



## COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH



### Spending Plan for Funding subject to AB 114 – Department of Health Care Services Info Notice 17-059

Pursuant to AB 114 (Chapter 38, Statutes of 2017) and the Department of Health Care Services Information Notice 17-059, each County must prepare and publically post a plan for MHSA funding subject to reversion from Fiscal Years 2005-06 through 2014-15.

Los Angeles County has identified \$83.6 million of Prevention and Early Intervention (PEI) and \$78.3 million of Innovation (INN) funds that were subject to reversion as of July 1, 2017. The following is a plan to spend these funds by June 30, 2020.

#### **Innovation**

The Innovation (INN) Pipeline Workgroup was established by LACDMH in December 2017 to develop and refine project proposals that meet the criteria for Innovation. To date there have been 3 workgroup meetings, along with weekly updates and individual contacts made between meetings. Each meeting has averaged 25 individuals in attendance. While projects continue to be in various stages of development and vetting for initial qualification as an Innovation project, LACDMH would like to seek broader public input on the following potential Innovation projects that seek to advance the public mental health system.

#### **1. Enhancing Workforce Training through Mixed Reality Approaches**

**Project Description:** Mixed reality workforce training approaches seeks to use cutting-edge mixed reality software system to provide new and existing clinicians and peer support specialists with a much broader range of clinical experiences than previously possible. The system uses highly trained actors to deliver realistic mental health training scenarios, allowing clinicians to train with the diverse range of cultures, ages, and mental health problems that they will experience in practice. Clinicians will have the opportunity to practice supportive and therapeutic interventions for individuals with severe conditions such as Post Traumatic Stress, various forms of trauma, Obsessive Compulsive Disorder, substance use conditions, and many other serious mental health challenges, thus preparing staff to respond as effectively as possible. Avatars and case studies will be developed with several representing the diverse cultural and linguistic populations found within L.A. county communities. LACDMH would partner with one or more local universities and/or appropriate vendors to pilot this training approach with a select number of DMH directly operated and contract providers, for a period of up to 5 years to test whether this learning paradigm can more effectively train clinical staff and peers to interview, diagnose, treat, case manage and support clients.

This proposal is suggesting a simulation training currently being used on a small population of students be expanded and adjusted to train community mental health employees. The Simulation system will allow for skill building using a cyclical, reflective, and highly realistic teaching modality that provides corrective feedback, peer support and a genuinely collaborative learning environment. Using a computer program in real time sessions with an avatar as a client, a group of employees can

learn the ABC's of clinical work while also developing their confidence and strengthening their caring, compassionate skills.

**Project Lead:** Alex Elliott - [ASElliott@dmh.lacounty.gov](mailto:AElliott@dmh.lacounty.gov)

**Primary Purpose:** Increase the quality of MH services, including measurable outcomes.

**Qualifies as an Innovative Project:** Introduces a new application to the mental health system of a promising community-driven/approach or a practice/approach that has been successful in a non-mental health contexts or settings.

**Population to be targeted:** Public mental health staff, including peer support specialists.

**Goals or objectives of project:** To test out the implementation of a technology-focused workforce training approach. With the Department of Health Care Services Final Rule and Network Adequacy mandates, LACDMH will need to ensure its workforce is maximally developed and trained to deliver effective, culturally competent services. Testing out the augmentation of existing training protocols that rely heavily on in-person live training and webinar-based training, to meet the needs of clients in our mental health system. This proposal will also attempt to increase staff retention across the contracted providers and the Department, while improving staff moral and decreasing burnout. There will be simulations made to train specifically for the populations served in DMH, while focusing on language and cultural differences as well for those providers with a specific focal population. This will allow for the further development, expansion and understanding of cultural and linguistic sensitivity in service delivery, ultimately resulting in better service delivery and improved client care and outcomes.

**Estimated Project Length:** Proposed as a five (5) year project, in order to effectively build a clinical training avatar library.

