**El Dorado County
Mental Health Services Act (MHSA)**

Annual Innovation Program and Evaluation Report

Reporting Year: Fiscal Year 2016-17

**HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH**

WELLNESS | RECOVERY | RESILIENCY

BACKGROUND

The El Dorado County Mental Health Services Act (MHSA) Innovation Plans were approved by the Board of Supervisors on June 13, 2016, and approved by the Mental Health Services Oversight and Accountability Commission on August 25, 2016.

As of June 30, 2017, the programs had been in process for less than one year, therefore the available data is limited.

There are two approved Innovation Projects in El Dorado County:

Community-Based Engagement and Support Services

Community Hubs will leverage the best practices in early childhood, health and community building to inform systems change and increase access to health care, social services and behavioral health services for pregnant women and families, including children birth through 18 years of age. This systems change will offer a local point of access for services and outreach to isolated families in surrounding communities. Hubs will be established at libraries located in the five Supervisorial Districts within El Dorado County. Community Hubs differ from single services in that they foster more effective, accessible, and coordinated services and actively work to take down silos. While many service systems have been designed to meet a specific need using narrowly defined service criteria, a Hub offers an opportunity to understand and support individual and family strengths and needs comprehensively. The Hubs will offer health prevention activities including support groups, educational classes and engagement opportunities for the purposes of building resiliency within the community. Community Health Advocates will be assigned to each Hub, charged with engaging isolated pregnant women, families and children birth through eighteen, assisting them in health navigation that may include insurance, medical homes and accessing services. Using a trauma-informed approach, Public Health Nurses will provide case management, health screening, mental health screening, alcohol and drug screening, and assist clients in accessing services to meet individualized needs, including referrals to contracted mental health partners.

Restoration of Competency in an Outpatient Setting

The Restoration of Competency in an Outpatient Setting project will provide necessary services in a community setting. Misdemeanants will have an opportunity to receive Restoration of Competency services and Specialty Mental Health Services from County Mental Health. These services include, but are not limited to, the assignment of a Mental Health Clinician and a Mental Health Worker trained in Restoration of Competency, Psychiatric services as indicated, and Wellness Center Staff to provide Wellness Activities in a social setting. Wellness Activities may include, but are not limited to, managing emotions, exercise group, conversation skills, healthy pleasures for sober living, smoking cessation, self-care, life skills, and mindfulness skills. Participating individuals will have the opportunity to attend the Mental Health Division's Wellness Center activities as part of the treatment process. If an individual loses housing and is no longer medication compliant, or otherwise unsafe to maintain in an outpatient setting, they may be appropriately hospitalized (i.e., through the 5150 process)

or returned to jail for the Restoration of Competency services provided in the jail setting, or to wait for an available inpatient Restoration of Competency bed.

COMMUNITY-BASED ENGAGEMENT AND SUPPORT SERVICES

The commonly used name for this project is "Community Hubs" or "Hubs".

Learning Goals and Objectives:

- Will a library based access point for services, different than the multi-access point of the Oregon Model, facilitated by a Public Health Nurse using trauma-informed approach, be successful in the rural areas of the County?
- Does providing services at the Library reduce stigma?
- Does increasing access to prevention and early Intervention reduce long term mental health costs?
- Does improving coordination and integration of physical and behavioral health services increase the number of clients accessing mental health services?
- Does case management by a Public Health Nurse increase client screening and treatment for mental health services?
- Does a trauma-informed approach assist in reaching the hardest to serve mental health clients?
- Can Community Hubs be sustained through local planning and leveraging of resources?

The Learning Objectives of the Community Hubs Innovative project have long-term effects that are not measurable during the review period of the previous fiscal year.

Program Timeline and Activities for Fiscal Year (FY) 2016-17

The first partial year of implementation involved significant time recruiting and training Public Health Nurses, developing written materials regarding the Hubs, and performing outreach regarding the availability of the services. Direct services started May 1, 2017.

Each Supervisorial District is considered a region for one Hub. There are five Districts in El Dorado County, and therefore there are five corresponding Hubs.

