Mental Health Services
Oversight & Accountability Commission

STAFF INNOVATION SUMMARY—PLACER COUNTY

Name of Innovative (INN) Project: Homeless Integrated Care Coordination and Evaluation (HICCE)

Total INN Funding Requested for Project: $3,900,000

Duration of Innovative Project: Five (5) Years

Review History

Approved by the County Board of Supervisors: January 10, 2017

County Submitted Innovation (INN) Project: December 20, 2016

MHSOAC Consideration of INN Project: January 26, 2017

Project Introduction:

The County proposes to develop an integrated community-based collaborative to address the issues of chronic homelessness by hiring an outreach and engagement team, utilizing technology to provide real-time data exchange across multiple agencies, and identifying collaborative opportunities. The HICCE project proposes to hire an outreach and engagement team consisting of 0.5 FTE Nurse, 0.5 FTE Clinician and 2.0 FTE Peer Advocates to help chronically homeless adults, self-identified as living with mental illness, exit homelessness and return to permanent housing by providing comprehensive care coordination with support from their awarded Whole Person Care Grant and interagency collaboration. The County will adapt the "Systems Management, Advocacy, and Resource Team" (SMART) model to redesign the interagency coordination and collaboration of multiple organizations serving the chronically homeless with the intent to measure if positive system-level and improved client health outcomes are achieved. "SMART" is an internally developed model used before by Placer to improve their child welfare service system. The Innovative project has embedded many concepts from the "Coordinated Assessment Model", an initiative set forth by the U.S. Department of Housing and Urban Development in 2014.

In the balance of this brief we address specific criteria that the OAC looks for when evaluating Innovation Plans, including: What is the unmet need that the County is trying to address? Does the proposed project address the need? Are there clear learning objectives that link to the need? And, will the proposed evaluation allow the County to make any conclusions regarding their learning objectives? In addition, the OAC checks to see that the Innovation meets regulatory requirements that the proposed project must

align with the core MHSA principles, promote learning, fund exploration of a new and/or locally adapted mental health approach/practice, and target one of the four allowable primary purposes.

The Need

Placer County states that 45% of the total number of homeless in the County were chronically living in this condition and 59% of their homeless adults self-reported having a serious and persistent mental illness. Placer County believes the issue of chronic homelessness is significant and growing. We validated this conclusion by reviewing the Point-in-time Count (PITC) for Roseville/Rocklin/Placer, Nevada Counties Continuum of Care and other neighboring counties. In 2016, Placer's PITC (which also included Nevada County data) was 1,021 total homeless and 347 chronically homeless and a 2010 census of 349,000 (for Placer) and 99,000 (for Nevada); implying a total homelessness rate of 2.3 per 1,000 County residents and a chronically homeless rate of 0.78 per 1,000. In 2016, Sacramento County's PITC was 1.8 per 1,000 and its chronically homeless rate was 0.38 per 1,000. Similarly, Yolo County's PITC was 2.6 per 1,000 and its chronically homeless rate was 0.44 per 1,000. Thus, while the overall homeless rate in Placer County is similar to rates seen in other counties in the Sacramento region, there appears to be face validity to the County's emphasis on the chronic homeless population as a high priority for the County.

These statistics led Placer hire Marbut Consulting to conduct a comprehensive needs assessment of the homeless problem to help identify areas for strengthening the service delivery system. Marbut concluded that while the County had multiple agencies provide services to the chronically homeless, the system was not connected. Also, these chronically homeless adults were not linked to services within the County's adult system of care. The lack of coordinated care was further challenged by the low participation in Placer County's Homeless Management Information System (HMIS). This system was intended to function as a coordinated computer system enabling service, shelter, and housing providers in different locations of Placer to collect and share information about homeless individuals and families seeking services. Furthermore, while in other counties chronically homeless adults living with mental illness may seek immediate care for complex needs from a local County hospital or an organized health plan, this is lacking in Placer County. Instead, Placer has multiple agencies providing case management, health care, mental health services, income support, and other essential services to the chronically homeless; yet very little coordination occurs.

The Response

For over ten years, Placer has used their internal model, "SMART" to help redesign various systems, including their juvenile court and child welfare system. The model has been versatile in supporting the County to identify current conditions and strategizing a design to improve and transform service delivery systems through working collaboratively with both public and private non-profit community-based agencies and resulting in better outcomes. They want to build off of lessons learned from past use of the "SMART" model to assess the forthcoming implementation of their Whole Person Care (WPC) Grant, the

build out of permanent housing from the $1 million one-time community benefit from Sutter Health, and this Innovative Project proposal.

