

ACCESS Sonoma Initiative: Lessons Learned For Santa Clara County

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EXECUTIVE SUMMARY

Departmental silos result in inefficient use of government resources and make it more difficult to achieve positive client outcomes. Over the last six years, Santa Clara County's Social Services Agency (SSA) has taken measured steps to build an internal data governance infrastructure, which could be expanded to create a shared data system with controlled data access, lending itself to improved research and evaluation capacity, better reporting, and less siloed service delivery. Many of these efforts have been centered on child welfare and keeping families out of the system.

Adapting and building upon lessons from ACCESS Sonoma could strengthen Santa Clara's efforts and expand them outside of the children and families realm to other services such as homelessness prevention and economic supports. Key elements include (1) partnering with legal experts to create a universal release that allows participants to opt into data sharing, (2) dedicating staff resources for this initiative, (3) engaging in cross-departmental collective impact efforts, and (4) integrating County-funded services that are provided using external partners.

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Project Goal

Each county department has unique service goals and collects its own client data to achieve its goals. Many clients receive services from multiple departments, which results in multiple client data records in each department that may vary. Data privacy rules protect client information and restrict information sharing. However, this siloed approach leads to clients receiving care that is not coordinated and makes it difficult to track service utilization across departments. Especially with high-utilizers, data sharing and coordination should improve outcomes.

This paper surveys the history of Santa Clara County data governance and data sharing projects and compares them to Sonoma County's Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS Sonoma) initiative to make recommendations on the elements that could be implemented in Santa Clara County.

Santa Clara County Background

In 2018, Santa Clara County SSA's technology staff implemented a Master Data Management (MDM) system that created a "golden" client record uniquely identifying clients across programs which the County could use to improve service delivery, improve research and evaluation capabilities, and generate reports showing the crossover between programs. After conducting a solicitation and building it out, the data were used to generate reports and dashboards to guide service delivery. Two other county departments purchased the same software with the intention of building a countywide system in the future. The software cost approximately \$200,000 with \$40,000 yearly in ongoing licensing costs (for SSA only) and utilizes existing staff resources. A consultant was also utilized at a one-time cost of approximately \$400,000 to assist with the implementation.

The MDM project was paused indefinitely when concerns arose relating to data privacy rules. In response, a data governance project was created that began planning for longer-term data management, cataloging of data access, and mapping data workflows throughout the agency. This project's goals are to make the data process clearer, work toward ensuring that only the right people have access to client data, and bring staff from various SSA departments to participate in a collaborative data governance workgroup. While uncertain, this project might eventually pave the way to allow carefully controlled data sharing within the parameters of legal requirements, provided there are strict controls on who can access the data.

Simultaneously, SSA was leading a Cross-Agency Services Team (CAST) collaboration to break down silos across departments—especially within services for children, youth, and families—to ensure no wrong door to access services. Efforts have focused on systemic and programmatic processes to build an effective and efficient system for families to access services, including holistic intake assessments and referrals. SSA has also had a long-standing partnership with 2-1-1 as a service directory, which is currently undergoing upgrades. The 2-1-1 service improvements being considered would add post-referral tracking functionality, data analytics, and tracking.

Sonoma County Background

Although Santa Clara's MDM project was paused, initiatives in other counties have moved forward. ACCESS Sonoma is one such successful data-sharing effort. Sonoma's efforts use cross-departmental integrated technology to aggregate client data, coupled with collective impact efforts, to strengthen the social safety net and

coordinate targeted care for high-utilization clients.

Sonoma County identified that a small percentage of its residents used a disproportionate amount of county services. 1.3% of the Sonoma County population utilizes \$162 million in social services annually.¹ Each person in this group received approximately \$27,000 in state and local-funded services each year; this represents 28% of the county's behavioral health costs, 52% of the county's shelter bed nights, and 26% of county jail time.²

In early 2017, the Sonoma County Board of Supervisors established a goal to “identify the most vulnerable residents and develop coordinated strategies to improve their well-being, self-sufficiency, and recovery.”³ This led to the creation of ACCESS Sonoma, which “focuses on the critical needs of residents who are experiencing physical and mental health challenges, economic uncertainty, housing instability, substance use disorders, criminal justice engagement, and social inequity.”⁴

In October 2017, Sonoma faced an unexpected emergency when the Sonoma Complex Fires devastated the county, destroying more than 5,300 homes. The build-out of the ACCESS Sonoma system was expedited and completed in four months. Fire survivors became the first cohort served. Several cohorts of high-utilizers and system augmentations have been added since, including a current effort to integrate 2-1-1 resource data into the system. ACCESS Sonoma:

