



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
PROGRAM DEVELOPMENT AND OUTCOMES BUREAU**



**MHSA INNOVATION 5 PROJECT  
PEER SUPPORT SPECIALIST FULL SERVICE PARTNERSHIP**

Los Angeles County Department of Mental Health (LACDMH) proposes to design and evaluate the effectiveness of serving justice involved individuals within a team composed primarily of peer staff that identify and utilize their lived experience as mental health consumers and/or justice-involved individuals. Peers, for the purpose of this project, have been defined as individuals in recovery who use their lived experience to provide services to mental health clients. These peers will be called Peer Support Specialists (PSS). Traditional Full Service Partnership (FSP) programs have historically focused on clinical services which have included peers as part of their treatment team, yet they have been greatly underutilized. This PSS FSP program will modify an existing FSP team to consist primarily of peers utilizing their lived experience. One of LACDMH's initial Innovation projects was specifically designed as a peer-run program which utilized peer staff as the primary social support to help individuals improve their overall health and quality of life. Individuals in the Innovation 1 peer-run program experienced a reduction in number of days spent homeless within 6-12 months after joining the program. Additionally, the number of emergency room visits by participants was reduced by more than 25% compared to baseline. Engaging and maintaining at-risk justice-involved individuals in treatment to increase the potential of a successful reintegration into the community is the priority of this project. The service delivery will exemplify PSS strength and qualities, such as skills and competencies peers embody, to reduce symptoms, improve independent living skills and foster a sense of inclusion in the community.

**FULL SERVICE PARTNERSHIP**

The services the PSS FSP team provides will serve to reduce re-incarceration, and enhance reintegration into the community. The innovation proposed is to employ peers within a PSS FSP team, to serve at-risk and current justice involved individuals by providing peer support services (someone who has first-hand/lived experience with emotional and/or mental distress) in an effort to reduce recidivism and re-incarceration. While peers do play a significant and pivotal role on many FSP teams, they often serve an adjunctive role. This project seeks to highlight how to expand the PSS role in the mental health system in a meaningful and purposeful manner. At the heart of the peer support specialist role is a focus on mutual peer support and a commitment to "learning together." Peers are seen as effective outreach and engagement specialists yet, the question as to whether they are able to address the needs of individuals in a crisis situation as competently as professionally trained staff continues to be debated. Peer Support Specialist are explicitly not clinicians and will be trained to work with participants rationally rather than individuals needing services. One expressed concern is that peers may relapse as the stress of coping with highly stressful and often crisis focused work affects their own recovery process. Through weekly supportive supervision by a Licensed Mental Health Professional, peer support specialist will be encouraged to continue in their own process of self-discovery and/ or recovery related to those struggles, through check-in (case consultation).

**L.A. COUNTY PEER-OPERATED PROGRAM REINTEGRATION STATISTICS**

The benefits of utilizing the PSS in the mental health and social services systems have shown positive outcomes, in terms of both initiatives and research findings. Justice involved individuals have received a great deal of attention as an underserved population who is in need of varied social services, yet

reaching and engaging this population with services has been complicated and often unsuccessful. The National Institute of Justice (2014) reported, "Within 5 years of release, about 76.5% of released prisoners were rearrested... more than half were rearrested by the end of the first year." In addition, the National Center for Biotechnology Information (NCBI) website (2013) reported there are 20,000 individuals in the jails in Los Angeles County, and as many as 60% of those incarcerated have a mental health issue. Reintegration of offenders into the community, at the pivotal intersection between linkages to mental health services, from the criminal justice system is a priority in the social service, public and private sectors.

Nationally peers are certified in 31 states and their talents and skills are seen as an essential service component in the public behavioral health system. The goals of PSS services are to develop interventions that promote coping, problem-solving, and self-management of a person's behavioral health condition. Although peers have demonstrated success in meeting the needs of individuals with behavioral health conditions, in a variety of work environments, the public mental health system has not efficiently and effectively utilized the PSS to their full-potential. Peers, for the purpose of this project, have been defined as individuals in recovery who use their lived experience to provide services to mental health clients.