Placer's Innovative Project also bears resemblance to another model, "Coordinated Assessment Model", used as a best practice to address the complex needs of the chronically homeless population. In July 2014, the U.S. Department of Housing and Urban Development Office of Community Planning and Development released a notice issuing guidance around prioritizing permanent supportive housing units for chronically homeless individuals and families with the highest service needs, including the concept of the "Coordinated Assessment Model". This systems-focused approach emphasized centralized/coordinated intake and assessment, robust homeless prevention strategies, and rapid access to permanent housing using a Housing First approach. Since 2014, several counties throughout the US implementing the "Coordinated Assessment Model" are finding more success when decision making and prioritizing activities are occurring at the community-level rather than a provider-to-provider or provider-to-system level as seen in Placer County. Similarly, like Placer County, others have used centralized technological data exchange systems such as HMIS to capture aggregate client-level data across homeless agencies to generate unduplicated client counts, service patterns of clients served, and coordinate care for the homeless. Places like Los Angeles County and Maricopa County in Arizona, who implemented supportive housing programs based on the "Coordinated Assessment Model", also see individuals never served in their current homeless care system receive services for the first time. This is accomplished through administrative data matches or other data driven technological tools. The "Coordinated Assessment Model" also recommends incorporating aggressive outreach strategies directly or through partnerships with "on-the-street" outreach teams utilizing best practices for engagement with the homeless and developing strong linkage and coordination with conventional public systems such as jails and hospitals.

It appears Placer County is seeking to adapt this best practice of the "Coordinated Assessment Model" by creating a robust interagency collaboration of multiple agencies providing the same level of service otherwise offered at a County hospital. Placer wants a collaborative process on a macro level to evaluate how bringing together multiple agencies, known for providing services to the chronically homeless, to coordinate the complex physical health, mental health, substance abuse and housing needs of this target population can improve their overall health outcome.

Placer intends to use the outreach and engagement team to coordinate the care these external providers offer to the chronically homeless as well as augment the clinical expertise by adding an additional consulting psychiatrist and pharmacist to assist with medication related needs. The team will also reduce the gap of data entry and exchange by participating in the interagency collaboration with other agencies providing services to the chronically homeless and inputting this missing data into HMIS.

The Placer County Outreach and Engagement team will utilize a "Housing First" model and establish the permanent housing financed by a $1 million one-time community benefit from Sutter Health. Placer County indicates the HICCE Outreach and Engagement team will serve at least 40 individuals each year. The specific staffing pattern of the team

remains unclear due to the lack of a full budget summary in the County's Innovation Plan and inconsistent clarity from the County. The Whole Person Care grant will add a Medical Respite care program to the services offered to these 40 individuals. (The WPC grant expects to serve 150, this figure is inclusive of the 40 individuals to be seen by the HICCE team).

Placer also intends to leverage off the past two years' evaluation of local MHSA activities by Innovative Development and Evaluation Associates (I.D.E.A.) Consulting. I.D.E.A. has established relationships with Placer County in addition to community-based organizations, health care providers, managed care plans and other entities. The County intends to hire them to coordinate the interagency collaboration and evaluate this Innovative project.

The Community Planning Process

The MHSA regulations indicate the stakeholder participation should be present at every step of the way for Innovation Projects, including the Community Planning Process (CPP). Counties should provide training where needed to ensure meaningful participation by consumers with serious mental illness and/or serious emotional disturbance and their family members in the CPP. This subsection should clarify what evidence the County presents for meeting this requirement.

Board of Supervisors approved hiring Marbut Consulting in 2014 to conduct a needs assessment of the homeless issue in Placer County. The County states they held many stakeholder meetings during the needs assessment. It is unclear who the stakeholders were and if consumers or family members were involved in the initial prioritizing of the project and during the development phase. The final report by Marbut was presented to the Mental Health Services Act Community Planning group and at the Campaign for Community Wellness meetings. It is unclear how the stakeholders were involved in the development of the County's Innovation plan, which was posted for a 30-day public review between November 12, 2016, and December 12, 2016. It appears a wider range of stakeholders were able to review the Innovation plan during the local review process given the extensive distribution of the plan.

Learning Objectives and Evaluation

This section addresses the degree to which the County has a plan to evaluate the Innovative Project, including: (a) expected outcomes of Innovation, (b) how and at what frequency outcomes will be measured, (c) how outcomes relate to the Innovation's primary purpose, (d) how the County will assess which elements of the Innovation contributed to positive outcomes, and (e) how, if the County chooses to continue it, the project work plan shall transition to another category of funding, as appropriate.

