



WELLNESS • RECOVERY • RESILIENCE

November 14, 2018
PowerPoint Presentations and Handouts

- Tab 2:** • **PowerPoint:** City of Berkeley MHSA Innovations Trauma Informed Care Plan Update
- Tab 5:** • **PowerPoint:** Statewide Learning Health Care Network and Evaluation of California's Early Psychosis Programs



City of Berkeley MHSA Innovations Trauma Informed Care Plan Update



Presenting Problem/Need

- Children/youth who have been traumatized frequently “act out” through various behaviors often subjecting them to disciplinary actions which can re-traumatize or further traumatize them.
- The Trauma Informed Care Project (TIC) was approved by the MHSOAC in May 2016 for \$180,000 through June 2018 to address trauma in children and youth within school and educational settings.
- The project was created to assess whether educators in several BUSD schools who are trained to become aware of their own trauma and trauma triggers are better equipped to recognize and make appropriate decisions on how to assist students who exhibit trauma symptoms.



Proposed INN Project to Address Need

- ***The TIC Project Made a change to existing TIC for Educators projects by:***
 - ✓ Implementing the project through an existing learning collaborative, the City of Berkeley's 20/20 Vision Program, that would stay involved in and provide support through "Peer Support Learning Circles"
 - ✓ Utilizing a "Train the Trainer" model
 - ✓ Focusing educator's recognition of their own trauma/trauma triggers as a conduit to better understanding youth acting out behaviors
 - ✓ Inviting parents to participate in the training to assist them in recognizing their children's, and their own, trauma and trauma triggers and in seeking supports.



Intended Outcomes/Learning Objectives

- To create a change in the way educators and school staff view and handle challenging student behaviors (which often mask trauma).
- To create an increase in access to mental health services and supports for students in need.
- To promote better student mental health outcomes by increasing referrals to “appropriate” mental health services.



Current Situation

- Original TIC Project was implemented for one year in FY2016/17, due to staffing vacancies.
- Once staffing was filled, the Schools no longer able to prioritize project due to additional mandatory training requirements.
- Program Manager found that although the schools could not participate, Head Start programs were interested in implementing the project.
- Through a letter to the MHSOAC, approval was obtained to extend the original project until June 30, 2021.

Modified TIC Project

- Change the population from BUSD School educators/students to Head Start educators/students
- Increase funding for project by \$266,134.
- Apply the same Intended Outcomes/Learning Objectives as in the original project to the new population.



Innovation Budget

REQUESTED ADDITIONAL FUNDING FOR REMAINDER OF PROJECT				
A. EXPENDITURES				
Type of Expenditure	FY 2019	FY 2020	FY 2021	TOTAL
Personnel expenditures, including salaries, wages, and benefits	\$9,833	\$72,800	\$54,600	\$137,233
Operating expenditures	\$0	\$14,000	\$10,000	\$24,000
Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovative Project	\$1,500	\$6,825		\$8,325
Contracts (Training Consultant Contracts)	\$0*	\$0*	\$25,609	\$25,609
Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative (Costs for an Evaluator)	\$5,000	\$17,800	\$14,500	\$37,300
Total Direct Expenses	\$16,333	\$111,425	\$104,709	\$232,467
Indirect	\$5,757	\$17,010	\$10,900	\$33,667
Total Proposed Expenditures	\$22,090	\$128,435	\$115,609	\$266,134
MHSA Innovations Funds	\$22,090	\$128,435	\$115,609	\$226,134
Total Revenues	\$22,090	\$128,435	\$115,609	\$226,134
B. TOTAL ADDITIONAL FUNDING REQUESTED	\$58,090	\$128,435	\$115,609	\$226,134
*Previously approved and remaining \$70,691 funds will be spent on the Training Consultant				
**If successful the City may evaluate other funding sources to sustain the Innovation project.				

CONTACT INFORMATION & RESOURCES

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City of Berkeley MHSA Website

www.ci.berkeley.ca.us/mentalhealth

*(follow link to MHSA webpage)

Proposed Motion

MHSOAC approves City of Berkeley's innovation project as follows:

Name of Project:	Trauma Informed Care
Additional Amount:	\$266,134 for a total innovation project budget of \$336,825
Total Project Length:	Five (5) years.

