Merced County Behavioral Health and Recovery Services

MHSA Innovative Strategist Network Year 1 Evaluation Report

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Introduction

Project Overview and Learning Goals

Merced County Behavioral Health and Recovery Services (BHRS) developed the Innovative Strategist Network (ISN) program as part of their Mental Health Services Act (MHSA) Innovation (INN) plan. The ISN is a short-term 30-day integrated service coordination program wherein teams of interdisciplinary strategists work with underserved mental health services consumers to:

1. Identify consumers’ individual needs, recovery goals, and barriers to accessing care;
2. Provide barrier-free, consumer-driven treatment and case management to help address consumers’ unique needs and promote recovery while connecting consumers to longer-term care; and
3. Facilitate linkages and warm hand-offs to BHRS partners and community resources.

The MHSA INN project category and primary purpose of the ISN project are as follows:

**MHSA INN Project Category:** The ISN will apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

**MHSA Primary Purpose:** Increase access to services and promote interagency collaboration.

**Project Innovation:** The ISN will have the core value of timely care and uncomplicated entry into services. This project will study how the introduction of a model that utilizes principles from the “ABC Innovative Framework Model” (Appreciative Inquiry, Building Capacity and Care Coordination) can lead to opening the pathways to care and healing strategies.

The Merced County Board of Supervisors (BOS) approved the ISN project on February 23, 2017 and implementation of the five-year ISN program began in October 2018. BHRS contracted with Resource Development Associates (RDA) at the start of program implementation to conduct a five-year evaluation of the ISN program concluding in December 2023. This report is the first evaluation of the ISN for the period of October 2018 – June 2019 (FY18-19).

Learning Objectives

BHRS has developed five process and outcome learning objectives for the ISN:

1. How does the ISN, with the focus on strength-based strategies to open pathways to wellness, impact improved access to services and linkages to other providers?
2. How will developing an ABC framework, inclusive of the 4D (Discovery, Dream, Design, and Destiny) approach, impact positive client outcomes and stigma reduction?

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1 The 4D-Cycle model of Appreciative Inquiry is a strengths-based approach to short and long-term goal setting.
3. How does the development of a professional and knowledgeable Strategic/Innovative team build community capacity and care coordination?

4. How does the ISN increase the number of adults being served and provided adequate resources and services?

5. Does the ISN impact adults desiring improvements in their mental health and wellness by identifying resources and connections to appropriate care?

SMART Goals

In addition to this evaluation report, BHRS has also developed the following SMART (specific, measurable, attainable, relevant, and timely) goals to assess progress toward achieving program objectives:

- 80% of ISN consumers will be linked to appropriate resources and discharged from the ISN within 30 days
- 50% aggregate decrease in psychiatric symptoms, as measured through a clinical tool (e.g., Psychiatric Symptom Checklist, Hamilton Depression Rating Scale)
- 60% aggregate approval rate of overall program satisfaction, as measured by a consumer satisfaction survey
- 60% aggregate approval rate of quality of care, as measured by a consumer satisfaction survey

Merced County BHRS will be monitoring progress of these goals throughout the project.

Project Need

Through the MHSA Community Program Planning (CPP) process, BHRS identified the need to reduce barriers to accessing services, increase timely entry to services, improve system infrastructure and capacity, and increase system-wide care coordination and collaboration. To address these needs, BHRS proposed using Innovation funds to implement ISN teams for both the Children and Adult Systems of Care (SOC). The ISN is a new approach to service delivery that employs the core principles of the ABC Innovative Framework Model to help achieve program goals. Specifically, the program aims to minimize unnecessary barriers to treatment.

Project Description and Timeline

Target Population

The ISN intends to serve Merced County consumers of all ages with mental health needs (ranging from mild-to-moderate to serious mental illness) who are underserved and in need of short-term integrated services coordination and linkage to BHRS intra/interagency partners and other community resources.

In particular, the ISN aims to target underserved consumers who are:

- Disconnected from or not successfully participating in BHRS services, and/or
- Discharged from crisis services or inpatient hospitalization and require urgent medication support and/or connection to outpatient services.
Some of the barriers that consumers may experience in accessing and participating in services include, but are not limited to: limited availability of medical and health professionals, financial barriers, lack of family and community support, stigma and discrimination, cultural barriers, major life changes or disruptions in relationships, and distrust in the mental health system.

The ISN is not intended to supplant, or duplicate, existing BHRS services. Rather, the purpose of ISN is to fill service gaps as well as engage or reengage consumers who have experienced barriers accessing care. Consumers who are already connected to and actively engaging in BHRS services, or who are not yet open to BHRS but are eligible for other existing BHRS programs may not be eligible to receive ISN services.

**ISN Provider Teams**

There are two separate ISN provider teams: 1) an adult team (ISN) serving consumers aged 18 and older, and 2) a youth team (ISN-Y) serving consumers younger than 18. The ISN adult team is composed of BHRS providers, and the County is contracting with Sierra Vista Child and Family Services (Sierra Vista)—a non-profit, community-based provider—to provide ISN-Y services.

**ISN teams consist of an interdisciplinary team of direct service strategists, each of which have a unique skill-set designed to address gaps in service and support consumers’ varied needs.** The ISN adult team is composed of seven BHRS strategists, the primary responsibilities of which include:

- **Lead Strategist:** Program manager overseeing program operations and processes
- **Behavioral Health Strategist:** Mental health clinician conducting mental health assessment, evaluation, and therapy
- **Care Coordination Strategist:** Mental health worker supporting treatment/goal planning and providing intensive case management
- **Integrated Care Strategist:** Psychiatric nurse conducting medical assessment, providing medication management and support, and facilitating linkage to medical services and appointments
- **Family/Resource Strategist:** Family/community development partner facilitating meetings with consumers and support persons, providing mental health education, and outreaching to the community
- **Recovery Strategists (2):** Peer specialists outreaching to consumers, facilitating linkage to services and supports, and maintaining consumer records and documents

The ISN youth team is expected to serve fewer consumers and will therefore have a smaller team composed of a program manager and three strategists: Behavioral Health Strategist (mental health clinician), Family/Resource Strategist (family support partner), and Care Coordination Strategist (case manager).

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2 Although these are the primary responsibilities of each strategist, strategists work together to identify consumers’ needs, engage consumers and provide services as needed, and facilitate linkage to community services and supports.
ISN Services and Process Flow

The ISN provides a variety of services tailored to meet each consumer’s specific needs and may include, but are not limited to: therapy, medication management, case management, rehabilitative services, group sessions, family support and mental health education, transportation, advocacy, care coordination, and warm hand-offs to agency partners and community supports. If a consumer decompensates or their needs are more severe than can be safely served in an outpatient setting at any point during program enrollment, strategists will connect consumers to higher levels of care.

Once the team creates a care plan, consumers are connected with strategists who have the skillset and expertise to best meet their needs, and then begin ISN services. In most cases, multiple strategists work with one consumer. The ISN teams operate Monday-Friday, 8am-5pm, but may work after hours (with supervisor approval) if needed. To help reduce barriers to accessing ISN services, strategists often meet consumers in the field or at the consumer’s home or place of residence, although services are also provided at provider offices.