#### **GOALS OF THIS PROJECT:**

1. Increase the utilization of PSS services in the FSP programs.
2. Increase and improve engagement practices and access to care, with underserved and unserved target population, such as justice-involved individuals, through the use the PSS and recovery principles.
3. Reduce stigma associated with "mental illness" through employing PSS throughout the mental health system.
4. Ensure PSS staff maintains their recovery while providing intensive services through continuous, specifically tailored training and work-related respite services for each PSS FSP staff.
5. Increase the PSS Supervisor's knowledge and skill set, regarding the provision of supervision and support to PSS staff.
6. Collect data to support the cost savings associated with the PSS FSP team.
7. Improve access and linkage connection to legal supportive services, in order to improve successful community integration.

#### **PRIMARY PURPOSE AND RELEVANCE**

The primary purpose of this innovation project is to make a change to an existing practice in the field of mental health practice (FSP service delivery model and staffing) within Los Angeles County. This change will address the service delivery and the unmet needs of underserved justice involved individuals. This project will seek to increase access to mental health services and supports for justice involved individuals by connecting highly trained PSS who understand, and have navigated, the challenges of social discrimination, poverty, and a lack of resources. It is anticipated participants in this program will benefit in multitude of ways, as a direct result of credibility earned through like experiences between

the PSS and client. This credibility will lead to increased trust and improved engagement with a population who often finds it difficult to trust. The participants in this program will benefit from *who* the services are being delivered by, along with the services being provided. Ultimately better outcomes are predicted due to the expedited therapeutic relationship and a more speedy start towards recovery.

Employing the PSS within an FSP program for justice-involved individuals will improve the engagement process and prevent premature disenrollment from treatment. PSS will be supervised by a Licensed Clinical Supervisor, with lived experience, and will provide services based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) five core competencies for peers in relation to recovery-oriented, person-centered, voluntary, relationship focused and trauma-informed treatment.

FSP programs continue to produce impressive outcomes particularly in relation to decreasing homelessness, psychiatric hospitalizations and increasing employment. In a recent analysis of an LACDMH FSP program, 17.6% of enrolled FSP clients had a justice-involved incident that led to service disruption. A PSS FSP program would be the transformational approach to address the needs of the justice-involved population who have mental health issues. LACDMH will learn from this innovation project, about how to enhance and maximize the role of peers throughout the mental health system where peers have often been underutilized. Through this partnership, a person's recovery will be addressed comprehensively. This Innovation project will include the PSS FSP team the opportunity to work closely with attorneys and paralegals to address the noted concerns, offered at no charge to the client.

#### **THE CHALLENGE TO BE ADDRESSED**

The challenge to be addressed in Los Angeles County is the need to better define and understand the unique role peers play in the engagement of the unserved or underserved and the cycle of recidivism in the justice involved population. Currently, even with the variety of mental health services being offered to justice-involved individuals, statistics continue to convey a lack of engagement in services and a high rate of incarceration. Adapting an intensive mental health program utilizing unique engagement strategies provides continuity of services which will enhance the quality of life and ultimately reduce the rate of recidivism for the individual. Using peers who have a shared understanding of disconnection and the need to reintegrate will increase the likelihood that the most vulnerable, stigmatized population of justice-involved individuals will consent and participate in treatment toward their self-determined goals. There is a greater likelihood that a justice-involved individual will agree to participate in an FSP program if the services are offered by someone with similar lived experience. This is especially beneficial during the engagement of critical at-risk or recently reintegrated individual, prior to or immediately after release from incarceration.

