

Yolo County Board & Care Study

Yolo County MHS FY 2017-2020 Innovation Program Plan



Prepared by:

Resource Development Associates

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Introduction

The Yolo County Health and Human Services Agency (HHSA) partnered with Resource Development Associates (RDA) to conduct a Board and Care Study to assess and address the need for more Board and Care homes in the County. Board and Care homes, including adult residential facilities, provide 24-hour supervision and services such as healthy meals, laundry, social activities, personal care assistance, support with medical and psychiatric needs and appointments, and dispensation of medications, for consumers living with serious mental illness (SMI) and others in need of similar care.

Yolo County lacks an overall continuum of housing options for people with the most intense service needs, including a shortage of Board and Care homes. This shortage of Board and Care homes has led to adults with SMI being placed in Board and Care homes outside of the County, living with aging parents or other family, living in other arrangements that do not provide needed support (e.g., room and board), or homeless.

Yolo County, in partnership with their stakeholders, developed this innovation project with the intention of engaging in a study to develop a more thorough and accurate understanding of the problem and work together to develop creative solutions and long-term strategies to address the issues identified.

While the focus of this study was not on finding ways to support existing Board and Care homes to stay in business, one of the few remaining Board and Care homes in Yolo County, Pine Tree Gardens, became at risk of closing during the course of this study due to financial operating constraints. The focus of this study is to examine new models to support an increase in Board and Care placements, and therefore did not specifically address sustainability planning for Pine Tree Gardens.

Background

While Yolo County is considered to be mid-sized with a population of approximately 219,000, it 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. Yolo County has high

¹ US Census Bureau, 2018, <http://www.census.gov/quickfacts/table/PST045215/06113>

² US Census Bureau, 2018, <http://www.census.gov/quickfacts/table/PST045215/06113>



rates of poverty and 25% of the population receive Medi-Cal. Additionally, one in four residents 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. The County provides multiple service programs for adults with SMI, including: a community-based navigation center that provides both recovery-based mental health and social services; a 7-day/week Mental Health Urgent Care; field-based case management services for Full Service Partnership consumers to maintain linkage to psychiatric care and community resources; Specialty Mental Health and Addiction Intervention Courts, Misdemeanor Competency Restoration Services; short-term Cognitive Behavioral Therapy and a myriad of homeless intervention services and programs. Teams work collaboratively with multiple community-based organizations as well as other County partners, including the Public Defender, District Attorney, Sheriff, Law Enforcement and local custody setting staff, with the goal of assuring timely and early intervention in crisis situations. Yolo County implemented the Drug Medi-Cal Organized Delivery System and contracted with a new provider for 24/7 telephone response to individuals requesting substance use treatment. This same 24/7 telephone line serves as the County's Mental Health Crisis line, for a warm connection and in-person response to the two local Emergency Departments for all Yolo Medi-Cal beneficiary mental health hold evaluations. HHSA provides Full Service Partnership (FSP) services through Care Teams focused on children, Transition Age Youth, Adults, Older Adults and Adults with high forensic system involvement. Each team supports individuals 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, consumer and family-driven, culturally competent, integrated, and collaborative.

Adults with SMI typically require comprehensive wraparound supportive engagement in services, including 24/7 housing support. While funding for emergent housing needs is increasing as California experiences a statewide crisis in the area of homelessness, there continues to be limited housing stock

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>.



overall, and a corresponding limited array of supervised environments for those with higher support needs.

Board and Care homes offer a safe and dignified housing option for adults with SMI, while providing an environment to receive behavioral health services and resources. Board and Care homes operate under the supervision of Community Care Licensing (CCL), a sub-agency of the California Department of Social Services (DSS), and are licensed as Adult Residential Facilities (ARF). In the early 1970's, California established a residential care system to provide non-institutional home-based services to dependent care groups such as the elderly, intellectually and/or developmentally disabled, and those with a mental health diagnosis. At that time, Residential Care Facilities for the Elderly (RCFE) were known as Board and Care homes and the name still persists as a common term to describe both ARF and RCFE.

Board and Care homes 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 to medical appointments and provide 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 SMI.

Overall, Board and Care homes house consumers who would otherwise be at risk of being placed in a skilled nursing facility or other institutional environment, thereby resulting in cost savings to the community⁵ and playing a critical role in the mental health system by supporting individuals with SMI to live in the community.

