

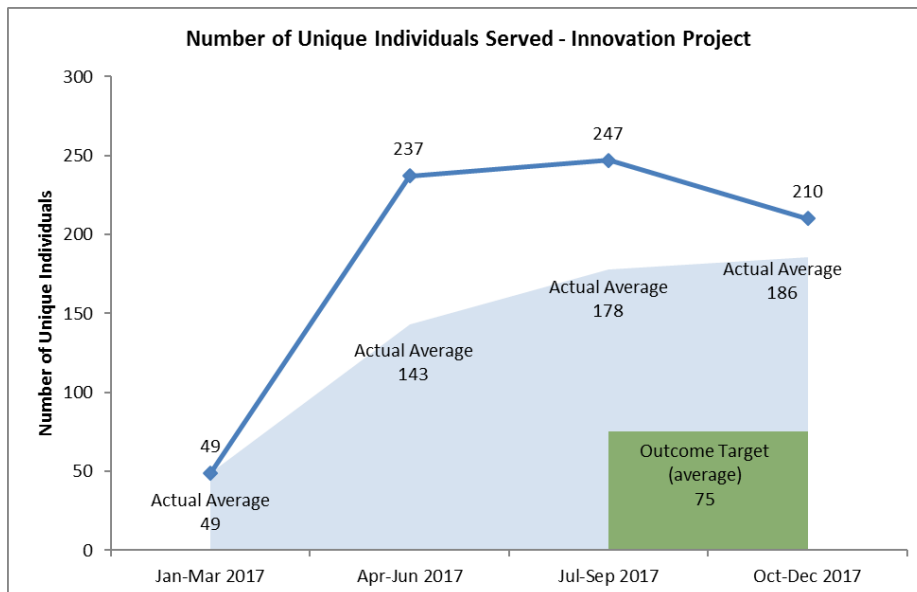
Innovation Project – CARE Center Year One Summary Report

Background

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 Reports for January 2017 through December 2017. Please note that due to the CARE Center not actually opening for business until early March 2017, the first quarter reflects less than one month of data. Additionally, there are several measures where their data systems and/or electronic health record were in process, or where methodology changed, so they could not be tracked. As of the Oct-Dec 2017 quarter, all measures are now tracked and reported on, although further refinement of the data collection is still underway for some measures.

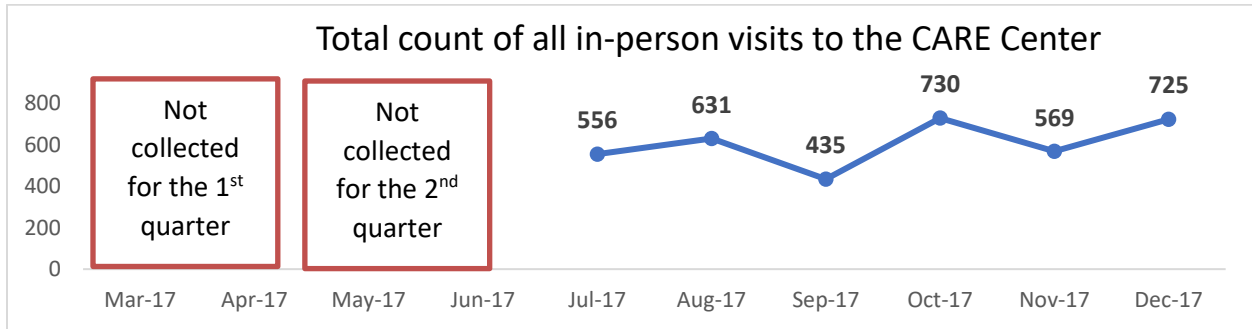
Numbers of People Seen and Services Provided

The outcome target numbers from the original plan were 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).

