



WELLNESS • RECOVERY • RESILIENCE

September 28, 2017
PowerPoint Presentations and Handouts

- Tab 5:** • **PowerPoint:** Eastern Sierra Strengths-Based Learning Collaborative
- Tab 6:** • **PowerPoint** Nevada County MHSA Innovation Plan - Crisis Continuum of Care Collaboration
- Tab 7:** • **PowerPoint** Napa County Innovations Proposed Projects

No Place Like Home (NPLH) Program Permanent Supportive Housing for Seriously Mentally Ill Californians



California Department of Housing and Community Development

September 2017



Homelessness in California



As of 2016:

- 118,142 Californians are homeless
- 25% of these individuals are chronically homeless (29,802)
- 30% suffer from serious mental illness



NPLH Background

- Signed into law on July 1, 2016.
- Authorization of \$2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness.
- The bonds are repaid through Mental Health Services Act revenues.

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NPLH Guideline Development: Rigorous Stakeholder Outreach

- Approximately 40 interviews/meetings with key stakeholders prior to drafting of Framing Paper
- 10 in-person public workshops (Sacramento, San Francisco, Redding, Los Angeles, Fresno, San Diego, Riverside, Oakland, Visalia), two webinars and two Advisory Committee meetings.
- NPLH Advisory Committee convened and consulted on key policy provisions; MHSOAC Executive Director on Committee
- Nearly 1,000 specific comments received from over 80 separate entities through workshops or submitted written comments

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Key NPLH Program Features

- Counties will be eligible applicants (either solely or with a housing development sponsor).
- Funding for permanent supportive housing must utilize low-barrier tenant selection practices that prioritize the most vulnerable populations and offer flexible, voluntary, and individualized supportive services.
- Counties must commit to provide mental health services and help coordinate access to other community-based supportive services for 20 years.

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Permanent Supportive Housing

- Permanent Supportive Housing addresses the issues surrounding the most vulnerable, hardest-to-house populations by providing:
 - Housing with low-barriers to entry
 - Housing First
 - Permanency
 - Residents may stay as long as they wish
 - Supportive Services
 - Flexible, voluntary and individualized services, including mental health services, are offered to help tenants remain housed

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NPLH Program Goals

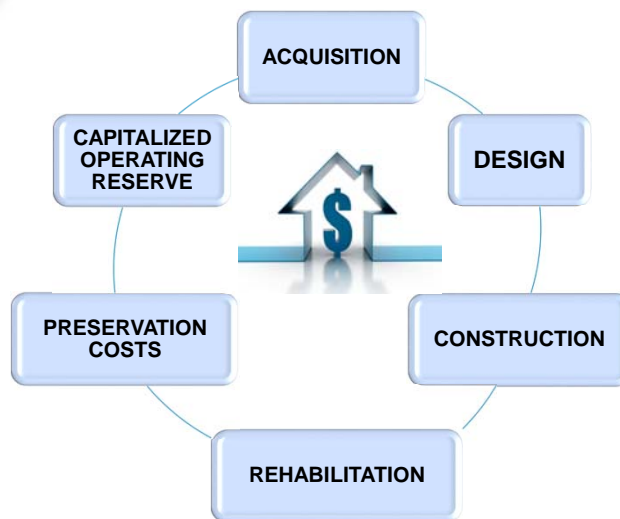
Permanent Supportive Housing to:

- ✓ Improve quality of life for people who are homeless and experience mental illness
- ✓ Provide access to safe, stable and affordable housing
- ✓ Promote a sense of belonging
- ✓ Provide continuity of care
- ✓ Encourage innovation in program services and delivery
- ✓ Locate housing projects in proximity to community services


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NPLH Funding: Eligible Uses



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Program Components

Competitive Program:

- Up to \$1.8 billion total funding
- 3-4 competitive groups of counties based on population
- Will be multiple rounds of funding

