COUNTY OF SAN DIEGO

AGENDA ITEM

DRAFT

DATE: March 21, 2017

XX

TO: Board of Supervisors

SUBJECT: MENTAL HEALTH SERVICES ACT – COMPETITIVE SOLICITATIONS AND CONTRACT AUTHORIZATION FOR INNOVATION COMPONENT AND CALMHSA FUND DEVELOPMENT PROJECT (DISTRICTS: ALL)

Overview

Mental Health Services Act Innovation Component

California's Proposition 63, the Mental Health Services Act (MHSA), was approved by California voters in November 2004 and became effective January 1, 2005, providing funding for expansion of mental health services in California. The MHSA consists of five program components designated by the State: Community Services and Supports, Prevention and Early Intervention, Workforce Education and Training, Innovation, and Capital Facilities and Technological Needs. Pursuant to MHSA and California Welfare and Institutions Code Section 5846, county mental health programs are required to design and implement innovative programs to increase access to and improve the quality of mental health services. Plans for each component were submitted to the State and implemented following Board of Supervisors approval on December 13, 2005 (1).

The County of San Diego is entering Cycle 4 of the Innovation component of the County's MHSA Plan. Innovation programs are time-limited projects that test promising practices to improve the system of care. The Innovation Program and Expenditure Plan, 2017-18 through 2023-24, includes current programs (Cycle 3) with an evaluation component, previously approved by the Board of Supervisors on October 28, 2014 (9), and proposals for five new projects to be implemented during Fiscal Years 2017-18 through 2023-24, all within the scope of available funding. The proposals have been considered by stakeholders through community engagement forums and the required 30-day public review period. As mandated by the MHSA, the Innovation programs, including changes to previously approved programs, require review and approval by the Board of Supervisors before submitting to the California Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC is required by statute to review and approve the Innovation projects before a county can begin implementation.

California Mental Health Services Authority

The California Mental Health Service Authority (CalMHSA), a joint-powers authority (JPA), was established to expedite implementation and administration of Statewide Prevention and Early Intervention (PEI) projects funded under MHSA. On January 25, 2011 (8), the Board

authorized San Diego County's membership in CalMHSA through a Joint Exercise of Powers Agreement (JEPA) in order to jointly develop statewide or regional mental health projects with other counties (Phase I). To maintain successful PEI projects, CalMHSA is requesting participating counties continue supporting statewide PEI activities, including a three-year commitment to secure outside funding to fully implement Phase III of a statewide "Forging California's Culture of Mental Wellness" campaign.

Approval of today's recommended actions authorizes new procurements and contract amendments to expand and extend MHSA Innovation programs and evaluation for mental health services to children and youth, transition age youth (TAY), adults, and older adults; and authorizes payment to CalMHSA to support fund-development for the statewide Prevention and Early Intervention campaign. These actions support the County's adopted *Live Well San Diego* vision by enhancing access to services, promoting health and well-being in children, adults and families, and encouraging self-sufficiency.

Recommendation(s)
CHIEF ADMINISTRATIVE OFFICER

1. Accept and approve the County of San Diego Mental Health Services Act (MHSA) proposed Innovation Program and Expenditure Plan 2017-18 through 2023-24 (Cycle 3 and Cycle 4); and authorize the Director of Health and Human Services Agency to submit the proposals to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for approval.

2. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitations for the programs and services listed below, which are required to implement the County of San Diego MHSA Innovation (INN) Program and Expenditure Plan, and upon successful negotiations and determination of a fair and reasonable price, award contracts for a period of one year, with up to three and one-half option years and an additional six months if needed; and to amend the contracts as required to reflect changes to services and funding, subject to the approval of the Director, Health and Human Services Agency contingent upon approval by the MHSOAC and the availability of funds.

   a. Peripartum Services
   b. Telemental Health
   c. ROAM Mobile Services
   d. ReST Recuperative Housing
   e. Medication Clinic

3. Aligned with Board approval dated October 28, 2014 (9), authorize the Director, Department of Purchasing and Contracting to amend the contracts listed below in order to extend the contract term to maximize the option years as previously approved, and to expand services as described in the Background Section, subject to the availability of funds; and to amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Director, Health and Human Services Agency and contingent upon

approval by the MHSOAC.

a. Rady Children's Hospital (551349) – Caregiver Connection
b. North County Lifeline (45377) - Family Therapy Participation
c. Vista Hill Foundation (44762) – Family Therapy Participation
d. Community Research Foundation (518750, 518752, 518753) – Family Therapy Participation
e. Family Health Centers (535558) – Family Therapy Participation
f. National Alliance on Mental Illness, San Diego (553850) – Peer Assisted Transitions
g. Pathways Community Services (552663) – Urban Beats
h. University of California, San Diego (552936) – Crest Mobile Hoarding Units

4. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting to amend contract #551828 with the University of California, San Diego for the provision of Innovation Evaluation Services in order to extend the contract term up to December 31, 2023, with a six month option if needed; and to amend the contract as required in order to reflect changes to services and funding allocations, subject to the approval of the Director, Health and Human Services Agency and contingent upon approval by the MHSOAC. Waive the advertising requirement of Board Policy A-87.

5. Authorize payment to CalMHSA not exceeding $122,883 for a private fund development special member fee for the Statewide Prevention and Early Intervention (PEI) campaign during Fiscal Years 2017-18 through 2019-20.

