

Innovation Work Plan Narrative: INN-17

Work Plan Name: Innovative Mobile Hoarding Intervention Program "IM HIP"

County: San Diego

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

There is very little research about hoarding behaviors in older adults; nevertheless, it is well known that late life hoarding is a serious psychiatric and community problem that deserves considerable attention.

Hoarding is more prevalent in older than younger age groups. Initial onset of hoarding symptoms is believed to occur in childhood or adolescence with a chronic and progressive course throughout the lifespan; increasing in severity with every decade of life. Thus, older adults experience very serious levels of hoarding. This increase in hoarding symptoms is particularly interesting given findings of decreased prevalence of other psychiatric disorders in late life. Other than dementia, hoarding may be the only psychiatric disorder that actually increases in severity and prevalence throughout the life course.

Hoarding is particularly dangerous for older persons, who may have physical and cognitive limitations. Basic functioning in the home may be impaired as the acquisition of items piled up in various rooms prevents the use of the rooms intended function. One study found that 45% could not use their refrigerators; 42% could not use their kitchen sink; 20% could not use their bathroom sink; and 10% could not use their toilet. Hoarding can present a physical threat due to fires, falling, unsanitary conditions, and inability to prepare food. Many suffer from great social impairment due to the unwelcoming state of the home. Most seniors live on a fixed income and suffer from financial problems due to paying for extra storage space; purchasing unneeded items, or housing fires. Older adults are at risk for eviction or premature relocation to less desirable housing.

(Adapted from an article about Hoarding in Older Adulthood by Catherine R. Ayers, Ph. D. ABPP on the website of the International Obsessive Compulsive Disorders Foundation)

The proposed Innovative Mobile Hoarding Intervention Program's (IM HIP) primary essential purpose is to increase quality of services, including better outcomes, by testing a proposed intervention practice to determine its effectiveness and replication to decrease hoarding behaviors of older adults. The intervention will be adapted or changed to suit older adults as the program is implemented and learnings unfold regarding the needs of the older adults in response to the curriculum presented. The mobile nature of the project will increase access to services for a population of older adults who tend to be isolated and who have many times lost

their social contacts and family connections due to the hoarding behaviors. The promotion of interagency collaboration will also be a result of this project. Project staff will be working collaboratively with referring or servicing agencies such as Code Enforcement; local Fire Departments; Aging and Independence Services; Animal Services; Vector Control; and/or various Home Health and Mental Health providers who may already have varying degrees of awareness and involvement with these at risk seniors. Family members will also be encouraged to refer their loved ones.

The eligible population will be uninsured, Medi-Cal and or Medi-Cal/Medicare beneficiaries who are 60 and older who meet medical necessity criteria for psychiatric conditions.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSa and Title 9, CCR, section 3320. (Suggested length - one page)

This work plan is consistent with the General Standards identified in the MHSa and Title 9, CCR, section 3320.

Program Description:

This approach diminishes hoarding behaviors long term in older adults by utilizing an approach such as combining an adapted cognitive behavior rehabilitation therapy with hands on training and support. Participants will learn skills to reduce anxiety and depression that lead to acquisition and hoarding behaviors; reduce acquisition of excess items; and practice organizing and discarding items so that all rooms in the home have safe and unimpeded egress; and a particular room in their home can once again be used for its intended function. Example: A bedroom has a bed that can be slept in; a kitchen can be used to prepare a meal; store food and wash dishes; or a living room can be used to relax in and entertain visitors.

- The team will consist of specially train clinicians, case managers and peers. Participants who require psychiatric medication will be linked to appropriate mental health providers. This program will collaborate with the participant's other health providers.
- An added component is Older Adult Prescription/Alcohol Misuse screening, education, and referrals.
- An aftercare support group will be developed to help participants maintain the skills learned and continue to apply them.

Components:

- Outreach and education about the program to; review of referrals from; and collaboration with: mental health providers, primary care, Aging and Independence Services, Psychiatric Emergency Response Team (PERT), Fire Dept., Vector Control, Code Enforcement, Animal Services, private fiduciaries, professional organizers, etc. Referrals also accepted from family members.