As mentioned above, a Board and Care home is licensed as an **Adult Residential Care Facility (ARF)** - a residential home for adults ages 18 through 59 with mental health care needs or who have physical and/or developmental disabilities and require or prefer assistance with care and supervision. Other adult facility types licensed by DSS-CCL include:

- **Adult Day Program** - Any community-based facility or program that provides care to persons 18 years of age or older in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of these individuals on less than a 24-hour basis.
- **Adult Residential Facility for Persons with Special Health Needs** - A residential home that provides 24-hour services for up to five adults with developmental disabilities who have special health care and intensive support needs and who would otherwise need to reside in an institution.

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.



- **Residential Care Facility for the Elderly** - A residential home for seniors aged 60 and over who require or prefer assistance with care and supervision. Residential Care Facilities for the Elderly may also be known as assisted living facilities, retirement homes and Board and Care homes.
- **Residential Care Facility for the Chronically Ill** - A facility that provides care and supervision to adults who have a terminal illness, Acquired Immune Deficiency Syndrome (AIDS) or the Human Immunodeficiency Virus (HIV).
- **Social Rehabilitation Facility** - A facility that provides 24-hour non-medical care and supervision in a group setting to adults recovering from mental illnesses who temporarily need assistance, guidance, or counseling. These facilities are able to offer psychiatric and mental health treatment as part of their residential program services, beyond what an Adult Residential Facility is allowed to provide. Social Rehabilitation Facilities include:
 - Short-Term Crisis Residential Programs
 - Transitional Residential Treatment Programs
 - Mental Health Rehabilitation Centers (acute in-patient programs)

The above types of residential care and services are part of a continuum of care that is critical to serve individuals with significant mental health challenges in the community (Figure 1).

Figure 1. Residential Facility Continuum of Service

Crisis Residential Treatment	Transitional Residential Treatment	Mental Health Rehabilitation Center	Board and Care Homes	Supportive Living Services
Short-term 24/7 On-site treatment providing stabilization for three months maximum	Long-term 24/7 Residential treatment encouraging utilization of community resources for 18 months maximum	Long-term 24/7 Services for the chronically mentally ill to develop independent living skills for three years maximum	Long-term 24/7 Residential on-site support with medication and daily living Offsite treatment	Long-term 24/7 Oversight Independent living support services providing assistance in a minimally restrictive setting; no medication administration
Licensed	Licensed	Licensed	Licensed	Unlicensed



Due to statewide Board and Care home closures and the lack of new facilities and/or adequate supportive housing options available, many individuals with mental illness are unable to obtain appropriate and sustainable treatment care options after they are discharged or released from acute inpatient treatment programs, hospitals, short-term crisis and transitional residential treatment programs, etc. This creates a “revolving door scenario” where the newly released individual cannot find appropriate residential care or housing; when another mental health crisis occurs the individual returns to high-level crisis program services and facilities, hospitals, jails/prisons or homelessness.

Historically, many Board and Care homes have closed down in Yolo County. As of March 2017, there were nine adult residential facilities serving Yolo County residents, and only three that focused on individuals with SMI (Table 1). Pine Tree Gardens East and West were the only Board and Care homes specifically serving individuals with SMI, and Clover House was the only RCFE serving older adults with SMI.

Table 1. Board and Care Homes in Yolo County⁶

Home	Population Served	Capacity	Years in Operation
Pine Tree Gardens West	Individuals with SMI	15	7
Pine Tree Gardens East	Individuals with SMI	13	7
Clover Home RCFE	Older Adults with SMI	14	9
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		90	6 – 42

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





The need for a robust continuum of community-based housing, including facilities for adults with SMI, is critical. Board and Care homes are an essential component of this housing continuum, providing services and support to meet the complex behavioral health needs of Yolo County residents.

Other Challenges and Considerations

Due to the limited amount of Board and Care Homes, providers may be less likely to accept individuals with more intensive needs.

Several issues may contribute to the likelihood for existing Board and Care homes to decline service to individuals with SMI who have more intensive needs, such as:

- Availability of individuals with less intensive needs who are relatively easier to serve, require less support to adapt to a group living situation, and who will follow Board and Care home rules with minimal difficulty
- Lack of staff training to effectively and appropriately serve consumers with significant behavioral challenges
- Lack of incentives or sufficient funding to adequately staff 24/7 support for consumers with round-the-clock needs

Mental health consumers with the highest needs are often placed out of county and away from their homes and families and/or support system.