Figure 1 summarizes the ISN process flow. The referring parties and specific tasks may vary somewhat between the ISN and ISN-Y teams; however, the overall process is the same for both programs.

**Figure 1. ISN Program Process Flow**

**Implementation Timeline**

As mentioned, the BOS approved the ISN in February 2017, at which time BHRS began preparing for implementation in the Adult SOC. Figure 2 highlights key activities and accomplishments from the project start-up through the end of FY18-19.
Figure 2. ISN Implementation Timeline

Start-up (February 2017-October 2018)
- BHRS received approval for ISN project. BHRS began hiring ISN team members and developing outreach and referral materials

ISN Enrollment (October 2018-Present)
- The ISN began receiving referrals to the Adult ISN

ISN-Y Enrollment (May 2019-Present)
- Sierra Vista began receiving referrals to the ISN-Y
Evaluation Overview

Evaluation Questions

To guide this evaluation, RDA used BHRS’ identified learning objectives to develop targeted, measurable evaluation questions (EQ):

EQ1. How is BHRS implementing the ISN and who is the ISN serving?
EQ2. To what extent is the ISN improving access to and engagement in services?
EQ3. How is the ISN improving consumers’ experience of care?
EQ4. How is the ISN improving care coordination and communication among interagency partners?

Methods

RDA employed a mixed-methods evaluation approach (i.e., using both qualitative and quantitative data) to identify who is participating in the ISN, what services consumers are experiencing, and preliminary outcomes. This report includes information about both ISN and ISN-Y implementation as well as data about the adult ISN consumers who participated in services during the evaluation period, FY18-19. Since the ISN-Y began receiving referrals at the very end of this fiscal year, RDA will include information on ISN-Y service provision in the next report. More information about the evaluation approach and data sources is available in the evaluation plan, included in the Appendix.

Data Collection

Over the course of several planning meetings, BHRS and RDA worked together to identify expected measurable outcomes to address each evaluation question that would provide a comprehensive understanding of program activities and outcomes. RDA then worked closely with BHRS to identify appropriate data sources for each outcome measure. Table 1 summarizes the evaluation domains, outcome measures, and corresponding data sources.

<table>
<thead>
<tr>
<th>Evaluation Domain</th>
<th>Outcome Measures</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implementation</strong></td>
<td>Number of referrals, reasons for referrals, and types of referring parties</td>
<td>• ISN Referral Log</td>
</tr>
<tr>
<td></td>
<td>Number and demographic characteristics of consumers enrolled</td>
<td>• Electronic Health Records</td>
</tr>
<tr>
<td></td>
<td>Type and frequency of ISN services</td>
<td>• Focus groups with ISN strategists &amp; consumers</td>
</tr>
<tr>
<td></td>
<td>Successes and challenges implementing the ISN</td>
<td></td>
</tr>
<tr>
<td><strong>Service Access and</strong></td>
<td>Number of consumers who met ISN goals</td>
<td>• ISN Referral Log</td>
</tr>
<tr>
<td><strong>Engagement</strong></td>
<td>Number of consumers linked to services and types of services</td>
<td>• Electronic Health Records</td>
</tr>
<tr>
<td></td>
<td>Number of consumers engaging in BHRS services after ISN participation</td>
<td></td>
</tr>
</tbody>
</table>
At the conclusion of FY18-19, RDA worked with BHRS staff to collect data for this evaluation. RDA created a data request to obtain quantitative data from BHRS’ Electronic Health Record (EHR), Anasazi. RDA also received data from the ISN Referral Log and all consumer satisfaction surveys completed since the program’s inception. RDA conducted three focus groups with BHRS staff, BHRS managers, and ISN consumers on August 13-14, 2019. Focus groups probed for information on both the implementation of the ISN as well as staff and consumer experience with the adult ISN team in the first year. Additionally, to gather information on program implementation, RDA conducted key informant interviews with staff from the ISN and ISN-Y teams.

Data Analysis

To analyze the quantitative data (e.g., consumer characteristics and service utilization), RDA used descriptive statistics to examine frequencies and ranges. To analyze the qualitative data, RDA transcribed the focus group participants’ responses, and then thematically analyzed them to identify the commonalities and differences in participant experiences.
Implementation Update

Changes to Innovation Strategist Network during the Reporting Period

There were no changes made to the ISN project during FY18-19.

ISN-Y Implementation Updates

Merced County BHRS developed the Innovative Strategic Network for Youth (ISN-Y) program along with the adult ISN program as a result of the MHSA CPP process. The ISN-Y team provides similar services to the adult team including case management, short-term counseling, and service linkages. Since the ISN-Y focuses on youth under the age of 18 with mild to moderate mental health issues, a key component of the ISN-Y is the family-centered approach to their work. ISN-Y services regularly involve the family and the schools. Services may be provided at the family home, at school, in the community or at the ISN-Y offices.

In the first year of implementation, Merced County BHRS contracted with Sierra Vista, a non-profit provider of mental health services, to run the ISN-Y program. Moving forward, Sierra Vista will manage all aspects of the ISN-Y with oversight from BHRS staff.

In the months leading up to the program launch, the ISN-Y focused on finalizing their materials, training staff on the program model, and raising awareness of their services and how to make a referral. The ISN-Y finalized program tools such as the brief assessment form, consent form, intake form, and screening measures. The brief assessment form utilizes the 4D-Cycle model of Appreciative Inquiry. The ISN-Y team of strategists completed onboarding training to the 4D-Cycle model and how to employ the core principles of the ABC Innovative Framework Model in their delivery of services to youth and families. The ISN-Y team also focused on raising awareness of their program and services through brochures, flyers, and presentations. The team presented at meetings with the Public Health department, Mercy Hospital, the Strengthening Families meeting, and the Triage Access Team meeting. In each of these meetings, strategists presented in front of these audiences to talk about the services they provide and the criteria for eligibility. The ISN-Y focused efforts on the following referral paths: Mercy Medical Center, Los Banos Memorial Center, Merced County BHRS, Merced County Public Health, Aspiranet, and anyone open to Sierra Vista.

The ISN-Y launched their program on May 1, 2019, and as of June 30, 2019, had received one referral. As the program began ramp up, the ISN-Y team met together on an as-needed basis. Even though the program is just getting started, one strategist reported that, “the communication within the team works really well.” Strategists reported that the collaborative and supportive nature of their team is an important strength of the program. Since the end of the fiscal year, the ISN-Y has received a sharp increase in referrals, coinciding with the start of the school year.
ISN Implementation Updates

In the first year of the program, the ISN focused on all aspects of project launch, including hiring and training staff, and creating referral forms and other program instruments. In addition to awareness and education efforts described later in this report, the initial staff to join the ISN program focused their efforts on creating program tools and manuals to support service delivery. This included onboarding tools for new staff, resource binders, as well as assessment tools for use with consumers. During this time, ISN staff finalized a referral form, a brief assessment that incorporated the ABC Innovative Framework Model with a clinical component, and a full assessment (to be completed by staff for consumers within 30 days). Staff attributed the efforts of early ISN team members as a facilitator for more robust onboarding and orientation for those that started later.