<p>Los Angeles County Estimated: \$614 million</p>	<p>Large Counties - Population Size >750,000 Estimated: \$682 million</p>
<p>NPLH County Groupings</p>	
<p>Medium Counties -Population Size 200,000-750,000 Estimated: \$245.1 Million</p>	<p>Small Counties - Population Size <200,000 - 8% set aside in the competitive program (\$134 million)</p>

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Program Components (cont'd)

Non-Competitive/Over-the-Counter Funds:

- Up to \$200 million available to all counties
- Allocation formula is based on HUD Point-in-Time Homeless Count data
- Minimum allocation of \$500,000 per county
- Funds available continuously for first 18 months of program implementation
- Funds not awarded will be returned to competitive pool

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Program Components (cont'd)

Technical Assistance (TA):

- \$6.2 million total funds available
- Grants to counties based on population size
- Application period: April 10th through Sept 30th, 2017
- Available uses of TA funds include:
 - Developing County Homelessness Plans
 - Establishing Coordinated Services Entry Systems
 - Preparing to apply for NPLH program funds
- To date, HCD has received 40 applications for over \$4 million
- HCD will provide additional TA with unallocated TA grant funds

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Summary: NPLH in a Nutshell

Investment:	Authorization of \$2 billion in funding <ul style="list-style-type: none"> • \$1.8 billion Competitive/Alternative Program • \$200 million Non-Competitive/Over-the-Counter • \$6.2 Million in Technical Assistance Grants
Applicants:	Counties (alone or in partnership with Developers)
Beneficiaries:	Seriously Mentally Ill Persons <ul style="list-style-type: none"> • Homeless • Chronically Homeless • At-risk of Chronic Homelessness
Program Goals:	Addressing the Need <ul style="list-style-type: none"> • Deep Targeting of Hardest to House • Expanding Pool of Developers • De-concentration and Integration

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Current Status

Validation Action

- The validation action was filed with the California Superior Court in Sacramento on September 12, 2017 by HCD’s legal counsel: California Attorney General’s Office.
- While the validation action is pending, HCD will be unable to answer any questions regarding the proceedings. However, the validation action is on file at the Superior Court Case #2017-00219002 for any member of the public to check on the status of the case.


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Anticipated Timeline

Initial Research / Stakeholder Outreach	Fall 2016
Framework Release / Start of First Public Comment Period	Fall 2016
End of First Public Comment Period	Winter 2017
Guidelines Development	Spring 2017
Guidelines Draft Release / Start of Second Public Comment Period	Spring 2017
End of Second Public Comment Period	Summer 2017
Completion of Guidelines	Summer 2017
Begin Validation Action	Fall 2017
Lower Court Decision Expected	Spring 2018
Release of Notice of Funding Availability	Summer 2018*
* This date is subject to the completion of the court validation action.	


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Questions?

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**More information on new HCD
website at www.hcd.ca.gov**



California Department of Housing and Community Development
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Eastern Sierra Strengths-Based Learning Collaborative

MONO COUNTY | FY 17-18 | INNOVATION PLAN

Robin K. Roberts, MFT | Amanda Greenberg, MPH | Salvador Montanez, RAS



Learning Collaborative Overview

- ▶ Program Goal
 - ▶ Contribute to learning and meet local professional development needs by creating a cross-county learning collaborative for behavioral health staff and community partners
- ▶ Primary Purpose
 - ▶ Promote interagency collaboration related to mental health services, supports, or outcomes
- ▶ Learning Objectives & Project Aims
 - ▶ Learn how to facilitate cross-county and inter-agency collaboration
 - ▶ Learn what factors serve as facilitators or barriers to cross-county collaboration
 - ▶ Learn more about the benefits of such a collaboration in remote, rural environments
- ▶ Funding & Timeframe
 - ▶ \$259,049 over 24 months



