

NAPA COUNTY HUB: HOLISTICALLY ADDRESSING CLIENTS' MULTIPLE NEEDS

John Daugherty

EXECUTIVE SUMMARY

Napa County client surveys revealed that 75% of clients visiting a program office self-assessed as having two or more issues impacting them or their family for which they would like to request aide. Each point of concern a client might have does not exist in a vacuum. The numerous, interconnected areas of concern impact a health and human services organization's ability to positively address any single area. To address this relationship, Napa County created the Hub. The Hub uses a screening tool to identify multiple need clients, provides warm handoffs or referrals to service providers (internal and external), and provides support for the client to make a successful connection with identified providers.

This initial-screening process and commitment to holistic client aide can be applied to human and health services in other county models. By creating a complete understanding of a client's needs at "first touch," providers can better ensure successful outcomes. Also, building decision trees for support methods linked to several common areas of concern can transform a specific point of intake from a singular focus area to a wraparound provision of services. Further, holistic initial-screening tools and decision trees can be packaged for multiple platforms to integrate into the first contact an organization makes with prospective clients to the benefit of both parties.

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Introduction

In 2013, using an Intergovernmental Fund Transfer in agreement with the California Department of Health Care Services, the Napa County Health and Human Services Agency (HHSA) undertook a pilot project to apply a holistic care approach to HHSA clients. This project recognizes that services provided to address one need, such as substance abuse, will impact the success of delivering other services. Clients identified as having multiple significant needs would be assessed via a pre-screening checklist conducted at their initial point of entry into the county's overall organization. If their needs were manageable through timely referrals to appropriate organizations, clients would receive a warm hand-off to county programs or community based organizations that addressed their specific needs. This project became known as "The Hub" or "El Cubo" due to its position at the center of services received by multi-need clients.

Located in the main county campus, the Hub's team consists of one Mental Health Supervisor, one Mental Health Counselor, and two Community Aides. This team is nimble and boasts a broad range of capabilities. The Hub is able to provide a client with everything from an initial addiction intervention to connecting a client with a community based organization, such as a food bank. This array of services is accessed by a client with multiple needs as seen when completing the Hub's pre-screening checklist. The Hub's strength is its integration with the

HHSA and community based providers. Once connected with the Hub, clients undergo a screening process to customize the supports necessary to matriculate through the process of receiving multiple services.

Napa Integrated Services

The level of integration between the factions inside a health and human services organization necessary to provide a single access point for clients to receive total wrap around care is not really possible. It is inconceivable that a client could ever complete one combined application, visit one site, or complete one continuation of aid determination that would provide them with all of the services they might require. However, Napa County's 2013 preliminary client needs survey shows that out of 381 clients, 45.4% self-assessed as having four or more (out of 13 possible) specific needs affecting themselves or their families. 62.2% responded three or more needs. It is common to have a client make initial contact with the Welfare to Work program, as an example; yet, success in that program is impacted by child care, housing, transportation, addiction, violence in the home, health-related issues, or some combination. Thus, an integration of services, intentionally or not, becomes key to truly achieving successful outcomes.

Providing service integration in the ever-shifting landscape of program regulation requires a crossroads where clients can be screened and advised on how to proceed. The Hub fills this role by acting as a chaperone that sets up appropriate appointments, answers questions, and in some situations, provides transportation or assistance in completing applications. It is important to note that Hub support is capped at 30 days. This is to avoid clients remaining in the Hub by not completing the process required to receive services, but the timeframe can be extended in special

circumstances. From June 30, 2014 to July 1, 2015, the Hub made contact with 609 unique individuals, 414 of which were prescreened by Hub staff for behavioral health needs, and of those, 259 substance abuse screenings were completed with brief interventions. These clients receive internal agency referrals via the one page Hub pre-screening checklist, referrals from mental health centers, or are engaged by outreach conducted at shelters. For outreach or extra agency referrals, the Hub process generally begins by seeking some kind of health provider for an immediate need. For a super-agency (health and human services combined) the Hub appears to be particularly advantageous. Clients are evaluated for mental/behavioral health services much earlier in the process with Napa County than if they were to organically engage those services on their own.

