Collaboration Without Integration Equals Fragmentation

James Johnson, Jr.

EXECUTIVE SUMMARY

Sonoma County's Safety Net Collaborative is a formal partnership between Health Services, Human Services, Community Development Commission, Child Support Services, and Justice Department. These departments collectively develop and support Project Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS). This case study explores two of Project ACCESS' five goals: (1) develop and implement a plan to coordinate cross-departmental services; and (2) develop an integrated data sharing system to support care coordination across departments. Solano County Health and Social Services (H&SS) has begun a similar transformation to integrate data and program operations, in order to promote healthy, safe, and stable lives of community members. This case study will inform Solano County H&SS' development of an integrated data system, based on learnings from Sonoma County's Project ACCESS.

James Johnson, Jr., Solano County Health and Human Services

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Introduction

In Sonoma County, 6,600 residents (1.3% of the county's population) accounted for over 25% of the county's jail time and behavioral health costs and for over 50% of the nights spent in housing or shelters for the homeless. The total cost to provide services for these individuals is $162 million per year. Sonoma County's investments into its infrastructure and embracement of modern information technology allowed for this study and brought together disparate data elements into a unified data center.

In April 2017, the Sonoma County Board of Supervisors identified a new priority to strengthen the county's safety net system via a project called Accessing Coordinated Care and Empowering Self-Sufficiency (ACCESS). Sonoma County is not unique from other county governments in that (1) services from health, human/social and justice services are provided to residents at low- to no-cost; but (2) each department—and even some programs—operate as silos and provide fragmented services to shared program participants. Part of the proposed solution includes the construction of "Golden Records," which are composite records of individuals that are participating in multiple county programs. Golden Records include both demographic information and data on the individual's participation in various programs. For example, a single Golden Record is created if Jane Doe who is a participant in Program A is the same Jane Doe who is a client in Program B. If these are two different Jane Does and not the same person, then two Golden Records are created instead of one.

The 2017 fires in Sonoma County previously completed with the same technology vendor, IBM. Given that this required multiple levels of approval—all the way up to the Board of Supervisors—being able to accomplish such a massive endeavor in a short period of time is proof of both how urgent the need was and the massive talent and flexibility of Sonoma County staff. The IMDT was able to use Project ACCESS to house 32% of the individuals who were recently homeless due to the fires and refer 13% to a shelter.

Key Elements

San Diego County's Model of Collaborative Care

Anecdotally, the Sonoma County Safety Net Collaborative departments believed that they shared a lot of the same clients. However, privacy concerns prevented the sharing of information and funding restrictions did not support a comprehensive solution toward collaborative care. By working on a shared release of information and leveraging the Medicaid 1115/Whole Person Care model, Sonoma County effectively addressed privacy regulations.

There are several counties that have undergone the task of building an integrated data system, such as Alameda County's Social Services Integrated Reporting System (SSIRS) and others, but the model that Sonoma County followed was from San Diego County's Health and Human Services Agency. Starting in 1997, San Diego County merged various departments together into one Health and Human Services Agency. In 2012, the

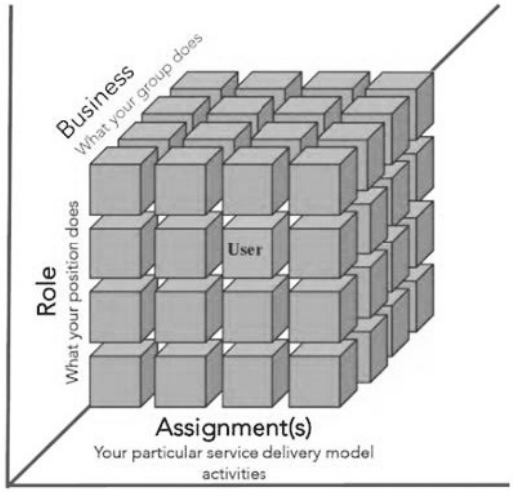
project ConnectWellSD was created, and San Diego County began to build data systems to support collaborative care in 2015. San Diego County built the hub and spokes of an integrated data system, including the security/data governance model, key performance indicators, and defined datasets that are of the greatest utility in health and human services.

Data Governance

A major concern when integrating data is how information access is managed and what parts of the Golden Record can be shared. The theory behind San Diego County's model of data governance is that information is accessed based on the *type* of data and not the *source* of the data. Security protocol questions extend beyond solely asking where someone works to include what their job is and what they do. For example, instead of only asking what program an employee (example: a nutritionist) works in (example: Nutrition Services) and limiting their access to only data that is entered and managed by Nutrition Services, this model also asks what is expected of them as a nutritionist and how they accomplish these tasks. If the task is to both develop a new diet plan that avoids any allergies and assess what food insecurity services an individual may qualify for, this may mean that the nutritionist can access allergies data that is collected by a medical doctor and eligibility data such as a person's ability to receive CalFresh. In the words of a 2019 report on this information-sharing model, "the entire model pivots on the central principle of person-centric care, wherein information is brought together from multiple systems and channels of service to holistically fulfill the client's needs." Sonoma County has adopted this model and worked with partners like Foley & Lardner, a law firm that specializes in intellectual property, business law, litigation, and regulatory law.

Sonoma County's release of information allows the program participant to share all of their information with the IMDT, or they can opt to not share any information. If a person is eligible to participate in multiple programs, they have the right to pursue and maintain their participation. However, their collective data—i.e. their Golden Record—is only shared if the participant signed the release of information. A signed release of information allows Sonoma County to decide the best programs and staff to involve in the management of each person's case.

