



MHSA INNOVATION 11 PROJECT

Utilizing Transportation Network Companies to Optimize Client Outcomes

The Innovation

The Los Angeles County Department of Mental Health (LACDMH) proposes to implement and evaluate the effectiveness of increasing physical access to mental health and other services by addressing a key barrier, more efficient transportation supports for consumers, not limited to Mental Health services; but also medical appointments, job and service related interviews, to and from school/employment, etc. as needed. The proposed program would provide an alternative method and build upon Medicaid's non-emergency medical transportation benefit (NEMT) to include rides to and from school, work, job interviews, vocational rehabilitation appointments, etc. Medicaid covers rides for eligible individuals to and from the doctor's office, the hospital, or another medical office for Medicaid-approved care. This innovation program would expand transportation to go beyond "non-emergency medical transportation" to include appointments to and from work, vocational rehabilitation, and school. Additionally, the program is innovative in that Transportation Network companies would partner with a large county mental health department, and participate in training their workforce regarding basic mental health matters in an effort to reduce mental health stigma.

Los Angeles County proposes to contract with Transportation Network Companies (TNCs) to pilot a centralized, transportation command center to coordinate an expanded array of non-emergency transportation services with a select number of providers. TNCs would provide readily available and reliable transportation for consumers to keep and arrive on time to important appointments. Creating a centralized transportation command center for this project aims to streamline scheduling rides, as well as an efficient way to track and analyze the data to inform the development of the pilot. While the project is proposed for a 3-year period, clients would be eligible to receive supportive ride share services for a defined period, such as one year. At the end of the project, at least 600 clients would have received supportive transportations services and at least 1500 drivers trained in matters related to mental health.

It is hypothesized that immediate access to transportation services will lead to fewer missed appointments, resulting in an increase in client quality of life and improvement of health and mental health outcomes, along with an increase in a client's rate of successful return to school and/or employment.

Innovation Criteria

- Introduces a practice utilized in private health care to the public mental health system.
- Creates parity between health and mental health.

This proposal qualifies as an Innovation Project, through the introduction of an improved mode of transportation and therapeutic support for clients in the community mental health system. 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. This project is modeled after programs provided by health care organizations and adapted to best serve the needs of the community mental health system, thereby bringing to the public mental health system an approach utilized in private health care.

This project is innovative in that through an on online dashboard, community mental health 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.

Primary Purpose

The primary purpose of this project is to increase access to mental health services to underserved groups. This innovation provides an opportunity to reduce and remove the transportation barriers to accessing services and optimizing wellness. This innovation project will not only decrease the percentage of missed appointments, but also increase the quality of life and a greater sense of autonomy for the consumers who will utilize and benefit from this service. Ultimately, the learning from this project will assist in developing the framework, best practices, policies, and procedures to expand the transportation command centers coverage throughout the system of care.

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 project would greatly affect the level of comfort and trust that many underserved groups have for the system. 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.

Program Design and Training

TNCs use a mobile application or web portal; enabling providers to order a car to pick clients up at a specified location in real-time. Rides can be scheduled up to 7 days in advance. TNCs utilize GPS tracking, online mapping systems, and predictive analytics to provide transportation services with quick response times. These platforms take advantage of GPS to arrange for the ride and help determine a

driver's best route. Through the mobile application or text message notifications, clients can track the driver as they wait, and drivers can clearly document the beginning and end ride locations and the route taken to get there. Most TNCs also feature rating systems, in which clients are asked to assess the quality of their drivers, and drivers are asked to rate the quality of their passengers. During the first year of implementation, strategic planning sessions will take place to integrate the "transportation command center" into existing workflows. A select number of mental health programs will be selected, those participating in the pilot will be digitally mapped, and drop-off and pick-up points will be created. In each year of the project, 200 clients will be offered TNC services, up to \$250 per month, for up to one year. While receiving these transportation services, clients will work on plan for transportation in the future, whether that is saving for a car and obtaining their driver's license, to obtaining a metro/bus pass and learning the schedules.

