COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

MHSA INNOVATION 7 PROJECT
THERAPEUTIC TRANSPORTATION

The Innovation

LACDMH proposes a pilot project to measure the impact of using specially outfitted vans, staffed with mental health clinicians and peer support specialists, for the therapeutic transport of clients on involuntary holds to the hospital. Staff would offer a supportive and expedited response to transportation as well as initiate supportive case management in order to begin the healing and recovery from the exacerbation of mental health symptoms from the first point of contact. This mobile mental health van concept, modeled after the PAM (Psychiatric Emergency Response) ambulances of Stockholm, Sweden, provide supportive services delivered to individuals in crisis. Similar to PAM, the LACDMH team will respond to PMRT's request to transport a client who is on a hold. The transportation team will provide a supportive and therapeutic environment consisting of a clinician, case manager and peer support specialist.

Through this project, LACDMH will introduce a new method of handling involuntary hold transports, a concept driven by community input and needs. This approach will shorten the wait time for medically stable, non-combative and cooperative individuals, therefore reducing the utilization of ambulance and law enforcement for 5150/5585 transportation. The provision of immediate services, linkage, connection, supportive coordination provided for the individuals placed on a hold, will reduce trauma, stigma and indignation often involved in the hold transport process. Ultimately, a decrease in adverse events that could transpire due to lengthy wait times, a shorter transport wait time overall as well as necessary services and supports delivered to the client during the transport and admission processes will benefit the system as a whole.

Innovation Criteria

This proposal qualifies as an Innovation Project, through the introduction of an improved mode of transportation and therapeutic support for clients on involuntary holds. The project approach introduces a new application to the mental health system of a promising community-driven practice/approach that has been successful in a non-mental health context or setting by way of utilizing peers, decreasing wait times, and decreasing the effects of trauma on individuals.

This mobile mental health van concept modeled after the PAM (Psychiatric Emergency Response) ambulances of Stockholm, Sweden, which provide supportive services delivered to individuals in crisis. Staff would offer a supportive and immediate response to transportation as well as in initiating healing and recovery from the exacerbation of mental health symptoms and/or trauma. Clients responded to in the field, evaluated and do not meet involuntary care criteria but whose crisis is insufficiently resolved may be good candidates for this service.

Another innovative approach to this project is the use of unmarked county vehicles designed with a therapeutic interior to ease the stress of the situation for clients. Multidisciplinary transport teams will be dressed in casual attire, trained for multiple crisis scenarios, where no gurney or restraints are used, trained in areas such as Mental Health First Aid and other de-escalating criteria to provide various levels of consumer support. Additionally, this team will operate in a way that provides further comprehensive information, education and advocacy for the individuals as a support system during transport, while also communicating and collaboration directly with hospital staff, resulting in more effective and efficient patient treatment transfer.

Primary Purpose

The primary purpose of the project is to increase access and the quality of mental health services to underserved groups. This will come to fruition through the introduction of a more supportive and efficient way to transport clients, while also reducing the risk for further trauma, and ensuring the client a Therapeutic Transport (TT) member remains with them until the admission process is complete. 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 for transportation to the hospital. There are a number of problems with this practice; including (1) the inefficient use of staff that must stay with the client, (2) the client's own comfort is compromised, (3) once the client is placed in an ambulance or police car for transport, they are secured in such a manner that promotes safety to the exclusion of recovery.