- Screening and hoarding baseline established by Clutter scales and/or other hoarding measures
- Screening, Brief Intervention and Referral to Treatment (SBIRT) for Older Adult Prescription/Alcohol misuse
- Home-based Exposure/sorting therapy along with adapted Cognitive Behavior Therapy
- After-care support group to maintain acquired skills
- Psychoeducation components developed from following possible models such as:
 - 24-26 weeks of Cognitive Rehabilitation and skill building
 - “Buried Treasure” curriculum (Help for Compulsive Acquiring, Saving & Hoarding)
 - 15 week support group, graduates become “action group” which follows with intense 8 weeks of active de-cluttering with a clutter buddy

Community Collaboration: The concept for this work plan was developed with participation from older adult stakeholders who are part of the County’s Older Adult Council. This program includes the ongoing involvement of clients and family members in roles such as, but not limited to, outreach, implementation, evaluation, and future dissemination. Peer Staff will be part of the outreach and treatment team. Ultimately, the program strives to create healthier older adults in our community who will not be facing the threat of displacement from their homes or apartments due to hoarding behaviors.

Cultural Competence: As defined in CCR, Title 9, Section 3200.100, this program will demonstrate cultural competency and capacity to the older adult population by employing a diverse workforce to relate to the multiple ethnicities residing in the primary target region where services are to be provided. Staff will demonstrate knowledge, awareness and sensitivity of each participant’s unique cultural background and identify ways in which the interventions can be adapted to be culturally compatible to diverse persons served. This will aid in increasing the quality of services and lead to better outcomes.

Client and Family Driven Mental Health System: This program includes the ongoing involvement of clients and family members in roles such as, but not limited to, implementation, evaluation, and future dissemination. Based on client and family feedback, certain strategies may be added or removed from the program and/or applied in other programs. This system will influence concepts to maintain and increase supports and community activities.

Wellness, Recovery and Resilience Focus: This program increases resilience and promotes recovery and wellness for an older adult population at risk of homelessness and physical decline due to safety and sanitary risks associated with compulsive acquisition. The seniors in this project will learn new skills and insight to manage their hoarding behaviors by reducing clutter in their homes; improving safe access throughout the home; improving social interaction by making their home’s appearance more welcoming and by participating in an aftercare group which will also support maintenance of new skills. Seniors will also be educated about the proper use of prescribed medication and safe drinking practices for seniors.

Integrated Service Experience: This program encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients. The program will screen all referrals for mental health and substance use disorders and work to link clients to appropriate services while working to engage qualified clients for the hoarding

interventions provided directly by this project. Clients will be educated about the range of services available for which they are qualified and linked.

Client driven: If ever a program was client driven, it is this one. Persons with hoarding behaviors are typically highly resistant to interventions. Building a respectful, trusting, helpful relationship that has the client’s identified goal at the center will be foundational. This can only be done with client input from the start. Based on client and family feedback, certain strategies may be added or removed from the program. Overall, involvement of client and family members will be sought in all phases of the program including implementation, evaluation and future dissemination.

Family driven: Family members of persons with hoarding behaviors are often at a loss regarding how to help. Family relationships are strained if they continue to exist at all. The program will seek to improve family member involvement and educate family members about effective ways to support their elder family member toward more healthy coping choices. Family members will be linked to counseling or mental health services as needed.

Number of Participants to be Served

Minimum 100 referrals and 30 participants at a minimum treated on an annual basis

Total Funding

Note: Half of the proposed Innovation funding will occur in FY 2017-18 through FY 2018-19, which is outside of the time frame for this Three Year Plan.

Annual Program Cost	\$421,774	3 Year Program Cost	\$1,265,322
Evaluation Cost (5% of Total)	\$22,199	3 Year Evaluation Cost	\$66,597
Total Annual Innovation Funding	\$443,973	3 Year Grand Total	\$1,331,919
Inclusive of estimated MHSA costs only (estimated administrative costs are not included).			

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (Suggested length - one page)

Barriers: Challenges include that the person who hoards typically does not seek treatment for their condition even if there is a crisis related to the behavior such as safety, sanitary or homelessness risks. There’s also a lack of financial resources to pay for clean out services for low income persons even when they are willing to engage such a service. There is also a lack of

awareness and reporting from those who might be able to identify persons with at risk hoarding behaviors before a crisis develops which would allow the time required for significant improvement to be demonstrated. Furthermore, there are also few trained professionals that have specialized expertise in this area for any adult much less seniors. Even fewer are willing or able to make house calls to coach individuals to de-clutter and/or teach them new skills to manage compulsive hoarding. Once identified and the individual wants to change, diminishing hoarding behaviors takes commitment from providers and is time intensive to implement.

