



Yolo County MHSA FY 2017-2020 Innovation Program Plan Description

Board and Care Study Project



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Executive Summary

During the Community Program Planning (CPP) process to develop the Yolo County Mental Health Service Act (MHSA) Three-Year Program and Expenditure Plan for 2017-2020, stakeholders identified a lack of housing options for people with the most intense service needs as a primary problem, specifically the extreme shortage of Board and Care facilities. Without adequate Board and Care facilities within the County, Yolo County residents who require that support to live in the community are placed in out-of-county facilities. This creates a variety of challenges, including:

- ❖ Consumers are farther away from their families, other natural supports, and health and mental health services, which creates barriers to their recovery.
- ❖ Consumers with the highest level of need are less likely to be accepted to a Board and Care placement when there are consumers with less intense need also competing for available beds.
- ❖ County staff have to travel further distances to meet with consumers, which makes it more difficult to monitor quality as well as provide support to consumers and Board and Care staff.
- ❖ Medi-Cal and other benefits connected to a person's county of residence may be switched, creating unnecessary challenges for the consumer as well as administrative burdens to staff.

The County and stakeholders further discussed the problem with the intention of discovering potential solutions, and in the process, realized that 1) this was a complex problem that required further research to understand the intersecting factors that contribute to the Board and Care shortage, and that 2) addressing this shortage would require creative solutions informed by an accurate understanding of the factors that contribute to the problem. The County, in partnership with stakeholders, developed this INN project as a participatory study towards a more thorough and accurate understanding of the problem, and as a vehicle for working together to develop creative solutions.

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, and to achieve the following learning goals: 1) increase understanding of the dynamics underlying the Board and Care bed shortage, 2) identify strategies and incentives to increase Board and Care bed capacity, 3) identify capacity building approaches to incentivize the placement of consumers with the most intense service needs in available Board and Care beds, 4) and develop an implementation plan to increase access to Board and Care placement for those with the most intense service needs. Through this project, the Yolo County Health and Human Services Agency (HHS) plans to gather qualitative data from consumers, their families, Board and Care operators, Community Care Licensing, and mental health providers; conduct a quantitative analysis of people currently placed or at risk of placement in out-of-county facilities; and conduct benchmarking interviews with other jurisdictions to identify potential strategies. HHS then plans to engage stakeholders in using the data gathered to develop creative and actionable strategies to increase County Board and Care capacity. Following this study project, HHS plans to implement the strategies developed to increase Board and Care capacity within the County.



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

Project Overview

Primary Problem

Background

While Yolo 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 (over 17% of the population lives below the poverty line²) and rural and cultural isolation affect many residents of the County. In addition, one in six residents was uninsured and one in four experienced severe housing problems in 2016.³ The demographics of behavioral health consumers and those in need of behavioral health services mirror those of the County’s population. 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 County’s MHSA CPP process, 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 its crisis services and reduce psychiatric hospitalizations, incarcerations, and homelessness. The County provides multiple services for adults with serious mental illness (SMI), including the following: 1) community-based navigation centers that include both recovery-based mental health and social services; 2) intermittent field-based case management services (to maintain linkage to psychiatric care and community resources); 3) assessment and plan development; 4) (brief) psychotherapy, targeted case management, and rehabilitation; 6) crisis intervention; and 7) collateral contacts . Yolo County also offers programs to link adults to temporary or permanent homes, substance use treatment and support, and crisis intervention. In addition, Yolo County

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>.





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 services, including housing. 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 could maintain the necessary continuum of care for adults with severe mental illness.

Board and Care homes play a critical role in the mental health system by providing a safe and dignified housing option to support individuals with SMI to live in the community, as well as an environment for the provision of 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 18-59 years of age. Board and Care homes vary from small to large facilities, and provide housekeeping services, 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 assistance with going to medical appointments, and provide updates on consumer status to mental health providers. In addition, Board and Care homes are able to store and monitor self-administration of medication on an appropriate schedule, which is critically important for individuals with SMI. 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 However, while Board and Care homes can provide a safe setting for persons with SMI, quality of care and environment vary greatly among facilities.

Problem Statement

During both the 2016-2017 MHSA Annual Update and 2017-2020 Three-Year Plan CPP processes, HHSA leadership and community stakeholders identified three interwoven factors that present major challenges to providing an appropriate level of housing assistance and support for 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 Board and Care bed space is not sufficient to meet the high need for persons with SMI. Historically, many Yolo County Board and Care facilities have closed down, while only a few of those remaining provide bed space for adults with 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 SMI 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 the statewide shortage of Board and Care bed space.

