

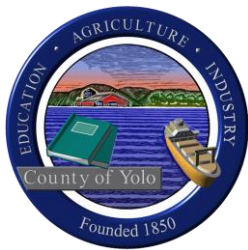


Yolo County Health and Human Services Agency

MHSA FY 2017-2020: Innovation Program Plan Description – Board and Care Study Project

Yolo County MHSA FY 2017-2020 Innovation Program Plan Description

Board and Care Study Project



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|------------------------|----------------------|
| County: | Yolo County |
| Project Name: | Board and Care Study |
| Date Submitted: | April 13, 2017 |

Project Overview

Primary Problem

Background

While Yolo County (the County) is considered a mid-sized county with a population of approximately 213,000, the County spans a significant geographic area of over 1,000 square miles.¹ The County, with its distinct geographic, cultural, and socio-economic characteristics, has the unique challenge of providing services to diverse groups and communities that are also geographically varied, and must contend with the need for flexible service delivery, cultural competency across groups, transportation, and access to services across a vast territory.

High levels of poverty, rural, and cultural isolation affect many residents of the County, where over 17% of the population lives below the poverty line.² The demographics of behavioral health consumers and those in need of behavioral health services mirror those of the county’s population. In addition to high rates of poverty, one in six residents was uninsured and one in four experienced severe housing problems in 2016.³ Furthermore, the rate of hospitalizations for mental health diagnoses in Yolo County has been increasing since 2008, particularly for hospitalizations for psychoses.⁴ During the MHSA community planning process in Yolo County, stakeholders connected the challenge of meeting the behavioral health needs of the County’s diverse and scattered population to multiple factors, including the need for increased coordination across providers, narrow transportation options, limited specialized crisis service hours, and the need for expanded consumer access to health and wellness service coordination.

Yolo County has employed considerable efforts to strengthen crisis services and reduce psychiatric hospitalizations, incarcerations, and homelessness. Yolo County provides multiple service programs for adults with serious mental illness, including the following: development of community-based navigation centers that include both recovery-based mental health and social services; intermittent field based case management services (to maintain linkage to psychiatric care and community resources); assessment; (brief) psychotherapy; targeted case management; plan development; and collateral, rehabilitation, and crisis intervention. Yolo County also offers programs to link adults to housing support services to find temporary or permanent homes, substance use treatment and support, and crisis intervention. In

¹ US Census Bureau, 2015, <http://www.census.gov/quickfacts/table/PST045215/06113>

² US Census Bureau, 2015, <http://www.census.gov/quickfacts/table/PST045215/06113>

³ <http://www.countyhealthrankings.org/app/california/2016/rankings/yolo/county/outcomes/overall/snapshot>

⁴ Yolo County Health Department. (2014). Community Health Status Assessment. Accessed on March 24, 2017 from <http://www.yolocounty.org/Home/ShowDocument?id=25983>.





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addition, Yolo County offers Full Service Partnership (FSP) for adults with severe and persistent mental health conditions, substance use disorders, chronic homelessness, and/or forensic or behavioral health involvement. These efforts reflect the deep commitment of Yolo County HHSA leadership, staff, providers, consumers, family members, and other stakeholders to the meaningful participation of the community as a whole in designing mental health programs that are wellness and recovery focused, client and family driven, culturally competent, integrated, and collaborative.

Adults with severe mental illness require comprehensive wrap-around supportive engagement in services, including housing support. However, Yolo County is experiencing a general housing shortage and options for housing and independent living are severely limited. In addition, none of the aforementioned mental health or housing support programs offer adults with severe mental illness a supervised environment, such as a board and care home, where they can receive 24/7 support. Without a stable and safe housing environment, it would be unlikely that Yolo County can maintain the continuum of care for adults with severe mental illness.

Board and care homes offer a safe and dignified housing option for adults with serious mental illness, while providing an environment for behavioral health services and resources. Board and care homes, licensed by the California Department of Social Services Community Care Licensing division as adult residential facilities, are non-nursing assisted living facilities that provide much-needed services to adults who are 18-59 years of age. Board and care homes sizes vary from small to large facilities. These facilities provide housekeeping services, oversight for the self-administration of medication and central storage, social and recreational activities, meals and meal supervision, assistance with activities of daily living (e.g., bathing, dressing, eating), and independent adult living services (e.g., budgeting, transportation, communication). Facilities also offer much needed services, including assistance to medical appointments and providing updates on consumer's status to mental health providers. In addition, board and care homes are able to store and monitor medication on an appropriate schedule, which is critically important for individuals with serious mental illness. Although board and care homes can provide a safe setting for persons with serious mental illness, quality of care and environment vary greatly among facilities. Furthermore, board and care homes house individuals at risk of being placed in a skilled nursing facility or other institutional environment, thereby resulting in cost savings to the community.⁵ Board and care homes play a critical role in the mental health system by supporting individuals with serious mental illness to live in the community.

Problem Statement

During both the 2016-2017 MHSA Annual Update and 2017-2020 Three Year Plan Community Program Planning (CPP) processes, Yolo County Health and Human Services Agency (HHSA) leadership and community stakeholders identified three interwoven factors that present major challenges to providing an appropriate level of housing assistance and supports to adult consumers with the most intense service needs (Figure 1).

⁵ Doty, P. (2000). *Cost-Effectiveness of Home and Community-Based Long-Term Care Services*. USHHS/ASPE Office of Disability, Aging and Long Term Care Policy. U.S. Department of Health and Human Services.





Figure 1. Outline of major challenges identified by HHS leadership and community stakeholders

- There are not enough Board and Care Facilities in Yolo County.
- Due to the limited amount of Board and Care Facilities, Board and Care Facilities are less likely to accept clients with more intensive needs.
- Mental health consumers with the highest needs are placed out of county and away from their homes and families and/or support system.

Community stakeholders expressed concerns about extremely limited residential and step-down options for adults, which may contribute to longer hospital stays and out-of-county placements. In addition, board and care facility shortages disproportionately impact those with the highest level of need.

Insufficient Board and Care Facilities

In Yolo County, there are only eight adult residential facilities to serve Yolo County residents (Table 1), some of which are targeted to people with developmental disabilities. The current available bed space is not sufficient to meet the high need for board and care for persons with serious mental illness. Historically, many board and care facilities have closed down in Yolo County. Of the remaining board and care homes, only a few provide bed space for adults with serious mental illness (SMI).

Table 1. Board and Care Homes in Yolo County⁶

| Facility | Population Served | Capacity | Years in Operation |
|-----------------------------------|---|----------|--------------------|
| Pine Tree Gardens West | Individuals with SMI | 15 | 7 |
| Pine Tree Gardens East | Individuals with SMI | 13 | 7 |
| Davis Summer House | Individuals with Developmental Disabilities | 14 | 24 |
| Summer House Inc. | Individuals with Developmental Disabilities | 12 | 42 |
| E & J Griffin Family Care Home | Individuals with Developmental Disabilities | 6 | 20 |
| E & J Griffin Family Care Home II | Individuals with Developmental Disabilities | 6 | 12 |
| Tropical Villa-ARF | Individuals with Developmental Disabilities | 6 | 12 |
| V & P Truong Care Home, LLC | Individuals with Developmental Disabilities | 4 | 6 |
| Total and Range | | 76 | 6 – 42 |

⁶ California Department of Social Services. Licensed Facility Search. Accessed on March 21, 2017 from <https://secure.dss.ca.gov/CareFacilitySearch/>.





Currently, individuals with serious mental illness from Yolo County and two other nearby counties are living in out-of-county board and care facilities in Sacramento County; this leads to an exacerbation of statewide shortage of board and care bed space.

Board and Care Facilities Less Likely to Accept Clients with Highest Needs

Since bed capacity is limited, there may be competition for board and care beds that makes it more likely for board and care facilities to accept consumers who are relatively easier to serve, require less support to adapt to a group living situation, and follow board and care facility rules with minimal difficulty. Currently, there are no incentives for board and care facilities in Yolo County to take on mental health consumers with higher service needs. Facilities are generally reticent to house consumers with mental health challenges, since staff may not have the mental health knowledge or capacity to support consumers' needs.