Learning: This project is expected to add new learning to the mental health field on effective practices to abate hoarding behaviors in older adults. Research on treatment models for hoarding behaviors is relatively new and there's limited knowledge (usually single case studies) on how to effectively treat the condition in older adults particularly those with serious mental illness. Studies by Dr. Catherine Ayers show that effective hoarding interventions for older adults require specialized training such as adapted Cognitive Behavior Therapy/cognitive restructuring along with home-based coaching. This has not been tested in the field as yet.

Implementing this project over a three year period will invite a promising practice to be field-tested for effectiveness with older adults and hopefully introduce a new practice or approach that can be replicated with similar populations in other locations.

Learning Goals & Objectives:

- What is an effective model to treat hoarding behaviors in Older Adults with serious mental illness?
- What are the most effective ways to engage a senior to participate in interventions geared for hoarding behaviors?
- Are peer supports effective with seniors who have hoarding behaviors either individually and/or as part of an aftercare support group?

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (Suggested length - one page)

NOTE: Program design to be developed from competitive process. The dates identified below are a projection of implementation, actual datelines to be determined by winning proposal.

Implementation/ 03/01/16 – 12/31/2018

Completion

Dates:

03/01- 02/15/2016 This project will be encompassed within a three year period commencing on 07/01/2015. As it is a new project, the contractor will be allowed the typical 6 week start-up time to recruit, hire, and train staff and to establish an office.

- 03/15-06/30/2016 The next step will be outreach and marketing to likely referral sources which include regulatory agencies mentioned earlier in this document; many of whom attend an already established task force- the San Diego Hoarding Collaborative. It will be imperative to screen all referrals appropriately as there is considerable demand for these services by agencies frustrated by the barriers they face when seeking solutions to various hoarding situations. Seniors eligible for these services must be determined to have the capacity to learn even if the insight and desire is lacking. Seniors with cognitive decline or such major medical conditions that they cannot physically engage in the intervention process will not be eligible and will need to be referred elsewhere.
While these services will be offered to eligible seniors residing in the Central Region of the county, provision will be made in the contract to accept eligible referrals from adjacent regions if sufficient enrollments cannot be generated at the six month milestone of the project. The contract will request at least 100 seniors to be contacted annually with at least 30 unique individuals meeting criteria enrolled and treated annually.
The program will be required to report on a number of data elements (detailed below in the project measurement section) including outreach efforts and enrollments via monthly meetings and reports.
- 07/30/2016 The first semi-annual report will be due 30 days after the second quarter of the project. This report will include all data elements year to date; analysis of the barriers and successes of the project and recommendations based on lessons learned thus far.
- 01/30/2017 The first annual report will be due 30 days after the end of the first year of the project and will follow the outline of the first annual report but also include results of a consumer survey; as well as any new data elements and/or additional analyses recommended by the first report. (This date may be adjusted earlier to allow for timely contractual changes to be incorporated for year two of the project.)
- 07/30/2017 Follows same format of 07/30/2016
- 01/30/2018 Follows same format of 01/30/2017
- 07/31/2018 An interim report encompassing the 2.5 years of the project to date will be requested in order for the project to be considered for continued funding; sustainability via other ongoing services or termination.
- 01/30/2019 A final report will be due evaluating the successes and challenges faced by the project throughout its duration and lessons learned.

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The following items will be tracked and measured. The project will be assessed on a semi-annual basis and the resultant report will be made available to the County of San Diego's Older Adult Council, composed of older adult stakeholders, for review and questions. The County's internal Performance Outcomes team will also review the reports.

Outcomes

- Number of community participants outreached
- Number of community participants enrolled in program
- Number of adverted hoarding related evictions
- Reduce mental health symptoms, compulsive behaviors, and substance use
- Improve safety of senior participant by reducing clutter that poses trip danger, fire and pest infestation potential, unhealthy sanitation and other hazardous conditions
- Improve quality of life as measured by participant report and scale
- Reduced clutter as evidenced by improved scores on clutter scales (example: recovered a room for intended use) at conclusion of treatment as well as 30, 90, 180 days f/u
- Improved quality of life as evidenced by client self-reporting (QOL measure;1 page)
- Improved mental health by Milestones Of Recovery Scale (MORS) or other measure- Recovery Markers Questionnaire (RMQ)

Monitoring, Data Collection, Outcomes and Evaluation

- Monthly/Quarterly data tracking reports
- Semi-annual data tracking; analysis and recommendation reports
- Evaluation of outcomes – Identify outcomes to be tracked per INN guidelines
- Determine role of QI
- Determine if Evaluation is to be sourced out and included in the budget.