It is difficult to quantify the benefit the Hub provides Napa County HHSA, as internal success criteria are not well defined. There is a Hub-specific client management application and database, but currently there are no business intelligence reporting tools in place. Further, the Hub's overall impact will be a "soft value" that will likely be expressed in other county programs' success rates such as children reunited with families improving or diminishing after the Hub's creation. These data are currently unavailable and are included in phase three planning which is set to begin sometime in FY 16-17. In the absence of statistical data, there is more reliance on positive testimonial support from clients and staff. In brief, clients referred to the Hub appreciate the assistance received and staff have a way to connect clients to special needs that otherwise might not be met. Because the Hub is working with multi-need clients, program staff can remain focused on more specific programmatic services and do not have to be

overburdened with trying to provide aid to a client requiring encouragement or special assistance.

Napa Hub Challenges and Improvements

Four areas of improvement were identified by this BASSC case study that would require a low to medium level of effort by Napa County to implement. They include:

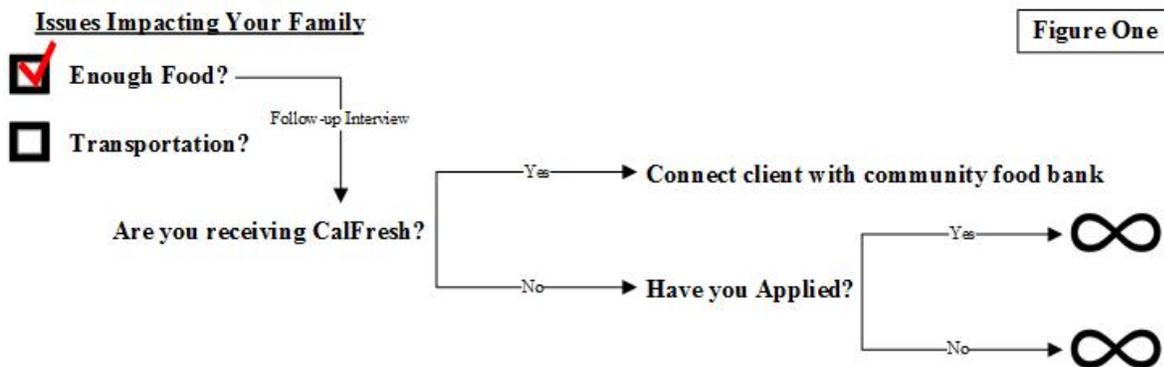
- Providing a small reporting toolset in the pre-existing Hub client management application to assist the Hub in defining its agency and community impact
- Providing standardized on-demand or periodic transportation from shelters to HHSA buildings containing services identified on the Hub Pre-Screening Checklist (bus passes being the preferred method)
- Creating a web-based, digital Hub Pre-Screening Checklist which feeds into the Hub client management application and could be deployed to remote sites, such as shelters, as a kiosk-type interface that could be accessed via the internet
- Providing a system with mobile capacity that would allow Hub staff to create and manage client appointments and possibly remove protracted internal communication when setting up an appointment for a Hub client with HHSA programs

Implications for Sonoma County Human Services Department

Napa County HHSA is a super agency where the Human Services Department and Health Services Department are combined. This provides Napa County a great opportunity to provide wrap around service as compared to Sonoma County which has a stand-alone Human Services Department (HSD). Sonoma County needs to reach an increased level of effort to achieve the

holistic service design within a HHSA, which requires collaborative relationships to be established with external organizations. This challenge must be met if Sonoma County is to keep pace with moving clients to independence.

The Hub pre-screening checklist is a one-page document where a client checks boxes next to issues that are impacting them; there is also an area to make a brief comment next each choice. Additional space is provided on the form for Hub staff to make notes as they interview multiple need clients to determine more information about the selections they have made. On the surface, this checklist might appear rather simplistic, yet, as the process continues each selection leads to a decision tree and a refined interview script designed to elicit the most useful responses for determining services. A decision tree for a client who is food insecure (Figure One) can become infinitely more complex when an organization considers all its internal and external options available to meet that need.