Furthermore, adults with serious mental illness who are unable to secure housing in a board and care facility end up living in a board and care home outside of the county, living with aging parents or other family, living in other arrangements that don't provide needed support (e.g., room and board), or living on the streets. As the population in Yolo County continues to age, there is an additional threat that a large number of adults with serious mental illness may no longer be able to live with their aging parents or family. This may further exacerbate the issue and have significant ramifications to the community and adult mental health system.

Clients with Highest Needs are Placed Out of County

HHSA realized that board and care bed shortages led to the clients with the highest needs being placed out-of-county and away from their homes, communities, and loved ones. Out-of-county placement directly interferes with continuity of care and is detrimental to consumers' recovery due to separation from their communities and local support systems. The board and care home setting, in conjunction with establishment of community ties, is considered a step towards independent living. Consumers' progress towards independent living is interrupted by out-of-county placement.

In addition, Yolo County mental health staff face barriers in providing services to clients due to the added distance from out-of-county placement. The resulting lack of Yolo County mental health staff available in out-of-county board and care facilities leads to decreased oversight and may result in more variation in quality of food, maintenance, and cleanliness. Furthermore, consumers may be placed in out-of-county board and care facility that were vacant because they were less desirable due to quality issues.

Providers also described the barriers they face in serving their clients who are placed out of county, along with their overall concern for the wellness and recovery of consumers who may become isolated from their families and other support systems. Distance barriers may interfere with board and care staff from providing consumers with assistance to get to medical appointments. There are also difficulties that arise with changes in Medi-Cal assignment resulting from out-of-county placement.



Due to the detrimental effects of board and care bed shortages for adults with serious mental illness, Yolo County is seeking to develop an innovative approach to expand bed capacity of board and care homes for adults with serious mental illness, and incentivize accepting clients with the highest level of need.

Need Statement

Evidence supports the significant need and effectiveness of building board and care bed capacity for adults with serious mental illness. In a Los Angeles study, results indicated that seriously mentally ill residents' quality of life may be enhanced by improving the social climate, increasing the number of beds in the home, and placing the home in a neighborhood where the person may feel comfortable.⁷ In addition, an Ohio study demonstrated that social environmental features have a more significant impact on residents' psychological well-being compared to physical features of a board and care home.⁸ A board and care home setting provides a smaller group setting that can foster social connections and support. Thus, board and care homes have a critical role in the adult mental health system in Yolo County, and there is a significant gap in bed capacity for adults have the most mental health need.

Shortages in board and care homes have led to adults with serious mental illness being placed in board and care facilities outside of the county, living with aging parents or other family, living in other arrangements that don't provide needed support (e.g., room and board), or living on the streets. HHSA firmly believes that mental health consumers with the highest needs should receive mental health treatment in their communities and close to their families, friends, and support networks. As a result, HHSA and stakeholders have identified the need to develop innovative strategies to build bed capacity as well as engage, incentivize, and support board and care facilities to serve consumers with more intense support needs. Furthermore, Yolo County requires an improved understanding of the factors contributing to board and care bed shortages in order to develop long-term strategies to address the problem.

Review of Relevant Literature and Practices

Literature Review

RDA review relevant literature and existing practices to determine what has been done elsewhere to address the primary problem.

Methods

RDA performed a literature review of the current body of knowledge regarding innovative strategies to increase board and care bed capacity. Since literature was very limited for board and care homes that serve individuals with serious mental illness, RDA also reviewed literature related to the following topics: strategies to improve board and care quality and capacity; barriers and challenges to expanding capacity

⁷ Mares, A.S., Young, A.S., McGuire, J.F., Resenheck, R.A. (2002). *Residential Environment and Quality of Life Among Seriously Mentally Ill Residents of Board and Care Homes*. Community Mental Health Journal. 38(6): 447-458.

⁸ Nazami, K.H., Eckert, J.K., Kahana, E., Lyon, S.M. (1989). *Psychological Well-Being of Elderly Board and Care Home Residents*. Gerontologist. 29(4): 511-516.



for long-term residential care facilities; and barriers in access to board and care homes among persons with serious mental illness.

Findings

Literature related to board and care facilities for individuals with serious mental illness primarily focused on assessing facility setting and resident outcomes, rather than strategies to expand bed capacity.⁹ There is very limited availability of literature regarding innovative strategies to build board and care bed capacity for adult with serious mental illness, but literature suggests there are factors that exacerbate problems with board and care shortages. In California, agencies in the mental health industry report that many adult residential facilities have closed due to lack of funding or increased regulatory requirements.¹⁰

Board and care facilities face challenges in financial sustainability of operations due to regulatory penalties and rising costs of living. A national survey of residential care facilities identified the following major challenges for expansion of services and capacity: payments were incomplete (e.g., housing, food, and utilities not covered; Supplemental Security Income (SSI) check insufficient to fill gap) and there is a general shift to managed care.¹¹ The increasing challenges of financial sustainability pose an especially greater burden on smaller board and care homes who may provide the care needed for better resident outcomes. A study across seven states found that smaller nonprofit homes were more likely to engage in productive activities (e.g., more kinds of activities within the facility, more excursions into the community) compared to residents in larger for-profit homes, particularly among persons with greater impairment in social functioning.¹² However, although smaller operations may yield better results, they face significant challenges in remaining financially stable and sustainable. Larger operations, such as those managed by chain providers, have access to financial resources and electronic health records which can help them overcome sustainability barriers and increase bed capacity.^{13,14} Yolo County will need to address the financial barriers faced by board and care homes when expanding bed capacity for adults with serious mental illness. However, this issue is unlikely to be solved solely by addressing funding issues.

⁹ Wunderlich, G.S., and Kohler, P.O. (2001). *Improving the Quality of Long-Term Care*. Institute of Medicine Committee on Improving Quality in Long-Term Care. National Academic Press. Washington, D.C.

¹⁰ Sult, T., and Partners, C. (2013). *The Right Place: An Overview of Supportive Housing Options for Seniors and People with Disabilities*. California HealthCare Foundation. Accessed on March 20, 2017 from <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20R/PDF%20RightPlaceSupportiveHousing.pdf>.

¹¹ Caffrey, C., Harris-Kojetin, L., and Sengupta, M. (2015). *Variation in Operating Characteristics of Residential Care Communities, by Size of Community: United States, 2014*. Centers for Disease Control and Prevention National Center for Health Statistics. NCHS Data Brief. 222.

¹² Nagy, M.P., Fisher, G.A., and Tessler, R.C. (1988). *Effects of Facility Characteristics on the Social Adjustment of Mentally Ill Residents of Board-and-Care Homes*. *Psychiatric Services*. 39(12): 1281-1286.

¹³ Chain affiliation is defined as ownership by a person, group, or organization owning or managing two or more residential care communities, including corporate chains.

¹⁴ Caffrey, C., Harris-Kojetin, L., and Sengupta, M. (2015). *Variation in Operating Characteristics of Residential Care Communities, by Size of Community: United States, 2014*. Centers for Disease Control and Prevention National Center for Health Statistics. NCHS Data Brief. 222.



In California, adult residential facilities are prohibited from accepting or retaining individuals whose primary need is acute psychiatric care due to a mental disorder; furthermore, adult residential facilities are permitted to evict residents who pose a threat to their mental or physical health or safety of themselves or others.¹⁵ This regulation is intended to prevent board and care homes from becoming substitutes for mental health treatment centers. However, it is not meant to be a disincentive for board and care homes to serve adults with non-acute serious mental illness. Rather, board and care homes are encouraged to have staff who are knowledgeable about connecting residents to mental health and behavioral health services. In practice, board and care homes may be deterred from accepting adults with serious mental illness because of potential fines and citations resulting from disorderly or harmful behavior. As regulatory changes continue to impact board and care home, Yolo County will need to take into consideration the underlying complex dynamics and challenges board and care homes face when planning bed capacity expansion for adults with serious mental illness.