**Estimated Annual Budget:** Years 1 & 2, \$500,500 each year, year 3 and forward, \$470,500

**Total Estimated Budget:** Over 5 years- MHA INN only: \$2,412,500

## 2. Improving Access to Psychological Treatments (IAPT)

**Program Description:** The IAPT will pilot a phone-based initial evaluation, triaging to the least burdensome level of gold standard treatments not currently available (i.e., watch and wait, bibliotherapy, online Cognitive Behavioral Therapy (CBT) or an application-based, online CBT with coaching, online CBT with peer-directed CBT support forums, instant-message based therapy, and streamlined access to appropriate level of outpatient services, including co-located employment services for primary care consumers). This is largely intended to allow services be provided to consumers where they are rather than visiting a clinic. All levels of care are continuously monitored through online applications with staff incentives for monitoring through feedback-informed treatment. CBT trained staff (through Individual CBT protocol) will be supervised with an emphasis on utilizing on-demand real-time outcomes readily available through iPads and applications for the consumers and clinicians. The Transition Age Youth (TAY) population will be targeted for interventions, with quality of life outcomes monitored for impact on averting disability and increasing gainful employment. Physicians will be trained to refer to stepped care for lower levels of

depression and anxiety rather than immediately prescribing medications. Wait times for initiating treatment (not evaluation) are capped at 6 weeks from triage.

The whole package is intended to reduce the one-size-fits-all experience of most mental health consumers referred to adult outpatient services from the current co-located programs, increasing therapeutic modalities, reduce costs and provide a therapeutic experience that is engaging for populations that utilize technology in most aspects of their lives.

**Project Lead:** Ivy Levin / Lynn McFarr - [ILevin@dmh.lacounty.gov](mailto:ILevin@dmh.lacounty.gov)

**Primary Purpose:** Increase access to mental health services to underserved groups.

**Qualifies as an Innovation Project:** Make a change to an existing mental health practice that has not yet been demonstrated to be effective, including adaption for a new setting, population or community.

**Population to be targeted:** TAY and adults with depression and anxiety visiting primary care and FQHCs with particular emphasis on engaging TAY consumers. Services will be focused over the phone and online, to improve convenience of access and to avoid integration into the mental health system when not indicated.

**Goals or objectives of project:** The TAY population will be targeted for interventions and work outcomes monitored for impact. It is anticipated disability will be averted and gainful employment outcomes increased. It is also hypothesized that TAY will be engaged in an expedited and comfortable manner, through the phone and apps. The expedited intervention implementation, paired with convenience and comfort for the targeted population will ultimately lead to avoiding the integration into the MH system and moving forward in a productive and healthy manner.

**Estimated Project Length:** Proposed as a three (3) year project.

**Estimated budget:** \$5 million over three (3) Fiscal Years

### 3. Ongoing Focused Support for Conservatees living in the Community

**Project Description:** Establish a pilot project to work with the Office of the Public Guardian (PG) and all conservatees living in the community (approximately 800 individuals at this time) with a team of clinically trained advocates and peer support mentors. The program would be guided by the principles of the Recovery Model. The clinician's primary role will be that of advocate, connector and supporter for the conservatee. A key component of this project would be to have ongoing treatment team meetings and in-service trainings for the PG's and clinical advocates and peer mentors to come together and truly collaborate in the best interest of the client. The team will work with the conservatee, to encourage the development of autonomy and self-regulation skills. Clinicians and peer mentors will develop partnerships with the PG conservators, the conservatees and the programs to which they are attached. Conservatees shall be allowed the opportunity to stumble, while the clinical advocate and peer mentor provide a safety net. The clinician and peer will pair as a team, to assure the client is fully supported in recovery. It is imperative there is ongoing communication and collaboration across all departments and programs. These clinical advocates and peer mentors will support clients throughout the system across any and all programs, sustaining a connection to the client and not any particular clinical program. It is proposed initially there will be

two 2 clinicians and 2 community workers (peer mentors) assigned per service area and at any given time a clinician/peer team will be providing supportive, case management and consultative services to a caseload of 50 conservatees who are living in the community and not within the confines of a locked facility.

**Project Lead:** To be Determined.

**Primary Purpose:** Increase the quality of MH services, including measurable outcomes.

**Qualifies as an Innovation Project:** Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community.

This proposed project is innovative in that it proposes a conservatee living in the community is assigned a clinical advocate/peer mentor team who will follow the client throughout the system, supporting, and advocating on the client's behalf. Generally a clinician is advocating for the best interests of the client, but as it pertains to a single program they are attached to and do their best to connect client to all necessary services. What is innovative in this program is that this advocate is a constant support to the client and advocates for the client on their best interests to all programs and supports the client is in need of, along with the additional support of having someone with lived experience as a member of their treatment team. Often, upon transition to the community, clients connected to the PG are not closely connected to clinical, medical and community supports. This project would assure these clinical advocate/peer mentor teams are working with all entities necessary, including face-to-face contact and integrated collaborative team meetings and in-service trainings with the PG.

