MHSOAC
Mental Health Services
Oversight & Accountability Commission

STATE OF CALIFORNIA
EDMUND G. BROWN JR., Governor

TINA WOOTON
Chair
JOHN BOYD, PsyD
Vice Chair
TOBY EWING
Executive Director

January 27, 2017

Maureen F. Bauman, LCSW, MPA,
Director, Adult System of Care
Placer County Behavioral Health Services
11512 B Avenue, DeWitt Center
Auburn, CA 95603

Dear Maureen Bauman,

On behalf of the Mental Health Services Oversight and Accountability Commission (MHSOAC), I would like to take this opportunity to thank you, your stakeholders, providers, and staff for your hard work on the Placer County Mental Health Services Act (MHSA) Innovation Plan, which was approved by the MHSOAC on January 26, 2017.

The Commission has approved Placer County's Innovation plan, Homeless Integrated Care Coordination and Evaluation (HICCE), for a total of $3,900,000 in Innovation component funding over five (5) years. As discussed at the MHSOAC Commission meeting held on January 26, 2017, we want to acknowledge Placer County's willingness to provide periodic progress updates as your HICCE Innovation project unfolds.

We look forward to working with you as this project progresses. If you have additional questions or need further assistance, feel free to contact me at 916-445-8696 or Toby.Ewing@mhsoac.ca.gov or you can contact your County liaison Wendy Desormeaux at 916-445-8702 or Wendy.Desormeaux@mhsoac.ca.gov.

Sincerely,

Toby Ewing

Toby Ewing
Executive Director

Copy: Jennifer Cook, Placer County Children's System of Care
Robert L. Oldham, M.D., M.S.H.A., Health Officer, Placer County Public Health Division Director

COUNTY OF Placer®

MENTAL HEALTH SERVICES ACT
FY2016-2021 INNOVATIONS FIVE-YEAR PLAN AND EXPENDITURE REPORTS
Homeless Integrated Care Coordination and Evaluation

TABLE OF CONTENTS

MHSA County Compliance Certification 2
MHSA County Fiscal Accountability Certification 3
MHSA Community Program Planning and Local Review Process 4
Proposed Project 7
Learning Goals and Plans 13
Learning and Evaluation Plan 15
Continuation of Project 17
Communication of Project Updates and Findings 17
Proposed Expenditure Report 18
Appendix A 19

MHSA COUNTY COMPLIANCE CERTIFICATION

County: PLACER ☒ Five-Year Program and Expenditure Plan

Local Mental Health Director	Program Leads
Name: Maureen F. Bauman, LCSW, MPA Telephone Number: (530) 889-7256 E-mail: mbauman@placer.ca.gov	Name: Kathie Denton, Program Manager; and Jennifer Cook, Program Supervisor Telephone Number: 530-886-2974 and 530-889-6734 E-mail: kdenton@placer.ca.gov and jcook@placer.ca.gov
Local Mental Health Mailing Address: 11512 B Avenue Auburn, CA 95603	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Five-Year Program and Expenditure Plan, including stakeholder participation and non-supplantation requirements.

This Five-Year Program and Expenditure Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Five-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The expenditure plan, attached hereto, was adopted by the County Board of Supervisors on XX**.**

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Maureen Bauman

Mental Health Director (PRINT) Signature Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Placer

☒ Five-Year Program and Expenditure Plan

☐ Annual Update

☐ Annual Revenue and Expenditure Report

Local Mental Health Director		County Auditor-Controller/City Financial Officer	
Name:	Maureen F. Bauman, LCSW MPA	Name:	Andrew Sisk
Telephone Number:	(530) 889-7256	Telephone Number:	(530) 889-4160
E-Mail:	Mbauman@placer.ca.gov	E-Mail:	auditor@placer.ca.gov
Local Mental Health Mailing Address:			
11512 "B" Avenue Auburn, CA 95603			

I hereby certify that the Five-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Maureen Bauman
Local Mental Health Director (PRINT)

Signature 11/8/16
Date

I hereby certify that for the fiscal year ended June 30, 2016, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 7, 2015 for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2016, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

ANDREW C. SISK
County Auditor Controller / City Financial Officer (PRINT)

Signature 11/8/16
Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

Program Name: **Homeless Integrated Care Coordination and Evaluation (HICCE – pronounced HIKE)**

COMMUNITY PLANNING PROCESS

Placer County continually strives to improve services for the most vulnerable populations with the highest needs and to meet the needs of the community. One of the key goals over the past few years in Placer County has been to address the growing needs of persons who are homeless in this county. Many of these individuals also have mental health or substance use disorders, and /or chronic health conditions. The Placer County Board of Supervisors, Department of Health and Human Services Agency (HHS), and community members identified the need to assess, identify, and recommend system level changes to help meet the needs of the homeless. On September 23, 2014, the Board of Supervisors approved a contract with Marbut Consulting to conduct a comprehensive needs assessment of the homeless in Placer County, to help identify areas for strengthening the service delivery system.