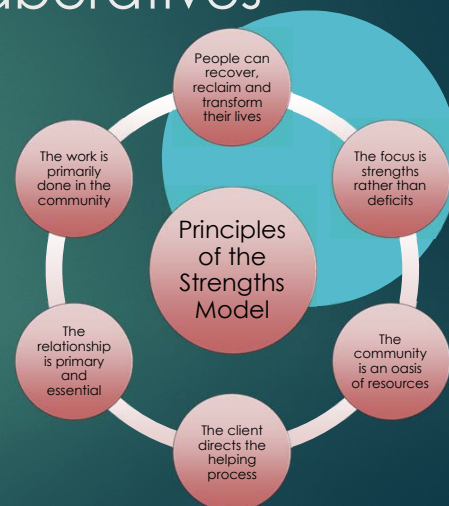
The Need for a Learning Collaborative

- ▶ Community Program Planning process identified housing, employment, and isolation as top needs
- ▶ Strengths-based models can help address these needs, but on-going skill development is challenging in remote, rural areas
- ▶ To create and sustain transformative strengths-based systems change, Mono County providers need an intensive learning opportunity
- ▶ Travel is too far to send all providers to an off-site training
- ▶ On-site training is too expensive for one tiny county
- ▶ **Creating a multi-county learning collaborative comes with many bureaucratic and other barriers and there are few, if any, resources exist to guide this process**



Proposed Solution: Developing & Sustaining Learning Collaboratives

- ▶ Partner with Alpine and Inyo Counties to create a strengths-based learning collaborative
- ▶ Bring instructors from CIBHS to the Eastern Sierra (rotating between the 3 counties) for 9 learning sessions
- ▶ Contribute to learning by creating a template for cross-county collaboration, a lessons learned factsheet, and a feasibility checklist
- ▶ Build a foundation for future learning collaboration beyond the 24 months of this project



Process Evaluation Components

- ▶ Track the implementation of the Learning Collaborative to ensure all necessary activities are recorded for template
 - ▶ Activities tracked by attending planning meetings and sessions
- ▶ Measure the outputs of the activities to ensure activities are successful and lessons learned are captured
 - ▶ Outputs tracked through focus groups and key informant interviews
- ▶ Outcome Evaluation
 - ▶ Mono County Behavioral Health will also track the outcomes of the Strengths Model to ensure client outcomes are impacted

Example Activities:

- Identify Individual County Needs
- Directors Meet to Discuss Common Needs
- Write Any Necessary Plans/Applications
- MOU/Contract Developed and Signed
- Schedule & Conduct Learning Sessions
- Conduct Evaluation & Disseminate Results

Example Outputs:

- All Necessary Planning Meetings Held
- All Training Sessions Completed
- Timeline Followed
- Conduct Interviews on Barriers/Facilitators

Eastern Sierra Strengths-Based Learning Collaborative Budget

Expenditures	FY 17-18 9 Months	FY 18-19 12 Months	FY 19-20 3 Months	Total 24 Months
Personnel Costs: Salaries	56,754.00	75,672.00	18,918.00	\$151,344
Operating Costs: Indirect	8,513.00	11,351.00	2,838.00	\$22,702
Consultant Costs: Direct*	31,800.00	42,492.00	10,708.00	\$85,000
TOTAL INNOVATION BUDGET	97,067.00	129,515.00	32,464.00	\$259,046

*Inyo and Alpine Counties will share the consultant costs, which will be funded by their Workforce Education and Training (WET) funds. The consultant costs and salaries also include funds for the evaluation.

Questions & Discussion



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PROPOSED MOTION

- ▶ **PROPOSED MOTION:** THE MHSOAC APPROVES MONO COUNTY'S INNOVATION PLAN AS FOLLOWS:
 - ▶ **Name:** Eastern Sierra Strengths Based Learning Collaborative
 - ▶ **Amount:** \$259,046
 - ▶ **Project Length:** Two (2) Years

Nevada County
MHPA Innovation Plan
Crisis Continuum of Care Collaboration

September 20, 2017

PROJECT YEARS: 2017 - 2022

Nevada County Innovation Presenters

2

Rebecca Slade, L.M.F.T.

