



# PLACER COUNTY INNOVATION PLAN

January 26, 2017



WELLNESS • RECOVERY • RESILIENCE

# Outline

- Summary
- Materials
- Regulatory Criteria
- What OAC staff look for
- Placer County Presentation
- Motion



# Summary

- 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:
  - California: 3.4 %
  - 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:
  - Nationally: 15%
  - California: 25%
  - 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**

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

- **PRESENT**

- Increase visibility of persons who are homeless
- Increased awareness and concern of public (positive and negative)
- 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:
  - Expands the scope of the project to include enhancing collaboration across hospitals, medical clinics and managed care plans, to meet the needs of individuals
  - Strengthening a safety net to quickly identify and engage the high-need individuals and link them to needed services
  - Evaluate the success of the collaboration
  - 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
  - Partnering the HICCE Project with the WPC pilot to test these collaborative models
  - Learning will benefit other counties and cities
  - This Innovation Project will help us learn how to develop effective collaboration, sharing data and resources

# Innovative Approach

- **New Partners**
  - Managed Care Plans
  - Hospitals/Emergency rooms
  - Medical Clinics (FQHC/Indian Health)
  - Business Leaders
- **New Strategies**
  - Shared IT infrastructure
  - Health component for services
  - Shared outcomes

# Addressing Systemic Issues

- Promote culturally and linguistically competent services
- Address stigma associated with homelessness
  - Discrimination
  - Community attitudes
  - 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:**
  - Engagement of diverse partner agencies
  - Interagency collaboration and coordination of agencies
  - Positive impact on client's timely access to services
  - Positive impact on meeting client's health, mental health, substance use, and cultural needs
- **Outcomes for individuals:**
  - Reduced days homeless
  - Reduced utilization of hospitals, Emergency Departments
  - Improved health and behavioral health indicators
  - Receipt of culturally and linguistically-relevant services

# Evaluation Goals

- Quarterly Evaluation Data and Reports
  - Used to inform partner agencies of improved collaboration and coordination
  - Communicate success, outcomes, and barriers to services
  - Inform modification and changes in services to improve outcomes
  - 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

Position	FTE	Salary
Personnel		
Nurse	1.5	\$117,690
Clinician	1.5	\$62,429
Peer Advocate	2	\$77,493
Staff Analyst	1	\$65,500
Subtotal		\$323,112
Benefits		\$129,245
Stand-by call back		\$25,825
<b>Total Personnel</b>		<b>\$478,182</b>

# Innovation Budget Detail

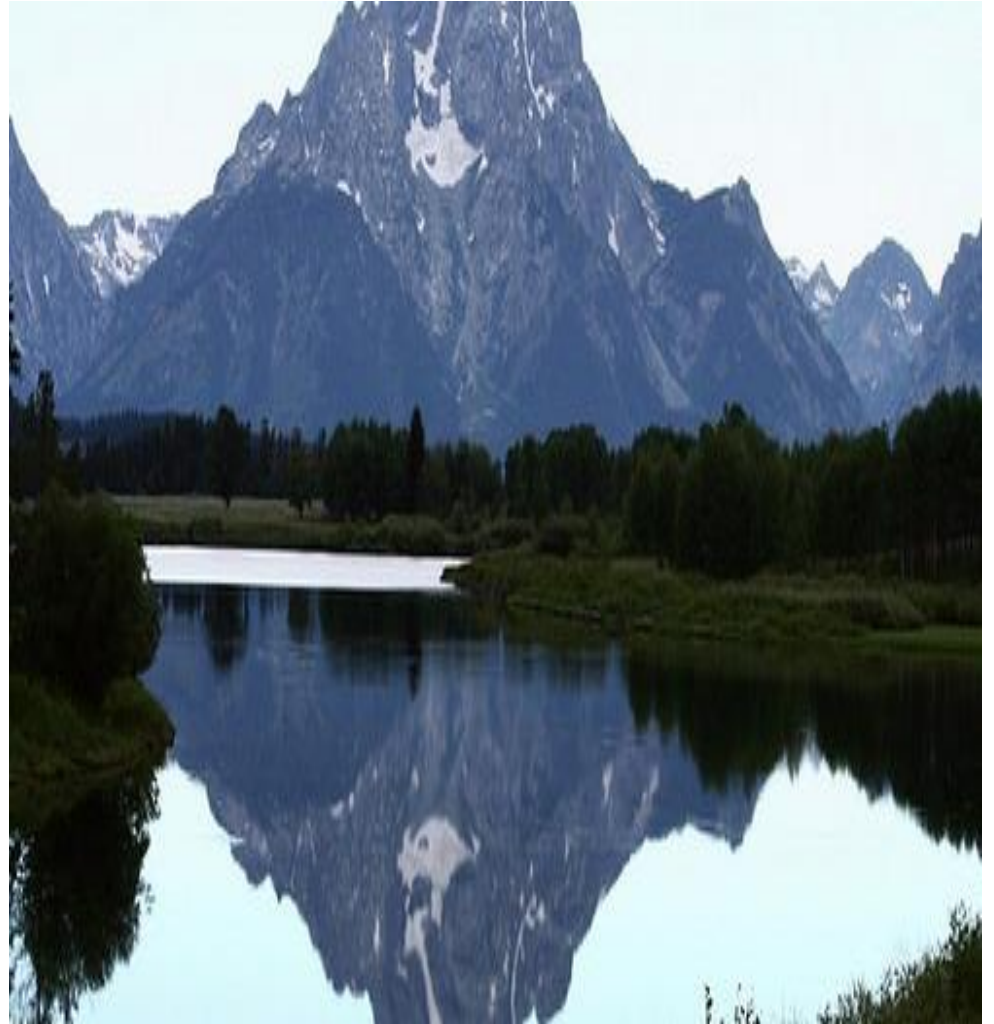
Operations		Cost
Marketing Material		\$3,500
Outreach Kits		\$1,500
Allocable Direct Cost		\$6,400
Indirect Cost		\$40,473
Total Operations		\$109,473

# 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 MHISOAC 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