Napa’s Hub concept begins to weaken once it moves beyond the screening process. Clients must be directed to other buildings or groups to receive services identified to meet their concerns. Resources are spent establishing appointments, preparing clients for the application process, transporting some clients to different locations, and following up with service providers to ensure

the client made contact. Sonoma County HSD has a potential solution to address this issue in its current endeavor to create a “Neighborhood-Based Services” model. Representatives and systems for all programs under the umbrella of human services are co-located in a neighborhood office for the purpose of reducing the logistical demand placed on clients. As stated previously, it is imperative that Sonoma County enacts a systematic process to provide access to the range of health services at these locations because client needs do not exist in a vacuum.

Multiple needs must be prioritized and addressed holistically. HSD’s service approach requires a broad set of solutions to address its diverse client base. Some solutions will be institutional in nature, such as a formal referral process that provides a client access to a doctor. The solution package must also be flexible enough to also rely on external options, such as a community partner who provides clothes to needy families. The adoption of the Hub’s pre-screening checklist, customized for Sonoma County HSD, would provide a powerful tool to efficiently understand what must be done on an individual basis. A Sonoma County HSD checklist should be expanded to include services outside the agency. Currently, there is no blanket process by which clients making initial contact with Sonoma County HSD can be referred to the Department of Health Services for mental or behavioral health issues unless there is some form of emergency. It is critical that interdepartmental coordination provides a warm hand-off between human services and health services if a client requires mental health or addiction evaluations. This warm hand-off should apply to several decision trees to allow a HSD neighborhood office to provide services for mental health, addiction, First 5, Women Infants Children (WIC), and so on. By addressing a small set of common core issues and defining a dynamic decision-making

process, Sonoma County HSD could develop a client inception process that begins by efficiently wrapping services around clients at ‘initial touch’.

Screening Tool Based Outreach

Sonoma County HSD has been developing and testing kiosk-based, self-service systems. A web-based application of the pre-screening checklist, described above, could be very effective in creating positive impact with clients who interact with the tool. Decision trees could be followed for several service considerations and their logical conclusions based on where and how the client is interacting with the screening tool. Figure Two shows how a food insecure client could interact with a website or unattended kiosk to be referred to appropriate services by answering scripted questions. A kiosk presentation like this in the lobby of any HSD building could also be used to help streamline lobby flow from clients walking in the door to speaking with the appropriate service provider.



As an aside, clients must have children to receive CalWORKS, yet 40% of applications evaluated by Sonoma County do not have children. This is because clients can apply online without restriction, but it serves as an example of clients being unprepared or under-informed to

be evaluated for a service. A screening tool under the control of HSD could address a myriad of similar issues before a client begins an application process.

A tool similar to Figure Two could be deployed on several platforms to address specific circumstances. Mobile workers, a shelter, or an outreach station tethered to a vehicle could use this tool as a web-based client application or as a one-page form to make initial contact with prospective clients. Unattended kiosks can feed client contact information back to the department or can direct clients towards creating a self-service “My Benefits” account inside the CalWIN system where they would automatically receive text messages, emails, and updates about the status of their case. A screening checklist tool could produce results similar to a client visiting multiple HSD lobbies seeking services. This tool cannot replace lobby operations, but could augment and assist its function, empower clients, and ensure that clients are properly prepared to be evaluated for any services they might require.

Conclusion

Clients interacting with Sonoma County HSD commonly have more than one issue impacting them or their families. Achieving successful outcomes requires all clients’ needs be addressed simultaneously. Sonoma County HSD is fundamentally less capable of providing ‘one-touch’, wrap around services as compared to a HHSA. Thus, Sonoma County HSD must fill the health services void with established, systematic avenues that lead to extra-agency client hand-offs. Extra-agency support should target both county companion divisions and community organizations wherever feasible. A logical approach to establishing and managing such a system is to adopt an initial contact screening tool that would provide for an assessment of

clients' interconnected needs. This screening tool can be further developed into a platform that is capable of blending with lobby business process, outreach, or any other first-touch function.

Acknowledgements

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