOSED MOTIONS

1. **Proposed Motion:** The MHSOAC approves Modoc County's Innovation plan as follows:

   Name: Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

   Amount: $270,000

   Project Length: Three (3) Years

2. **Proposed Motion:** The MHSOAC approves Orange County's Innovation plan as follows:

   Name: Mental Health Technology Solutions

   Amount: $24,000,000

   Project Length: Four (4) Years

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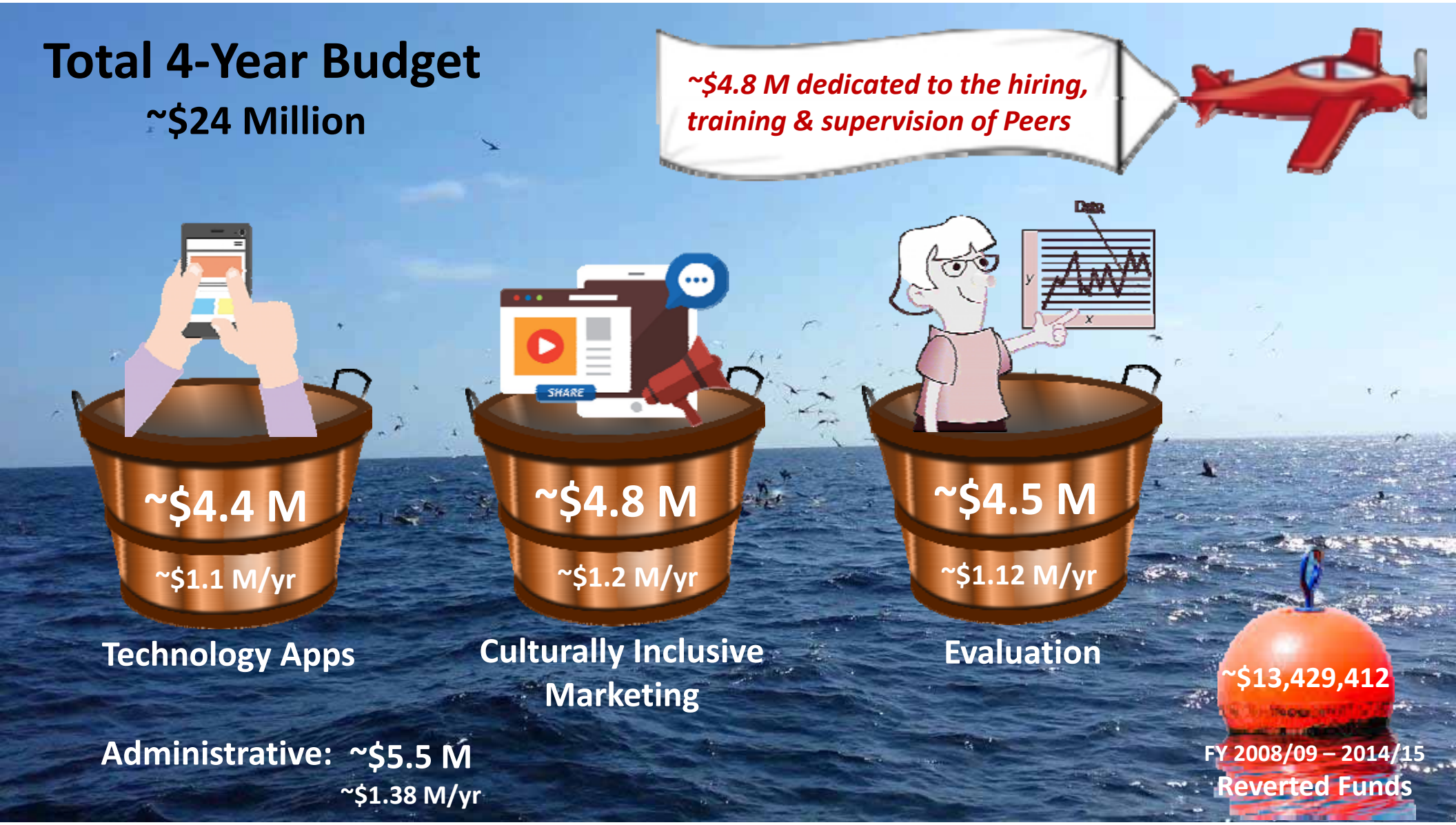

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THANK YOU!

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   Name: Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

   Amount: $270,000

   Project Length: Three (3) Years

2. **Proposed Motion:** The MHSOAC approves Orange County's Innovation plan as follows:

   Name: Mental Health Technology Solutions

   Amount: $24,000,000

   Project Length: Four (4) Years

COUNTY OF ORANGE
HEALTH CARE AGENCY
BEHAVIORAL HEALTH SERVICES

MENTAL HEALTH BOARD

MICHAELL ROSE, DrPH, LCSW
CHAIR

BOARD OF SUPERVISORS
COMMUNICATIONS COMMITTEE
MEMBERS:
Alisa Chatprapachai
Karyl Dupee
Gregory Swift
Fasi Siddiqui

MAILING ADDRESS
405 W. 5TH STREET
SANTA ANA, CA 92701
TELEPHONE: (714) 834-5481

April 4, 2018
Orange County Board of Supervisors
10 Civic Center Plaza
Santa Ana, CA 92701

Subject: Technology Solutions MHSA Innovation Projects

Honorable Board Members,

The Orange County Mental Health Board (MHB) has had an opportunity to review and study the proposed Technology Solutions MHSA Innovation Project. After careful consideration the MHB has come to the conclusion that we are in support of this wonderful opportunity for our county.

This Technology Solutions Project is in line with the vision of MHSA Innovation Projects as it has the potential to change the mental health system of care for our county by implementing new strategies. The use of technology in mental health is proving to be a strategy that has tremendous potential for offering large scale impact by increasing access to services. Specifically, this project will allow the county to support individuals with mental illness by creating a 24-hour convenient bridge to mental health services. By the mere nature of this technology solutions project, individuals will have some anonymity in using the applications which will help alleviate any fear and stigma around accessing services. The benefits of this project will be especially magnified for our isolated and underserved populations. We also see tremendous benefits and engagement opportunities across the life span but particularly for our transitional aged youth (TAY) via a medium/method with which they are very comfortable and familiar.

The Technology Solutions Project presents Orange County with a timely opportunity to participate in a larger MHSA Innovation statewide effort. It is important to note that this project will not require the hiring of any additional BHS staff and that an evaluation component of the program is built into the budget and programmatic strategies. For all of these reason listed above, the members of the MHB support the adoption and implementation of this project. We humbly recommend that our Supervisors vote in support of funding the MHSA Technology Solutions Project.

Respectfully,

Michaell Silva Rose, DrPH, LCSW

Michaell Silva Rose, DrPH, LCSW
Mental Health Board Chair