Studies have revealed disparities in access and quality of care among residents of long-term care facilities. A study across four states revealed racial disparities in relation to long-term care experiences; African Americans tended to be concentrated in a few predominantly African American facilities, while the vast majority of Whites resided in predominantly White facilities. Furthermore, African Americans tended to be located in rural, non-poor, African American communities, and to have lower ratings of cleanliness/maintenance and lighting.¹⁶ Further evidence is needed to determine if the root causes of disparities are economic factors, exclusionary practices, or other factors. Impact of disparities should be taken into consideration when expanding bed capacity in board and care homes for adults with serious mental illness.

Review of Existing Practices

Methods

RDA performed a literature review of best practices, recommendations, and case studies of board and care innovative strategies used within and outside of California. Current strategies related to board and care facilities for individuals with serious mental illness primarily focused on changing facility setting and activity options, rather than strategies to expand bed capacity.¹⁷ There is very limited availability of case studies regarding innovative strategies to build board and care bed capacity for adult with serious mental illness.

Findings

¹⁵ Sult, T., and Partners, C. (2013). *The Right Place: An Overview of Supportive Housing Options for Seniors and People with Disabilities*. California HealthCare Foundation. Accessed on March 20, 2017 from <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20R/PDF%20RightPlaceSupportiveHousing.pdf>.

¹⁶ Howard, D.K., Sloane, P.D., Zimmerman, S., Eckert, K., Walsh, J.F., Buie, V.C., Taylor, P.J., Koch, G.G. (2002). *Distribution of African Americans in Residential Care/Assisted Living and Nursing Homes: More Evidence of Racial Disparity?*. American Journal of Public Health. 92(8): 1272-1277.

¹⁷ Wunderlich, G.S., and Kohler, P.O. (2001). *Improving the Quality of Long-Term Care*. Institute of Medicine Committee on Improving Quality in Long-Term Care. National Academic Press. Washington, D.C.



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There is limited availability of publications describing best practices or case studies of innovative strategies to build board and care bed capacity. Furthermore, given the variations of board and care homes across states (e.g., quality of home, type of home, size, location, physical environment, quality of care, staff), comparisons across similarly labeled facilities can be difficult to draw confident conclusions.¹⁸ In the review of practices, RDA did not identify any counties in California who are employing an innovative strategy to build bed capacity in board and care homes for individuals with serious mental illness.

Most counties in California are experiencing a shortage of board and care homes, and the most common approach is increased funding support, such as patch payments. However, this approach has not addressed issues with capacity and problems in access to board and care homes for individuals with serious mental illness. Based on RDA's review of existing strategies, there are very few counties in California implementing innovative strategies to support board and care homes for adults with serious mental illness. There are no counties using MHSA Innovation funds to build bed capacity. Some counties, including Riverside, used MHSA Innovation funds to retain board and care homes to prevent loss of bed capacity in their jurisdiction. San Joaquin County previously used MHSA Innovation funds to implement Residential Learning Communities, which aimed to increase service quality and improve outcomes for high-frequency users of unplanned mental health services (e.g., admission to psychiatric health facilities, emergency response by law enforcement) among individuals housed in board and care facilities.¹⁹

Other states have implemented various strategies to prioritize specific target populations or target facilities to expand capacity of long-term residential care facilities:

- In Maine, policy makers have recently proposed expansions of intense residential treatment services by increasing the number of beds, particularly for children and adolescents living with serious emotional disturbance and co-occurring conditions. However, they acknowledge the following challenges they will need to address before expanding bed capacity: existing bed capacity limits, mental health workforce shortages, insufficient staffing, and funding (e.g., lack of coverage by some private commercial health plans).²⁰
- The state of Arkansas prioritized expansion of bed capacity for residential care facilities with high occupancy and for residential care facilities replacing older facilities, and did not expand bed capacity for facilities with violations in the last year.²¹
- A North Dakota study explored the potential implementation of the following approaches for expanding the availability of and access to community-based residential care facilities: changes in regulation; changes in licensure requirements; development of or expansion of a mental health

¹⁸ Harris-Kohetin, L., Sengupta, M., Park-Lee, E., and Valverde, R. (2013). *Long-term care services in the United States: 2013 overview*. National Center for Health Statistics. Vital Health Statistics 3(37).

¹⁹ San Joaquin County Behavioral Health Services. (2011). *Mental Health Services Act Innovation Component: Three-Year Program & Expenditure Plan*. Accessed on March 24, 2017 from <http://sjmhsa.net/Documents/FINAL%20Innovation%20Plan%205-11-11.pdf>.

²⁰ Governor's Task Force on Mental Health. (2016). *Immediate Improvements in Inpatient Bed Capacity and Level of Care Transitions: Proposed Solutions (Draft)*.

²¹ HSC Regulation 200M Residential Care Facility (RCF) Methodology (10/05). Accessed on March 20, 2017 from http://www.sos.arkansas.gov/rulesRegs/Arkansas%20Register/2005/oct_2005/049.00.05-004F-7931.pdf.



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waiver program for the seriously mentally ill; modifications to the Medicaid Rehab Option; re-evaluation of eligibility policies; evaluation of best practices; and improvements or expansions in compliance and review programs. In addition, the study found that assisted living facilities primarily serve individuals who are able to pay with private funds, which excluded people who are funded through Medicaid or SPED program. Thus, the state was recommended to expand the availability and utilization of assisted living services by individuals who are Medicaid and SPED-eligible.²²

- In Massachusetts, there are limited Medicaid openings available in licensed assisted living residences. Thus, plans frequently use alternative approaches such as bringing services into subsidized housing through the state's Group Adult Foster Care Program.²³

The problems related to bed and care facility shortage are complex and cannot be solved by any one strategy alone. Board and care facility shortages are influenced by multiple interdependent factors and strategies that only address one factor would be unlikely to succeed. Successful strategies for expanding bed capacity in bed and care facilities will require a systems-based approach that considers multiple interdependent factors contributing to shortages, including secure funding sources, financial sustainability, quality of care, regulations, residents' access to resources, culturally competent care, and ensuring support systems are in place to support residents with the greatest needs.

By implementing the Board and Care Study Project, Yolo County will be able to explore the multiple factors that influence board and care facility shortages in Yolo County to inform the development of a plan to increase access for Yolo County residents; these findings can inform similar counties experiencing the same challenges. Ultimately, the learning from this project may contribute to widespread practice or policy changes.

Proposed Project

Innovative Component

Evidence to inform successful strategies for expanding board and care bed capacity is very limited, and evidence regarding innovative strategies is even more limited.²⁴ Furthermore, Yolo County has historically addressed the problem using patch funding, but this approach has only yielded short term results and shortages continue to persist. Thus, Yolo County and MHSA stakeholders identified the need to develop a better understanding of the factors influencing board and care shortages, which will inform evidence-based and long-term strategies that address underlying factors contributing to the shortages.

²² Myers and Stauffer LC. (2014). North Dakota Long Term Care Study Deliverable 3. Accessed on March 20, 2017 from <https://www.nd.gov/dhs/info/pubs/docs/medicaid/ltc-interim-report-final.pdf>.

²³ Sult, T., and Partners, C. (2013). *The Right Place: An Overview of Supportive Housing Options for Seniors and People with Disabilities*. California HealthCare Foundation. Accessed on March 20, 2017 from <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20R/PDF%20RightPlaceSupportiveHousing.pdf>.

²⁴ Wunderlich, G.S., and Kohler, P.O. (2001). *Improving the Quality of Long-Term Care*. Institute of Medicine Committee on Improving Quality in Long-Term Care. National Academic Press. Washington, D.C.





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The Board and Care Study Project (BCSP) meets the criteria of an Innovation project by utilizing evidence-based data gathering and analysis techniques and applying them to the identified challenges around board and care services in Yolo County with new programs and services. The process of implementing the Board and Care Study Project will involve data gathering and analysis follow by implementation of programs and services in response to the data.