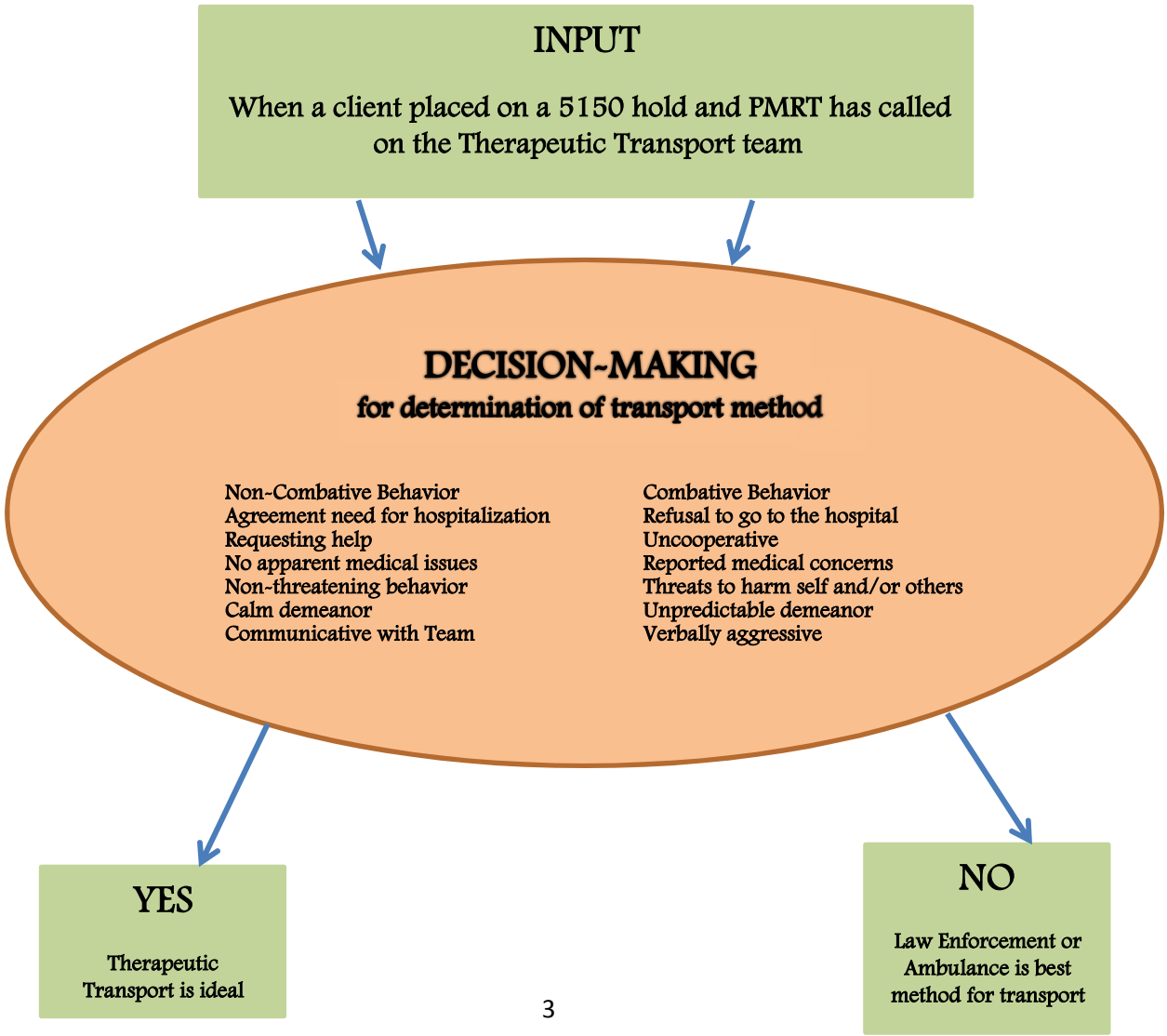
These teams intend to improve the services and supports provided for the individual placed on a hold, provide linkage between the individuals and mental health services, and provide coordination of and connection to services across all services and supports. The transport team will serve as a back-up team (not first responders) and would work with the LACDMH PMRT and LET crisis response teams exclusively, resulting in better availability and more efficient dispatches in transporting individuals to the closest facility. Through decreasing the use of ambulance and law enforcement for the transport of individuals who are medically stable, non-combative/violent and cooperative during the hold process, a result of improved response time for PMRT, ambulances and law enforcement to move on to other challenging cases will be realized. Currently, Los Angeles County policy is in the process of revision to allow employees to transport individuals placed on 5150/5585 holds.