Fiscal Impact
Funds for this request are included in Fiscal Year 2016-18 Operational Plan in the Health and Human Services Agency. If approved, this request will have no fiscal impact in Fiscal 2016-17 and new cost and revenue of $5,106,490 in Fiscal Year 2017-18 and $9,761,269 in Fiscal Year 2018-19. The funding source is the Mental Health Services Act. There is no change in net General Fund costs and no additional staff years.

Business Impact Statement
N/A

Advisory Board Statement
At its regularly scheduled meeting on March 2, 2017, the Behavioral Health Advisory Board voted _____ to _____ the recommendations.

Background
Previous Mental Health Services Act Actions
Board of Supervisors action on the five MHSA component plans, noted in the overview, included: December 13, 2005 (1), the Board approved the MHSA Community Services and Support (CSS) Plan, and CSS services have been in place since early 2006. Subsequent CSS

enhancements and expansions have been implemented as additional MHSA revenues have become available. The Board approved the MHSA Prevention and Early Intervention (PEI) Plan on November 18, 2008 (19), the MHSA Workforce Education and Training (WET) Plan on May 5, 2009 (7), and the MHSA Innovation (INN) Plan on October 20, 2009 (4). The final MHSA program component, Capital Facilities and Technological Needs (CFTN), which includes the Mental Health Management Information Systems (MIS) project, was submitted to the State after Board approval on March 23, 2010 (8).

Innovation Component (Recommendations #1 to #4)

Today's action, as required to implement the INN plan, authorizes procurements for new Cycle 4 MHSA INN programs and services and authority to amend contracts for existing Cycle 3 programs and evaluation component. Innovation programs are short-term and offer novel, creative and/or ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals. Innovation programs may focus on one or more of the following four purposes: (1) Increases access to underserved groups; (2) Increases quality of services and outcomes; (3) Promotes interagency collaboration; and/or (4) Increases access to services. Following are descriptions of the new Cycle 4 services to be procured through today's actions:

Peripartum Services

Partners with Public Health Nurses who screen parents from underserved or unserved populations for perinatal mood and anxiety disorders and, when indicated, provide parents treatment and linkages to appropriate resources and care. The goal is to decrease negative consequences from untreated behavioral health issues.

Telemental Health

Introduces Telemental Health to youth and adults who experience barriers to connecting to behavioral health services following psychiatric hospitalization. Telemental Health is the use of technology and software to provide therapeutic outpatient services. The goal is to decrease recidivism and increase the effectiveness of follow-up engagement and treatment.

ROAM Mobile Services

Deploys two mobile mental health clinics to San Diego County's rural Native American communities in the East and North Inland regions of San Diego. The goal is to improve access to and utilization of mental health services in the Native American communities on reservations by addressing geographic and cultural barriers through the use of mobile mental health clinics and cultural brokers to provide comprehensive and culturally competent behavioral health services.

ReST Recuperative Housing

By adapting the medical field's recuperative housing model, the project seeks to increase engagement of unconnected, transition age youth (TAY, 18-25) who are homeless or at-risk of homelessness after discharge from acute emergency mental health care in services to prevent future admissions to acute emergency settings. Provides short term (up to 90 days) comprehensive, on-site services to clients with the goal of linking clients to permanent housing,

appropriate ongoing mental health services and other needed resources.

Medication Clinic
Provides psychotropic medication support for children and youth who have stabilized clinically but require complex medication management. The goal is to support function, safety, and reduce suffering so that the children and youth can participate in school, community activities, and in a rich home life.

Following are descriptions of existing Cycle 3 programs to be expanded through today's action:

Caregiver Connection (#551349)
Presently supports parents/caregivers of children (age 0-5) in clinical settings. Care coordinators address the caregivers' own behavioral health needs through direct care and comprehensive referral. Change expands services to parents/caregivers of latency and adolescent-age children and extends current contract for 1 ½ years.

Family Therapy Participation (#45377, #44762, #518750, #518752, #518753, #535558)
In clinical settings, the program trains parent partners to increase family participation in family therapy. Emphasis is on teaching the caregiver the benefit of active engagement in the treatment process and addressing barriers on an individual basis. Change expands services to an additional six locations, one in each region, and extends current contracts for 1 ½ years.

Peer Assisted Transitions (#553850)
This project employs Peer Specialist Coaches (PSCs) to serve adults (age 18+) diagnosed with serious mental illness, promoting engagement through peer support, use of 'Welcome Home Backpacks,' social/recreational activities, and to help them connect with relevant services. Peer support coaches engage the client in the inpatient setting, such as a crisis house, and assist with planned discharge and transition back to the community. Change expands to a third crisis house, and extends current contract for one (1) year.

Urban Beats (#552663)
Delivers a customized service to transition age youth (TAY) with serious mental illness and at-risk TAY that is designed to increase engagement and access to treatment, reduce stigma, enhance cultural expression and provide social justice messaging to the TAY community. Participating TAY are enrolled in 20-week "academies" designed to focus on engagement and artistic exploration through the visual arts, spoken word, videos, and performances with the goal of increasing participation and/or accessing treatment, increasing level of functioning, and reducing stigma while providing artistic performances to the TAY community. Change extends services to another region, adds an East African component, adds a transportation component, and extends current contract one (1) year.

CREST Mobile Hoarding Units--previously Innovative Mobile Hoarding Intervention Program (#552936)
Diminishes long term hoarding behaviors in older adults by combining an adapted cognitive-behavior-rehabilitation therapy with hands-on training and support. The team consists of

specially-trained professionals and peers who also collaborate with the participants other health providers. An aftercare support group helps participants maintain the skills learned. Change expands services to another region, and extends current contract 1 ½ years.

