



- d) Home-based Exposure/sorting therapy along with adapted Cognitive Behavior Therapy
- e) After-care support group to maintain acquired skills
- f) Psychoeducation components developed from following possible models such as:
  - a. 24-26 weeks of Cognitive Rehabilitation and skill building
  - b. "Buried Treasure" curriculum (Help for Compulsive Acquiring, Saving & Hoarding)
  - c. 15 week support group, graduates become "action group" which follows with intense 8 weeks of active de-cluttering with a clutter buddy

The concept for this program was developed with participation from the Older Adult Council and San Diego Hoarding Collaborative. This program includes the ongoing involvement of clients and family members in roles such as, but not limited to, outreach, implementation, evaluation, and future dissemination. Peer staff are also part of the outreach and treatment team.

Between March 2016 and December 2016, 25 unduplicated clients from the Central and North Central regions of San Diego have been enrolled. One outcome thus far is that of the 25 clients enrolled, there are no evictions. Upon entry into the program, 70% of the clients had multiple eviction risk factors and five were in the process of eviction. The CREST team was able to work closely with landlords and halt the eviction process in these cases.

While completed treatment outcomes are not yet available due to the short amount of time that CREST has been operational, several challenges have arose. The first challenge is the small number of clients involved in the program. The small number is due to program design of serving 30 unduplicated clients annually, not due to the need; with 18 unduplicated clients already enrolled in FY 16/17 (data from July 2016-December 2016), CREST is expected to exceed the target of 30 unduplicated clients served annually. Furthermore, of the 64 older adults that contacted the CREST Community Program between March 2016 and December 2016, aside from the 25 clients that were enrolled, an additional 14 older adults met diagnostic criteria but were not enrolled due to living outside of the eligible zip codes of the Central and North Central regions in San Diego.

### **3. Primary Purpose/Change Request**

- a) Increase the quality of mental health services, including measurable outcomes.
- b) An increase in expenditures, such that more funds are expended than previously approved.

### **4. The Proposed Change**

When the program was initially approved, the design included 30 unduplicated clients in the Central and North Central regions of San Diego due to budgetary constraints at that time. It is now requested that CREST be extended for an additional year to add more time for data to be included. It is also requested that CREST be expanded to another region of San Diego to increase its ability to provide services to more clients. The Hispanic/Latino population is the largest minority group in San Diego County (33%). In the South County region, 61% of the population is Hispanic/Latino, 19% are monolingual Spanish speakers, and 36.5% are bilingual. It is requested that CREST be expanded into the South County region and bilingual Spanish/English staff be hired to enable the program to implement and test CREST bilingually. This request does not include any changes in approved purpose or expected outcomes.

### **5. Population**

- a) Number served- Current target is 30 clients; proposed will increase target to 50 clients
- b) Target groups- Older adults, identified as exhibiting serious hoarding behaviors.

## **6. Innovative Component**

There is very little research about hoarding behaviors in older adults; nevertheless, it is well known that late life hoarding is a serious psychiatric and community problem that deserves considerable attention. There is also a lack of awareness and reporting from those who might be able to identify persons with at risk hoarding behaviors before a crisis develops which would allow the time required for significant improvement to be demonstrated. Furthermore, there are few trained professionals that have specialized expertise in this area, for any adult much less older adults, and fewer still are willing or able to make house calls to coach individuals to de-clutter and/or teach them new skills to manage compulsive hoarding. This program design addresses these issues and further, provides case management, peer support, family services, collaboration with the older adult's other treatment professionals, linkage to additional community services and aftercare services.

The CREST Community Program has been operating for nearly one year and is unique in the County. Early feedback indicates that the CREST services are innovative in that the services address not only the symptoms of hoarding in older adults by utilizing a cognitive behavioral rehabilitation therapy in the client's home, but also includes aftercare and peer support, collaboration with primary care providers and linkage to appropriate community supports.

Expanding this project will allow for a promising practice to be field-tested for effectiveness with older adults and hopefully introduce a new practice or approach that can be replicated with similar populations in other locations.

## **7. Learning Goals / Project Aims**

- a) What is an effective model to treat hoarding behaviors in Older Adults with serious mental illness?
- b) What are the most effective ways to engage an older adult to participate in interventions geared for hoarding behaviors?
- c) Are peer supports effective with older adults who have hoarding behaviors either individually and/or as part of an aftercare support group?

## **8. Evaluation or Learning Plan**

This project is expected to add new learning to the mental health field on effective practices to abate hoarding behaviors in older adults. Research on treatment models for hoarding behaviors is relatively new and there's limited knowledge (usually single case studies) on how to effectively treat the condition in older adults particularly those with serious mental illness. Studies by Dr. Catherine Ayers show that effective hoarding interventions for older adults require specialized training such as adapted Cognitive Behavior Therapy/Cognitive Restructuring along with home-based coaching. CREST is currently testing this in the field.