The BCSP will implement an approach that is new to the overall mental health system, which is one of the three approaches specified in CCR, Title 9, Sect. 3910(a). Using a novel data-driven approach for solving board and care bed capacity, Yolo County will develop the evidence base regarding major factors influencing board and care bed shortages for adults with serious mental illness. A growing body of evidence in the social and behavioral sciences has demonstrated the effectiveness of developing program strategies using an evidence-based approach, which integrates the best available evidence from data, research, and evaluation.²⁵ Yolo County plans to use an evidence-based decision-making process to develop thoughtful and comprehensive strategies to address barriers in access to and availability of board and care beds.

The challenges around board and care facilities discussed above are not unique to Yolo County. Although other counties in California have experienced similar issues, particularly in mid-sized counties, no other counties in California have employed rigorous data-informed strategic planning. Findings from the Board and Care Study Project can inform best practices in Yolo County as well as similar counties facing the same challenges. This project will provide a model for a data-driven approach to addressing barriers in access and availability of board and care bed space, particularly for adults with serious mental illness. In addition, the evaluation will assess the impact and importance of the Board and Care Study Project, which contributes to new knowledge from which further data-driven innovations can emerge. Ultimately, the learning from this project may contribute to widespread practice or policy changes.

Goals and Objectives

The Yolo County MHSA Innovation Board and Care Study Project aims to **improve the quality of services and outcomes** and **increase access to services** for mental health consumers with intensive needs by developing board and care capacity building strategies, while **promoting interagency and community collaboration**. The Board and Care Study Project aims to develop an understanding of the board and care shortage problem and utilize data to inform an actionable plan that achieves the following goals:

- ❖ Incentivize current in-county board and care facilities to build more beds and accept consumers who may be perceived as “difficult to serve”, including financial and non-monetary mechanisms;
- ❖ Provide support to board and care facilities to work with consumers with more intense service needs; and
- ❖ Build staff and provider capacity to serve consumers with higher needs.

²⁵ McColskey, W., and Lewis, K. (2007). *Making Informed Decisions About Programs, Policies, Practices, Strategies, & Interventions*. SERVE Center. Accessed on March 29, 2017 from <http://www.serve.org/uploads/files/Making%20Informed%20Decisions.pdf>.



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The Board and Care Study Project seeks to explore and address the issues identified by Yolo County stakeholders around access to board and care services. The objectives of the study are to accomplish the following:

- ❖ Gather and analyze data to investigate how to alleviate the major factors impacting board and care availability and services in Yolo County; and
- ❖ Identify approaches and strategies based on the outcome of the data gathering.

The Board and Care Study Project seeks to explore and gain knowledge around the following key learning goals:

- ❖ Increased understanding of the dynamics underlying the board and care bed shortage;
- ❖ Identification of strategies and incentives to increase the board and care bed capacity;
- ❖ Identification of capacity building approaches to incentivize the placement of consumers with the most intense service needs in available board and care beds; and
- ❖ An evidence-based implementation plan to increase access to board and care placement for those with the most intense service needs.

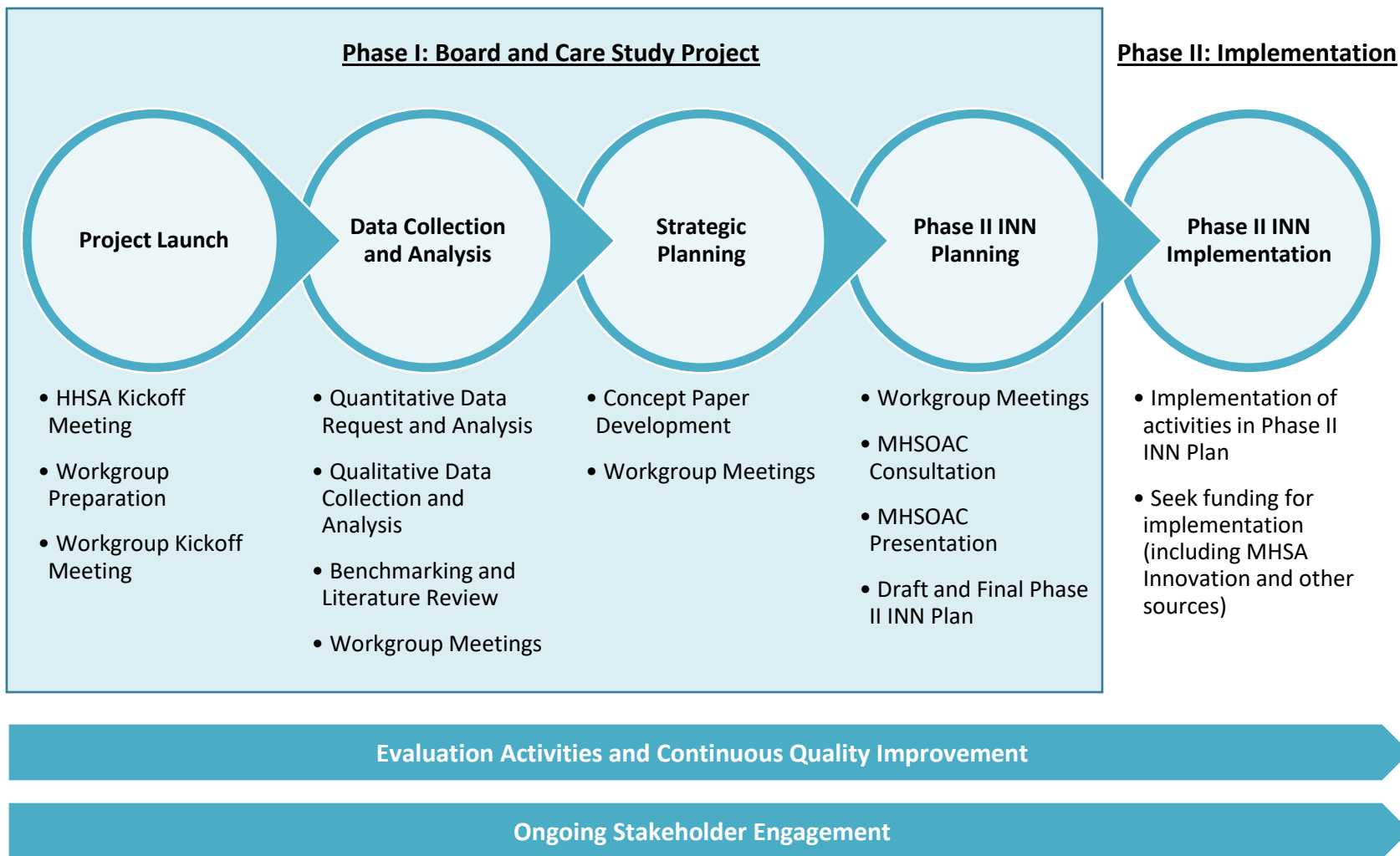
By implementing the Board and Care Study Project, Yolo County will be able to improve understanding of the multiple factors influencing access and availability of board and care facilities in Yolo County.

Overview of Strategic Approach

The Board and Care Study Project (BCSP) activities, which constitutes the first phase of a long-term strategy envisioned by Yolo County, will be followed by a separate project focused on the implementation of strategies identified in the BCSP. **Phase I: Board and Care Study Project** will investigate factors influencing availability and access to board and care services in Yolo County, and utilize findings to inform the development of Phase II INN Planning. During **Phase II: Implementation**, Yolo County will seek additional funding sources to support implementation activities, including MHSA Innovation funds, if applicable. In order to contextualize the BCSP within the scope of the long-term vision, plans for both Phase I (i.e., Board and Care Study Project) and Phase II (i.e., Implementation) will be described in this document. Figure 2 summarizes the activities and processes planned for addressing board and care facility shortages in Yolo County.



Figure 2. Yolo County Board and Care Study Project and Long Term Strategy





Implementation Activities

Findings from Phase I: Board and Care Study Project will inform strategies to expand bed capacity in board and care facilities for adults with serious mental illness, particularly for residents placed in out-of-county board and care facilities. By building bed capacity for adults with serious mental illness, Yolo County will be increasing access to services and increasing the overall quality of county-system services, which will lead to better outcomes for adults with serious mental illness.