The "command center" will be centrally located and staffed by a medical caseworker and mental health services coordinator, with administrative oversight and support provided by the INN team. The best pricing structure will be negotiated based on each client's individual need. It is envisioned these funds will emulate a "flex funds" like structure, where funds are fluid and shared across clients, as transportation funds are needed. There are several dynamic pricing structures available, the "control center" will negotiate the best price based on the transportation being arranged; such as a "fixed fare" rate where the cost is \$5.99 for up to a \$15 ride and \$1 dollar for each mile over, "fixed fare between locations" where you are given a one month rate of the cost to and from work is quoted at \$13 each way when you schedule, opposed to \$20 it might regularly cost and finally a monthly "flat fee" this provides a fixed number of rides each month within a fixed price for a fixed monthly rate. The command center will schedule transportation as needed and train providers on how to use the web portal to request rides for clients. Based on learning, the availability of TNC may be expanded to additional providers, where mapping would take place and made available to clients at other clinics. Policies and procedures for clients to request rides independently will be established in subsequent years, should learning indicate this would be beneficial to the program.

Typically, a client uses an application on their smartphone to request a ride at a particular time and place. The application on the phone then walks the customer through a series of steps, including the actual or expected price of the ride, the location of the driver, and the likely wait time. They also provide other benefits for riders and drivers, including measures of rider and driver quality to foster trust (Luca, 2016). The platforms also can help balance demand and supply by adjusting prices in real time. Transportation network companies (TNCs) allow drivers to use their own vehicles to provide ride services to customers.

LACDMH will work directly with Transportation Network Companies to promote mental health awareness. Many of the drivers are affected by issues related to mental health through their own experiences or a family, friend, peer or a passenger. Promotion of training opportunities will occur through email campaigns, in-app notifications and social media communications. Mental Health First Aid (MHFA), suicide prevention, and stigma reduction training will be offered to drivers through in-person education. A \$200 stipend will be paid, to up to 500 drivers annually who complete the 8-hour MHFA

training. Additional online trainings will be made available to TNC drivers in an effort to continue to promote mental health awareness and decrease the stigma associated with mental illness.

Outreach and education to drivers will include:

- Information sessions
- Distribution of educational materials
- Email campaign to drivers
- Promotion through online driver portals
- Free Mental Health First Aid, Suicide Prevention, and Stigma Reduction training (with cash incentive)
- ADA/HIPAA/customer sensitivity training

Project Length

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

Target Population

The target population of this project will be Los Angeles County residents who are consumers of community mental health services, and require transportation support to and from scheduled service appointments, school, job interviews, and vocational rehabilitation.

Making the case for Utilizing Transportation Network Companies to Facilitate Client Transportation

For many members of our community, access to transportation is a major barrier to optimizing well-being and accessing care. It can be difficult to get to a mental health appointment for treatment, to school, to work or to vocational rehabilitation appointments. According to a national study published by The National Academy of Sciences, each year, 3.6 million Americans miss out on care because they face transportation barriers, which in turn creates significant costs to the community mental health system. This project aims to address the social determinants of health that are barriers to accessing care. This project aims to collaborate with TNCs to leverage ride sharing to provide clients with greater access to the full system of care and easier access to the appropriate level of care. Transportation Network Companies services are currently being used by health insurance providers, senior living facilities, and hospitals to reduce the no-show and cancellation rates for patient appointments. Electronic health record providers are integrating ride-sharing services into their systems for non-emergency medical transportation. Many no-shows and cancellations occur within one hour of appointment times. Using a ride share dashboard, providers can schedule appointments for clients in minutes, so that they can get to appointments within the “iffy hour”. They will get an appointment they normally would miss. With ride-sharing services, providers can schedule rides in minutes so that clients will be able to get to appointments. In many cases, this allows clients to make appointments that they would usually miss.

Many service providers such as hospitals offer some form of transportation (taxi, bus voucher) that must be scheduled, has limited availability, and is often confined to a geographic radius. This innovation project will not only decrease the no-show percentage of missed appointments, but also increase the quality of life and a greater sense of autonomy for the consumers who will utilize and benefit from this service. Additionally, the learning from this pilot will inform our system of care in establishing the infrastructure, best practices, fee structures, and policies to integrate future advancements in transportation such as micro-transit services, improvements in the public transportation sector, and driverless cars.

