COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

MHSA INNOVATION 5 PROJECT
PEER SUPPORT SPECIALIST (PSS) FULL SERVICE PARTNERSHIP

The Innovation

The Los Angeles County Department of Mental Health (LACDMH) proposes to implement and evaluate the effectiveness of serving justice-involved individuals utilizing a Full Service Partnership (FSP) model comprised of team members primarily who self-identify and utilize their lived experience as mental health consumers and/or justice-involved individuals. Traditional FSP programs have been staffed with a multi-disciplinary clinical team which have included peers. This PSS FSP program will modify the existing FSP team staffing to consist primarily of peers utilizing their lived experience to do *whatever it takes* to serve a justice-involved population who meet the criteria for adult FSP services in Los Angeles County. 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.

Innovation Criteria

The Department is seeking 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 by expanding the role and prominence of peer support specialist staff on an FSP team. The primary purpose is to improve the quality of mental health services and achieve outcomes.

Project Length

This project will last 4 years.

Making the Case for Peer Support Specialist FSP Serving Justice-Involved Clients

Peer Support Specialist FSP

Since the inception of the Mental Health Services Act, LACDMH has sought out ways to create meaningful for roles for public mental health clients recovering from mental illness in the form of employment within public mental health programs, employment in the community and organized volunteer work with stipends. Peer support specialists are being employed in a growing number of settings and programs, from Wellness and Client-Run Centers to street outreach, housing and health navigation to Whole Person Care linkage and support. LACDMH's first Innovation project contained a model specifically designed to test out the role of peers supporting clients in crisis (Peer Respite Homes). The model demonstrated reductions in the number of days clients spent homeless within 6-12 months after a peer respite stay. Additionally, the number of emergency room visits by participants was reduced by more than 25% compared to baseline.

Most recently, LACDMH opened a Peer Resource Center on the bottom floor of our administration building and is recruiting for a Chief of Peer Services that will enhance the career ladder for peers, unify peer support training and eventual certification and develop a full array of opportunities for clients who wish to work as peer support specialists to do so.

This project will build on, and meaningfully enhance, those roles by modifying the direct service staffing to be 63% peers in recovery. Both teams will operate as an FSP team, with the expectation of providing the full range of FSP services, including outreach, engagement, housing and employment support, money management, case management and care coordination and support for clients with co-morbid mental health and substance use conditions. 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.

After-hours, 24/7 response during times of crisis will be addressed by a peer support specialist being paired with the clinical supervisor. In the event an FSP client needs to be placed on a Lanterman Petris Short (LPS) involuntary detention, the licensed supervisor will be LPS-Designated for that purpose. These FSP teams will also be responsible for collecting and reporting on FSP outcomes as mandated in regulation.

Each 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, 5 (5) peer staff, one (1) administrative support and one (1) clerical staff. Each peer staff will carry a caseload with a ratio of 1:10, 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 50 clients will be served by each team, at any given time.

Focus on Justice-Involved Clients

The County of Los Angeles has recognized the need to address the issue of mentally ill individuals in the criminal justice system, and in particular, mentally ill individuals who cycle in and out of the Los Angeles County Jail. The County's commitment to this issue culminated in the creation of the Office of Diversion and Re-Entry. In order to accommodate the County's interest in developing enhanced outpatient mental health services for this population, FSP programs serving justice-involved clients expanded in three waves. First, LACDMH added 300 adult FSP slots for clients with recurring involvement in the criminal justice system.

Los Angeles County served 6,019 adult clients in FSP programs during FY 2016-17. Cumulatively, when comparing the number of clients incarcerated and the days spent in jail the year prior to enrollment in an FSP to after enrollment, adult FSP clients have experienced a 63% reduction in days in jail and a 17% reduction in FSP clients incarcerated

LACDMH is in the process of a second wave of FSP expansion by adding an additional 5,106 FSP slots for clients ages 18 and above. Of this additional capacity, 790 will be dedicated to clients involved in the criminal justice system.

The third wave of this effort would be the implementation of the Peer Support Specialist FSP project.

