

HEALTH AND HUMAN SERVICES AGENCY

- AB 403: Continuum of Care Reform
- Homelessness in El Dorado County
- County Strategic Plan – Healthy Communities



Board of Supervisors
October 3, 2016



AB 403: CONTINUUM OF CARE REFORM

Presented By:

Alexis Zoss, Chief Assistant Director

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AB 403: CONTINUUM OF CARE REFORM

Background

- Statewide reform that envision a continuum of services aimed at positive outcomes for children and families
- Proportion of children placed in group homes has been constant despite efforts to reduce and outcomes have been poor
- Passed on October 11, 2015 with plans to implement on Jan 1, 2017

AB 403: CONTINUUM OF CARE REFORM

Vision

- All children live with a committed, permanent and nurturing family
- Services and supports should be individualized and coordinated
- Focus on achieving a permanent family and preparation for successful adulthood
- Short-term high quality intensive intervention congregate care only when needed

AB 403: CONTINUUM OF CARE REFORM

Guiding Principles

- The child, youth and family's experience is valued in:
 - Assessment
 - Service Planning
 - Placement Decisions
- Children should not change placements to get services
- Cross system and cross agency collaboration to improve access to services and outcomes

AB 403: CONTINUUM OF CARE REFORM

El Dorado County Child Welfare Services

Safety: State law requires all county CWS to operate a 24 hour response system to accept reports of abuse, neglect and exploitation.

- Child Abuse and Neglect Hotline
- 24/7 Community Response
- In-person investigations occur immediately to 10 days

Permanency: Efforts must be made to reunify the child with his/her birth family while identifying and supporting efforts to guardianship or adoption if reunification is unsuccessful.

- Immediate assessment and identification of relatives as placement preference
- Adoptability Assessments
- Life-long Connections
- Family Visitation

AB 403: CONTINUUM OF CARE REFORM

El Dorado County Child Welfare Services

Family and Child Well Being:

- Ensure child receives medical and dental check ups
- Screen and refer to Mental Health
- Ensure enrollment/timely transfer in school and appropriate educational supports
- Appropriate provision of services to the child and family

AB 403: CONTINUUM OF CARE REFORM

El Dorado County Child Welfare Services

- In 2015 - 2,373 reports of suspected child abuse or neglect
Total children in placement by placement type

Placement Type	County	%
Foster Family Home	21	7.2%
Group Home	19	6.6%
Relative/NREFM Home	104	35.9%
Foster Family Agency	103	35.5%
Supervised Independent Living	6	2.1%
Guardian Home – Voluntary	23	7.9%
Guardian Home-Dependent	8	2.8%
Other	6	2.1%
Total	290	100%

- Total Child Welfare Caseload = 396 (Foster Care, Family Maintenance, Guardianships)
- From 4/1/14 to 3/31/15 - 46.1% of children who entered out of home care were reunited within 12 months.

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Child Welfare Services in the World of CCR

- Creates Child and Family Team

Pros: Promotes collaboration, family voice/choice, timely access of appropriate services

Challenges: Staffing & Funding

- Approval Process for Caregivers into one Resource Family Approval

Pros: Eliminates duplication, enhances child safety, better matching, preparation and support to relatives and other caregivers, promotes permanency

Challenges: Extended time to approve relatives which is unfunded until approved, transition to new process for Counties and Foster Family Agencies

AB 403: CONTINUUM OF CARE REFORM

Child Welfare Services in the World of CCR

- Increased Funding for Caregivers

Pros: Increase funding based on the needs of the youth. Increased services and supports for the families caring for the youth.

Challenges: Funding, Specialized Services need to be created.

- Group Homes Transitioned into Short Term Residential Treatment Programs

Pros: Consistent with intent of CCR, significantly reduced length of stay in congregate care.

Challenges: The need to develop a robust community based system which includes recruitment/retention of foster homes, adequate support to family caregivers, higher quality and availability of behavioral supports and services.