The BCSP will gather and analyze data to investigate how to alleviate the major factors influencing board and care availability and services in Yolo County with the goal of creating programs and implementing strategies based on the outcome of the data gathering. As illustrated in Figure 2, the project will have four stages with the following distinct activities:

- 1) Project Launch,
- 2) Data Collection and Analysis,
- 3) Program Development, and
- 4) Phase II INN Planning.

Yolo County will coordinate with the MHSA system of care to promote interagency collaboration. In addition, Yolo County will communicate and engage with consumers, consumers' family and friends, and board and care facility operators to promote community collaboration.

The project will implement a set of community meetings and information-gathering activities to engage stakeholders in all stages of the planning and strategy development process in order to ensure that the MHSA Innovation project reflects stakeholders' experiences and suggestions. Stakeholder engagement, evaluation activities, and continuous quality improvement will be ongoing throughout the Board and Care Study Project.

Project Launch. The initial activities of the project will aim to build a foundation of partnership and community engagement. HHS will conduct a Kickoff Meeting to introduce the project to partners and stakeholders. The purpose of the kickoff meeting is to provide information about the proposed planning process and timeline, and to gather feedback to improve the proposed process. A workgroup will be formed from planners and stakeholders to support implementation and strategic planning. HHS will then conduct the Workgroup Preparation and Workgroup Kickoff Meeting to provide training and technical assistance to the workgroup. Activities of the Project Launch phase will help to ensure that the process is reaching important stakeholders while garnering community buy-in for the process.

Data Collection and Analysis. Through a Community Program Planning (CPP) process, HHS will conduct a quantitative and qualitative needs assessment with stakeholders utilizing evidence-based techniques proven to yield strong, accurate data. The goal of this phase is to:

- ❖ Explore the underlying dynamics that contribute to the identified needs;
- ❖ Deepen our understanding of the challenges that board and care facility operators experience when serving consumers with a high degree of need; and



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- ❖ Investigate what strategies may be most helpful in serving the identified population.

The following CPP activities will be conducted to collect quantitative and qualitative data that informs the next phase of program development:

- ❖ Focus groups with consumers, board and care residential, and providers;
- ❖ Data analysis and profile of Yolo residents receiving out-of-county treatment or at risk of being placed out of county; and
- ❖ Best practice and/or benchmarking research regarding board and care facilities.

These activities will result in INN programs and strategies that are informed by board and care facility providers, consumers receiving the services, and MHSA stakeholders who participate in the CPP process. The workgroup will continue to convene to support strategic planning.

Program Development. During Program Development phase, a concept paper will be developed which outlines an approach to build board and care bed capacity for adults with higher needs, drawing from data gathered in the Data Collection and Analysis phase of the project. Based on initial data gathered during the Innovation Plan CPP process, below are some specific approaches being considered:

- Provide board and care facility staff with training and technical assistance on working with consumers with more intensive needs;
- Employ Yolo’s mobile Crisis Intervention Program to support board and care staff;
- Arrange financial incentives for board and care facilities to serve adult consumers with high needs; and
- Develop financial models and increase support to open new facilities.

Through these or similar approaches, HHS plans to build the county’s board and care facilities capacity to serve Yolo County adult residents experiencing severe mental health issues. The workgroup will continue to convene to support strategic planning.

Phase II INN Planning. The final phase of the BCSP involves strategic planning of the program designed in the Program Development Phase. The plans for implementation will be detailed in the Phase II INN Plan. The final plan will be developed in consultation with the Mental Health Services Oversight and Accountability Commission (MHSOAC). In addition, Yolo County will coordinate with the MHSA system of care to promote interagency collaboration and establish a foundation for successful implementation. In addition, Yolo County will communicate and engage with consumers, consumers’ family and friends, and board and care facility operators to promote community collaboration. The workgroup will continue to meet in support of strategic planning and implementation activities.

Following successful completion of the Board and Care Study Project, Yolo County will continue into Phase II: Implementation to implement the strategies outlined in the Phase II INN Plan.

The goal of MHSA INN programs is to provide mental health systems with an opportunity to learn from innovative approaches that will support system change and improve consumer outcomes. Through



capacity building approaches created in partnership with community stakeholders, Yolo County HHSA 2017-2020 MHSA INN program plans to address improving the quality of services and outcomes and increasing access to services specifically for consumers placed in out-of-county board and care facilities.

Evaluation Plan

Throughout the Board and Care Study Project (BCSP), the evaluators will concurrently conduct an evaluation process. The BCSP will address the following key learning questions:

- ❖ Does the BCSP lead to increased understanding of the dynamics underlying the board and care shortage?
- ❖ Does the BCSP lead to identification of strategies and incentives to increase the board and care bed capacity?
- ❖ Does the BCSP lead to identification of capacity-building approaches to incentivize the placement of consumers with the most intense service needs in available board and care beds?
- ❖ Does the BCSP lead to the development of an evidence-based implementation plan to increase access to Board and Care placement for those with the most intense service needs?

After completion of the BCSP, the evaluators will conduct an evaluation of Phase II: Implementation to address the following key learning questions:

- ❖ Does the BCSP lead to increased board and care bed availability in Yolo County?
- ❖ Does the BCSP lead to increased placement of high-need consumers inside Yolo County board and care facilities?
- ❖ Does the BCSP lead to increased access to support systems and providers inside Yolo County for board and care residents?

Planning and implementation of the evaluation will be informed through a continuous quality improvement process, including incorporation of feedback from first responders, providers, consumers, and consumers' loved ones. Evaluation activities will be grounded in MHSA values by ensuring data collection tools and stakeholder engagement activities are conducted in a culturally appropriate manner. Stakeholders will be asked to provide feedback on their experiences, and modifications to the process will be made as necessary to respond to the expressed needs. Stakeholders may include individuals from a wide variety of affiliations, including homeless, LGBTQ, transitional age youth, youth, older adults, consumers, consumers' family members, peer support workers, county staff, Latino, and mental health providers. Stakeholders will be recruited using a similar outreach approach employed in the MHSA Community Program Planning process.

As shown in Table 2, the Board and Care Study Project will be evaluated on concretized process and outcome measures. Evaluators will work to identify data points and evaluation methods that will be used to measure program implementation and impact. Process indicators measure to what extent the program was implemented as intended, while outcome measures will provide information on the impact of the program on participants, community, and the mental health system overall.



The following table outlines the data to be collected and potential data sources listed by their respective key learning question (Table 2).

Table 2. Board and Care Project Evaluation Questions and Outcomes

| Key Learning Question | Potential Process Measures | Potential Outcome Measures | Potential Data Source(s) |
|---|--|--|--|
| Phase I: Board and Care Study Project | | | |
| Is there an increased understanding of the dynamics underlying the board and care bed shortage in Yolo County? | ❖ Identified factors contributing to shortages | ❖ ↑ Understanding of factors contributing to shortages | ❖ Focus groups ❖ HHSA data |
| Did BCSP identify strategies and incentives to increase the board and care bed capacity? | ❖ Identified strategies and incentives | ❖ ↑ Knowledge of potential solutions for shortages | ❖ Focus groups ❖ Literature review ❖ Benchmarking |
| Did BCSP identify capacity-building approaches to incentivize placement of consumers with the most intense service needs in available board and care beds? | ❖ Identify capacity building approaches to incentivize in-county placement | ❖ ↑ Knowledge of potential solutions for shortages | ❖ Focus groups ❖ Literature review ❖ Benchmarking |
| Did the BCSP result in an implementation plan to increase access to board and care placement? | ❖ Concept paper outlining evidence-based strategies | ❖ Phase II INN Plan with evidence-based strategies | ❖ Workgroup meetings |
| Phase II: Implementation | | | |
| Does the BCSP lead to increased board and care bed availability in Yolo County? | ❖ # of board and care licensing applications ❖ Time between board and care license application and approval ❖ # board and care licensed | ❖ ↑ # of board and care beds available ❖ Perceptions of board and care availability | ❖ HHSA data ❖ Housing referral data ❖ State licensing data |
| Does the BCSP lead to increased placement of high-need consumers inside Yolo County board and care facilities? | ❖ # of placed high-need consumers in Yolo County board and care facilities ❖ Amount of time high-need board and care residents remain placed ❖ Identified reason for placement termination | ↑ Long-term placement of high-need consumers ↑ Consumer perceptions of service quality and competence | ❖ HHSA LOCUS data ❖ Consumer satisfaction survey |
| Does the BCSP lead to increased access to support systems and | ❖ # of service referrals ❖ # of service encounters ❖ # of support system contacts | ↑ Service engagement ↑ Consumer perceptions of support system involvement | ❖ HHSA utilization data ❖ Consumer survey |





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| | | | |
|--|--|--|--|
| providers inside Yolo County for board and care residents? | | | |
|--|--|--|--|



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The Board and Care Study Project will employ a pre/post mixed methods study design to evaluate changes in Yolo County's understanding of factors contributing to board and care shortages. In addition, evaluation activities will measure progress and successful development of the Phase II Plan outlining strategies informed from investigation findings. Evaluation methods will be administered before and after implementation activities. Data management and analysis methods will be determined based on quality and quantity of data collected. Data points may include data gathered from focus groups, literature review, benchmarking research, workgroup meetings, HHS data, and other data.