Statewide Learning Health Care Network and Evaluation of California's Early Psychosis Programs

Tracy Lacey, LMFT, Solano County

Tara Niendam, Ph.D., UC Davis

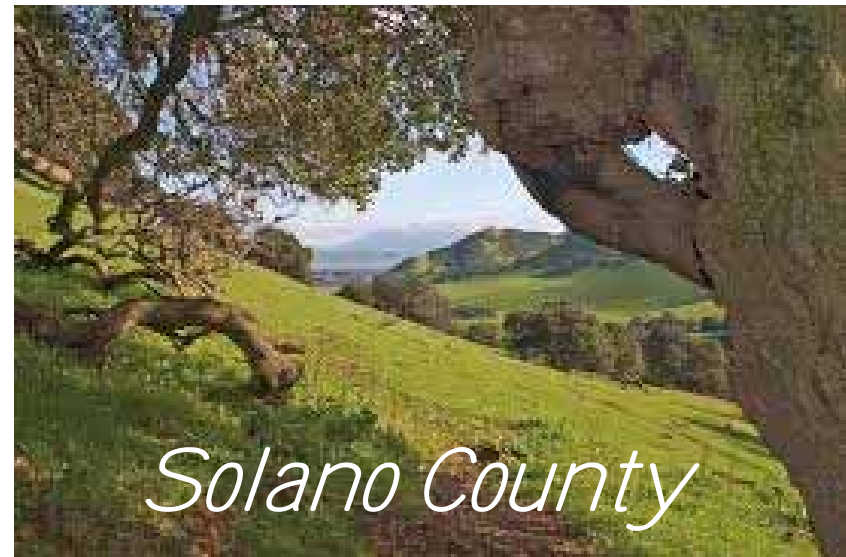
Mark Savill, Ph.D., UCSF

Debbie Innes-Gomberg, Ph.D., Los Angeles County

Early Intervention is key for Psychosis

- Influx of state (Prop 63 PEI, AB1315, SB1004) and federal (MH Block Grant) dollars has led to rapid development of early psychosis (EP) programs across California
 - 30 programs in 24 counties in 2017, with more starting each year
- Research consistently shows that intervention within 18 months of psychosis onset = better long term outcomes (Kane et al., 2016)
 - Reduced rates of suicide, hospitalization, incarceration, homelessness
 - Improved quality of life, social/family relationships, work and school functioning
 - Reduced costs of care for counties and state
- Increased funding reduced disparities in access to and quality of care for all Californians - especially underserved and unserved individuals - across the state

County Collaborative Effort



What is innovative about the proposed project?

Project will make a change to an existing practice in the field of mental health that will increase the quality of services, including measurable outcomes.

1. Creates a unified network of CA early psychosis programs to standardize practice and support knowledge-sharing
2. Harmonizes EP evaluation across core outcomes to enable large scale evaluation and program development
3. Achieve measurement-based care via EP-focused technology platform, enabling participation for consumers and families across 13 languages.
 - Collect and visualizes consumer-level data across a variety of recovery-oriented measures to empower consumers to use own data in care decisions
 - Provides immediate access to relevant outcome data for program leadership that can be quickly disseminated to stakeholders or shift program practice

Proposed Learning Healthcare Network for CA Mental Health programs

Consumer level



Consumer (and family) enter data on relevant survey tools (in threshold languages) in app-based platform at baseline and then regular follow up

Provider level



Clinician and/or MD can visualize responses on web-based portal for the individual over the course of treatment and share that data with the consumer during session.

Clinic level



Program management can visualize summary of responses on portal for:
- All consumers in clinic
- In relation to CA average