This approach will reduce unnecessary fear and anxiety towards hospitalization, often resulting from a lack of information communicated throughout the hold process. This multidisciplinary transport team will encourage the consumer to consent to the involvement of their support system in the care, treatment and discharge plan at the hospital, as well as educate on processes regarding their hold, hospitalization and discharge. The linkage process across all services is a vital component to this project, another opportunity this team will have to collaborate with the hospital staff on both current and/or available LACDMH services for the individual. With the provided information, a hospital can establish services with the appropriate provider(s) early or make immediate contact with the current provider to establish an effective treatment and discharge plan for the client during hospitalization.

How the Teams Will Operate

Teams will respond to requests from PMRT to transport clients who are on a hold and deemed safe for TT. Minimally each Supervisorial District (SD) TT would consist of one (1) van and two (2) teams of three (3) members each. This team would respond to transport requests of clients placed on a 5150/5585, are safe for transport and approved for inpatient hospital admission. This team, or at least one member of the team (should they have another request for transport), would remain with the client until admission is complete.

The hours of operation for the proposed teams are to be daily from 10:00 am to 8:30 pm., and consisting of one (1) team of three (3) team members each, per SD. Each SD will be comprised of two (2) teams working ten (10) hour shifts. One (1) team will work Sunday through Wednesday and the other team, Wednesday through Saturday in each of the SDs. Wednesdays will be days for staff meetings and in-service trainings, as all team members will overlap on Wednesdays. LACDMH is comprised of five (5) SDs; therefore, the need is; five (5) vans and thirty staff (six (6) per SD) for the successful implementation of this proposed pilot plan.



Project Length

This is a project proposed for implementation over a three (3) year period.

Making the case for why there is a need for Therapeutic Transportation in L.A. County

Many underserved groups in Los Angeles County are reluctant to utilize mental health services; their first encounter with the mental health system is often through a mental health crisis. Therefore, the proposed provision of services during a mental health crisis, with the use of clinically outfitted therapeutic vans, would greatly affect the level of comfort and trust that many underserved groups have for the system. Thus, the willingness to access the available TT mental health services in a private, calm, non-restrained and dignified manner would better receive and increases the likelihood of families making the proper intervention at the appropriate and necessary time. Clients experiencing an urgent situation and placed on a hold will meet criteria for this team to transport them to a hospital. Changing the current transportation practices to a more consumer friendly and private, less traumatizing and less stigmatizing method of transportation will contribute to increased access and quality of mental health services to underserved groups.

LACDMH crisis response teams have difficulty with the long waiting periods for transport of individuals placed on involuntary holds. It is common for the staff and client to wait several hours for an ambulance. This waiting period poses an array of challenges in ensuring safety and wellness of everyone involved in the process. Current LACDMH policy does not allow employees to provide transportation to a person who is on an involuntary hold. Thus, LACDMH can rely only on ambulance or law enforcement transportation for all individuals placed on an involuntary hold, including those individuals who are medically stable, are cooperative with the process, and are neither combative nor violent. This innovation project proposes to have a response time of within one hour of the request.

By the nature of the situation, individuals placed on holds often believe there is disregard of their dignity and rights. The transportation via ambulance or law enforcement makes their mental health issues unwantedly visible to others in the neighborhood. This aggravates the trauma and indignation they may have already experienced in the community. At the same time, these transports increase stigma held by the community toward mental health consumers. Most transports conducted by law enforcement are often misunderstood by the community, and typically appearing to be the result of criminal activities rather than mental health matters. These negative impacts have further discouraged underserved groups from seeking necessary mental health services, especially when in crisis. Ultimately, this is a more cost-effective approach for the County of Los Angeles to reduce the time monopolized by law enforcement and other MH professionals who may be able to assist others in the community during this transport and linkage/admission process.

This project would decrease the trauma experienced by a client transported via police car or ambulance, where restraints are required. Ultimately, TT would free up police officers and mental health professionals to be able to assist others in the community in need of evaluation and crisis stabilization. During transport, the team will explain what has transpired and why, answer any questions the client may have and with client consent, assist with any urgent case management matters. The team or a

team member will remain with the client in the setting during transport and up until admission is complete. The addition of a peer on the team, will allow for a stronger connection and trust for the client, the clinician can communicate clinical impressions during transport and waiting, and the case manager can make calls, linkages, and appointments/cancellations necessary during their time together.