Director, Behavioral Health

Michael Heggarty, L.M.F.T.

Director, Health and Human Services

Janella Kirkman

Director, SPIRIT Peer Empowerment
Center

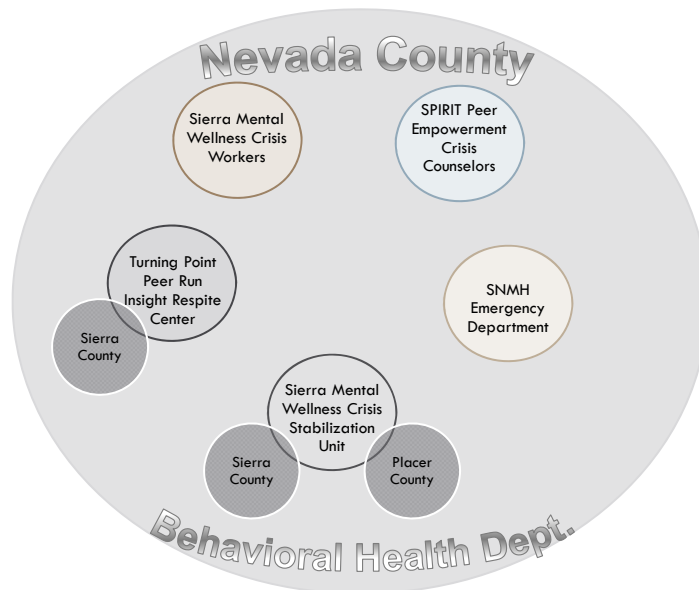
Teresa Hodges, A.A., C.A.D.C.

Program Director, Insight Respite
Center, Turning Point Community
Programs

Nancy M. Callahan, Ph.D.

Owner, I.D.E.A. Consulting

GROWTH OF NEVADA COUNTY CRISIS CONTINUUM OF CARE



Expanding Our Crisis Continuum of Care

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- Nevada County Behavioral Health (NCBH)
 - ▣ Prior to 2014, on-call crisis workers were located at NCBH during business hours and responded to crisis calls by driving 20 minutes to the hospital Emergency Department (ED).
 - ▣ After business hours, the crisis worker responded to crisis calls from home, driving 20 – 60 minutes to the ED.
 - ▣ In 2014, we received funding from two SB 82 grants to help expand our Crisis Continuum of Care (CCC).

Expanding Our Crisis Continuum of Care

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- In 2014, NCBH was awarded a CA Health Facilities Financing Authority (CHFFA) Investment in Mental Health Wellness Grant
 - NCBH and Sierra Nevada Memorial Hospital collaborated to build the Crisis Stabilization Unit (CSU), with four beds, on the grounds of the hospital, adjacent to the ED.
 - NCBH contract with Sierra Mental Wellness to operate the CSU.
 - Staffed 24/7 with mental health and medical professionals.
 - Participants can stay up to 23 hours to help resolve an immediate psychiatric crisis and reduce the need for hospitalization.
 - Crisis Workers have an office in the CSU building to have an immediate response to a crisis at the ED.

Note: CHFFA funding paid only for building the CSU facility; it did not fund staffing. Staffing is paid through Medi-Cal reimbursement for services and other MHSA funding.

Crisis Stabilization Unit – Next to ED

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CSU Common Area

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CSU Common Area

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CSU Bedroom (1 of 4)

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CSU Family Room

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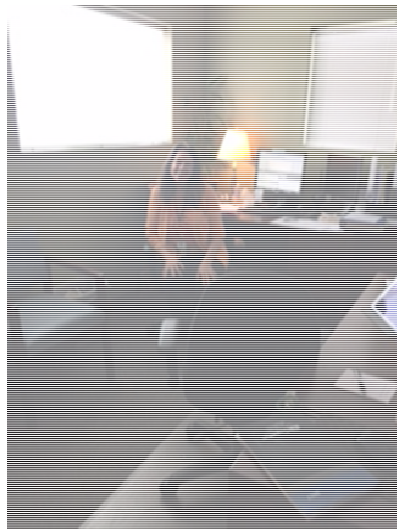
Expanding Our Crisis Continuum of Care