Many stakeholder meetings were held during Marbut Consulting's analysis. The final report was presented to the Mental Health Services Act (MHSA) Community Planning group, and the Campaign for Community Wellness meetings, and throughout the development of the Innovation project and the Whole Person Care application.

In choosing an Innovation project, stakeholder groups used the following statement from the Marbut Consulting Report as their vision for improving the system: "It is critical to understand that the number of people experiencing homelessness in Placer County will likely increase dramatically if the service delivery model continues unchanged." To prevent this increase, the stakeholders in the community need to adopt a strategic, comprehensive, coordinated action plan; there also needs to be an across-the-board change from "thinking" to a change in "doing." Current data shows that there is a substantial housing shortage for homeless, with a vacancy rate for rental property of less than 1.65%.

The Marbut Consulting Report recommendations provide the foundation for implementing the Innovation project to provide vision, promote cross-agency collaboration, and evaluate how to effectively coordinate services to achieve optimal outcomes.

LOCAL REVIEW PROCESS

This proposed MHSA Innovation FY 2016-2021 Five-Year Plan was posted for a 30-day public review and comment period from November 10 to December 12, 2016. Hard copies were available in the lobbies of the Placer County Children's System of Care (CSOC), Adult System of Care (ASOC) clinics, and the Tahoe HHS office. Hard copies were also distributed to the lobbies of the Placer County Board of Supervisors, and Roseville and Auburn Turning Point Community Services.

The proposed Annual Update was posted on the Campaign for Community Wellness website, as well as the Placer Health and Human Services website, Campaign for Community Wellness - Mental Health Services Act.

Links to the plan (including cover letter) were sent for posting at Placer County public libraries, municipal government sites, community agencies, and other sites. Links and a digital copy of the report were distributed via e-mail, with request for forwarding, to the numerous community lists, such as the Placer Collaborative Network Yahoo listserv; the Placer Consortium on

Homelessness Yahoo listserv; and the Campaign for Community Wellness Steering Committee email distribution.

In an effort to continually improve the Plan through community input, we welcomed comments for a 30-day review from the date of posting. Below were the various ways available to submit comments.

All written comments (including e-mail) were required to be submitted by December 12, 2016 at 12:00 p.m.

By Mail:

Health and Human Services/Children's Systems of Care
11716 Enterprise Drive
Auburn, CA 95603-3732
Attention: Jennifer Cook

By E-Mail:

jcook@placer.ca.gov

In Person:

Placer County Mental Health, Alcohol and Drug Advisory Board Public Hearing
Monday, December 12, 2016
6:15 P.M.
Placer County Adult System of Care
11533 C Ave.
Auburn, CA 95603

Input on the MHSA Innovation FY 2016-2021 Plan has been reviewed and incorporated into the final document, as appropriate, prior to submission to the County Board of Supervisors for review and approval.

The final approved document, including evidence of BOS approval, will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) prior to presentation to the commission for approval.

PUBLIC COMMENT

One comment was received regarding the MHSA Five Year Innovation Plan (2016-2021). It was received via email from Anno Nakai, Executive Director, Sierra Native Alliance, on Monday, December 12, 2016, at 11:54 AM:

> "As a participant in the community planning process, I feel the need to comment on the change in focus of the proposed Five Year MHSA Innovations plan that removed the inclusion of families impacted by mental health to individual adults. During the planning process, one of the identified priorities for the plan had included the needs of families impacted by mental health, with housing being one of the services needed. In the last consultation with the Campaign for Community Wellness, the focus of the plan became limited to single adults, and strategies addressing the needs of families were removed.

I myself, was not able to attend this meeting, and regret that there was not stronger advocacy present for the needs of families. As a member of an underserved community that is impacted by mental health disparities, I am concerned that the proposed plan continues in a conventional medical model approach by limiting the scope of services to individuals. In the Native American community, as well as other communities of color, families have a strong desire to stay together regardless of the challenges of a member with mental health. While resources have been available for housing assistance for adults with mental health as an individual, our community focus groups highlighted the lack of resources for families whose income is impacted by chronic and severe mental health conditions of a parent or adult child.

Many families are marginally housed, in crowded apartments or temporary situations with friends or family, or are homeless for large periods of time sleeping in cars and campgrounds. Native American families traditionally are multi-generational and include multiple children. Families with children can be reluctant to identify their marginal housing/homelessness for fear of child welfare involvement. While there are some homeless resources for families currently available in Placer County, many families do not meet the criteria, such as eligibility for CalWorks, due to SSI income. Sierra Native Alliance has found that most of the participants referred to the housing resources listed in this plan did not fit the qualifying criteria for assistance by these programs. Many of these families ended up leaving the county, particularly those in the eastern rural and Auburn area, to access resources for housing for families. Some of strategies that have been successful are assistance with landlord relationships for larger family sizes on limited incomes, credit repair, and family-oriented supported living communities.
I do hope, as this Five Year Innovations plan gets implemented, that the needs of individuals living with persistent mental health challenges who are parents, partners, and extended family members can be served in the "Whole Person Approach" without necessitating the break-up of family units in order to remain in Placer County.