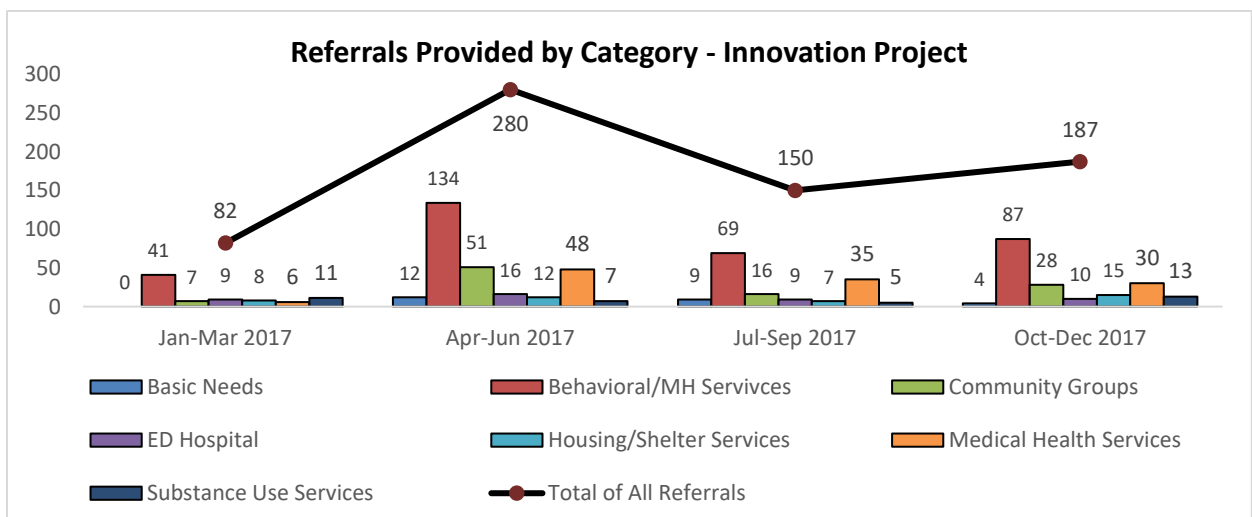
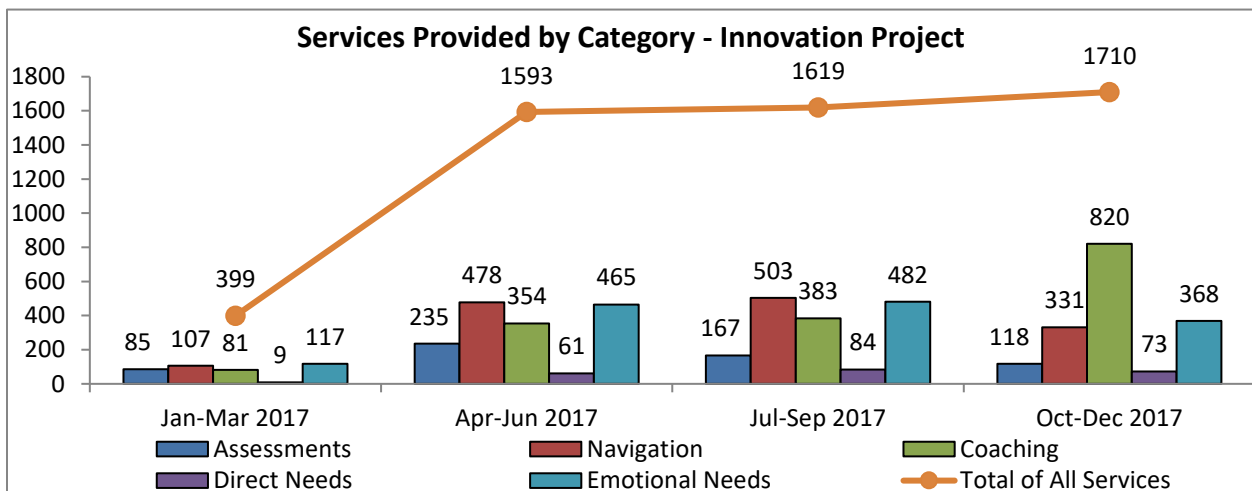


The target for year three was surpassed in the second quarter that the CARE Center was open. The quarterly average as of the end of year one is 186 unique individuals, which is 248% of the year one target, and 145% of the year three target number.