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- ❑ In 2014, NCBH was also awarded an MHSOAC Triage Personnel Grant to expand our CCC.
- ❑ With these funds, NCBH contracted with three (3) different providers to implement an enhanced CCC:
 1. Sierra Mental Wellness: Crisis Workers area co-located 24/7 at the CSU and adjacent to the Hospital's Emergency Department (ED) to immediately respond to persons in crisis
 2. SPIRIT Peer Empowerment Center: Expanded the number of hours for the SPIRIT Crisis Peer Counselor program to support participants and families in the ED during a crisis
 3. Turning Point Community Programs: Developed the Peer Run Insight Respite Center, a 24/7 program, with 4 beds that offers an environment that allows a person to have the support they need to stabilize their life and focus on wellness, resiliency, and recovery
 4. Placer and Sierra County: Both counties have contracted with NCBH to utilize CCC services.

CSU – Crisis Intervention Interview Room

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SPiRiT Peer Empowerment Center

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Insight Respite Peer-Run Center

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Insight Respite Center – Common Area

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Insight Respite Center - Kitchen

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Insight Respite Center – Room/Bed (1 of 4)

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Insight Respite Center - Grounds

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Strengthening the Crisis Continuum of Care

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- **Three Years Later:**
 - The NCBH, Sierra Nevada Memorial Hospital, and each of the three providers have developed strong, responsive programs that meet the needs of the community
 - Each of these agencies are functioning well independently.
 - Placer and Sierra County are beginning to utilize the CCC.
 - Next step is to strengthen these programs, and our CCC, by **learning** how to facilitate multiple agencies to integrate services to improve collaboration, coordination of services, and continuity of care for every person needing crisis services

Learning How to Collaborate Across Agencies

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- The MHSI Innovation Plan will create the funding and infrastructure to help us learn how to bring staff from each of the three (3) agencies, three (3) counties together, and partner agencies (e.g., hospital, law enforcement, probation) to:
 - Integrate crisis services to improve outcomes
 - Simplify the referral process across agencies
 - Develop a centralized assessment and shared treatment process and goals
 - Prioritize health integration activities
 - Develop a shared vision of CCC

Learning How to Collaborate Across Agencies

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- Provide community education and training about how to access crisis services
- Learn to use our resources to fully utilize the continuum of care
- Utilize data to identify strengths and barriers to services
- Learn how to share information across agencies to improve outcomes

Why Fund Collaboration Activities?

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- Our request for Innovation funding will help us learn how to promote collaboration and integration across organizations.
 - Reimburse programs for staff time spent in non-billable collaboration activities
 - Meetings, planning, information sharing, and continuity of care activities take time away from staff delivering billable services
 - Strengthen collaboration to expand access, increase utilization, and increase direct and billable services
 - Create a learning environment so staff will improve services
 - Create a systematic approach to service planning and delivery to improve outcomes

Other State Funded Collaborative Activities

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- **Myth: Collaboration Automatically Happens Across Agencies**
 - California has several examples of how funding has been used to learn how to strengthen collaboration across agencies:
 - Children's System of Care (CSOC) (2000 – Present)
 - Mental Health
 - Child Welfare
 - Probation
 - Education
- Bringing these agencies together improved outcomes to keep children in stable homes, in school, out of trouble, healthy, and positive social supports

Other State Funded Collaborative Activities

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- Katie A. lawsuit in 2011 funded Child Welfare and Mental Health staff to meet regularly and plan services together to improve outcomes for children in foster care who needed mental health.
 - Katie A. funding created new Medi-Cal codes so mental health staff could be reimbursed for attending Child Welfare Child and Family Team Meetings.
 - Katie A. funding improved collaboration and coordination of services across agencies to improve outcomes for children and families.
- Several Federal SAMHSA and HRSA Grants have funded CA counties, including NCBH (2011-2013), to learn how to improve collaboration in order to integrate primary care, mental health, and substance use treatment service to support individuals to achieve health, wellness, and recovery goals.