Sincerely,
Anno Nakai
Executive Director
Sierra Native Alliance"

The Placer County response was written by Maureen Bauman, LCSW, MPA, Placer County Health and Human Services, Adult System of Care:

In a review of the data for persons homeless in Placer County the highest percentage of chronically homeless are those without children. This was determined to be the priority by both the MHSA Steering Committee (Campaign for Community Wellness) and the Mental Health Alcohol and Drug Advisory Board. Although it was acknowledged there will always be more persons in need than resources the target population of homeless individuals who were without children was affirmed through this process. There are other programs within the mental health system including those funded with MHSA that can address persons with serious mental illness who are homeless and who have children.

There were no other substantive public comments. Please note that the Innovation Plan has been updated for clarity based upon feedback from the OAC during a technical assistance phone call with Behavioral Health staff.

PROPOSED PROJECT

1. ***Select one of the following purposes that most closely corresponds to the Innovation Program's learning goal and that will be a key focus of your evaluation:***

☐ Increase access to underserved groups

☐ Increase the quality of services, including better outcomes

☒ Promote interagency collaboration

☐ Increase access to services

2. ***Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system***

The vision of the Homeless Integrated Care Coordination and Evaluation Innovation Plan is to:

- Build upon our existing infrastructure and organizational programs that serve the homeless;
- Learn how to strengthen collaboration, coordination, and data sharing across the system; and
- Create a safety net that meets the complex needs of persons who are homeless.

The Innovation Plan supports this goal by creating the capacity to build collaboration across organizations, develop Memorandums of Understand and Business Associate Agreements with multiple organizations to facilitate sharing information, identify practices to identify high-need individuals and help them access the appropriate level of care, and share outcomes and identify barriers to success.

The Innovation Plan will expand upon the strong collaboration practices developed over years of system of care development to help build a safety net of services across diverse organizations. This system will help identify individuals; provide outreach to engage individuals; develop strategies and tools to assess health, mental health, and substance use service needs; and provide warm handoffs to the appropriate services while continuing to coordinate services and ensure success.

The Innovation Plan develops the knowledge, skills, and data sharing capacity to share funding and resources as well as design and implement accountability measures to evaluate system and individual outcomes over time. This development of systematic collaboration and data sharing will help identify, engage, assess, and deliver coordinated services to successfully meet the individual's needs to achieve positive outcomes, such as stable housing, management of chronic health and behavioral health needs, and positive social support networks. A Plan, Do, Study, Act (PDSA) model will be used to continuously improve collaboration, coordination, and data to help measure and learn from our results.

A homeless study and report from Marbut Consulting report, published April 2015, identified several areas for improving services and strengthening collaboration across agencies to improve outcomes. These findings and recommendations provide a comprehensive blueprint to help develop strategies and implement enhanced services to improve access, quality, and

outcomes for persons who are homeless. This report also supports the development of a strong continuum of care across multiple agencies to meet the complex needs of persons who are homeless, seriously mentally ill, and/or have complex chronic health conditions.

Several programs have been developed over the past few years to help address the needs of the homeless. These programs include utilizing System Transformation/Development funding to develop additional housing programs through Advocates for Mentally Ill Housing (AMIH), The Gathering Inn, a homeless shelter in Roseville; Right Hand, a homeless shelter in Auburn; the Homeless Resource Council of the Sierras (HRCS); and other programs. While these programs have been actively involved with the homeless, there are still opportunities to strengthen services, expand the continuum to include health care organizations, improve collaboration across agencies, and evaluate outcomes for persons who have multiple needs. In addition to homelessness, many of these individuals will also have other complex problems including mental health, substance use disorders, and/or chronic health conditions.

Placer County was also recently awarded a Whole Person Care (WPC) pilot grant (October 2016). This new funding creates the opportunity to compliment, integrate, and support the goals of the Innovation Plan while maximizing the evaluation activities across these multiple funding opportunities. These activities will enhance services to high-risk persons with multiple needs, including chronic health conditions, mental health and substance use disorders, and/or homelessness. These individuals often have multiple needs and frequently utilize services when in a crisis, at the highest level of care in the Emergency Department (ED) and/or hospitalization.

The WPC pilot is designed to bring multiple agencies together, including hospitals, Federally Qualified Health Centers (FQHC), managed care plans, and WPC to coordinate services, with publicly funded Health and Human Services (HHS) programs, to meet the needs of high-risk, high- need individuals. This new WPC pilot project magnifies the need to learn how to develop strategies for enhanced interagency collaboration and coordination of services; exchanging information; making referrals; and continuously communicating about services to achieve optimal outcomes.