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

As bed capacity is limited, competition for Board and Care beds makes facilities more likely 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.

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

Clients with Highest Needs are Placed Out of County

HHS 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 of 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 beds that were previously vacant because they were less desirable due to quality issues.

Providers also described the barriers they face in serving clients 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 may also interfere with Board and Care staff assisting consumers 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 SMI, Yolo County is seeking to develop an innovative approach to expand the bed capacity of local Board and Care homes for adults with SMI, and to incentivize them 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 (SMI). 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 and environmental features have a more significant impact on residents' psychological well-being, as compared to the physical features of a Board and Care home.⁸ Additionally, Board and Care smaller group settings can foster social connections and support.

Shortages in Board and Care homes have led to adults with SMI living in Board and Care facilities outside of the County, with aging parents or other family members, in other arrangements that don't provide needed support (e.g., room and board), or 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 reviewed relevant literature and existing practices to determine what has been done elsewhere to address this 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 (SMI), RDA also reviewed literature related to strategies to improve Board and Care quality and capacity, barriers and challenges to expanding capacity for long-term residential care facilities, and barriers in access to Board and Care homes among persons with SMI.

Findings

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.



Literature related to Board and Care facilities for individuals with SMI primarily focused on assessing facility setting and resident outcomes, rather than strategies to expand bed capacity.⁹ There is very limited literature regarding innovative strategies to build Board and Care bed capacity for adults with SMI, but what literature there is suggests factors that may exacerbate problems with Board and Care shortages. For example, 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 due to regulatory penalties and rising costs of living.

A national survey of residential care facilities identified the following two major challenges for expansion of services and capacity: 1) payments were incomplete (e.g., housing, food, and utilities not covered; Supplemental Security Income (SSI) check insufficient to fill gap), and 2) there is a general shift to managed care.¹¹

The increasing challenges of financial sustainability pose an even greater burden on the smaller Board and Care homes. 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 larger for-profit homes, particularly for 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 to 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.

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 the safety of

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.



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 serving adults with non-acute SMI. 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 SMI because of potential fines and citations resulting from disorderly or harmful behavior. As regulatory changes continue to impact Board and Care homes, 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 SMI.

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 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 SMI.

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 (SMI) primarily focused on changing facility setting and activity options, rather than expanding bed capacity.¹⁷ There is very limited availability of case studies regarding innovative strategies to build Board and Care bed capacity for adults with SMI.

Findings

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), it

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.



can be difficult to draw confident conclusions from comparisons across similarly labeled facilities.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 SMI.

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 SMI. 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 SMI. 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 and 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 or expansion of a mental health 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

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.



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 Board 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 Board 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, neighborhood acceptance (i.e. NIMBY-ism), 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. Ultimately, the learning from this project may contribute to widespread practice or policy changes, as these findings can inform similar counties experiencing the same challenges.

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.

The Board and Care Study Project (BCSP) meets the criteria of an Innovation project by utilizing a participatory research approach to understand and develop strategies to address the challenges around

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.



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 followed 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 (SMI). 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 (BCSP) 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 BCSP 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.

The BCSP 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:

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>.



Yolo County Health and Human Services Agency

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

- ❖ 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 BCSP 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.

