



## **STAFF INNOVATION ANALYSIS— SAN JOAQUIN COUNTY**

**Name of Innovative (INN) Project:** Assessment and Respite Center  
**Total INN Funding Requested for Project:** \$11,216,688  
**Duration of Innovative Project:** Five (5) Years

### **Review History:**

Approved by the County Board of Supervisors: November 7, 2017  
County submitted Innovation (INN Project): October 23, 2017  
MHSOAC consideration of INN Project: January 25, 2018

### **Project Introduction:**

In order to address barriers in access to services and reverse utilization trends, San Joaquin County proposes to develop a Screening, Assessment and Referral Center to address barriers getting services to their target population of the unserved, underserved, and high-risk individuals. The County states that conducting on the ground outreach and providing new services is not sufficient to address the County's need. Subsequently, the County proposes it will pilot a new screening and assessment policy to create more consumer focused and culturally responsive services. The County will partner with Community Medical Centers, a Federally Qualified Health Center (FQHC), to create an environment that will comprise of the following:

- 1) Allow individuals who are referred, a period of respite/contemplation and engagement with a peer partner; and
- 2) Offer a physical examination and brief treatment prior to completing the assessment of mental health issues, treatment or recommended service; and
- 3) Provide stabilization services, including housing and/or withdrawal management (p. 14)

In the balance of this brief we address specific criteria that the MHSOAC 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?
- Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?

In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSA principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four allowable primary purposes.

### **The Need**

The County reports that several demographic groups are not receiving culturally responsive and appropriate mental health services.

Current data metrics indicate that there is an underutilization of mental health services by transitional aged youth, Latinos, African Americans, homeless persons, veterans, LGBTQ persons and recent immigrants, and that these individuals are not receiving sufficient or any services at all. High patterns of crisis or episodic utilization have also been observed.

The County's 2017 Point in Time (PIT) count identified over 1,500 homeless individuals, 20% of whom were chronically homeless, and 30% of whom reported as having a mental health concern. In addition, the County reports the second highest crime rate in the state, with 100 individuals booked into jail on a daily basis. Of those booked, the sheriff reports an estimated 40% have a mental health issue and due to staffing shortages, the majority of the persons booked and then released are not discharged with any sort of mental health assessment or treatment plan.

The County reports that "assessing mental health treatment services amongst low income residents of San Joaquin County who have Medi-Cal benefits is difficult due to California's bifurcated mental health system—with some mental health treatment services offered through primary care physicians and others offered through a public mental health system" (p. 5). Further compounding this, the County reports that "the complete screening and assessment process can require multiple appointments, often with different practitioners, and requires sharing sensitive information in order to demonstrate severity of need" (p. 6).

### **The Response**

To address these issues, the County is proposing to work with Community Medical Centers, an FQHC, to establish a stand-alone clinic location for the purposes of providing respite and assessment to individuals who are unserved, underserved, and inappropriately served. The Assessment and Respite Center will also provide structured linkages to a range of stabilization services and support. The clients often times may not be able to commit due to distrust, intoxication, or a greater need to bypass their chronic health or behavioral health concerns and address other more immediate needs such as

getting food or finding a safe place to live (p. 20). Therefore, structured linkages were to assist clients in following through with assessments and referrals to treatment services.

Instead of having to go back and forth between treatment facilities to either complete the assessment process or obtain services, the County proposes five tasks to complete with the development of this Center: 1) Outreach, screening and engagement; 2) Initial triage and evaluation; 3) Respite or Referral to Stabilization services; 4) Assessment of symptoms and needs; and 5) Case planning and linkage to treatment services.

The Respite or Referral to Stabilization task will allow participants at the Respite Center to stay until they are comfortable with completing the assessment processes. Through the assessment of their symptoms and needs, as well as case planning and linkage to treatment services, the Respite Center will provide non-therapeutic services to clients. These services will assist clients with completing a psychological assessment and facilitate successful engagement in an appropriate level of treatment, utilizing six (6) evidence based treatments. More services provided by the Respite Center, in parallel with the assessment/screening protocol, will include housing services, substance use disorder treatment, behavioral health services, primary health care services, case management services, and a peer partner to assist the client with system navigation. Other features pertaining to the center's services are outreach, screening and engagement and initial triage and evaluation.

Research conducted by the County and MHSOAC staff show that:

- No counties specifically contract with Federally Qualifying Health Centers (FQHC) to offer stand-alone centers for the purpose of assessment and guiding unserved individuals, particularly homeless and those at risk of incarceration, to appropriate levels of care
- No centers target transient, homeless and frequently incarcerated individuals who are medically and behaviorally under or unserved because of their psychiatric diagnoses
- There are no FQHC's that provide pre-treatment services, stabilization services, or conduct psycho-social assessments
- No centers offer medically monitored withdrawal management, rapid housing and primary care services in an accessible location

Other research indicates that trust and cultural awareness are critical to successful participation and completion of outcomes. Because of its voluntary and open door policy, the Center uses the unique position of peer advocate/navigators and centralization of services to address the County's learning goals as well as address the County's traditionally unserved and underserved populations.