CalMHSA (Recommendation #5)
CalMHSA is in Phase II of a statewide plan to encourage Prevention and Early Intervention through a focused media campaign, which supports the efforts of member Counties, including San Diego. Implementation of the plan is projected to require private funding to fully implement Phase III. The current proposal funds a statewide contract with a consultant firm to raise private funds. San Diego's amount represents a 4% share of the overall cost of the consultant firm, proportional to its population, relative to other member counties.

The County of San Diego's membership in CalMHSA has supported programs such as maintaining and expanding social marketing campaigns, creating new outreach materials for diverse audiences, providing technical assistance and outreach to counties, schools and local community based organizations, providing stigma reduction trainings to diverse audiences, and building the capacities of higher education schools to address stigma reduction and suicide prevention. Campaigns include "Each Mind Matters," "Walk in Our Shoes," "Directing Change," and "Know the Signs". In Fiscal Year 2015-16, more than 22,000 materials were disseminated across San Diego County. There were a total of 32 local agencies, schools and organizations that received outreach materials, a training, technical assistance or a presentation about stigma reduction and suicide prevention through the collective efforts of all programs implemented under the Statewide PEI Project. Campaign results include: six Walk In Our Shoes performances conducted in the county reaching 1,106 students; eight community colleges in San Diego County participating in outreach and online Kognito mental health and suicide prevention trainings for a total of 535 faculty, staff and students trained; 14 film submissions in 2016 from high schools and colleges in the county for online posting; and Mental Health Awareness Week outreach materials that reached over 17,000 County staff.

Linkage to the County of San Diego Strategic Plan
Today's proposed actions support the Healthy Families Initiative of the County of San Diego's 2017-2022 Strategic Plan as well as the *Live Well San Diego* vision by providing necessary resources and services for individuals with behavioral health needs to lead healthy and productive lives. The implementation of the proposed Mental Health Services Act Innovation programs and services will also allow for the expansion of County behavioral health services to various populations and age groups throughout the region and supports the Behavioral Health Services Ten Year Roadmap as presented to your Board on July 19, 2016 (7).

Respectfully submitted,

USE "INSERT PICTURE" FUNCTION TO INSERT SIGNATURE

HELEN N. ROBBINS-MEYER

ATTACHMENT(S)
Attachment A: Mental Health Services Act Innovation Program and Expenditure Plan Fiscal Year 2017-18 through Fiscal Year 2023-24.

SUBJECT: MENTAL HEALTH SERVICES ACT – COMPETITIVE SOLICITATIONS AND CONTRACT AUTHORIZATION FOR INNOVATION COMPONENT AND CALMHSA FUND DEVELOPMENT PROJECT (DISTRICTS: ALL)

AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: [ ] Yes [X] No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED
[ ] Yes [X] No

PREVIOUS RELEVANT BOARD ACTIONS:
October 28, 2014 (9), authorized acceptance of the MHSA Three Year Program and Expenditure Plan: Fiscal Year 2014-15 through Fiscal Year 2016-17, including Innovation Program plan; October 20, 2009 (4), authorized acceptance of MHSA Innovation Community Planning Funds in the amount of $2.9 million for Fiscal Years 2008-2009 and 2009-2010 and authorized submission of the Innovation Plan to the State; March 11, 2014 (11), authorized payment to CalMHSA for State services and billing feasibility study; September 10, 2012 (5), authorized amended Joint Exercise of Powers Agreement with CalMHSA for additional services; January 25, 2011 (8), approved Joint Powers Authority membership; December 9, 2008 (16), approved PEI Assignment of Funds to the Department of Mental Health.

BOARD POLICIES APPLICABLE:
A-87, Competitive Procurement

BOARD POLICY STATEMENTS:
N/A

MANDATORY COMPLIANCE:
N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):
551349; 45377; 44762; 518750; 518752; 518753; 535558; 551531; 552936; 553850

ORIGINATING DEPARTMENT: Health and Human Services Agency

OTHER CONCURRENCES(S): Department of Purchasing and Contracting

CONTACT PERSON(S):

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Attachment A
DRAFT

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Behavioral Health Services
Mental Health Services Act Innovation Program and Expenditure Plan
Fiscal Year 2017-18 through Fiscal Year 2023-24
Program Summaries

Cycle 3 expansion and extension proposals:

INN 11—Caregiver Connections

INN 12—Family Therapy Participation

INN 15—Peer Assisted Transitions

INN 16—Urban Beats

INN 17—Crest Mobile Hoarding Units

Cycle 4 proposals:

INN 18—Peripartum

INN 19—Telemental Health

INN 20—ROAM

INN 21—ReST

INN 22—Medication Clinic

Cycle 3 projects were approved by the Board of Supervisors and by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in 2015 and are currently in operation. The proposals for Cycle 3 expand operations starting in FY 2017-18 and extend the duration of the projects, as indicated. The new totals provided are for the duration of the entire project. Cycle 4 proposals are new projects.

Caregiver Connection (INN 11) Project Overview

Original Duration: July 1, 2015 through June 30, 2018
Original Total: $685,500
Proposed Extension and Expansion: July 1, 2017 through December 31, 2019
Proposed Addition: $1,485,250 New Total: $2,170,750

Purpose: To support caregivers of children with serious emotional disturbance receiving outpatient clinical services by screening them for mental health needs, providing group support and treatment services and connecting them to their own individual treatment. By identifying, acknowledging and addressing caregiver mental health needs, caregivers will be empowered to more effectively address needs of their children and thrive.

