INNOVATION

INNovation

- This is a less-structured/informal meeting.
- All attendees are welcome to comment and ask questions, etc.
- New Innovation Round Presentations

INNovation

- INNOVATION STAKEHOLDER INTRODUCTIONS

- STAFF INTRODUCTIONS

INNovation Agenda

- Welcome, Introductions, and Goals for meeting (5 mins)
  - Frank Warren, SLOBHD
  - Nestor Veloz-Passalacqua, SLOBHD
- Budget (5 mins)
- INNovation Proposals (40 mins)
  - SoulWomb
  - Mental Health Integration for Older Adults in Residential Facilities
  - Behavioral Health Education and Engagement Team (BHEET)
  - Community-Customer Awareness Response Effort (C-CARE)
- Next Steps (5 mins)
  - Ranking

INNovation Budget

- Innovation Round 2020-2024

- Our estimated budget for all four-years of Innovation is about $1 million

- Estimate $250K per year (for all approved projects)

Steps to INNovation

- Approval by the Behavioral Health Board

- Approval by the Board of Supervisors

- Approval by the Mental Health Services Oversight and Accountability Commission
  - Technical Assistance provided by OAC Staff
  - Presentation/Approval by Commission

- Request for Proposal (RFP)

- Contract Development and Board of Supervisors Approval

Innovation Proposal:

SoulWomb

Innovation Proposal - Overview

Problem: Increasing cases of mental illness with co-occurring disorders year over year among SLOBHD county jail/forensic population.

Idea: Study the impact of "intent based" sound therapy and meditation with the SoulWomb on SLOBHD forensic population.

Learning goals: Impact on SLOBHD forensic population well-being, coping with physical pain, anxiety, depression, dual diagnosis and prescription medication.

Sustainability: SLOBHD would potentially identify and determine other funding sources to continue the intervention or some of the components.

Problem Definition
Any Mental Illness (AMI) in Diversion County Jail Population

70%
1+ Mental Health illness (SLO County)

40%
Are on psychotropic medication (SLO County)

150%⇧
Treatment for serious mental health disorder from '00 (SLO County)

20%
Serious Mental Illness (SLO County)

20%⇧
On medication in SLO compared to 45 other CA counties (SLO county)

25%⇧
Receiving psychotropic medication last 5 years (SLO County '18)

AMI includes:
★ Mental disorder
★ Behavioral disorder
★ Emotional disorder

Reasons for non-treatment:
★ Stigma
★ Think they don't need it
★ Scared

Innovation Proposal

- Sound meditation and Healing
- Personalized space
- Meditation on Demand
- 3D spatial sound technology (Hearing, feeling & moving sound)
- Augmentation with Treatment As Usual
- Preventive & Restorative
- Trackable individualized results
- Each session is 12-20 mins
- Intent based
- Immediate and long-term benefits
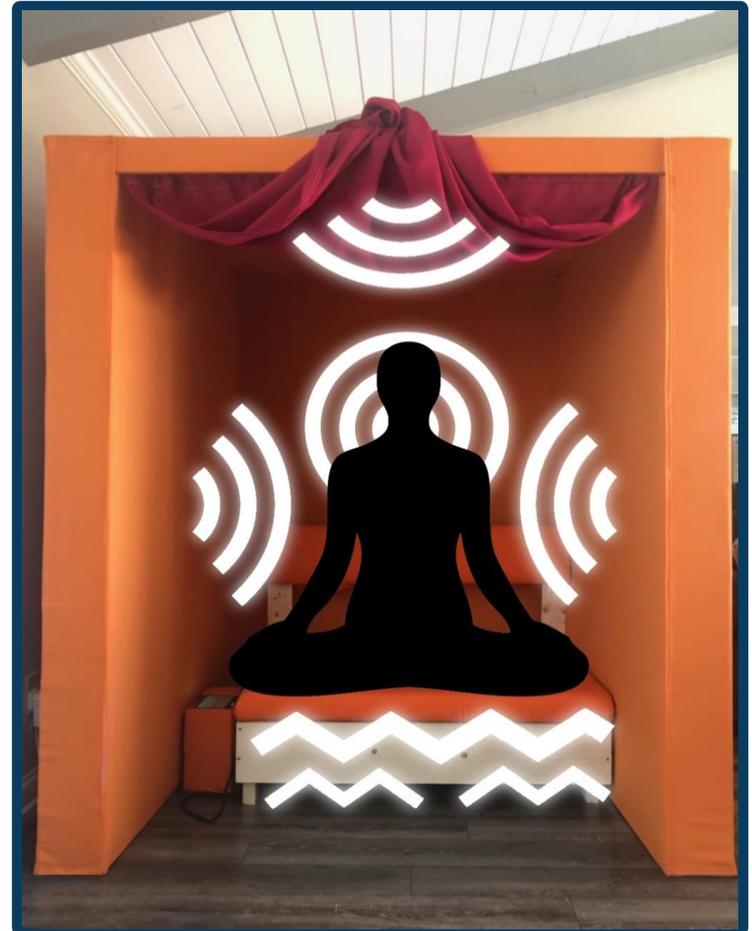
Innovation Implementation

