



STAFF ANALYSIS— KERN COUNTY

Name of Innovative (INN) Project:	The Healing Project
Total INN Funding Requested:	\$14,685,510
Duration of Innovative Project:	Five (5) Years

Review History:

Approved by the County Board of Supervisors:	12/05/2017
County submitted Innovation (INN) Project:	02/07/2018
MHSOAC consideration of INN Project:	02/22/2018

Project Introduction:

In order to address barriers preventing a large number of intoxicated individuals, who present themselves at various crisis access points, from accessing quality mental health care, Kern County proposes to open two recovery stations aimed at providing individuals a peer-led, safe environment to “sober up” while also offering mental health screening, access and comprehensive linkage to care.

In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including:

- What is the unmet need that the county is trying to address?
- Does the proposed project address the need?
- Are there clear learning objectives that link to the need?
- Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?

In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSOAC principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four (4) allowable primary purposes.

The Need

The County reports that a large portion of individuals presenting with substance use intoxication have untreated mental health conditions and estimate that 80 percent of individuals entering the Kern County Psychiatric Evaluation Center present as under the influence. Of the 80 percent, 50 percent are found not to be receiving treatment for either mental illness or substance use conditions. **County may wish to include more information to illustrate what 80 percent represents in terms of number of people.** The County also reports that an average of 2,652 arrests are related to alcohol or other drug-related intoxication each year county-wide. The County feels that the number of arrests is related to the number of individuals with untreated co-occurring mental illness and substance use. Research shows that nationwide, as many as 42% of adults ages 29 to 46 have a co-occurring mental illness and substance use disorder (SAMHSA, 2014). Additional research shows that individuals diagnosed with substance use disorders are twice as likely to also suffer from mood and anxiety disorders (NIH, 2010). **County may wish to identify any specific data to demonstrate that this is also true for Kern County.**

The County expresses that bias against individuals who abuse substances prevents trained staff from seeing the underlying mental health needs of those who are intoxicated and the opportunity to evaluate for mental health treatment is missed. This prejudice results in inadequate screenings and inadequate linkage to mental health care. The County states that there are few resources where these individuals can receive the immediate specialized care they require and are often arrested, and/or provided with brief interventions targeting mental health needs alone.

Additional barriers for individuals with co-occurring mental illness and substance use include: geographic and transportation barriers, as well as crisis and other service systems that are not integrated or designed to address both acute mental health and substance use needs concurrently.

The Response

To address these issues, the County is proposing to open a peer-led, 16-bed recovery station program providing screening, access and comprehensive linkage to care for individuals presenting with co-occurring mental illness and substance use needs. The Healing Project will include two recovery stations in Kern County, one in Bakersfield and another in Ridgecrest. Individuals will have the opportunity to “sober up” safely, receive basic necessities and then be evaluated for mental health services. The County believes that by casting a wide net, they will reach a previously unserved population.

The length of stay at the recovery station is anticipated to range between eight to ten hours. Both stations will be open 24/7. The recovery stations will be designated as a crisis access point within the Kern County System of Care and individuals transitioning from a recovery station will receive priority appointments with treatment teams. Recovery station staff will provide follow up support and linkage to ensure a “warm hand off”. Individuals

will be medically cleared before being referred by law enforcement, emergency departments, mental health crisis units, and behavioral health treatment teams.

The County states that the Healing Project is the first program to integrate elements of a sobering station with mental health screening and access. The County also believes that the project is innovative as it focuses on peer-led intervention and services, designed to encourage engagement and work towards seeking help for sobriety and related mental health issues. Peers will be paid staff. Additional staff will include clinical and other service staff. Peers in recovery will lead interventions with individuals visiting the facilities. The Healing Project recovery stations will aim to have a peer staff onsite during every shift. Project staff will be trained on mental health interventions and skills, including Motivational Interviewing, Brief Solution Focused Therapy, Cognitive Behavioral Therapy skills, Applied Suicide Intervention Skills Training (ASIST), and Aegis De-Escalation and Crisis Intervention Training. An onsite Licensed Practitioner of the Healing Arts (LPHA) will be available to provide interventions and for consultation.

The County is building upon learnings from their previous Innovation project, The Freise Hope House, which tested a peer-led model for individuals in a crisis residential setting. Based on findings that individuals reported high satisfaction and more relatability to peer staff, the model for the recovery stations was designed as peer-led.

In addition, the recovery station model was adapted from the sobering station models they researched and visited to include a focus on mental health screening, access and linkage to care, as well as staff, staffing mental health professionals.

Research conducted by the County shows that:

- There are 22 sobering stations in California as of 2017
- County staff visited 7 sobering stations in multiple states and learned that the programs are not designed to serve individuals with co-occurring mental health and substance use disorder conditions. When a mental health condition is identified, individuals are “screened out” to appropriate resources. Staffing within these facilities does not provide active mental health service engagement and interventions. In addition, no facility operates with a peer-led model, or integrates peer staff to the degree proposed within the Healing Project.

In 2008, the MHSOAC published a report containing recommendations to address the needs of individuals with co-occurring mental illness and substance abuse. The 19-member workgroup suggested that co-occurring disorders must be the expectation and not the exception. Goal 5 focused on individuals with co-occurring disorders receiving the “right care at the right time and in the right place.” Goal 6 recommended peer-based wellness and recovery services. Kern County’s Innovation proposal incorporates both of these goals.

