



MHSA INNOVATION 9 PROJECT ONGOING FOCUSED SUPPORT FOR CONSERVATEES LIVING IN THE COMMUNITY

The Innovation

The Los Angeles County Department of Mental Health (LACDMH) proposes to design a pilot project to work with the Public Guardian’s Office (PG) to increase access to available mental health services for conservatees living in the community. Under this innovative approach, each conservatee assigned a team composed of a clinical advocate and a peer mentor who will assist the client throughout the system. Guided by the principles of the recovery model, this team will provide ongoing support and advocacy for the conservatee. The team will offer support, hope and empowerment while promoting the importance of collaboration, meaningful social connections and community integration. This model will integrate services provided by professionals, peers and other community organizations for the best interest of the client. Thus, the clinical advocates and peer mentors will develop partnerships with the PG conservators and other supportive programs in order to promote a culture of healing. They will also provide intensive specialty training for members of the PG and other community organizations, such as board and care facilities. The trainings will emphasize the development of empathic relationships with clients in their programs using a culturally sensitive and recovery oriented approach. For example, conservatees will be encouraged to actively participate in the treatment plan about medications in collaboration with doctors and their conservators. This collaborative approach will allow consumers, conservators and providers to make informed decisions on the best treatment options for the conservatee. It is important to highlight that a key component of this new model is the ongoing support that will be offered by providers and the active participation of consumers, as they will be supported in all treatment options available and encouraged to actively participate in their treatment. Finally, in order to achieve true collaboration the providers will have the opportunity to meet the consumer in the context in which they live. This will allow providers to get to know the client at a deeper and more human level. Likewise, working side by side with the client in the community will help providers improve their understanding of cultural factors influencing diagnosis and treatment such as race, ethnicity, religion, and socioeconomic status.

Innovation Criteria

This proposal introduces a new application to the mental health system of a promising community-driven approach that has been successful in the treatment of other chronic conditions such as substance use disorders and cancer. While the importance of having someone with lived experience provide ongoing support to cancer patients or individuals recovering from addiction is well accepted, the same approach is still not completely implemented in some parts of the mental health system. Through this proposal, LACDMH seeks to increase conservatees’ support and access to an array of services in their community in order to increase autonomy, improved quality of life and community integration. In this innovative project, the roles of the clinician and peer mentor will expand in order to address the needs

of the conservatees and connection to the PG strengthened. Currently, clinicians advocate for the best interests of the clients and do their best to connect them to all necessary services, but primarily pertaining to the program staff are attached to. Under this new model, clinical advocates/peer mentors will support clients throughout the system, collaborate across all programs, sustaining a connection with the client beyond their enrollment to a particular clinical program. Peer mentors will further complement the work of the clinician, as they offer unique benefits derived from their lived experience of stigma, disability, service use and recovery. Based on their own life experiences peers will help promote the recovery of others by instilling hope through appropriate self-disclosure, modeling self-care and teaching ways to overcome adversity. Peers can also mentor the client on how to navigate the mental health system and most importantly use their lived experience to develop “empathic relationships” with the conservatee.

Perhaps most innovative and imperative to the success of this project is the purposeful connection, bridging and training between the team and the PG. This will improve communication across systems and improve support to conservatees, preventing these vulnerable consumers from falling through the cracks. Often and ongoing meetings will aid in all service providers having a full and comprehensive understanding of the each conservatee and will be afforded the opportunity to address concerns and/or needs in real time. Finally, combined in-service trainings will provide a seamless understanding of all systems and services and the impact to conservatees. Training in the board and care facilities where conservatees live will also be an important component of this project, to ensure these facilities are providing adequate support, as well as informed of contacts, the recovery model and the ins and outs of conservatorships.

Primary Purpose

The primary purpose of the project is to promote interagency collaboration related to mental health services. This project would guarantee true collaboration in which the clinical advocate/peer mentor teams will be working together with the conservatees, the PG, family members and other community agencies involved, in order to address existing gaps in treatment access and delivery. In contrast to the traditional medical model, this collaborative approach will allow conservatees, conservators and providers to work as a team in order to develop treatment plans. This process will empower clients to have meaningful participation in their treatment, increasing their self-efficacy, quality of life and ultimately a clinically appropriate level of independence.