The Board and Care home shortages tend to disproportionately impact those with the highest level of need. Without adequate options within the County, Yolo residents who require this level of support to remain integrated in community-based settings are often placed in out-of-county Board and Care homes. This creates a variety of challenges, including:

- Consumers are farther away from their families, other natural supports, and health and mental health services, creating barriers to their recovery and support.
- County staff have to travel further distances to meet with the consumers, making it more difficult to monitor support quality as well as provide support to the consumer and Board and Care home staff.
- Medi-Cal and other benefits connected to the consumer's county of residence may be moved to the new county, creating unnecessary challenges for the consumer as well as administrative burdens on the staff.
- Consumers who are unable to successfully live in their home county or in a nearby community-based setting are at an increased risk of being placed in higher level/locked institutional settings, and may subsequently experience a longer length of stay due to the lack of supported step-down housing options.



Collectively these dilemmas support a need for increasing locally available structured community-based living settings for adults with SMI. The small group setting can foster social connections, while the independent living skills training and 24/7 staff allow consumers to strive towards their best potential in their home community. However, the significant financial barriers for providers to sustain and grow the inventory of Board and Care homes, as well as the complexities of serving a population with intensive support needs, contribute to the current challenges of increasing community-based residential care homes for individuals living with SMI.

Methodology

RDA staff, in collaboration with HHSA, conducted a set of community meetings and information-gathering activities to inform this study.

Quantitative Data: At the onset of the project, available data on the number of consumers in or outside of the County that may be in need of a Board and Care home was collected. Despite encountering some data limitations, the available data provided a conservative estimate of the number of Board and Care home beds needed in the County.

Key Informant Interviews: RDA staff conducted phone interviews with key leadership staff from the County, other key stakeholders, and both current and former Board and Care home providers. The interviews were used to explore the strengths and challenges of opening and sustaining Board and Care homes in Yolo County, gather feedback and recommendations for addressing gaps and increasing consumer access to the homes, as well as feedback and recommendations on increasing the inventory of Board and Care homes in the county. In addition to the key informant telephone interviews, RDA also conducted an in-person meeting with HHSA staff and the Housing Authority of Yolo County (YCH) to gather information about local options available to Yolo County.

Benchmarking and Best Practices Research: In addition to interviewing key informants within Yolo County, RDA conducted benchmarking interviews with other counties and reviewed literature to explore promising models emerging within other jurisdictions across the state. This best practices and benchmarking research helped increase our understanding of effective strategies as well as what models are emerging from other jurisdictions that may be useful for the County's consideration.

Community Meetings: At select key points during the study, RDA conducted community meetings to receive feedback from local experts about the study and gather recommendations for increasing Board and Care home options for residents of the County. RDA presented preliminary findings at a community meeting in October 2018 to gather additional feedback and refine and vet the study recommendations.



Findings

Many of the concerns that emerged from the data gathering phase were also reflected in feedback collected during the community meeting held in October 2018. The following findings highlight the concerns presented by the community and the challenges that the stakeholders are experiencing.

There are not enough residential facilities to serve the number of consumers in need, especially for those with limited Social Security benefits.

RDA used existing data to gather a sense of the magnitude of need in the County. As shown in Table 2, there are 35 to 44 consumers who are currently living in a local Board and Care home or at Farm House, which is a long-term residential treatment program located north of Davis. In addition, there are 65-75 consumers who are located in homes outside of the County; we estimate that most of these consumers would benefit more by receiving Board and Care home services in Yolo County, allowing them to be closer to home. Additionally, there are 33-50 consumers who are currently living in higher levels of care with limited local step-down housing options available in Yolo County. Of these consumers, it is unclear who would be able to move to a Board and Care home should a local bed become available. There are also an unknown number of individuals who are currently living at home with aging parents, living in substandard unlicensed facilities, or who are living without secure housing (e.g., shelters, homeless, etc.). While it is a challenge to estimate the number of individuals who would benefit from new Board and Care home options, this study indicates that 50-75 beds would likely result in a substantial reduction of individuals living in insecure or substandard housing situations.

