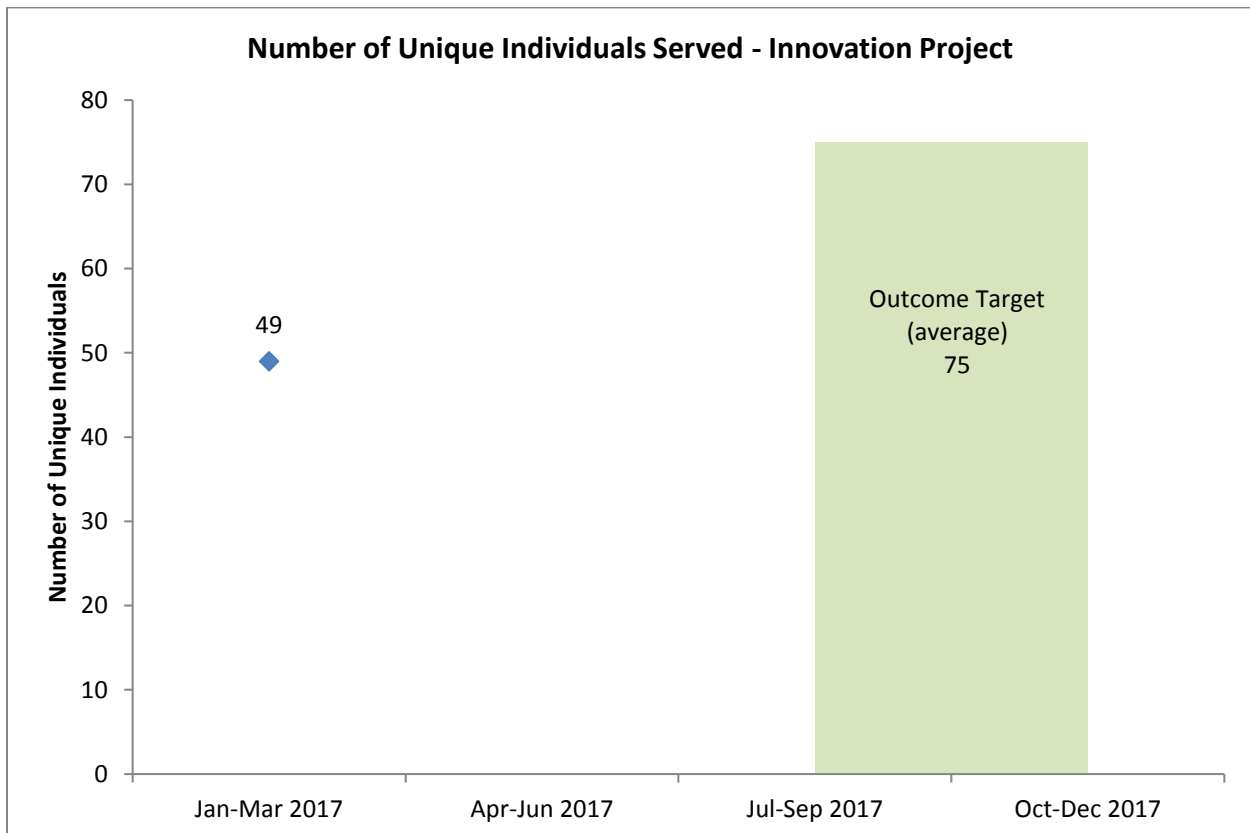


CARE Center Activity Report – Innovation Project January 2017 through March 2017

In order to determine if providing access to mental health services after traditional office hours will improve access to services, reduce mental health crisis (including trips to the hospital emergency departments) and bridge service gaps, the Shasta County Health and Human Services Agency has contracted with Hill County Health and Wellness Center to provide new and expanded mental health services at the Counseling and Recovery Engagement (CARE) Center. Funding is provided through the Mental Health Services Act (MHSA) for the Innovation Project portion of this center. The CARE Center contract was approved as of January 2017, and they officially opened for business on March 12, 2017. For this report, data was gathered using the CARE Center Quarterly Progress Report for January 2017 through March 2017. Please note that due to the CARE Center not actually opening for business until early March 2017, the first quarter actually only reflects less than one month of data. Additionally, there are several measures where their data systems and/or electronic health record are still in process, so they could not be tracked for this first quarter. It is anticipated all measures will be tracked and reported on in future quarters.

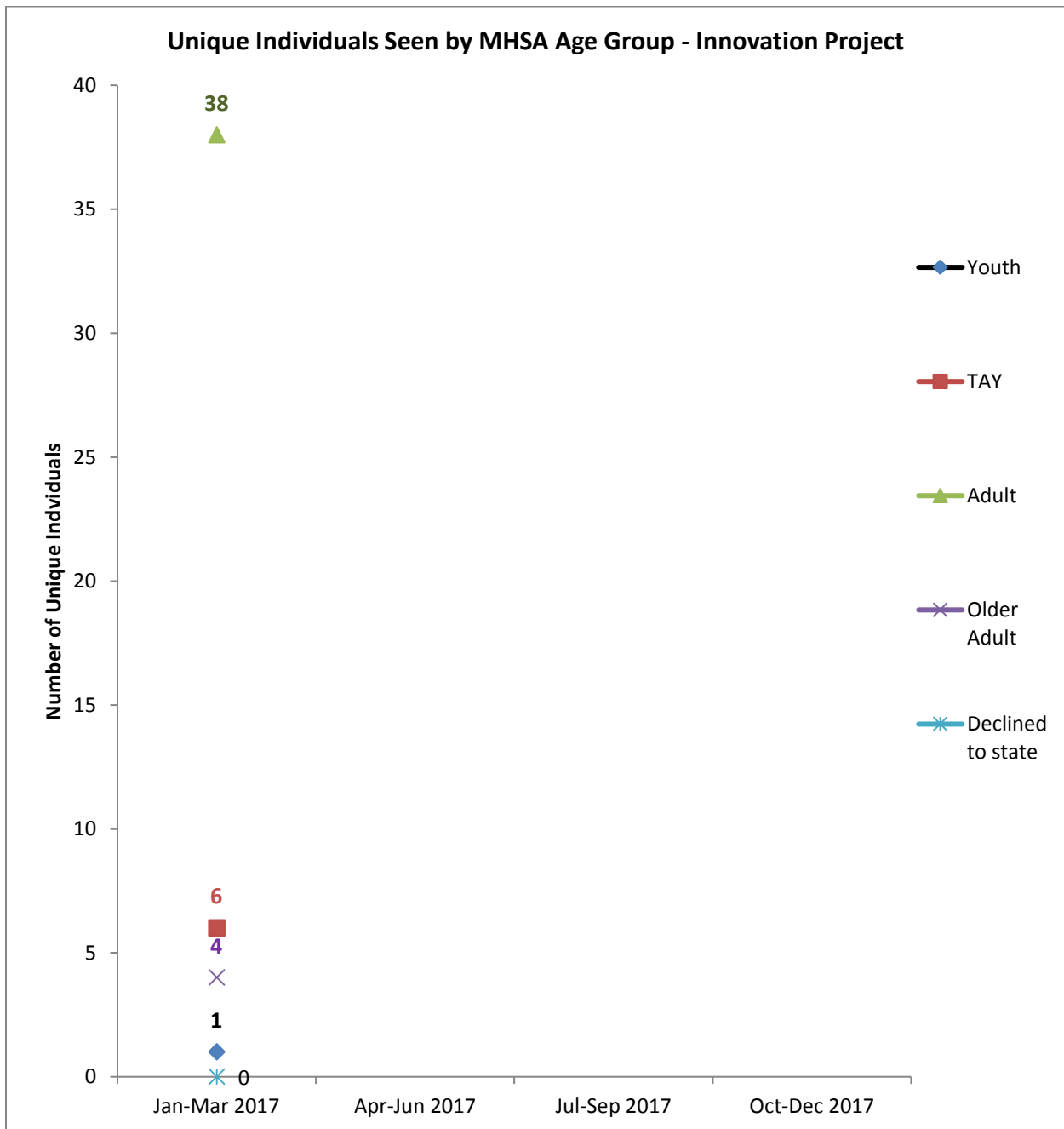
The outcome target numbers are for the CARE Center to serve an average of 75 unique individuals per quarter by the end of year one (12/31/17), 113 per quarter by the end of year two (12/31/18), and 128 per quarter by the middle of year three (6/30/19).