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:** Cultural competence has been widely promoted as one approach to reduce health disparities. Since cultural competence remains variously defined and operationalized, it has become a blanket term to describe a broad range of system- or provider-level interventions. Initially, cultural competence focused mostly on racial and ethnic differences. More recently, it has been expanded to other marginalized population groups who are at risk for stigmatization for reasons other than race and ethnicity and/or who have differences in health care needs that result in health disparities. People with mental health disabilities comprise some of these other populations. Culture competence implies the existence of a shared culture. In an effort to weave cultural and ethnic diversity through throughout this project, there will be an effort to match language capacity and to educate drivers on the culture of the recovery and wellbeing movement.
- **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. In addition, the Peers/Community workers will provide a range of peer support services to encourage increased recovery activities and connections to community resources. These enhanced recovery services will focus more on supported employment, supported education, mental health and substance use recovery groups, cultural and community events, as well as a range of social and fun activities.
- **Focus on Recovery, Resilience and Wellness:** Clients will have decreased levels of trauma and an increased level of support from utilizing Transportation Network Companies. This service not only reduce stigma, but also allow for a greater level of focus on their recovery, resilience and overall wellness. Through decreasing long wait times, as well as the stress of stigma 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. This Innovation project will teach us if our Peers/Community workers interventions increase appointment attendance, improve client

satisfaction with services and increase client transportation independence to support overall recovery goals.

- **Service Integration:** Peers/Community Workers will help the client access alternative approaches to getting to their appointments utilizing ride sharing. One example of an intervention Peer/Community workers will be trained on includes taking/scheduling ride share trips with clients to learn how to understand the platform and reduce fears associated with using ride sharing. Peers/Community members (“coaches”) who will help community members to access ride-sharing services, which can be difficult to navigate.

Goals of This Project

The Department envisions that immediate access to transportation services will result in:

- Reduction in missed appointments
 - Track the percentage of appointments that are kept after participation
- Improved functional and quality of life outcomes for clients
 - Utilizing existing mental health outcomes collected, evaluate changes
- Improved ability to ultimately self-coordinate transportation
 - Qualitative interviews with participants
- Improved health outcomes for those accessing health care services
 - Review blood pressure, a1c and body mass index changes
- Increased employment rates and/or educational attendance and achievement
 - Utilizing a mix methods approach, track employment and educational participation, prior to and after participation.
- Utilizing the data from the command center, LACDMH will be able to better understand network adequacy and service gaps.

Additionally, the drivers will have access to mental health training that aims to reduce stigma and improve understanding and knowledge of mental health matters. 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 with our clients will further reduce stigma.

- Decrease stigma associated with persons who live with mental health issues.
 - Utilize a stigma survey
- Decreased wait times and improve response times for transportation.
- Provided support throughout the transportation process.
- Decrease trauma by having guaranteed, reliable and safe transportation.
- An increase in the number of rideshare drivers trained in mental health first aid, suicide reduction, and stigma reduction training which will assist them in relating to consumers.
- A decrease in the average number of missed appointments by clients due to lacking reliable transportation, improving service access availability to additional consumers and improving treatment outcomes due to consistency in treatment.

Overarching Learning Questions and Evaluation

Los Angeles County seeks to answer the following questions through this project:

1. Will rideshare increase participant access to community behavioral health and supportive services/programs?
2. Will rideshare recipients sustain more timely and consistent connection to services?
3. Will Client mental health and health outcomes improve, secondary to attending and having ride share transportation to medical and mental health appointments?
4. Will rideshare reduce stigma associated with mental health illness among Transportation Network Companies providers?
 - a. Drivers will be administered a pre-test and post-test with a presentation interlude of Mental Health First Aid.
 - b. A follow-up of refresher trainings will be offered to drivers of the rideshare companies.

Throughout the three (3) year implementation of the TNC project, the Department will focus on learning, including addressing barriers to implementation, identify and promote successful strategies, use outcomes to guide learning, implementation and development opportunities for shared learning. 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 Enhanced Training proposal was presented on 1/23 and 2/06 and vetted at the 2/06 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 several groups. The groups are as follows: The Client Advisory Board Meeting, The Peer Resources Center, The Disability Underserved Cultural Community Meeting/Group, Service Area Advisory Committee (SAAC) Chairs, NAMI Chairs, Cultural Community Meeting/Group, The AFSCME Local 2712 meeting, Long Beach Mental Health 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. Additionally, consumers in Los Angeles County added that this type of program could help them with overcoming barriers and obstacles that are ongoing with traditional public transportation (City Bus, Metro Rail Line), such as overcrowding, timeliness, and issues of safety. Resource providers and agencies working with local consumers indicated that the project would work well in supporting increased access to community behavioral health and supportive services/programs.