Regional Designations for the Five Community Hubs

HUB 4
Divide

HUB 5
South Lake Tahoe

HUB 3
Placerville

HUB 1
El Dorado
Hills

HUB 2
South County
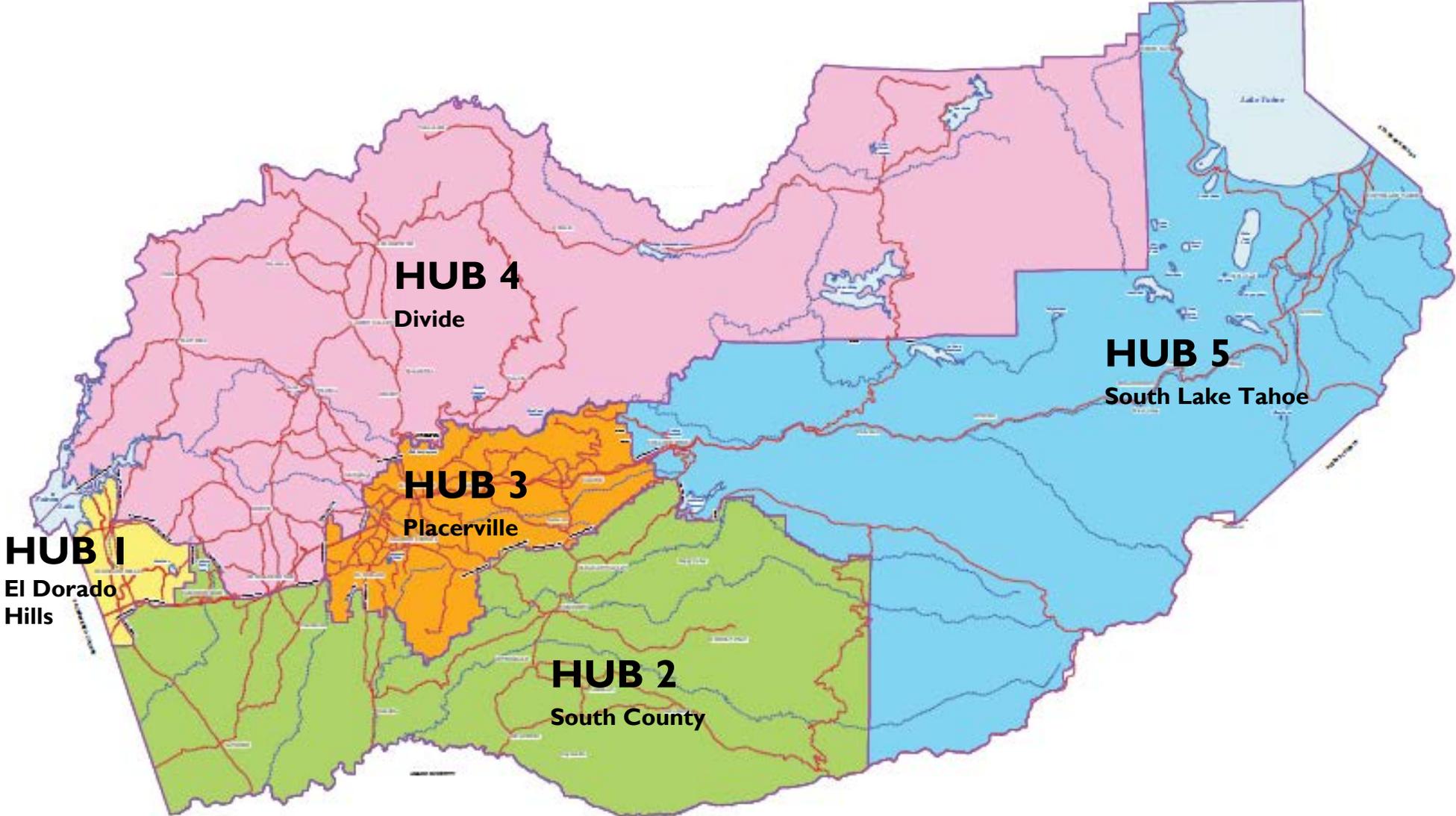
The timeline for implementation activities in FY 2016-17 were:
- Sept. 2016 – Hired Supervising Public Health Nurse as program coordinator for Hubs and beginning of simultaneous recruitment of 5 Community Health Advocates and 5 Public Health Nurses; development of Hub staff orientation and professional development plan; logistical preparation; and began development of metric tracking mechanisms for client services.
- January 9, 2017 – Three Community Health Advocates begin transition into positions for Hubs 1, 3 and 4 while continuing to provide coverage to other public health programs.
- January 23, 2017 – First Public Health Nurse joined Hubs and began orientation for Hub 1.
- February 6, 2017 – Fourth Community Health Advocates joined Hubs and began orientation for Hub 2.
- February 21, 2017 – Fifth Community Health Advocates joined Hubs and began orientation for Hub 5.
- Mid-April 2017 – New Public Health Nurse from other Public Health Program began providing partial coverage for Hub 2. Finalized metric tracking mechanisms. Selected and purchased all Hub health team supplies for client services and outreach activities.
- May 2017 – Referral criteria updated and began soft roll-out for acceptance of referrals to Hubs for pregnant women and families with at-risk/low-risk health risk factors. Experienced Public Health Nurse in South Lake Tahoe providing coverage for Hub referrals for Hub 5.
- May 1, 2017 – Second Public Health Nurse for Hub 3 began orientation.
- June 26, 2017 – Third Public Health Nurse for Hub 5 began orientation.