Table 2. Estimate of the Number of Individuals Who May Benefit from Adult Residential Facilities

Adult Residential Facilities	Consumers	Capacity
Local Homes		
Residential Care for Elderly (Clover House)	7-10	14
Adult Residential Facility (Pine Tree Gardens)	21-24	28
Adult Residential Treatment (Farm House)	7-10	10
Total Local Consumers	35-44	52
Out of County Homes		
Augmented Board and Care Home Placements	35	35
Sacramento Board and Care Homes	30-40	N/A
Total Out of County Consumers	65-75	-
Individuals placed in higher levels of locked care with limited step-down options	33-50	60
Total	133-169	-





Statewide, existing Board and Care homes are either closing or at risk of closing for the same reasons as in Yolo County.

The shortage of Board and Care homes is not unique to Yolo County. RDA could not identify any models in the state where a county is successfully sustaining the current owner-operator Board and Care home model. There are numerous challenges that Board and Care home operators face, with the most prominent being financial. Due to the low-income level of consumers living in Board and Care homes, they are unable to pay enough to cover the operating costs. Adult residential facilities for adults with SMI cannot survive financially on a small scale (under 15 beds) without substantial financial subsidies. For the most part, monthly rates charged by Board and Care home operators are driven by the amount of the Social Security Income/State Supplemental Payment (SSI/SSP) paid to Californians with disabilities who are unable to work. The SSI/SSP payment, as the sole source of payment for the consumer residing in a Board and Care home, is not sufficient to provide adequate income for the operation of a licensed facility, especially when some amount of the SSI/SSP payment is set aside for the consumer’s personal needs. Therefore, subsidies, often called “patches” are necessary. However, in higher cost counties, the “patch” required may be prohibitively high for a county agency to provide the Board and Care home on an ongoing basis.

Table 3. Key Factors in Board and Care Home Instability

Existing Board and Care homes are closing or at risk of closing for a variety of reasons:	
Property Value & Upkeep	<ul style="list-style-type: none"> • Aging properties are too expensive to repair and maintain • High real estate values have enticed owners to sell their property and close their business
Low Revenue	<ul style="list-style-type: none"> • Operators have fixed expenses yet are not guaranteed enough revenue to cover the expenses
Regulatory Requirements	<ul style="list-style-type: none"> • Operators face increasing compliance monitoring and subsequent fines from regulatory agencies
Operational Challenges	<ul style="list-style-type: none"> • Board and Care homes serve a difficult population; consumers are experiencing increasingly challenging behaviors and operators sometimes get referrals for individuals who are not appropriate for the level of care that the Board and Care home is equipped to serve • Finding, training, and retaining reliable staff; Board and Care home staff positions can be stressful and challenging yet their wages are low



There are significant barriers to opening new Board and Care homes.

The barriers to opening new Board and Care homes are similar to those facing existing operators.

Financial: As mentioned above, due to the low-income level of consumers living in Board and Care homes, they are unable to pay enough to cover operator costs. On a larger scale, some residential care homes can be financially viable, but that is dependent on the level of care provided to the residents. Residents requiring higher levels of care and support will necessitate additional care providers and/or equipment resulting in increased operational costs. The SSI/SSP amount that consumers receive is rarely sufficient to cover the operating costs.

Community Resistance/Opposition: In order to open a Board and Care home with more than six beds, operators are required to obtain a use permit and are frequently confronted with “Not in My Backyard” (NIMBY) opposition from the community residents. The resistance is often successful, preventing new operators from obtaining the required land use approvals and permits.

Staffing: Recruiting, training, and retaining experienced staff requires proper management, competitive salaries, and ongoing training, which adds to operators’ financial challenges. In addition, there are strict staffing regulations that must be followed.

Cost of Property: The ability to purchase or rent property is becoming increasingly difficult in the current real estate market. In addition, most properties will require modifications (construction/renovations) to bring the property up to code and to meet DSS-CCL regulations. In most cases, larger facilities need to be newly constructed since most community residential homes do not have the capacity required to house more than six consumers, which raises the overall cost.

Table 4. Key Barriers in Opening New Board and Care Homes

There are significant barriers to opening new Board and Care homes.	
Financial Hardship and Startup Costs	<ul style="list-style-type: none"> • Not a profitable business; revenue is not enough to sustain business operations • High real estate prices make it difficult to acquire property sites • Zoning and permitting challenges: obtaining a use permit can be very difficult, time consuming and costly



<p style="text-align: center;">Risks</p>	<ul style="list-style-type: none"> • Licensing challenges: it can be difficult to obtain a facility license and keep up with ever-changing regulations; operators face fines if they are found to be out of compliance • Recruiting and hiring reliable staff and keeping up with training requirements (licensing regulations require ongoing staff training); high staff turnover due to burnout and low wages • There is substantial risk involved working with vulnerable populations such as individuals with SMI
<p style="text-align: center;">Community Backlash</p>	<ul style="list-style-type: none"> • Operators face neighborhood opposition and NIMBY-ism (not in my backyard)

Conclusion

A continuum of care for adults with SMI is critically needed. Adult residential facilities are an essential component of this housing continuum, providing services and supports to meet their consumers’ complex set of behavioral, medical and physical needs.