Stakeholder Involvement

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- Nevada MHPA stakeholders are extremely supportive of this Innovation Project.
- Over 200 stakeholders met multiple times across several community sites and identified opportunities to strengthen the CCC to improve:
 - Access to services
 - Coordination across agencies to reduce barriers to services
 - Linkages and referrals across agencies to support whole health outcomes

Stakeholders' Voice and Vision Helped Create the CCC

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Evaluation Activities

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- Evaluation components:
 - Collect surveys from partner agency staff (annually)
 - Collect service-level data to measure the number of crisis services activities (ongoing)
 - Survey individuals at the time of discharge from services
 - Review timely access to services (quarterly)
 - Utilize data to identify strengths and barriers
 - Develop decision tools to improve access, integration, collaboration, and outcomes

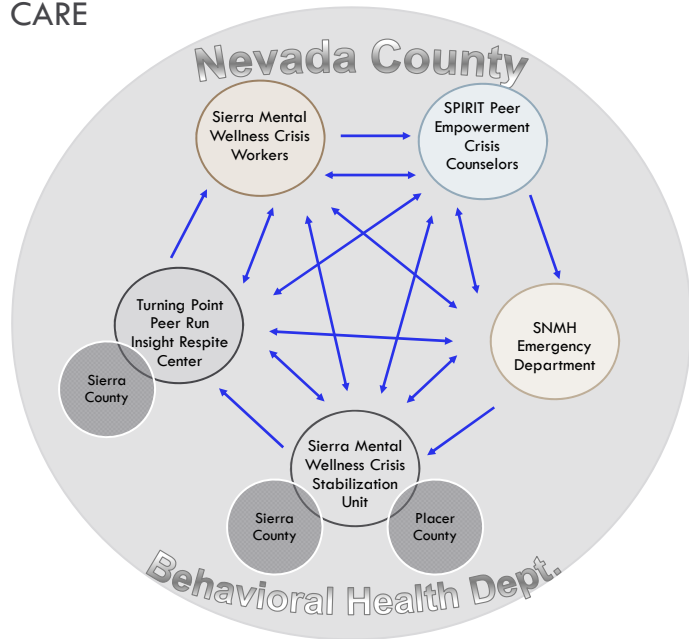
MHSA Innovation Budget

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- \$1,000,000 total INN funds for 5 years
 - Year 1: \$275,000
 - Year 2: \$250,000
 - Year 3: \$200,000
 - Year 4: \$175,000
 - Year 5: \$100,000

Year	Total Estimated Expenditures	Estimated Revenue	INN Dollars Requested
1	\$ 472,506	\$ 197,506	\$ 275,000
2	\$ 467,278	\$ 217,278	\$ 250,000
3	\$ 458,294	\$ 258,294	\$ 200,000
4	\$ 452,837	\$ 277,837	\$ 175,000
5	\$ 434,895	\$ 334,895	\$ 100,000
Total INN Dollars Requested			\$ 1,000,000

GROWTH OF NEVADA COUNTY CRISIS CONTINUUM OF CARE



Proposed Motion

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Proposed Motion: The MHSOAC approves Nevada County’s Innovation plan as follows:

Name: Developing Collaboration to Strengthen the Crisis Continuum of Care

Amount: \$1,000,000

Project Length: Five (5) Years

NAPA COUNTY INNOVATIONS
PROPOSED PROJECTS

BILL CARTER, LCSW, MENTAL HEALTH DIRECTOR,
FELIX BEDOLLA, PROJECT MANAGER

THE LANDSCAPE OF TRAUMA

Adverse childhood experiences, or ACEs, are potentially traumatic experiences that occur in childhood, such as abuse, neglect, substance abuse or mental abuse in the household, domestic violence, or having absent parent.