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

This project will not provide **psychiatric medication services**. Enrollees who require medication services will be linked with their health or County mental health providers; this program will collaborate with these providers.

Potential enrollees who are found to be in need of **urgent housing** will be linked to housing services via 211 or County mental health full service partnership programs, if appropriate.

Those seniors who are in need of **substance use services** will be linked to County contracted substance use providers.

Others:

Legal assistance- Legal Aid Society of San Diego, Inc.

Benefits- Family Resource Centers; Social Security Administration; SSI Advocates at mental health Clubhouses

Case or money management- County contracted services; Aging and Independence Services; or private fiduciaries

Others services will be leveraged as needs develop.

NOTE: Actual budget to be determined by winning proposal from competitive process. The following are proposed guidelines:

NEW ANNUAL PROGRAM BUDGET - Budget #1 January 1, 2016 – June 30, 2016 (First 6 months)					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/ CBO's	Total
1.	Personnel			\$112,500	\$112,500
2.	Operating Expenditures			\$76,189	\$76,189
3.	Non-recurring Expenditures			\$22,199	\$22,199
4.	Contracts (Training Consultant Contracts)			\$11,099	\$11,099
5.	Work Plan Management				
6.	Other Expenditures				
	Total Proposed Expenditures			\$221,987	221,987
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			\$0	\$0
C. TOTAL FUNDING REQUESTED					
				\$221,987	\$221,987

BUDGET NARRATIVE

Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.	
1-	Personnel (6 months): 1 FT Licensed Program Manager \$ 32,500 1 FT Masters Level Case Manager \$ 25,000 1 FT or 2 PT Peer Specialist \$ 17,500 1 FT Admin/Data Manager \$ 15,000 25% benefits \$ 22,500 Total salaries & benefits \$112,500
2-	Expenses determined by winning proposal through competitive process. Costs include items such as subcontracts, rent, utilities, office supplies, insurance (auto, liability, etc.), staff travel, protective disposable clothing cover-ups for staff going into homes, and other aspects associated with program operations. Another potential operating item is client support services such as containers to assist with organizing household; trash bags for disposal; pest control services; and, in some instances, renting a dumpster or removal service when a client is facing eviction.
3-	Non-recurring Expenditures: Start-up (about 5% of annualized program budget) to include office furniture and equipment; computers; cell phones
4-	Contracts: For approx. 5% of the total amount requested for this work plan, County will contract an outside evaluator
5-	Contract (Training Consultant Contracts): \$11,099 for consultant to provide data analysis and dissemination for evaluation purposes.

NEW ANNUAL PROGRAM BUDGET- Budget #2, July 1, 2016 – June 30, 2017					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/ CBO's	Total
1.	Personnel			\$225,000	\$225,000
2.	Operating Expenditures			\$196,774	\$196,774
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)			\$22,199	\$22,199
5.	Work Plan Management				
6.	Other Expenditures				
	Total Proposed Expenditures			\$443,973	\$443,973
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			\$0	\$0
C. TOTAL FUNDING REQUESTED					
				\$443,973	\$443,973

BUDGET NARRATIVE

Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.	
1-	Personnel (annualized):
	1 FT Licensed Program Manager \$ 65,000
	1 FT Masters Level Case Manager \$ 50,000
	1 FT or 2 PT Peer Specialist \$ 35,000
	1 FT Admin/Data Manager \$ 30,000
	25% benefits \$ 45,000
	Total salaries & benefits \$225,000
2-	Expenses determined by winning proposal through competitive process. Costs include items such as subcontracts, rent, utilities, office supplies, insurance (auto, liability, etc.), staff travel, protective disposable clothing cover-ups for staff going into homes, and other aspects associated with program operations. Another potential operating item is client support services such as containers to assist with organizing household; trash bags for disposal; pest control services; and, in some instances, renting a dumpster or removal service when a client is facing eviction.
3-	Contracts: For approx. 5% of the total amount requested for this work plan, County will contract an outside evaluator
4-	Contract (Training Consultant Contracts): \$22,198 for consultant to provide data analysis and dissemination for evaluation purposes.