AB 403: CONTINUUM OF CARE REFORM

El Dorado County Children's Mental Health

- Provides Access to Services and Referral Sources:
 - Child Welfare
 - Probation
 - Schools
 - Primary Care
 - Managed Care Plans - California Health and Wellness, Kaiser, Anthem Blue Cross
 - Parents and Foster Parents

AB 403: CONTINUUM OF CARE REFORM

El Dorado County Children's Mental Health

Contracts for Children's Services/Specialty Mental Health for FY16/17
Monthly Average of 269 Children in Services (last 6 months)

- Sierra Child and Family – Traditional, MHSA, Group Home
- Summitview – Traditional, MHSA, Group Home
- New Morning – Traditional, MHSA
- Tahoe Youth and Family – Traditional, MHSA
- Stanford Youth Services – Traditional
- Remi Vista (Closed) – Traditional, MHSA

AB 403: CONTINUUM OF CARE REFORM

El Dorado County Children's Mental Health

Service Categories

- **MHSA:**
 - Prevention and Early Intervention
 - Infant Parent Center, Latino Outreach and Mental Health First Aide
- **Managed Care Plan:**
 - Mild to Moderate Services

AB 403: CONTINUUM OF CARE REFORM

El Dorado County Children's Mental Health

Service Categories

- **County Behavioral Health Traditional Funding:**
 - Traditional Services
 - Group Home Services
- **County Behavioral Health MHSA Funding:**
 - Full Service Partnership Adult/Child
 - Enhanced Foster Care Services
 - Intensive Case Coordination/In Home Based Services for all children who qualify for higher level services/expanded from CWS children

AB 403: CONTINUUM OF CARE REFORM

Children's Mental Health in the World of CCR

- Contract Modifications
- Foster Family Agencies (FFA) and Mental Health Certification
- Foster Family Agencies (FFA) placement criteria
- Short Term Residential Treatment Programs and FFAs will serve children assessed for Specialty Mental Health Services or Severely Emotionally Disturbed (SED)
- Additional staffing requirements for oversight, contracting and Child Family Teams
- Increased intensity of services
- Out of County services

AB 403: CONTINUUM OF CARE REFORM

Preparing for CCR in El Dorado County

- Activities in preparation for CCR Work:
 - Identify contract changes needed
 - Identify funding needs
 - Continue to participate in State calls for specific rules and mandates
 - Identify how many Foster Family Agencies are in the county
- Created a Community Stakeholders Group Late 2015
- Created HHSA Mental Health Child Welfare Services (MHCWS) Leadership Team
- Creating a Resource Family Approval Unit

AB 403: CONTINUUM OF CARE REFORM

Preparing for CCR in El Dorado County

- Staffing and local implementation
 - Funding
 - Collaboration and Strategic planning at local level
 - Need to assess local provider capacity, local services capacity and match to the needs of children and families served by CWS

- Significant policy decisions are still pending from the State:
 - Rates
 - Assessment Tools (CANS or TOP)
 - Assessment Process
 - Performance and Accountability System
 - Mental Health (e.g. medical necessity and certification process)

HOMELESSNESS IN EL DORADO COUNTY

Presented By:

Creighton Avila, Principal Analyst, CAO Office
**Kristin Brinks, Deputy Director, Community
Services**

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HOMELESSNESS IN EL DORADO COUNTY

The Problem

- Homelessness is a chronic issue in the United States
- Does not discriminate based on age, ethnicity or religion and is present in both urban and rural communities
- Elements contributing to homelessness includes economical, political, social and medical factors

HOMELESSNESS IN EL DORADO COUNTY

The Problem

- High level of mental health acuity in El Dorado County
- Corridor for the production and distribution of marijuana and methamphetamine
- History of people coming from near and far, stay and take up residence by camping in the woods
- South Lake Tahoe has a transient population who come in and camp during the warm months and leave or seek a warm place to stay during the cold winter months

HOMELESSNESS IN EL DORADO COUNTY

Associated Problems

- Lack of information regarding what is available to serve the homeless
- No structure in place to adequately address
- Community at risk for the homeless who live in the woods and start fires
- Law Enforcement diverted by transporting the homeless to the Emergency Room or jail
- Emergency Room staff and clients compromised by untreated mental illness and /or substance abuse