An additional challenge to be addressed involves the mental health system and ensuring the program structure supports the intensive services being offered. FSP programs have historically struggled with maintaining their clinical staff. Due to caseload intensity and various traumas experienced by staff a high turnover rate of staff has resulted. Justice-involved individuals may be more vulnerable to decompensating, as a result of frequent changes of a provider. Supervision and support are essential to effectively guide the entire team, inclusive of clinical staff and PSS. The program will be guided by an emphasis on team building and team cohesiveness. A preventative measure for burnout is to employ an individual who will act as a team support/mentor, who will also function to identify and respond to any PSS matters impacting wellbeing. Successful implementation of this project will increase the number of

peers Los Angeles County employs within the mental health system workforce, allowing peers an opportunity to benefit from using their recovery to transform client care.

## **THE PREMISE**

The PSS FSP team will partner with a contracted legal service provider to resolve legal issues that affect the justice-involved individual's health and wellbeing. Legal assistance will be provided in a mental health setting in a safe, non-stigmatizing and private manner. The desired outcome of this partnership would be to assist FSP clients with resolving legal problems they face and remove the legal stressors which would ultimately improve the patients' health and mental health.

The Mental Health Services Act (MHSA) of 2004 mandates client-centered family and community-based mental health services which include incorporating peer advocates into the public mental health workforce. But more data to support the impact of peer staff in terms of providing mental health services are needed. Broader studies demonstrate the benefits of peer workers by promoting hope, belief in the possibility of recovery and utilizing unique engagement skills. When compared with professional staff, peers were better able to reduce inpatient hospitalization and improve recovery symptoms. Further, a recommendation was made for studies that "better differentiate the contributions of the peer role and are conducted with greater specificity, consistency and rigor" (An Assessment of Innovative Models of Peer Support Services In behavioral Health to Reduce Preventable Acute Hospitalization and Readmissions, 2015).

Expanding the PSS role in community mental health settings will also allow an exploration of service cost reduction. Research has shown that peer programs have demonstrated the cost-effectiveness of employing peers in a mental health system. A Georgia-based program called Whole Health and Wellness evaluated the first three years of their program compared to treatment as usual (typically day support programs) and found that statistics conveyed individuals using peers saw a reduction in symptoms and a cost decrease of 85% (Using Peers to Support Physical and Mental Health Integration for Adults with Serious Mental Illness, 2016). The cost-effectiveness of using peers within an FSP program in Los Angeles County will strive to reduce high costs and ineffective services utilization, while reward expanding the PSS role to improve health outcomes for participants.

## **TARGET POPULATION**

**Services:** The focal population includes Adults, 18 years of age or older, with a current Axis 1 diagnosis of a major psychiatric disorder and/or demonstrate a need for an intensive PSS FSP program, due to their at risk behavior, by their history or current level of functioning including the following:

At-risk behaviors associated with homelessness, justice-involvement, mental health and substance abuse issues. At risk clients are identified as those who have some involvement with law enforcement currently, such as re-incarceration, or may become justice-involved due to substance abuse and mental health issues.

**Staffing:** Peer staff who have experience or exposure to social services, through their own mental health services, work experience, or family involvement, which are employed and highly trained through the Innovation project.