Activities performed include:
- Recruitment of 1 Supervising Public Health Nurse, 4 Public Health Nurses and 5 Community Health Advocates for the Community Hubs, including 4 health staff members who are bilingual for Spanish.
- Development of updated PHN referral criteria as well as processing of incoming referrals to include at-risk or low-risk case criteria previously not accepted by the MCAH program.
- Health staff completed outreach inside library settings and at community events that are family friendly, devised concept of office hours for health staff to be available for families at the library for connection to resources and assistance with access to health care needs.
- Professional Development of all Health Staff including training on Maternal Mental Health through Postpartum Support International webinars; Cultural competence training through Public Health Training Center; Trauma-Informed Services: Excellence Through Safety, Self-Regulation and Self-Care local conference and ongoing participation in the ACEs Community Collaborative to reinforce understanding of trauma-informed approach and resiliency.
- Collaboration with Program Manager from EDC Behavioral Health to identify Behavioral Health and Substance Use assessment tools for use in PHN home visiting, including: Edinburgh Post-Partum Depression Scale, Beck's Depression Inventory, AUDIT, DAST and ACEs Questionnaires.
- PHN training in use of Hawaii Early Learning Profile (HELP) Developmental Assessment tool as an alternative to Denver II Developmental Screening to aid in referral process to local early intervention and developmental services. Building on existing collaborative relationship with Infant Development Program and ALTA Regional Services.
- Began Community Needs Assessment by completion of Windshield Surveys of the County's geographic composition and available resources through a health-focused lens as well as interviews with key informants to identify isolated populations and inform the outreach plans for each Community Hub. The surveys of the communities and interviewing processes are being led by the public health nurses (PHN) for each Community Hub.

- Community Health Advocates (CHAs) from Community Hubs 2 and 3 completed a 15-minute lesson and activity on Stress Reduction and Grounding Techniques to 18 classes at the Health and Wellness Event for El Dorado High School on April 4th sharing information with over 580 freshmen and sophomore students.
- Community Health Advocates and Public Health Nurse provided blood pressure readings, and health education on stress reduction strategies and building resiliency at a Family Engagement-focused event targeting fathers or male caregivers planned by Hub 3 multi-disciplinary team on June 24th.

Project Changes

There were no significant changes to the program in FY 2016-17.

Evaluation Data (including outcomes of the Innovative Project and information about which elements of the Project are contributing to outcomes)

Evaluation Period: May 1, 2017 through June 30, 2017

First 5 El Dorado County Client Satisfaction Survey Responses
- 13.6% of Hub Program participants report an increase in protective factors associated with family functioning and resiliency.
- 9.4% of Hub Program participants report an increase in protective factors associated with concrete support in times of need.
- 16.7% of Hub Program participants report an increase in knowledge of parenting and child development.
- 11.2% of Hub Program participants report an increase in protective factors associated with social emotional supports.
- 7.8% of Hub Program participants report an increase in protective factors associated with nurturing and attachment as measured by First 5 EDC Client Satisfaction Survey.