HOMELESSNESS IN EL DORADO COUNTY

History of Addressing

- Nomadic Shelter annually from October through March by Community Based and Faith-Based Organizations
- Hangtown Haven in July 2012 and closure in November 2013
- Presentation to the Board of Supervisors by Hangtown Haven, Inc. and Mayor of the City of Placerville (September 10, 2013)
- CAO Office directed to convene an inter-agency task force to examine this issue

HOMELESSNESS IN EL DORADO COUNTY

History of Addressing

- Homelessness Task Force was formed to develop and coordinate responses
- The Center for Violence Free Relationships facilitated meetings designed to develop a unified vision for addressing homelessness
- Theory of Change was utilized and first meeting occurred on April 17, 2014

HOMELESSNESS IN EL DORADO COUNTY

History of Addressing

- Completed Phase I and presented update to the Board of Supervisors on September 20, 2014
- Phase II of the Theory of Change process supported by the Board of Supervisors and \$13,000 given to continue the process
- Representatives from local nonprofits, faith-based community, homeless community, education, business sector and government agencies working together and now known as Opportunity Knocks

HOMELESSNESS IN EL DORADO COUNTY

Opportunity Knocks

Point in Time Data
January 2015

Total number of homeless that day = 269

- 20 Veterans
- 39 Homeless Families (112 individuals)
- 79 Mentally Ill
- 96 Substance Use Disorders
- 58 Chronically Homeless

These numbers are not unduplicated

HOMELESSNESS IN EL DORADO COUNTY

Opportunity Knocks

Successes to date:

- Sense of trust and partnership
- Strong collaboration across sectors
- A blueprint and project plan to address homelessness
- Focus on a sustainable structure, not just treating symptoms
- Funding for direct services, due in part to local collaboration
 - Housing Support Program (~\$475K)
 - Emergency Solutions Grant (~\$50K)

HOMELESSNESS IN EL DORADO COUNTY

Opportunity Knocks

Where we are Headed:

- Create a sustainable single point-of-entry process
 - Provide comprehensive and timely data
 - Flexibility to adjust to local needs
- Obtain reliable county-wide data to obtain direct service information
- Obtain funding from multiple partners
- Identify a Non-Profit organization to manage the single point-of-entry process

HOMELESSNESS IN EL DORADO COUNTY

Opportunity Knocks

Where we are Headed:

- Use our resources more effectively
- Access other funding options
- Move community members into self-sufficiency
- Address homelessness based on the needs of a rural community
- Create a strong and economically viable community

HOMELESSNESS IN EL DORADO COUNTY

Opportunity Knocks

How we will get there:

- Release a Request for Proposal (RFP) for single point-of entry to identify a Non-Profit organization
- Work with American Leadership Forum's Encore Fellow to provide support to the Non-Profit organization
- Request \$20,000 from the Board of Supervisors to fund in part the single point-of-entry from this year's salary savings from Supervisor Veerkamp

OPPORTUNITY KNOCKS

Strategic Board

- Kim Nida (Co-Chair), Placerville Police
- Kristin Brinks (Co-Chair), HHSA
- Shannon Bezak, Formally with Hope House
- Tara Turrentine, Office of Education
- Creighton Avila, Chief Administrative Office
- Jim Byers, Sheriff's Department
- Scott Thurmond, Continuum of Care
- Debra Miller, Real Estate Broker
- Susan Reed, Homeless Advocate

Facilitators

- Jana Pingle, Volunteer Facilitator
- Matt Huckaby, The Center for Violence Free Relationships

Collaborative

- Brian Veerkamp, District 3 Supervisor
- Kathy Witherow, District 3 Assistant
- Don Ashton, Chief Administrative Officer
- Wendy Thomas, Placerville City Council
- Andrew Craven, Probation
- Rene Evans, Only Kindness
- Jennifer LaForce, Only Kindness
- Theresa McAdams, Green Valley Church
- Cheyanne Lane, Tahoe Youth and Family Services
- Art Edwards, Community Haven
- Don Vanderkar, Community Haven
- Jennifer Sands, United Outreach
- Becky Green, Green Valley Church
- Karen Shelnutt, El Dorado Community Health Center
- Marissa Muscat, Tahoe Coalition for the Homeless
- Maia Schneider, Marshall Hospital



