SHASTA COUNTY HEALTH AND HUMAN SERVICES AGENCY MENTAL HEALTH OVERVIEW

Presenters: Donnell Ewert, HHSA Director

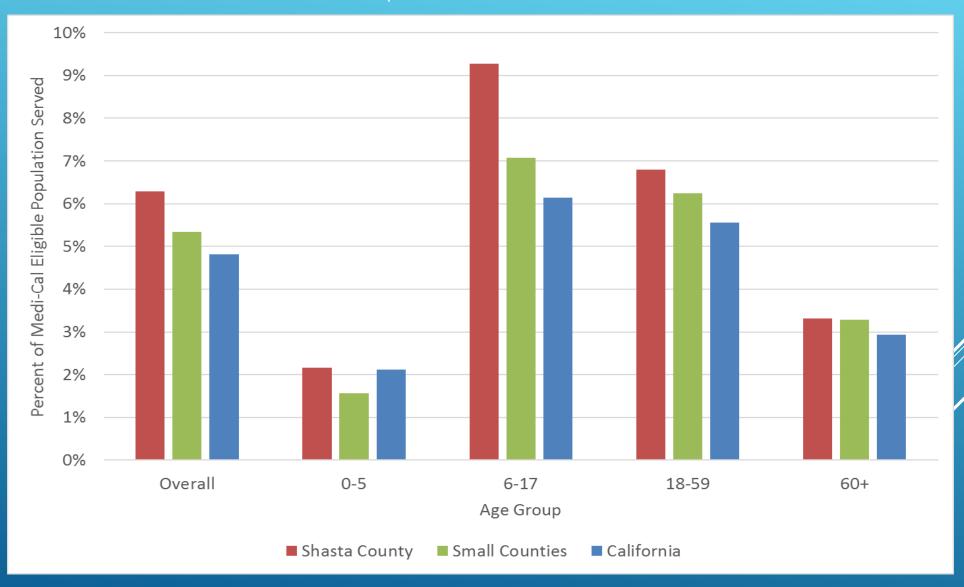
Dianna L. Wagner, Children's Sérvices Branch Director

Dean True, Adult Services Branch Director

OTHER COMMUNITY MENTAL HEALTH PROVIDERS

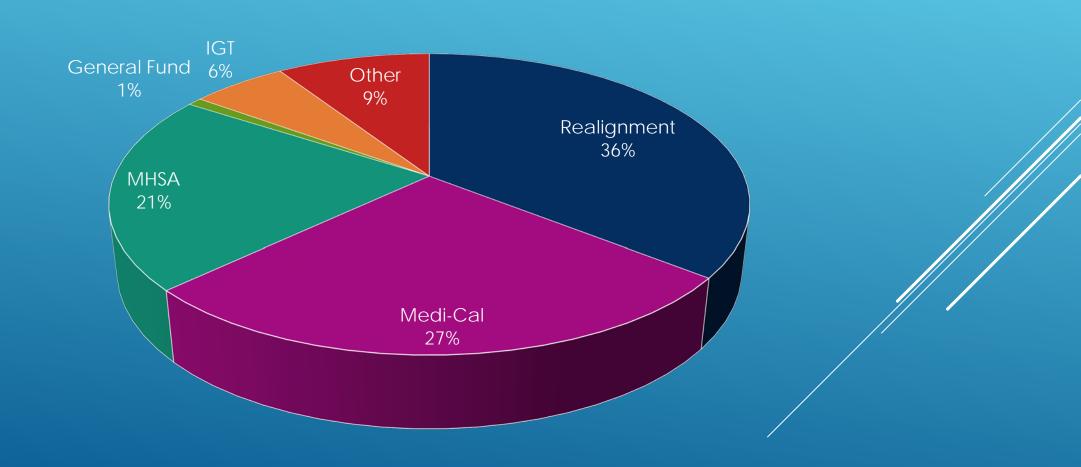


Average mental health service penetration rate among Medi-Cal Beneficiaries, 2015