However, all evidence from this study suggests that **the traditional owner-operated Board and Care home is no longer a viable option**, primarily because it is not financially profitable with today’s real estate market, especially considering the numerous challenges and risks involved. **RDA could not identify any models statewide where a county is successfully sustaining the current owner-operator model for Board and Care homes.**

Despite the local statewide housing challenges, there are some models that have promising results.





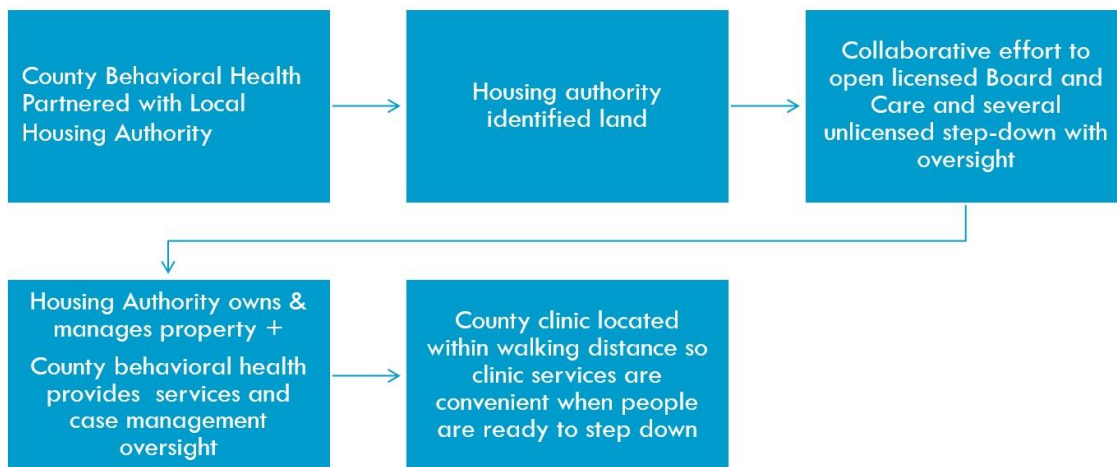
Promising Models

RDA examined several alternative models across the state of California that are currently in operation and are experiencing positive results. These models suggest innovative system opportunities that have a larger impact on increasing housing that could be considered in Yolo County. By collaborating with non-profit and affordable housing providers, public housing and community development agencies, and mental health agencies, new options can be created. Below are some examples of new models being implemented to serve this growing need.

Tulare County Model

As shown in Figure 2, Tulare County created a series of local step-down housing options for their consumers through a collaboration with their local Housing Authority (HATC). This collaborative model limits risk for the Tulare County Behavioral Health Services (BHS) because HATC provides the oversight and responsibility for the properties. Additionally, by creating a series of local step-down housing options, BHS is able to reserve the Board and Care home beds for consumers who need that level of care. When consumers are ready to step-down to a lower level housing option, they are still in close proximity to oversight and services. A variation of this model is in place in other areas where the county contracts behavioral health services to a non-profit provider but retains responsibility for the property.

