

**System Leadership Team
October 21, 2015**

Proposal for USC Telehealth Pilot Project

Work Plan:

Trauma Recovery Services: PEI – 4

At this time, USC Telehealth proposes implementing the following EBP/PP/CDEs:

- Crisis Oriented Recovery Services (CORS)
- Seeking Safety (SS)

Proposed Expansion:

Children's Systems of Care – Countywide Services Division (CSOC CSD) is proposing the use of MHSA PEI funds to enter into a contractual agreement with USC Telehealth for a pilot program that will increase access to care and provide mental health services to children and transition age youth who have come to the attention of the child welfare system, but remain with their families of origin. DMH staff co-located at the MLK Medical Hub will screen and refer potential clients to this pilot as one of the available treatment options. The USC Telehealth pilot program is designed to provide secure and confidential tele-mental health, prevention and early intervention services to children and youth residing with their families who have experienced a crisis and/or are at risk of involvement in the child welfare system.

In response to recommendations developed by the Blue Ribbon Commission, CSOC CSD is proposing the use of MHSA PEI funds to implement an innovative tele-mental health program designed to integrate services provided by the Departments of Mental Health (DMH), Public Health (DPH) and Health Services (DHS). By improving access to essential mental health services through a completely virtual behavioral health clinic operated under the University of Southern California (USC) School of Social Work, this program will utilize shared resources across Departments and USC to provide early intervention mental health services to underserved children and youth, and their families, who are at risk of involvement with the Department of Children and Family Services (DCFS). For individuals who do not have access to the appropriate technology within the home to support tele-mental health, USC will be providing iPads to allow clients participating in this pilot to access USC's secure web-based platform.

How Proposal Meets the Work Plan Service Expectations:

Consistent with the Trauma Recovery Services PEI work plan, the USC Telehealth pilot project will provide short-term crisis debriefing, grief, and crisis intervention services to clients who have been affected by a traumatic event. In addition, this pilot project will offer more intensive services to trauma-exposed children and youth to decrease the negative impact and behaviors resulting from traumatic events they have experienced. Since this pilot project will provide treatment interventions for youth who have recently come to the attention of the child welfare system and may be at risk of DCFS involvement, the advantages may lead to increased stability within the home environment, decreased need to access mental health services in the future, as well as decreased likelihood of the need for intensive mental health services.

Proposed MHSA Funding:

FY 2015-2016: \$400,000 PEI, prorated for six months (PEI-4: Trauma Recovery Services)

FY 2016-2017: \$400,000 PEI (PEI-4: Trauma Recovery Services)

Age Groups Associated With the Services:

The USC Telehealth Pilot will provide services to the Child and Transition Age Youth (TAY) populations who come to the attention of the child welfare system, but remain with their families of origin.

Outcomes:

Consistent with the PEI Plan, USC Telehealth will be required to collect outcomes associated with the EBPs/PP/CDE implemented for this pilot project. Specifically, both a general measure and measure specific to the focus of treatment will be administered at the beginning of treatment and at the end of treatment, with pre- and post-treatment changes analyzed. In situations where it is clinically indicated for treatment to continue longer than six months, both measures will be administered at the six-month marker.

For clients for whom Seeking Safety is the appropriate EBP, the PTSD-RI and the Outcome Questionnaire/YOQSR & YOQ (parent and self-report) will be collected. For clients receiving CORS as a treatment intervention, the Outcome Questionnaire/YOQSR & YOQ (parent and self-report) will be collected.