Due to this much higher utilization of the Care Center than was originally anticipated, the number of in-person visits were tracked beginning July 2017 (phone contacts are not counted). Dividing the number of visits per quarter by the unique number of individuals served each quarter, each person visited the CARE Center an average of 7 to 10 times per quarter.

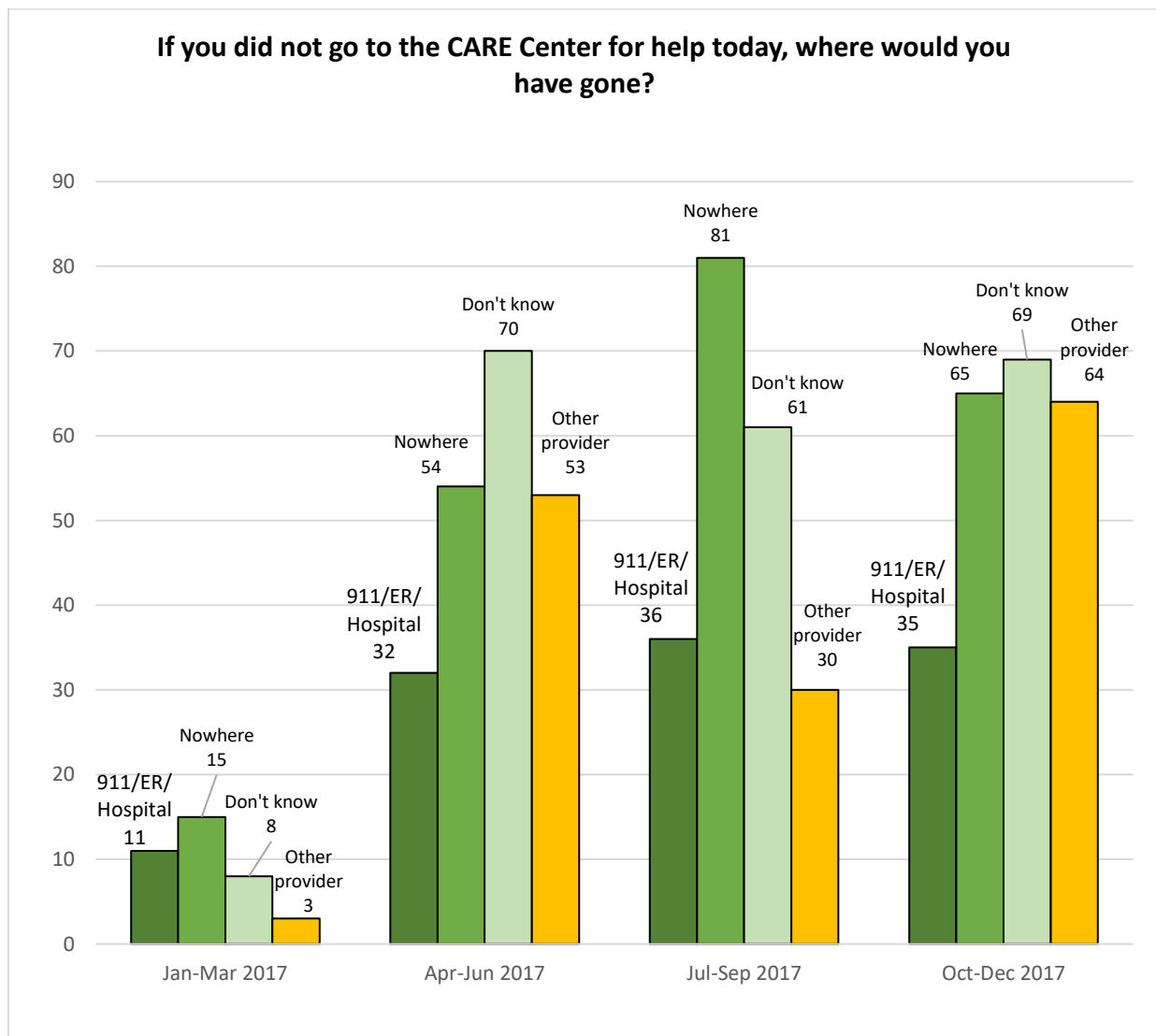


During these visits, people are provided with direct services from the CARE Center staff, and given any needed referrals for other services not offered at the CARE Center.