Figure 2. Tulare County Model



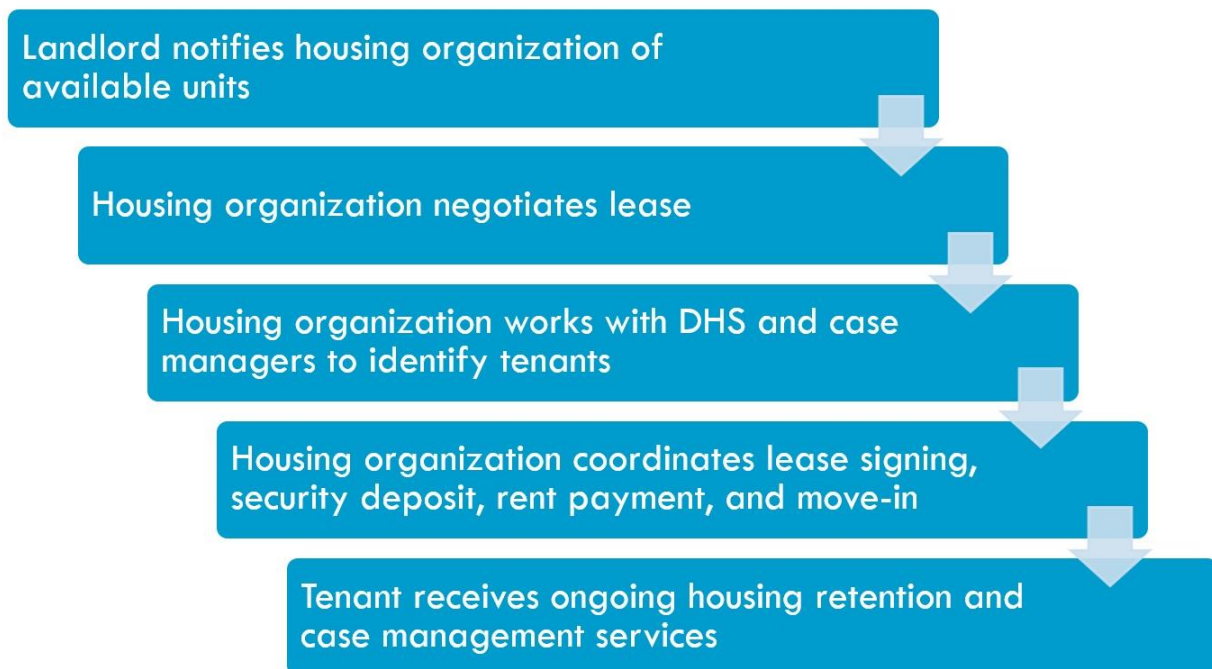


Los Angeles County Model

In Los Angeles County, the Department of Health Services (DHS) created a supportive housing rental subsidy program to secure housing for DHS patients. In this model, DHS partnered with a nonprofit community housing organization to secure housing options which can include single family homes, individual apartments, blocks of units, or entire buildings.

The community housing organization provides move-in assistance and rental subsidy disbursement, coordinates with case managers, and assists with landlord and neighborhood relations. All consumers housed through the program are linked to intensive case management and wraparound services for support.