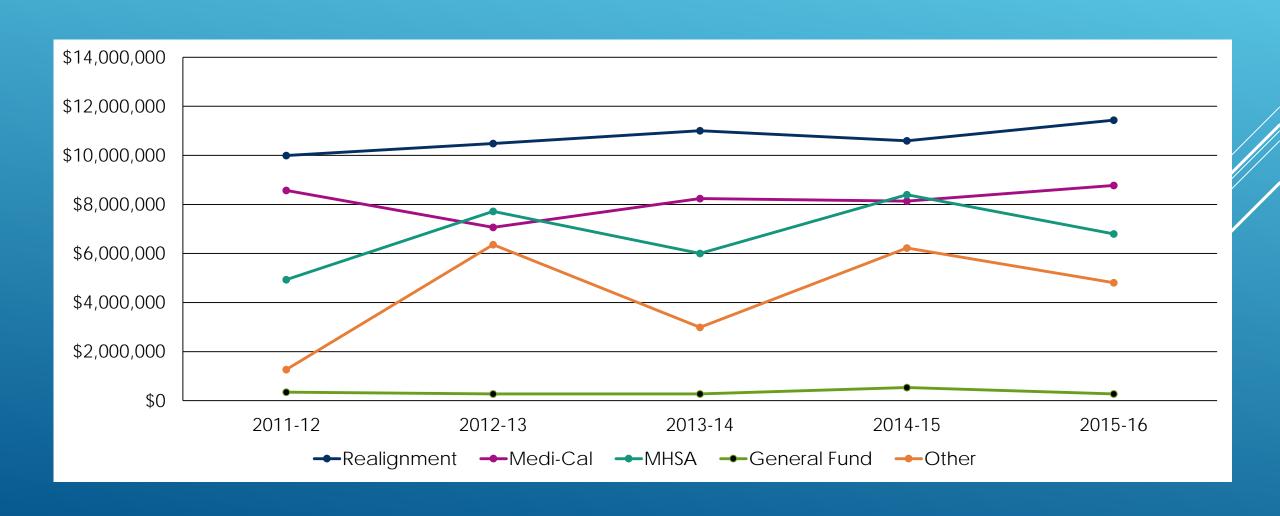


MENTAL HEALTH AND MHSA FUNDING FY 2015-16 (ESTIMATES)

(TOTAL FUNDING \$32,090,141)