Breaking the Incarceration Cycle through Peer Support Specialist FSP

Employing the PSS within an FSP program for justice-involved individuals will improve the engagement process and prevent premature disenrollment from treatment. 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.

Goals of This Project

1. Optimize meaningful roles for peer specialist staff in FSP programs, including roles related to initial outreach and engagement, ongoing engagement once clients are enrolled, case management and general support and assistance related to obtaining and maintaining housing, employment, benefits establishment.

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 staff through the lense of lived experience.

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 support.

5. Enhance each PSS Supervisor's knowledge and skill set, regarding the provision of supervision and support to PSS staff.

6. Improve access and linkage connection to legal supportive services, in order to improve successful community integration.

7. Compare outcomes for PSS FSP with FSP programs with a multi-disciplinary staff that serve justice-involved populations.

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 who are currently incarcerated or who are at risk of being arrested and incarcerated, as operationalized by one or more of the following:

- Engagement in unlawful and risky behavior
- Unable to pay tickets or other justice-related fees

- Presence of warrants
- Two or more contacts with law enforcement in the past 90 days
- Inability to follow requirements of probation

Overarching Learning Questions and Evaluation

Both Peer Support Specialist FSP teams will be required to collect all FSP data elements and will enter that data into the LACDMH Outcome Measure Application (OMA), a web-based application used for the collection and reporting of FSP and other outcomes. An existing Psychologist employed by LACDMH will be responsible for the development of outcome reports and for the evaluation of this project, utilizing the same approach to outcome reporting as is done for all FSP programs.

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?
    a. Compare reasons for disenrollment (met goals, lost contact, disenrollment due to incarceration of 6 or more months)
    b. Compare average tenure in FSP for differences
    c. Compare FSP clients who remain in FSP for 1 and 2 years with traditional FSP teams serving justice-involved populations.
2. Are there differences in FSP data quality between PSS FSP and traditional FSP programs?
    a. Compare missing baseline reports, Key Event Tracking/Change completion rates and Three Month/Quarterly (3M) outcomes.
3. Are justice- involved FSP clients individuals less likely to recidivate if services are provided by a Peer FSP Team?
    a. Compare incarceration outcome reports (Baseline incarcerations from the year prior to entering FSP to incarcerations after enrollment; cohort incarceration analyses after 1 and 2 years in FSP).
4. Does the work of Peer Support Specialists result in FSP clients who are more successful in integrating back into their communities?
    a. Compare employment and volunteering patterns, distinguishing between in-house and community-based employment and volunteering.
    b. Compare living arrangement outcomes, particularly independent living, congregate living and homelessness.
5. What unique supports need to be put in place for Peer Support Specialists to be maximally effective in their roles in order to achieve effective client outcomes?
    a. Qualitative interviewing of Peer Support Specialists at intervals during the project. This information will not only be used for the evaluation of the project but also to inform ongoing training and technical assistance.
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?
    a. Qualitative assessment of the impact of legal services.
7. Will PSS staff be able to provide the array of FSP services within their current scope of practice?
    a. Compare overall FSP outcomes for Peer Support Specialist FSP to outcomes for traditional FSP programs serving justice-involved populations.

b. Qualitative analysis of Peer Support Specialist competencies in providing each service array element.

8. When peer support specialists expand their roles to include case management and other services more commonly provided by multi-disciplinary staff does that result in peers reporting losing their unique roles associated with lived experience?

Training and Supervision for Peer Support Specialists

Peers will receive training in at least 3 distinct areas:

1. Training on the skills and techniques that are used in the role of a Peer Support Specialist, including:
    a. Intentional Peer Support training
    b. Facilitating the development and use of Wellness Recovery Action Planning (WRAP)
    c. Laws, ethnics and boundaries
    d. Interpersonal skills and engagement
    e. Cultural competence
    f. Self-awareness
    g. Documentation and claiming
    h. Safety and crisis planning
    i. Serving clients with co-occurring mental health and substance use conditions
    j. Role of peer support specialists
        i. Health navigation
        ii. Housing navigation
    k. Recovery services and supports
    l. Motivational Interviewing