A key accomplishment in the first year was the ISN team’s ability to create the data infrastructure for the ISN program. The ISN created a referral log to track all incoming referrals, made modifications to the Anasazi EHR, and modified BHRS’ consumer satisfaction survey. Since non-billable services are an important aspect to the program, one initial challenge was creating new codes within Anasazi for non-billable services. BHRS established non-billable codes in January that they fully implemented in March. There were also some initial challenges reconciling the data in Anasazi and the referral log, and ensuring there was a clearly documented feedback loop once a referral had been made. While ISN finalized most of the data infrastructure in the first year, data from this report will inform modifications to the referral log and continuous quality improvement efforts.

Throughout the first year of implementation, the ISN continued to look for new and innovative ways to interact with consumers in the community and provide field-based services. Since being able to provide robust service in the community is essential to the ISN model, the team looked for ways to implement the program that would maximize responsiveness to consumers. Initially, the team looked for petty cash reserves to pay for immediate consumer needs (e.g., clothing). They identified funds and a process to access petty cash wherein staff make a request to the project manager and receive funds within the same day. This has supported the team in assisting consumers with immediate barriers such as obtaining clothing for a job interview or paying for an identification card from the Department of Motor Vehicles. As the program implementation progressed, the team also strengthened their relationships with other agencies that already provided these services.
Progress Toward Learning Goals

Snapshot of ISN Consumers from Referral to Graduation

Figure 3 provides a brief overview of consumers referred to the ISN program during the first year of operation. The sections that follow dive deeper into each aspect of services provided from initial outreach to referral connections. Between October 2018 and June 2019:

- The ISN received 96 referrals for 93 unique consumers.
- The ISN team assessed each referral and accepted the vast majority into the program (89%).
- Of the 85 accepted referrals, 29% were still open and the remaining 71% were closed.
- For the majority of closed cases (67%), consumers had met their ISN objectives and graduated the program. The remaining one-third of consumers (33%) did not meet their ISN objectives and were discharged from the program. Among consumers discharged from the ISN program, the most common reasons were inability to locate consumer, consumer refusal, or noncompliance with services.

Figure 3. ISN Referral and Enrollment Flow Chart, October 2018-June 2019

96 Consumers Referred to ISN
11 Referrals Denied
85 Referrals Accepted

25 Consumers Open
40 Consumers Graduated

60 Consumers Closed
20 Consumers Discharged

89% Accepted
67% Graduated

3 Referrals reflect 93 unique consumers as three were re-referred to the ISN.
Program Awareness

In the first year, the ISN increased awareness of the program through a number of avenues, including flyers, emails to BHRS staff, attendance at BHRS management meetings, and in-person interactions with the BHRS staff. BHRS designed the ISN to employ a “no wrong door” approach to mental health care with a number of pathways available for referring consumers to the program. In the first year of the ISN program, the team focused on raising awareness of the new program within the BHRS Adult SOC, BHRS ACCESS and Central Intake, BHRS Crisis Services, and Marie Green Psychiatric Center. The ISN team relied on both formal and informal ways of raising awareness about their services. Since the ISN is co-located in the same building as many other services, the ISN staff were able to provide in-person consultations to raise awareness of the program and educate others on the services offered. Initially, the ISN team also conducted presentations to leadership and conducted site visits out to various outpatient and satellite locations to inform BHRS staff of the new program.

Not surprisingly, BHRS programs that had more interaction with the ISN team were more aware of the new program. Some BHRS program managers noted that they did not know the current ISN staff, since ISN had conducted most of the awareness and education site visits to their locations early in the program’s start-up. As the ISN moves toward increasing the number of referral paths in the second year and expands referrals from non-BHRS staff, it will be important to re-energize awareness-raising efforts.

Referral and Initial Contact

Since December, the ISN has received a steady stream of referrals. As expected, referrals were slower during the first two months of program implementation, but then increased during the third month and remained steady thereafter. As shown in Figure 4, the ISN has been steadily receiving between 9 and 13 referrals monthly since December. From program start in October 2018 through the end of the fiscal year in June 2019, the ISN received 96 total referrals. On average, the ISN received 11 referrals per month during the first year of operation (with a range of 4 to 16 referrals).

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Once we understood what the program was for, we knew who to recommend. We learned from interacting with the ISN staff to get clarification on our end. Just communicating with the ISN helped a lot.

-BHRS Manager

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Figure 4. ISN Referral Volume per Month (N=96)
The ISN treated the referral process as a way to educate partner agencies about who to refer to the program. The ISN’s responsive and interactive communication with others at BHRS helped to overcome initial challenges around understanding the program. One initial challenge is that the ISN cannot supplant (i.e., duplicate) existing BHRS services. This can lead to confusion for BHRS staff in understanding what criteria are acceptable for ISN services and the true intent of the ISN. For example, if a consumer is not receiving services due to BHRS system capacity, the ISN cannot step in to provide services. However, if a consumer has multiple crisis events but does not connect to follow-up services, the ISN can step in to bridge the gap in services and connect the consumer to ongoing care. Throughout program implementation, the ISN staff encouraged potential referral parties to reach out with any questions about the program and make referrals even when there was uncertainty. This allowed additional opportunities for the ISN to network and educate. It also increased the perception of the ISN as a welcoming team, which facilitated their program awareness efforts.

Referrals to the ISN have mirrored their outreach focus, with the majority of referrals coming from BHRS Adult SOC providers, Crisis, and Inpatient programs. As shown in Table 2, almost half of referrals (46%) came from either Marie Green Psychiatric Center or the BHRS Crisis teams. The second largest share of referrals (42%) came from Outpatient programs including the Adult SOC, Intake/Point of Entry (POE), and the Wellness Center or other outpatient programs. Other BHRS outpatient programs that have provided referrals to the ISN included the Dual Diagnosis Program and the Children’s System. The ISN also received a small number of referrals from other non-BHRS programs and agencies—including New Direction, CalWorks, Sierra Vista, and the Public Guardian.

I think when the program started, I would send referrals and got a sense they did not meet criteria... I got information back about why they were not accepted. That helped me to organize the referral in terms of what they were looking for.

-BHRS staff

| Table 2. Types of ISN Referring Parties, N=96 Referrals |
|---------------------------------|----------|-------|
| **Local Crisis and Inpatient Programs** | Count | Percent |
| Marie Green Psychiatric Center | 28 | 29% |
| BHRS Crisis Teams | 16 | 17% |
| **Outpatient Programs** | Count | Percent |
| Adult System | 18 | 19% |
| Intake/Point of Entry (POE) | 12 | 13% |
| Wellness Center/Other Outpatient Programs | 10 | 10% |
| **Other Non-BHRS Programs and Agencies** | Count | Percent |
| Unknown/BHRS Programs and Agencies | 10 | 10% |
| Unknown/Not Reported | 2 | 2% |
| **TOTAL** | 96 | 100% |
Referral Response Time

The ISN team designed the referral process to be as responsive as possible. Referring parties email or fax the referral form to the ISN team’s lead strategist. Each day, the team convenes in a “daily huddle” to review and discuss any new referrals, including the reason for referral, the barriers to care the consumer is experiencing, and the consumer’s service history to ensure the consumer is not already actively participating in services. Using this information, the team determines whether the consumer is appropriate for ISN services. The lead strategist will then respond to the referring party to notify them if they accepted referral, ask for additional information, or explain why the team rejected the referral. The ISN team aims to respond to the referring party within 24 hours of referral receipt to begin engaging eligible consumers as quickly as possible.