How the Teams Will Operate

There will be two teams per service area (SA), each composed of a clinician and a peer mentor, assigned to the eight SAs in LA County. Each of the sixteen teams will provide support, case management and consultative services for a caseload of 50 clients conserved through the PG, who are living in the community (approximately 800 individuals at this time) and not within the confines of a locked facility. Collaborative services will include consultation, medication support, case management, rehabilitation services, psycho-educational groups, therapy services, etc.

Project Length

The project is proposed for up to five (5) years.

Target Population

The focal population for this project is adults on conservatorships, from diverse cultural backgrounds, living throughout the communities of LA County and who are conserved through the Public Guardian's Office.

Making the Case for the Focused Support for Conservatees Living in the Community Project

Individuals conserved by the Public Guardian frequently have only their PG deputy involved in their life and care decisions. Often, upon transition to the community, clients connected to the PG do not receive the intensive wrap arounds services necessary to ensure success, due to the high caseloads and responsibilities of the PG. Thus, monitoring and connection to clinical, medical and community supports may not occur as effectively or timely as desired. The current system fails to capitalize on the important role support systems and interagency collaboration can play in rehabilitation. The project seeks to alter the current service delivery model, by testing whether a recovery oriented advocacy approach achieves better outcomes measured by faster reintegration, reduced recidivism, lower rates of incarceration/hospitalizations, and improved recovery. Furthermore, this novel and creative mental health project proposes a more personalized approach, suggesting more input given to the person who is recovering. To achieve this, there will be ongoing treatment team meetings and in-service trainings for clinical advocates, peer mentors, families (when applicable) and the PG to come together and collaborate for the best interest of the client. At no time will the surrogate decision-making authority granted to PG by the court be reduced or removed. Furthermore, the role of the team will be to mentor other professionals involved in treatment on how to deal with problems that are common when working with clients who suffer from a mental illness such as arranging appointments, medication management, addressing hygiene issues, suicidal behavior and other functional impairments. This practice will increase the access of conservatees to more comprehensive mental health services attuned to their needs.

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:

Community Collaboration: This project places particular emphasis on the concept of community collaboration. The emphasis on collaboration is apparent, as conservatees and their treatment teams work together with other community organizations involved in the care of the conservatees to meet

treatment needs and goals. This collaboration will avoid duplication of services and improve a comprehensive understanding of the conservatee and their specific plan.

Service Integration: The project will also have a focus on service integration across all client care. Conservatees will have increased access to all the resources available in the community including health, housing, employment and mental health services in a complete, informed and synchronized manner. This innovative approach will also place greater emphasis on communication between service delivery providers, the team and the PG office. At the same time, clinical advocates and peer mentors will help conservatees by increasing cooperation and sensitivity to their needs.

Focus on Recovery, Resilience and Wellness: Finally, this project will promote consumer/peer operated services to facilitate the recovery of conservatees where peer mentors become key players as they offer unique help learned through first-hand experience. Peers will provide ongoing support while encouraging self-responsibility, empowerment and greater autonomy. Empowering conservatees to move forward in the recovery and realize wellbeing and acknowledge their resilience, is the ultimate goal of intensive efforts in the area of service integration and collaboration. This project encourages increasing independence of conservatees, through collaborative care across systems, ensuring the sustainability of this level of autonomy and consideration of release from the conservatorship.