***64.5% of Napa County residents has at least one ACE
(compared to 67% nationwide)***
***One in five (20%) Napa County residents has four or more
ACEs, (compared to 12.5% nationwide).***

In the absence of a nurturing caregiver or other protective factors, these early adverse experiences can negatively impact growing brains and bodies. The more types of trauma people experience, the more severe the consequences.

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NAPA ADVERSE CHILDHOOD EXPERIENCES (ACEs) PROJECT

- In Napa County a majority of individuals who are the first point of contact are paraprofessionals.
- They are entrusted with some of the most critical work often supporting some of the most unserved/underserved individuals in our community.
- There is a need to systematically assess, treat and prevent ACEs in our community



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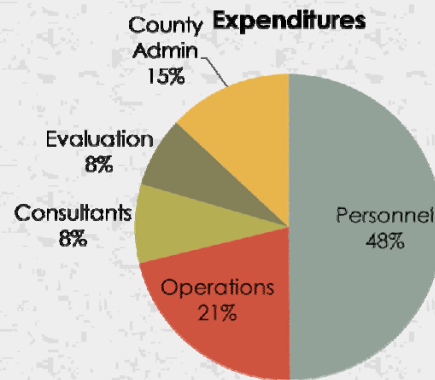
ACEs PROJECT OVERVIEW

- 18 month project
- A cohort of 15 individuals will be recruited to participate in a 12 month cohort. The cohort will focus on answering the following learning goals:
 - How does a paraprofessional's personal history with ACEs and Resiliency impact how they address ACEs with individuals?
 - How does a paraprofessional's personal history with ACEs and Resiliency impact their workplace stress?
 - Which supports do paraprofessionals find the most effective in changing how they address ACEs with individuals and/or how they manage workplace stress?

4

BUDGET

- Total Project Budget: \$438,869



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UNDERSTANDING NATIVE AMERICAN HISTORICAL TRAUMA PROJECT

- The most recent local data shows that despite the increased prevalence of serious mental illness, very few Native American individuals seek treatment services in Napa County.
- There are few culturally-competent resources available to the population of Native Americans in Napa County.
- This project is designed to address the gap in culturally-competent services by sharing the information about historical trauma and healing practices with mental health providers.

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PROJECT OVERVIEW

- 2, 6 month cycles for up to 30 participants in each cycle
- Cohort members will meet once each month to learn about historical trauma and about the history and appropriate use of traditional healing practices
- Additionally, they will have opportunities to journal about their experiences and their attitudes about adopting these practices
- While this project is designed for mental health providers, recruitment efforts will include specific outreach to peer professionals as well as individuals that are representative of the community.

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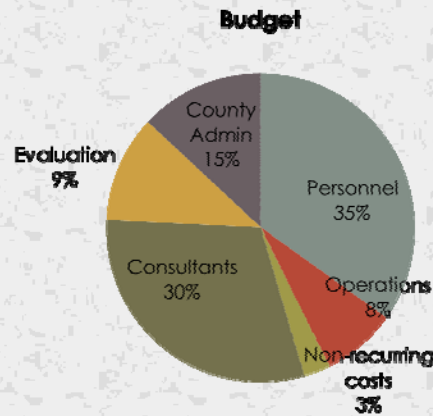
LEARNING GOALS

- Does the workshop series change mental health providers' understanding and compassion for Native American individuals with mental health concerns and a traditional view of trauma?
- Do providers integrate the learning into their own self-care? Why or why not?
- Do providers use their knowledge of Native American culture and history and their experiences with traditional wellness and healing methods to change their professional practice? How? Why?

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BUDGET

- Total Project Budget: \$479,518



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ADDRESSING THE MENTAL HEALTH NEEDS OF THE AMERICAN CANYON FILIPINO COMMUNITY

- This project was prompted after Napa Valley Unified School District staff noted a disparity in mental health risks reported in the California Health Kids Survey data for Filipino students in American Canyon.
- After review of service usage data from the district and Napa County Health and Human Services, Mental Health Division, NVUSD staff learned that Filipino youth are not using the existing mental health services and supports at the same rate as other populations and have higher levels of need.