Referring parties perceive the ISN team to be extremely responsive to incoming referrals. Most of the time, the ISN responded to the referring party within one day of the referral (63%). Overall, the average response time was 2.5 days (with a range of less than one day to 20 days). For approximately one-quarter of referrals, the ISN responded to the referring party after four or more days. However, it is likely that these data do not capture the ISN’s full level of responsiveness. Typically, the ISN records the response once a determination about referral eligibility has been made. In cases where there is uncertainty around ISN eligibility, there can be back and forth communication with the referring party prior to recording a formal response in the referral log. As a result, the response time may appear longer, and does not reflect the actual time it took for the ISN to initially respond to the referring party. Moving forward, the ISN may wish to modify the way they capture response data to include both the initial and formal responses.

Figure 5. ISN Referral Response Time, N=96 Referrals

The ISN was really pivotal in the moments we worked with them. The feedback was phenomenal. They process the referrals really quickly and we knew what the next step would be. They’re very helpful.

-BHRS Staff
Consumer Profile

The ISN served a diverse group of consumers. As mentioned, 85 consumers enrolled in the ISN program during FY18-19. While the majority of consumers (62%) served by ISN were adults between 26 and 59 years old (with an average age of 41), the ISN also served transition age youth (22%) and older adults (15%) (Table 3). Slightly over half of ISN consumers were female (55%). Almost half of consumers were white (47%), 15% were Black/African American, and 6% were Asian/API. Forty-percent (40%) of consumers identified their ethnicity as Hispanic/Latinx. Most consumers (69%) were from the City of Merced, and one in four consumers (24%) were homeless during the time they received services.

<table>
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<tr>
<th>Category</th>
<th>Count</th>
<th>Percent</th>
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<td>26-59</td>
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<td>English</td>
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<td><strong>City of Residence</strong></td>
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<td>Merced</td>
<td>49</td>
<td>69%</td>
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<td>Atwater</td>
<td>7</td>
<td>10%</td>
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<tr>
<td>Los Banos</td>
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<td>9%</td>
</tr>
<tr>
<td>Other (Livingston, Winton, Chowchilla, Gustine)</td>
<td>9</td>
<td>12%</td>
</tr>
</tbody>
</table>

4 Due to small numbers, veteran status demographics are not included to protect consumer anonymity. Data regarding sexual orientation were not available for this report, but RDA and BHRS are exploring ways to obtain this data for future reports.
Behavioral Health Diagnoses and Trauma History

The ISN is serving consumers with serious mental illness, many of whom also have a history of trauma and/or co-occurring substance use disorders. As shown in Figure 6, the most common primary mental health diagnosis among ISN consumers is schizophrenia or other psychotic disorders (41%), followed by mood disorders—including depressive disorders (27%) and bipolar disorders (14%). A smaller subset of consumers had a primary diagnosis of anxiety, panic, or adjustment disorders (7%) or post-traumatic stress disorder (6%), while 4% of consumers had another mental health disorder diagnosis. In addition to these behavioral health diagnoses, over half of consumers (61%) reported a history of trauma and nearly one-quarter (24%) had a documented co-occurring substance use disorder.

Types of Barriers Experienced

Most consumers who received ISN services (68%) experienced more than one type of barrier to services. As shown in Figure 7, the most common barriers to accessing care included family or social support needs (46%), poor mental health coping or insight (41%), and medication noncompliance (37%). A sizable number of consumers also had housing and transportation barriers (23% for each). Staff identified these barriers from the referral form as well as through information obtained during the referral process and entered in the ISN referral log. However, there are likely additional barriers that staff identify during the course of providing ISN services, which are not recorded in the data sources used for this evaluation and may indicate a potential area for continuous quality improvement.

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5 Mental health diagnosis information was unavailable for two consumers.
Program Services

The ISN provided a variety of services tailored to meet each consumer’s specific needs to decrease barriers and connect consumers to the appropriate mental health and community-based services. As shown in Table 4, consumers received a variety of non-billable and billable services. Nearly all consumers received outreach/linkage (84%) and case management/brokerage (71%) services. Additionally, almost half of consumers received plan development (46%) and transportation (41%) services. ISN provided consumers other services such as therapy, medication management, and advocacy support as needed. Consumers who have worked with the ISN described their support with a numbers of services. The most commonly mentioned supports included help with making and attending appointments, medication support, and helping to connect consumers with other needed services, such as housing support.

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6 Barrier information was not reported for seven consumers who enrolled toward the end of the evaluation period.

7 ISN service information was unavailable for three consumers, limiting service findings to 82 consumers.

---

Working with [the ISN, they take me] to doctors, appointments, get my meds... It’s been a while since I’ve been with them, but I bump into them from time to time and they let me know they are there for me. They bring joy to me.

– ISN Consumer
BHRS staff, other referring parties, and consumers consistently reported the ISN team’s flexibility to meet people where they are at (literally and figuratively) as an important program strength. ISN staff typically begin providing services within two days of program enrollment (with an average of 1.6 days). ISN staff are able to pick up a consumer at their home, bring them to appointments, and provide other types of integrated support that are not available through all programs. The ISN provided the vast majority of all services directly with the consumer (80%) in face-to-face (91%) contacts. The ISN provided 55% of the face-to-face services in the community, and provided 45% in the office. As one example of providing face-to-face consumer services, an ISN staff member may bring a consumer to POE for an assessment, and then stay with them for several hours to help the consumer feel comfortable while being assessed.

The ability to provide non-billable services is a key component to the ISN model and allows the program the flexibility to provide services to consumers in a responsive and consumer-centered way. As shown above in Table 4, all consumers received non-billable services (100%) and the majority of consumers also received billable services (76%). Additionally, among all ISN services provided during the reporting period, 67% were non-billable, while 33% were billable. As shown in Figure 8, non-billable services increased during the first year of the program. While some of this increase is due to changes in both data collection practices and staffing, it also represents the importance of providing services such as case management, transportation, and other non-billable supportive services to consumers. During the last three months of the year, between 74 and 80 percent of services were non-billable.

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8 Patient-related activity relates to a series of non-billable activities provided early in the program such as transportation, advocacy, and linkage. This will not be used to capture data moving forward.
Service Intensity and Frequency

The ISN provided an intensive level of services to enrolled consumers, with each consumer receiving an average of 4 hours of service each week of enrollment. On average, ISN consumers received more than three services per week (3.4 on average) lasting just over one hour per service (1.1 hours on average), equating to approximately four hours of service each week. Among the 82 consumers for whom service data was available, the ISN provided 1,667 services totaling 1,915 hours from October 2018 through June 2019.

The ISN maintained high service intensity with consumers, even as the program census increased steadily during the same period, as shown in Figure 9. BHRS staff and managers attributed the ISN’s ability to maintain high service intensity to the team’s strong collaboration communication. The ISN approach allows for coverage during staffing changes as team members can seamlessly step into each other’s roles.
Enrollment Length

Most consumers stayed in the program for longer than the intended length of 30 days. As of the end of this evaluation reporting period, the average enrollment length was 40 days, but varied widely from 4 to 94 days. Two-thirds of consumers (65%) remained enrolled in the program for longer than 30 days, which is the designed target period for the program (Figure 10). Among consumers who graduated (n=40), 50% remained enrolled in the program for longer than 30 days before graduating and 25% remained enrolled for longer than 60 days before graduating. The remaining 25% graduated within 30 days of enrollment.

