

June 12, 2019

To: Behavioral Health Commission  
From: Norma Santiago, Behavioral Health Commission, Member  
RE: Community-Based Engagement and Support Services – Existing Project and Proposed Expansion

Since our meeting on May 22<sup>nd</sup>, I have compiled some points to help clarify my understanding as to the objections raised regarding the Community Hubs and their effectiveness as it relates to mental health.

Generally, there was agreement that the community hubs model is a good model; however, the main objection was that given the amount of money invested in this program, specifically with MHSA innovation dollars, there wasn't enough data to substantiate the investment. In other words, the community hub model appears not to work in the case of identifying and treating individuals in need of mental health services. This conclusion is based upon the low number of referrals to Behavioral Health in relation to the number of MHSA dollars invested.

With this in mind, I looked at the following documents to help me ascertain the effectiveness of this investment:

- 1) EDC Community Hub 1 – Linkage Process, DRAFT August 15 2017
- 2) Interagency referral form – specifically looking at the PHN Referral Criteria and what MHSA covers in that context. MHSA innovation dollars pay for the referral criteria listed under 'At-Risk Families' which include early indication of possible mental health concerns.
- 3) Intake check list – Here under the 'Public Health Nurse Referral' is a check box indicating "mental health concerns for a child, parent or family member".

From this, I was able to gain a further understanding of the primary objectives of the program:

- 1) How can the best connection be achieved between services and those needing these services.
- 2) Building strong relationships with families
- 3) Build upon existing services to maximize dollars

It is important to remember that this program is an intervention and prevention program and the structure of the Community Hubs has been recognized as being innovative.

Through the efforts of Family Engagement Specialists, Community Health Advocates, and Public Health Nurses, we can assist the communities find the help they need. However, when evaluating the limited data before us, it is difficult to assess the success of the program. For example, at the May 22<sup>nd</sup> meeting, Lynnanne reported the for the first three quarters of 2018/19 there were 2157 Client Contacts, 98 Mental Health referrals, and 31 Direct Services.

If one looks simply at the referrals, one could, understandably, draw the conclusion that we are not getting a significant return on these MHSA innovation dollars. However, I would argue that the Client Contacts which, in many instances, are handled by the Family Engagement Specialists (FES) provide an opportunity to connect community members to needed services including mental health. The FES is part of the first line of defense in preventing early indicators into morphing into more serious problems that can lead to the need for more costly services. This is the major objective of a prevention program. Unfortunately, there is no data available to ascertain the effectiveness of this component of the Community Hub. It is my understanding that as this innovation program continues, there will be ways to capture many data points to

better ascertain program success than just referrals. As this is a system change, there is no doubt that some tweaking is going to be needed as the program evolves.

After extensive review of the annual update, evaluation of the plan to extend capacity, and speaking with agencies that provide these important services, I, strongly, support the recommendations provided in annual update for this program and suggested funding. To that end, I am prepared to make a motion stating such at the appropriate time.

Respectfully submitted,

Norma Santiago