The Community Planning Process

The County reports that MHSA Stakeholders, including consumers, family members, law enforcement, hospital staff, treatment providers, and other community members determined a need for recovery station services for those with co-occurring mental health and substance use disorders during the 2014 MHSA Community Planning Process. The County began research on sobering station models both statewide and throughout the country. Once the project was developed, it was ranked against seven other potential innovative programs. Stakeholders ranked recovery stations as the priority and The Healing Project proposal was eventually drafted.

During the 2016 and 2017 Community Planning Processes, The Healing Project received feedback from stakeholders participating in 24 community meetings. 243 meeting attendees provided feedback via surveys and 53 of them indicated that the Healing Project would be most beneficial for Kern County.

The County states that meaningful stakeholder participation has been achieved and will continue to be ensured through the annual Community Planning Process and MHSA Stakeholder meetings. Data and outcome measures will be reviewed during stakeholder meetings throughout the course of the project. Stakeholders will be given an opportunity provide feedback on whether ongoing evaluation measures capture the intent of the project or need to be modified to further determine fidelity to the program purpose and intent.

This Innovation Project was shared with MHSOAC stakeholders beginning December 18, 2017. No letters of opposition or support were received.

Learning Objectives and Evaluation

Kern County has proposed implementing a peer-led recovery station program that will combine screening, access and linkage to services for individuals that present co-occurring mental health and substance use disorder needs. Specifically, GAD-7, PHQ-9, and Audit-C screening tools will be used to refer individuals into the appropriate services. The target population for the Healing Project will be English and Spanish-speaking individuals who are intoxicated and referred by law enforcement, emergency departments, mental health crisis units, and behavioral health treatment teams. The County estimates that they will serve at total of 1500 individuals at the two locations annually.

The County Has identified three main learning goals:

1. Evaluate the benefits of utilizing peer-led services in early intervention environments such as the proposed Healing Project.
2. Evaluate the benefits of short-term recovery stations toward engagement in follow-up services.
3. Determine the impact to law enforcement and other County resources of a recovery station as an alternative to arrests and crisis medical and mental health services.

In order to measure outcomes relative to the proposed learning questions, the County will utilize data from law enforcement records (i.e. number of arrests), electronic health records, client engagement (i.e. date and duration of service), as well as client surveys (i.e. satisfaction and likelihood to seek follow-up treatment). Intended outcomes of the Healing Project include: a reduction in arrests; a reduction in psychiatric evaluation center admissions for individuals under the influence in Bakersfield and Ridgecrest; 75% positive feedback from clients relative to the impact peer led services had on their likelihood to engage in follow up treatment; and 25% engagement in follow up treatment after first admission among those entering the Healing Project recovery station. **County may wish to further discuss how the intersection of law enforcement and the mental health community will work in order to support the intended outcomes stated above.** Data for the Healing Project will be collected by project staff, and evaluation reports will be completed by an outside evaluator.

The Budget

The proposed budget for this Innovation Project is \$14,685,510 over five (5) years.

The majority of the budget is going to the costs of personnel, which will be paid to mental health providers through a contractor to operate the two Recovery Stations.

Contracted personnel costs total \$9,907,935.

Staff required for the Bakersfield Recovery Station include: one (1) Unit Supervisor, one (1) Mental Health Therapist (LPHA), five (5) Mental Health Recovery Specialists, three (3) Certified or Registered Alcohol and Drug Counselors, two (2) clerical Office Service Technicians and also includes the cost for a 0.3 FTE Planning Analyst to provide monitoring and evaluation.

Staff required for the Ridgecrest Recovery Station include: one (1) Unit Supervisor, one (1) Mental Health Therapist (LPHA), three (3) Mental Health Recovery Specialists, three (3) Certified or Registered Alcohol and Drug Counselors, one (1) clerical Office Services Technician and a 0.3 FTE Planning Analyst to provide monitoring and evaluation.

County may wish to indicate how many peers will be hired for each station and include their classification.

The County lists total administration costs as \$2,548,075. The Administrative direct and indirect costs of \$509,615 per year includes the reporting of program data and outcomes, including information from the Community Planning Process.

County personnel costs are limited to a 0.6 FTE Planning Analyst who will provide internal program monitoring and evaluation. Internal evaluation will include collecting data from the electronic medical record, including information on duration of untreated mental illness, screening results and severity of symptomology, as well

as, survey information and data from outside entities. The external evaluator will receive compiled information and then determine and report on outcomes for the County.

The evaluation component will be partially contracted out and the County has allotted \$770,167 (5.2%) of the total budget (\$520,167 for internal evaluation and \$250,000 for external evaluation).

Additional costs include: operating expenditures (\$1,750,000) and non-recurring expenditures (\$229,500).

Regarding sustainability, outcomes from evaluation and stakeholder feedback will determine if the project proves to be a necessary and well-received benefit to the community. If outcomes and feedback are positive, the County will establish options for alternative funding sources including alternate MHPSA component funding.

County may wish to indicate who will be responsible for the staff training component, for peers and non-peers, and how staff will be supported on an ongoing basis to serve individuals presenting with co-occurring disorders.

Additional Regulatory Requirements

The proposed project appears to meet the minimum requirements listed under MHPSA Innovation regulations.

References

SAMHSA. (2014). *Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health*. Retrieved from:
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NIH (2010). *Comorbidity: Addiction and Other Mental Illnesses*. Retrieved from:
<https://www.drugabuse.gov/sites/default/files/rcomorbidity.pdf> Publication Number 10-5771

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