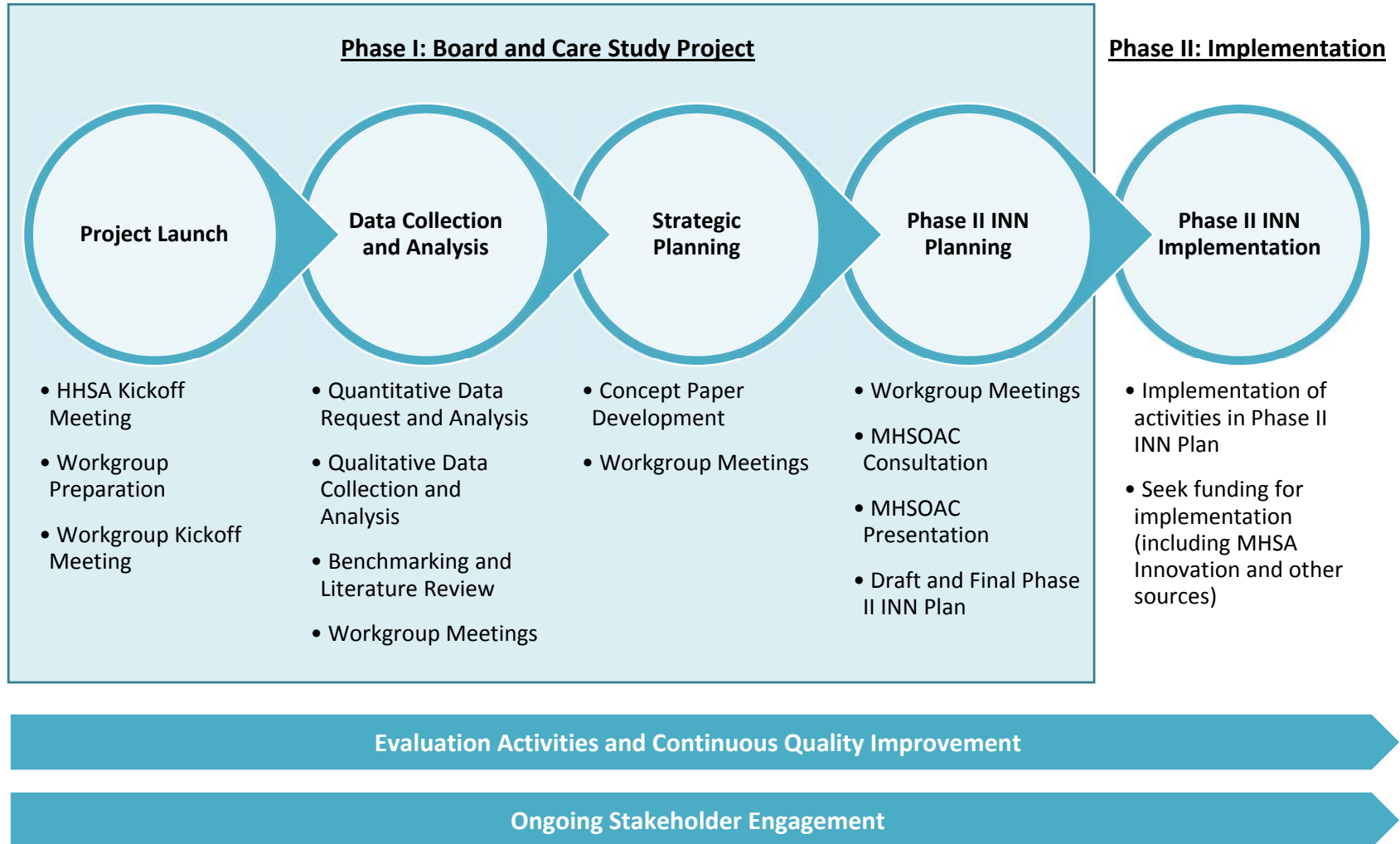
By implementing the BCSP, Yolo County will be able to improve understanding of the multiple factors influencing access and availability of Board and Care facilities in Yolo County.

Overview of Strategic Approach

The Board and Care Study Project (BCSP), 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 Innovation (INN) Planning. During **Phase II: Implementation**, Yolo County will seek additional funding sources to support implementation activities, including MHSA INN 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





Board and Care Study (Phase I) 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 (SMI), particularly for Yolo County residents placed in out-of-county Board and Care facilities.

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



Yolo County Health and Human Services Agency

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

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

- ❖ Focus groups and interviews with consumers, Board and Care facilities, providers, and other key stakeholders, including Community Care Licensing;
- ❖ 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 the Program Development phase, a concept paper will be developed which outlines an approach to building 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 (CIP) 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 for the program designed in the Program Development phase. The plans for implementation will be detailed in the Phase II Plan. The final plan will be developed in consultation with the Mental Health Services Oversight and Accountability Commission (MHSOAC), if the strategies meet INN funding requirements. If other available funds are more appropriate to fund the identified strategies, INN funds will not be requested for Phase II of this project. 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 members 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's 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 evaluation 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 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 in 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 by a continuous quality improvement process, including incorporation of feedback from 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 CPP process.

As shown in Table 2, the BSCP will be evaluated on concretized process and outcome measures. Evaluators will work to identify data points and evaluation methods 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 providers inside Yolo County for Board and Care residents?	❖ # of service referrals ❖ # of service encounters ❖ # of support system contacts	↑ Service engagement ↑ Consumer perceptions of support system involvement	❖ HHSA utilization data ❖ Consumer survey



The BSCP 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 the quality and quantity of data collected. Data points may include data gathered from focus groups, literature review, benchmarking research, workgroup meetings, HHSA 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 SMI 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 program and service 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 HHSA, state licensing data, surveys, and other data sources as identified during the evaluation design.