### **The Community Planning Program (CPP) Process**

Based on the recommendation of the San Joaquin County Planning Stakeholder Steering Committee, the Community Program Planning (CPP) Process continued in 2017 and the

County focused on target populations of unserved and underserved adults. Clients with serious mental illness and their family members comprised 53% of the community meeting participants and 51% of the survey respondents. (p. 38). Clients with serious mental illness and their family members comprised 53% of the community meeting participants and 51% of the survey respondents (p. 38). The County conducted community meetings, focus group discussions, and surveys; all efforts indicated that the largest portion of feedback was received from Client/Stakeholder surveys. The County distributed 665 surveys and in return received 600.

Throughout the year, community meetings, focused group discussions, public hearings and surveys were held which provided opportunities to solicit suggestions, review, and provide feedback on ideas, etc. Three (3) consumer service programs hosted client discussion groups and the behavioral health planning team met with additional stakeholders (i.e. law enforcement, primary health providers, housing providers, and substance use treatment providers). All groups collaborated to address the Board of Supervisors' directive to expand and enhance joint efforts across governmental and community based partners. No substantive public comments were made at the public hearing or during the review process; except to encourage the County to establish the program as quickly as possible.

This Innovation Project was shared with stakeholders beginning December 18, 2017. No letters of opposition or support were received in response.

### **Learning Objectives and Evaluation**

San Joaquin County intends on piloting a collaborative approach to provide mental health assessments as well as linkages to behavioral health services. This approach will introduce a stand-alone clinic for assessment and respite services for unserved and underserved populations in the county. The County seeks to determine if the Assessment and Respite Center will increase access to mental health services as well as reduce symptoms of untreated mental and emotional illnesses.

The target population of the program will be homeless individuals; non-serious, non-violent offenders; and other unserved and underserved populations with behavioral concerns. **The County may wish to clarify what additional unserved and underserved populations they will serve, as well as the number of clients they intend on serving annually.** Consistent with MHSA Standards, the program will properly assess high-risk individuals in order to link them to appropriate services.

To evaluate the Assessment Respite Center program, San Joaquin County has identified both systematic and individual outcomes. Systematic outcomes will examine impacts the collaborative effort has on the mental health services delivery system, specifically: utilization of the assessment process, increases in mental health services, as well as whether or not there is an increase in mental health participation from the unserved/underserved communities. At the individual level, the County seeks to examine short term outcomes, such as increased psycho-social functioning, increased physical health, decreased substance use, and increased optimism for the future. Long term

outcomes may include increased housing stability, and decreased incarceration and/or recidivism rates. Methods to collect data to measure these outcomes will come from a number of sources, including: pre and post psycho-social assessments, treatment utilization and cost data, program participation data, and client focus groups. An appropriate design to evaluate the Assessment and Respite Center program will be developed in collaboration with the UC Davis Behavioral Health Center.

### **The Budget**

The proposed budget for this Innovation Project is \$11,216,688 over five (5) years. The majority of the budget is going towards the costs of personnel which will be paid to the Contracted Service Provider and Community Medical Centers, who will be responsible for the operations and management of the Assessment and Respite Center. Personnel costs total \$8,433,388, or 75% of the total budget. Staff required for this project will include a Program Manager, Physician's Assistant or Nurse Practitioner, two (2) Licensed Clinical Social Workers, six (6) Licensed Vocational Nurses, six (6) Medical Assistants, two (2) AOD counselors, six (6) Peer Support Counselors and two (2) Patient Navigators. The County has supplied base salary information for all positions and the budget includes a 2% annual cost of living adjustment.

The County lists total direct costs as \$1,023,291, 9% of the total budget, and indirect costs as \$1,265,009, which is 11.3% of the total budget. The evaluation component will be contracted out to UC Davis Behavioral Health Center for Excellence and the County has allotted \$495,000 (4.4%) of the total budget. Project deliverables and the scope of work will then be determined upon project approval.

The County indicates the Assessment and Respite Center (ARC) is anticipated to eventually generate revenue from patients who may be reimbursed for services received. Over the five (5) year duration of the project, the County estimates total operating cost of the ARC will be \$10,721,688; however, a projected amount of \$3,044,084 will be generated to offset that total amount for a net amount of \$7,677,604 for operating costs to run the ARC.

**The County may wish to identify a contingency plan for operating costs if the anticipated funding through reimbursements is not generated and if the proposed Center is going to be continued.**

The County wishes to utilize primarily MHSa Innovation Funds and hopes to additionally offset the operating costs of the ARC by generated revenue.

Regarding sustainability, the County states a determination will be made with input from the community whether and how this project will continue, subject to approval from the Board of Supervisors. Continuation of this project will be based on success rates and

program participants having increased access and usage of available mental health services. If the program is unable to be continued in its entirety, some of the program costs may possibly be absorbed by Prevention & Early Intervention funding.

### **Additional Regulatory Requirements**

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

### **References**

<https://www.ncbi.nlm.nih.gov/books/NBK248423/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3946184/>

[https://www.washingtonpost.com/national/health-science/respite-centers-offer-a-way-to-avoid-mental-health-crisis-and-the-hospital/2015/06/08/bb9d655e-fd86-11e4-8b6c-0dcce21e223d\\_story.html](https://www.washingtonpost.com/national/health-science/respite-centers-offer-a-way-to-avoid-mental-health-crisis-and-the-hospital/2015/06/08/bb9d655e-fd86-11e4-8b6c-0dcce21e223d_story.html)

<http://www.peerrespite.net/california/>