1. Aggregates client information from distinct departments into one data hub, creating a set of “golden” client records.
2. Utilizes a Case Management System (CMS) for vulnerable or high-utilizer clients. The development of this care management software was expedited by contracting with IBM to mirror a system created for San Diego County. The system, initially called IBM Watson Care Management and now called Merative Integrated Care, serves clients who have signed a “universal” release (see Attachment A), which allows their information to be shared. Client records from the data hub are imported into the CMS; additional information and metrics, such as completion of positive and avoidance of negative events, are added to this system. Children are not included in the system because they cannot sign the release.
3. Provides a regular venue for departments and community partners to share information about the highest utilizers through the Interdepartmental Multi-Disciplinary Team (IMDT) Meetings. “The IMDT is a care coordination, advisory team of subject matter experts of frontline staff across siloed departments and programs to develop integrated care plans through collaborative planning of individualized goal setting for ACCESS participants.”⁵ IMDT meetings are more than a collaboration because participants discuss their progress with each

¹ California Policy Lab, “High Utilizers of Multiple Systems in Sonoma County,” July 2020.

² Ibid.

³ Access Sonoma
<https://sonomacounty.ca.gov/administrative-support-and-fiscal-services/county-administrators-office/projects/access-sonoma>

⁴ Ibid.

⁵ Access Sonoma.
<https://sonomacounty.ca.gov/administrative-support-and-fiscal-services/county-administrators-office/projects/access-sonoma>

client, align their efforts, and learn from each other to accomplish shared goals. Each meeting is facilitated by an IMDT Manager responsible for managing these meetings. The goal is a solutions-focused meeting that breaks down silos.

4. Uses screening criteria to target services to high-utilizers to create positive outcomes for the individuals served and decrease redundancy and costs across Sonoma County safety net services.

The total five-year cost to utilize and customize the ACCESS Sonoma's IBM system and the data hub is \$11,770,083. The funding has been a mixture of local and grant funding. There is also an assigned project manager from the County's Information Services Department. Ongoing funding is needed for annual licenses even if no new system enhancements are added. ACCESS Sonoma has been successful; 72% of cohort participants are housed (n=512), there has been a 32% decrease in hospital costs for high emergency department utilizers, and 85% have received the behavioral health/social services needed (with 578 receiving case management).⁶⁷

Reasons for these successes include:

- Buy-in: The Sonoma County Board of Supervisors and Safety Net Collaborative department directors support this initiative.

⁶ Carolyn Staats. (n.d.) A Care Management Approach: Supporting the unhoused with integrated care and technology. County of Sonoma. <https://www.merative.com/content/dam/merative/documents/case-study/sonoma-care-management-approach.pdf>

⁷ ACCESS Sonoma and Health Policy, Sonoma County Department of Health Services, Planning and Evaluation Unit, 2022

- Data Governance: Data governance rules were established to protect client information.
- Data Hub: Cross-departmental client data was mapped to determine the most reliable data set, and a golden client record was created.
- IMDT Meetings: The IMDT meeting allows siloes to be broken and knowledge shared.
- Release of Information: A broad release of information is signed by every client before their record is visible in the system or discussed at the IMDT meetings.
- Dedicated staffing: Along with program staff who spend part of their time participating in the IMDT process, there are additional staff fully dedicated to the ACCESS Sonoma initiative, which removes some of the participation barriers.

A core element of this project has been its collective impact approach. Collective impact is:

the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. ... [C]ollective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.⁸

⁸ Kania & Kramer (Winter 2011), Stanford Social Innov. Review. https://ssir.org/articles/entry/collective_impact#>

Buy-in across Sonoma County's Safety Net Collaborative was a prerequisite and remains necessary for ongoing success. Additionally, IMDT participants engage in mutually reinforcing activities and work toward a common agenda. Part of Sonoma's success is related to these collective efforts rather than the specific technological tool.

Comparison of Santa Clara County and Sonoma County's Coordination Efforts

The Santa Clara and Sonoma approaches have key similarities and differences. There are three key points of overlap: (1) Both counties have proven their ability to create a golden record, (2) both counties want to break down silos to provide better, more coordinated services, and (3) both counties acknowledge data governance as a key element to success.

There are also key differences between Santa Clara and Sonoma County's efforts. The most notable is that Santa Clara County's efforts have focused on children and families, whereas Sonoma County only serves adults who sign releases to consent to participate. Sonoma County has a universal information release, which Santa Clara County does not have. Finally, Santa Clara County is taking a more measured approach to building its data governance infrastructure. This provides a unique opportunity to design data access and systems in the county thoughtfully.

Additionally, the sizes of Sonoma County and Santa Clara County are vastly different; Santa Clara is almost four times the size of Sonoma and has a larger workforce. Because of this, implementation costs in Santa Clara should be higher, and systems would have more users.