FIGURE 1



Interdepartmental Multi-Disciplinary Team (IMDT)

Rather than relying on individual, 1-on-1 service delivery, Sonoma County uses a collaborative care model. The IMDT is a care coordination, an advisory team of subject matter experts and frontline staff that work together to develop integrated care plans for individuals with multiple and/or complex needs. The IMDT consists of one to three staff members from most Safety Net departments. The panel of cases that IMDT oversees are grouped into specific cohorts that are defined by the Safety Net Collaborative. There have been six (6) cohorts to date: Emergency Rapid Response (those impacted by fires); High Needs Homeless; Emergency Department High Utilizers; Mental Health Diversion; Homeless Encampment Access & Resource Team (HEART); and COVID-19 Vulnerable.

The IMDT meets weekly to review the cohorts and discuss cases for individuals that have multiple

FIGURE 2
Sonoma County Project ACCESS Budget

DATE	COST	PURPOSE	DATA SYSTEMS
3/20/2018	$1,197,082	**Phase I** Initial contract to develop the integrated data hub and front-end user application	CalWIN, SWITS, Avatar, HMIS, IJS, DCSS
8/7/2018	$1,799,918	**Phase II** Add homeless services to the database, client care planning and goal tracking, and security for future expansion	*Additional data* Probation, CalWIN *New data* Community Development Commission, Housing Pro
12/11/2018	$1,800,000	**Phase III** Configure criminal justice data, expand security holes, expand e-authorization forms, expand system infrastructure	Justice
7/23/2019	$1,500,000	**Phase IV** System to electronically refer clients to community partners; portal for clients; alert system for care team and client	
Early 2020	$1,500,000	**Phase V** Expansion of source systems	Human Services, Health Care Clinics, Hospital Data

and/or complex needs and have struggled to achieve their goals. During IMDT meetings, Golden Records are displayed, and the team discusses how to promote health and economic self-sufficiency by addressing the root cause(s) of the issues each individual experiences. By way of metaphor: rather than providing each IMDT member a photo of the holes in the roof of someone's house, the IMDT is given a birds-eye view of the entire house and the property that the house sits on.

Budget

The total budget for the contracting costs of Project ACCESS from 2018 through 2020 is $7,797,000. This figure does not include the costs of any county personnel. This funding came from a number of sources, but most notable was $8,352,069 in funding from the California Department of Health Care Services via the Medicaid 1115 Waiver/Whole Person Care Project. Additional funding sources for the project have come from the Sonoma County Safety Net Collaborative, Hewlett Foundation, Santa Rosa Memorial Hospital Foundation, Homeless Mentally Ill Outreach and Treatment Program, and County Medical Services Program.

Implications for Solano County and Recommendations

Solano County is a mid-sized county, similar to Sonoma County, and recently began the process of integrating its data systems and program operations to improve care collaboration. Solano County created two Navigation Teams that comprise public health nurses and social workers. The Navigation Teams are designed to function in a similar role to Sonoma County's IMDT but on a much smaller scale, as there are currently only 3.0s, compared with 4.0 to 10.5 FTEs in Sonoma County's IMDT. Intake was designed to follow the Whole Person Care model, whereby high utilizers of emergency departments and other residents are referred to Whole Person Care case managers and services are provided 1-on-1. Solano County plans to update the

FIGURE 3
(Projected) Solano County Integrated Data System Plan and Budget

DATE	COST	PURPOSE	DATA SYSTEMS
2/11/2020	$1,175,000	**Phase I** Build the shared case management system and Golden Record creation process	NextGen, Avatar, HMIS, Whole Person Care
7/1/2020	$1,056,300	**Phase II** Build a Participant and Provider Portal, referral tracking system, and document repository	Persimmony, Tacoma, CalWIN
7/1/2021	$1,000,000	**Phase III** Build processes to access systems for eligibility recommendation and (self) enrollment request; request (or schedule) appointments	Efforts to Outcomes, MediTract, CMSNet, WIC WISE, PG Pro
1/1/2022	$768,700	**Phase IV** Create a combined view of a multiple care plans; Transfer referral data directly into systems	CWS/CMS, CWS Cares, Safe Measures, OneSolution, PeopleSoft, ITWS

policies to view the individual's complete case rather than solely focusing on the most visible concerns.

The current estimate for the cost to build an integrated data system for Solano County H&SS is approximately $4 million over three years. This lower cost estimate is due to efficiencies that can be gained from building on the successes from Sonoma County and other counties. Additionally, Solano County H&SS elected to build on the Microsoft Power platform and is therefore paying the (relatively) minimal license upgrade fees to augment the Microsoft Office, Azure and SharePoint services that Solano County already uses. Funding largely comes from Whole Person Care and Behavioral Health sources, and this funding will be supplemented by private and public grants and allocations.

There are additional topics to still be addressed that an integrated data system would encompass, including evaluating the systemic effects of collaborative care, identifying inequities, and developing continuous quality improvement cycles to measure how policy and practice changes improve outcomes. The Solano County Health and Social Services Department mission is to promote healthy, safe and stable lives. In order to measure progress toward this mission, there is a need to implement structural changes and evaluate the consequences (intended or otherwise) to ensure the experiences of program participants, staff and community partners are being improved. To quote a 2020 panel discussion on equity in systems change: "Symbolism without structural change is just symbolism."

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