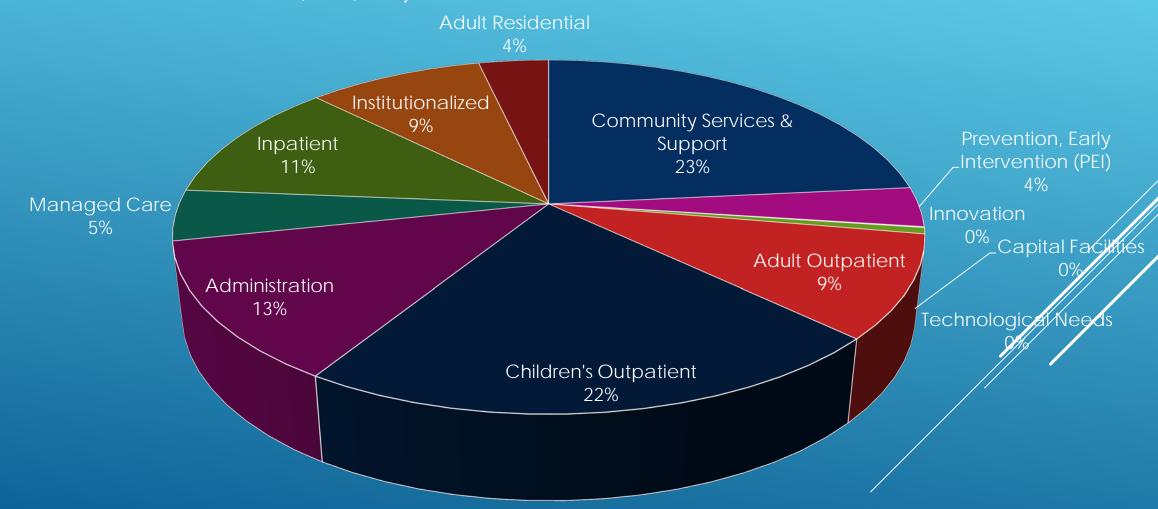


MENTAL HEALTH AND MHSA FUNDING

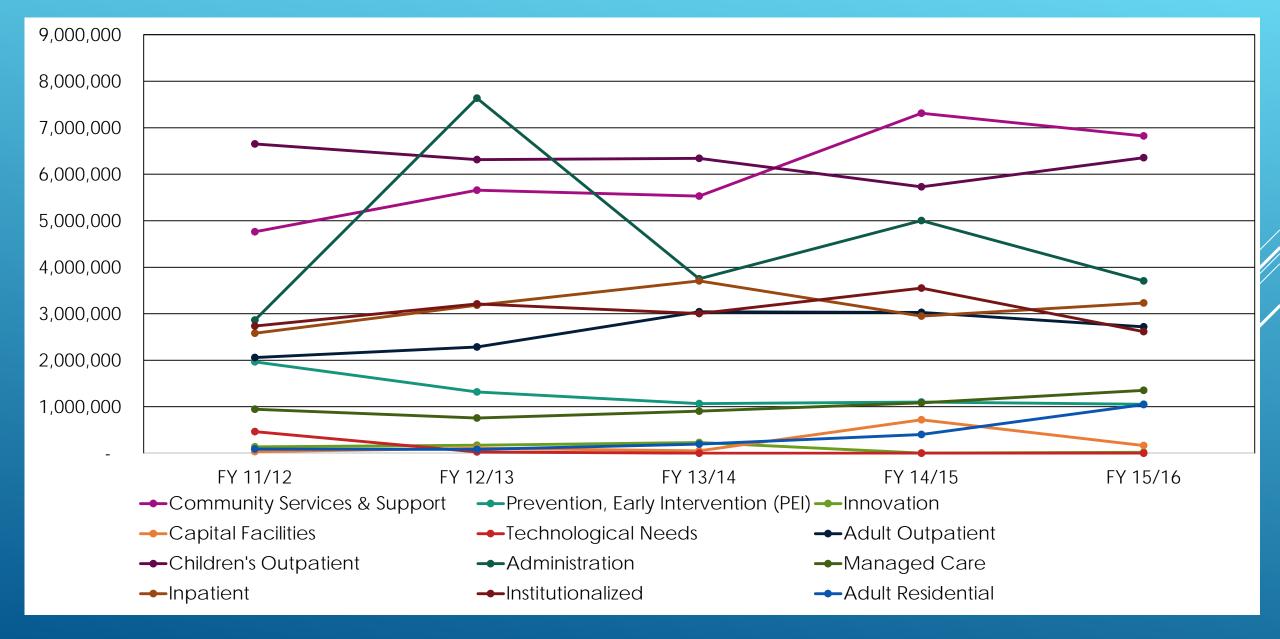


MENTAL HEALTH EXPENDITURES BY TYPE FY 2015-16

(TOTAL EXPENDITURES \$29,088,348)



MENTAL HEALTH EXPENDITURES BY TYPE

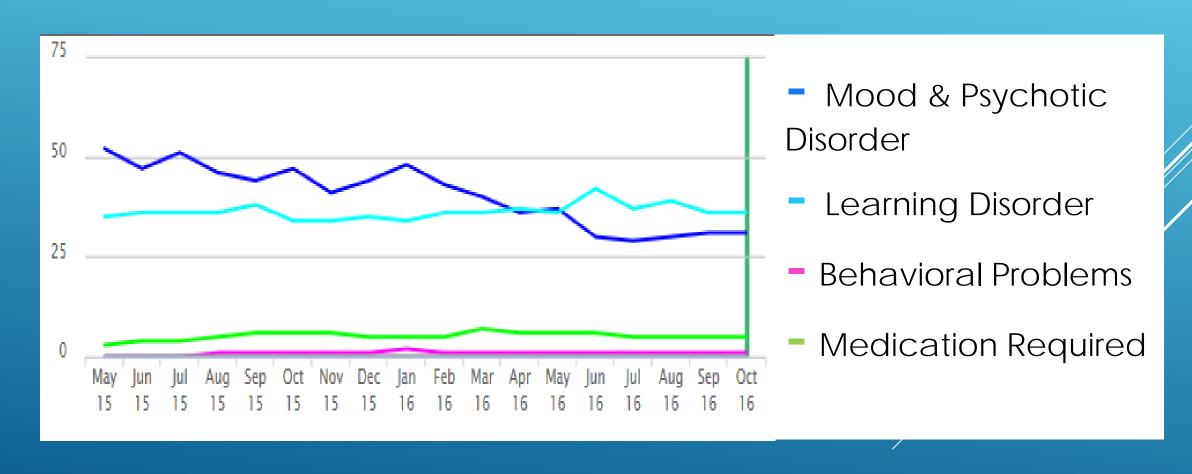


HHSA MENTAL HEALTH SERVICES

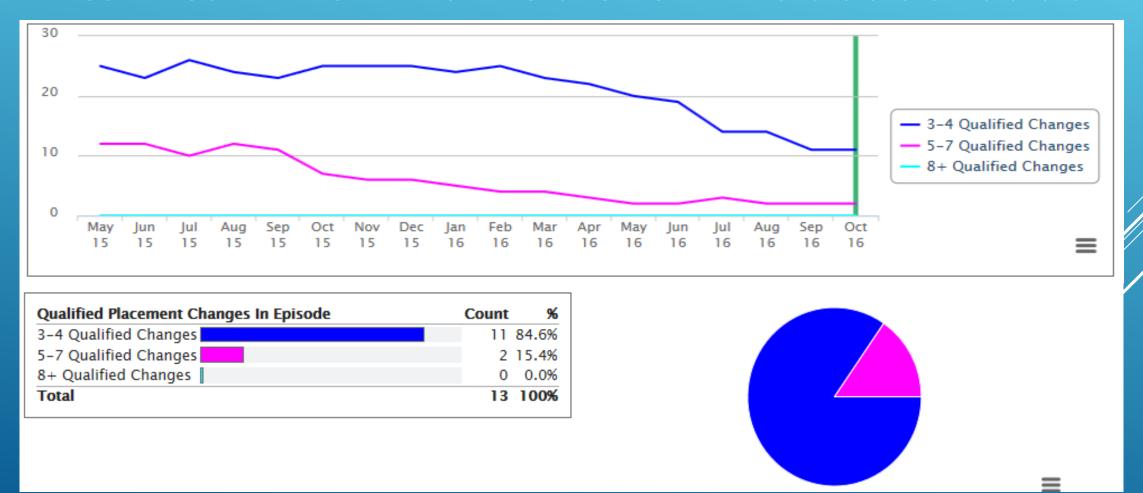
Provided By HHSA Staff & Contracted Providers:

- Assessment
- Crisis Intervention
- Treatment Planning
- Group & Individual Therapy
- Collateral Interventions with family and caregivers
- ❖Rehabilitative Services
- Case Management
- ❖Medication Management
- ❖Psychological Testing
- ♦ Wellness Centers
- Therapeutic Behavioral Services (TBS) HHSA Children's Services Branch
- Housing Support HHSA Adult & Children's Services Branches

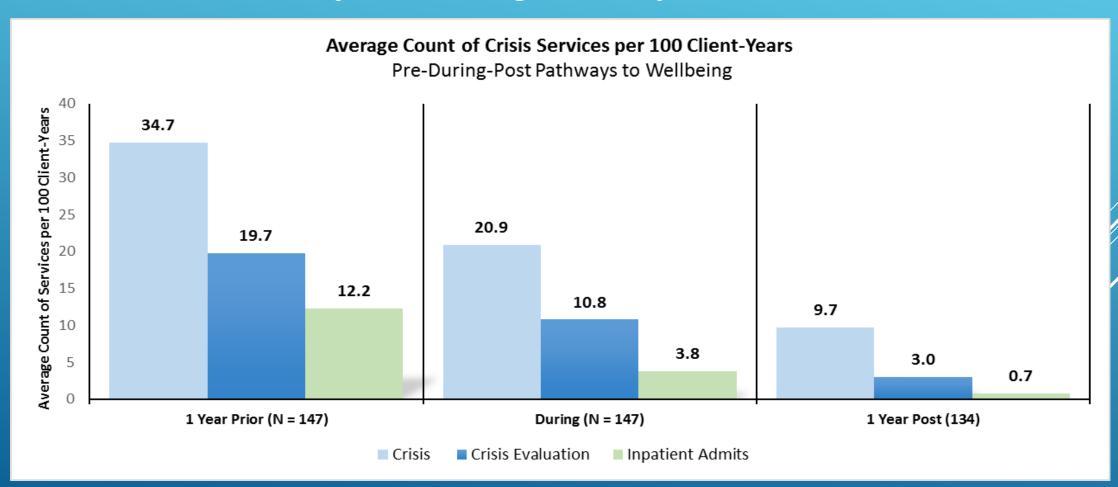
• Psychotropic Medication Diagnosis Trends 4/1/2015 – 9/1/2016