Recommendations

These differences provide Santa Clara an opportunity to build something more robust and powerful. The following strategies could augment previous efforts:

- Risk mitigation: Engage County Counsel at every step of the process to ensure there is a privacy subject matter expert involved in the planning.
- Shared Performance Indicators: Coordinate with community partners and internal and external stakeholders to build robust shared performance indicators that build upon the elements of the collective impact approach.
- Universal release: Work with legal experts to build a strong release and plan to have clients sign the release immediately to prevent delays when a system is developed.
- Coordinate with contractors: Heighten data privacy language in county contracts. Collect and aggregate service model information and eligibility criteria that could be in an augmented 2-1-1 or CMS to enable more accurate referrals.
- Create a countywide contract database with client information: County contractors would provide client and outcome information in one place to allow the county to determine high-utilizer spending more accurately.
- Consider building a CMS: The financial benefit of building a CMS is not clear enough to justify building a system at this time. The advantages

of this system should be weighed against the costs of the system and expected benefits. The cost of serving Santa Clara County's high-utilizers, including the cost of contract services, should be determined first and factored into the cost-benefit analysis. Additionally, the 2-1-1 augmentations currently being considered could add some of the expected benefits with less cost.

- **Collective impact team with dedicated staffing:** Create a collective impact team with a common language, shared goals, and a forum like Sonoma's IMDT that breaks down departmental silos. The efforts could be simulated with a regular meeting, discussing high-utilizers who have signed a release with or without a shared CMS. If privacy laws related to child welfare are a barrier, the focus could be on high-utilizers over the age of 18, including clients struggling with homelessness and substance abuse disorders. A dedicated manager could guide the efforts and facilitate the meetings.

Cost of Recommendations

- **Risk mitigation, Universal release, Shared Performance Indicators, and enhanced contract language:** These recommendations can be completed by existing county positions. Office of County Counsel can dedicate existing staff resources towards this project, drafting the release, and approving contract language. The Office of Countywide Contract Management (OCCM) can draft contract language. Shared Performance Indicators can be led by research and evaluation staff in each

department. In SSA, Continuous Quality Improvement staff and Office of Research and Evaluation staff can lead efforts to identify universal indicators.

- **Countywide contract database:** OCCM could manage a shared contracting database using existing resources. The system should be procured using a competitive process; the estimated development cost is \$500,000 plus ongoing licensing costs. This system might be integrated into a larger CMS if created.
- **MDM System:** The MDM system was bid more than five years ago and would need to be rebid. By leveraging the work from the previous system, fewer staff and consulting resources will be needed. Existing staff can also be leveraged to develop the system. A consultant might be needed, but the costs should be lower than before and are estimated at \$300,000. The system would cost approximately \$300,000, coupled with additional licensing costs.
- **Case Management System:** This system could be competitively bid or built internally to meet County data standards. The estimated cost would exceed \$10,000,000 for five years, assuming cost savings from the lessons learned in Sonoma and San Diego and quality infrastructure built in advance. A five-year contract lifecycle could impede the ability of the initiative to continue indefinitely and is a disadvantage of this option. Alternatively, County technology staff could build a system, and the

project would not be time-limited. If a CMS is adopted, an Information Technology Project Manager includes an ongoing cost of \$260,000 annually.

- **Dedicated staffing:** A Program Manager II to lead collective impact efforts would cost \$197,000 annually, including taxes and benefits. Additional staffing may be needed in departments heading the service efforts, such as a Social Work Supervisor in a hospital to manage the caseloads of large cohorts of high-utilizers of emergency room services. Federal and state funding could be leveraged to reduce costs to the general fund.

Implementation Timeline

Year 1: Create a Universal Release, hire Program Manager II, establish a collective impact team, begin working on shared indicators, and create new contract data privacy language

Year 2: Release solicitations for MDM and Countywide Contracting Database, finalize shared indicators, add enhanced data privacy language to county contracts

Year 3: Build MDM and Countywide Contracting Database with shared indicators

Year 4: Launch MDM and Countywide Contracting Database, begin collecting/analyzing data

Year 5: If warranted, solicit and/or build CMS and hire Information Technology Project Manager

Year 6: Launch initial phase of CMS

Conclusion

SSA made measured progress to build an internal data governance infrastructure

which could be strengthened by the lessons learned from the ACCESS Sonoma initiative. Risk-aware implementation of the lessons would start with dedicated staffing and would take up to six years to fully implement. Early steps would center around creating a multidisciplinary team that works towards a common goal while also collecting data to determine the current cost to serve high-utilizers. Ultimately, the data collected would be used to decide if a CMS would be a cost-effective tool to improve client outcomes in light of the system costs and privacy concerns inherent in data sharing.

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