**Population to be targeted:** Conservatees living in the community who are connected to the PG.

**Goals or objectives of project:** The goals and objectives of the project are: Connect clients under conservatorship to all necessary supports and services, while providing ongoing support in the field, improved communication and collaboration between the PG, the client and their advocate/mentor team, improving all conservatee outcomes, cross training of all staff working with conservatees, so that all individuals are familiar with the service delivery system and functions, shared coordination plans will assure all needs are met and addressed for the conservatee, with nothing falling through the cracks, not duplication of services. Ultimately, it is anticipated conservatees will transition off of conservatorship, while remaining connected to advocate, mentor and mental health services.

**Estimated Project Length:** Proposed as a five (5) year project.

**Estimated MHSA Only Annual Budget:** \$1,639,440 per year

**Total MHSA Estimated Budget:** \$8,197,200

#### 4. Utilizing Ride Sharing Programs to Facilitate Client Transportation

**Program Description:** Development of more efficient transportation supports for clients, not only for Mental Health services, but also for medical appointments, interviews, to and from school/employment, etc. as needed. Investigate the possibility of contracting with ride share companies, which would provide readily and reliable transportation for clients, including conservatees, to keep and arrive on time to important and necessary appointments. It is hypothesized that immediate access to transportation services will lead to an increase in client's quality of life and lend to improvement of health and mental health outcomes, along with an increase in a client's rate of returning to school and/or employment.

**Project Lead:** Alex Elliott - [ASElliott@dmh.lacounty.gov](mailto:AElliott@dmh.lacounty.gov)

**Primary Purpose:** Increase access to MH services to underserved groups, including conservatees.

**Qualifies as an Innovative Project:** Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community.

This project is innovative in that through an on online dashboard, service providers would be able to schedule rides to and from medical appointments, school/employment, etc. as needed. The client would receive a text message once the appointment is booked and when the ride is on its way. If the client does not have a phone, the provider would have the ability to coordinate on their behalf. Clients will be selected to receive supportive ride share services for a defined period of time, such as one year. At the end of the program, at least 630 clients would have received supportive transportations services

**Population to be targeted:** Clients currently receiving services in public Specialty Mental Health centers, with major medical issues and/or transportation struggles will be identified on an annual basis for this program.

**Goals or objectives of project:** It is hypothesized that immediate access to transportation services will lead to an increase in client's quality of life and lend to improvement of health and mental health outcomes, along with an increase in a client's rate of returning to school and/or employment. It is also anticipated training the drivers would begin to reduce stigma against mental health clients and improve understanding and knowledge of mental health matters. At the end of the program, at least 630 clients would have received supportive transportations services, with a plan toward independent transportation and 1,500 MH awareness trainings, minimally, would have been taken by ride share drivers. Ultimately what benefits the clients and society as there will be an increased understanding of mental health matters in the community and the more time spent driving our clients will further reduce stigma against mental health clients.

**Estimated Project Length:** Project proposed as a three (3) year project.

**Estimated MHSA Only Annual Budget:** \$700,000 over three (3) years.

5. **Removing barriers to Mental Health optimization through a suite of on-demand services**

On-demand services encompass all digitally based marketplaces that offer convenient access to and/or fulfillment of goods and services. Services would be provided to clients in supportive housing and clients experiencing homelessness. Resources would be available to outreach workers in the field through lockers and storage spaces strategically placed throughout the county. Providers in the field would have access to the storage lockers (self-service parcel delivery service) to obtain critical items to meet client’s basic needs and to items that remove barriers to wellness.

Clients in housing would have access to demand delivery of healthy produce, on demand delivery of groceries, on demand scheduling of cleaners, plumbers, handymen, and other household service providers. Additionally, access to a delivery based full-service pharmacy that sorts medications (including vitamins, supplements, and over-the-counter medications) by the dose and delivers to the client’s door. It is hypothesized that access to on-demand services will lead to an increase in client’s quality of life and lend to improvement of health and mental health outcomes

The suite would include contracting with vendors providing the following services.

- Self-service parcel delivery service
- On demand delivery of healthy produce
- On demand delivery of supplies necessary to create a “care kit”
- On demand delivery of supplies to meet client’s basic needs
- On demand delivery of groceries
- Delivery based full-service pharmacy that sorts medications (including vitamins, supplements, and over-the-counter medications) by the dose and delivers to the client’s door.
- On demand scheduling of cleaners, plumbers, handymen, and other household service providers.
- On demand wash and fold laundry service that picks up dirty laundry, cleans it, and delivers it back to its owners
- **Project Lead: Alex Elliott - [AElliott@dmh.lacounty.gov](mailto:AElliott@dmh.lacounty.gov)**

