



STAFF INNOVATION SUMMARY—SAN MATEO

Name of Innovative (INN) Project: Neurosequential Model of Therapeutics (NMT) within an Adult Service System

Total Requested for Project: \$264,000

Duration of Innovative Project: Three (3) Years

Review History

County INN plan approved by County Board of Supervisors on May 24, 2016.

Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) consideration of INN Project will be on July 28, 2016.

Project Introduction

San Mateo County proposes to increase the quality of services including measurable outcomes for Behavioral Health and Recovery Services (BHRS) clients by adapting the Neurosequential Model of Therapeutics (NMT) model for use with adult populations. The NMT is a developmentally sensitive, neurobiology approach to clinical problem solving and not a specific therapeutic intervention. NMT uses principles of neurodevelopment and traumatology to base an approach for the best practices for treatment modalities.

The County will train two to three staff each from up to six different BHRS adult system of care programs to bring the NMT model into their clinical work. Target BHRS programs will either currently be doing Trauma Informed Care (TIC) work or have an opportunity to transform to a more TIC approach. The County anticipates that approximately 75-100 clients will receive an assessment and relevant interventions annually (for three years).

In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including: What is the unmet need that the county is trying to address? Does the proposed project address the need? Are there clear learning objectives that link to the need? And, will the proposed evaluation allow the county to make any conclusions regarding their learning objectives? In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements that the proposed program or project must align with the core Mental Health Services Act (MHSA) principles, promote learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four allowable primary purposes.

The Need

San Mateo County recognized the need to expand awareness of how trauma impacts adult persons with mental health concerns from the experience and extensive research on children with mental health concerns and trauma (see references). The County also wants to transform current services into a trauma-informed system of care by expanding the NMT approach to help improve outcomes for BHRS adult clients with histories of trauma. This was identified as a top priority by the County's MHSA Steering Committee as determined by stakeholders in March of 2015 as a way to bring alternative therapy and treatment options through a rigorous trauma-informed way to adult clients.

The Response

The County proposes to address the challenge of identifying, treating, and promoting recovery for adults experiencing mental health concerns and how trauma could impact treatment and services by adapting the NMT approach for use with adult clients. The NMT approach was developed by Bruce D. Perry, MD, PhD, for primary use with children who have experienced trauma.

The County will collaborate with Dr. Perry on the adaptation, implementation, and evaluation. The County plans to use a contractor as the project evaluator. The project is recovery focused, tailored to specific needs of the recipient, expected to significantly lessen the number of psychiatric hospitalizations, and is touted as a method to bring alternative therapy and treatment to trauma patients.

The Community Planning Process

The Innovation ideas were brought to the San Mateo County MHSA Steering Committee in March 2015 by stakeholders, MHSA Steering Committee members, and BHRS staff indicating the need for potential projects. The Steering Committee made recommendations on which projects to move forward for further exploration. The community planning process involved about 300 diverse stakeholders and conducted about 30 meetings. This ensured all stakeholder groups and demographics were represented. Additional details on the demographics, stakeholder group representation, and engagement are detailed in the Three-Year Plan.

Learning Objectives and Evaluation

The overall learning objective of the NMT Innovation Plan is to assess if the proposed adult NMT development will increase the understanding of trauma-informed care, decrease psychiatric hospitalizations, and decrease use of psychiatric emergency services in adults. Research indicates the approach with children has a significant impact. The innovative component of the NMT is to determine if the same process will improve recovery for adults with trauma within the Adult Service System.

The Budget

Total planned cost for the project is \$264,000. The county estimates about \$30,000 for staff training. Service contracts will cost \$75,000. The cost of NMT assessments, over the course of the three year project, is \$9,000. The County did not incorporate a budget line item in the proposal for evaluation costs. In discussions, the County indicates they anticipate approximately five percent of the total amount of the proposed budget will be used for evaluation. The County will explain their method for evaluation outlay to the Commission during their presentation.

Additional Regulatory Requirements

The proposed project, with the exception of the evaluation budget expenditures, seems to meet minimum standards for compliance for requirements of the MHSA. The County had strong community participation and relied heavily on their MHSA Steering Committee for direction.

References

There are no applicable references, peer-reviewed/substantial research, or specific information available on **adult** NMT research or projects indicating interventions of this nature in adult, elderly, or special populations (such as the underserved , clients with comorbidity, or immigrants). However, there is a multitude of peer reviewed articles regarding children as listed below:

http://www.youth4change.org/bruceperry/NMT_Article_08.pdf

http://www.cpe.rutgers.edu/NJDCF2014/The_Neurosequential_Model_of_Therapeutics_as_Evidence_based_Practice.pdf

<http://childtrauma.org/nmt-model/>