NEW ANNUAL PROGRAM BUDGET - Budget #3, July 1, 2017 – June 30, 2018

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/ CBO's	Total
1.	Personnel			\$225,000	\$225,000
2.	Operating Expenditures			\$196,774	\$196,774
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)			\$22,199	\$22,199
5.	Work Plan Management				
6.	Other Expenditures				
	Total Proposed Expenditures			\$443,973	\$443,973
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			\$0	\$0
C. TOTAL FUNDING REQUESTED					
				\$443,973	\$443,973

BUDGET NARRATIVE

Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.													
1-	<p>Personnel (annualized):</p> <table> <tr> <td>1 FT Licensed Program Manager</td> <td>\$ 65,000</td> </tr> <tr> <td>1 FT Masters Level Case Manager</td> <td>\$ 50,000</td> </tr> <tr> <td>1 FT or 2 PT Peer Specialist</td> <td>\$ 35,000</td> </tr> <tr> <td>1 FT Admin/Data Manager</td> <td>\$ 30,000</td> </tr> <tr> <td>25% benefits</td> <td>\$ 45,000</td> </tr> <tr> <td>Total salaries & benefits</td> <td>\$225,000</td> </tr> </table>	1 FT Licensed Program Manager	\$ 65,000	1 FT Masters Level Case Manager	\$ 50,000	1 FT or 2 PT Peer Specialist	\$ 35,000	1 FT Admin/Data Manager	\$ 30,000	25% benefits	\$ 45,000	Total salaries & benefits	\$225,000
1 FT Licensed Program Manager	\$ 65,000												
1 FT Masters Level Case Manager	\$ 50,000												
1 FT or 2 PT Peer Specialist	\$ 35,000												
1 FT Admin/Data Manager	\$ 30,000												
25% benefits	\$ 45,000												
Total salaries & benefits	\$225,000												
2-	Expenses determined by winning proposal through competitive process. Costs include items such as subcontracts, rent, utilities, office supplies, insurance (auto, liability, etc.), staff travel, protective disposable clothing cover-ups for staff going into homes, and other aspects associated with program operations. Another potential operating item is client support services such as containers to assist with organizing household; trash bags for disposal; pest control services; and, in some instances, renting a dumpster or removal service when a client is facing eviction.												
3-	Contracts: For approx. 5% of the total amount requested for this work plan, County will contract an outside evaluator												
4-	Contract (Training Consultant Contracts): \$22,198 for consultant to provide data analysis and dissemination for evaluation purposes.												

NEW ANNUAL PROGRAM BUDGET - Budget #4, July 1, 2018 – December 31, 2018					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/ CBO's	Total
1.	Personnel			\$112,500	\$112,500
2.	Operating Expenditures			\$98,387	\$98,387
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)			\$11,099	\$11,099
5.	Work Plan Management				
6.	Other Expenditures				
	Total Proposed Expenditures			\$221,986	\$221,986
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues			\$0	\$0
C. TOTAL FUNDING REQUESTED					
				\$221,986	\$221,986

BUDGET NARRATIVE

Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.	
1-	Personnel (6 months):
	1 FT Licensed Program Manager \$ 32,500
	1 FT Masters Level Case Manager \$ 25,000
	1 FT or 2 PT Peer Specialist \$ 17,500
	1 FT Admin/Data Manager \$ 15,000
	25% benefits \$ 22,500
	Total salaries & benefits \$112,500
2-	Expenses determined by winning proposal through competitive process. Costs include items such as subcontracts, rent, utilities, office supplies, insurance (auto, liability, etc.), staff travel, protective disposable clothing cover-ups for staff going into homes, and other aspects associated with program operations. Another potential operating item is client support services such as containers to assist with organizing household; trash bags for disposal; pest control services; and, in some instances, renting a dumpster or removal service when a client is facing eviction.
3-	Contracts: For approx. 5% of the total amount requested for this work plan, County will contract an outside evaluator
4-	Contract (Training Consultant Contracts): \$11,099 for consultant to provide data analysis and dissemination for evaluation purposes.