All demographics questions are optional, so each includes the category “Declined to State”.

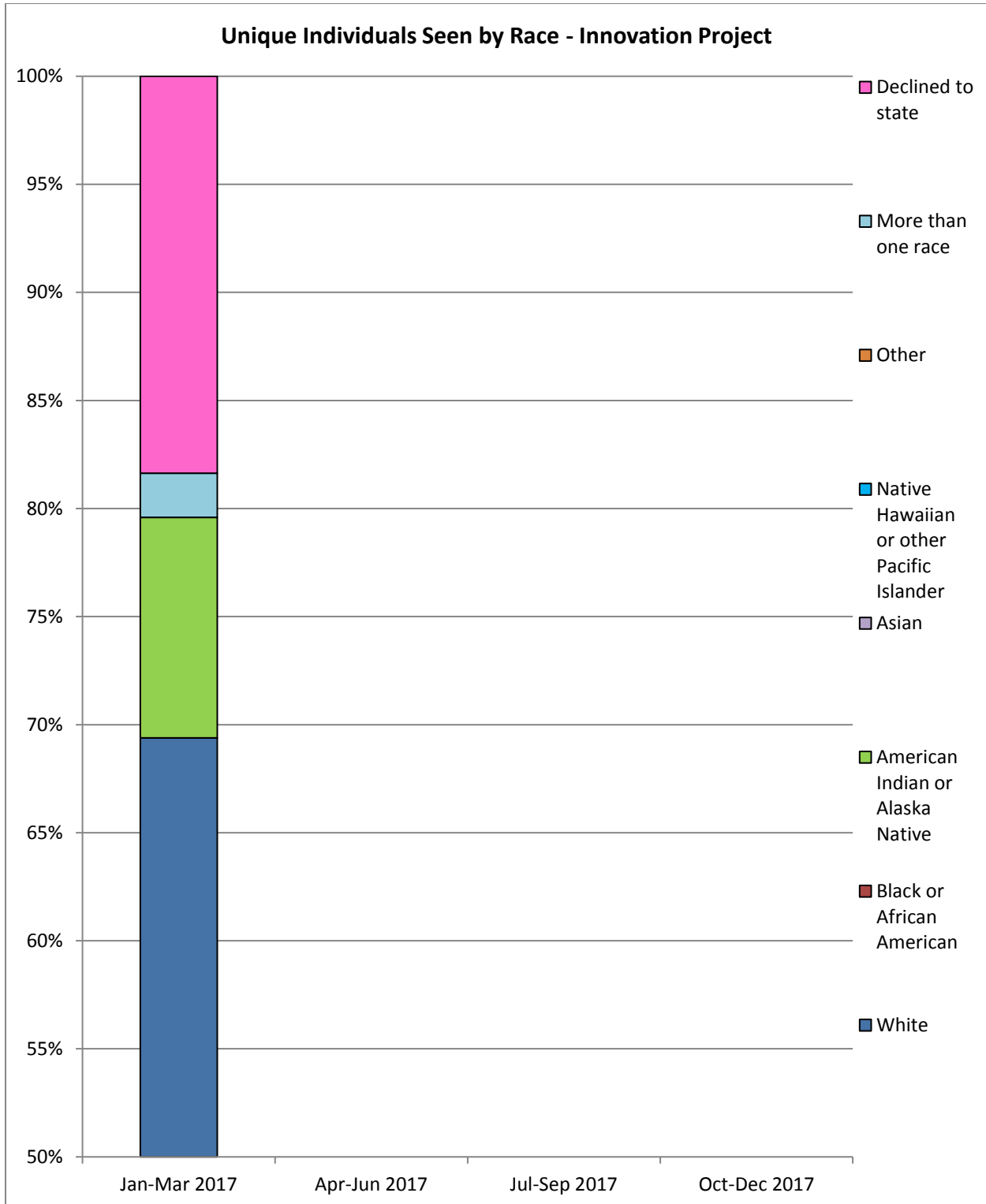
AGE

The MHSAs use four age categories: Youth – ages 0-15, Transition Age Youth – ages 16-25, Adult – ages 26-59, and Older Adult – ages 60 and up.



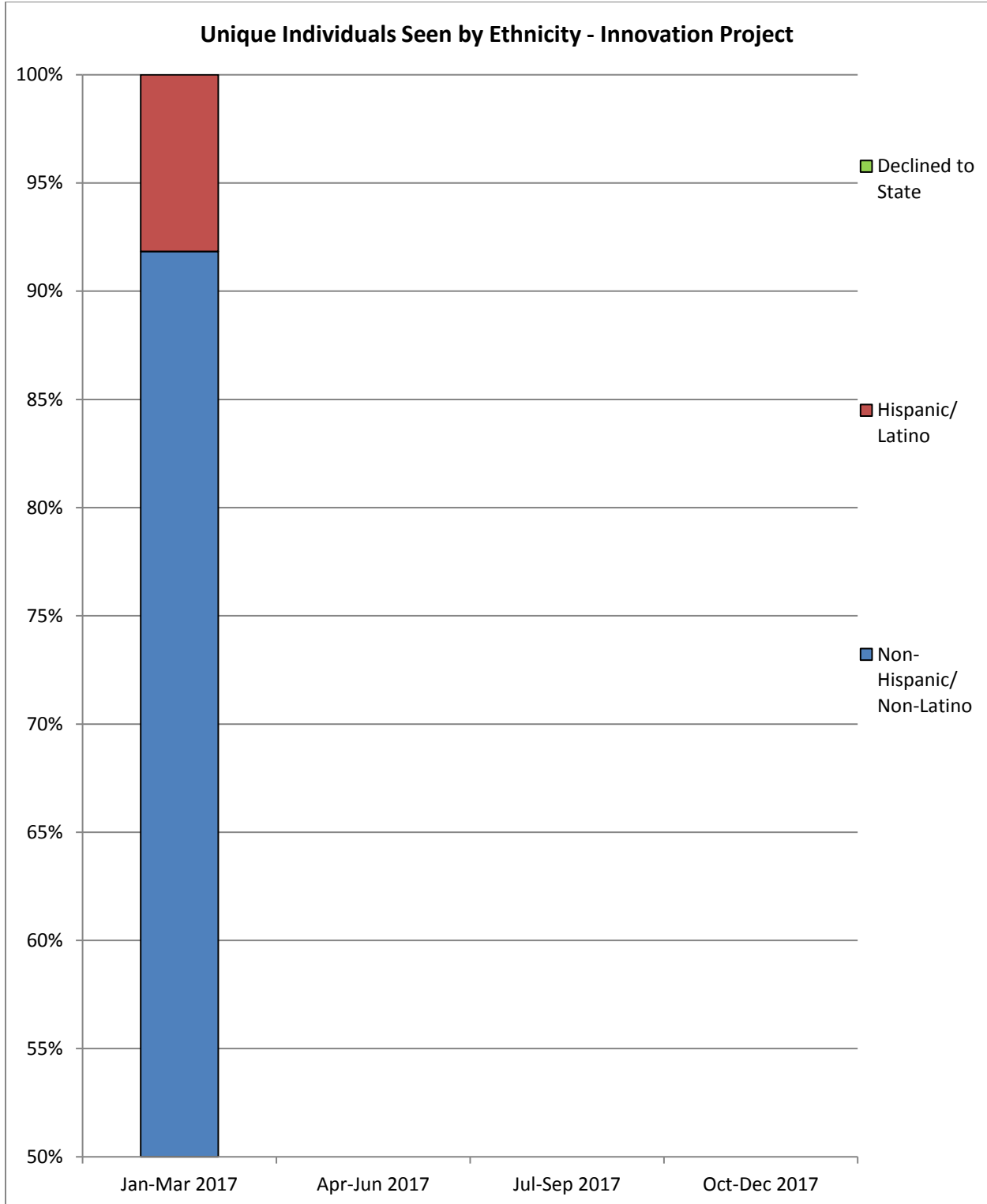
RACE

Because of the low gross numbers for some of these races, actual counts are not reported in order to help protect consumer confidentiality.