- Located at a clinic, 5 feet x 5 feet sound-dampened box
- Diversion county jail population clients
- 2 full hours for complete installation
- Pre-recorded orchestrated sequence of therapeutic sounds
- 2-3 times a week session
- 12-20 minutes session followed by 10-15 minutes of meditation
- Pre and post assessment evaluation

Outcomes & Objectives

- Study impact on participant wellbeing

- Study impact on participant coping skills

- Impact on participants with dual diagnosis

- Impact on participants' depression and anxiety symptoms

- What frequency of use is most positively effective in the participants' behavior

- Optimal duration of individual session to most positively be effective in the participants' behavior

- Impact on the medication intake of participants

Questions?

Innovation Proposal:

Mental Health Integration for Older Adults in Residential Facilities

Problem Definition

- San Luis Obispo lacks the proper model of care and intervention to fully engage Older Adults in the areas of physical and mental health. Older Adults diagnosed with a mental illness, are more likely to experience difficulty with obtaining and/or sustaining an appropriate level of care when facility placement becomes necessary.

- Many Residential Care Facilities for the Elderly (RCFE's) are reluctant to accept patients with a documented Mental Illness due to a lack of appropriate resources. Facilities that treat individuals with a Mental Illness are reluctant to accept Older Adults due to a lack of medical resources. Successful options that meet the unique needs of this sector of the Older Adult population have yet to be identified.

Innovation Proposal

- The project would use a hybrid model employing elements of the successful:
  - "School and Family Empowerment" model, and
  - Implementing them in Residential Care Facilities for the Elderly (RCFE).

- A major component of the program would be to provide:
  - Appropriate education and consultation to facility staff so that they feel more empowered and comfortable with;
  - Identifying red flags and triggers,
  - Deescalating situations,
  - Recognizing and addressing crisis, recognizing symptoms and reducing their presentation, and
  - Promoting an environment of wellness and recovery.

Innovation Implementation

- The project would include teams comprised of:
  - A Behavioral Health Clinician, and
  - An Advocate

- Teams would be located at the RCFE's in order to create an integrated and collaborative effort between Behavioral Health and Physical Health

Outcomes & Objectives

- The goal would be to learn whether providing mental health support in an RCFE would produce better health outcomes and create more living options for Older Adults. The learning goals are outlined in detail below:
  - Would a team-based, wrap around approach to mental health assessment and treatment in RCFEs promote better health and wellness outcomes for the participants?
  - Would increasing community collaboration and access to mental health care increases the number of placement options available to Older Adults with a mental illness?
  - Would providing a team-based, wrap around approach to mental health assessment and treatment in RCFEs for the Elderly create more sustainable housing and treatment options for Older Adults with a mental illness?
  - Would the testing model have a positive impact in the elderly population mental and physical outcomes?

Questions?

Innovation Proposal:

Behavioral Health Education and Engagement Team (BHEET)

Problem Definition

- San Luis Obispo County lacks an outreach and engagement model for community members that fall outside of the higher levels of care within the mental health system and still need case management and support accessing, navigating, and receiving services.