Similarly, the purpose of this Placer County Homeless Integrated Care Coordination and Evaluation (HICCE) Innovation project is to study the ways to promote interagency collaboration and coordinate efforts to improve outcomes for persons who are high-need with mental health and substance use disorders, chronically homeless, and/or may also have chronic health conditions. Placer County has identified several initiatives to help address the needs of persons who are homeless, based upon the Marbut Consulting recommendations. The Innovation project will support the implementation of these recommendations, as well as implementation of the WPC pilot, and develop and evaluate activities to systematically learn how to strengthen collaboration and coordination across agencies, to build a continuum of care.

This collaboration and coordination of services will develop best practice models for making timely referrals across agencies; deliver timely and immediate services to this high-need population; and create a model for exchanging information and identifying accountable systems to improve interagency coordination and collaboration.

The MHSA Innovation funding provides the opportunity to closely examine and evaluate the components and strategies that are most successful in developing comprehensive, collaborative partnerships across agencies to achieve optimal access, quality, cost-effectiveness, and outcomes. This process allows changes and redirection of services, as needed. This unique opportunity aligns with the needs of the community, with priorities of the

Board of Supervisors, and stakeholders, and with multiple funding sources to fully achieve our goals.

Background

The Placer County Board of Supervisors, HHS, and community members have identified the necessity to address the growing needs of persons who are homeless in this county. On September 23, 2014, the Board of Supervisors approved a contract with Marbut Consulting to conduct a comprehensive needs assessment of the homeless in Placer County. The final action plan and recommendations were presented on April 7, 2015. This assessment documented the needs of the county's homeless and outlined action steps to help address the issues.

The following is a summary Marbut Consulting's findings:

- There is not a connected "system" of care. Service providers are largely working in their own isolated silos and there is not a coordinated intake system that assesses and triages everyone's service needs. Individuals need to be connected to customized and appropriate levels of care based on their specific needs.
- The few "policies" that have been created are tactical in nature, and are not part of a larger strategic plan. There is no integrated, strategic-level decision-making process.
- There is a very low participation rate in Homeless Management Information System (HMIS).
- The existing HMIS and Point in Time Count (PITC) data is "thin" and does not allow policy makers to make meaningful strategic decisions. The lack of data fuels myths and allows for personal/agency agendas to be promoted without challenge, while allowing un-validated "myths" to become operational "facts." Unfortunately, most decisions have been made on anecdotes and myths, rather than within an overarching strategic policy. Other usable/actionable data on the homeless, within the Placer community, is very sparse.
- While the overall homeless Point in Time Count (PITC) is decreasing, the severity of chronic homelessness is increasing. This data suggests that the current system works well for people who need a light touch, but those needing more significant levels of care are falling between the cracks.
- Relative to the rest of the USA, the overall number of people in Placer County experiencing homelessness per capita is low. However, the number of people experiencing chronic and "street-level" homelessness is nearly triple the national average, and this situation is getting worse.
- During the day, individuals who are experiencing homelessness pursue food services, not holistic programing which could be addressing the root causes of their homelessness. Overall, supportive services are not connected to, nor co-located with the distribution of meals and food. There are opportunities to connect high-need individuals to holistic services with meals and food.
- There are three discrete geographical based homeless sub-populations (e.g., Roseville, Auburn, and the eastern, rural part of the county, including Tahoe). These three discrete geographical areas have unique homeless populations with very unique operational challenges.
- Roseville, Auburn and eastern Placer County have very different issues and will need different solutions. Roseville has an operational model that needs critical updating. Auburn needs a 24/7 holistic center. While the eastern county (which includes Tahoe) needs a system that connects individuals to services.

- There is some good news regarding homelessness within Placer County:
  - The overall homeless rate is dropping.
  - The situation with veterans is improving.
  - Families with children is low, on a per capita basis, compared to the rest of the USA.
  - There are also indications that work with veterans has been very productive.

The PITC data referenced in the Homeless Needs Assessment Report shows the following per capita statistics for 2014:

National:	Percent of Chronic Homeless:	14.5%
California:	Percent of Chronic Homeless:	24.7%
Placer County:	Percent of Chronic Homeless:	45%

In 2015, Placer's Homeless Count took place on January 26th, showing 59% of the adult homeless self-reported having a serious mental illness and 39% a substance abuse disorder. There were 38% of the homeless that were sheltered and 62% remained unsheltered. Seventy (70) percent of the homeless were between 25 and 59 years of age and 8% were over 60. There were 37% who reported that they were survivors of domestic violence. In addition, the Marbut Consulting study found that over 50% of the chronically homeless are over 51 years of age.