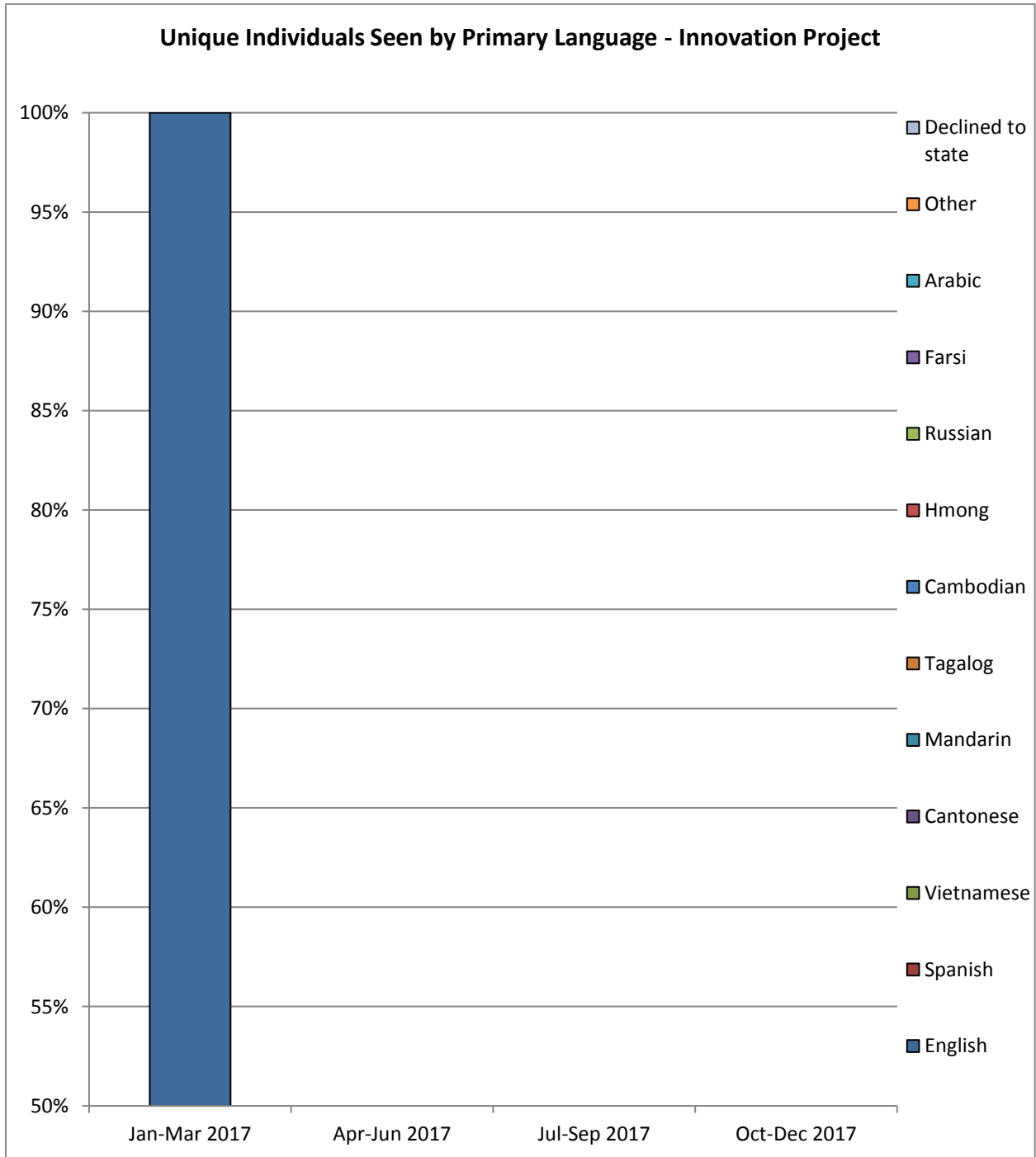
ETHNICITY

Because of the low gross numbers for some of these ethnicities, actual counts are not reported in order to help protect consumer confidentiality.