Some consumers may need more than 30 days in the program before being graduation ready. This finding is consistent with reports from the ISN staff as well as BHRS staff and managers. While BHRS designed the ISN to be a short-term 30-day program, some consumers need more than 30 days to successfully complete their goals and connect to services. In part, this is due to the time it may take to connect a consumer to services, such as psychiatry. The ISN recognizes that a key component of the program design is to be short-term, yet the program must also be flexible enough to overcome the barriers consumers face to successfully link consumers to services. The ISN is currently in the process of determining the optimal length of the program.

Figure 10. ISN Consumer Enrollment Length (N=85)

Some consumers may need more than 30 days in the program before being graduation ready. This finding is consistent with reports from the ISN staff as well as BHRS staff and managers. While BHRS designed the ISN to be a short-term 30-day program, some consumers need more than 30 days to successfully complete their goals and connect to services. In part, this is due to the time it may take to connect a consumer to services, such as psychiatry. The ISN recognizes that a key component of the program design is to be short-term, yet the program must also be flexible enough to overcome the barriers consumers face to successfully link consumers to services. The ISN is currently in the process of determining the optimal length of the program.

All consumers enrolled for less than 14 days began ISN services near the end of the reporting period and were still enrolled at the end of the reporting period. No consumers graduated or were discharged in less than 14 days.
Graduation and Service Linkage

Among the 60 consumers who exited the ISN program by the end of the reporting period, two-thirds (67%) met their ISN objectives and graduated the program. The ISN aims to assist consumers in attaining their goals and link them to ongoing services. ISN linked all consumers who graduated to longer-term BHRS services. Beyond BHRS services, the ISN supported half of consumers who graduated (53%) to connect to other community services. The most common non-BHRS service linkages included human services or other benefits support, followed by primary care or medical services (Figure 11). Since the ISN staff currently document service linkage in the referral log, the team may wish to revisit their documentation process to ensure it is representative of all of the service linkages provided during the program period and is up to date upon graduation or discharge.

Figure 11. Types of Community Service Linkages among ISN Consumers who Graduated, N=60 Consumers

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Percent of Consumers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services Agency or Benefits</td>
<td>23%</td>
</tr>
<tr>
<td>Primary Care or Medical Services</td>
<td>18%</td>
</tr>
<tr>
<td>Housing and Homeless Services</td>
<td>10%</td>
</tr>
<tr>
<td>Family Support</td>
<td>8%</td>
</tr>
<tr>
<td>Employment or Education Support</td>
<td>5%</td>
</tr>
<tr>
<td>Other Services or CBOs</td>
<td>8%</td>
</tr>
</tbody>
</table>

Consumer Impact Story

An older adult consumer was referred to the ISN for being non-medication compliant and lacking family or social support. The ISN team attempted several wellness checks, but could not seem to locate him. The ISN team did not give up and was persistent in their efforts to reach the consumer. They finally found him at his home, immobile and in need of immediate medical attention. Once his condition had stabilized, the ISN team relinked him to services through the Adult System of Care (ASOC) at BHRS. Since then, the consumer has been recovering and accessing BHRS services.

BHRS staff and consumers consistently reported that they viewed ISN as an important resource to provide service linkage to consumers. For consumers presenting at POE or Crisis services who are unlikely to engage in follow-up services and may be at risk of decompensation, BHRS staff reported that ISN provided critical support for consumers to stay engaged in services. Similarly, for the Adult SOC, the ISN can be an important bridge for those consumers who may need short-term intensive services to reconnect.
Consumer Impact Story

A TAY consumer was referred to the ISN for linkages to medical and psychiatric services and interim support after undergoing a crisis situation. While waiting for her medical and psychiatric appointments, the ISN team connected the consumer to an employment program in her field of interest. They also supported her continued involvement in the program by providing transportation and education on how to navigate the City’s bus system for future use. The consumer also struggled with social anxiety to the point that it prevented her from fully engaging in the employment program. Strategists worked with the consumer to help her develop coping skills to manage her anxiety when participating in classroom discussions. The consumer graduated from the ISN after successfully connecting to medical and psychiatric services, completing the employment program, and obtaining a job. Since discharge from the ISN, the consumer has also been more comfortable and active with engaging in other BHRS services.

Consumer Experience

Overall, consumers who completed the satisfaction survey were very satisfied with program services. The ISN measures consumer satisfaction through a survey they attempt to administer to each consumer upon exiting the program. As of June 30, 2019, 30 consumers completed the satisfaction survey. Almost every consumer who completed the satisfaction survey reported they would recommend the services received to family and friends and would still get services from ISN even if they had other choices (Figure 12). In general, consumers were very satisfied with the ease of using ISN services and the quality of care. While most consumers reported experiencing improved outcomes, 17% disagreed that their symptoms were not bothering them as much and 6% did not feel they were doing better in daily life. This is not surprising as consumers are presenting with multiple needs varying in severity, and the main goal of the program is to connect consumers to ongoing services. These findings are consistent with consumer reports gathered in the focus group and presented throughout this report.
Interagency Care Coordination and Communication

Preliminary data from BHRS staff indicate the program is supporting increased coordination and communication within the BHRS system. Interagency care coordination and communication is a key facet of ISN services. Reports from BHRS staff indicate that the collaborative model starts from within the team. The ISN team’s own collaborative approach has assisted them in being responsive and invested in serving BHRS consumers, even when staffing on the team has fluctuated. As mentioned above, the team’s consistency appears to have built trust from others at BHRS.
The ISN also brings their collaboration skills into their work with partners at BHRS. For example, ISN staff attend the interdisciplinary team meetings at the Marie Green Psychiatric Center. In addition, BHRS staff reported that the ISN team is critical in coordinating with the medical service teams when they are bringing consumers into appointments at BHRS and connecting with nurses and doctors. That said, as this is a new program, the ISN will continue to grow and refine coordination within BHRS and the broader community. As mentioned earlier, collaboration tends to be stronger with those that work in the same BHRS buildings and more coordination with BHRS outpatient and satellite sites may be needed in future years.

The ISN has an awesome ability to collaborate with each other and take a team approach to everything.

-BHRS Manager
Conclusion

The ISN and ISN-Y have accomplished a tremendous amount in the first year of implementation. For the ISN, the program was able to launch and begin serving consumers, while the ISN-Y has assembled a new program and is ready to begin providing services in year two.

ISN-Y

In May 2019, the ISN-Y launched the new program and by the end of June 2019 had received their first referral. In FY19-20, the ISN-Y will focus on refining the referral process, providing services, and finalizing data collection efforts. RDA staff will work with the ISN-Y team to gather quantitative data mid-year for continuous quality improvement efforts prior to the second annual evaluation report.