- The target population for the project include individuals who need more assistance to make and keep the connection to local managed care plans and individuals who do not meet the criteria for Full Service Partnership engagement or other intensive community-based services.

Innovation Proposal

- The project tests the development of an outreach and engagement model and its effective impact by combining peer case managers and a licensed clinician to offer community education and outreach, assessment, mentorship, therapeutic engagement, case management, and system navigation for individuals who are outside the service range of behavioral health services. Project activities include:

  - Outreach and presentations to community organizations and businesses
  - Educational presentations for engaged clients
  - Wellness Center based activities
  - Screening events
  - Short-term therapy
  - Short-term case management

Innovation Implementation

- 2 Peer Case Managers/Support Specialist

- 1 Behavioral Health Clinician

- 12 monthly educational presentations

- 6 mental health screening events – 50 participants

- 150 individuals provided with outreach education activities

- 50 short-term case management

- 100 engagement sessions with project clinician – 10 participants annually

Outcomes & Objectives

- The County and its stakeholders hope to learn when provided peer engagement and short-term case management, are individuals more likely to follow through with referrals to traditional, longer term services?

- The County and its stakeholders hope to learn when provided peer engagement and short-term case management, are individuals less likely to isolate and/or deny services?

- The County and its stakeholders hope to learn when provided peer engagement and short-term case management and/or therapy, are symptoms decreased to a level that avoids the need for longer term, traditional services?

- The County and its stakeholders hope to learn when provided peer engagement and short-term case management and/or therapy, does the utilization of crisis services, emergency room visits, and/or law enforcement involvement decrease?

- The County and its stakeholders hope to learn when provided peer engagement and short-term case management, does self-empowerment and advocacy increase for participating individuals?

- The County and its stakeholders hope to learn when provided peer engagement and short-term case management, is there a significant improvement in depression, anxiety, and other behavioral health screening scores within a short period of time (3 months)?

- The County and its stakeholders hope to learn if initially engaging in educational trainings and wellness activities increases the likelihood to engage in the case management and/or other services?

Questions?

Innovation Proposal:

Community Customer Awareness Response Effort (C-CARE)

Problem Definition

- Lack of proper understanding and engagement with trauma is a persistent problem in the community beyond public social-service agencies

- Understanding individuals' personal struggles – low community engagement, low return of investment, health, and job satisfaction

- No specific or current information/data on trauma reported within private, community-based, and faith-based organizations.

Innovation Proposal

- Recurrent tailored trainings to participating private, community-based, and faith-based settings

- TIC Workbook and Implementation Plan

- TIC includes: cultural competence, NAMI session, suicide intervention, and navigation in the mental health system

Innovation Implementation

- C-CARE 101: General Training

- C-CARE 102: Challenges & Solutions

- C-CARE 103: Site-Specific Intervention & Strategy Development

- C-CARE 104: Action Plan & Strategic Implementation

Outcomes and Objectives

- Does the new curriculum increase engagement and customer service?

- Does the new curriculum assist in developing and building capacity to increase public collaboration?

- Does the new curriculum reduce conflict?

- Does the new curriculum increase safety and communication internally?

Questions?

What's next?

- The ranking process is anonymous

- Stakeholders will receive an e-mail with a link with each proposal information (hard copies of the proposals and ranking sheets will also be available for the stakeholders). This PowerPoint presentation will also be made available to stakeholders/

- Stakeholders will have seven (7) days to complete the ranking process (the e-mail will provide more detailed information. The deadline can also be extended if needed)

- Ranking scores will be added and final results sent to stakeholder and the Innovation Presenters

- Any questions or concerns, please feel free to contact the Innovation Coordinator.

Innovators

- Continue revising proposals and have a final draft by the end of the March.

- You will be notified of the ranking on Monday, March 9th by the end of business day (unless extensions are requested)

- Once prioritization is released, we will then work the Oversight & Accountability Commission team to finalize the narrative of the proposal and address any questions/concerns.