• FOSTER YOUTH – PLACEMENT CHANGES DUE TO BEHAVIORS 4/1/2015 – 9/1/2016

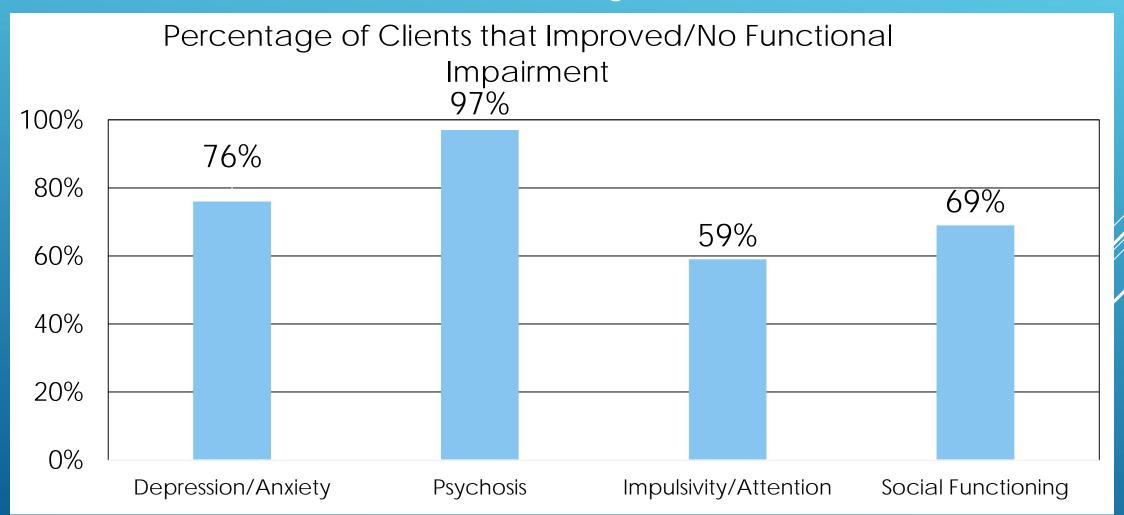


Foster Youth – Pathways to Wellbeing (Katie A) youth

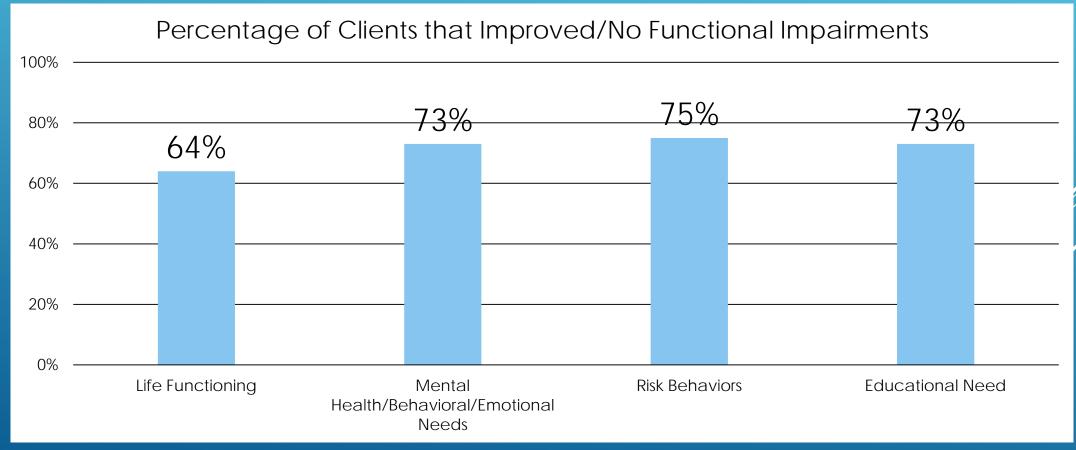


- ► The Child and Adolescents Needs and Strengths (CANS) is a multi-purpose tool developed to support decision making, including:
 - Level of care and service planning,
 - Facilitate quality improvement initiatives, and
 - Allow for the monitoring of outcomes
- Questions include: life domain functioning, child strengths, risk behaviors, behavioral/emotional need, caregiver strengths/needs
- ► Scoring:
 - ▶ 0 No evidence of problem
 - ▶ 1 History, minimal need
 - 2 Moderate need
 - ▶ 3 Severe need
 - ► N/A not applicable

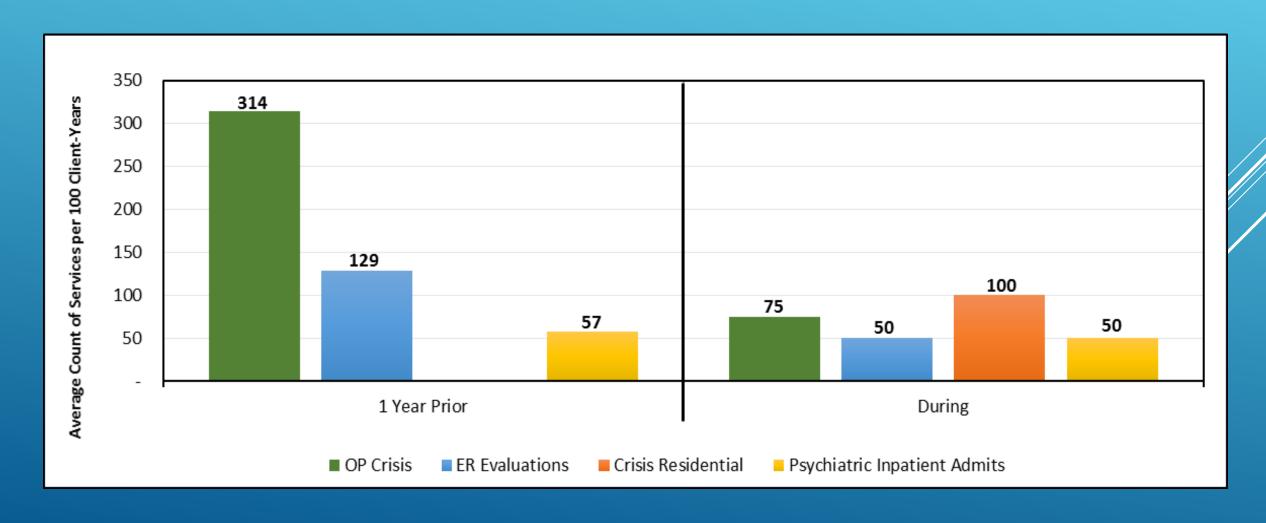
The Child and Adolescent Needs and Strengths (CANS) Outcomes