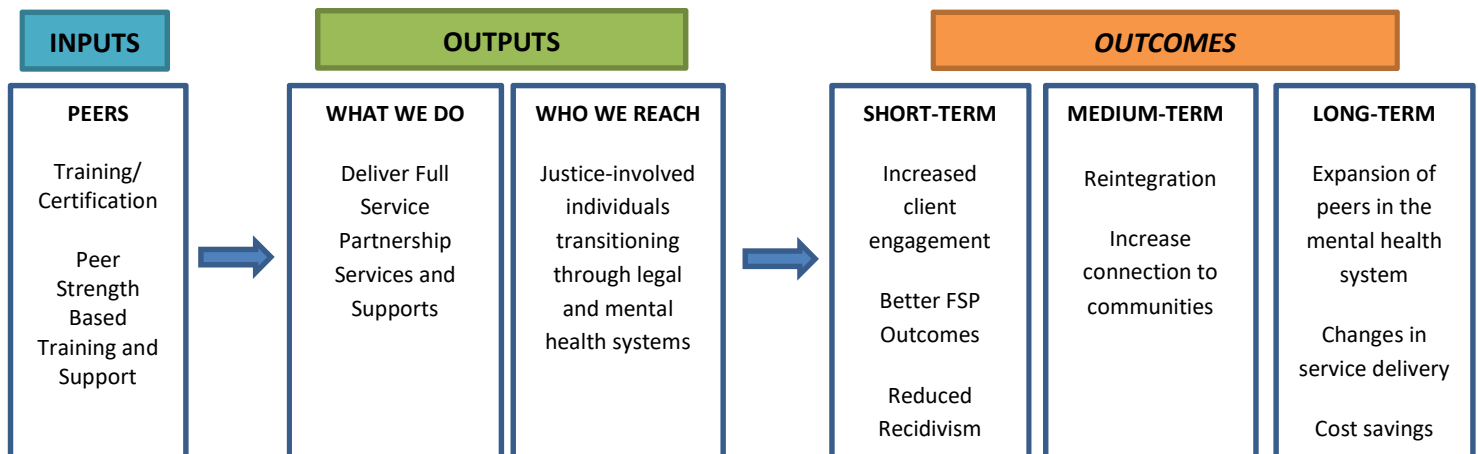
**QUALIFICATIONS FOR AN INNOVATION PROJECT – PEER SUPPORTIVE SERVICES FSP**

<p><b>“Innovative Project”:</b> <i>This is a project that the county designs and implements for a defined time period, and evaluates to develop new best practices in mental health. An Innovative Project meets one of the following criteria:</i></p>	<p><b>Select One</b></p>
<p>1. Introduces a new approach or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.</p>	
<p>2. Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population</p>	<p><b>X</b></p>
<p>3. Introduces a new application to the mental health system of a promising practice or approach that has been successful in a non-mental health context</p>	

**COMPONENTS OF THIS INNOVATION PROJECT:**

1. Each PSS receives training that provides knowledge and skills related to FSP guidelines, Recovery-oriented treatment, and foundational knowledge about mental health and substance abuse issues. Supervisors receive continuing education related to how to supervise, support, coach and mentor based on recovery oriented principles.
2. Recovery-oriented support for the PSS workforce, includes weekly strength based training, to solidify foundational training and enhance the peer/supervisor didactic relationship. An exploration and clear understanding of recovery principles will support both professional and personal growth of peers and supervisors.
3. Each FSP enrolled client receives a full-range of needed mental health and substance abuse services from peers trained to support the client in reaching his or her recovery goals.
4. Mental Health Legal Advocate will provide legal services to resolve issues impeding a client’s ability to integrate back into the community and employment.

**LOGIC MODEL**



## **OVERARCHING LEARNING QUESTIONS**

1. Will justice involved individuals remain enrolled in FSP services with greater consistency throughout their treatment if support and care is provided by a PSS FSP rather than a traditional FSP team?
2. Will PSS FSP outcomes be collected with greater consistency, based on the fact PSS are collecting the measures, where there is an assumed increased level of trust across the peer therapeutic relationship?
3. Are justice involved individuals less likely to recidivate if services are provided by a Peer FSP Team?
4. Does building a relationship with a peer bridge the gap of reintegration while strengthening other social relationships in the community?
5. What unique supports need to be put in place for this type of FSP program to achieve effective outcomes?
6. Will the addition of legal services to an FSP program help individuals reintegrate in a more timely and successful manner? Will combining the availability of legal services in conjunction with peer support help the justice-involved individual achieve desirable outcomes such as expungement, housing, employment and benefits establishment?
7. Will PSS staff be able to provide the basic FSP services within their scope of practice which produce improved outcomes as often as, or more effectively than a traditional FSP team? Thus proving to be more cost effective?