How: Through the provision of caregiver screenings, assessments, group counseling services and direct connection to individual treatment for caregivers. Funding is provided for licensed/license eligible clinicians to screen and assess caregivers for behavioral health concerns and subsequently provide specialty groups to educate families about behavioral health issues, stigma and the impact of caregiver illness and stress on child development. Specially trained parent care coordinators ensure that caregivers in need of individual behavioral health services are connected to the appropriate resources and function as a liaison between the child's treatment team and the caregiver's provider.

Why: Based on community input and system analysis, caregivers with behavioral health conditions and the additional unique burden of caregiver stress were not consistently accessing treatment services. This lack of treatment had a negative impact on the child's treatment and the greater family unit's ability to thrive. Historically, funding regulations had limited BHS-CYF from providing services specific to the caregiver, so Innovations funding coupled by expanded Medi-Cal access for adults afforded the opportunity to support caregivers with the ultimate goal of creating a healthier family unit.

Where: In specialty mental health outpatient programs where children are receiving services.

Who: Supports parents and/or caregivers of youth receiving specialty mental health outpatient services who have been identified to experience behavioral health issues and/or caregiver stress. Proposed Clients Served Annually: 900

Innovative Components: Programs serving children have historically focused on the child's needs and the parent / child interaction and have, at best, provided referral information to caregivers for their own behavioral health needs. The Caregiver Connection program provides co-located staff who focus on the caregiver's behavioral health needs, provide screening and assessment services, plays a role in education about the toll of caregiver stress, provides support and group treatment on-site, and more robustly connects caregivers to their own individual treatment, when appropriate.

Proposed Change: Initially, a program that served youth age 0-5 was augmented with caregiver support staff. The proposed change extends the existing child (0-5 years old) program by 1 ½ years and explores the impact of expanding support to caregivers of both latency age youth (6-12 years old) and adolescent youth (13-18 years old). These changes will allow for a greater number of caregivers to be served, allowing a more comprehensive ability to understand how to best support caregivers of various racial, ethnic, cultural and linguistic backgrounds. By expanding to support caregivers of older children, there will be an opportunity to examine how support of the caregiver impacts the outcomes of treatment for youth of varying ages.

Research Questions:

- Will these new approaches lead to improved access to mental health services for unserved and underserved caregivers?
- Will caregiver connection to education, resources and treatment lead to improved outcomes for the children who depend on them?
- Does the age of the child in treatment have an impact on the caregiver's connection to treatment?
- Are treatment outcomes different for children of varying ages when support is provided to the caregiver?
- Identification of best practices for supporting caregivers of varying cultural, racial, ethnic and linguistic backgrounds.

Family Therapy Participation (INN 12) Project Overview

Original Duration: July 1, 2015 through June 30, 2018
Original Total: $3,381,000
Proposed Extension and Expansion: July 1, 2017 through December 31, 2019
Proposed Addition: $4,508,000 New Total: $7,889,000

Purpose: To provide education to caregivers regarding the importance of family involvement in treatment and motivate caregivers to participate regularly.

How: The program trains Parent Partners (peer partners) in Motivational Interviewing with the purpose of engaging caregivers so that there will be increased family participation in family therapy. Emphasis is on teaching the caregiver the benefit of active engagement in the treatment process and addressing barriers on an individual basis. The Parent Partner works with the parent to overcome identified barriers and to assist the multidisciplinary team to better accommodate the family needs in order to foster participation.

Why: Literature shows that family-based therapy can lead to improvement in multiple domains of psychosocial functioning and improvement in behavioral health outcomes. Though there are County-set goals for family therapy participation, literature review and anecdotal reports suggest that increased involvement leads to better outcomes for youth and their families.

Where: Outpatient programs where children are receiving specialty mental health services.

Who: Parents/caregivers of children receiving specialty mental health services. Proposed Clients Served Annually: 960

Innovative Components: This Innovation Project utilizes specially trained Parent Partners in first establishing a relationship with the families of clients, and then using motivational interviewing techniques to overcome barriers to involvement in treatment and activating change. There is no established literature that details the success of Parent Partners trained in motivational interviewing in mobilizing families to participate in family therapy services.

Proposed Change: The initial approved plan was limited to just one program in each of San Diego County's six regions. While preliminary results have demonstrated increased engagement in family therapy services, expansion of services will allow for more meaningful outcomes for the learning objectives stated. Greater numbers will be particularly important to understand the racial/ethnic, cultural and linguistic variables to family participation. The proposed change expands to an additional six locations, one in each region, and extends the existing program for 1 ½ years.

Research Questions:

- Will Parent Partner support increase engagement of parents/caregivers in their children's therapy (as compared to the traditional model of clinician outreach to families)?
- What specific strategies and best practices can Parent Partners utilize to successfully assist the caregiver in seeing the value of consistently participating in family therapy?
- What are the barriers to family participation in treatment?
- Which intervention strategies successfully increased engagement in treatment?
- What are best practices for engaging families of varying racial/ethnic, cultural and linguistic backgrounds?

Peer Assisted Transitions (INN 15) Project Overview

Original Duration: July 1, 2015 through June 30, 2018
Original Total: $3,334,347
Proposed Extension and Expansion: July 1, 2017 through June 30, 2019
Proposed Addition: $3,152,592 New Total: $6,486,939

Purpose: To increase the depth and breadth of services to persons diagnosed with serious mental illness who use acute, crisis-oriented mental health services but are not effectively connected with community resources through the provision of peer specialist coaching incorporating shared decision-making and active social supports.