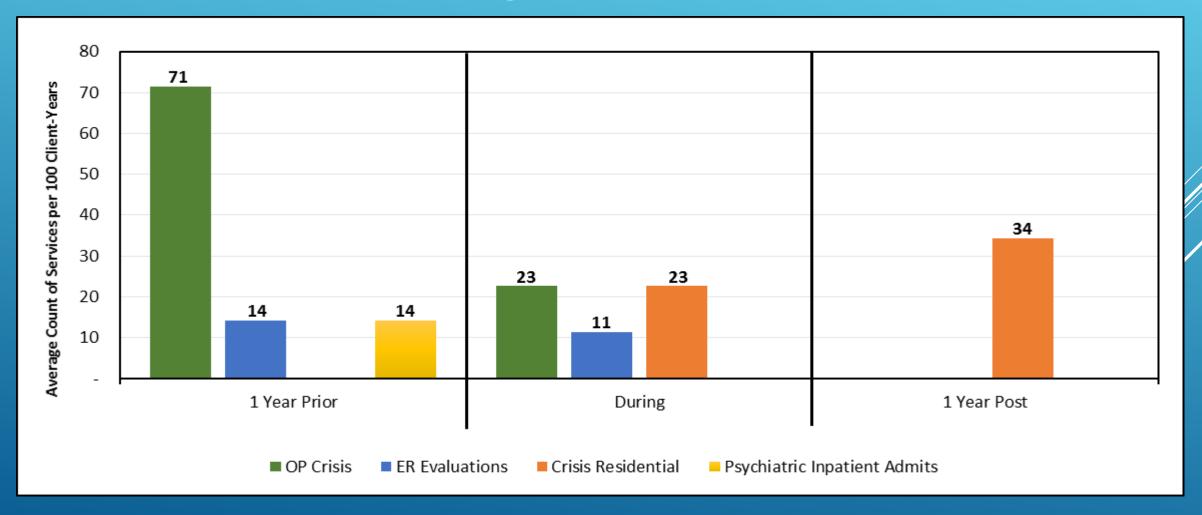
 Victor Community Support Services – 2015/2016 Child & Adolescent Needs & Strengths (CANS) Outcomes



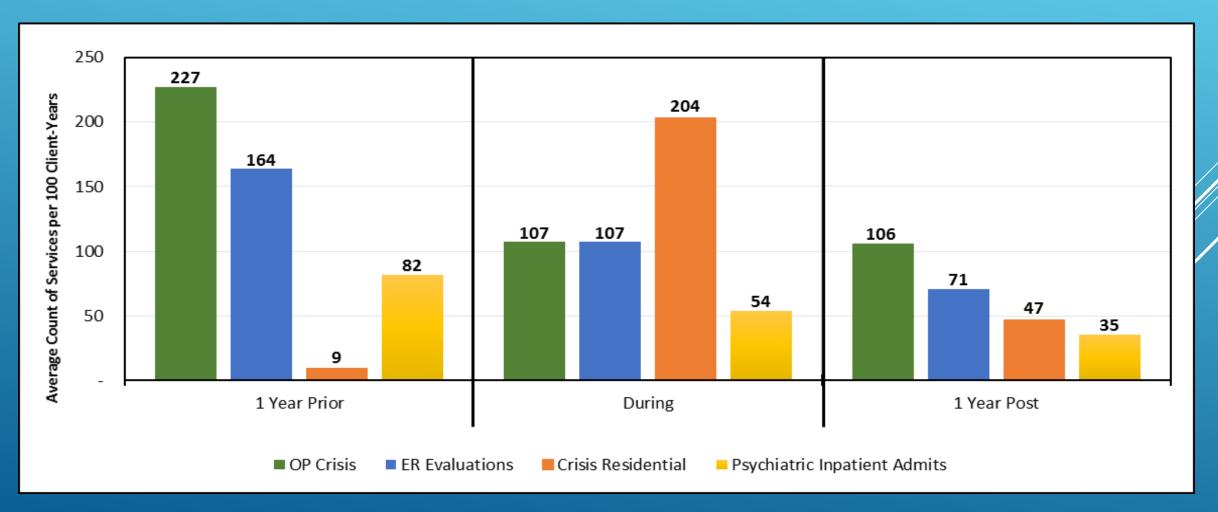
Average Number of Current Clients' Crisis Services per 100 Client-Years Pre-During Behavioral Health Court Assignment Dates (N=7)



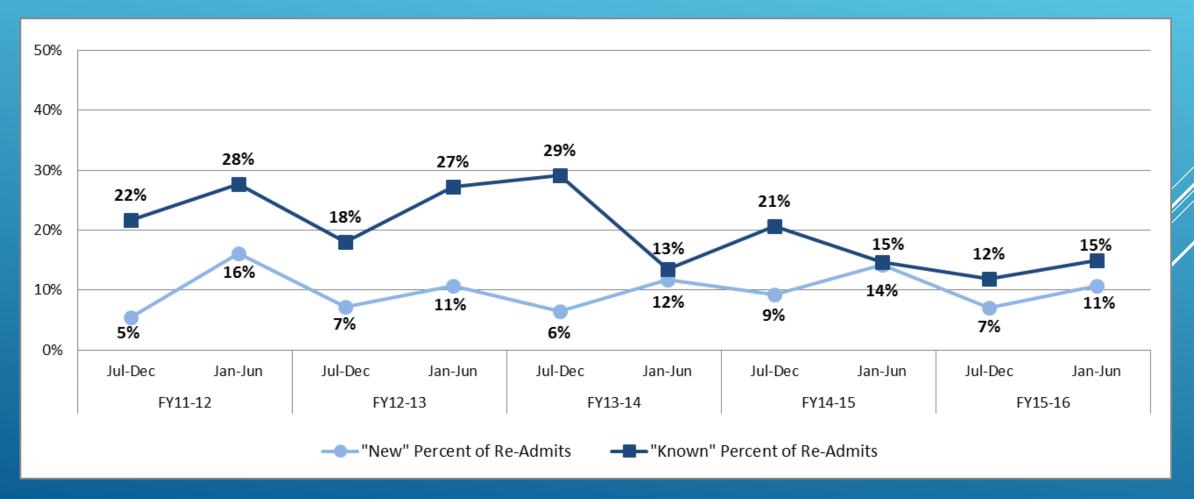
Average Number of Graduated Clients' Crisis Services per 100 Client-Years Pre-During-Post Behavioral Health Court Assignment Dates (N=7)