Based on the research, interviews, observations, survey, data analysis, and national best practices, Marbut Consulting recommended the following Strategic Action Steps:

1) **The Culture of How the Community Addresses Homelessness Needs to Change**
   The entire Placer Community needs to change how it addresses the issue of homelessness. This includes service agencies, faith-based organizations, volunteers, staffs, donors, funders, government agencies, programs, residents, tourists, and the homeless community. The mission should no longer be to "serve" the homeless community, instead the mission should be to dramatically and consequentially increase "street graduation" rates. Specifically, the Placer Community needs to:
   - **a.** Move from a "*Culture of Enablement*" to a "*Culture of Engagement,*"
   - **b.** Move from "*Agency-centric*" to "*System-centric*" funding and processes,
   - **c.** Move from "*Out-put Measurements*" to "*Out-come Measurements.*"

2) **Develop a Coordinated Case Management System**
   A coordinated case management model needs to be developed. The coordinated case management model starts at the point of initial intake and is sometimes referred to as Master Case Management. Once a coordinated triage and intake assessment system has been created, individuals experiencing homelessness should be connected to case managers based on the level of support needed.

3) **Within the Continuum of Care, Create a Work Group to Focus on Chronic Homeless Adults**
   Because the chronic adult homelessness challenge is so great in Placer County, a work group that proactively focuses ONLY on chronic homeless adults should be formed. This work group should fall within the existing Continuum of Care governance structure. The mission of this group should be to reduce the number and percentage of chronic homeless adults by developing and implementing initiatives to reduce chronic homelessness.

4) **Transform HMIS from a "Score Keeper" to a "Proactive Case Management Tool"**
HMIS needs to be transformed from a "Score Keeping Model" to a "Proactive Case Management Tool." To accomplish this goal, the software program needs some component upgrades.

5) **Increase "Longer Term" Housing Placements**
Increase the number of "longer term" housing placements across the spectrum for men, women, families with children, and unaccompanied minors. To be successful, there needs to be an increase in inventory capacity as well as improvements in service programs to better prepare individuals and families for the challenges they will face.

6) **Align "Street Feeding" Efforts with Holistic Service Programs**
Redirect "Street Feeding and Street Services" to be aligned with holistic service programs. Street feeding and street services, although well-intentioned and good-hearted, actually "enables" individuals experiencing homelessness rather than "engages" homeless individuals into 24/7 holistic recovery program services.

7) **Roseville's "Operational Model" Needs Updating in Order to Increase Graduation Rates**
The Roseville "operational model" for single adults experiencing homelessness is no longer a national best practice and needs major operational changes as soon as possible. There are three major concerns. First, moving individuals on a daily basis produces instability at a time when stability is needed in order to foster recovery. Second, individuals waste 4-5 hours during the prime of everyday being processed (e.g., traveling to the intake point, standing in line, processing, waiting, being transported at night, and then being transported again the next morning), rather than being in programs. Third, the program is not a true 24/7 program.

8) **Open a Come-As-You-Are Services Center in Auburn**
Open a 24/7 Come-As-You-Are (CAYA) Services Center in Auburn for single homeless men and women called Auburn Safe Harbor in order to dramatically improve the effectiveness and efficiency of service delivery by co-locating and integrating adult homeless services at one location.

3. ***Which MHSA definition of an Innovation Program applies to your new program, i.e., how does the Innovation Program a) introduce a new mental health practice or approach; or b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?***

The purpose of this Placer County Innovation HICCE Project is to apply the principles we have learned from developing both a Children and Adult System of Care across community providers and apply these principles to determine if they can be adapted to be effective in another setting, with additional community partners. Placer County has had a very effective collaborative partnership with the Children's System of Care partners, the Systems Management, Advocacy, and Resource Team (SMART). This SMART consortium brought a number of different agencies together to meet the needs of high-need child welfare children and their families. These agencies included Health and Human Services divisions (which included mental health, public health, substance use treatment, and child welfare), Superior and Juvenile Court, County

Office of Education, and Probation. The purpose of SMART is to provide oversight and accountability for certain state and federally funded programs, as well as to address systemic barriers to providing interagency services. Through coordination, collaboration, shared resources, and ongoing interagency authority for shared decision making, SMART is able to effectively meet the needs of children, families, and the community.

The HICCE Project will utilize this SMART model of interagency coordination and collaboration to study how to address both system-level issues as well as the needs of persons who are homeless, mentally ill, and may have chronic health conditions. HICCE Innovation activities will utilize the lessons learned through the development of SMART to identify opportunities to share resources, information, data, and services, to strengthen collaboration across multiple organizations, including hospitals, Emergency Departments, Federally Qualified Health Centers (FQHC), and managed care plans. This collaboration and coordination of services will expand service and housing options; increase housing placements; change the community culture of how to address homelessness; and help to address community stigma.

Placer HHS has recently been awarded funding to develop a WPC pilot project. The WPC will strengthen and compliment the Innovation Plan to address the needs of persons who are homeless, mentally ill, use substances, and/or have chronic health conditions. The WPC pilot will target those persons who are high utilizers of health care services. The target population will be those persons who are high need who may have a mental health or substance use disorder, and are homeless, and/or who may have a chronic health condition. This WPC project matches the focus of this Innovation project and will allow efforts to be doubled through the use of federal funds.