How: This project employs Peer Specialist Coaches (PSCs) to serve adults (age 18+) diagnosed with serious mental illness, promoting engagement through peer support, use of 'Welcome Home Backpacks,' social/recreational activities, and to help them connect with relevant services. Peer Specialist Coaches engage the client in designated inpatient settings, such as acute care psychiatric hospitals and crisis houses, and, as part of the discharge team, assist with planned discharge and transition back to the community. Through this expansion, the project will expand to a third crisis house in the region.

Why: Many who use the most acute services do not become effectively connected with relevant follow-up services and have limited social supports; our system has identified the need for better engagement of persons diagnosed with serious mental illness to connect with the variety of services and supports available in the community. The expansion of this project to a third crisis house will be used to test if the usage of Peer Specialist Coaches, instead of staff who are comparable in training without lived experience, has an impact on outcomes.

Where: Currently this project is implemented in 2 Crisis Houses and 2 hospitals; this project is proposing to expand to an additional Crisis House within the region.

Who: Adults (age 18+) diagnosed with serious mental illness. This program is particularly focused on those persons who, in addition to needing to use hospital and/or crisis house services, have a limited social support network and are most likely to not be effectively connected with relevant services. Proposed Clients Served Annually: 300

Innovative Components: The program will make specific use of shared decision-making tools and coaching to support and promote the person's primary decision-making role in identifying relevant services and support in actively planning the discharge with the discharge team and the client together.

Proposed Change: Services are currently provided at 2 crisis houses and 2 hospitals in the County. This proposed change would expand the existing services to a 3rd crisis house where services will be provided by individuals who do not have lived experience to test the effectiveness of Peer Specialist Coaches.

Research Questions:

- Does incorporating a major shared decision-making element into this program, by utilizing resources such as SAMHSA's Shared Decision-Making tools and/or other shared decision-making tools (e.g., elements of the web-based application CommonGround), will result in improved outcomes?
- Can Peer Specialist Coaches at psychiatric hospitals, with the addition of the shared decision-making and social/recreational components, be effectively used to link unconnected patients with an SMI diagnosis to a variety of services and supports in the community? Does the project's focus on providing a peer coach/mentor support, welcome home backpack, and experiences in social/recreational outings increase client engagement, improve well-being, level of functioning and promote the continuation of social activities after their involvement with this program ends?
- Does the specific usage of individuals with lived experience (PSC) increase outcomes or can individuals without lived experience yield the same results?

Urban Beats (INN 16) Project Overview

Original Duration: July 1, 2015 through June 30, 2018
Original Total: $1,211,613
Proposed Extension and Expansion: July 1, 2018 through June 30, 2019
Proposed Addition: $972,059 New Total: $2,183,672

Purpose: To assist transition-age youth (TAY) in engaging or investing in behavioral health services and/or identifying mental health symptoms and reducing stigma by connecting with TAY through artistic expression.

How: Delivers a customized service to youth created by TAY with a serious mental illness (SMI) and at-risk TAY who incorporate their message into TAY-friendly social media that creatively combines therapeutic, stigma reducing, cultural expression and social justice messaging. The program is intended to engage TAY in wellness activities by providing a youth-focused message created and developed by youth. These may include the visual arts, spoken word, videos, and performances.

Why: Stakeholders expressed that TAY have long been difficult to engage and retain in mental health services. This approach provides wellness activities and messaging in an innovative way that proposes to reach TAY who otherwise would remain disconnected from or prematurely leaves our system of care. Urban TAY often encounter stigma within their community regarding both accessing and maintaining behavioral health services. TAY often report feeling disconnected from traditional services and the people providing them.

Where: This program is currently being offered in the Central Region and the expansion is to include the N. Central Region and the East African Community.

Who: Transition-Age Youth experiencing serious mental illness or are at-risk of behavioral health conditions. Proposed Clients Served Annually: 800

Innovative Components: This project is an adaptation to existing similar programs and it is designed to test whether a culturally sensitive program that focuses on engagement via multiple models of artistic expression is successful at engaging severely mentally ill TAY that are currently enrolled in behavioral health programs as well as at-risk TAY who may develop behavioral health conditions.

Proposed Change: To increase staffing by 3 FTE to expand and extend services to additional clients in the North Central region, provide a therapist on staff to provide assessment, linkage and short term treatment and funding to provide transportation to enhance outreach and performance venues for clients. Additionally, add a third academy track through a subcontract for the East African TAY Community.

Research Questions:

- To learn whether engaging TAY in a youth friendly and artistic manner improves outcomes by enhancing wellness, coping strategies, access to care, ILS, and ability to socialize in a positive healthy manner, while imparting a message of wellness to other TAY.
- To learn if the purposeful integration of elements of artistic expressions and culture facilitated in a therapeutic setting increases access or acceptance of services and increases the level of functioning by participating in meaningful activities.
- To evaluate alternative strategies that can be integrated into our traditional TAY service array and used to engage SMI and at-risk TAY in mental health servcies more consistently and effectively.
- To evaluate whether the inclusion of a therapist on staff increases connection to services.
- To evaluate if this innovative model will work with specific populations (East African TAY)

Crest Mobile Hoarding formerly IMHIP (INN 17) Project Overview

Original Duration: February 1, 2016 through December 31, 2018
Original Total: $1,331,919
Proposed Extension and Expansion: July 1, 2017 to June 30, 2020
Proposed Addition: $1,372,162 New Total: $2,704,081

Purpose: Improve health, safety and quality of life, decrease hoarding behaviors, and decrease housing instability in older adults.