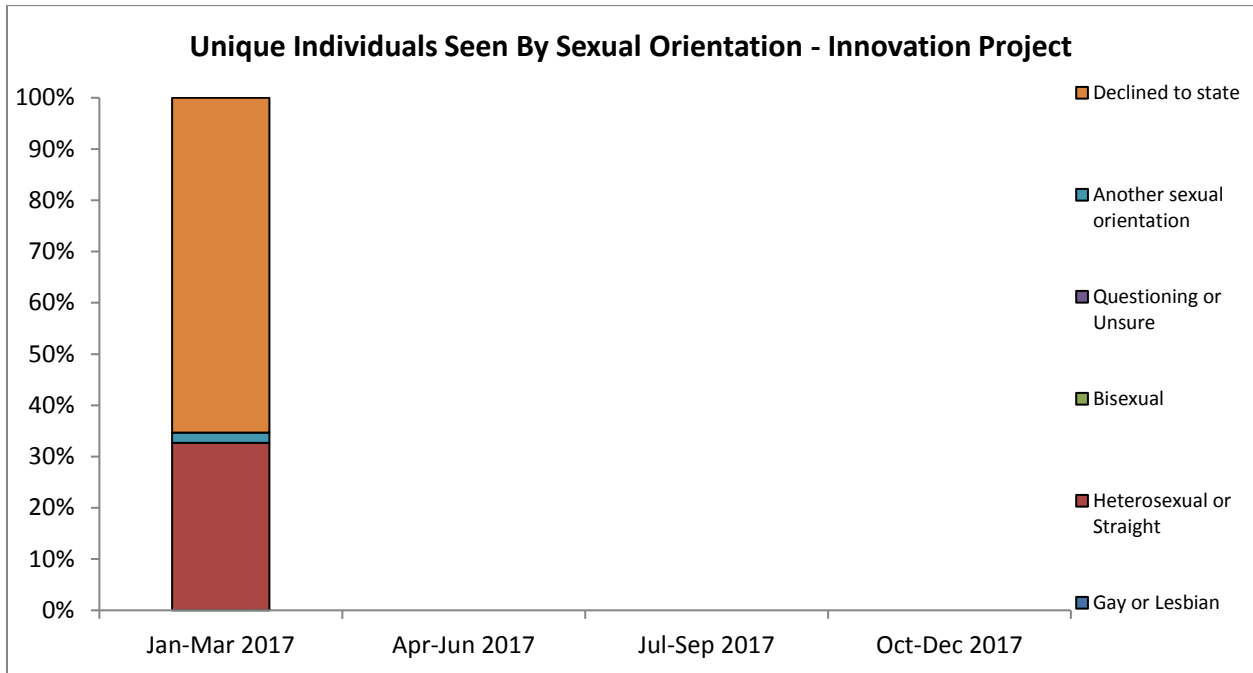


PRIMARY LANGUAGE

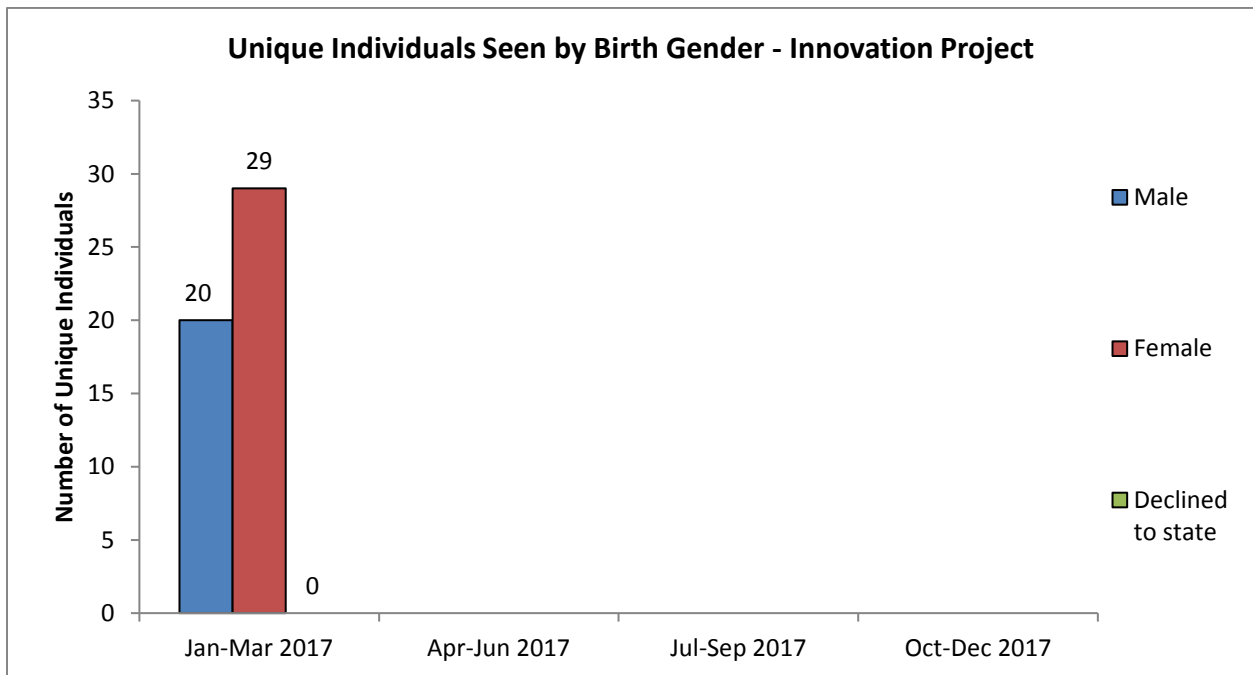
The primary language of consumers served by the CARE Center is English for 100% of the people. Because of the low gross numbers for some reported languages, actual counts are not reported in order to help protect consumer confidentiality.