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PROJECT OVERVIEW

- *Generational Barriers*
- *Stigma*
- *Pressure*
- *Isolation*
- *Need for a different solution*

This project is designed to address the identified disparities and to learn about how to more effectively identify and support the mental health needs of Filipino youth and their families in Napa County.

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LEARNING GOALS

Does an intergenerational approach to mental health support a change in:

- Intergenerational empathy and understanding about wellness needs of parents and students?
- Willingness of Filipino youth and families to use supports to promote and maintain wellness?

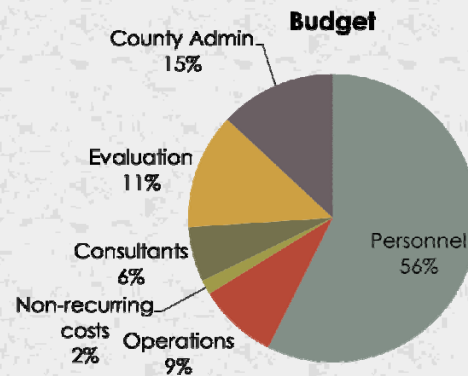
Do the ideas generated by the intergenerational approach change how the district and mental health providers support changes to:

- Screening process to identify mental health risks of all students, not just those with external behaviors?
- Supports available to promote and maintain wellness for all students?

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BUDGET

- Total Proposed Budget: \$461,016



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WORK FOR WELLNESS PROJECT

- **Nationwide**, a study published in 2014 examined 2009-2010 employment rates for adults with mental illness age 18-64. The authors found that the employment rate declined as the mental illness severity increased.
- **System issues**
 - Individuals need support over time to find and maintain meaningful employment
 - Various systems with varying markers of success not always working collaboratively
 - While evidence-based practices exist few employers show willingness to work with programs despite incentives

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COMMUNITY PLANNING PROCESS AND PROJECT OVERVIEW

- On the Move staff held a series of meetings and focus groups with consumer groups, Adult Resource Center staff, Dept. of Rehabilitation staff and supportive employment programs to identify gaps and needs.
- The Work for Wellness is designed to bring the system participants together, utilizing a specific exploratory group model, to identify ways to create sustained meaningful employment for individuals with SMI.

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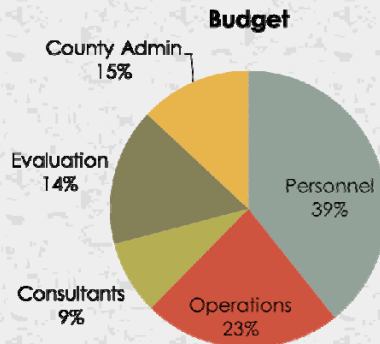
LEARNING GOALS

- The learning goals for this project are focused on testing ways to address the interpersonal, employer and system barriers in the current supported employment system.
 - How to create shared measures of success among all participants in the system?
 - How to increase commitment of all system participants to each other?
 - How to implement common measures of success in the supported employment system?

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BUDGET

- Total Proposed Budget: \$309,250



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PROPOSED MOTION

Proposed Motion: The MHSOAC approves Napa County's Four (4) Innovation projects as follows:

#1 **Name:** Napa Adverse Childhood Experiences (ACEs)

Amount: \$438,869

Project Length: 18 Months

#2 **Name:** Native American Historical Trauma and Traditional Healing Innovation Project

Amount: \$479,518

Project Length: 18 Months

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PROPOSED MOTION, CONTINUED

#3 **Name:** Understanding the Mental Health Needs of the American Canyon Filipino Community

Amount: \$461,016

Project Length: 18 Months

#4 **Name:** Work for Wellness

Amount: \$309,250

Project Length: 18 Months