How: Diminishes hoarding behaviors long term in Older Adults by combining an adapted cognitive- behavior-rehabilitation therapy with hands-on training and support. The team consists of specially-trained professionals and peers who will also collaborate with the participants other health providers. An aftercare support group helps participants maintain the skills learned. Change adds staff to serve more clients and extends one year.

Why: Hoarding is particularly dangerous for older persons, who may have physical and cognitive limitations. Basic functioning in the home may be impaired as the acquisition of items piled up in various rooms prevents the use of the rooms intended function. Hoarding can present a physical threat due to fires, falling, unsanitary conditions, and inability to prepare food. Many suffer from great social impairment due to the unwelcoming state of the home. Most Older Adults live on a fixed income and suffer from financial problems due to paying for extra storage space; purchasing unneeded items, or housing fires. Older Adults are at risk for eviction or premature relocation to less desirable housing.

Where: Residential homes of referred clients.

Who: Older adults referred for hoarding behaviors that impact daily living and risk for eviction. Current program serves 30 clients in the Central/North Central Regions. The program is expanding to South Region. Proposed Clients Served Annually: 50

Innovative Components: The mobile nature of the project increases access to services for a population of older adults who tend to be isolated and who have many times lost their social contacts and family connections due to the hoarding behaviors. There are few trained professionals that have specialized expertise in this area or are able to make house calls to coach individuals to de-clutter and/or teach them new skills to manage compulsive hoarding. This program design addresses these issues and further, provides case management, peer support, family services, collaboration with the older adult's other treatment professionals, linkage to additional community services and aftercare services.

Proposed Change: Change adds staffing to expand to the South region to serve an additional 20 clients that will better meet the cultural needs of the San Diego population and will provide Spanish/English bilingual services and to extend the current program by one and one-half years.

Research Questions:

- What is an effective model to treat hoarding behaviors in Older Adults with serious mental illness?
- What are the most effective ways to engage an Older Adult to participate in interventions geared for hoarding behaviors?
- Are peer supports and family services effective with Older Adults who have hoarding behaviors either individually and/or as part of an aftercare support group?

Perinatal (INN 18) Project Overview

July 1, 2018 through December 30, 2022
$500,000 annually
$2,250,000 total

Purpose: To decrease negative consequences from untreated behavioral health issues for expectant and new mothers and fathers.

How: Through coordination with the Public Health Nurses Home Visiting Programs, the proposed program will support parents from underserved or unserved populations who have perinatal mood and anxiety disorders and provide treatment services and linkages to appropriate resources and care. Services are provided in partnership with Health and Human Services Agency programs that support pregnant and parenting mothers and fathers. The project will engage pregnant women, their partners, and parents with young children that have already been identified by Public Health Nurses as having need for treatment services. Priority efforts shall be made to engage underserved populations such as refugee families, Latinos and African Americans.

Why: Postpartum depression is the most common complication of childbearing, affecting approximately 10-15% of women. Emerging research has also highlighted the increased awareness of perinatal anxiety disorders, which are often co-morbid with depressive symptoms. Recent studies have also highlighted the need to assess fathers for depressive and anxiety symptoms in the prenatal and postnatal period. While literature around paternal mood and anxiety disorders is less available, studies indicate paternal postpartum depression affects between 4 and 24 percent of expectant and new fathers. The ability to identify mothers and fathers experiencing depression and anxiety symptoms, as early as possible, can markedly reduce the negative consequences for children and families that result from untreated mental health concerns. The need for increased screening, treatment and linkage to services for perinatal behavioral health issues, particularly in underserved communities, has been highlighted as a need by community members at the Community Forums and in our Children's System of Care Council.

Where: This project will work in conjunction with the Public Health Nurses (PHN) Home Visiting programs: Nurse-Family Partnership and Maternal Child Health.

Who: Pregnant women, their partners, and parents with young children that have already been screened and identified as needing behavioral health services. Proposed Clients Served Annually: 325

Innovative Components: Embedding staff with the Public Health Nursing programs will allow access to clients that are at increased risk due to the psychosocial and socioeconomic factors, known risk factors associated with perinatal mood and anxiety problems. Innovations staff will provide both treatment services and linkage to additional support, if and when necessary. Program staff will also work to identify barriers in engagement to treatment services and will inform the PHNs on how to better link and engage clients with behavioral health services. Past efforts for screening and linkage to services for perinatal mood and anxiety problems have primarily focused on the mother. This project will additionally focus on fathers due to increasing awareness of negative outcomes for children and families from paternal perinatal mood and anxiety disorders.

Research Questions:

- To learn if collaboration with the PHN Home Visiting programs is effective in engaging mothers and fathers for perinatal depression and anxiety treatment.
- To identify how to best equip the PHN in effectively connecting both mothers and fathers to services related to maternal/paternal depression or anxiety.
- To learn if embedded behavioral health staff can provide effective, short term treatment services that meet the needs of identified mothers and fathers.
- To identify barriers in mothers and fathers willingness to access treatment.
- To learn if fathers are willing to participate in engagement efforts and to better understand the characteristics of paternal symptomology.
- To evaluate the effectiveness of culturally competent referrals and the outcomes of engagement and efficacy of culturally appropriate interventions.
- To learn what percentage are linked to existing resources and identify system gaps, if any.

Telemental Health (INN 19) Project Overview

July 1, 2018 through December 2022
$987,286 annually
$4,617,787 total (including $230,000 one-time cost)

Purpose: To facilitate connections to outpatient services and reduce potential recidivism for unconnected clients experiencing a psychiatric crisis and/or hospitalization by increasing access to effective follow-up therapeutic services through the use of technology.