ISN

In the first year of operation, the ISN developed and launched a new program, and successfully graduated 40 consumers. Between October 2018 and June 2019, the ISN received 96 referrals for 93 unique consumers. The ISN team assessed each referral and accepted the vast majority into the program (89%). For the majority of closed cases (67%), consumers had met their ISN objectives and graduated the program. Preliminary data also show progress on a number of the program’s objectives. The program does appear to be assisting BHRS reduce system barriers, increase collaboration, and increase access to services for some of the County’s most vulnerable consumers.

As the ISN enters the second year, the team may wish to use findings from this report to inform continuous quality improvement efforts. This may include refining the data entered in the referral log and beginning to define how to measure consumer outcomes not presented here, such as ongoing engagement to services. Additionally, the ISN will be looking toward both re-energizing awareness efforts within BHRS outpatient and satellite locations and opening up services to new referral parties. It will be important to think about how increasing numbers of referrals will affect service design and team capacity. As of now, the ISN has been able to accept almost all referrals into the program, but that may not be the case in the second year. Examining how to triage referrals may be needed if growth exceeds capacity.
Introduction

Merced County Behavioral Health and Recovery Services (BHRS) developed the Innovative Strategist Network (ISN) program as part of their Mental Health Services Act (MHSA) Innovation plan. At their core, MHSA programs are intended to provide counties with funding to create fundamental changes to the access and delivery of mental health services. The goal of MHSA Innovation (INN) programs are to test novel approaches and interventions created by local communities through an inclusive Community Program Planning (CPP) process.

Through the CPP process, BHRS identified the need to reduce barriers to accessing services and improve timely entry to services, improve system infrastructure and capacity, and improve system-wide care coordination and collaboration. To address these needs, BHRS proposed implementing the ISN in the Children and Adult Systems of Care.

ISN Program Description

The ISN is a short-term (30-day), intensive outpatient program wherein a team of interdisciplinary strategists work with underserved consumers to:

1. Identify clients’ individual needs, recovery goals, and barriers to accessing care;
2. Provide barrier-free, consumer-driven treatment and case management to help address clients’ unique needs and promote recovery while connecting clients to longer-term care; and
3. Facilitate linkages and warm hand-off to BHRS partners and community resources.

The ISN is a new approach to service delivery that employs the core principles of the ABC framework—appreciative inquiry, building capacity, and care coordination—to help achieve program goals. Specifically, the program aims to minimize unnecessary barriers to treatment to achieve the following key objectives:

- Increase access to services, specifically among underserved groups,
- Provide timely care and uncomplicated entry into the system of care
- Improve quality of services and client experience of care,
- Promote interagency collaboration and care coordination, and ultimately
- Improve client wellness and recovery outcomes.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the ISN project on February 23, 2017 and Merced County BHRS began implementation of the five-year ISN program in October 2018. At this time, BHRS also contracted Resource Development Associates (RDA) to conduct a five-year evaluation of the ISN program concluding in December 2023. The ISN evaluation is intended to 1) help BHRS measure and assess program outcomes and impact, 2) support data-driven decisions about
program implementation and continuation, and 3) comply with INN regulatory and reporting requirements.

**ISN Program Overview**

**Target Population**

The ISN is intended to serve Merced County residents of all ages with mental health needs (ranging from mild-to-moderate needs to serious mental illness) who are underserved, and in need of short-term intensive services and linkage to BHRS intra/interagency partners and other community resources.

In particular, the ISN aims to target underserved individuals who are:

- Disconnected from or not successfully participating in BHRS services, and/or
- Discharged from crisis services or inpatient hospitalization and require urgent medication support and/or connection to outpatient services.

Some of the barriers that individuals may experience in accessing and participating in services include, but are not limited to: limited availability of medical and health professionals, financial barriers, lack of family and community support, stigma and discrimination, cultural barriers, major life changes or disruptions in relationships, and distrust in the mental health system.

The ISN is not intended to supplant, or duplicate, existing BHRS services. Rather, the ISN is designed to fill service gaps as well as engage or reengage consumers who have experienced barriers accessing care. Individuals who are already connected to and actively engaging in BHRS services, or who are not yet open to BHRS but are eligible for other existing BHRS programs may not be eligible for ISN services.

**ISN Strategists**

There are two separate ISN teams: 1) an adult team serving individuals aged 18 and older, and 2) a youth team serving individuals younger than 18. The ISN adult team is composed of BHRS providers, and the County is contracting with Sierra Vista Child and Family Services (a non-profit, community-based provider) to provide ISN youth (ISN-Y) services.

**ISN teams consist of an interdisciplinary team of direct service strategists, each of which have a unique skill-set designed to address gaps in service and support clients’ varied needs.** The ISN adult team is comprised of seven BHRS strategists, the primary responsibilities of which include: ¹⁰

- **Lead Strategist:** Program manager overseeing program operations and processes
- **Behavioral Health Strategist:** Mental health clinician conducting mental health assessment, evaluation, and therapy
- **Care Coordination Strategist:** Mental health worker supporting treatment/goal planning and providing intensive case management

¹⁰Although these are the primary responsibilities of each strategists, strategists work together to identify consumers’ needs, engage consumers and provide services as needed, and facilitate linkage to community services and supports.
• Integrated Care Strategist: Psychiatric nurse conducting medical assessment, providing medication management and support, and facilitating linkage to medical services and appointments
• Family/Resource Strategist: Family/community development partner facilitating meetings with clients and support persons, providing mental health education, and outreaching to the community
• Recovery Strategists (2): Peer specialists outreaching to clients, facilitating linkage to services and supports, and maintaining client records and documents

The ISN youth team is expected to serve fewer consumers and will therefore have a smaller team comprised of a program manager and three strategists: Behavioral Health Strategist (mental health clinician), Family/Resource Strategist (family support partner), and Care Coordination Strategist (case manager).

ISN Program Activities

Figure 1 below summarizes the ISN process flow. The following sections provide more in-depth information regarding program components and processes. The referring parties and specific processes may vary somewhat between the ISN adult and youth teams; however, the overall process is the same between the adult and youth teams.

Figure 13. ISN Program Process Flow

Referral to ISN

Referring Parties. In an effort to reduce barriers to accessing care, the ISN strives to employ a “no wrong door” approach to mental health care wherein individuals can be referred to the ISN through a number of pathways. Current referral pathways are described below; however, the ISN may expand referral pathways as implementation progresses.

• BHRS Adult and Child Systems of Care: Program managers and clinicians in BHRS clinics and programs, school-based programs and services, Outreach and Engagement teams, the Single Accountable Individual (SAI), and other BHRS programs may make referrals to the ISN teams.
• **BHRS ACCESS and Central Intake:** ACCESS and Central Intake are BHRS points of entry for individuals seeking mental health services.

• **BHRS Crisis Services:** Crisis services include triage staff co-located at hospital emergency departments to respond to mental health emergencies, mobile crisis response teams, and the crisis stabilization unit.

• **Inpatient Psychiatric Facilities:** Staff from Marie Green Psychiatric Center as well as out-of-county psychiatric hospitals may refer Merced County residents who are being discharged.

• **Local Medical Hospitals:** Staff from local medical hospitals may refer children and youth with mental health needs who are being discharged.

• **Department of Public Health:** Public health nurses may refer teen moms or families with children who have mental needs and are experiencing barriers to service.

• **Substance Use Counselors:** This includes BHRS substance use counselors co-located at primary care settings who may refer individuals with co-occurring needs.