Findings from evaluation activities will be reported to HHSA, 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 HHSA, 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 INN project. The final report will also serve as a documentation of the innovative practices implemented in the INN project, which can serve as a model for other counties in California to implement the approach within their jurisdiction. Successful outcomes would support broader implementation of the programs and services ultimately developed through the BSCP.

Contracting

Yolo County (HHSA) 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 process, stakeholders identified significant gaps around access and availability of Board and Care homes, particularly for adults with serious mental illness (SMI). 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, efforts were made to include participants throughout the County, including CPP activities and events held at different locations throughout the County and at different times of day to promote opportunities for participation.

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 helped to refine the 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	HHSA 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 HHSA 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> . Four stakeholders attended the public hearing, representing county staff, the local mental health board, and consumers and family members. The full MHSA plan document, which summarizes public comment, is available at: http://www.yolocounty.org/health-human-services/agency-information/mental-health-services-act-mhsa

CPP participants were trained on the specific purposes of 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. 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 MHSA component work session resulted in a set of consolidated ideas, programs, and recommendations for HHSA have considered in the feasibility analysis.

Primary Purpose of Proposed Project

The primary purpose of the Board and Care Study Project (BCSP) is to **increase assess 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 (SMI), particularly for residents placed in out-of-county Board and Care facilities. By building bed capacity for adults with SMI, 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 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 (BCSP) reflects and is consistent with the following MHSA general standards set forth in Title 9 California Code of Regulations, Section 3320:

- ❖ **Community Collaboration.** The BCSP 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 BCSP 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.

- ❖ **Family-Driven:** The BCSP 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 INN 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 of origin, provides a more stable foundation for self-respect, self-responsibility, and self-determination than placement in an unfamiliar environment, such a neighboring county. Consumers' proximity to their community of origin will also address barriers of travel to their mental health services, which further promotes their wellness and recovery.
- ❖ **Integrated Service Experience for Clients and Families.** This INN project will increase consumers' 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 (SMI) 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 of consumers to mental health staff allows for more opportunity to maintain contact and build strong relationships. Consumers' out-of-county placements pose 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 and Russian populations. Interpreters will be available at community meetings and flyers related to stakeholder engagement will be made available in Spanish and Russian. 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 BCSP 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 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 their interpretation and provide 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

The purpose of this project is to engage in research that provides a more robust understanding of the factors contributing to the Board and Care shortage in order to identify strategies to increase Board and Care capacity within the County. If the strategies identified are appropriate for INN funding, the County will work with the MHSOAC to obtain approval for Phase II of this project. However, HHSA may discover strategies throughout the course of this project that are likely to be effective but may not be innovative. To that end, Yolo County has committed to implementing the strategies identified and prioritized through the BCSP with whatever funding is most appropriate for the actions identified. HHSA will leverage existing financial and programmatic resources to fund a portion of the implementation activities after MHSA INN 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 BCSP 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 BCSP 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 and 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

A. Budget Narrative:

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “\$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total \$15,000”) and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, “Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time...”). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

BUDGET NARRATIVE FOREWORD:

Initially, the Yolo County Innovation program proposal targeting the county’s shortage of Board and Care facilities to accommodate its Seriously Mentally Ill (SMI) clients was planned as a three-year INN project. On the recommendation of MHSOAC staff, Yolo will be conducting a one-year Study Project before initiating the program. The Board and Care Study Project seeks to achieve the following learning goals: (1) increase understanding of the dynamics underlying the Board and Care bed shortage; (2) identify strategies and incentives to increase Board and Care bed capacity; (3) identify capacity-building approaches to incentivize the placement of consumers with the most intense service needs in available Board and Care beds; and (4) develop an implementation plan to increase access to Board and Care placement for those with the most intense service needs.

The budgets outlined below are intended to reflect the costs of conducting the one-year Board and Care Study Project in FY 17-18, and then, a very rough estimate of a program based on the information gathered from the study goals detailed above. Suffice it to say that budgets for years two and three included here should be considered general and preliminary, and they will need to be reformulated once the Board and Care Study Project is complete. Higher consultant costs in year one are reflective of the plan to complete the study project before going forward with the program; consultant costs in years two and three are attributed to program evaluation.



Budget Narrative:

Section B.

