I. Mental Health System Series Part IV: Trauma-Informed Care

Attachment

Tracy Hazelton, MPH, MHSA Division Director, Behavioral Health Care Services and Lori DeLay, RD, LCSW, Trauma Informed Care Coordinator, Behavioral Health Care Services presented a PowerPoint presentation on the Mental Health System Series part IV: Trauma-Informed Care.

In 2012, BHCS implemented a capacity building project to raise awareness about trauma, recognize trauma, and change the way we understand, respond to, and heal from it across Alameda County. The project culminated with a learning conference, the launch of the Alameda County Trauma Informed Care website system mapping of trauma services and resources, and future recommendations.

Trauma is defined as a series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being. It generally overwhelms an individual’s or community’s resources to cope and frequently produces a sense of fear, vulnerability, and helplessness.

**Trauma Informed Care/System**
- Takes into account knowledge about trauma into all aspects of service delivery (i.e., policies, procedures, and practice).
- Recognizes that traditional service approaches can re-traumatize consumers and family members.
- Is a person-centered response focused on improving an individuals’ all around wellness rather than simply treating symptoms of mental illness.
- Supports the workforce by decreasing the risk for secondary/vicarious trauma, building resilience, and promoting self-care.
- Trauma Specific Treatment:
- Evidence based and best practice treatment models that have been proven to facilitate recovery from trauma - they are designed to treat the actual consequences of trauma.

**Purpose:**
- [ ] Report progress
- [X] Advocacy or Education
- [ ] Request Health Committee Recommendation or Position
- [ ] Other:

This item was informational only and required no Committee action.

II. Assisted Outpatient Treatment (AOT)/Community Conservatorship/In-Home Outreach Team (IHOT) Six-Month Update

Attachment
Don Kingdon, PhD, Interim Director, Behavioral Health Care Services, James Wagner, MFT, LPCC, Interim Deputy Director, Behavioral Health Care Services and Randy Morris, LCSW, Public Conservator & Assistant Agency Director, Social Services Agency, presented a PowerPoint presentation on the Assisted Outpatient Treatment (AOT), Community Conservatorship, In-Home Outreach Team (IHOT) six-month update.

**AOT update**

- Pilot of 5 has been full since November 2016
- Consumers receive full range of FSP services
- BHCS augmented 20 FSP slots
- Too soon to tell individual success stories; RDA will conduct qualitative interviews in yearly retrospective report
- Demand for slots exceeds current number of 5
- BHCS believes program is demonstrating worth
- Recommend moving from pilot after June 2017
- Establish as a permanent program and expand slots
- More costs for BHCS and other County departments (e.g., Public Defender, County Counsel, Courts)
- Expansion of AOT slots by BHCS depends upon identification of funding

**IHOT update**

- 28 people went to psychiatric emergency services (PES) or Sausal Creek
- Average of 4 crisis visits per person
- 19 people were hospitalized
- Average of 1 hospitalization per person
- IHOT teams are reaching the identified target population (gender, ethnicity, age and diagnosis)
- There is little change to housing status of IHOT consumers during program participation

Consumers participating in IHOT continue to have a lot of psychosocial needs. It is too early to tell if IHOT is increasing access to ongoing mental health services.

**Community Conservatorship update**

- 9 referrals to date, 2 active Community Conservatorship participants
- Expanded referral portals
- Family and consumer group meetings held
- Proposal to Board for consideration:
  - Expand pilot additional year
  - Delegate to SSA, HCSA, & PD directors to amend
- MOU as necessary to maximize enrollment
- Implementing AOT & CC requires close collaboration between multiple agencies
- AOT is not a panacea, but appears to be working for a sub-set of the SMI population
- There is value in convening both a consumer and family member advisory council
- Success of the programs is due to dedicated and tenacious staff
- Adding a new service (AOT) is a different pilot than adjusting an existing program (CC)

**Purpose:**

- [x] Report progress
- [ ] Advocacy or Education
- [ ] Request Health Committee Recommendation or Position
- [ ] Other:

This item was informational only and required no Committee action.

**III. Government Alliance on Race and Equity (GARE) Report – continued to May 22, 2017**

Attachment
IV. Dental Transformation Initiative Grant

Dr. Amanzadeh Baharak, Director, Office of Dental Health, Public Health Department, presented a PowerPoint presentation on the Dental Transformation Initiative Grant.

The goals of the Dental Transformation Initiative Grant include:

1) **Prevention**
   
   Increase the utilization of children ages 1-20 enrolled in Medi-Cal who receive any preventive dental service, by at least ten (10) percentage points over a 4-year period.

2) **Access to Care**
   
   Increase the number of actively participating providers in each county who provide preventive services.

3) **Continuity of Care**
   
   Increase utilization of children continuously enrolled in the Medi-Cal Dental Program who receive services performed by the same provider in 2-, 3-, 4-, 5-, and 6-year consecutive year periods.

**Outcome measures**

- A county-wide 10 percentage point increase in the proportion of Denti-Cal children (~15,478 additional children: Year 1 - 2,971 children; Year 2 - 4,690; Year 3 - 4,690; Year 4 - 3,127) receiving preventive services in the county;
- Among children served through our pilot who have a first visit in 2017, 2018 or 2019, 59% (a 10 percentage point increase from the 2014 county benchmark of 49%) will have a second visit with the same provider;
- An increase of participating dentists who provide preventive dental services to Medi-Cal children age 0 to 20 to 35 dentists
- An increase in the number of new Denti-Cal service locations and new office locations that provide preventive services in our county by 21 new office locations
- An increase of participating dentists who provide preventive dental services to Medi-Cal children age 0 to 20 to 35 dentists

**Timeline and Budget**

- Four year grant: April 2017-Dec 2020 Total budget 4 years (Jan- Dec) with $17.2 M budget
- 15 Partners and collaboration with CAPE and CHSC
- Overall budget: $17,276,761
- Community partners: $8,805,707
- Providers incentive payments, Participant incentives and trainings: $1,059,565
- Percentage of the total allocated to the community and providers: 57%

The Office of Dental Health requests the Health Committee’s support to move this item to the full Board of Supervisors for approval.

**Purpose:**

- [ ] Report progress
- [ ] Advocacy or Education
- [x] **Request Health Committee Recommendation or Position**
- [ ] Other:

**Recommendation from the Health Committee:** Support. Move to the full Board of Supervisors.

**PUBLIC COMMENT**

None.

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