During Phase II: Implementation, evaluators will employ a pre/post mixed methods study design to evaluate changes in program-level outcome measures among board and care bed facilities (to assess capacity and availability) and individual-level outcome measures among adults with serious mental illness facing barriers in access to board and care residency (to assess perceptions and access). The target population demographics will be analyzed to assess characteristics of individuals facing barriers in access to board and care beds. In addition, the evaluation team will analyze process measure data to characterize and report on implementation activities. Yolo County will measure program success by engaging stakeholders in designing and executing an evaluation following 6-12 months of programs and services implementation. Data points may include baseline and ongoing individual-level consumer data from wellness surveys, service utilization, and other data; these data will be obtained from HHS, state licensing data, surveys, and other data sources as identified during the evaluation design.

Findings from evaluation activities will be reported to HHS, partners, and stakeholders through interim reports. Interim reports will provide updates on program progress through process measures. Upon completion of the Board and Care Study Project, findings from overall evaluation activities, including pre/post data analysis, will be summarized in a final report to HHS, partners, and stakeholders. The final report will summarize findings related to program process, program outcomes, collaboration partners, impact on overall mental health system, and resources (e.g., funding, staff) invested in the Innovation project. The final report will also serve as a documentation of the innovative practices implemented in the Innovation project, which can serve as a model for other counties in California to implement the approach within their jurisdiction. Successful outcomes from the Board and Care Study Project would support broader implementation of the programs and services ultimately developed through the Board and Care Study Project.

Contracting

Yolo County (HHS) will utilize data from evaluation activities and stakeholder engagement activities to ensure continuous quality improvement throughout the project period. Yolo County will apply MHSA INN funds to support contracts to fulfill key roles and functions, as needed. Yolo County will keep contract partners informed of regulatory compliance policies relevant to the project.



Additional Information for Regulatory Requirements

Certifications

Certifications and assurance of compliance with MHSA Innovative Project regulatory requirements are documented in the Yolo County Mental Health Services Act (MHSA) *Three-Year Program and Expenditure Plan 2017 – 2020*.

Community Program Planning

Yolo County conducted a Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) *Three-Year Program and Expenditure Plan 2017 – 2020* between September 2016 and February 2017. During the MHSA CPP, stakeholders identified significant gaps around access and availability of board and care homes, particularly for adults with serious mental illness. Thus, community input from the MHSA CPP process informed the development of the Board and Care Study Project.

The community program planning team was led by Karen Larsen, Department of Health and Human Services Director; Sandra Sigrist, Adult & Aging Branch Director; Joan Beesley, MHSA Coordinator; and Resource Development Associates (RDA), a consulting firm with mental health planning expertise. In order to ensure the planning process reached a broad spectrum of stakeholders, the planning team employed the following outreach efforts: flyers, email distribution lists, phone calls, and announcements for the MHSA planning summit. Materials were made available in Spanish, when applicable. Stakeholders included individuals from a multiple communities, including homeless, LGBTQ, transitional age youth, youth, older adults, consumers, consumers' family members, peer support workers, county staff, Latino, and mental health providers. In addition, stakeholder input was gathered from individuals with a wide spectrum of affiliations including: government agency, community-based provider, law enforcement agency, education agency, social services agency, veterans organization, and medical or health care organization. Furthermore, due to the diverse needs of populations in Yolo County's urban and rural areas, efforts were made to include participants representing the county's diverse geography.

The CPP incorporated a participatory framework to encourage buy-in and involvement from stakeholders including service providers, consumers, family members, other professionals likely to come into contact with people with mental health needs, and interested community members. Throughout the planning process, the planning team made presentations to the Yolo County Local Mental Health Board (LMHB) and Board of Supervisors (BOS), both of which reviewed and commented on all recommendations made by the MHSA planning team. All meetings of the LMHB and BOS are open to the public. All participants in the planning process were provided with feedback forms and comment boxes for RDA staff to use as a guiding and input tool throughout the process. All forms were anonymous to protect participant privacy and confidentiality.

Yolo County's CPP was built upon the meaningful involvement and participation of mental health consumers, family members, county staff, providers, and many other stakeholders. The planning team carried out a set of community meetings and information-gathering activities to engage stakeholders in





all stages of the planning and strategy development process in order to ensure that the Plan reflected stakeholders’ experiences and suggestions. Planning activities and their corresponding dates are presented in the table below, followed by a detailed description of each activity.

The MHSA CPP was comprised of a variety of meetings and activities, as described in Table 3.

Table 3. MHSA Community Planning Activities and Dates, 2016 - 2017

| Activity | Purpose |
|--|---|
| Community Meetings | |
| Kickoff Meetings (Local Mental Health Board, Board of Supervisors, MHSA Stakeholders) | The Kickoff Meetings provided information about the proposed planning process timeline, and to gather feedback about what was missing or suggestions to improve the proposed process. |
| Board and Committee Meetings | |
| Local Mental Health Board | Members of the Local Mental Health Board calendared CPP activities to discuss and provide feedback on MHSA planning processes, progress, and input. |
| Community Corrections Partnership | Members of the Community Corrections Partnership calendared CPP activities to discuss and provide feedback on MHSA planning processes, progress, and input. |
| Board of Supervisors | Members of the Board of Supervisors calendared CPP activities to discuss and provide feedback on MHSA planning processes, progress, and input. |
| Needs Assessment | |
| Focus Groups | The focus groups gathered input from providers and community members about their experiences with the mental health system and their recommendations for improvement. |
| Leadership Interviews | The Leadership Interviews facilitated understanding of the types and levels of services in each system of care across MHSA components, access points into each system, referral pathways, and touch points with services outside of the mental health system. |
| Stakeholder Surveys | The Stakeholder Surveys collected information from a wider audience beyond the focus groups, including the Russian community, consumers and families, and parents with minor children. |
| Quantitative Data Analysis | HHS provided data regarding services supported by MHSA funds. Quantitative data analysis was conducted to characterize the number and profile of persons served as well as outcomes. |
| Strategy Development | |
| System of Care and Component (i.e., Child/TAY, Adult/OA, CFTN, WET, INN) Summits | The System of Care Summits built on from the Leadership Interviews and Focus Group information to identify key mental health service needs, unserved and underserved populations and geographic areas, barriers to entry and ongoing access of mental health services, workforce shortages, and needs related to capital facilities and technology. |



| | |
|--|---|
| Community Report Back Meetings | The Community Report Back Meetings presented the results of the system of care summits to stakeholders. |
| Board of Supervisors Meeting | Members of the Board of Supervisors calendared CPP activities to discuss stakeholder feedback, strategic planning, and MHSA plan development. |
| Public Review Process | |
| 30-Day Review Period (February 17, 2017 – March 20, 2017) | The 30-Day Review period allowed for a draft plan to be distributed to the Board of Supervisors, Local Mental Health Board, county staff, service providers, consumers and family members, and those whose email addresses are associated with the stakeholder listserv. A public notice was also submitted and published through The Davis Enterprise and The Woodland Daily Democrat newspapers, county website, paper copies at HHS department headquarters in Woodland and other sites throughout Yolo County |
| Public Hearing (March 22, 2017) | Stakeholders were engaged to provide feedback about the Yolo County MHSA <i>Three-Year Program and Expenditure Plan 2017 – 2020</i> (see Appendix 20 for the 30-Day Public Comment form). Four stakeholders attended the public hearing, representing county staff, the local mental health board, and consumers and family members. |

CPP participants were trained on the specific purposes and MHSA INN projects during the MHSA Component Planning Summit, which followed the system of care and component planning summits and addressed WET, CFTN, and INN. In response to the recent regulatory changes to the PEI and INN components, RDA staff reviewed program alignment with the new MHSA regulations and discussed options to bring services into alignment with these. During this summit, RDA reviewed findings from the needs assessment in each of these areas as well as findings and recommendations that emerged from the two system of care planning summits. The component work session resulted in a set of consolidated ideas, programs, and recommendations for HHS that have been considered in the feasibility analysis.