Referrals Received and Client Contacts

Data Measure	Hub 1	Hub 2[1]	Hub 3	Hub 4	Hub 5[1]	Total
Hub Referrals Received and Assigned	N/A	N/A	N/A	N/A	N/A	41
Community Health Advocates Linkage Requests	1	0	5	119	5[2]	140
Home Visits or Significant Contact with PHN or Community Health Advocates	7	49	30	5*[2]	60	168

[1] FY 2016-17 data measures are underrepresented due to Public Health Nurses providing coverage to Hubs and other Public Health Nursing programs using different data tracking logs without detailed referral information.
[2] Loss of detailed referral data for Hub 4 and 5 Community Health Advocates due to poor off-site connection to secure EDC network as well as inconsistencies when entering data due to inexperienced staff. Increased training, resolution of IT concerns and increased quality assurance have corrected this issue moving forward.

Community Health Advocate Linkage Requests by Type and Source

Linkage Request by Type:	
Dental	57
Medical	18
Insurance	24
Community Resources	101
Linkage Request Source:	
1-800 MCAH line	3
Self-referral	98
Internal/External Partner	5

Referrals Made by Health Staff by Hub

Referrals from PHN staff to:	Hub 1	Hub 2	Hub 3	Hub 4[3]	Hub 5[3]	Overall
Mental Health Services	1	0	4	0	9	14
Services Received	-[4,5]	-[4,5]	2	-[4,5]	2	4
Primary Care Physician	1	3	3	0	7	14
Services Received	-[4,5]	1	3	-[4,5]	3	7
Dental Provider	2	28	5	0	11	46
Services Received	1	1	-[4,5]	-[4,5]	3	5
Insurance Coverage	0	0	4	0	9	13
Services Received	-[4,5]	-[4,5]	2	-[4,5]	1	3
Developmental Services	0	5	1	0	1	7
Services Received	-[4,5]	-[4,5]	-[4,5]	-[4,5]	1	1
Other PHN programs	0	0	0	3	0	3
Services Received	-[4,5]	-[4,5]	-[4,5]	-[4,5]	-[4,5]	0
Other Community Based Resources	1	2	8	2	34	47
Services Received	-[4,5]	-[4,5]	-[4,5]	-[4,5]	13	13

[3] Loss of detailed referral data for Hub 4 and 5 Community Health Advocates due to poor off-site connection to secure EDC network as well as inconsistencies when entering data due to inexperienced staff. Increased training, resolution of IT concerns and increased quality assurance have corrected this issue moving forward.

[4] Results of some referrals not captured in FY 2016-17 data due to operational status beginning late in fiscal year during 4th quarter.

[5] "Services Received" means that client completed an appointment with a provider only, does not reflect clients that had an appointment scheduled at the time of discontinued follow-up.

Challenges Faced

- Continued recruitment of health staff concurrently with development of operational procedures and logistics of the program requires significant time, effort and flexibility from all involved.
- Planning the logistics of service delivery required flexibility and problem solving as staff learned to use new technology and data tracking mechanisms, as well as building professional working relationships with Hub partners. Staff experienced technology challenges including a loss of service level data due to poor connectivity to the El Dorado County network while working at the Library sites. Increased technology support and knowledge of technology and data requirements has corrected this issue.

Demographics

Due to the technology challenges addressed above, the demographic data for the first months of operation were not available. MHSA staff will be meeting with the Public Health Nursing staff to problem solve.

RESTORATION OF COMPETENCY IN AN OUTPATIENT SETTING

Learning Goals and Objectives:

- Will the Restoration of Competency in an Outpatient Setting be successful in a rural County?
- Will family and friends be willing to house an individual ordered to Outpatient Restoration?
- Will transportation be an issue/barrier to completing the Outpatient Restoration services?
- Will participants be able to complete the Outpatient Restoration services?
- Will participants in the Outpatient Restoration program experience a reduction in recidivism?

Program Timeline and Activities for Fiscal Year (FY) 2016-17

- During FY 2016-17, the Restoration of Competency Program Operation Guidelines and curriculum were developed.
- One participant was Court-ordered to participate in the Outpatient Restoration of Competency program.