2. Orientation to FSP
    a. FSP service array to be delivered by peer support specialists
    b. Delivering services in the field
    c. Use of Client Supportive Services funding
    d. Outreach and engagement strategies
    e. Family involvement
    f. FSP data collection and entry to the Outcome Measures Application (OMA)

3. Training on working with justice-involved clients
    a. Criminogenic factors and service considerations
    b. Justice facility protocols

In addition, as with all other staff, peer support specialists will have access to a wide array of trainings provided by and through LAC DMH. There will be weekly strengths-based didactic hour-long 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 for this ongoing training is to assist this FSP team in building cohesion and resilience in order to achieve and sustain high quality of services. 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.

The supervisor of each team will have exposure to the training material and experiences that each peer support specialist receives to establish continuity and consistency of approach. Each peer support specialist will receive weekly supervision, in addition to the daily team meetings which are a best practice in FSP.

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 22, 2017- January 19, 2018: 30 Day Public Posting of Proposed Project

Upon approval of the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Department will initiate immediate work on the solicitation and request for positions.

- Spring- September, 2018: Depending upon the Department's decision on whether services will be directly operated, contracted or a combination of both, position requests and/or a solicitation will be developed.
- September- late fall, 2018: Implementation initiated, starting with orientation and the training curriculum described above.

Disseminating Successful Learning

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. The LACDMH Peer Chief will play a lead role in incorporating learning and applying it to the array of peer services available, as well as ensuring appropriate training and support are available for peer support specialist staff.

Based on the ongoing outcome evaluation, the Department will assess real-time the effectiveness of the these services, the support and training needed for PSS team members and will incorporate learning and successful approaches into the Department's service array and also into the expanding roles that peers play in our mental health service delivery system. The Department's Chief of Peer Services will be highly involved, if not leading the effort, to incorporate learning into practice.

Sustainability

At the conclusion of this project, if it is deemed successful, LACDMH would seek to use MHSA Community Services and Supports FSP funding to sustain the teams. Should Peer Certification legislation advance forward and be signed into law, Medi-Cal billing would be added to the mix of funding.

The Budget

Two teams will be comprised of the following staffing pattern:

- Mental Health Psychiatrist to prescribe medication and perform medication management
- Mental Health Clinical Supervisor to provide clinical and administrative supervision to all staff (with exception of psychiatrist)
- Psychiatric Social Worker II: Conduct Adult assessments, develop treatment plans and perform functions that must be completed by a Licensed Practitioner of the Healing Arts (LPHA).
- Medical Case Worker II (or provider equivalent position) to coordinate outcome data collection and other administrative tasks)
- 5 Community Workers/peer specialists- Provide all services and supports for FSP clients that are within the scope of practice for peer support specialists.
- Senior Typist Clerk/clerical staff – Answer phones, coordinate scheduling and oversee office functions.

The budget attachment includes one vehicle per team of 50 clients for purposes of providing field-based services or for the transportation of clients. Budgeting one vehicle for 50 clients is standard in LACDMH.

Because this will functionally be an FSP program, collecting FSP data, the evaluation will conducted in the same manner that LACDMH conducts the outcome evaluation for FSP. An existing psychologist in the Department will be responsible for the evaluation, therefore there is no budget for evaluation in this project.

The net MHSA Innovation budget across the 4 years of the project is $9,874,886, not inclusive of Medi-Cal revenue. See attachment for the full budget.

This project will be included as part of LACDMH's AB 114 posting for use of reverted MHSA Innovation funds for either FY 2008-09 or 2009-10, depending on expenditures associated with prior, yet current, Innovation projects.