## **PROGRAM DESIGN AND TRAINING**

PSS staff will primarily deliver all aspects of care within their scope of practice. The focus for this FSP program will be centered on an at-risk population of justice-involved individuals. At-risk criterion includes the following: Engagement in unlawful and risky behavior; unable to pay fees; presence of warrants; two or more contacts with law enforcement in the past 90 days; and inability to follow requirements of probation. Referrals for at risk justice-involved individuals will be initiated by the PSS conducting outreach, by self-referral, by law enforcement, the legal system or by mental health professionals to address an individual's mental health needs. One unique aspect of this program's outreach will be the PSS understanding of the client's lived experience "language", resulting in the likelihood of a more effective outreach.

LPS designated staff on the PSS FSP team will assess when an individual is at-risk for needing a higher level of care. In most cases, peers will be expected to address non-crisis issues by utilizing their skills and competencies. This program will provide 24 hours a day, 7 days a week care responses both on-call and in-person by the team.

This project will have two individual programs located within a directly operated and contracted agency. PSS staff employed within the directly operated clinics, also known as Mental Health Advocates and/or Community Workers who identify with lived experience, will provide individual, family, and collateral interventions as well as facilitating peer support groups and providing psychoeducation. Additionally, peer staff will provide rehabilitation services such as providing resources, mentorship and one-to-one support for conducting activities of daily living. The contracted agency will have a similar structure, including the same staffing positions. This PSS FSP program will be structured as primarily field-based to increase the client's receptiveness to the interventions being offered.

Each member of this FSP team will have a valuable knowledge of resources, in order to provide housing and employment services to this population. One technique PSS staff will use to engage clients is Motivational Interviewing, where peers will be better skilled at tapping into a client's intrinsic motivation for behavioral change, due to understanding their own recovery process. Tailoring the resources needed for this population and using appropriate linkages, to prepare the client for effective engagement and social connection, will lead to successful reintegration into the community. PSS will serve as a liaison between client and legal services to create a culture of trust, which will allow the client to feel less apprehension in obtaining legal advice to resolve issues which may have hindered their personal progress.

The style of supervision in this program will be structured to meet the individualized needs of each PSS, in order to prevent any adverse impact on their recovery process. Supervision will be delivered by the supervising licensed clinical employee. A team support consultant (Medical Case Worker) will serve a mentor and first line of consultation and support for the team, as well as a clinician will lend clinical support and assistance to the team. It is imperative sufficient staff supports, with different expertise, in clinical and with a revered trust in working with peers, will address the parallel needs of the PSS staff they work with. This type of supervision and support will ensure PSS adhere to the requirements of FSP guidelines, while also strengthening the uniqueness of their PSS skill set. The structure for this type of supervision is interactive with guidance between supervisor and peer staff, intended to be bi-directional in nature. It is anticipated, all staff working on this team will possess a significant level of lived experience.

The PSS FSP team will be composed of 10 members in total; one (1) Licensed Clinical Supervisor who is Lanterman Petris Short Act (LPS) designated, one (1) psychiatrist who is also LPS designated, one (1) Licensed Clinician who is LPS designated, six (6) peer staff and one (1) administrative support. Each peer staff will carry a caseload with a ratio of 1:8, PSS to client. The licensed clinician will serve as a team leader, will carry challenging cases as needed, will respond to crises situations with PSS, lend support and provide clinical direction, conduct initial assessments and care coordination plans in tandem with PSS staff and assist with 24/7 on-call responsibilities. A total of 100 clients will be served, across both programs, at any given time.