Project Changes

There were no significant changes to the program in FY 2016-17

Evaluation Data (including outcomes of the Innovative Project and information about which elements of the Project are contributing to outcomes)

Potential participants identified by the Courts	1
Potential participants who met program eligibility criteria	1
Percentage of potential participants who located appropriate housing	100%
What was their housing status prior to incarceration?	100%: Independent Housing
Number of days held in the Jail until ordered to Restoration to Service	0 (individual was not in jail at time Restoration ordered)
Number of days from the order for Restoration to release from the Jail	N/A
Number of days from the release from the Jail to the Outpatient Restoration program	N/A
For those individuals found not eligible for the Outpatient Restoration program, track the number of days from the order for Restoration to placement in a facility	N/A
During the Outpatient Restoration program:	
What percentage of participants face transportation barriers, and what is done to overcome those barriers?	100% Transportation provided by Behavioral Health Division staff

Attendance rate for Outpatient Restoration services, including Psychiatric appointments.	75% for Psychiatry Appts. / Extremely limited participation in Restoration services
Identify the number of participants who sign Release of Information to allow family and/or friends participate in their services.	1
Percentage of individuals who successfully complete their Restoration Services in an Outpatient Setting	0%
Number of days from the start of the Outpatient Restoration of Competency program to the completion of the Restoration	N/A
Percentage of successful participants who experience a reduction in recidivism or experience no recidivism after 3 months, 6 months, 1 year, 2 years.	N/A
Percentage of successful participants who continue with mental health services after they have been restored to competency	N/A
Percentage of clients hospitalized and/or re-incarcerated who did not complete the Outpatient Restoration process	100%
If a participant is not successful in completing the Outpatient Restoration, what barriers to success were faced by the participant and how can they be overcome?	Substance use/abuse that impacts mental health symptoms
Were the barriers client specific or due to program design?	Client-specific
If due to program design, how can the program be changed to avoid these barriers in the future?	N/A
If possible to collect, what percentage of unsuccessful participants experience recidivism?	0% (participant was hospitalized)
If possible to collect, what percentage of unsuccessful participants will see mental health services upon release?	100%

Challenges Faced

- Lack of referrals for Outpatient Restoration of Competency.
- The one Court-ordered participant for the Outpatient Restoration of Competency program arrived at the Behavioral Health Division's clinic before the paperwork was submitted from the Court. The participant was not in Jail at the time the services were ordered. The Behavioral Health Division worked with the Jail and Court regarding the process for future referrals to the program.

Demographics

(A) Age Groups	
1. 0-15 (children/youth)	0
2. 16-25 (transition age youth)	0
3. 26-59 (adult)	1
4. Ages 60+ (older adults)	0
5. Declined to answer the question	0

(B) Race	
1. American Indian or Alaska Native	0
2. Asian	0
3. Black or African American	0
4. Native Hawaiian or other Pacific Islander	0
5. White	0
6. Other	0
7. More than one race	1
8. Declined to answer the question	0

(C) Ethnicity	
1. Hispanic or Latino as follows	
a. Caribbean	0
b. Central American	0
c. Mexican/Mexican-American/Chicano	0
d. Puerto Rican	0
e. South American	0
f. Other	0
g. Declined to answer the question	0
2. Non-Hispanic or Non-Latino as follows	
a. African	0
b. Asian Indian/South Asian	0
c. Cambodian	0
d. Chinese	0
e. Eastern European	0
f. European	0
g. Filipino	0
h. Japanese	0
i. Korean	0
j. Middle Eastern	0
k. Vietnamese	0
l. Other	0
m. Declined to answer the question	0
3. More than one ethnicity	0
4. Declined to answer the question	1

(D) Primary Language	
1. English	1
2. Spanish	0
3. Other Non-Threshold Language	0

(E) Sexual orientation	
1. Gay or Lesbian	0
2. Heterosexual or Straight	I
3. Bisexual	0
4. Questioning or unsure of sexual orientation	0
5. Queer	0
6. Another sexual orientation	0
7. Declined to answer the question	0

(F) Disability	
1. Yes, report the number that apply in each domain of disability(ies)	
a. Communication domain separately by each of the following	0
(i) Difficulty seeing,	0
(ii) Difficulty hearing, or having speech understood	0
(iii) Other (specify)	0
b. Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)	I
c. Physical/mobility domain	0
d. Chronic health condition (including, but not limited to, chronic pain)	0
e. Other (specify)	0
2. No	0
3. Declined to answer the question	0

(G) Veteran status	
1. Yes	0
2. No	I
3. Declined to answer the question	0

(H) Gender	
1. Assigned sex at birth:	
a. Male	0
b. Female	I
c. Declined to answer the question	0
2. Current gender identity:	
a. Male	0
b. Female	I
c. Transgender	0
d. Genderqueer	0
e. Questioning or unsure of gender identity	0
f. Another gender identity	0
g. Declined to answer the question	0