Placer County states their primary intent for their Innovative Project is to determine the most effective interagency collaboration and care coordination model to successfully address the complex needs of their chronically homeless population who have self-reported living with mental illness. They intend to use Innovation to assess if their

"SMART" model approach used in the past, in conjunction with a new HICCE outreach and engagement team, their Whole Person Care award, and the new permanent housing option facilitated by Sutter Health's community benefit, all lead to the system change sought after by the County.

Like MHSA Innovation, the Whole Person Care grant has provided awarded counties guidelines on evaluations. One guideline is to utilize the "Plan-Do-Study-Act" (PDSA) model to continuously improve the interagency collaboration and coordination for ongoing learning opportunities. Placer has indicated they will be using the same model in their Innovation plan. The County should clarify how their Innovative Project evaluation is not redundant to the Whole Person Care evaluation. Facilitating the PDSA model will require Placer to obtain baseline data on their current collaboration efforts. They intend to use the Interagency Collaboration Activities Scale (IACAS) from the University of South Florida to obtain this data but have not mentioned how they will obtain ongoing data essential to determine if collaboration is improving and effective or changes need to be made to the process.

This learning objective and evaluation process is similar to other organizations who have implemented the "Community Assessment Model" (CAM). The CAM recommends tracking client and community-wide outcomes to better identify best practices and fine-tuning an entire system's approach—what Placer intends to measure in their Innovation Project. Placer County may wish to explain how they will be adapting this recommendation by the US Department of Housing and Urban Development.

The County's 2014 PITC counted 14 Native Americans, 8 Hispanics and 2 African Americans as homeless, however, Placer County has not discuss any specific strategies to achieve the evaluation goal of ensuring services are culturally and linguistically competent. They intend to collect basic data elements at their collaboration meetings (e.g. attendance, agency purpose, action items, etc.) in the hopes of identifying gaps or changes required to achieve a systematic change. Placer has not provided any specifics on data analysis.

If this program is effective, services will be supported with ongoing funds through MHSA CSS, Federal Financial Participation (FFP) through Medi-Cal billing for mental health and substance use disorder treatment services, Realignment dollars, and potential County General Funds. The County will also explore other potential Medi-Cal resources, such as targeted case management and Medi-Cal administrative funds. The chronically homeless who will need ongoing services will be referred to the Placer Adult System of Care upon the termination of the Innovation project.

The Budget

This section addresses the County's case for the scope of their project, the length, and monetary amount of the project. Has the County provided both (a) a budget narrative and (b) detail about projected expenditures by Fiscal Year (FY) and funding source in the required and expected categories listed in the regulations?

The total budget for Placer County's Innovative project is $3,900,000 over five (5) years. The yearly budget is $780,000, and includes: $396,000 for personnel, $191,655 for operating costs, $96,246 for consultant contracts, $96,099 for evaluation (split between internal and contract staffing).

The Innovative MHSA expenditures for program and administration functions consist of salaries and benefits for the HICCE Outreach and Engagement Team. Based on an email correspondence with Placer County, the team will include: 0.5 FTE nurse, 0.5 FTE clinician, and 2.0 FTE peer advocates and 1.0 FTE program analyst; and only the program analyst is fully funded by Innovation funds. It is unclear what percentage of the salaries and benefits for the remaining team will be funded by Innovation dollars. The program analyst will provide program and fiscal management, support and measure the collaboration efforts necessary to coordinate services, share resources, and strengthen client and system-level data. The consultant budget is to hire a consulting psychiatrist and pharmacist to assist the HICCE Outreach and Engagement team; however, no additional details have been provided on their function and key activities.

Placer County may wish to provide additional clarification on the budget summary including the reason to exclude the detailed summary in the Innovation plan made available during the local review process and for board approval. Placer may wish to provide details on what they expect to fall under the $191,655 operating costs budget to support the Outreach and Engagement team's completion of their services and function.

Innovation Program History Additional Regulatory Requirements

In September of 2010 the MHSOAC approved Placer County's INN plan, including the Innovative Community Grants Program. This project leveraged a grant to bring non-traditional partners to the table assuming a new set of relationships and networks may ultimately result in better services for those with mental health needs. This project was scheduled to end on June 30, 2013; however deliverables did not begin until 2011, and per the 2014-2017 MHSA Three-Year Plan, was altered to end on September 30, 2014. The total budget for the three-year and four-month project was $1,340,261. The final report for this project was completed on December 31, 2014 and did not provide specific details on the individual results, making it difficult to determine if any of the collaborations targeted similar needs of the chronically homeless.

Additional Regulatory Requirements

While Placer County's Innovation proposal has met the minimum regulatory requirements for Innovations; the Commission staff suggests this proposal could benefit from additional clarity as stated throughout the staff summary.

References

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