Average Number of Failed Clients' Crisis Services per 100 Client-Years Pre-During-Post Behavioral Health Court Assignment Dates (N=11)



Number of Clients Who Were Re-admitted to an Inpatient Psychiatric Facility Within a 6-month Timeframe New to SCMH vs. Known to SCMH

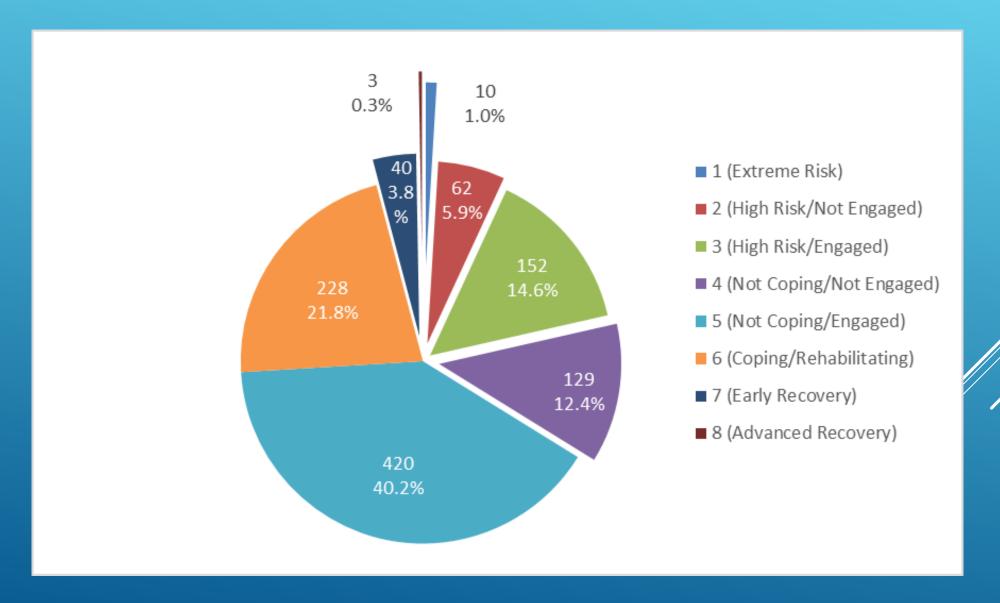


MORS Scores

- 1 Extreme Risk
- 2 Experiencing high risk/not engaged with mental health provider(s)
- 3 Experiencing high risk/engaged with mental health provider(s)
- 4 Not coping successfully/not engaged with mental health provider(s)
- 5 Not coping successfully/engaged with mental health provider(s)
- 6 Coping successfully/Rehabilitating
- 7 Early Recovery
- 8 Advanced Recovery

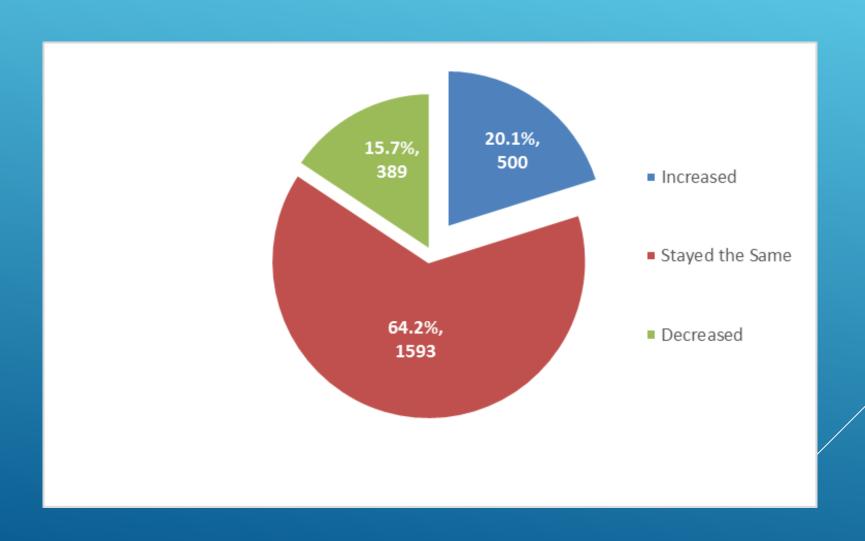
INITIAL MORS (N=1,044)