Figure 3. Los Angeles County Model



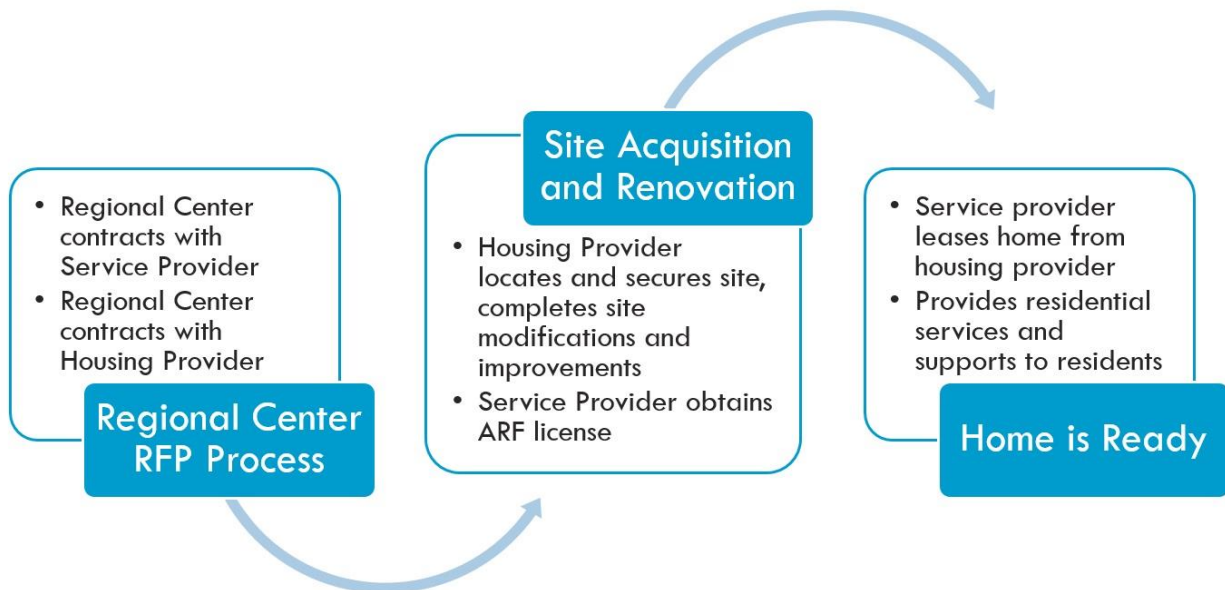


California Regional Center Model

California regional centers, who provide services to individuals with intellectual and developmental disabilities, have historically had the same challenges in providing residential care to their consumers as experienced in the mental health system. It has become increasingly difficult for program operators to find and secure property, obtain licenses and permits, and operate their facilities with limited income. In an effort to address the issue, The Department of Developmental Services (DDS) designed the Community Placement Plan (CPP) and Community Resource Development Plan (CRDP) to provide funding for the development of a variety of resources within the communities, including residential development, transportation, day services, mental health and crisis services, etc.

The regional centers can use CPP funds to develop safe, affordable, and sustainable homes as a residential option through the "Buy It Once" model where a housing developer organization (HDO) owns the property for the restricted use by regional center consumers. The HDO develops the property to meet the needs of the consumers (e.g., modifications for individual needs such as wheelchair ramps, widened hallways, soft walls, etc.) and then leases the home/facility to the service provider. This de-couples the property owner and operator so that the operator is not responsible for property acquisition, repairs, or ongoing maintenance.

Figure 4. Regional Center Model





Summary and Recommendations

RDA's study results indicate the following key findings:

- ❖ A continuum of care for adults with SMI is critically needed in Yolo County. Adult residential facilities are an essential component of this housing continuum, providing services and supports to meet their consumers' complex set of behavioral, medical and physical needs.
- ❖ Despite data limitations, all indications suggest Yolo County has a severe shortage of necessary Board and Care homes.
- ❖ Traditional owner-operated Board and Care homes as a model is no longer a viable option, primarily because it is not financially profitable with today's real estate market and risks involved. RDA could not identify any models in the state where a county is successfully sustaining the current owner-operator model.
- ❖ Across the state there are new and innovative models that are showing success in meeting housing needs for similar populations.
- ❖ Despite being different, the models we researched contained many of the same key components that appear to contribute to the models' successes. The following concepts were common across all of the models:
 - De-couple owner and operator
 - Collaborate within county (e.g., with housing authority) or outside investors
 - Creatively fund services to surround consumers in Board and Care homes and step-down housing
 - Develop a full continuum of care that allows for step-down housing and reserves the higher levels for consumers who need them

Based on our findings, we recommend Yolo County consider the following recommendations:

1. **Support existing Board and Care home operations to stay in business while looking to new, innovative models to meet the growing need for adult residential care systems.** As mentioned in the introduction, the focus of this study was not on finding ways to support the sustainability of the few remaining Board and Care homes. However, closing these homes would cause instability and further exacerbate the housing problem for this population. Thus, we suggest that when feasible, the County look to provide stability for existing operations while exploring new opportunities that expand beyond the traditional owner-operator model.
2. **Consider adapting innovative models to meet the unique needs of Yolo County.** It is unlikely that any one model that has been successful in another region will exactly fit the needs and opportunities in Yolo County. However, we suggest looking at models in other counties, meeting with key stakeholders involved in these models, and working within the community to identify local opportunities to adapt some aspects of the key models to test in the County.



- 3. Improve data collection capacity to track the needs of Yolo County consumers.** Moving forward, Yolo HHSA may want to look for options to capture data on the housing status of behavioral health consumers that is more robust and supports gaining an accurate picture of the magnitude of need in the County for various housing options. Specifically, the County may benefit from data on the number of consumers who are receiving full service partnership services and are homeless or in insecure housing settings; the number of consumers on waitlists for the County's mental health transitional homes; and hospitalization data with the numbers of high utilizers who subsequently end up on conservatorship following multiple community-based placement efforts.
- 4. Institute a continuous quality improvement process that uses housing data to assess community needs on a semi-regular basis.** As a component of a more robust data system, we recommend keeping track of the County's efforts to increase the supply of housing and continually reassess the need. This will allow the County to gauge whether new housing options are having a positive impact for their consumers, and will provide an ongoing mechanism to reassess the need for new or additional housing options.