Outline

- Summary
- Materials
- Regulatory Criteria
- What OAC staff look for
- Placer County Presentation
- Motion
Placer County seeks approval for one innovation project.

Homeless Integrated Care Coordination and Evaluation
- Total INN funding Requested for Project: $3,900,000.
- Duration of Innovative Project: Five (5) Years.
- Project primary purpose: to develop an integrated community-based collaborative to address the issues of chronic homelessness based on the well-established US Department of Housing and Urban Development’s “Coordinated Assessment Model”. This model includes: hiring an outreach and engagement team, utilizing technology to provide real-time data exchange across multiple agencies, and identifying collaborative efforts amongst various partners.

Staff recommends Placer County’s proposal has met minimum regulatory requirements.
Materials

- The following materials were included in the meeting packets and are posted on our website:
  - Staff Summary
  - County Brief
  - **Additional Materials (1):** A link to the County’s complete Innovation Plan is available on the MHSOAC website at the following URL: http://mhsoac.ca.gov/document/2017-01/county-placer-inn-plan-homeless-integrated-care-coordination-and-evaluation-hicce

- The following material is provided as a handout:
  - Staff Innovation Summary, **Homeless Integrated Care Coordination and Evaluation (HICCE)**
  - Placer County Innovation Project Brief
Regulatory Criteria

- **Funds exploration of new and/or locally adapted mental health approach/practices**
  - Adaptation of an existing mental health program
  - Promising approach from another system adapted to mental health

- **One of four allowable primary purposes:**
  - Increase access to services
  - Increase access to services to underserved groups
  - Increase the quality of services, including measurable outcomes
  - Promote interagency and community collaboration

- **Addresses a barrier other than not enough money**

- **Cannot merely replicate programs in other similar jurisdictions**

- **Must align with core MHSA principles (e.g. client-driven, culturally competent, recovery-oriented)**

- **Promotes learning**
  - Learning ≠ program success
  - Emphasis on extracting information that can contribute to systems change
What OAC Staff Look For

■ Specific requirements regarding:
  ▪ Community planning process
  ▪ Stakeholder involvement
  ▪ Clear connection to mental health system or mental illness
  ▪ Learning goals and evaluation plan

■ What is the unmet need the county is trying to address?
  ▪ Cannot be purely lack of funding!

■ Does the proposed project address the need(s)?

■ Clear learning objectives that link to the need(s)?

■ Evaluation plan that allows the county to meet its learning objective(s)?
  ▪ May include process as well as outcomes components
Placer County Innovation Project

Homeless Integrated Care Coordination and Evaluation (HICCE – pronounced HIKE)
Placer County

• Welcome
• Introductions
• Overview
Placer County Facts

• Placer County Population: 375,000
• Geography: stretches 110 miles (from north Sacramento to north Lake Tahoe)
• Ethnicity: 85% Caucasian; 14% Hispanic
Placer County Facts

- Median household income:
  - California: $61,818
  - Placer: $74,000

- Residents in poverty:
  - California: 15.3%
  - Placer: 8%

- Population over 65 years old:
  - California: 13%
  - Placer: 18%
Community Concerns about Homelessness Increasing

• Rental vacancy rate:
  o California: 3.4%
  o Placer: Less than 1.6%

• Three distinct homeless population groups:
  1. Roseville
  2. Auburn
  3. North Lake Tahoe

• Percent of people experiencing homelessness who are chronically homeless:
  o Nationally: 15%
  o California: 25%
  o Placer: 45%
Placer prioritizes Homeless as most vulnerable population

- Placer County Board of Supervisors contracted with Marbut Consulting to assess the service delivery system (2014)

- Placer’s Campaign for Community Wellness (MHSA Steering Committee) has provided overwhelming support towards homeless efforts for the past 2 years
Placer Efforts to Address Homelessness

• PAST
  o No shelter for a 10-year period
  o Implementation of a 10-year plan to end homelessness
  o Establishment of a faith-based nomadic shelter
  o Dedicated small group of individuals working with persons who are homeless

• PRESENT
  o Increase visibility of persons who are homeless
  o Increased awareness and concern of public (positive and negative)
  o Increased efforts from many sectors
Placer Efforts to Address Homelessness

• **Community Assessment Model**
  - Utilized by Homeless Resources of the Sierra’s
  - Continuum of Care service hub
  - Coordination of all homeless services in Placer and Nevada

• **Homeless Management Information System**
  - Board of Supervisors recent system expansion
  - System-wide tracking of efforts and outcomes
  - Expansion to new partners

• **Increased effort to engage the whole community**
  - Internal stakeholders
  - Integrating larger community health assessment
Placer Efforts to Address Homelessness