In response to community needs, some states are trying new pilot programs for alternative transportation. However, few agencies/organizations have developed an internal transportation team equipped with both multidisciplinary mental health professionals and peers. Based on the current practices of most agencies, alternative transportation utilization serves individuals who are 1) Medically Stable, 2) Non-combative/Violet and 3) Cooperative with the involuntary hold process. The person/agency initiating the 5150/5585 hold will make the assessment and decision to use ambulance, law enforcement or the alternative TT team.

How the project meets the values of MHSA

The Los Angeles County Department of Mental Health understands the importance of MHSA roots and core values when planning for services, and in developing this project, has incorporated principles and practices of recovery for mental health consumer as the pinnacle of this project, including:

- **Cultural Competence:** Initiating the addition of a peer on a multidisciplinary transport team, will allow for a stronger connection and trust for the client, knowing this individual has a better understanding of consumer services and delivery. A concentrated effort will be made during the recruitment and hiring of the teams, to match the ethnic and cultural makeup of each individual SD. The teams should be reflective of the cultural, ethnic and racial diversity of mental health consumers served in Los Angeles County.
- **Mental Health Care is Consumer and Family-Driven:** Planning for each consumer's individual needs on a case-by-case basis will be the hallmark of this project. It is critically important to involve the needs of consumers and their families during times of crisis and to ease the worry of all parties, when a client is on a hold. During transport, the team will explain what has transpired and why, answer any questions the client may have, and with client consent, and assist with any urgent case management matters.
- **Focus on Recovery, Resilience and Wellness:** Clients will have decreased levels of trauma and an increased level of support from the multidisciplinary transport team, allowing for a greater level of focus on their recovery, resilience and overall wellness during an acute occurrence. Through decreasing long wait times, as well as the stress of restraint use during transport, clients will experience a greater level of support throughout the transport. Clients will be empowered to ask any questions they may have, and contact providers and/or family to inform them of the current situation. The conversation during transport will focus around wellness, recovery, resilience and planning for their journey ahead.
- **Service Integration:** Supported transport from point of initial contact until admission completion, will create a stronger connection of trust between client, professional, peer and community resources. The TT team, advocating for and connection to appropriate supports will decrease wait times and increase efficiencies across systems community-wide. The clinician will

communicate clinical impressions during transport and waiting, the case manager will make calls, linkages, and appointments/cancellations necessary during their time together. The team or the peer team member will remain with the client through the admission process, to assure collaboration, plan and connection is solid. TT is expects to decrease trauma to clients and increase efficiencies across systems.

Target Population

The target population of this project will be Los Angeles County residents placed on non-voluntary psychiatric holds by the LACDMH PMRT. This team will also target the families of these individuals, in order to provide support, information and beneficial feedback.

Goals of This Project

The Department envisions continued growth in the peer role, becoming an integral component throughout the LACDMH service delivery system. Introducing peers into emergency services, ultimately improves a timely connection to clients in urgent situations, based on an increased level of trust between peers. This model should inform emergency services of the need to integrate peers onto PMRT teams. TT will lead to decreased client trauma, lower number of clients falling through the cracks, improved access to care, decreased hospital stays, enhanced support and empowerment of clients and their needs, all of which are imperative long term goals of the LACDMH system. The project also hopes make an impact upon other systems, freeing up law enforcement to focus upon the safety of the community and increasing ambulance transport availability for health emergencies. Finally, an ability to respond to emergent calls, in a timely and as needed manner, projects improved access to this level of care and improved services provided.

- Decrease wait time and improve response times for PMRT and transportation
- Remain with client until admission is complete
- Provide services and supports throughout the transportation process
- Decrease trauma throughout the hold and transport process
- Peer support staff incorporated in this plan to allow better understanding of each situation and relating to the clients being served
- Improved collaboration across system and connection to supportive services
- A decrease in the average number of inpatient days for clients transported by the TT team, as compared to alternate forms of emergency transport.

