
MHSOAC JULY 28, 2016 Meeting: Santa Clara County MHS Innovation Projects

The goal of this project is to develop a model to increase access to services and improve outcomes by strengthening the screening and referral process for young children with developmental and/or social-emotional concerns. This project will test whether the implementation of a multi-language electronic developmental screening tool in a pediatric clinic provides an economically feasible and effective method for early identification of young children at risk of developmental and social-emotional delays. The project is an effort to enhance the long established processes of pediatric well baby and well child visits and identify children from birth through age five with developmental concerns. Early detection and prevention and early intervention services may then equip identified children to enter mainstream school.

- Ages Stages Questionnaire (ASQ) screening is a valuable standardized tool as it has increased detection of developmental delays and referrals to Early Start Program (ESP) and/or KidConnections Network (KCN).
 - ◆ ESP is a program that provides early intervention services that may include developmental assessment and intervention for children, from birth through age three, who are at risk or demonstrate developmental delays.
 - ◆ KCN is a multi-agency collaborative, coordinated system that identifies children from birth through age five with suspected developmental delays and/or social-emotional and behavioral concerns. KCN provides screening, assessments, family consultations, and connections to behavioral health and social services.
- Since the beginning of the project: conducted 16,274 screenings and provided 854 referrals to ESP and/or KCN.
- Information about the two screening methods: paper based vs. electronic tool-iPad with video/audio will be presented in an upcoming report.

The project expands a promising new peer mentoring approach in a 24-hour care setting designed to promote wellness and recovery for TAY, ages 18 through 25 years old. Peer-led staff with support from professional staff will assume the lead responsibility for decision-making to run the facility and the program services. The programs offered will be informed by wellness and recovery approaches that are effective in helping TAY develop skills and increase capacity to achieve life goals. In addition to helping TAY stabilize and gain self-awareness and skills within a safe environment, the program also will serve as a bridge for access into appropriate ongoing services and supports in the broader system of care within the County.

- The project utilized a self-sufficiency matrix instrument to assess TAY clients' self-sufficiency at admission and discharge and to learn if the TAY program improved clients' life stability and treatment goals. The domains included life skills, income, employment, housing, food mobility, physical health/healthcare, interpersonal relations, mental health, substance abuse, legal, adult education, community involvement, access to services. Overall, the scores improved between intake and discharge.
- The average length of stay was approximately 60 days. Length of stay seemed to consistently appear as a factor that either mediated or influenced clients' outcomes and experience with the program.
- Overtime, the program was able to support the Peer Partners in increasing their leadership capacity.

MHSOAC JULY 28, 2016 Meeting: SANTA CLARA COUNTY MHSA INNOVATION PROJECTS

The aim of this project is to increase the quality of services, including better outcomes, for isolated older adults who are predisposed to emerging mental health issues, or who have unrecognized mental health symptoms. This project used the main techniques of life review and storytelling while engaging natural support systems by adapting a culturally-based “story-telling” approach that capitalizes on the traditional role of older adults as transmitters of cultural wisdom and values. The project included the main program elements: outreach, screening/assessment and a storytelling intervention approach. The project targets two of Santa Clara County’s underserved cultural and ethnic groups: Spanish-speaking and Vietnamese-speaking elders.

- The intervention project included 206 enrollees with 95 Spanish-speaking and 111 Vietnamese-speaking elders.
- The assessment tools utilized for the project included the Patient Health Questionnaire (PHQ-9), the Geriatric Depression Scale (GDS-15), the Short Loneliness Scale, and the Satisfaction with Life Scale (SWLS).
- The intervention was successful in producing clinically significant change scores in depression (5 or more points) as measured by PHQ-9 for 32% of all the clients and successful in producing a smaller change in depression scores (one to four points) for 54% of all the clients.

The project also known as the Faith-Based Resource Collaborative (FBRC) Project examines whether the organizational support of the Mental Health Department provided to an inter-faith collaborative, and coordination and collaboration with other service providers/advocacy groups increases the capacity of faith organizations to serve newly-released inmates and improve outcomes (symptom management, relationships, work/meaningful activities, and satisfaction with service).

- Most recently in calendar year 2015, the Faith Reentry Resource Centers (FBRCs) provided immediate linkage and navigation through peer mentoring/case management to available resources and system of care to 478 unduplicated individuals as they returned into the community from incarceration.
- The project utilized the Self-Sufficiency Matrix (SSM), an assessment and measurement tool, to measure pre and post outcomes of individual participants’ progress over the course their interaction with the FBRCs. The domains included housing, employment, income assistance, food, adult education, self-care/life skills, family/social relations, mobility, community involvement, legal, safety, and connectedness to spiritual community.
- Overall, FBRC participants SSM scores improved in the majority of the domains, most significantly for their felt needs, including employment, mobility and transportation, self-care/life skills, child care and health care coverage and also spiritual connectedness.

- Santa Clara County main MHSA site: www.sccmhd.org/mhsa
- Santa Clara County FY2016 MHSA Annual Update: <https://www.sccgov.org/sites/mhd/MHSA/Documents/2015/FY16%20MHSA%20Annual%20Update%20December%202015.pdf>
- Santa Clara County MHSA Innovation Project Reports: www.sccmhd.org/mhsa/inn