How: Patients unconnected to outpatient services will be screened by a Telemental Health case manager as part of discharge planning from a psychiatric hospitalization to determine if Telemental Health services might be an appropriate modality for follow-up services. Case managers will provide assistance to identified clients with registration and education with use of the system. Case managers will link clients to licensed mental health clinicians. Clinicians providing follow-up services will be trained in best practices, legal, HIPAA and ethics of Telemental Health. A device and connectivity will be provided to those individuals who do not have appropriate access.

Why: Barriers identified by clients and caregivers when offered traditional face-to-face services after discharging from a crisis service include the following: lack of transportation, lack of motivation, stigma, feeling overwhelmed, poor client insight, not understanding the benefits of mental health services, and financial constraints.

Where: Select Emergency Screening units and psychiatric hospitals.

Who: Children, TAY, and adults who are unconnected to outpatient services, who have experienced a psychiatric emergency and are at-risk of recidivism. (Annually: 250 clients receiving screening, education, training, and follow-up) Proposed Clients Served Annually: 250

Innovative Components: Technology and software has been utilized successfully for tele-psychiatry in our county, however, Telemental health services for the purpose of reducing recidivism and supporting connections to outpatient services with a high risk population has not yet been studied. This approach adapts a successful practice used for outpatient mental health services and improves access for underserved populations.

Research Questions:

- Will use of Telemental Health technology improve continuity of care?
- Will use of Telemental Health technology reduce recidivism of hospitalizations and crisis services?
- Will use of Telemental Health interventions increase engagement in outpatient behavioral health services post-discharge from the psychiatric hospitalization and/or crisis stabilization facilities?
- Which modality is the best intervention for which individual?
- Which subpopulations (based upon age, gender, racial/ethnic, linguistic, or cultural determinants) respond best to technology driven services?

ROAM Mobile Clinics (INN 20) Project Overview

January 1, 2018 through June 30, 2022
$1,870,408 annually
$8,896,836 total (including $480,000 one-time cost)

Purpose: The Roaming Outpatient Access Mobile (ROAM) program aims to increase access to mental health services to Native American communities in rural areas through the use of mobile mental health clinics, cultural brokers, and inclusion of traditional complimentary Native American healing practices in the treatment plan.

How: Two fully mobile mental health clinics will cover designated regions with the highest concentration of reservation land – North Inland and East County regions. The target population will be youth with serious emotional disturbance, families, adults, and older adults with serious mental illness of Native American descent living on the various reservations across San Diego's rural areas. Culturally competent services will be targeted at overcoming barriers and access to services for the diverse and socio-economically disadvantaged, and underserved Native American population.

Why: In San Diego County, factors such as history, culture, geography (rural) and building meaningful and trusting relationships have been identified as barriers to accessing mental health treatment for Native American communities. San Diego proposes to increase access and utilization of culturally competent mental health services among Native American rural populations to decrease the effects of untreated mental health and co-occurring conditions.

Where: Native American communities living on reservations in rural San Diego.

Who: Youth, families, adults, and older adults of Native American descent living on the various reservations across San Diego's rural areas. (Annually: 600 individuals screened with 130-140 clients receiving mental health services). Proposed Clients Served Annually: 730

Innovative Components: The project adapts the pre-existing practice of Tulare County, by testing mobile mental health clinics to the unique population and geography of San Diego by focusing on Native American individuals across all age groups living on reservation land. The project will also test engagement of cultural brokers as an embedded component of treatment to evaluate its efficacy in engaging and treating local Native American members as well as evaluating the efficacy of incorporating culturally competent services and traditional healing practices in the treatment model.

Research Questions:

- Will the use of a focused, dedicated culturally competent mental health mobile clinic improve access to and utilization for Native American communities in rural San Diego?
- Will the integration of the cultural brokers embedded within the program increase access and utilization of services and improve mental health treatment outcomes?
- Will the use of MAT services for co-occurring diagnosed clients decrease substance use among Native American communities in rural San Diego?
- Will the use of tele-mental health sustain engagement in treatment with clients in Native American communities in rural San Diego?

ReST Recuperative Housing (INN 21) Project Overview

January 1, 2018 through June 30, 2022
$1,389,441 annually
$6,252,485 total

Purpose: San Diego County proposes to decrease the number of homeless and unconnected Transition-Age Youth (TAY; 18-25y/o) with SMI to prevent these individuals from inappropriately returning to acute, emergency mental health services (e.g. hospitals, emergency departments, crisis homes, Psychiatric Emergency Response Team, and jail mental health services) by providing recuperative and habilitative mental health care support to these individuals in respite housing.

How: The Recuperative Services Treatment (ReST) program is designed to provide respite mental health care services and housing support in an open housing development or residential site similar to Board and Care settings for TAY clients with a severe mental illness (SMI). Individuals enrolled in the program will be engaged in recuperative services and connected to appropriate levels of care and housing to support ongoing recovery and wellness. ReST will be an Enhanced Strength Based Case Management program with mental health services.

Why: In 2016, San Diego's Point In Time count indicated there were a total of 685 TAY who were homeless, with 459 TAY indicating that they were unsheltered; 22.8% of youth had mental health issues and 14.6% had substance abuse (2016 WeALLCount). Among individuals who have accessed emergency mental health services (e.g. hospitals, crisis homes, Psychiatric Emergency Response Team (PERT), or jail services), not all individuals are connected to outpatient mental health service providers; these individuals are considered "unconnected." In Fiscal Year 15/16, there were 196 unconnected homeless TAY that accessed emergency mental health services in San Diego County. These clients also have repeated utilization of inappropriate levels of care such as acute care hospitals, jails, emergency departments and failure to connect with outpatient mental health services.