**Primary Purpose:** Increase access to MH services to underserved groups.

**Project Approach:** Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

**Budget:** \$1,500,000 for a three (3) year project

6. **Trauma-Informed Resilient Leadership Training (TIRLT)**

**Program Description:** TIRLT is designed to build individual and community resilience, leadership resources and social connectedness that increase the community’s capacity to overcome adversity and thrive. During a major community crisis or natural disaster, communities may be left on their own for several days, weeks and even months during the recovery period without adequate mental health service providers for everyone who needs assistance, it is imperative that communities have their own mental health resources which are accessible to everyone. The recovery from community

crises (i.e. school shooting, gang activity, etc.) and natural disasters can take years and have ripple impacts across communities. The impact of crises within one's community goes beyond the physical environment and changes the way people live and their wellbeing. This causes great stress for community members who must change how they live, work and relate to others. Studies have shown increases in domestic violence rates in areas where there have been major community disastrous events. This training recruits members of the community and trains them on the Community Resilience Model (CRM), trauma-informed care, Adverse Childhood Experiences, leadership skills, analytical skills and evaluation methods.

**Project Lead: Phyllis Griddine-Tate** - [Pgriddine@dmh.lacounty.gov](mailto:Pgriddine@dmh.lacounty.gov)

**Primary Purpose:** Increase access to MH services to underserved groups.

**Qualifies as an Innovative Project:** Introduces new mental health practices/approaches that have never existed before. TIRLT is a brand new idea to combine all of the above elements into one training that focuses on response to community crises and natural disasters and building mental health resiliency and support at the community level.

**Population to be targeted:** Communities which have faced crises and trauma who are dedicated to supporting and improving the resilience of their community.

**Goals or objectives of project:** The goals of this project are to improve and increase the resiliency of individual communities. Through training individuals to assist and support others and continue to train others within your own and other communities, resources and supports are established. It is assumed the earlier intervention and support occurs, and then lasts during crises and disasters, the more quickly communities will heal, learn, repair and grow from these experiences and supports.

**Estimated Project Length:** Proposed as a three (3) year project

**Estimated MHSA Only Annual Budget:** \$347,000, proposed 3-year pilot, totaling \$1,041,000

## 7. Training in Integrated Medicine (IM)

**Program Description:** Especially as it relates to integrating this model into mental health services. This will allow psychiatric providers to add nutritional and holistic interventions that will improve client outcomes. IM values the use of nutritional supplementation (i.e. Omega 3s, B vitamins, magnesium and nutritional lithium) to resolve underlying nutritional deficits, along with education and encouragement of healthy eating. Addressing the nutritional deficits can improve overall health, mental health and improve outcomes for clients.

**Project Lead:** Valerie Curtis - [VCurtis@dmh.lacounty.gov](mailto:VCurtis@dmh.lacounty.gov)

**Primary Purpose:** Increase the quality of MH services, including measurable outcomes.

**Qualifies as an Innovative Project:** Introduces a new application to the mental health system of a promising community-driven/approach or a practice/approach that has been successful in a non-mental health contexts or settings. IM has not been integrated into the MH delivery system in Los Angeles County (LAC). We believe integrating IM into MH practice is in line with the Recovery

Model, and could be incredibly beneficial to our clients. This will assist moving clients forward in their recovery through the learning of using supplements and establishing healthy eating habits.

**Population to be targeted:** Programs and doctors interested in learning about IM will be identified, along with implementation on a small scale with clients interested in and supportive of the IM concept.

**Goals or objectives of project:** Measurement would imply how these changes impact the short and long-term outcomes of MH clients in LAC. It is anticipated clients involved in IM will realize improved health outcomes and decreased mental health costs.

**Estimated Project Length:** Proposed as a four-year project.

**Estimated MHSA Only Annual Budget:** Year 1 - \$312,110, Years 2-3 - \$1,318,793 annually

**Estimated total MHSA only budget:** \$2,949,697

#### 8. **System Transformation: Geographically-Bound Systems of Treatment and Recovery Support**

**Program Description:** Identify one or more geographic areas in the County to transform the service structure to create a community of support for a defined population where all needed services would be provided that would not be constrained by Medi-Cal claiming limitations. Clients within the defined population would be part of a recovery and wellness community network regardless of level of care. Each client would have a treatment and support team available 24 hours a day, 7 days per week. Recovery is promoted through inclusive community networks where clients are empowered to become their own agents of change through the creation of enhanced social networks, participation in community activities and role enhancement (employment, educational growth).

Each geographically-bound community would have approximately 2,500 client members who have access to all needed services and supports. Each mental health center will receive a defined budget per member per month for the provision of services and supports, including housing and short term hospital admissions.