All PSS will attend a Peer Employment Training aimed at preparing them to work with individuals diagnosed with serious mental illness. The training will assist PSS staff to develop skills needed to be prepared and competent to work in a PSS FSP team. The prerequisite for being employed in this program will consist of screening components that include previous work experience with peers in the field of social services. This training is designed to help PSS establish an understanding of the philosophy, and principles and protocols of working in this program. The training goals are intended to inspire a process of self-transformation, employment readiness, and skill-building that effectively prepares peers to engage in peer support work. The training approach will consist of competency-based skills, involving the power of peer support, telling your personal story, understanding the impact of culture in the community, personal recovery from trauma and substance abuse, and developing resilience. All PSS staff will attend an initial FSP 101 training tailored to the unique needs of peers and the justice involved population

There will be weekly strengths-based didactic trainings scheduled, in order to integrate the foundational training and maximize PSS and supervisor knowledge base as it pertains to self-examination, wellbeing and client care. Technical assistance and training will also be a core component to the weekly trainings,

in order to build and maintain best practices within the PSS FSP program. FSP services will not be interrupted during these team trainings. Monthly continuing educational workshops will continue with a deeper level of criteria for staff and skill development, in addition to ongoing FSP training. The two-fold purpose to this ongoing training is to assist this FSP team in building cohesion and resilience in order to maintain a quality of service. The supervisor in this Peer Operated program will need additional support based on the added responsibility of supervising peers with minimal expertise. Additionally, supervisors will have their own training to enhance the skills needed to oversee this program.

#### **STAKEHOLDER INVOLVEMENT IN PROPOSED INNOVATION PROJECT**

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 meets California Code of Regulations Section 3300 on stakeholder diversity.

The 58 member SLT is composed of individuals representing the following organizations, cultures and interests:

- *LA County Chief Executive Office*
- *Representation from each Service Area Advisory Committee*
- *Consumer and family member representation, including NAMI, self-help and the LA County Client Coalition*
- *Department of Public Social Services*
- *Health Care, including the Hospital Association and LA County Department of Public Health, LA County Department of Health Services*
- *LA Police Department*
- *Probation*
- *Housing development*
- *Older Adult service providers and LA County Community and Senior Services*
- *Under-Represented Ethnic Populations, including Asian Pacific Islanders, American Indian, African American, Latino and Middle Eastern/Eastern European perspectives*
- *Clergy*
- *City of Long Beach*
- *Veterans*
- *LA County Mental Health Commission*
- *Unions*
- *Co-Occurring Joint Action Council*
- *Education, including the LA Unified School District, universities and charter schools*
- *Lesbian, Bisexual, Gay, Transgender and Questioning (LBGTQ)*
- *LA Department of Children and Family Services*
- *LA County Commission on Children and Families*
- *Junior blind*
- *Statewide perspective*
- *Mental health providers, including the Association of Community Human Service Agencies (ACHSA)*



Planning for this project began after discussions and concerns arose regarding how to address the needs of specialized populations, such as justice-involved. A peer focus group was conducted in addition to discussion with several peer providers, all of which expressed the need to find effective ways to outreach and engage marginalized populations. Peers who have been through the various social service systems and have learned to navigate these systems and effectively reintegrate into the community, were seen as an integral component of effective engagement to these populations. Subject matter experts shared from a personal stance, as well as knowledge of best practices and trends about the benefits and unique approach of peers in the workforce. Peer providers and stakeholders understand the needs of those whose lives are impacted by the legal system and encourage legal assistance as a preventive measure. FSP programs provide a direct and flexible pathway to these marginalized populations, allowing peers to engage without the barriers experienced by clients in traditional programs.

Feedback has been considered and incorporated into the proposal, and will be implemented.

#### **TIMEFRAME OF THE PROJECT AND PROJECT MILESTONES**

- June 21, 2017: LACDMH System Leadership Team presentation
- October 19, 2017: Held Peer Focus Group
- December 2017: 30 Day Public Posting of Proposed Project
- Estimated February/March, 2018: Presentation of full proposal to the MHSOAC

Upon approval of the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Department will initiate an Innovation Implementation workgroup that will meet to outline implementation actions with the LACDMH's Contracts Development and Administration Division. The workgroup will begin identifying the type of solicitations to be drafted and begin immediate work on the solicitations.