Goals of This Project

LACDMH envisions these teams connecting conservatees to available services and appropriate treatment while providing ongoing support in the field. There will be a developed relationship and ongoing adjunctive support provided to this vulnerable population. Conservatees should live in the community, as they are able, this team will encourage communication, collaboration and connection of conservatees across all necessary treatment teams in the true spirit of establishing meaningful partnerships. A focus will be on assisting conservatees with integration into their communities and the creation of significant relationships and connections, including family connections where appropriate. Diligent effort will emphasize improved communication and collaboration between the PG, the conservatees and their treatment teams. This project will encourage and realize joining forces with Board and Care facilities and the PG through the provision of trainings, offering support groups, consultation services and cross training between PG and treatment team. Improve long-term treatment outcomes of conservatees as evidenced by; better health outcomes, decreased days within inpatient psychiatric facilities, consistent engagement with the mental health system. Aid conservatees in understanding their illness work to progressively increase their sense of autonomy and self-efficacy. Facilitate conservatees to secure and maintain living arrangements under the least restrictive conditions. Ultimately, decrease the length of time a conservatorship is necessary, and eventually transition off, while remaining connected to their community support team.

Overarching Learning Questions and Evaluation

1. Does a recovery based advocacy approach help improve the client's quality of life?

- Evaluation will measure the client's response to the community support experience, specifically the addition of a peer to the team, through the development and implementation of a biannual self-report questionnaire for consumers.
 - This will be evaluated based on each client's quarterly completion of the Recovery Assessment Scale Domains Stages (RAS-DS) out of the University of Sydney.
2. Does this project assist in reducing the rates of recidivism and incarceration?
 - A study of the decreased length of stay for hospitalizations, along with an analysis of return to IMD, to determine if the collaboration team, utilizing a multidisciplinary team of peers and clinical staff combined would lessen the rates of inpatient recidivism and incarceration as compared to those conservatees without engagement of the community support team.
 3. Did trainings on effective communication and collaboration improve access to and communication across services?
 - Annual evaluation will also reflect decreased wait times for connections to services, as compared to clients not connected to community support teams, improved communication and collaboration across systems, improved understanding of conservatees and their needs by the PG and B&C staff, etc. Through the assurance conservatorships were not prematurely terminated, benefits continued and were accessible as needed, conservatees retained housing, etc.
 4. Was the length and rate of time spent in inpatient psychiatric facilities reduced?
 - A comparative analysis, on an annual basis, will assess each client's length of time spent in inpatient facilities, as compared to the general mental health population, not connected to a community support team.
 - An annual cost-analysis will assess if community conservatee support, increases cost-effectiveness, based on a decrease in inpatient stays and increased treatment compliance.
 5. Did this project assist conservatees with increasing their sense of hope and control over symptoms?
 - This outcome will be measured through quarterly administration of the RAS-DS.
 6. Did utilization of mental health services increase?
 - An annual evaluation will assess length of time conservatees are engaged and connected to mental health services and the rate of accessing services, as compared to those conservatees without community support.
 7. Did client satisfaction improve, as a result of support and a sense of community belonging?
 - Evaluation will make a comparison, between conservatees receiving the community support, compared to those not connected to the teams, using administration of a biannual client satisfaction questionnaire and the RAS-DS.

8. Was the average length of conservatorship reduced?
 - An annual assessment will collect data on the average length of LACDMH conservators in the community support project, as compared to those conservatees not in the program.
9. Was a secondary gain of basic health outcomes realized, due to the support and advocacy of the community support team?
 - Basic health measures will be tracked on a quarterly basis and checked against previous measures to determine whether the support and advocacy of the team had a secondary impact on improving client health outcomes. (i.e. Blood pressure, weight, blood sugar levels, triglyceride levels, BMI, etc.)

As with all components of MHSA, implementation and preliminary outcomes are reviewed with LACDMH's SLT periodically and 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.

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 submitted, the conservatee community support proposal is a compilation of three (3) separate proposals 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. LACDMH's stakeholder process meets Welfare and Institutions Code 5848 on composition of the System Leadership Team (SLT) and meaningful involvement of stakeholders related to mental health planning, policy, implementation, monitoring, quality improvement, evaluation,

and budget allocations. The composition of the System Leadership Team also meets California Code of Regulations Section 3300 on stakeholder diversity. 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 Group on 5/14 and the Cultural Competency Committee meeting on 6/13, in an effort to bridge with LA's diverse cultures and communities and ensure the needs and concerns of the diverse cultures in LA are weaved throughout the develop and implementation of projects. Work with these groups will continue ongoing at the community level, through the implementation phase, as well as an ongoing communication and consultation with the Office of the Public Guardian's Deputy Director.