COUNTY OF LOS ANGELES **Attachment**
DEPARTMENT OF MENTAL HEALTH
PROGRAM DEVELOPMENT AND OUTCOMES BUREAU
MHSA INNOVATION 5 PROJECT - PEER SUPPORT SPECIALIST FULL SERVICE PARTNERSHIP (PEER FSP)

DESCRIPTION

ITEM NO.	ITEM & DESCRIPTION			FTE's	1st FY TOTAL SALARY & EB	2nd FY TOTAL SALARY & EB	3rd FY TOTAL SALARY & EB	4th FY TOTAL SALARY & EB
SALARIES & EMPLOYEE BENEFITS (EB)								
4735A	MENTAL HEALTH PSYCHIATRIST			2.0	700,057	700,057	700,057	700,057
9038A	MENTAL HEALTH CLINICAL SUPERVISOR			2.0	256,315	256,315	256,315	256,315
9035A	PSYCHIATRIC SOCIAL WORKER II			2.0	229,461	229,461	229,461	229,461
9002A	MEDICAL CASE WORKER II			2.0	166,559	166,559	166,559	166,559
8103A	COMMUNITY WORKER			10.0	595,970	595,970	595,970	595,970
2216A	SENIOR TYPIST-CLERK			2.0	126,999	126,999	126,999	126,999
	TOTAL SALARIES AND EMPLOYEE BENEFITS	**TOTAL FTES**		**20.0**	**2,075,361**	**2,075,361**	**2,075,361**	**2,075,361**
TOTAL SALARIES & EMPLOYEE BENEFITS (EB)		**2,075,361**			**S&S Including ONE TIME**	**ONGOING S&S**	**ONGOING S&S**	**ONGOING S&S**
SERVICES & SUPPLIES (S & S): ONE TIME COST								
4612	*EDUCATION & TRAINING*		*8,000*		8,000			
CAPITAL ASSETS:								
6049	VEHICLES (2 @ $25,000)	50,000			50,000			
4612	INITIAL CERTIFICATION	22,000			22,000			
TOTAL SERVICES & SUPPLIES - ONE TIME		**72,000**			**80,000**			
MHSA FUNDED SERVICES								
	FLEX FUNDS (50 CLIENT SLOTS @ $3,000 EACH)		150,000		150,000	150,000	150,000	150,000
	LEGAL SERVICES (50 CLIENT SLOTS @ $10,000 EACH)		500,000		500,000	500,000	500,000	500,000
SERVICES & SUPPLIES: ONGOING COST								
2076	*COUNTY TELEPHONE*	*800*	*16,000*		*16,000*	*16,000*	*16,000*	*16,000*
2083	*CELLULAR PHONE CHARGES*	*700*	*12,600*		*12,600*	*12,600*	*12,600*	*12,600*
3240	*OFFICE SUPPLIES*	*600*	*12,000*		*12,000*	*12,000*	*12,000*	*12,000*
3971	*COMPUTERS, PRINTERS, SOFTWARE & PERIPHERALS*	*1,900*	*38,000*		*38,000*	*38,000*	*38,000*	*38,000*
4422	*BUILDING RENTALS*	*15,000*	*300,000*		*300,000*	*300,000*	*300,000*	*300,000*
3580	*CONSULTATION*	*2,500*	*50,000*		*25,000*	*25,000*	*25,000*	*25,000*
5092	*AUTO MILEAGE*	*200*	*4,000*		*4,000*	*4,000*	*4,000*	*4,000*
4612	*EDUCATION & TRAINING*	*-*	*12,000*		*12,000*	*12,000*	*12,000*	*12,000*
TOTAL SERVICES & SUPPLIES - ONGOING					**1,069,600**	**1,069,600**	**1,069,600**	**1,069,600**
GROSS PROGRAM COST					**3,224,961**	**3,144,961**	**3,144,961**	**3,144,961**
REVENUE (MEDICAL/FFP/NON EPSDT):					**REVENUE**			
9025	MCE (FFP)				237,960	230,120	230,120	230,120
9025	Non-EPSDT				475,920	460,240	460,240	460,240
TOTAL REVENUE					**713,880**	**690,360**	**690,360**	**690,360**
NET PROGRAM COST								
9911	**MHSA ONLY**				**$ 2,511,082**	**$ 2,454,601**	**$ 2,454,601**	**$ 2,454,601**
							TOTAL MHSA COST	**$ 9,874,886**

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