The following items will be tracked and measured. The project will be assessed on a semi-annual basis and the resultant report will be made available to the County of San Diego's Older Adult Council, composed of older adult stakeholders, for review and questions. The County's internal Performance Outcomes team will also review the reports.

Outcomes to be tracked:

- a) Number of community participants outreached
- b) Number of community participants enrolled in program

- c) Number of reduced hoarding related evictions
- d) Reduce mental health symptoms, compulsive behaviors, and substance use
- e) Improve safety of older adult participant by reducing clutter that poses trip danger, fire and pest infestation potential, unhealthy sanitation and other hazardous conditions
- f) Improve quality of life as measured by participant report and scale
- g) Reduced clutter as evidenced by improved scores on clutter scales (example: recovered a room for intended use) at conclusion of treatment as well as 30, 90, 180 days f/u
- h) Improved quality of life as evidenced by client self-reporting (QOL measure; 1 page)
- i) Improved mental health by Milestones Of Recovery Scale (MORS) or other measure- Recovery Markers Questionnaire (RMQ)

#### Monitoring, Data Collection, Outcomes and Evaluation

- a) Monthly/Quarterly data tracking reports
- b) Semi-annual data tracking; analysis and recommendation reports
- c) Evaluation of outcomes – Identify outcomes to be tracked per INN guidelines
- d) Determine role of QI
- e) Determine if Evaluation is to be sourced out and included in the budget.

## 9. Contracting

Quality and regulatory compliance elements are included in each contract, specific to the funding source and purpose of the service. A Contract Officer's Representative (COR) with Behavioral Health Services assumes responsibility for ongoing monitoring of the contract for compliance and outcomes, working with the Department of Purchasing and Contracting (DPC), along with Administrative Contract Support (ACS). Monitoring includes regular site visits, review of documentation, and oversight of applicable laws and regulations.

Contractors will have a dedicated COR or Program Monitor from Behavioral Health Services who will develop a contract monitoring plan containing activities that will be conducted each year on their Statement of Work (SOW). Monthly COR meetings are routine.

There will be a minimum of four (4) monitoring activities per contract year, including a minimum of one (1) site visit, with subsequent visits, as needed, if identified issues have not been resolved. Monthly COR meetings and site visit activities include but are not limited to deliverables review, technical assistance and consultation, review of fiscal and claim documentation and annual inventory update, emergency planning documentation, corrective action plans, discussion of strengths and weaknesses of contractor's deliverable outcomes.

There will be monthly review of SOW contract deliverables to determine contractor's performance in meeting contract objectives, review contractor exclusion/debarment/Medi-Cal Sanctions lists employee review process as well as a minimum of one in-depth invoice review annually.

A total of 5% of project funds is set aside for evaluation analysis and outcome reporting through an existing contract with the University of California, San Diego.

## 10. Community Planning

During August through October, 2016, more than 650 individuals participated in BHS' 2016 Community Engagement process: 551 community members and providers at twelve (12) regional forums and more than 100 representatives from targeted populations (Native American, Southeastern San Diego Community, Justice Partners, Male and Female incarcerated individuals and Peer Workers) who

attended six special focus groups. Behavioral Health Services (BHS) engaged consultant Hoffman & Clark to facilitate the forums and focus group and analyze feedback. Participants provided commentary through a group process that asks questions aimed at strengthening system capacity by focusing on productive potential.

The focus of the discussions centered around four topics: Children’s Behavioral Health; Unserved/Underserved; Care Coordination; and the proposed concepts for Innovation projects, which had emerged from previous years of the Community Planning Process. Statistical analysis of the forum discussions showed 15 “Essential Themes”. The themes of Access & Services, Continuum of Care, and Education & Awareness stood out across the three topics and were considered when making decisions for the expansion and extension of existing Innovation programs.

Throughout the year, BHS’ stakeholder-led monthly councils provide a forum for council representatives and the public to stay informed of MHSA programs and offer input. BHS’ MHSA Coordination team presented the proposed expansion and extension of existing Innovation programs to the Adult System of Care (ASOC) Council, the Older Adult Council, the Children, Youth and Family System of Care (CYFSOC) Council, and the Housing Council for their input. Stakeholders were asked to complete a community feedback questionnaire individually or as a council. The CYFSOC assigned a sub-committee to consider and provide comment, and the ASOC reviewed the Innovations programs as part of their meeting and provided written feedback. Additionally, BHS utilized an expansive, stakeholder email listserv to distribute the Innovation proposals and provide recipients a Survey Monkey link for their electronic feedback. Furthermore, the proposed Innovation programs were posted on BHS’ MHSA website along with the Survey Monkey link for feedback.