4. ***Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.***

To maximize the effects of the coordinated and collaborative approaches, the HICCE Project will be designed to help individuals who are chronically homeless with a mental illness or co-occurring mental health and substance use disorder, and/or chronic health condition to receive outreach and engagement as well as Comprehensive Complex Care Coordination, so they can exit homelessness and return to permanent housing. HICCE services will be offered without preconditions (such as employment, income, absence of criminal record, chronic health or mental health conditions, or sobriety). Collaborative, multi-agency coordinated services will be tailored to the meet needs of the individual.

Placer County, for the purposes of this project, is defining chronically homeless as someone who has been homeless longer than a year and has no permanent address. This population includes "couch surfers," people staying with friends or family where they do not have a key or rental agreement.

The HICCE Project will utilize the "Housing First" evidence-based model to help support individuals who are homeless. The Housing First model has been used to successfully address homelessness (US Interagency Council on Homelessness – USICH) by identifying housing, providing financial assistance to initially pay rent and move-in supplies, and offering intensive case management and peer support services, to help individuals find housing and remain stable in their housing while linking them to needed health services and benefits. Placer County will enhance this model to also address the significant needs of those that are chronically homeless, with mental illness, and/or who are experiencing chronic health conditions.

In addition, community partners provide services and supports to this population who will be engaged in this project. Partner agencies, such as Advocates for Mentally Ill Housing (AMIH) and MHSA Shared Housing (Timberline and Placer Street Apartments) provide important resources for this project. On a broader community scale, Placer Independent Resources Services (PIRS), county housing authorities, HUD housing, and a number of apartments and other housing resources will also provide a valuable resource to this project.

To support individuals to become employed, programs such as Golden Sierra Job Training, Department of Rehabilitation, Crossroads Diversified Services, Sierra College, PRIDE Industries, etc. will be utilized to provide important employment training, education and supports and will be an integral part of HICCE success.

Evaluation activities will assess, monitor, and ensure the effectiveness of these existing services as well as develop methods for identifying and assessing the level of collaboration and coordination of services needed to achieve strong client outcomes. For example, the evaluation activities will examine the effectiveness of supporting individuals to find a house, receive the case management needed to successfully remain in the home, and be linked to needed community resources. In addition, some of these individuals will receive support to become and stay employed, while some will be assisted to apply for SSI due to their disability. Placer's new SOAR program will be available to program staff to expedite the SSI process.

In addition to evaluating individual outcomes, the evaluation will closely document interagency collaboration activities, coordination activities including referrals and services received, when possible, and use of existing resources to support the goals of HICCE. These evaluation activities will also be integrated with the WPC pilot project evaluation to maximize and coordinate efforts.

5. ***Describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate. Estimate the number of clients expected to be served annually.***

The HICCE Project will serve adults throughout the county, but will primarily focus on individuals living in the western part of the county, to align with the larger population living in the Roseville, Auburn, and Lincoln areas. It is anticipated that there will be a higher proportion of males (60%) than females. The majority of clients are anticipated to be Caucasian, as this mirrors the demographics from the chronically homeless counted in 2015, with Caucasian (157) at the time. In addition, (14) Native Americans, (8) Hispanic, and (2) African Americans were counted. Outreach services will be utilized to engage and expand services to underrepresented persons, along with local Veterans. In the 2015 count, (9) chronically homeless veterans reported they had a mental illness. Services will be culturally sensitive and outreach to persons who are chronically homeless, including youth, and will promote services to persons who would benefit from Housing First services.

In 2015, there were 71 persons who were chronically homeless and self-reported they had a mental illness and 36 who self-reported being co-occurring (mental health and substance use disorders). There is a belief that these numbers are low because they are self-reported. It is anticipated that the HICCE Team will serve at least 40 individuals each year. This population will be a critical part of the 150 persons expected to be seen through the Whole Person Care Initiative. The Whole Person Care Initiative will add the components of a Medical Respite Care Program and a focus to address the health concerns of these participants, as well as their many other issues that have led to homelessness.

Some individuals served by the HICCE Project may be existing clients, but it is expected that many of the people served are not currently receiving services.

6. ***Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320.***

The Innovation project's services will reflect and be consistent with all of the MHSA General Standards. Enhanced organizational collaboration and cross-county coordination of services is one of the primary goals of our Innovation project. These activities closely align with the general standards. All services will be culturally and linguistically competent. We will utilize bilingual, bicultural services, whenever possible. In addition, we will strive to provide culturally-sensitive services to the LGBTQ community, adults and older adults, consumers, and family members, to support optimal outcomes. Services will be client and family driven, and follow the principles of recovery, wellness, and resilience. These concepts and principles of recovery incorporate hope, empowerment, self-responsibility, and an identified meaningful purpose in life. Services will be recovery oriented and promote consumer choice, self-determination, flexibility, and community integration, to support wellness and recovery. Evaluation activities will collect information on these demographics to identify if services are effective across these diverse cultural and ethnic populations.