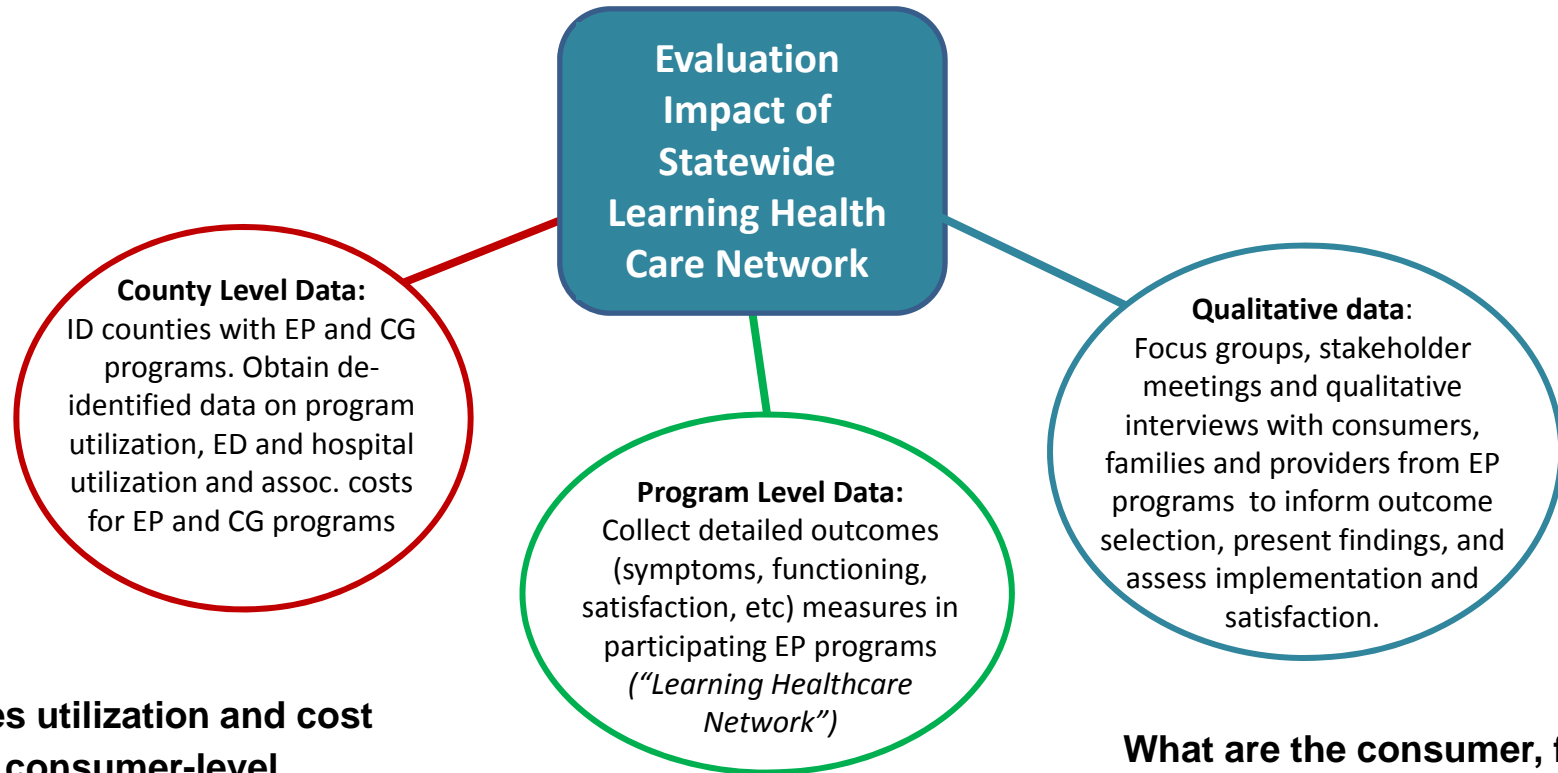
State level



Administrator level allows access to de-identified data across all clinics on the app for analysis