Overarching Learning Questions and Evaluation

1) Will PMRT teams be more efficient in responding to a greater number of field calls with the implementation of Therapeutic Transportation teams?
    a. A comparison will be made quarterly, as compared to the previous year, comparing the request for calls, compared to the actual calls responded to.
    b. Track and record the number of TT provided, per SD, on a quarterly basis.

2.) Will there be a decrease in adverse events for clients during the waits for TT transport to hospitals, as compared to alternate forms of transportation?

   a. All adverse events occurring when clients, placed on holds and waiting for transport, will be tracked and reported on a quarterly basis.
   b. A comparison will be made between events occurring while clients are waiting for TT, as opposed to individuals waiting for alternate forms of transportation.

3.) Will wait times be decreased between the written hold and transportation arrival, based on the introduction of the therapeutic transportation team and how will this impact the number of requests to alternate forms of transportation?

   a. Track and report on a quarterly basis the length of time it takes TT to arrive to calls as compared to alternate forms of transportation.
   b. Analyze if alternate forms of transportation times are improving, as compared to previous reported wait times.
   c. Track and report the number of TT, ambulance, law enforcement and other forms of transportation for clients on holds on a quarterly basis.

4.) Will utilizing peer support staff on the team, and encouraging primary interaction between the peer and the client during transport improve personal empowerment and buffer the negative impacts that may otherwise affect trauma during the hold and transport process?

   a. Complete a questionnaire with all clients receiving TT, regarding their experience and the impact the addition of the peer has on their experience.

5.) Will the length of hospitalization days decrease with positive effects of therapeutically transporting (i.e., trusted, timely, professional interactions between transport team and client) as well as providing a compassionate presence, problem resolution, and providing linkage throughout the process from TT arrival until the client has completed hospital admission?

   a. Compare the number of days hospitalized after a 5150, between TT and alternate modes of transportation. Determine if the correlation between transportation and number of days hospitalized is significant and contributes to a cost savings.

6.) Will TT recipients obtain more timely and consistent connection to services?

   a. Track and compare when appointments are made for clients receiving TT opposed to other forms of transport, this will be tracked through SRTS and IBHIS and reported on a quarterly basis.
   b. Track the rate at which clients receiving TT keep appointments, opposed to other forms of transport. This information will be captured through SRTS and IBHIS, and reported on a quarterly basis.

Throughout the three (3) year implementation of the Therapeutic Transportation project, the Department will focus on learning, including addressing barriers to implementation, identify and promote successful strategies and use outcomes to guide learning. As with all components of MHSA, implementation and preliminary outcome reviews with LACDMH's SLT occur periodically and are reported upon through the MHSA Annual Updates/MHSA Three Year Program and Expenditures Plan. A shared, in-house, psychologist and analyst, who are dedicated solely to INN evaluation, will support

outcome collection and analysis efforts. Results will be reflective of a set of common measures, record review, as well as data specific to the TT project.

Stakeholder Involvement in Proposed Innovation Project

The LACDMH Program Development and Outcomes Bureau (PDOB) began the outreach and development of the INN Pipeline Group in December of 2017. In an effort to expedite the creation and implementation of INN projects in Los Angeles County, the group was established. A "quick guide" to INN guidelines and an "INN feedback form" were developed and posted on the LACDMH website in early January, to cast a wide net, and encourage countywide participation and feedback. The form remains posted, in a click and submit format, thus upon completion it is sent directly to the bureau and taken to the pipeline for review and discussion. Both the pipeline group and feedback form provide ongoing and diverse stakeholder input, feedback and contribution. The pipeline group initially met January 9th, 2018, and have met on the following dates, 1/23, 2/6 and 13, 3/6 and 20, 4/3 and 5/1, and will continue to meet ongoing, at least monthly, with meetings scheduled to the end of the calendar year. To date, 30 proposals have been summited, the TT proposal was presented on 1/23 and 2/20 and vetted at the 2/20 pipeline group. Six (6) proposals referred to the PEI division for consideration and development. Seven (7) proposals did not meet INN requirements. Two (2) proposals forwarded to veteran subject matter experts, as they dealt with intricate programming and the group wanted to ensure proposals are accurate, to meet the needs for this population. The group continues to refine and develop two (2) proposals for re-discussion and vetting. At this time, the group's focus is on the development of the ten (10) proposals submitted in the AB 114 spending plan. Many of the proposals in development are a compilation of several initial submissions, into one proposal.