7. ***Specify the total timeframe of the Innovation program. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement.***

The Innovation project is planned for a 5-year implementation cycle to ensure sufficient time to develop a strong foundation of interagency collaboration, coordinated services, and systematically learn how to successfully coordinate care for these high-risk, high-need individuals. The county and partners will utilize the initial 6 months to establish contracts and develop evaluation strategies and the final 6 months of the project to develop a report to include five-year evaluation outcomes and findings.

8. ***Describe how you plan to measure the results, impact, and lessons learned from your Innovation Program. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.***

LEARNING GOALS AND PLANS

The primary intent of this project is to learn how to most effectively and efficiently collaborate and coordinate services through the development of a strong interagency partnership. This partnership will help expand and coordinate resources for the homeless, specifically those who have a mental health or substance use disorder, who are chronically homeless, and who may have a chronic health condition. Through this process, there are opportunities to learn about changing the way in which the county approaches homelessness as a whole. We will utilize a

Plan, Do, Study, Act (PDSA) model to begin to understand how to promote interagency collaboration and coordination of services. There is demonstrated research about how to address homelessness, but limited direction on how to move service industries and the diverse organizations who serve these high-need individuals to enhance collaboration and coordination of services to achieve shared goals to improve outcomes.

LEARNING and EVALUATION PLAN

The learning and evaluation for this project will be multifaceted. Implementation will begin with the identification of "safety net providers" to obtain a baseline of interagency collaboration and coordination of services. This activity will be accomplished using the Interagency Collaboration Activities Scale (IACAS) from the University of South Florida (Appendix A). This simple tool was designed for use in child-serving agencies, but can be applied to this project. This tool would then be completed each year with the same "safety net providers" and additional providers as they are identified, to measure how the entire system is moving toward a more collaborative and coordinated service partnership. In addition, data on meetings (e.g., attendance, agency, purpose, action items, etc.) will be collected and evaluated to identify gaps or changes that will be required.

The Innovation project's evaluation will examine and evaluate promising, replicable solutions that foster partnerships between health, behavioral health, and community-based services to increase access to healthcare and promote collaboration and coordination of services, for persons who are homeless, and have a mental health disorder, substance use disorder, and/or may have chronic health conditions.

In addition to implementing and tracking interagency system changes, outcomes will be collected and analyzed. This data will include demographic information; housing activities; length of time/stability in housing; linkages to resources and needed services; and other core outcomes. Collaboration activities that promote the development and enhancement of coordinated, accessible services will also be evaluated. These may include information on service linkages between the ED, hospitals, FQHCs, mental health and substance use disorder providers, homeless programs, and other community providers. Strategies for strengthening this interagency collaboration will be identified and documented, to help learn from HICCE Project.

The evaluation activities will be developed and implemented with guidance from an evaluation committee, oversight by the Placer County Behavioral Health Board, stakeholder groups, Campaign for Community Wellness Program Review team, the Whole Person Care Lead Entity Council, WPC Leadership Committee, and System of Care management team. Outcomes and lessons learned will be shared with the HICCE Team and systematically throughout the system, including regional and/or statewide meetings that involve other counties.

I.D.E.A. Consulting will coordinate with county staff and stakeholders to support the evaluation of the Innovation project. This organization has extensive experience in evaluating MHSA activities and numerous federal and state grants, across several counties in California, as well as in other states. In addition, this organization has been evaluating MHSA activities for Placer County for over two years. This relationship allows for information to be easily obtained from county and contract providers, health care providers, managed care plans, and other entities to measure the implementation of this project.

The project implementation and evaluation will have several components:

a) The development of interagency collaboration will be measured through administrator, staff, and client surveys. Existing interagency measures of collaboration will be utilized. In addition, strengths and barriers to cross-agency services will be measured by surveying staff from different organizations, as well as clients. Understanding staff and client perceptions of access to services, timeliness, and quality of services will be measured.
b) Service-level data will be collected to measure the number of outreach activities, linkage to resources, number of contacts, duration of services, and location of services. This data will provide information on health, case management, and culturally relevant services to this collaboration.
c) Monitor HMIS utilization used to share information among various safety net providers, to identify how this resource is utilized, and help expand the use of the information across the HICCE providers.
d) Cross-agency coordination will be evaluated to assess the number of clients who are able to access services from different organizations. Timeliness of referrals between key organizations will also be evaluated to document appropriate linkages between agencies (e.g., referrals from the Emergency Department to HICCE Team to promote coordinated, accessible care.
e) Client perception of services and outcomes will be measured at least annually to determine if services are helping to improve outcomes.
f) Monthly calls will be held to discuss implementation of the project, level of interagency coordination, and identify successes and challenges. These calls will have staff from different agencies discuss learning opportunities, strategies for resolving issues, and identify funding opportunities to continually improve services.
g) Periodic surveys of administrative staff, clients, and partner agency staff will help to inform the progress of the Innovation project on collaboration, communication, successes, and barriers to services. Review of these surveys will help continually inform staff and stakeholders, of the success of the project. In addition, the effectiveness of the development of a Memorandum of Understanding (MOU), Business Associates Agreement, and other formal agreements, will be reviewed and updated at least yearly.
h) Evaluation activities will review information to ensure services are culturally and linguistically relevant and all individuals have timely access to services.

9. Describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation funds

At the end of this five-year Innovation project, it is anticipated that many of the individuals will continue to be served by the Adult System of Care. It is also anticipated that the strategies and interagency coordination will be fully integrated into multiple programs, so it will be possible to potentially expand these services and sustain this enhanced (collaborative and coordinated) service delivery model over time. The goal of this project is to develop a model to support persons who are homeless and may have mental illness or substance use, and/or chronic health conditions to become housed, remain stable in their housing over time, have improved health outcomes, and be successful and supported by the community. In addition, persons who need additional services will be linked to the appropriate services.

The Innovation project's services will reflect and be consistent with all of the MHSA General Standards. Enhanced community collaboration and cross-county coordination of services is one of the primary goals of our Innovation project. These activities closely align with the general standards. All services will be culturally and linguistically competent.

CONTINUATION OF PROJECT

The project will be evaluated over time to determine its effectiveness developing a collaborative and coordinated system addressing the needs of the chronically homeless with a mental health or co-occurring disorder, and/or chronic health conditions. If this project is determined to be effective, services for individuals will be supported with ongoing funds through MHSA CSS; Federal Financial Participation (FFP) through Medi-Cal billing for mental health and substance use disorder treatment services; realignment dollars; and, potentially, county general funds. In addition, there will be an exploration of the potential of other Medi-Cal resources such as targeted case management and Medi-Cal administrative funds.

COMMUNICATION OF PROJECT UPDATES AND FINDINGS

Evaluation outcomes and lessons learned will be shared with the HICCE Team; interagency collaborative meetings; at the Quality Improvement Committee (QIC) meetings; Campaign for Community Wellness meetings; WPC Lead Entity Council; WPC Leadership Committee; System of Care Management Team meetings; Board of Supervisor meetings, and at local and community meetings. In addition, the experiences and outcomes from HICCE will be shared with housing, employment partners, and health care partners, to continually improve collaboration and coordination of services. These lessons learned will be shared with other counties, so they may be able to implement similar strategies to improve chronic homelessness in their communities.

PROPOSED EXPENDITURE AND BUDGET NARRATIVE

NEW INNOVATIVE PROJECT BUDGET BY FISCAL YEAR						
EXPENDITURES						
Projected expenditure of INN Funds for this INN Project, by calendar year, for:	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Total**
a. Personnel expenditure, including salaries, wages & benefits	**$ 396,000.00**	**$ 396,000.00**	**$ 396,000.00**	**$ 396,000.00**	**$ 396,000.00**	**$ 1,980,000.00**
b. Expenditure that is for EVALUATION	**$ 52,323.00**	**$ 52,323.00**	**$ 52,323.00**	**$ 52,323.00**	**$ 52,323.00**	**$ 261,615.00**
a. Operating expenditure	**$ 191,655.00**	**$ 191,655.00**	**$ 191,655.00**	**$ 191,655.00**	**$ 191,655.00**	$ 958,275.00
a. Consultant contracts (add additional line items for specific contracts, e.g. clinical training contract(s), facilitator contract(s), evaluation contract(s))	**$ 96,246.00**	**$ 96,246.00**	**$ 96,246.00**	**$ 96,246.00**	**$ 96,246.00**	$ 481,230.00
b. Estimated expenditure that is for EVALUATION	**$ 43,776.00**	**$ 43,776.00**	**$ 43,776.00**	**$ 43,776.00**	**$ 43,776.00**	$ 218,880.00
a. **TOTAL FUNDING REQUESTED (Total amount of MHSA INN funds you are requesting that the MHSOAC approve)**	**$ 780,000.00**	**$ 780,000.00**	**$ 780,000.00**	**$ 780,000.00**	**$ 780,000.00**	**$ 3,900,000.00**

The Innovative MHSA expenditures for program and administration functions consist of salaries for the Engagement Team who will focus on program enrollment, initial applicant screening, linkages to appointments or transportation needs and initial treatment planning. The engagement staff including benefit costs includes the following positions: .5 FTE Nurse, .5 FTE Clinician, and 2 FTE Peer Advocates. It includes costs of administrative staff to address program and fiscal management to support and measure the collaboration efforts necessary to coordinate services, share resources, and strengthen client and system-level data. A 5% indirect rate is also included. The Innovative MHSA expenditures for evaluation functions consist of full salary and benefit costs for 1 program analyst position, as well as contract costs for a data evaluation consultant.

APPENDIX A