• **New Direction:** New Direction is an outreach and engagement center for individuals who are homeless or at risk of homelessness, some of whom may have co-occurring mental health needs.

**Referral Process.** Referrals are emailed or faxed to the Lead Strategist. Each day, the strategists convene in a “daily huddle” to review and discuss any new referrals—including reviewing the reason for referral, reviewing the barriers to care the individual is experiencing, and examining the individual’s service history to ensure the individual is not already actively participating in services.

Using this information, the team will determine whether the individual is appropriate for ISN services. The Lead Strategist will then respond to the referring party to notify them the referral was accepted or explain why the referral was rejected. The ISN teams aim to respond to the referring party within 24 hours of referral receipt to begin engaging eligible clients as quickly as possible.

**ISN Intake Process**

**Initial Outreach.** If an individual appears to meet program criteria and the referral is accepted, a strategist—typically a recovery strategist—outreaches to the referred individual within approximately 24 hours of the referral being accepted to introduce the program and start building rapport. If the individual can be reached and consents to ISN services, the strategists begin the intake and assessment process.

**Intake and Assessment.** During the intake and assessment process, strategists conduct an interdisciplinary team (IDT) meeting with the client, the client’s family members, or other support persons. As part of this meeting, strategists utilize principles of appreciate inquiry through the “4 Ds” to understand clients’ needs and goals. The 4 Ds include:

• **Discovery:** what brought the client to the program and what the client is currently experiencing

• **Dream:** what the client needs and would like to achieve

• **Design:** what the client (or other support persons) is doing or could do to promote the client’s wellness and recovery

• **Destiny:** what the ISN can do to support the client
If the client is not open to BHRS services, the clinician will also conduct a clinical assessment to evaluate the individual’s mental health needs and identify the appropriate level of care. Through this intake and assessment process, the ISN works in partnership with clients to design an individualized care plan that is responsive to each client’s unique needs, leverages client’s strengths, and supports clients in their recovery goals.

ISN Services and Program Discharge

ISN Services. Once a care plan has been created, clients are connected with strategists who have the skillset and expertise to best meet client’s needs, and then begin ISN services. In many cases, multiple strategists work with one client. The ISN teams operate Monday-Friday, 8am-5pm, but may work after hours if needed. To help reduce barriers to accessing ISN services, strategists often meet clients in the field or at the client’s home or place of residence, although services are also provided at BHRS offices.

The ISN team provides a variety of services tailored to meet each client’s specific needs and may include, but are not limited to: therapy, medication management, case management, rehabilitative services, group sessions, family support and mental health education, transportation, advocacy, care coordination, and warm hand-offs to agency partners and community supports. If clients decompensate or their needs are more severe than can be safely served in an outpatient setting at any point during program enrollment, strategists will connect clients to higher levels of care.

Discharge. Clients continue ISN services until they are successfully connected to the appropriate mental health services or supports. As mentioned, the program is intended to last up to 30 days; however, services may be extended beyond 30 days if more time is required to successfully link clients to services.

Evaluation Overview

Learning Objectives and SMART Goals

BHRS seeks to learn how and whether the ISN is achieving its intended outcomes. To inform the evaluation, BHRS developed the following learning objectives:

- How does the ISN, with the focus on strength-based strategies to open pathways to wellness, impact improved access to services and linkages to other providers?
- How will developing an ABC framework, inclusive of the 4D approach, impact positive client outcomes and stigma reduction?
- How does the development of a professional and knowledgeable Strategic/Innovative team build community capacity and care coordination?
- How does the ISN increase the number of adults being served and provided adequate resources and services?
- Does the ISN impact adults desiring improvements in their mental health and wellness by identifying resources and connections to appropriate care?
BHRS also developed the following SMART (specific, measurable, attainable, relevant, and timely) goals to assess progress toward achieving program objectives:

- 80% of ISN consumers will be linked to appropriate resources and discharged from the ISN within 30 days
- 50% aggregate decrease in psychiatric symptoms, as measured through a clinical tool (e.g., Psychiatric Symptom Checklist, Hamilton Depression Rating Scale)
- 60% aggregate approval rate of overall program satisfaction, as measured by a consumer satisfaction survey
- 60% aggregate approval rate of quality of care, as measured by a consumer satisfaction survey

**Evaluation Questions**

To further guide the evaluation, RDA used these learning objectives and SMART Goals to develop targeted evaluation questions. The evaluation questions (EQ) are listed below:

EQ1. How is BHRS implementing the ISN and who is it serving?
EQ2. To what extent is the ISN improving access to and engagement in services?
EQ3. How is the ISN improving consumers’ experience of care?
EQ4. How is the ISN improving care coordination and communication among interagency partners?

**Theory of Change**

The evaluation is informed by the ISN’s theory of change framework (**Figure 14**), which outlines the program activities and intended outcomes.
Evaluation Strategy

RDA will implement a mixed methods evaluation that is collaborative, adaptive, and emphasizes continuous quality improvement.

- **Mixed Methods.** A mixed methods approach utilizes both qualitative and quantitative data to explore the research questions. Mixed methodology allows the evaluator to identify the correlation between program engagement and outcomes, as well as identify the strengths and challenges from the perspective of participants and providers.

- **Collaborative.** RDA conceptualizes its role as research partners rather than outside evaluators. In this approach, RDA will collaborate with BHRS to articulate program goals, develop outcome measures, and interpret and respond to evaluation findings.

- **Continuous Program Improvement.** RDA will work with BHRS to build capacity for evaluation and engage in ongoing continuous program improvement. Continuous program improvement is a framework by which evaluation is not a one-time event, but an ongoing way of providing data for the program to use to strengthen program design and implementation. This allows program staff to make programmatic adjustments in real-time.

- **Adaptive.** As the program is implemented, evaluation activities may evolve in response to the realities of the program as implemented. This flexibility will allow the evaluation approach to be relevant and responsive to the program’s emerging needs.

Data Collection and Analysis

BHRS and RDA worked together to identify expected measurable outcomes to address each evaluation question and provide a comprehensive understanding of program activities and outcomes. The following table summarizes the evaluation domains, outcome measures, and corresponding data sources. Data sources will be described in greater depth in the following section.