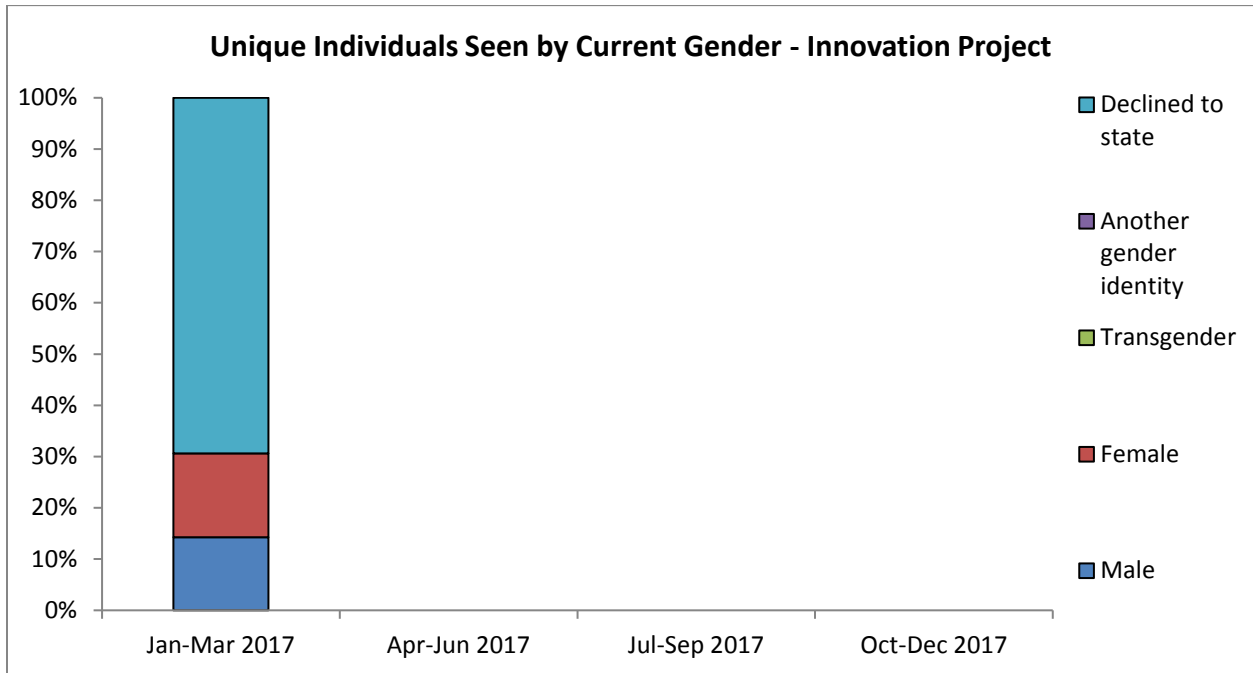
SEXUAL ORIENTATION



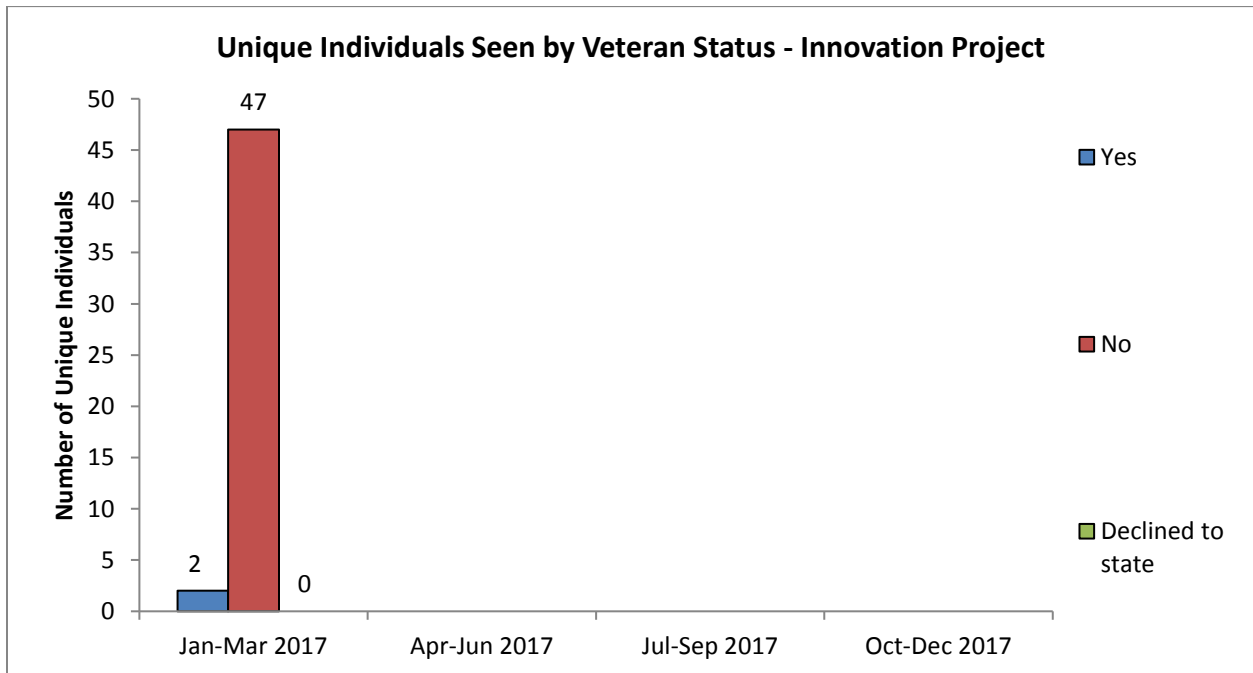
BIRTH GENDER



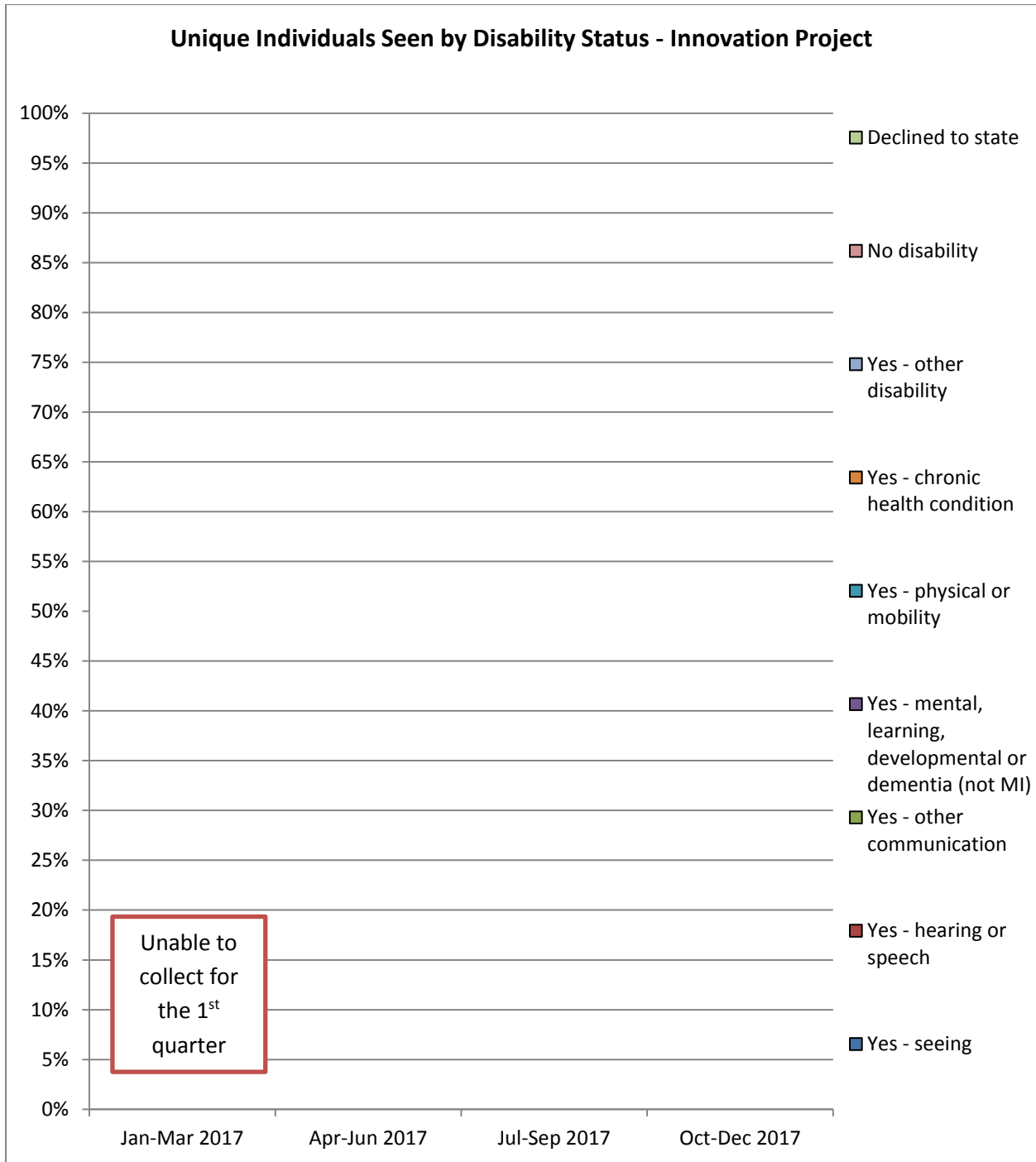
CURRENT GENDER



VETERAN STATUS



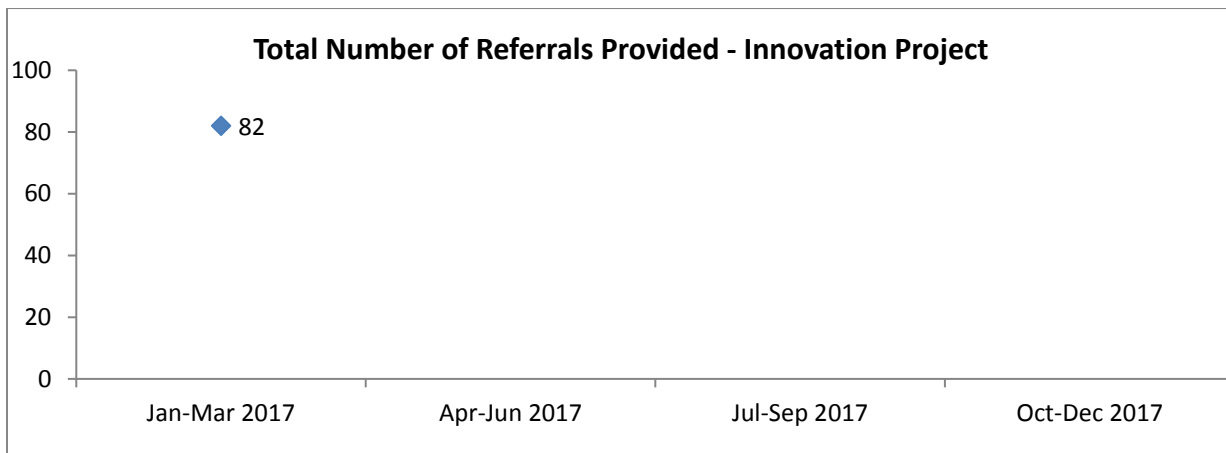
DISABILITY STATUS



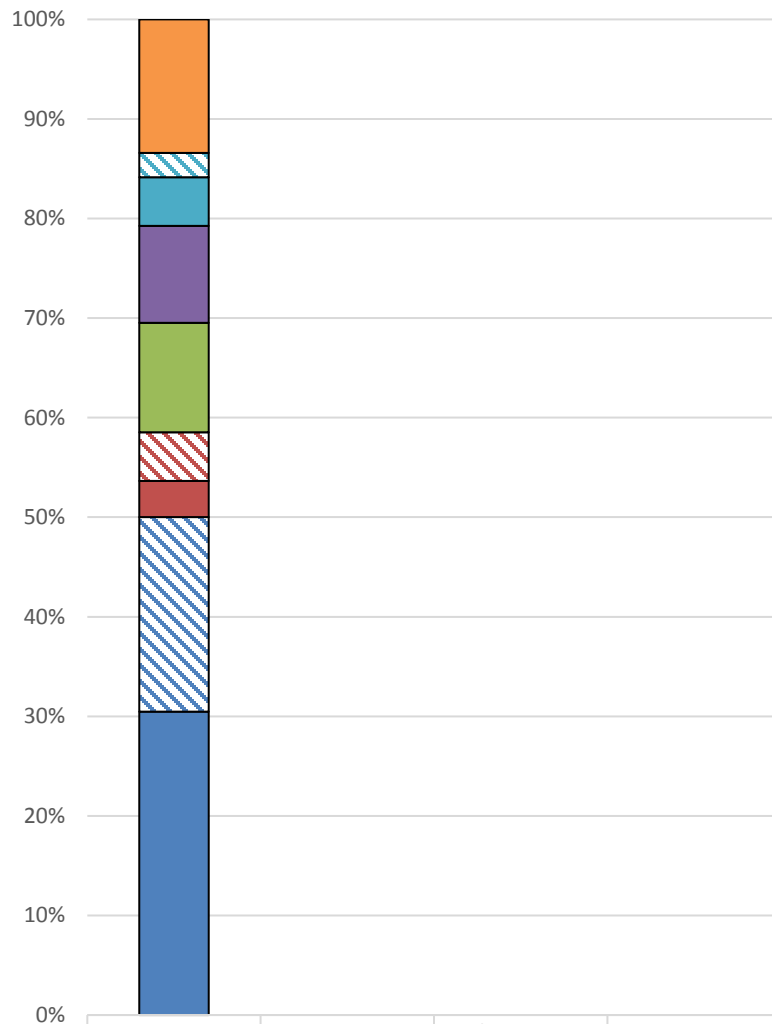
NUMBER OF OUTSIDE REFERRALS PROVIDED AND SUCCESSFULLY ACCESSED

There are a large number of other departments and agencies which individuals can be referred to for items or services not directly provided by the CARE Center Innovation Project, and these are all reported to Shasta County in specific granular detail. For the purposes of this report, referrals have been categorized into 6 main types, and the reported numbers consolidated into these categories by external referrals and internal Hill Country referrals where applicable. The referral type categories are:

- “Behavioral/MH Services” which include referrals to:
 - Hill Country behavioral health services at various clinic locations
 - Mental health community services
 - Mental health county services
 - Specialty/psych health care services
 - Support group
 - Wellness and recovery
- “Community Groups” which include referrals to:
 - Community groups
 - Other external referrals
 - Other Hill Country referrals
- “Emergency Department Hospital”
- “Housing/Shelter Services”
- “Medical Health Services” which include referrals to:
 - Hill Country medical services at various clinic locations
 - Primary health care services
- “Substance Use Services” which include referrals to:
 - Medication-Assisted Treatment (MAT)
 - Substance Use Disorder (SUD) treatment



Referrals Provided by Category - Innovation Project



| | Jan-Mar 2017 | Apr-Jun 2017 | Jul-Sep 2017 | Oct-Dec 2017 |
|--------------------------------------|--------------|--------------|--------------|--------------|
| Substance Use Services | 11 | | | |
| Medical Health Services Hill Country | 2 | | | |
| Medical Health Services External | 4 | | | |
| Housing/Shelter Services | 8 | | | |
| ED Hospital | 9 | | | |
| Community Groups Hill Country | 4 | | | |
| Community Groups External | 3 | | | |
| Behavioral/MH Services Hill Country | 16 | | | |
| Behavioral/MH Services External | 25 | | | |

Referrals are also tracked to see if the individuals who are referred to services provided by entities other than the CARE Center are successful in completing the referral. Success is measured by the person being provided a warm hand-off, and getting connected to the new service provider. The CARE Center is not being held accountable for whether the person was granted the benefits or items they were referred for, as that is outside the CARE Center staff's control.

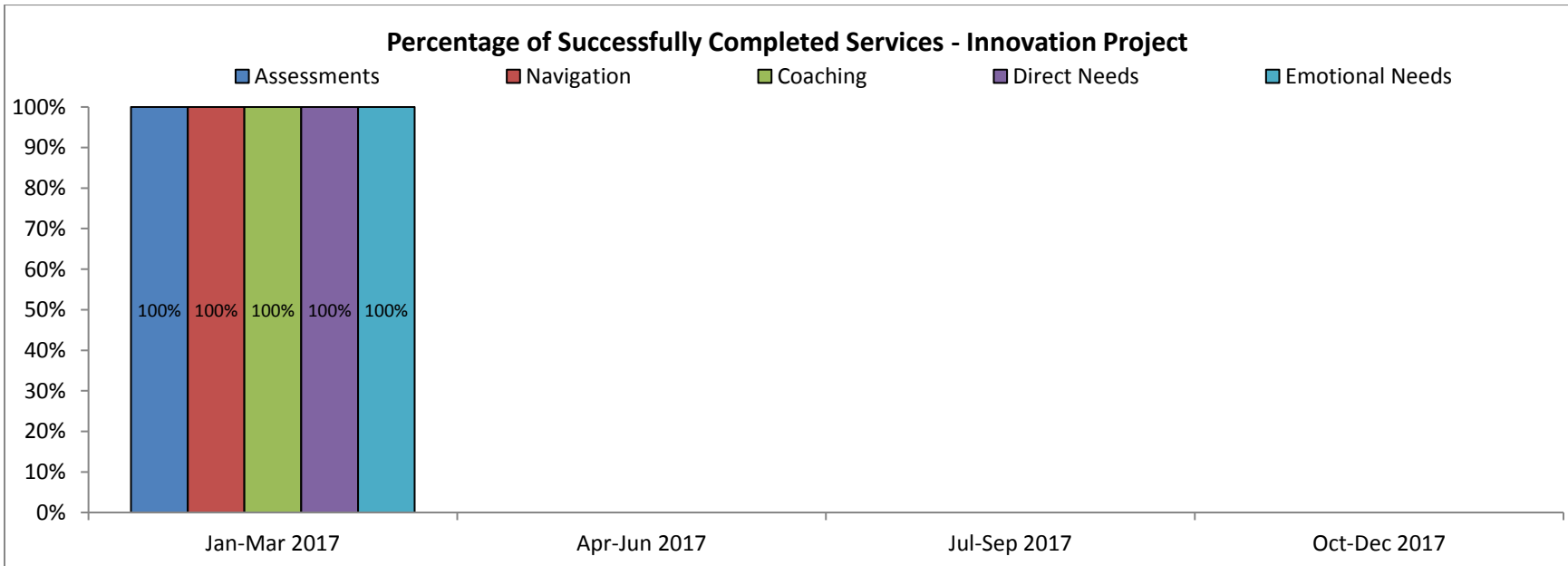
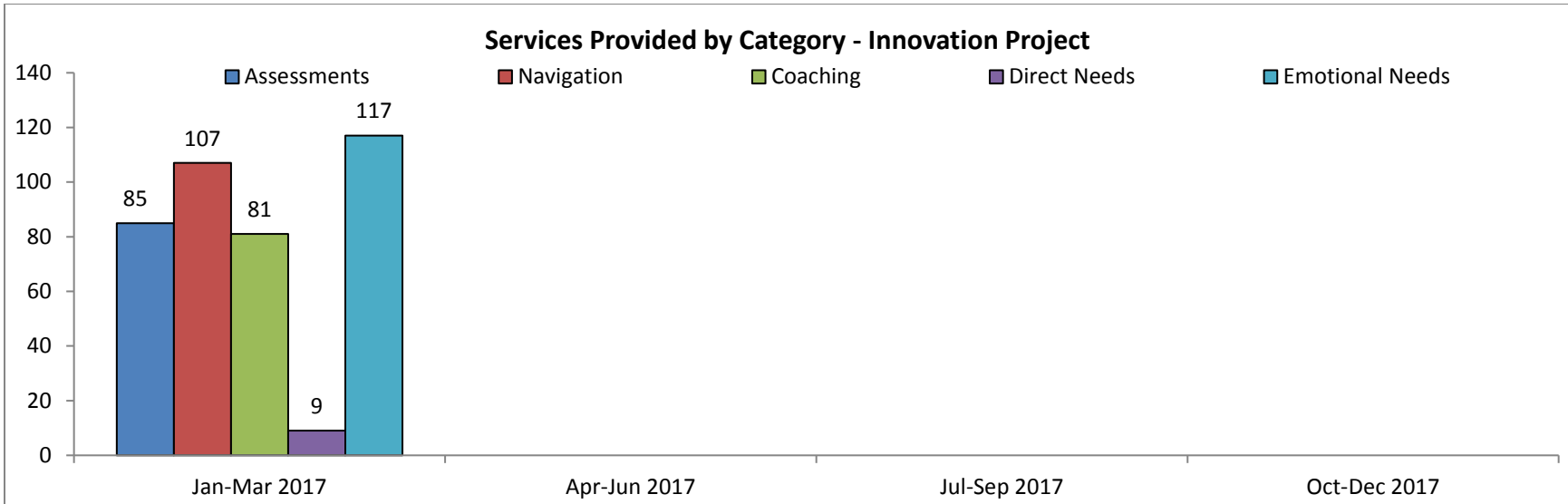


NUMBER OF SERVICES PROVIDED AND SUCCESSFULLY COMPLETED

There are a large number of services which individuals can access directly through the CARE Center Innovation Project, and these are all reported to Shasta County in specific granular detail. These services are provided directly by CARE Center staff members (including clinical staff, case managers, and peer volunteers). For the purposes of this report, services have been categorized into 5 main types, and the reported numbers consolidated. These service type categories are:

- “Assessments” which include
 - Mental health assessments
 - Needs assessments
 - Wellness and recovery assessments
- “Navigation” which includes
 - Advocacy
 - Navigation
 - Referral linkage and follow up
- “Coaching” which includes
 - Development of support systems
 - Goal and action planning
 - Skill building
 - Wellness coaching
- “Direct Needs” which include
 - Basic needs
 - Food/clothing
 - Transportation
- “Emotional Needs” which include
 - Crisis intervention/emotional support
 - Mental health follow up
 - Social services

Services are also tracked to see if the individuals who are needing the service(s) provided by the CARE Center are successful in accessing the services, and either completing the activities or receiving any tangible items involved with each service.