**Project Lead:** To be determined.

**Primary Purpose:** Increase the quality of MH services, including measurable outcomes.

**Qualifies as an Innovative Project:** Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community.

**Estimated Project Length:** 4 years.

**Estimated Project Budget:** Up to \$25,000,000 per year

**Estimated Total Budget:** \$ Up to \$100,000,000

#### 9. **A multi-county evaluation of a treatment network for Early Psychosis services**

LACDMH is proposing to partner with UC Davis and the One Mind Institute to join a multi-county learning collaborative that will implement and evaluate Early Psychosis/First Episode Psychosis



evidence-based practices by agreeing upon and collecting a common set of measures, utilizing a statewide data portal. The data collected will inform the delivery of services and contribute to the growing literature on the effectiveness of early intervention and detection of prodromal signs, signaling a potential first psychotic break.

**Project Lead:** Debbie Innes-Gomberg - [DIGomberg@dmh.lacounty.gov](mailto:DIGomberg@dmh.lacounty.gov)

**Primary Purpose:** Increase the quality of mental health services, including measurable outcomes

**Qualifies as an Innovation Project:** Introduce a mental health practice or approach that is new to the overall mental health system

**Estimated Project Length:** 2-3 years

**Estimated Project Budget:** \$3 million

## 10. Therapeutic Transportation of Clients to Inpatient Facilities

**Project Description:** When a mental health staff or team makes the determination to initiate an involuntary hold (5150 or 5585), the team often waits as long as 5-6 hours for an ambulance to arrive to transport the client to the hospital. There are a number of problems with this practice, including (1) the inefficient use of staff who must stay with the client; (2) the client's own comfort is compromised; (3) Once the client is placed in an ambulance, they are secured in such a manner that promotes safety to the exclusion of recovery. LACDMH proposes a pilot project to test out the use of specially outfitted vans staffed with mental health clinicians and peer support specialists who will transport clients assessed to be transported in this manner to the hospital. The staff would offer a supportive and more immediate response to transportation as well as in initiating healing and recovery from the exacerbation of mental health symptoms. Clients also who are responded to in the field, evaluated to not meet involuntary care criteria but whose crisis is insufficiently resolved may also be good candidates for this service. This mobile mental health van concept is modeled after the PAM (Psychiatric Emergency Response) ambulances of Stockholm, Sweden which provide supportive services delivered to individuals in crisis.

**Project Lead:** Miriam A. Brown/Gary Walenzik - [Mbrown@dmh.lacounty.gov](mailto:Mbrown@dmh.lacounty.gov)

**Primary Purpose:** Increase the quality of mental health services

**Qualifies as an Innovation Project:** Introduce a mental health practice or approach that is new to the public mental health system in California but has been used in Sweden.

**Estimated Project Length:** 3 years

**Estimated Project Budget:** \$1,200,000 per year

**Estimated Project Budget:** \$3,600,000

## Summary of Innovation Spending Plan

Listed below are the Innovation projects and associated projected expenditures through June 30, 2020. Specific expenditures will depend upon approval from the Mental Health Services Oversight and Accountability Commission and local processes, including feedback from this public posting. LACDMH anticipates that it must spend \$78.3 million on Innovation funds by June 30, 2020. Proposals will continue to be accepted and reviewed. To the degree that this spending plan exceeds what must be spent by June 30, 2020, one or more projects may be funded by Fiscal Year 2016-17, 2017-18 and future fiscal years, as those funds are known.

INN 2 and INN 2 Evaluation	\$46,000,000
INN 3*	\$12,642,056
INN 4 TMS	\$1,611,684
INN 5 Peer FSP	\$4,965,683
Enhancing Workforce Training through Mixed Reality Approaches	\$1,001,000
Improving Access to Psychological Treatments (IAPT)	\$3,000,000
Ongoing Focused Support for Conservatees living in the Community	\$2,459,160
Utilizing Ride Sharing Programs to Facilitate Client Transportation	\$466,666
Removing barriers to Mental Health through a suite of on-demand services	\$2,250,000
Geographically-Bound System Transformation	\$25,000,000
Trauma-Informed Resilient Leadership Training (TIRLT)	\$347,000
Training in Integrated Medicine (IM)	\$1,400,000
Multi-County evaluation of a network for Early Psychosis services	\$2,000,000
Therapeutic Transportation of Clients to Inpatient Facilities	\$2,400,000
<b>Total</b>	<b>\$105,543,219</b>

\*The remaining \$20.3 million was applied to Innovation funds subject to reversion as of June 30, 2018.