3/31/2014-10/20/2016



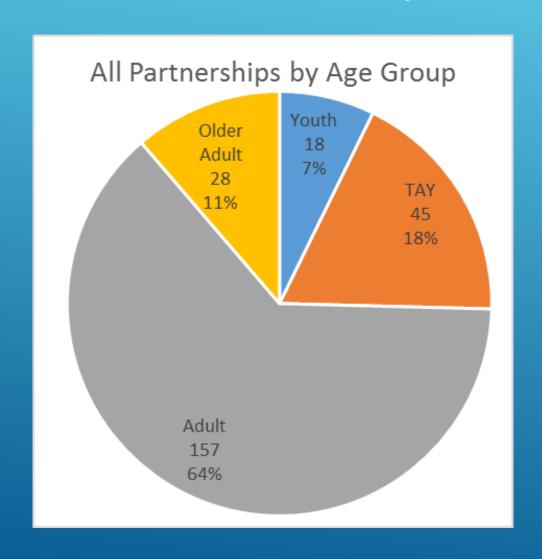
CHANGE IN MORS SCORES (N=2,482)

(3/31/2014-10/20/2016)



Full Service Partnerships by Age Group

July 2011 – June 2016 (n=248)



- 248 partnerships were active within this 5 year period
- On 6/30/2016, there were 57 active partnerships
- 44 Adult and 13 children
- Average length of people active in partnership - 554 days, or approximately 18 months

Full Service Partnership Outcomes July 2011 – June 2016

HOMELESSNESS

14% more partnerships experienced homelessness BUT

58% <u>fewer days</u> were spent homeless

INCARCERATIONS

33% fewer partnerships experienced incarceration

60% fewer days were spent incarcerated

ER VISITS

40% fewer partnerships went to the ER for a mental health emergency

55% fewer ER visits for mental health emergencies were made

PSYCHIATRIC INPATIENT HOSPITALIZATIONS

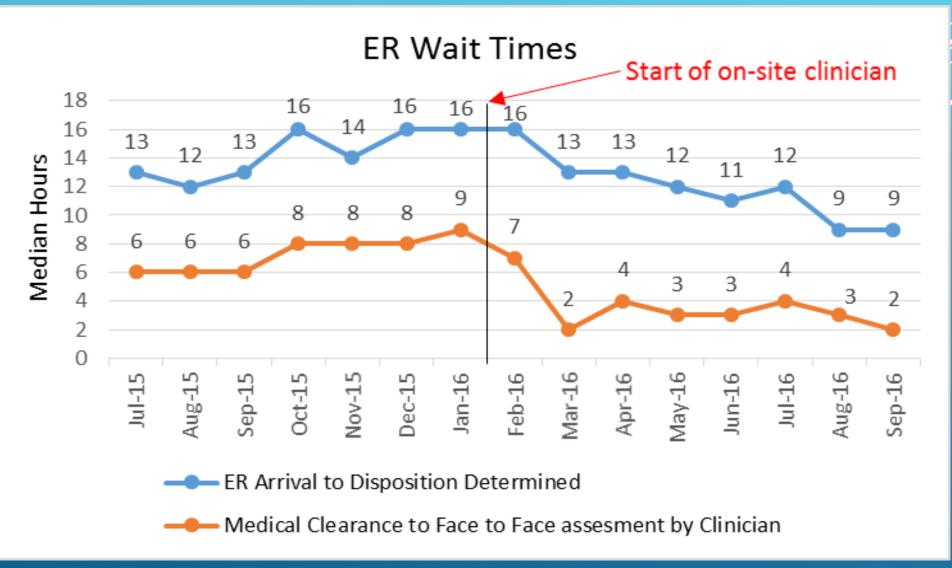
4% fewer partnerships experienced psychiatric hospitalization

37% fewer days were spent in psychiatric inpatient hospitalization

FIELD BASED NURSING PROGRAM

- ▶ Field Based Nursing is an Adult Services program in which a licensed nurse will visit a client at least daily (sometimes twice a day) where they live, to assist with their medications.
- ▶ The primary goal of the program is to assist individuals to maintain housing and promote their highest level of independence.
- ▶ Development of outcome measures continues as the program moves from one of 'pilot' to one of ongoing programing. Preliminary data available is related to crisis visits" both before and during enrollment. Before enrollment crisis visits averaged almost 10 per year. After enrollment crisis visits averaged 2 per year.

Median ER Wait Time for Mental Health Crisis Pre and Post Onsite Clinician Implementation



NEW INITIATIVES

- Continuum of Care Reform HHSA Children's Services
- Mental Health Resource Center HCHWC
- Assisted Outpatient Treatment (Laura's Law)- HCHWC
- Youth and adult inpatient unit in Red Bluff Restpadd
- Whole Person Care Pilot mobile crisis team
- Crisis Stabilization Unit Redding/Shasta County
- The Woodlands Redding/Shasta County/NVCSS
- Eastern Shasta County housing Shasta County/NYCSS

QUESTIONS?