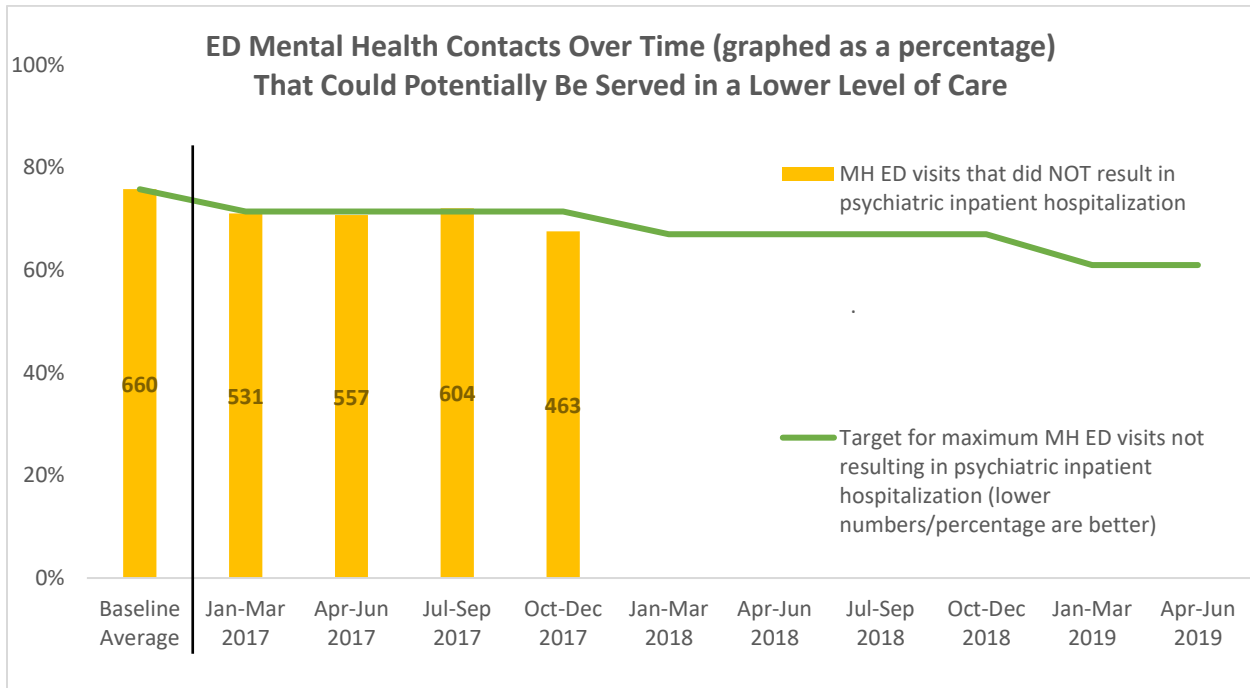
Measuring the Impact

One of the stated goals for this Innovation project is to reduce the numbers of hospital emergency department visits for mental health services, specifically those visits where a lower level of care is more appropriate. To help measure this, each person who visits the CARE Center was asked where they would have gone if the CARE Center was not available. Less than 30% specifically stated they would have called 911 or gone to the hospital if the CARE Center was not available (outcome target is 50%). However, if the numbers of people who did not know where else they would have gone, or those who simply wouldn't have sought help, are also taken into consideration (as it is likely that at least some portion of them may have ended up at the hospital), the numbers increase to the CARE Center providing 65-85% of the people they served a more appropriate, lower level of care in the place of an emergency department visit.