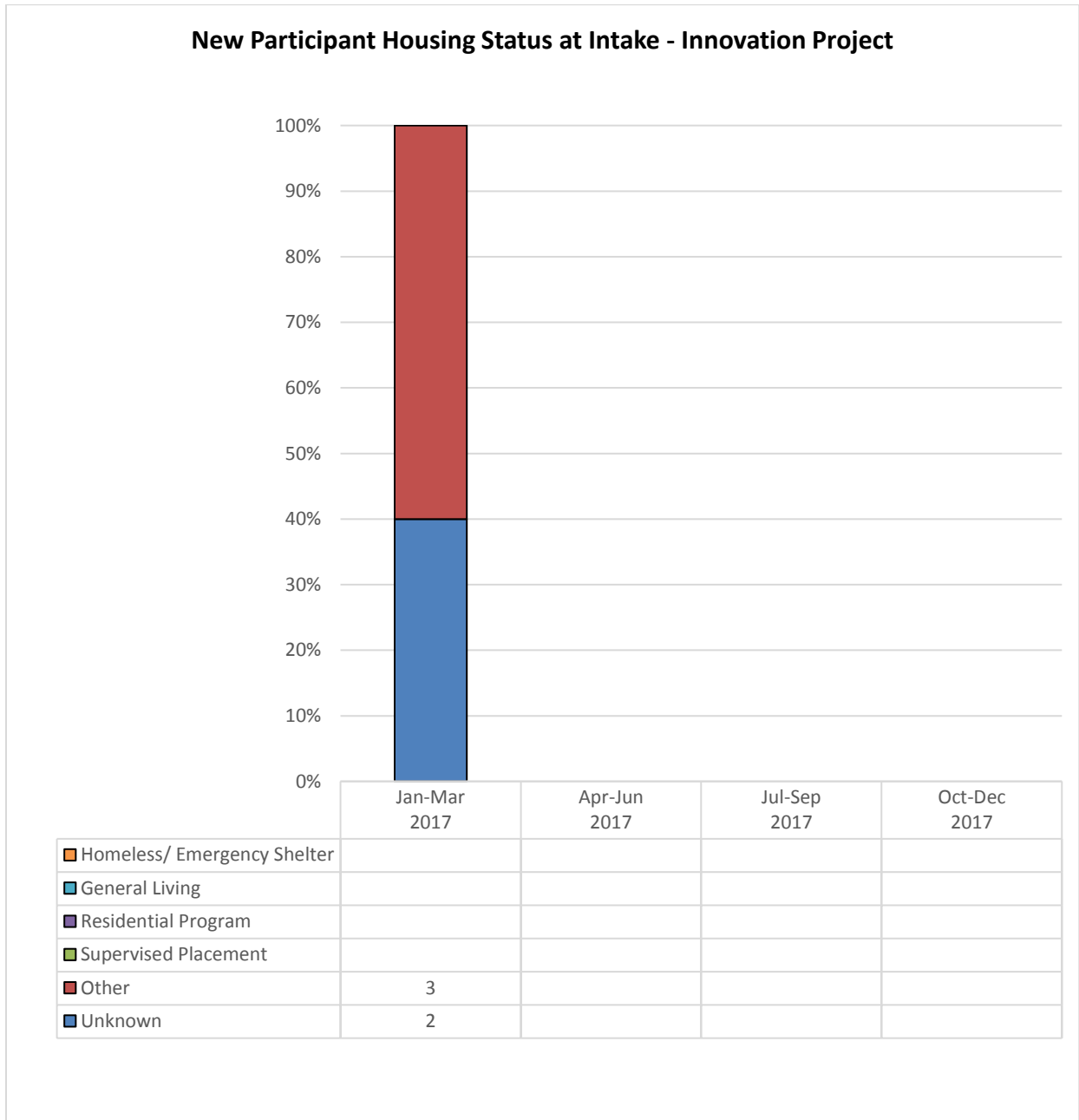
HOUSING STATUS

To help track the impact and effectiveness of services, the CARE Center has been asked to track the housing status of individuals accessing the Innovation Project services at the time they first start services, and then at the 3-month and 6-month points after that first service. The target outcome numbers are to see a 15% increase in housing stability/permanence at the 3-month mark, and a 20% increase at the 6-month mark.

Housing status has been divided up into the following categories:

- Homeless/emergency shelter
- General living, which includes the following:
 - Apartment or house, alone or with family/roommates
 - Foster home
 - Single room occupancy
- Residential program, which includes the following:
 - Community treatment program
 - Group home (any level)
 - Long term care facility
 - Residential treatment program
 - Skilled nursing facility (any type)
- Supervised placement, which includes the following:
 - Assisted living facility
 - Community care facility, such as a Board and Care
 - Congregate placement
- Inpatient psychiatric hospitalization, which includes the following:
 - Psychiatric Health Facility (PHF)
 - Institute of Mental Disease (IMD)
- Incarcerated/justice placement, which includes the following:
 - Jail
 - Prison
 - Juvenile hall
 - Juvenile justice placement
- Other
- Unknown

HOUSING STATUS AT START OF SERVICES



HOUSING STABILITY 3 MONTHS AFTER SERVICES AT THE CARE CENTER

No data expected until the Apr-Jun 2017 quarter at the earliest.

HOUSING STABILITY 6 MONTHS AFTER SERVICES AT THE CARE CENTER

No data expected until the Jul-Sep 2017 quarter at the earliest.

EMERGENCY DEPARTMENT VISITS

One of the goals of the Innovation Project is to reduce the number of emergency department visits for psychiatric reasons. Statistics are being tracked directly from the hospitals, but in order to measure the impact and effectiveness for individuals, the CARE Center has been asked to track the number of ER visits individuals report having made in the 6 months prior to the time they first start services at the CARE Center, and then at the 3-month and 6-month points after that first service. The target outcome numbers are to see a 15% decrease in ER visits at the 3-month mark, and a 20% decrease at the 6-month mark.

The average number of ER visits in the prior 6 months for the Jan-Mar 2017 quarter was not available, as the data collection systems for this were still in development. Data is expected in the Apr-Jun 2017 quarter, at which time tracking will commence.

PSYCHIATRIC INPATIENT HOSPITALIZATIONS

Another goal of the Innovation Project is to reduce the number of psychiatric inpatient hospitalizations, and the number of days spent in the hospital during those hospitalizations. In order to measure the impact and effectiveness for individuals, the CARE Center has been asked to track the number of psychiatric inpatient hospitalizations and number of days spent in the hospital that individuals report having made in the 6 months prior to the time they first start services at the CARE Center, and then at the 3-month and 6-month points after that first service. The target outcome numbers are to see a 15% decrease in hospitalizations and days spent in the hospital at the 3-month mark, and a 20% decrease at the 6-month mark.

The average number of psychiatric inpatient hospitalizations in the prior 6 months for the Jan-Mar 2017 quarter was also not available, as the data collection systems for this were still in development. Data is expected in the Apr-Jun 2017 quarter, at which time tracking will commence.