1. \$38,750 in FY 17-18 represents salary and benefits for 0.1 FTE Program Manager and 0.1 FTE Analyst; costs may increase in years two and three of the project.
2. N/A
3. \$11,625 in FY 17-18, \$11,925 in FY 18-19 and \$11,936 in FY 19-20 represents administrative costs at 15%.
4. Total
5. N/A
6. N/A
7. N/A
8. N/A
9. N/A
10. N/A
11. Annual cost of \$38,750 in FY 17-18 represents consultant fees to assist with Board and Care Study; consultant fees for FY 18-19 of \$23,850 and \$23,872 in FY 19-20 represent anticipated costs of program evaluation.
12. N/A
13. Total
14. Program costs are estimated at \$0 for FY 17-18 (program study); on the assumption that a program will be implemented after the study, program related costs of \$15,900 are anticipated in FY 18-19 and \$15,915 in FY 19-20.
15. N/A
16. Total

Section C.

Part A.

- A.1 \$11,625 in FY 17-18, \$11,925 in FY 18-19 and \$11,936 in FY 19-20 represents estimated administrative costs at 15%.
- A.2 N/A
- A.3 N/A
- A.4 N/A
- A.5 N/A
- A.6 N/A Total

Part B.

- B.1 Consultant costs of \$23,850 in FY 18-19 and \$23,872 in FY 19-20 represent anticipated costs of program evaluation.
- B.2 N/A
- B.3 N/A
- B.4 N/A
- B.5 N/A
- B.6 Total



Section C., Continued.

Part C.

C.1 Total MHSA INN funds for FY 17-18 is estimated at \$89,125; total MHSA INN funds for FY 18-19 is estimated at \$91,425; total MHSA INN funds for FY 19-20 estimated at \$91,511; 3-year total is anticipated at \$272,061.

C.2 N/A

C.3 N/A

C.4 N/A

C.5 N/A

C.6 Total



B. New Innovative Project Budget By FISCAL YEAR (FY)*							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		FY 17-18	FY 18-19	FY 19-20	FY xxxx	FY xxxx	Total
1.	Salaries	38,750	39,750	39,788			118,288
2.	Direct Costs						
3.	Indirect Costs	11,625	11,925	11,936			35,486
4.	Total Personnel Costs						
		50,375	51,675	51,724			153,774
OPERATING COSTS		FY 17-18	FY 18-19	FY 19-20	FY xxxx	FY xxxx	Total
5.	Direct Costs						
6.	Indirect Costs						
7.	Total Operating Costs						
NON RECURRING COSTS (equipment, technology)		FY 17-18	FY 18-19	FY 19-20	FY xxxx	FY xxxx	Total
8.							
9.							
10.	Total Non-recurring costs						
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		FY 17-18	FY 18-19	FY 19-20	FY xxxx	FY xxxx	Total
11.	Direct Costs	38,750	23,850	23,872			86,472
12.	Indirect Costs						
13.	Total Consultant Costs	38,750	23,850	23,872			86,472
OTHER EXPENDITURES (please explain in budget narrative)		FY 17-18	FY 18-19	FY 19-20	FY xxxx	FY xxxx	Total
14.	Program related expenses		15,900	15,915			31,815
15.							
16.	Total Other expenditures		15,900	15,915			31,815
BUDGET TOTALS							
Personnel (line 1)		38,750	39,750	39,788			118,288
Direct Costs (add lines 2, 5 and 11 from above)		38,750	23,850	23,872			86,472
Indirect Costs (add lines 3, 6 and 12 from above)		11,625	11,925	11,936			35,486
Non-recurring costs (line 10)							
Other Expenditures (line 16)			15,900	15,915			31,815
TOTAL INNOVATION BUDGET		89,125	91,425	91,511			272,061

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.



C. Expenditures By Funding Source and FISCAL YEAR (FY)							
Administration:							
A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 17-18	FY 18-19	FY 19-20	FY xxxx	FY xxxx	Total
1.	Innovative MHSA Funds	11,625	11,925	11,936			35,486
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Administration	11,625	11,925	11,936			35,486
Evaluation:							
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 17-18	FY 18-19	FY 19-20	FY xxxx	FY xxxx	Total
1.	Innovative MHSA Funds		23,850	23,872			47,722
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation		23,850	23,872			47,722
TOTAL:							
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 17-18	FY 18-19	FY 19-20	FY xxxx	FY xxxx	Total
1.	Innovative MHSA Funds	89,125	91,425	91,511			272,061
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Expenditures	89,125	91,425	91,511			272,061
*If "Other funding" is included, please explain.							