- March, 2018: Development of Board letter to request positions for county-operated program.
- June, 2018: Solicitation Development, review and approval of solicitation by the Department, County Counsel and Chief Executive Office.
- July, 2018: Bidder's Conference held, proposals received.
- August/September, 2018: Selection and awarding of contract.
- Summer- late fall, 2018: Implementation begins for county-operated and contracted agency, starting with orientation and training. Recovery-oriented trainings for both peers and supervisors will begin and continue throughout the project. This will include weekly strength based training, FSP 101 and outcomes measures application(OMA) training for FSP data entry.

Throughout the four (4) year implementation of the PSS FSP, the Department will focus on learning including addressing barriers to implementation, identify and promote successful strategies, use outcomes to guide learning and implementation and development opportunities for shared learning.

As with all components of the MHSA, implementation and preliminary outcomes will be reviewed with the LACDMH's SLT periodically and will be reported on in MHSA Annual Updates/MHSA Three Year Program and Expenditure Plans.

### **DISSEMINATING SUCCESSFUL LEARNING**

The Department will share learning as it is occurring internally within the Department and County and externally throughout California. Within the Department/County LACDMH will provide regular reports to the System Leadership Team or through other broader countywide opportunities. The Department will also participate in learning opportunities supported by the Mental Health Services Oversight and Accountability Commission or its partner organizations.

Impact and implementation status and outcomes will be discussed in quarterly Learning Sessions. These sessions will be focused on addressing barriers to implementation, identifying and promoting a successful program structure, using outcome data to guide opportunities for shared learning and decision-making throughout the project. Annual Updates and MHS 3 Year Program and Expenditure Plans will report on the project's findings. In addition, LACDMH will seek to present the project and its outcomes at statewide conferences, meetings and perhaps at relevant national conferences.

### **OVERALL APPROACH TO EVALUATION**

This project will be evaluated by an in-house psychologist through a set of common measures as well as those specific to FSP. An analysis will be conducted on the strength of the use of peers within an FSP program and impact it has on the mental health field and the target population being examined. Specific outcomes include:

1. The PSS FSP programs will be required to collect all FSP outcomes and enter into the Department's Outcome Measures Application. Current FSP metrics, which includes basic demographics, will be collected according to FSP guidelines with an emphasis on justice - involved recidivism. The PSS FSP programs will be compared to general adult FSP programs that serve clients with justice involvement to evaluate the relative effectiveness of the PSS FSP programs for this focal population.
2. A well-being scale, which will be implemented systemwide for adult clients, will also be administered, likely at 6 month intervals.
3. A comparative analysis of the PSS FSP and Forensic FSP outcomes will be completed to determine the impact on client engagement and how that engagement influences a reduction in justice involved recidivism.
4. A cost-analysis will be done to assess how a PSS FSP Team increases cost-effectiveness based on a decrease in crisis or emergency care services and justice involvement.

### **BUDGET NARRATIVE**

Two teams of 10 peers funded by MHS 3 will be employed to operate the Peer Support Specialist FSP Program. The staffed peers will consist of a clinical supervisory staff (1), psychiatrist (1), senior typist clerk (1), Licensed Clinical Worker (1), Medical Case Worker (1) and community workers (5). The role of the Licensed Clinical Worker and clinical supervisory staff are to do clinical assessments required for mental health service delivery, develop treatment plans and provide support and technical assistance to peer staff as they begin to deliver services to FSP clients.

There will be an annual gross budget of \$3,209,302 for FY 2018-19 and \$3,178,802 for Fiscal Years 2019-20 through 2021-22, with the initial year being slightly higher due to the inclusion of one-time costs such as vehicles. This budget will cover the foundational trainings for the mental health advocates and continuing education and required trainings, which will contribute to the success of the peers and heighten their knowledge of the Innovation project.