#### **11. MHSA Innovative Project Category**

- a) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.

#### **12. MHSA General Standards**

- a) Community Collaboration: The concept for this work plan was developed with participation from older adult stakeholders who are part of the County’s Older Adult Council. This program includes the ongoing involvement of clients and family members in roles such as, but not limited to, outreach, implementation, evaluation, and future dissemination. Ultimately, the program strives to create healthier older adults in our community who will not be facing the threat of displacement from their homes or apartments due to hoarding behaviors.
- b) Cultural Competence: As defined in CCR, Title 9, Section 3200.100, this program demonstrates cultural competency and capacity to the older adult population by employing a diverse workforce to relate to the multiple ethnicities residing in the primary target region where services are to be provided.
- c) Client and Family Driven Mental Health System: This program includes the ongoing involvement of clients and family members in roles such as, but not limited to, implementation, evaluation, and future dissemination. Based on client and family feedback, certain strategies may be added or removed from the program and/or applied in other programs. This system will influence concepts to maintain and increase supports and community activities.

- d) **Wellness, Recovery and Resilience Focus:** This program increases resilience and promotes recovery and wellness for an older adult population at risk of homelessness and physical decline due to safety and sanitary risks associated with compulsive acquisition. The older adults in this project will learn new skills and insight to manage their hoarding behaviors by reducing clutter in their homes, improving safe access throughout the home, improving social interaction by making their home's appearance more welcoming and by participating in an aftercare group which will also support maintenance of new skills. Older adults will also be educated about the proper use of prescribed medication and safe drinking practices for older adults.
- e) **Integrated Service Experience:** This program encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients. The program will screen all referrals for mental health and substance use disorders and work to link clients to appropriate services while working to engage qualified clients for the hoarding interventions provided directly by this project. Clients will be educated about the range of services available for which they are qualified and linked.

### **13. Continuity of Care for Individuals with Serious Mental Illness**

If the County is not able to continue with this program, Behavioral Health Services will link clients to the appropriate level of care for continued mental health services.

### **14. INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement**

- a) **Ensure cultural competence:** As defined in CCR, Title 9, Section 3200.100, this program demonstrates cultural competency and capacity to reduce disparities in access to mental health services to improve outcomes and to implement treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations
- b) **Ensure meaningful stakeholder participation:** Program will ensure that the client identifies the goals important to them for ongoing stability to make certain that treatment planning remains a collaborative process. Continued opportunities are available to engage community members through the System of Care Councils, community forums, etc.

### **15. Deciding Whether and How to Continue the Project Without INN Funds**

- a) Throughout the duration of the project, steps will be taken to review the effectiveness of the approach.
- b) If effective, alternative funding streams will be considered.

### **16. Communication and Dissemination Plan**

- a) Information regarding this project will be disseminated through multiple collaborative groups, such as the Behavioral Health Advisory Board, the Children's System of Care Council and the Adult System of Care Council. Information regarding the program will also be available on the County of San Diego website.
- b) Involvement of program participants and other stakeholders
- c) Five keywords of phrases for this project to assist with search: Parent Care Coordinator; Caregiver Stress; Motivational Interviewing; Caregiver Stigma; Children with Complex Needs

## 17. Budget

- a) Original Total: \$1,331,919
- b) Proposed Addition: \$1,372,162
- c) New Total: \$2,704,081
- d) Proposed New Evaluation Total: \$135,204 (5% of Total)

## 18. Timeline

- a) Proposed extension of program: 7/1/18 – 12/31/19 (1 year, 6 months)
- b) Proposed Expansion Program Dates: 7/1/2017- 6/30/20 (2 years, 6 months)
- c) Key activities timeline and milestones: TBD

|                           |   |
|---------------------------|---|
| 7/1/2017                  | Expansion of program into South San Diego region with inclusion of new bilingual staff.   |
| 01/01/2018-<br>6/30/2020  | <p>Semi-annual report will be due 30 days after the second quarter of the project. This report will include all data elements year to date; analysis of the barriers and successes of the project and recommendations based on lessons learned thus far for the expansion into the South region in San Diego County and the use of bilingual staff (English-Spanish).</p> <p>Annual evaluations will be due 30 days after the end of the first year of the project and will follow the outline of the first annual report but also include results of a consumer survey; as well as any new data elements and/or additional analyses recommended by first report. Report will be reviewed by Behavioral Health Services to review effectiveness of program specific to target population and planned interventions.</p> <p>Semi-Annual and annual evaluations of program to be provided throughout the contract duration using same format as stated above.</p> |
| 07/01/2020-<br>12/31/2020 | Evaluation by Behavioral Health Services to determine, results and feasibility of integrating into existing programs or replication. Results to be disseminated at the conclusion of the evaluation.  |