- Homeless Full-Service Partnership
- Shelters in Roseville and Auburn (warming center Tahoe)
- Community Workgroups to address Marbut recommendations
- Law enforcement officer/Probation team partners with HHS master level staff
- Housing coordinators established
- Recent purchase of 18-unit studio apartments
- Whole Person Care Medicaid Waiver Initiative
- Sutter’s commitment to fund additional housing
- Proposed 8 of 77 apartments dedicated to SMI in Roseville project
Placer County Innovation Plan

• Vision
  • Build upon our existing infrastructure
  • Previous mini-grants responsive underserved populations with grass roots efforts (Program success documented in final report)
  • Expand collaboration across partner agencies
  • Expand collaboration across agencies who previously did not consider the homeless as their target population

Learning
• Strengthen collaboration across diverse agencies
• Strengthen our cohesive safety net for persons who are homeless
Placer County Innovation Plan

• The Innovation Plan supports this vision:
  • Collect and share information across organizations (MOUs)
  • Implement data and practices
  • Ensure culturally and linguistically sensitive services to meet the needs of individuals
  • Utilize continuous evaluation and feedback processes
Innovative Approach

• The HICCE Project is innovative because it:
  o Expands the scope of the project to include enhancing collaboration across hospitals, medical clinics and managed care plans, to meet the needs of individuals
  o Strengthening a safety net to quickly identify and engage the high-need individuals and link them to needed services
  o Evaluate the success of the collaboration
  o Measures change for individuals and the system periodically across the five-year project
Innovative Approach

• Similar projects have been successfully implemented primarily in larger metropolitan areas

  o Partnering the HICCE Project with the WPC pilot to test these collaborative models

  o Learning will benefit other counties and cities

  o This Innovation Project will help us learn how to develop effective collaboration, sharing data and resources
Innovative Approach

• New Partners
  o Managed Care Plans
  o Hospitals/Emergency rooms
  o Medical Clinics (FQHC/Indian Health)
  o Business Leaders

• New Strategies
  o Shared IT infrastructure
  o Health component for services
  o Shared outcomes
Addressing Systemic Issues

• Promote culturally and linguistically competent services

• Address stigma associated with homelessness
  o Discrimination
  o Community attitudes
  o Lack of understanding Managed Care Plans, Hospitals, Federally Qualified Health Centers, Indian Health Services, business leaders, community members
Innovation Evaluation

- Evaluate collaborative efforts
- Track the community change necessary to solve this problem
- Evaluation activities will continuously be shared with the community
Innovation Evaluation

• The project will evaluate the implementation of specific evidence-based strategies:
  
  • Add health workers to the Outreach and Engagement Team
  
  • Enhance collaboration and coordination across agencies
  
  • Create communication and data sharing protocols
  
  • Establish linkages across agencies
Evaluation Tools

The project will use the following instruments for evaluation of collaboration activities (at baseline and periodically):

• Interagency Collaboration Activities Scale (University of Southern Florida)

• Service level information:
  • Referrals across agencies
  • Coordinated Treatment Plan developed for each individual
  • Services received
  • Individual outcomes
  • Client Perception of Services

• Other evaluation instruments will also be utilized
Evaluation Goals

• Integrated collaboration measurements:
  o Engagement of diverse partner agencies
  o Interagency collaboration and coordination of agencies
  o Positive impact on client’s timely access to services
  o Positive impact on meeting client’s health, mental health, substance use, and cultural needs

• Outcomes for individuals:
  o Reduced days homeless
  o Reduced utilization of hospitals, Emergency Departments
  o Improved health and behavioral health indicators
  o Receipt of culturally and linguistically-relevant services
Evaluation Goals

• Quarterly Evaluation Data and Reports
  o Used to inform partner agencies of improved collaboration and coordination
  o Communicate success, outcomes, and barriers to services
  o Inform modification and changes in services to improve outcomes
  o Share experiences with other counties to support a learning collaborative
Innovation Annual Budget

Annual Budget:

- Personnel: $478,182*
- Operations: $109,473
- Contracts: $96,246
- Evaluation: $96,099
- Total: $780,000/year

- The total innovation funding efforts will be $3.9 million for the five-year project

- *Nurse 1.5, Clinician 1.5, Peer Advocate 2.0, Analyst 1.0
## Innovative Budget Detail

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## Innovation Budget Detail

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Innovation Summary

• Develop an integrated collaborative to address the issue of chronic homelessness
• Provide real-time data exchange across agencies to help individuals access services and achieve positive outcomes
• To accelerate system change at both the micro and macro level, while improving access, quality, cost-effectiveness, and outcomes

*Our hope is that stigma will be reduced as a result of this Innovation Project*
Thank you!
Proposed Motion

- **Proposed Motion:** The MHSOAC approves Placer County’s Innovation Project, as follows:

- **Name:** Homeless Integrated Care Coordination and Evaluation (HICCE)

- **Amount:** $3,900,000

- **Project Length:** Five (5) Years