Where: The recuperative-care site will be a "home-like" environment with co-located mental health services.

Who: TAY (18-25y/o) clients with severe mental illness (SMI) who 1) require respite and habilitative services (e.g. managing symptoms, learning activities of daily living) post-discharge from acute care settings, 2) are homeless or at-risk of homelessness, 3) are unconnected to mental health treatment, and 4) have repeated utilization of inappropriate levels of care (e.g. acute/emergency care settings or jail in-patient care). Annually the program will serve 48-60 clients and approximately 13-15 residents at any one time.

Innovative Components: ReST is an adaptation from the medical field's recuperative care centers that have been shown to reduce readmission to acute care settings. The services provided through ReST are geared towards providing a different experience with mental health providers and to engage and connect the TAY clients to ongoing appropriate levels of care, link them to housing, reduce stigma associated with using mental health services and provide TAY with skills (e.g. managing symptoms, activities of daily living, educational or employment skills) so that they will decrease inappropriate use of acute, emergency care settings or jail. Additionally, there will also be a "mentorship" component in which Peer Support Specialists will continue to work with clients after they have left ReST to ensure continuity and provide support 30-60 days post-completion of ReST.

Research Questions:

- Does the use of respite care and habilitation model demonstrate success in penetration and retention of TAY who are unconnected to treatment and have repeatedly utilize acute care, crisis residential treatment, EDs, PERT and jail mental health services?
- Did TAY enrolled in ReST demonstrate an improvement of their symptoms or mental health condition?
- Did TAY enrolled in ReST demonstrate an increase in engagement with treatment due to the provision of housing and co-location of mental health and support services?
- Does ReST impact acute/emergency care (Crisis Residential Treatment, ED, PERT, EPU, and jail mental health services) recidivism?

- Do TAY enrolled in ReST demonstrate an ability to stay connected to treatment during and post discharge?
- Do TAY enrolled in ReST demonstrate a reduction of stigma associated with their symptoms or mental health condition?
- Do TAY enrolled in ReST demonstrate an increase in knowledge of how to access behavioral health services and housing supports?

INN 22 Begins on the Next Page

Medication Clinic (INN 22) Project Overview

July 1, 2018 through December 30, 2022
$1,963,636 annually
$8,836,362 total

Purposes: 1) To provide accessible medication support services to children and youth who have completed psychotherapy services but continue to require psychotropic medications to support their function, safety, and to reduce suffering so that they can participate in school, community activities, and in a rich home life. 2) To provide psychotropic medication support services to children and youth with complicated medical problems in their pediatric care setting. 3) To provide psychoeducational support services regarding psychiatric diagnosis, medication treatments, and other resources that can support treatment of children and youth with chronic mental health problems to families, educators, and other important people in the children's lives.

How: Create a Psychotropic Medication Clinic staffed by expert Child and Adolescent Psychiatrists, Case Manager Clinicians, Psychiatric Nurses, and a Program manager. Prescribers will provide medication support services via traditional face-to-face office visits, tele-psychiatry, and while embedded in Developmental Behavioral Pediatrician offices. Additional peer and community support will be provided.

Why: For select youth, continuing psychotropic medications is essential to a stable and sustainable wellness, but resources for medication management only services have been limited as there are few prescribers and those in practice have geographic limitations. Youth with complex psychotropic medication regimens present an even greater challenge for access to services. Recent legislative changes have focused on the importance of careful oversight for the provision of psychotropic medications for Medi-Cal youth; a dedicated medication clinic will carefully monitor and implement legislative changes.

Where: 1) In a centrally located psychiatric clinic for direct services and the psychoeducational services; 2) In a Special Needs Pediatric Clinic and a Developmental Behavioral Pediatric Clinic; and 3) In conjunction with primary care medical offices or other diverse locations, the project intends to staff 2 locations per region (total of 12 sites) via tele-psychiatry.

Who: Children and youth with serious emotional disturbances who are stable and have completed their psychotherapy treatment services, children and youth who are new to San Diego County and are awaiting entry into outpatient programs and are already taking psychotropic medications, and children and youth who are currently being treated for complex medical problems and have serious mental health problems, but have no access to a child and adolescent psychiatrist. Proposed Clients Served Annually: 500

Innovative Components: This clinic will provide psychiatry services via a variety of modalities (including tele-psychiatry) to support youth who require complex psychotropic medication regimens on an ongoing basis to maintain stability. There will be a focus on youth prescribed complex medication regimens which, given recent legislative changes, has been increasingly critical to closely monitor. The Medication Clinic will offer on-site collaboration, psychiatric evaluations and treatment in pediatrics offices that serve medically complex youth, a population identified to be under-served both locally and nationwide.

Research Questions:

- Can a Medication Clinic be a stabilizing factor for children with continued need for psychotropic medications, and work with different schools, therapists, primary care physicians, and group homes in a collaborative and integrated manner?
- Can this clinic be seen by its users (children, youth, caregivers, teachers, other helpers) as a helpful and useful resource?
- Can an on-site psychiatrist work in close collaboration with Developmental Behavioral Pediatricians to provide integrated care to children and youth with complex medical and mental health problems? What does the working relationship need to be? How will they communicate and integrate care?

- Can utilization of traditional office visits, tele-psychiatry and psychiatry services embedded in a pediatrics clinic lead to more consistent care and thus better oversight and monitoring for youth prescribed complex psychotropic medication regimens?
- Can the creation of a medication clinic lead to more efficient adaptation of legislative changes?

End of INN Proposals