ARRESTS AND DAYS INCARCERATED

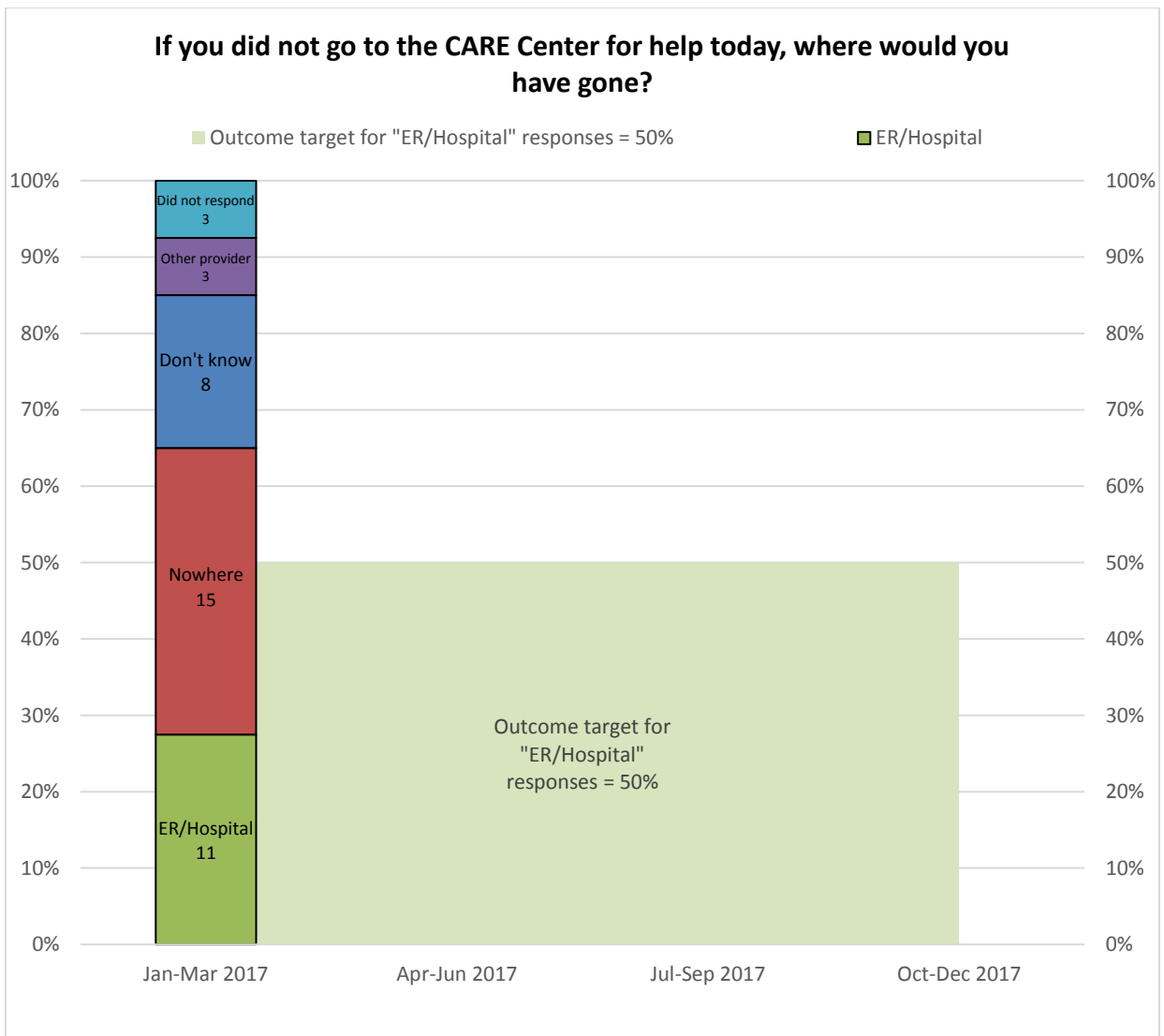
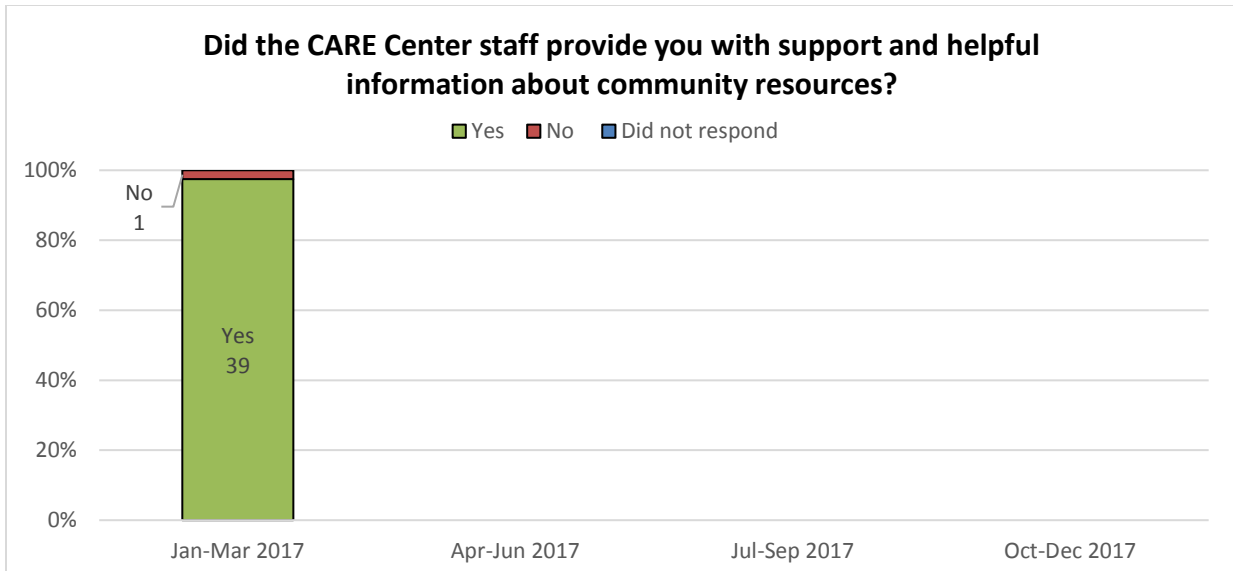
Another goal of the Innovation Project is to reduce the number of arrests, and the number of days spent incarcerated. In order to measure the impact and effectiveness for individuals, the CARE Center has been asked to track the number of arrests and number of days spent incarcerated that individuals report having made in the 6 months prior to the time they first start services at the CARE Center, and then at the 3-month and 6-month points after that first service. The target outcome numbers are to see a 15% decrease in arrests and days spent incarcerated at the 3-month mark, and a 20% decrease at the 6-month mark.

Again, the average number of arrests in the prior 6 months for the Jan-Mar 2017 quarter was not available, as the data collection systems for this were still in development. Data is expected in the Apr-Jun 2017 quarter, at which time tracking will commence.

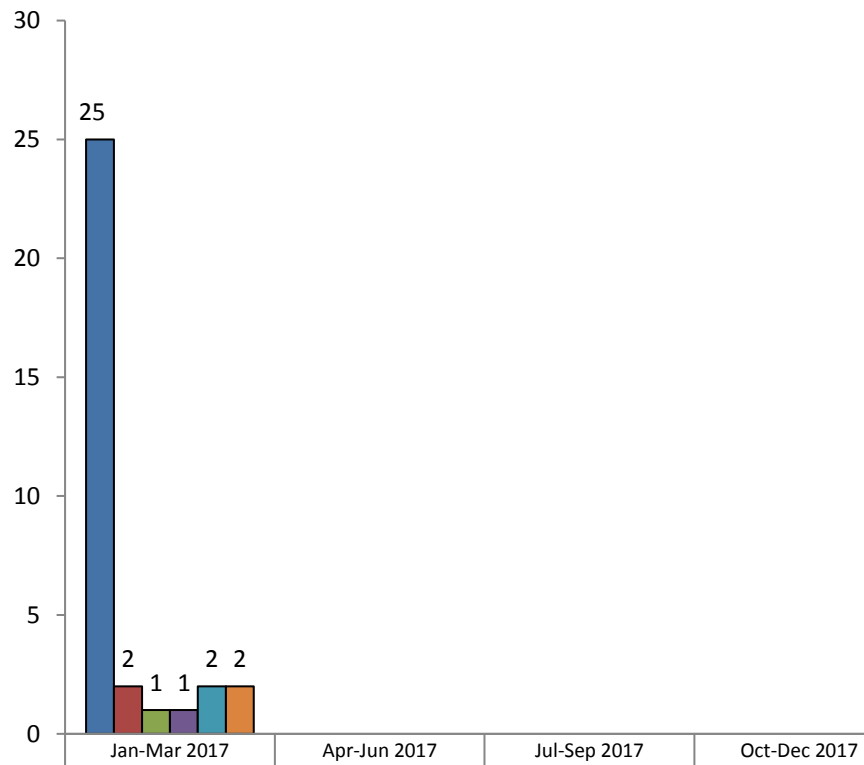
CUSTOMER SURVEYS

Each person who is served is offered the chance to complete a simple 4-question survey.





Was there something you were hoping for from the CARE Center that you did not receive, or what can we do better?



| | Jan-Mar 2017 | Apr-Jun 2017 | Jul-Sep 2017 | Oct-Dec 2017 |
|--|--------------|--------------|--------------|--------------|
| Happy with experience/ services | 25 | | | |
| Medication | 2 | | | |
| Dental Care | 1 | | | |
| Services for alcoholics in crisis | 1 | | | |
| More and/or different groups | 2 | | | |
| Other facility amenities (music, TV, etc.) | 2 | | | |