<table>
<thead>
<tr>
<th>Evaluation Domain</th>
<th>Outcome Measures</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation</td>
<td>Number of referrals, reasons for referrals, and types of referring parties</td>
<td>• ISN Referral Logs&lt;br&gt;• Electronic Health Records&lt;br&gt;• Focus groups with ISN Strategists &amp; Consumers</td>
</tr>
<tr>
<td></td>
<td>Number and demographic characteristics of individuals enrolled</td>
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</tr>
<tr>
<td></td>
<td>Type and frequency of ISN services</td>
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</tr>
<tr>
<td></td>
<td>Successes and challenges implementing the ISN</td>
<td></td>
</tr>
<tr>
<td>Service Access and Engagement</td>
<td>Number of individuals who met ISN goals</td>
<td>• ISN Referral Log&lt;br&gt;• Electronic Health Records &amp; Service Databases&lt;br&gt;• Focus groups with ISN Strategists &amp; Consumers</td>
</tr>
<tr>
<td></td>
<td>Number of individuals linked to services and types of services</td>
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<tr>
<td></td>
<td>Number of individuals engaging in BHRS services after ISN participation</td>
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<td></td>
<td>Successes and challenges connecting to services and/or meeting clients’ ISN goals</td>
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<td>Evaluation Domain</td>
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<td><strong>Experience of Care</strong></td>
<td>Client experience of and satisfaction with ISN services, and how ISN services have</td>
<td>Focus groups with ISN Consumers</td>
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<td></td>
<td>differed from other services</td>
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<td></td>
<td>Clients’ perceived impact of ISN services and changes in recovery outcomes</td>
<td>Satisfaction Surveys</td>
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<tr>
<td><strong>Care Coordination and Collaboration</strong></td>
<td>Types of ISN partner agencies and new partnerships formed</td>
<td>Focus groups with ISN Strategists &amp; Partners</td>
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<td></td>
<td>Partner agency experience of working with ISN</td>
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<td></td>
<td>Partner agency perceived changes in care coordination, collaboration, and service</td>
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<tr>
<td></td>
<td>delivery as a result of ISN</td>
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</tbody>
</table>

### Data Sources

**ISN Referral Log.** BHRS developed a referral log that tracks information such as the referral date and referral source; whether the referral was accepted or denied; the ISN open and expected discharge date; and summary information about the client’s barriers to accessing care, ISN goals, and types of service linkages facilitated by the ISN teams. The referral log will be used by the ISN adult team, while the ISN youth team tracks similar information in their health records database. Data from the referral log and health records will be used to track ISN referrals and enrollment for the ISN adult team.

**Electronic Health Records.** RDA will work with BHRS to obtain relevant consumer-level information from BHRS’ electronic health record (EHR) system, Anasazi. Information obtained from the EHR may include client demographic information, clinical diagnoses, psychiatric assessments, ISN service intensity and frequency, BHRS service utilization and linkages, and psychiatric hospitalization and/or crisis service history. As the ISN youth team does not have access to Anasazi, RDA will work with the youth team to obtain similar information from their health records database. If needed, RDA will work with the youth team to develop additional data tracking logs to capture consumer demographic information and track ISN-services.

**Consumer Satisfaction Survey.** BHRS and RDA collaborated to revise an existing satisfaction surveys to better align with ISN services. ISN strategists will administer the revised client satisfaction surveys to consumers at the time of program completion or discharge to understand consumers’ satisfaction with the services they received.

**Focus Groups with ISN Strategists.** RDA will facilitate focus groups with ISN strategists. During the first year of the evaluation, these focus groups will explore strategists’ experiences starting up and implementing the ISN programs, including strengths and challenges in providing ISN services and recommendations to strengthen the ISN program. During subsequent years, the focus groups will assess how implementation has changed, any new successes or challenges that have emerged, and perceptions of the impact of ISN services on consumers as well as on the larger system of care.

**Interviews/Focus Groups with Intra/Interagency Partners.** RDA will conduct interviews and/or focus groups with BHRS partners that work with the ISN to refer clients and/or facilitate service linkages. These conversations will be used to understand how partners are working and collaborating with the ISN; how ISN services fit into the larger system of care; how the ISN has changed service delivery and care
coordination; and recommendations for program improvement. RDA will work closely with the ISN teams to identify the specific partners that RDA should speak with, which may include BHRS program staff and/or community-based partner agencies.

**Focus Groups with ISN Consumers.** RDA will facilitate focus groups with clients and/or family members who have participated in ISN services. The focus groups will be used to gain a more in-depth understanding of clients’ experiences with ISN services and strategies, how ISN services differ from other mental health services received, clients’ perception of the impact of NMT on their own wellness and recovery, and recommendations to strengthen ISN services. Before beginning the focus groups, the intention of the focus groups will be explained and informed consent will be obtained from all consumers.

**Data Analysis**

RDA will begin our analysis by organizing and cleaning data from the referral log, health records, and consumer satisfaction survey, as well as information from the focus groups and interviews. To analyze the quantitative data, we will conduct both descriptive and pre-post analyses, as appropriate, to describe the outcomes as well as to identify changes in outcomes before and after program participation.

Qualitative data will inform evaluation of both implementation and consumer outcomes. To evaluate qualitative data, focus group and interview participants’ responses will be transcribed so that participants’ responses and reactions are appropriately captured. RDA will then thematically analyze responses to identify any recurring themes and key takeaways.

RDA will synthesize qualitative and quantitative findings to learn what aspects of the program are most effective, could be improved to strengthen the program, and could inform similar efforts that may be implemented elsewhere in the future.

**Reporting**

Each year of the evaluation, RDA will draft a report that provides a comprehensive understanding of the implementation and impact of the ISN, and complies with MHSA INN reporting requirements. This report will address the evaluation questions, including any information about the progress of ISN implementation and related process measures, preliminary outcome measures, and recommendations for actionable program improvements. For years 1-4, the report will assess implementation progress and outcomes during the previous fiscal year (July-June). The final report in year 5 will be a summative report that examines program outcomes and impacts achieved throughout the entire evaluation period.

Prior to drafting the reports, RDA will share findings with the ISN and other BHRS staff through a findings work session. These work sessions will give the ISN and BHRS an opportunity to provide additional context for and validate findings. Following the work session, RDA will draft the report and send it to BHRS for review. RDA will then address and incorporate BHRS feedback and finalise the report. BHRS will then send the finalized version of the report to the Mental Health Services Oversight and Accountability Commission (MHSOAC) by December 31.
# Evaluation Timeline

The ISN evaluation is a 5-year evaluation, beginning in October 2018 and running through December 2023. Table 6 below provides an outline of evaluation activities throughout the evaluation period. The timeline for the first year will differ from years 2-5, as the first year includes evaluation start-up and focuses largely on evaluation planning and implementation. Years 2-5 will emphasize program monitoring and continuous quality improvement. Each year of the evaluation, RDA will work with BHRS to identify CQI activities for the upcoming year.

**Table 6. ISN Evaluation Timeline, 2018-2023**

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Years 2-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>2019</td>
</tr>
<tr>
<td>Q4 Q1 Q2 Q3 Q4</td>
<td>Q1 Q2 Q3 Q4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation Planning</th>
<th>Project Launch</th>
<th>Project Kick-off Meeting</th>
<th>Evaluation Planning Meetings</th>
<th>Draft &amp; Finalize Evaluation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection and Analysis</td>
<td>Quantitative Data Request</td>
<td>Qualitative Data Collection</td>
<td>Data Analysis</td>
<td>Data Work Session</td>
</tr>
<tr>
<td>Communications &amp; Continuous Quality Improvement</td>
<td>Training and Technical Assistance</td>
<td>Continuous Quality Improvement</td>
<td>Ongoing Communications</td>
<td></td>
</tr>
</tbody>
</table>

RDA understands that ISN program needs will develop and evolve over the course of the evaluation period, so RDA will be flexible in adapting the evaluation timeline to align with BHRS needs. RDA will confer with BHRS before creating any modifications to the evaluation timeline.

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11 The calendar year is divided into quarters as follows: 1st quarter (Jan-Mar); 2nd quarter (Apr-Jun); 3rd quarter (Jul-Sep); and 4th quarter (Oct-Dec).