



INNOVATION CONCEPT OVERVIEW

Psychiatric Advance Directives (PADs)

Primary Problem:

Californians living with a mental health condition continue to face high rates of recidivism, inpatient, nonvoluntary hospitalization, homelessness, and incarceration. In a psychiatric emergency, it may be very challenging to engage in conversations about patient care, symptoms, diagnosis, and treatment preferences. Currently the length and number of different PAD templates makes it difficult and confusing for the individual filling out the paper PAD, as well as the health care and law enforcement agencies who will need to access them.

Project Description:

Phase I of the PADs INN Project began in May 2022, and focuses on developing a standardized digital PAD template and building a technology platform where the document can be created, stored, accessed, and shared. The template and platform will be piloted within Orange County's PACT, CARE and AOT programs in Fall 2024.

Phase II of the PADs INN Project will focus on implementation and expansion of the pilot to the larger community by:

- Expanding PADs training to law enforcement, first responders, crisis teams, courts, and higher education.
- Testing the digital platforms use and accessibility in "live" time.
- Working on legislation to align PADs language across Probate, Penal, and Welfare and Institution Codes.
- Creating a tool kit to house training videos, informational materials, and promotional items.

Discussion Questions:

1. What strategies would be useful in getting hospitals to use or access an individual's PAD?
2. What challenges do you see as we introduce PADs to the community?



INNOVATION CONCEPT REVIEW

Full-Service Partnership (FSP) Re-Boot: Testing A Social Finance Approach for Improving Client Care and Outcomes

Primary Problem:

The full-service partnership framework does “whatever it takes” to meet the needs of clients. While this “whatever it takes” approach is successful, it conflicts with the state expectation that as much Medi-Cal as possible should be billed. As a result, client care is focused more on “whatever can be billed,” rather than quality of care.

Project Description:

The FSP Re-Boot concept will shift the focus from the quantity of clients served to more personal, performance-based outcomes that emphasize recovery. Performance-based contracting is a model that rewards providers for helping clients improve their health, focusing on outcomes that matter most to clients.

The FSP Re-Boot proposal will:

- Help county staff and providers learn more about performance-based contracting.
- Offer technical support to county staff and providers to help set up performance-based contracts.
- Provide project management and ongoing monitoring to track progress and ensure providers are meeting performance-based goals.

Discussion Questions:

1. What are things that a provider could look at to measure a client’s wellbeing/ success?
2. What outcomes help you know that the FSP program has been successful?



INNOVATION CONCEPT REVIEW

Integrated Complex Care Management: Testing Whole Person Approaches for Care in the Older Adult Population

Primary Problem:

Older adults are the fastest growing population in Orange County. Long-term stable housing, treatment and services are often inaccessible, inadequate, or unavailable to older adults who are homeless or at risk of homelessness and living with dual mental health conditions and dementia.

Project Description:

This proposal focuses on developing a system of care to serve this specific group of older adults, utilizing an integrated and collaborative approach. Activities will include:

- Identifying a **multi-disciplinary team** who will provide the foundation, scope and direction of the project. This group can include:
 - Managed Care providers/ Hospitals
 - Social Services
 - Neurocognitive health providers
 - Organizations, including Veteran organizations
 - Housing experts/ Housing Authority
 - BHAB Older Adult Subcommittee
 - Research Analysts
 - Public Guardians
 - OASIS FSP
 - OC Transportation Authority
 - Law Enforcement
 - Senior centers
- This group will guide the discussions on creating a **new model of care**. This will include best practices on how to:
 - **Train** providers on comorbid conditions
 - Conduct **outreach and engagement** to identify this population.
 - Create a **multidisciplinary assessment** model.
 - Develop a complex **care management/ navigation plan**.

Discussion Questions:

1. Who else should be included as part of the multi-disciplinary team?
2. In the proposed model of care above, what other areas of care should be included, if any?



INNOVATION CONCEPT REVIEW

Developing Capacity for Specialty Mental Health Plan Services with Diverse Communities

Primary Problem:

Medi-Cal beneficiary demographics shows that the target populations served through OC Specialty Mental Health Plan are underserved, unserved, or inappropriately served. Often times Community Based Organizations (CBO's) are the most culturally competent providers to work with specialty populations, yet there are no existing private specialty mental health CBOs who are Medi-Cal certified, follow community defined-evidence practices (CDEPs) and provide behavioral health services to the underserved populations.

Project Description:

This component of PIVOT will support CBO's in getting Medi-Cal certification and community defined-evidence practices (CDEPs) in place to become a specialty mental health plan contracted provider and provide services to Severely and Persistently Mentally Ill (SPMI) Medi-Cal clients.

- Assess what it takes for a CBO to become a Medi-Cal contracted provider.
- Review the amount of technical assistance needed to support project development and implementation.
- Determine if embedding culturally based approaches for specialty mental health care improve both penetration rates and client outcomes.
- Identify successful community defined-evidence practices (CDEPs) that can be designed to generate revenue and be recognized by the state.

Discussion Questions:

1. What challenges do you think we will encounter as we help CBOs to become specialty mental health providers?
2. How can we incorporate effective cultural practices while still being able to bill for Medi-Cal?



INNOVATION CONCEPT REVIEW

Innovative Countywide Workforce Initiatives

Primary Problem:

California's public behavioral health system has experienced a shortage of behavioral health workers, changes in mental health occupational classifications, and underrepresentation of diversity of professionals with consumer and family member experience. Apprenticeships combine paid on-the-job training with classroom instruction to prepare workers for highly skilled careers. In addition, apprenticeship programs help employers recruit, build, and retain a highly skilled workforce. However, the Health Care Agency is not able to pay workers for on-the-job training.

Project Description:

The Innovative Workforce Initiative will take successful strategies from both internship and apprenticeship programs to create a seamless pathway from paid internship to Behavioral Health employment for diverse professional and paraprofessionals, including consumers and family members.

- Utilize a third-party vendor to pay individuals for participating in the internship program.
- Provide the option to extend an intern's paid learning opportunity beyond their educational requirement.
- Develop a standard pay scale that incentivizes longevity.
- Provide incentives during the period between graduation and the receipt of a clinical registration number that is required to qualify for county clinical positions.

Discussion Questions:

1. What challenges do you foresee in developing a countywide public behavioral health workforce initiative?
2. What has been successful in creating a seamless pathway from education/training to employment?
3. What factors contribute to recruiting/retaining qualified staff?