Primary Purpose of Proposed Project

The primary purpose of the Board and Care Study Project (BCSP) is to **increase access to mental health services** by addressing underlying factors contributing to limited availability and access to board and care services in Yolo County. Findings from the BCSP will inform strategies to expand bed capacity in board and care facilities for adults with serious mental illness, particularly for residents placed in out-of-county board and care facilities. By building bed capacity for adults with serious mental illness, Yolo County will increase access to services and increase the overall quality of county-system services, which will lead to improved measurable outcomes for adults with serious mental illness.

MHSA Innovative Project Category

The Board and Care Study Project (BCSP) will **implement an approach that is new to the overall mental health system**, which is one of the three approaches specified in CCR, Title 9, Sect. 3910(a). Using a novel





data-driven approach for solving board and care bed capacity, Yolo County will develop the evidence base regarding major factors influencing board and care bed shortages.

Target Population

The Board and Care Study Project (BCSP) will target adults (individuals 18 and over) with severe and persistent mental illnesses who require board and care services, and face barriers in access to board and care beds. Target population demographic information may vary in age, gender identity, race, ethnicity, sexual orientation, and language. The BCSP will specifically focus on individuals currently housed in or at risk of being housed in out-of-county board and care facilities. In addition, the BCSP will investigate individual-level and program-level factors influencing board and care facility shortages in Yolo County.

MHSA General Standards

The Board and Care Study Project reflects and is consistent with the following MHSA general standards set forth in Title 9 California Code of Regulations, Section 3320:

- ❖ **Community Collaboration.** The Board and Care Study Project relies heavily on the engagement of County stakeholders in gathering the information needed to fully define the problem and its roots. Community members, consumers, and other stakeholders will participate actively in a collaborative approach to designing solutions and programs to address the identified challenges. Yolo County will coordinate with the MHSA system of care and Community Care Licensing to promote interagency collaboration. In addition, Yolo County will communicate and engage with consumers, consumers' family and friends, and board and care facility operators to promote community collaboration. The project will implement a set of community meetings and information-gathering activities to promote community collaboration in all stages of the planning and strategy development process.
- ❖ **Cultural Competence.** The varied demographic characteristics of County behavioral health consumers contribute to the need for culturally appropriate services and supports for these populations. This INN project will increase a consumer's ability to access relevant services by ultimately creating more board and care capacity inside Yolo County. By creating capacity for consumers to access board and care services in their community, consumers are able to remain part of their family and cultural systems. By remaining in close proximity to their loved ones and support system, consumers will be in an environment that is more culturally relevant to them. In addition, Yolo County will collaborate and engage with diverse community stakeholders in order to incorporate the diverse belief systems concerning mental illness, health, healing, and wellness that exist among different racial/ethnic, cultural, and linguistic groups into program planning.
- ❖ **Client-Driven:** The Board and Care Study Project will gather input from consumers with higher level of need facing barriers in access to board and care beds. Information regarding consumers' experience and perceptions, gathered through evaluation activities, will inform development of strategies to alleviate board and care facility shortages in Yolo County. The Final Phase II INN Plan will draw from consumer input for planning, procedures, and evaluation planning.



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- ❖ **Family-Driven:** The Board and Care Study Project targets adult population and does not include children in the scope of this project. Thus, this item does not apply to the proposed project.
- ❖ **Wellness, Recovery, and Resiliency-Focused.** The proposed Innovation program will ultimately provide increased capacity for consumers to live in board and care facilities inside Yolo County, increasing their wellness and contributing to their recovery. It also facilitates consumers to stay in their community of origin, which fosters resiliency, personal empowerment, social connections. Placement in a familiar environment, such as their community origin, provides a more stable foundation for self respect, self-responsibility, and self-determination compared to placement in an unfamiliar environment, such a neighboring county. Consumers' closer proximity to their community of origin will also address travel barriers to their mental health services, which further promotes their wellness and recovery.
- ❖ **Integrated Service Experience for Clients and Families.** This Innovation project will increase a consumer's ability to access relevant services within their community of origin, which promotes integration of services when providers are in closer proximity to the consumer. The project supports the capacity of providers to engage with each other collaboratively by allowing for consumers to receive mental health services and to also live at a board and care inside Yolo County, streamlining their service experience. In addition, community-based mental health services will be better able to coordinate comprehensive care for consumers with higher needs when the consumer is in closer proximity. Close proximity to providers and community-based services will help preserve relationships between consumers and mental health staff. Furthermore, consumers will have access to a full range of mental health services within their community of origin.

Continuity of Care for Individuals with Serious Mental Illness

Continuity of care for individuals with serious mental illness involves a multi-method approach in a safe living space. Out-of-county placement directly interferes with continuity of care resulting in detrimental setbacks to consumers' recovery. Continuity of care and continuity of contact are both necessary components for successful consumer outcomes, and close proximity between consumers and mental health staff allows for more opportunity to maintain contact and build strong relationships. Consumers' out-of-county placement poses barriers when they must travel farther for mental health services. Furthermore, coordination between mental health staff is necessary to provide integrated, comprehensive services to individuals with serious mental illness; placement of consumers in out-of-county board and care facilities makes it more difficult for mental health staff to provide coordinated services. There are also difficulties that arise with Medi-Cal assignment resulting from out-of-county placement, which further contributes to decreased continuity of care. In order to promote continuity of care, the Board and Care Study Project will increase access to in-county board and care facilities for individuals with serious mental illness.



INN Project Evaluation Cultural Competence

Targeted actions will be made to ensure that consumers are represented in all phases of the planning process and evaluation activities. Yolo HHSA and provider staff will reach out to linguistically isolated communities, particularly for Yolo County's large Latino/Hispanic population. A Spanish-language interpreter will be available at the community meetings and flyers related to stakeholder engagement will be made available in Spanish. In addition, HHSA staff will reach out to the homeless and LGBTQ communities to identify potential participants to represent their respective communities' perspectives. Evaluation tools and planning tools will be vetted with minority groups represented in the target population or stakeholder group. Furthermore, planning activities and evaluation activities will request participants to complete an anonymous demographic form, which will gather information about participants' age, sexual orientation, gender identity, race/ethnicity, residency (e.g., urban or rural), and whether they identified as a consumer, family member, or service provider. Disparities revealed through evaluation findings will be addressed by modifying planning activities to increase meaningful stakeholder involvement across diverse populations.

INN Project Evaluation Meaningful Stakeholder Involvement

In order to ensure meaningful stakeholder participation in the planning activities and evaluation activities, the Board and Care Study Project will rely on a workgroup formed from planners and stakeholders to support implementation and strategic planning. Stakeholders may include county staff, providers, consumers, and consumers' families. The workgroup will play a critical role for informing overall strategic planning and program planning, as well as evaluation planning and implementation. Evaluation findings will be communicated to stakeholders, and stakeholders will have the opportunity to contribute to interpretation and input on reports. HHSA will also provide training and technical assistance to the workgroup throughout the project to support meaningful stakeholder participation.