STRATEGIC PLAN: HEALTHY COMMUNITIES

Presented By:

Patricia Charles-Heathers, Director

Kristin Brinks, Deputy Director, Community Services

Lynnan Svensson, Program Manager, Public Health Nursing

Don Ashton, Chief Administrative Officer

Olivia Byron-Cooper, Program Manager

HEALTHY COMMUNITIES

Objective #1: Protect against adverse outcomes among children, adults and senior citizens.

- 12/14/2015 - HHSA Strategic Plan Goal 5 – Service Integration: To develop and implement a continuum of care model for individuals, families and community partners that integrates access, assessment, referral and efficient delivery of programs and services.
- 01/19/2016 – Healthy Communities Strategic Plan members reviewed and discussed the results of the Citizen Engagement Survey.
- 02/08/16 – Michael Ward facilitated an all day meeting with HHSA Managers to develop a HHSA Organizational Structure to support HHSA Strategic Plan Goal 5.

HEALTHY COMMUNITIES

Objective #1: Protect against adverse outcomes among children, adults and senior citizens.

- Project Team meetings on HHSA Strategic Plan Goal 5 on 2/11/16, 2/18/16, 2/25/16, 3/3/16 and 3/10/16.
- 04/01/2016 – Meeting with Fiscal Team on the Agency Financial Structure needed to support HHSA Strategic Plan Goal 5.
- 06/15/2016 – Presentation on the Service Integration Survey at Executive Policy Meeting for feedback.

HEALTHY COMMUNITIES

Objective #1: Protect against adverse outcomes among children, adults and senior citizens.

- 06/16/2016 – Service Integration Survey distributed to HHSA staff.
- 09/29/2016 - Meeting with Service Integration team. Meeting weekly thereafter.

HEALTHY COMMUNITIES

Objective #2: Provide effective programs to assist individuals and families in achieving self-sufficiency.

- 2.1 - Community-based life-skills education services such as healthy eating and caregiver education have been expanded to reach an increased number of residents. Next steps are to further these specialized education opportunities in reach and scope.
- 2.2 - Educational opportunities to train for and pass the GED exist. The goal is to increase the number of these opportunities.

HEALTHY COMMUNITIES

Objective #2: Provide effective programs to assist individuals and families in achieving self-sufficiency.

- 2.3 - Dependent care for low income families continues to be a barrier to self-sufficiency, as government subsidies often do not cover the full cost of the service; additionally, the number of older adults in El Dorado County continues to increase. This can be a barrier to families tasked with caring for a loved one while balancing employment.
- 2.4 - Successes in self-sufficiency pathways are being realized and will continue to grow. CalWORKs has started the subsidized employment program and local partners are conducting CalFresh Outreach.

HEALTHY COMMUNITIES

Objective #3: Improve access to services for all communities.

- 5 libraries, 1 in each of the Supervisorial Districts have been identified as Community Hubs: Cameron Park, El Dorado Hills, Georgetown, Placerville and South Lake Tahoe (March 2016).
- 1 Elementary School in each Hub community will be identified for outreach services (October 2016).
- Hubs will utilize the existing El Dorado County Library infrastructure including facilities, staffing and operations. Hub partners have toured all library sites to identify private consultation areas for families (July 2016).

HEALTHY COMMUNITIES

Objective #3: Improve access to services for all communities.

- Funding for prevention and early intervention services has been approved for 4 years, through June 30, 2020 in the amount of \$10,188,595.
- El Dorado County Health and Human Services, Maternal Child and Adolescent Health (MCAH) \$2,846,481 (Federal match funding approved July 1, 2016).
- Mental Health Services Act Innovations (MHSA) \$2,760,021 (approved by the Board of Supervisors March 2016, El Dorado County Mental Health Commission May 2016, California Mental Health Services Act Commission August 25, 2016).