Timeframe and Project Milestones

The project proposes a five (5) year project. Upon approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Department will initiate immediate work on the budget request for this project and will begin immediate work on requesting the proposed staff.

A timeline, as systems allow, follows:

- By September 2018: Present proposal to OAC
- October 2018: Submit Board Letter to Board of Supervisors for project approval.
- November 2018: Order cars; develop policies, procedures and training/consultation plans.
- January 2019: Hire staff
- By March 2019: Implement the Countywide Conservatees in the Community project.

Disseminating Successful Learning

Throughout the five (5) year implementation of the Community Conservatee Support project, the Department will focus on learning, training and collaboration with the PG, including addressing barriers to implementation, identify and promote successful strategies throughout the system and use outcomes and evaluation to inform shared learning.

Successful strategies and trainings will be evaluated and tracked, to better inform the project. Focused and thorough learning discussions will be held on a regular basis with the PG and community conservatee teams. This project will be most helpful and beneficial in informing systems where the PG office is not directly connected to the mental health system and communication and collaboration prove to be of greater challenge.

The Department of Mental Health will assess real-time the effectiveness of the services provided, the support and training needed for the PG and community conservatee support team members, and will incorporate learning and successful approaches into the Department's service delivery system. This learning will be encourages across many systems, through presentations at conferences and dissemination of evaluation through the OAC.

Sustainability

This project will establish sixteen (16) clinician/peer teams across the county, to provide support and empower PG conservatees living in the community. These teams will also provide training and develop collaborative relationships across delivery systems. It is anticipated, based on the learning from this project, LACDMH will attempt to acquire funds through cost savings realized from decreased inpatient days, secondary to increased team support and client empowerment and self-regulation, and/or the workforce, education and training (WET), as well as outreach and engagement dollars, in order to continue and/or expand these established teams. Should the staff not be absorbed and incorporated into existing DMH staff, the PG office will have learned and established a culture around this program, as well as established relationships across systems and the county, the hope is the PG will strive to continue to embrace and support the concept of this project.

Budget Narrative

The budget for this project includes staffing, consultation/trainings and a vehicle for each team. There will be two teams per Service Area to support the needs of the conservatees and consultation and trainings with the PG. All services will be in the field with the clients, or training and consultation with the PG. 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 \$13,898,287.**

- Estimated Gross Project Budget Year 1: **\$4,512,604**
- Estimated Gross Project Budget Years 2 through 5: **\$3,712,604**
- Evaluation Staff (Health Program Analyst II): \$134,743.43
- Cars x 16: @\$50,000 each = \$800,000
- PSW II x 16: \$117,084.66, (\$1,873,355)
- Community Worker x 16: \$60,807.89, (\$972,926)
- Consultation and Training Expenses: \$100,000 annually

Estimated MHSA Only Budget Year 1: \$3,419,657

Estimated MHSA Only Budget Years 2-5: \$2,619,657

Revenue Years 1-5: \$5,464,734

Please see attached budget worksheet.

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
PROGRAM DEVELOPMENT AND OUTCOMES BUREAU
CONSERVATEES LIVING IN THE COMMUNITY- GRANT PROPOSAL