Evaluating EP programs and Improving Care Outcomes

Learning Questions and Outcomes



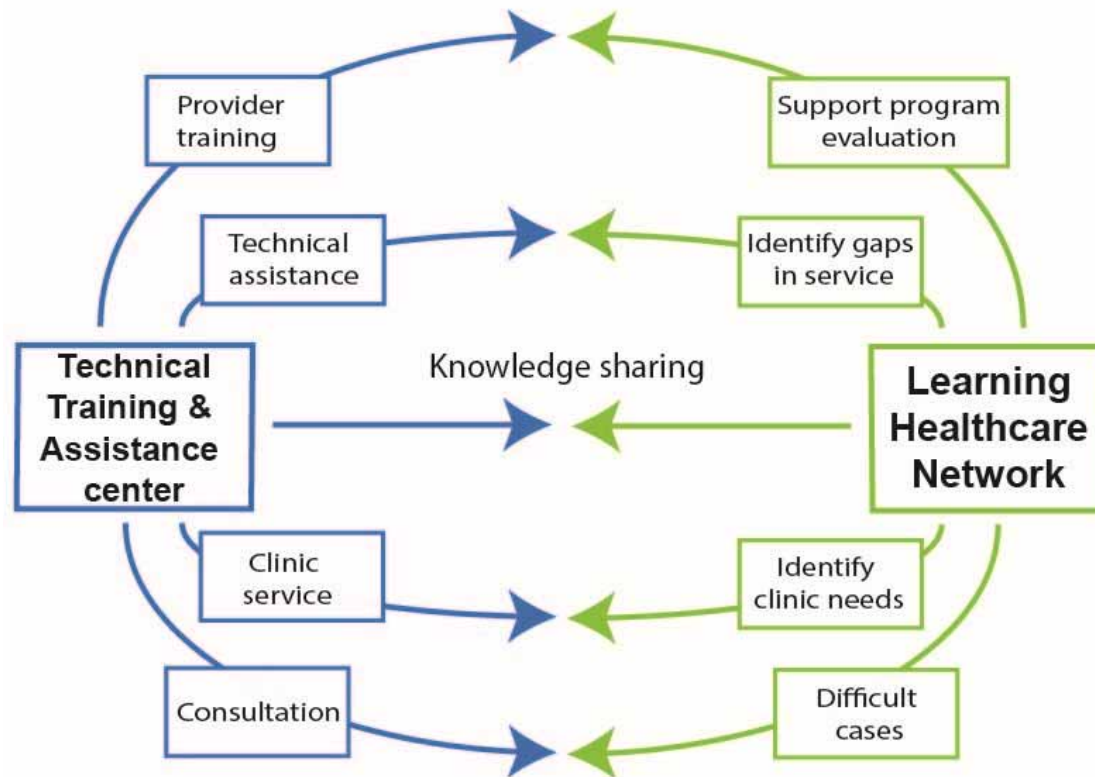
How does utilization and cost relate to consumer-level outcomes within EP programs?

What are the program components associated with consumer-level short-and long-term outcomes in particular domains?

What are the consumer, family and provider experiences of submitting and utilizing data obtained through the LHCN during clinical care?

Impact on California

The creation of the LHCN will support development of the EP Training & Technical Assistance Collaborative



Impact on California

Long Term Value:

- EP services are expanding across California – opportunity to create statewide approach to EP care
 - Springboard for SB1004
- Develop a sustainable learning health care network for California's EP programs, allowing consumers, families and the state to benefit from data and improve the quality of services across diverse communities.
- Enhance ability to participate and learn from national network of EP programs and data systems (EPI-NET).



Proposed Budget

- The budget for each individual counties were based on population of county, which generally aligns with number of consumers served.
- In their EP programs, LA county will serve approximately 500 consumers per year, 82 per year in Orange county*, 260 per year in San Diego county, and 40 per year in Solano county.
- These numbers do not include all of the family and community members that will also utilize services via these EP programs.

COUNTY	FY 18/19 (6 mo)	FY 19/20 (12 mo)	FY 20/21 (12 mo)	FY 21/22 (12 mo)	FY 22/23 (12 mo)	FY 23/24 (6 mo)	Total INN Funding Requested
Los Angeles	\$565,482	\$963,740	\$876,102	\$864,416	\$843,054	\$432,233	\$4,545,027
Orange	\$249,912	\$499,824	\$499,824	\$499,824	\$499,824	\$249,912	\$2,499,120
San Diego	\$157,576	\$227,148	\$219,927	\$216,285	\$209,626	\$96,828	\$1,127,389
Solano	\$42,340	\$81,330	\$86,037	\$85,554	\$84,670	\$34,280	\$414,211
							\$ 8,585,747

*Orange county serves only FEP while other programs serve both FEP and CHRs.

Questions?



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University of California
San Francisco



Proposed Motions (4):

The MHSOAC approves each of the following County's Innovation plans, as follows:

Name	Amount	Project Length
Los Angeles	\$4,545,027	5 Years
Orange	\$2,499,120	5 Years
San Diego	\$1,127,389	5 Years
Solano	\$414,211	5 Years