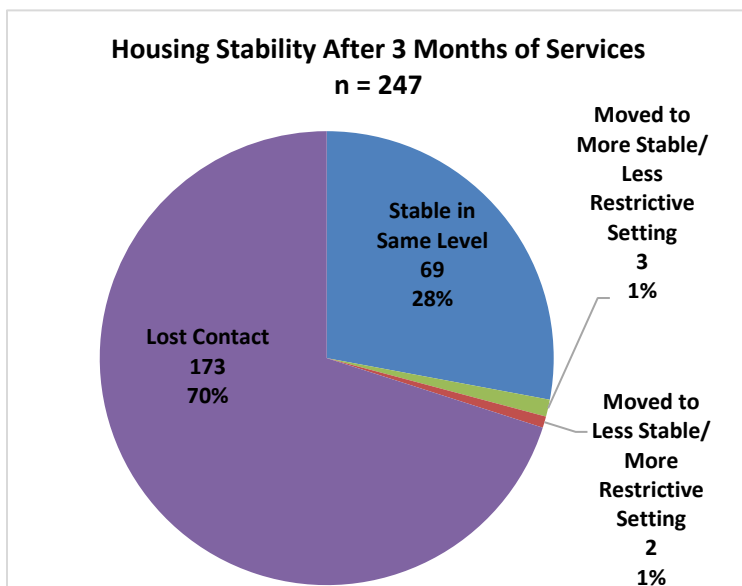


Data reported by the emergency departments to the California Office of Statewide Health Planning and Development was also reviewed, to compare numbers and percentages of emergency visits for mental health reasons over time. A baseline of quarterly numbers was created from calendar years 2015 and

2016 data, with the goal of reducing the number of emergency department visits for mental health issues that did not result in psychiatric inpatient hospitalization by 20% at the end of year one, 35% by the end of year two, and 50% by the mid-point of year three. The logic for this is that people who do not require intensive, inpatient services may be able to have their mental health needs more appropriately met with a lower level intervention in a less stressful setting. Data at the end of year one demonstrates meeting this goal so far, and testing verifies there is strong statistical significance to this trend (two-sample Wilcoxon rank-sum test shows $p=0.0000$, comparing 6974 observations pre-CARE Center opening to 3057 observations post-CARE Center opening).



Other measures were selected to help track the impact and effectiveness of CARE Center services on individuals. Baseline information on housing status, number of emergency department visits, number of arrests and number of psychiatric inpatient hospitalizations was requested for the 6-month period before each person’s first visit to the CARE Center. Follow-up data at 3 months after and 6 months after that first CARE Center visit were then also requested.



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Data collection for these measures is still being refined, but the available data at the end of year one reveals strong statistical significance ($p=0.0000$) to only one of these measures – the 3-month follow-up on housing status/stability.

Moving Forward into Year Two

It is clear the CARE Center is providing vital services and referrals to members of the Shasta County community, particularly in filling a gap between traditional outpatient services during standard business hours, and emergency department visits. From the data collected so far, it appears that the work being done at the CARE Center is having a positive and meaningful impact on reducing mental health visits to the local emergency departments. The CARE Center is successfully providing a lower cost, more appropriate level of care to meet the mental health needs of people, especially during days and times when they would otherwise have very few options besides the local emergency departments. Sustainability for this project at the end of the Innovation pilot project is already being explored by HHS, with various funding options being considered.

As mentioned above, some data collection is still being refined. CARE Center staff report that trying to follow-up with individuals after 6 months is extremely difficult, with loss of contact severely curtailing the amount of data that can be collected. Considering the lack of statistical significance for any of the 6-month measures so far, it may be in the best interests of the project to cease tracking at the 6-month period, and focus on clean data collection at the time of first CARE Center contact and 3-months after. Additionally, extending the length of this pilot in order to collect additional data points may reveal trends with greater statistical significance.

Additional Detailed Information

For more information about the specifics of the demographics for the people served by the CARE Center, the granular break-down of types of services and referrals provided, or all the specific individual outcome measurements, please see the “CARE Center Activity Report – Innovation Project” report dated 3/9/18. To review the methodology and numbers tracked on emergency department visits, please see the “Innovation Project Outcome Tracking – Shasta County Emergency Department Contacts over Time” report dated 2/20/18.