Timeframe of the Project and Project Milestones

- April 18, 2018: LACDMH System Leadership Team Presentation
- May 2018: 30 Day Public Posting of Proposed Project
- August 2018: Presentation of full proposal to the MHSOAC

Upon approval to the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Department will initiate an innovation, implementation workgroup made up of members of the Program Design and Outcomes Bureau, to outline implementation actions, with the LACDMH Contracts Development and Administration Division. The workgroup will begin identifying the type of solicitation(s), and begin immediate work on drafting the solicitation:

- September 2018: Development of Board Letter to request positions and approval of INN funds for county positions.
- September 2018: Solicitation Development
- November- December 2018: selection of vendors
- January 2019: Begin implementation

Disseminating Successful Learning

The Department of Mental Health will assess real-time effectiveness of service provision, the support and training needed for participants in the project and will incorporate learning and successful approaches into the Department's service array. The driver's impressions and feedback will be taken into consideration and incorporated into future training development, to support their questions and concerns. Clients and case managers will also be trained on feedback and in preparing clients to be polite and prompt riders. Realized improvement in keeping appointments, retaining employment, etc., will be interpreted and outcomes shared. Positive results and client improvements, will be used to advocate for supported transportation for clients for all matters, not only mental health and health appointments. It is hoped that as a result of supporting the whole client and their transportation, resiliency and wellbeing is improved.

Sustainability

This project will establish partnerships with Transportation Network Companies that will lead to the development of policies and procedures for safe and efficient provision of transportation for clients to various appointments. Based on the learning from this project, LACDMH will attempt to acquire funds through existing funding sources, such as recommending to providers to utilize Client Supportive Services, in order to continue and/or expand these established services. Additionally, this project will aid in establishing the infrastructure, data collection mechanisms, best practices, fee structures, and policies to integrate advancements in transportation such as micro-transit services, improvements in the public transportation sector, and driverless cars.

Budget Narrative

The budget for this project includes, staffing, TNC services, and mental health awareness training for TNC drivers. Evaluation staffing will include 1.0 Health Program Analyst II (HPA) who will work in tandem with an existing Clinical Psychologist on the INN team. The command center staffing, which will be responsible for scheduling, oversight and tracking of transportation services, are 1.0 Mental Health Coordinator II (MHSC) and 1.0 Medical Caseworker (MCW). Below indicates the specific needs and costs associated with the project, including client transportation scholarships and TNC driver's MH training stipends. Please see attached budget worksheet for further detail. **The total MHSA Only budget for this project is \$3,406,222 over three (3) years.**

- Command Center staff: MHSC II, \$133,149, MCW, \$105,331
- Training Stipends, \$200 per driver trained/up to 500 annually
- Evaluation Staff, HPA II, \$151,093
- TNC Scholarships, \$250 per month, per client for up to one year, for 200 clients annually (first year scholarships will only be offered for 6 months, due to start up and mapping)
- Online training development and monitoring, \$20,000 annually

Estimated MHSA Only Budget Last 6 Months Fiscal Year 2018-19: \$619,788

- \$5,000 Outreach materials
- \$100,000 MH Training Stipends
- \$300,000 Ride Share Fare costs
- \$75,547 Evaluation Staff, HPA II
- \$119,241 Command Center Staff
 - MHSC II, \$66,575
 - MCW, \$52,666
- \$20,000 Online training for drivers

Estimated MHSA Only Budget Fiscal Year 2019-20: \$1,114,573

- \$5,000 Outreach materials
- \$100,000 MH Training Stipends
- \$600,000 Ride Share Fare costs
- \$151,093 Evaluation Staff, HPA II
- \$238,480 Command Center Staff
 - MHSC II, \$133,149
 - MCW, \$105,331
- \$20,000 Online training

Estimated MHSA Only Budget Fiscal Year 2020-21: \$1,114,573

- \$5,000 Outreach materials
- \$100,000 MH Training Stipends
- \$600,000 Ride Share Fare costs
- \$151,093 Evaluation Staff, HPA II
- \$238,480 Command Center Staff
 - MHSC II, \$133,149
 - MCW, \$105,331
- \$20,000 Online training

Estimated MHSA Only Budget first 6 Months Fiscal Year 2021-20: \$557,288

- \$2,500 Outreach materials
- \$50,000 MH Training Stipends
- \$300,000 Ride Share Fare costs
- \$75,547 Evaluation Staff, HPA II
- \$119,241 Command Center Staff
 - MHSC II, \$66,575
 - MCW, \$52,666
- \$10,000 Online training for drivers

See attachment for full budget.