INN 9 - Budget Worksheet - ATTACHMENT

Budget 5 years - Totaling \$13,898,287

DESCRIPTION				FTE's	FY 2018-19 TOTAL SALARY & EB	FY 2019-20 TOTAL SALARY & EB	FY 2020-21 TOTAL SALARY & EB	FY 2021-22 TOTAL SALARY & EB	FY 2022-23 TOTAL SALARY & EB
SALARIES & EMPLOYEE BENEFITS (EB)									
ITEM NO.	ITEM & DESCRIPTION			FTE's					
CLINICAL									
9035N	PSYCHIATRIC SOCIAL WORKER II			16.0	1,873,354.56	1,873,354.56	1,873,354.56	1,873,354.56	1,873,354.56
8103N	COMMUNITY WORKER			16.0	972,926.20	972,926.20	972,926.20	972,926.20	972,926.20
	Clinical FTE Subtotal			32.0					
TOTAL CLINICAL FTE					\$ 2,846,280.76	\$ 2,846,280.76	\$ 2,846,280.76	\$ 2,846,280.76	\$ 2,846,280.76
ADMIN									
4729N	HEALTH PROGRAM ANALYST II			1.0	134,743.00	86,859.57	86,859.57	86,859.57	86,859.57
	Admin FTE Subtotal			1.0					
TOTAL ADM FTE					\$ 134,743.00	\$ 134,743.43	\$ 134,743.43	\$ 134,743.43	\$ 134,743.43
TOTAL SALARIES & EMPLOYEE BENEFITS Total FTEs				33.0	\$ 2,981,024	\$ 2,981,024	\$ 2,981,024	\$ 2,981,024	\$ 2,981,024
TRAINING COST \$100,000.00 FOR FIVE (5) YEARS									
	TOTAL TRAINING COST				\$ 500,000	\$ 500,000	\$ 500,000	\$ 500,000	\$ 500,000
SERVICES & SUPPLIES (S & S): ONE TIME COST									
CAPITAL ASSETS:									
6049	VEHICLES (16 @ \$50,000)				\$ 800,000				
TOTAL SERVICES & SUPPLIES - ONE TIME					\$ 800,000				
PERSONAL SERVICES (COUNTY SERVICES & SUPPLIES): ONGOING COST									
	County Telephone	800	\$132,000.00		\$ 26,400.00	\$ 26,400.00	\$ 26,400.00	\$ 26,400.00	\$ 26,400.00
	Telecommunication (Cell Phone/Pagers)	700	\$115,500.00		23,100.00	23,100.00	23,100.00	23,100.00	23,100.00
	Office Supplies	500	\$82,500.00		16,500.00	16,500.00	16,500.00	16,500.00	16,500.00
	Personal Computer Software & Printer Peripherals	1000	\$165,000.00		33,000.00	33,000.00	33,000.00	33,000.00	33,000.00
	Computers	400	\$66,000.00		13,200.00	13,200.00	13,200.00	13,200.00	13,200.00
	Clinical Space	15000	\$2,400,000.00		480,000.00	480,000.00	480,000.00	480,000.00	480,000.00
	Admin Space	11000	\$55,000.00		11,000.00	11,000.00	11,000.00	11,000.00	11,000.00
	Training	800	\$26,400.00		5,280.00	5,280.00	5,280.00	5,280.00	5,280.00
	Mileage	250	\$41,250.00		8,250.00	8,250.00	8,250.00	8,250.00	8,250.00
	Travel	200	\$33,000.00		6,600.00	6,600.00	6,600.00	6,600.00	6,600.00
	Utilities	250	\$41,250.00		8,250.00	8,250.00	8,250.00	8,250.00	8,250.00
TOTAL SERVICES & SUPPLIES - ONGOING					\$ 1,431,580.00	\$ 631,580.00	\$ 631,580.00	\$ 631,580.00	\$ 631,580.00
GROSS PROGRAM COST					\$ 4,512,603.76	\$ 3,712,604.19	\$ 3,712,604.19	\$ 3,712,604.19	\$ 3,712,604.19
REVENUE (MEDICAL/FFP/NON EPSDT):					REVENUE				
	MCE (27%)				\$ 464,718	\$ 464,718	\$ 464,718	\$ 464,718	\$ 464,718
	Medi-Cal (NON-EDPST)				\$ 628,229	\$ 628,229	\$ 628,229	\$ 628,229	\$ 628,229
	Total Revenue		\$ 5,464,734		\$ 1,092,947	\$ 1,092,947	\$ 1,092,947	\$ 1,092,947	\$ 1,092,947
	MHSA ONLY		\$ 13,898,287		\$ 3,419,657	\$ 2,619,657	\$ 2,619,657	\$ 2,619,657	\$ 2,619,657
TOTAL MHSA ONLY					\$ 13,898,287				