Project Continuation Without INN Funds

Yolo County has committed to implementing the strategies identified and prioritized through the Board and Care Study Project. HHSA will leverage existing financial and programmatic resources to fund a portion of the implementation activities after MHSA Innovation funds are no longer available.

Communication and Dissemination Plan

Yolo County will develop a final report summarizing findings from the Board and Care Study Project, including study results and newly identified strategies. The report will be shared with MHSA stakeholders, including county staff, providers, consumers, and consumers' families.

The final phase of the BCSP involves development of an implementation plan which outlines implementation activities informed by the findings of the BCSP. The plans for the newly developed program will be detailed in the Phase II INN Plan. Yolo County will communicate the Phase II INN Plan and



engage with consumers, consumers’ families, and board and care facility operators to promote community collaboration during program planning.

MHSA stakeholders will play an integral in disseminating findings (from the Board and Care Study Project as well as the Phase II INN Plan) to contacts within and outside of Yolo County. Dissemination methods may include website, published reports, and email distribution. Keywords for searches related to the Board and Care Study project include the following terms or phrases: board and care innovation; board and care bed capacity; board and care for adults with serious mental illness; and board and care in Yolo County.

Timeline

The Board and Care Study Project (BCSP) will be conducted over a six month period, between July 2017 through December 2017. The following timeline provides a detailed breakdown of planned activities for the BCSP (Table 4).

Table 4. Board and Care Study Project Timeline, July 2017 – Dec 2017

| Milestone/Deliverable | Project Month | | | | | |
|--|---------------|-----|------|-----|-----|-----|
| | Jul | Aug | Sept | Oct | Nov | Dec |
| Phase 1: Project Launch | | | | | | |
| HSA Kickoff meeting | █ | | | | | |
| Board and Care Workgroup Preparation | █ | | | | | |
| Board and Care Workgroup Kickoff Meeting (1) | █ | | | | | |
| Phase 2: Data Collection and Analysis | | | | | | |
| Quantitative Data Request and Analysis | █ | | | | | |
| Qualitative Data Collection and Analysis | █ | | | | | |
| Benchmarking Research | █ | | | | | |
| Literature Review | █ | | | | | |
| Board and Care Workgroup Meetings (2) | | █ | █ | | | |
| Phase 3: Program Development | | | | | | |
| Concept Paper Development | | | | █ | | |
| Board and Care Workgroup Meetings (2) | | | | █ | █ | |
| Phase 4: Phase II INN Planning | | | | | | |
| Draft Phase II INN Plan – Board and Care Implementation Plan | | | | | █ | █ |
| Board and Care Workgroup Meetings (1) | | | | | | █ |
| Final Phase II INN Plan – Board and Care Implementation Plan | | | | | | █ |
| Consultation with MHSOAC | | | | | | █ |
| Presentation to MHSOAC | | | | | | █ |
| Ongoing Project Management and Communication | | | | | | |
| Project Management | █ | █ | █ | █ | █ | █ |
| Communications | █ | █ | █ | █ | █ | █ |

The timeline below outlines planned activities and milestones for Phase I and Phase II during the four-year period, between July 2017 and July 2021 (Table 5).





Table 5. Timeline for Strategy to Address Board and Care Shortages, July 2017 – July 2021

| Milestone/Deliverable | Year 1 | | | | Year 2 | | | | Year 3 | | | | Year 4 | | | |
|--|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Phase I: Board and Care Study Project | | | | | | | | | | | | | | | | |
| Project Launch | ■ | | | | | | | | | | | | | | | |
| Data Collection and Analysis | ■ | ■ | | | | | | | | | | | | | | |
| Program Development | | ■ | | | | | | | | | | | | | | |
| Phase II INN Planning | | ■ | | | | | | | | | | | | | | |
| Select Evaluator | ■ | | | | | | | | | | | | | | | |
| Plan Evaluation Design | ■ | | | | | | | | | | | | | | | |
| Conduct Evaluation Activities | ■ | ■ | | | | | | | | | | | | | | |
| Interim Reports on Evaluation Findings | ■ | ■ | | | | | | | | | | | | | | |
| Final Report on Evaluation Findings | | ■ | | | | | | | | | | | | | | |
| Distribute Phase II INN Plan | | ■ | | | | | | | | | | | | | | |
| Phase II: Implementation | | | | | | | | | | | | | | | | |
| Seek Funding Sources | | | ■ | ■ | | | | | | | | | | | | |
| Implementation Activities | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Select Evaluator | | | ■ | | | | | | | | | | | | | |
| Plan Evaluation Design | | | ■ | | | | | | | | | | | | | |
| Conduct Evaluation Activities | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Interim Reports on Evaluation Findings | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Annual Report on Evaluation Findings | | | | | | | | ■ | | | | ■ | | | | |
| Final Report on Evaluation Findings | | | | | | | | ■ | | | | ■ | | | | ■ |



Project Budget

INN Project Budget and Source of Expenditures

Budget Narrative

Summary of Expenses for the Board and Care Study Project

- Personnel Expenditures
- Operating Expenditures
- Non-Recurring Expenditures
- Training/Consultant Expenditures

Summary of Revenue for the Board and Care Study Project



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New Innovative Budget by Fiscal Year

| | FY16-17 | FY17-18 | FY18-19 | FY19-20 | Total |
|--------------------------------------|----------------|----------------|----------------|----------------|--------------|
| EXPENDITURES | | | | | |
| PERSONNEL COSTS | | | | | |
| 1) Salaries | | | | | |
| 2) Direct Costs | | | | | |
| 3) Indirect Costs | | | | | |
| 4) <i>Total Personnel Costs</i> | | | | | |
| OPERATING COSTS | | | | | |
| 5) Direct Costs | | | | | |
| 6) Indirect Costs | | | | | |
| 7) <i>Total Operating Costs</i> | | | | | |
| NON RECURRING COSTS | | | | | |
| 8) Equipment | | | | | |
| 9) Technology | | | | | |
| 10) <i>Total Non Recurring Costs</i> | | | | | |
| Consultant Costs/ Contracts | | | | | |
| 11) Direct Costs | | | | | |
| 12) Indirect Costs | | | | | |
| 13) <i>Total Operating Costs</i> | | | | | |
| Other Expenditures | | | | | |
| 14) | | | | | |
| <i>Total Other Expenditures</i> | | | | | |
| BUDGET TOTALS | | | | | |
| Personnel | | | | | |
| Direct Costs | | | | | |
| Indirect Costs | | | | | |
| Non-recurring costs | | | | | |
| Other Expenditures | | | | | |
| TOTAL INNOVATION BUDGET | | | | | |
| | | | | | |



Yolo County Health and Human Services Agency

MHSA FY 2017-2020: Innovation Program Plan Description – Board and Care Study Project

Expenditures by Funding Source and Fiscal Year

| | FY16-17 | FY17-18 | FY18-19 | FY19-20 | Total |
|---|----------------|----------------|----------------|----------------|--------------|
| Administration Expenditures | | | | | |
| Total Administration | | | | | |
| 1) Innovative MHSA Funds | | | | | |
| 2) Federal Financial Participation | | | | | |
| 3) 1991 Realignment | | | | | |
| 4) Behavioral Health Subaccount | | | | | |
| 5) Other Funding: | | | | | |
| 6) <i>Total Proposed Administration</i> | | | | | |
| Evaluation Expenditures | | | | | |
| Total Evaluation | | | | | |
| 1) Innovative MHSA Funds | | | | | |
| 2) Federal Financial Participation | | | | | |
| 3) 1991 Realignment | | | | | |
| 4) Behavioral Health Subaccount | | | | | |
| 5) Other Funding: | | | | | |
| 6) <i>Total Proposed Evaluation</i> | | | | | |
| TOTAL | | | | | |
| Estimated TOTAL mental health expenditures for INN Project | | | | | |
| 1) Innovative MHSA Funds | | | | | |
| 2) Federal Financial Participation | | | | | |
| 3) 1991 Realignment | | | | | |
| 4) Behavioral Health Subaccount | | | | | |
| 5) Other Funding: | | | | | |
| 6) <i>Total Proposed Expenditures</i> | | | | | |