HEALTHY COMMUNITIES

Objective #3: Improve access to services for all communities.

- First 5 El Dorado Commission \$2,937,500: \$937,500 for healthy children, \$860,000 for early literacy, \$480,000 for family engagement and \$480,000 for high quality child care (approved March 2016)
- First 5 CA Commission \$1,544,593: 4 year match funding to support high quality child care (approved May 2016)
- Child Abuse Prevention Council \$80,000 (approved April 2016)

HEALTHY COMMUNITIES

Objective #3: Improve access to services for all communities.

- Hub partners meet monthly to guide implementation in messaging, collaborative operations and staff development
 - May 2016 Hub Overview
 - June 2016 Implementation Plan
 - July 2016 Messaging
 - August 2016 Communications
 - September 2016 Branding



HEALTHY COMMUNITIES

Objective #3: Improve access to services for all communities.

- A Supervising Public Health Nurse has been hired to oversee project implementation.
- Recruiting staff for five teams, one per Hub: (5) Public Health Nurses, (5) Community Health Advocates and (2.5) Family Engagement Specialists (September 2016).
- Regular community convenings are planned to annually assess and report local needs within each Supervisorial District.

HEALTHY COMMUNITIES

Objective #3: Improve access to services for all communities.

- Hiring a consultant to build an infrastructure for regular convenings, evaluation and sustainability is planned through a collaborative RFP between F5EDC and the El Dorado Community Foundation.
- Approved in concept by First 5 El Dorado Commission and under consideration by El Dorado Community Foundation (September 2016).
- Objective is to release RFP by January 2017 and have contractor in place by July 1, 2017.

HEALTHY COMMUNITIES

Objective #4: Promote community practices for a safe environment that supports positive physical and behavioral health and wellness among residents and visitors.

HEALTHY COMMUNITIES

Objective #5: Strengthen collaboration with community stakeholders to ensure the development and delivery of comprehensive and integrated services.

- 3 prerequisites to apply for accreditation: Community Health Assessment, Community Health Improvement Plan and a Strategic Plan.
- Community Health Assessment (CHA); began in 2015.
- The CHA provides a holistic inventory of the health of the community; includes secondary and primary data analysis (both quantitative and qualitative), a SWOT analysis and an assessment of existing resources.
- Hired a Consultant in early 2015. Completed an inventory of existing health resources in the community and Public Health completed the remaining activities.

HEALTHY COMMUNITIES

Objective #5: Strengthen collaboration with community stakeholders to ensure the development and delivery of comprehensive and integrated services.

- Created and distributed a survey throughout the County (905 respondents), held key informant interviews, focus groups, and community meetings. Conducted data analysis using existing resources and solicited the youth perspective by starting the PhotoVoice Project with the Youth Commission.
- CHA completed early 2016 and can be found on the WellDorado website
- Began the Community Health Improvement Process in Feb. 2016
- Brought together members of the community, partners, and representation from HHSA to take a look at the CHA and other data resources.

HEALTHY COMMUNITIES

Objective #5: Strengthen collaboration with community stakeholders to ensure the development and delivery of comprehensive and integrated services.

- Combined like indicators into categories and used the "dotmocracy" method to vote on four focus areas for the community to work toward during the next 5 years.
- Focus areas chosen in alignment with the Healthy Communities Objective in the County strategic plan, severity of the problem, our ability to influence it and resources available.
- 4 focus areas are: Healthy Eating, Active Living, Access to Care and Behavioral Health (WellDorado website).
- Focus area leads have been identified and partners have been solicited to join each team. The intent of the CHIP is to bring people together to leverage resources and tackle these issues; realizing that one entity can not go at it alone.

HEALTHY COMMUNITIES

Objective #5: Strengthen collaboration with community stakeholders to ensure the development and delivery of comprehensive and integrated services.

- The teams are currently developing goals, objectives and strategies to influence each focus area.
- After goals, objective and strategies are developed through the CHIP, we will begin the Strategic Plan.
- The strategic plan will outline how Public Health will contribute to the overall goals, objectives and strategies outlined by the partners through the CHIP.
- Anticipate starting this process in 2017.