Presentations made to the System Leadership Team (SLT) in both January and April of 2018, generated useful feedback and suggestions. These discussions, intended to both, encourage participation and gain input into the Pipeline group, as well as share the posted AB 114 INN proposed spending plan (posted 03/23/2018). Both groups are composed of diverse community stakeholders, county staff, family members and individuals who receive mental health services in Los Angeles County. Further stakeholder involvement was stimulated through discussion and distribution of INN pipeline information and feedback forms to the following groups for presentation: The Client Advisory Board Meeting, The Peer Resources Center, The Disability Underserved Cultural Community Meeting/Group, Service Area Advisory Committee (SAAC) Chairs, NAMI Chairs, and the Program Manager III's to inform various clinics across the county.

The INN Team presented to the Underserved Cultural Communities (UsCC) group on 5/14, and scheduled to speak at the Cultural Competency Committee meeting on 6/13. This effort intends to bridge LA's diverse cultures and communities and ensure the needs and concerns of the diverse cultures in LA are weaved throughout the development and implementation of all INN projects. Work with these groups will continue ongoing at the community level, through the implementation phase. UsCC subcommittee level meetings are scheduled.

Timeframe and Project Milestones

This project proposes a three (3) year Innovation project. Upon approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Department will initiate immediate work on the type of solicitation for drafting and will begin immediate work on the solicitation.

A timeline, as systems allow, follows:

- By August 2018: Present proposal to OAC
- September 2018: Submit Board Letter to Board of Supervisors for project approval.
- October 2018: Order vans, develop policies, procedures and training
- January 2019: Hire staff
- By March 2019, dependent upon outfitted vans' arrival, implement the countywide Therapeutic Transportation project.

Disseminating Successful Learning

The Department of Mental Health will assess real-time effectiveness of service provision, the support and training needed for Therapeutic Transportation team members and will incorporate learning and successful approaches into the Department's service array. Throughout the three (3) year project, a comparison study of the average length of hospitalization will begin to inform if decreasing trauma and wait times, while utilizing a multidisciplinary team of peers and clinical staff combined would lessen the severity of otherwise acute case outcomes. Outcomes will also reflect decreased wait times and improved response times, the effects of providing supportive services while decreasing trauma during the transport process, and utilizing peer support staff members to facilitate in creating a difference in both understanding the crisis and relating to the client. Learning shared with providers and the state through provider meetings, learning seminars and workshop and conference presentations. It will be of great importance to share findings regarding the incorporation of peers into the emergency service level of care, across the country, to continue to inform systems regarding the importance of peers at all levels of mental health services.

Sustainability

This project will establish five (5) fully equipped therapeutic vans that will continue provision of safe and efficient transportation of clients on involuntary holds. Based on the learning from this project, LACDMH will attempt to acquire funds through outreach and engagement dollars, in order to continue and/or expand these established teams. If funding is not available, TT staff will integrate into existing PMRTs, and will utilize vans and the therapeutic transportation model in SDs with the highest demand.

Budget Narrative

The budget for this project includes staffing and therapeutically outfitted vans for the supportive transport of cooperative, non-combative clients on involuntary holds. Below indicates the specific needs and costs associated with the project, followed by an attached budget worksheet.**The total MHSA Only budget for this project is $7,003,887.**

- Estimated Gross Project Budget Year 1: $3,714,953
- Estimated Gross Project Budget Years 2 & 3: $3,039,953
- Evaluation Staff (Clinical Psychologist II): $150,935.54
- Each van = $135,000 x 5 vans, ($675,000)
- PSW II x 10: $117,084.66, ($1,170,846.60)
- Community Worker x 10: $60,807.89, ($608,078.87)
- Medical Case Worker II x 10: $84,980.90, ($849,808.96)
- Training Expenses: $50,000 annually

Estimated MHSA Only Budget Year 1: $2,784,629

Estimated MHSA Only Budget Years 2 & 3: $2,109,629

Revenue Years 1, 2 & 3: $2,790,971

Please see attached budget worksheet.

COUNTY OF LOS ANGELES — **INN 7 - Budget Worksheet - ATTACHMENT**

DEPARTMENT OF MENTAL HEALTH

PROGRAM DEVELOPMENT AND OUTCOMES BUREAU — **MHSA 3 YEAR - YEAR BUDGET - $ 7,003,887**

INN 7 - THERAPEUTIC TRANSPORTATION - GRANT PROPOSAL

DESCRIPTION

ITEM NO.	ITEM & DESCRIPTION				FTE's	FY 2018-19 TOTAL SALARY & EB	FY 2019-20 TOTAL SALARY & EB	FY 2020-21 TOTAL SALARY & EB
SALARIES & EMPLOYEE BENEFITS (EB)								
	CLINICAL							
9035N	PSYCHIATRIC SOCIAL WORKER II				10.0	$ 1,170,846.60	$ 1,170,846.60	$ 1,170,846.60
8103N	COMMUNITY WORKER				10.0	608,078.87	608,078.87	608,078.87
9002N	MEDICAL CASE WORKER II				10.0	849,808.96	849,808.96	849,808.96
8697N	CLINICAL PSYCHOLOGIST II				1.0	150,935.54	150,935.54	150,935.54
	Clinical FTE Subtotal				**31.0**			
TOTAL SALARIES & EMPLOYEE BENEFITS	**FTEs**		**$ 8,339,010**		**31.0**	**$ 2,779,669.97**	**$ 2,779,669.97**	**$ 2,779,669.97**
						S&S Including ONE TIME	**ONGOING S&S**	**ONGOING S&S**
TOTAL CAPITAL ASSETS & TRAINING								
CAPITAL ASSETS:								
	VANS 5 @ $135,000.00		675,000.00			$ 675,000		
ANNUAL TRAINING								
	3 @ $50,000.00		150,000.00			50,000	50,000	50,000
TOTAL CAPITAL ASSETS & TRAINING			**$ 825,000**			**$ 725,000**	**$ 50,000**	**$ 50,000**
SERVICES & SUPPLIES: ONGOING COST	*County Telephone*			800	$24,800.00	*$ 8,267*	*$ 8,267*	*$ 8,267*
	Telecommunication (Cell Phone/Pagers)			700	$21,700.00	*7,233*	*7,233*	*7,233*
	Office Supplies			600	$18,600.00	*6,200*	*6,200*	*6,200*
	Personal Computer Software			500	$15,500.00	*5,167*	*5,167*	*5,167*
	Computers			1000	$31,000.00	*10,333*	*10,333*	*10,333*
	Printer/Peripherals			400	$12,400.00	*4,133*	*4,133*	*4,133*
	*Space **(Clinical)***			15000	$465,000.00	*155,000*	*155,000*	*155,000*
	Training			800	$24,800.00	*8,267*	*8,267*	*8,267*
	Utilities			250	$7,750.00	*2,583*	*2,583*	*2,583*
	Mileage			200	$6,200.00	*2,067*	*2,067*	*2,067*
	Travel			100	$3,100.00	*1,033*	*1,033*	*1,033*
TOTAL SERVICES & SUPPLIES - ONGOING			**$ 630,850**			**$ 210,283**	**$ 210,283**	**$ 210,283**
GROSS PROGRAM COST			**$ 9,794,860**			**$ 3,714,953**	**$ 3,039,953**	**$ 3,039,953**
						REVENUE		
REVENUE (MEDICAL/FFP/NON EPSDT):			**$ 2,790,971**					
	MCE @ 27%					$ 395,571	$ 395,571	$ 395,571
	Non-EPSDT					534,753	534,753	534,753
TOTAL REVENUE						**$ 930,324**	**$ 930,324**	**$ 930,324**
NET PROGRAM COST			**$ 7,003,887**			**$ 2,784,629**	**$ 2,109,629**	**$ 2,109,629**
9911	**MHSA ONLY**							
							TOTAL MHSA COST	$ 7,003,887