

# State of California—Health and Human Services Agency Department of Health Care Services



### \$20 MILLION ONE-TIME FUNDS FOR COUNTIES TO INITIATE FUTURE WHOLE PERSON CARE PILOTS

October 18, 2019

#### Overview

California's Whole Person Care Pilot program coordinates health, behavioral health and social services in a patient-centered manner with the goal of improved beneficiary health and well-being. Low-income populations are more likely to experience a multitude of health, behavioral health, and social needs, requiring them to seek care across multiple and fragmented systems. The need for a Whole Person Care approach arose due to unmet social, behavioral health, and health needs within vulnerable populations, and from the existing fragmentation of organization and financing of current health and human services systems.

California has successfully worked with twenty-five (25) Whole Person Care Pilot programs to provide target populations with a range of comprehensive services and supports to address unmet needs and improve the quality and outcomes of high-risk populations. The 2019-20 Governor's Budget encourages additional counties to initiate Whole Person Care-like pilot capacity with a one-time funding allocation of \$20 million and multi-year spending authority through June 30, 2025 from the Mental Health Services Fund.

The Department of Health Care Services (DHCS) will provide start-up funding to counties that are not currently participating in the state's Whole Person Care Pilot program based on a county's demonstration of interest and letters of support from local partners within the county.

The funding allocation methodology considers prevalence of homelessness, the geographical cost of living using Fair Market Rent (FMR) and individuals who are mentally ill and are experiencing homelessness using the Point in Time Count (PIT).

Interested counties may request funds from DHCS to perform the following administrative and programmatic activities that may include:

- Core program development, planning, and support
- Staffing, including but not limited to consultants, county employees, contracted employees, navigators, outreach specialists, and peers.
- Administrative costs
- IT infrastructure
- Program governance

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- Training
- Ongoing data collection, analysis
- Marketing materials
- Intensive care management
- Recuperative care/respite care/activities of daily living
- Housing services and supports, including but not limited to rental subsidies, security deposits, navigation, landlord outreach and liaison, 24-hour warm line, maintaining housing, utility assistance, capital household needs (refrigerator for insulin), homeless prevention/interventions, etc.
- Ability to fund non-traditional housing such as purchasing homes or transitional/"bridge" housing
- Purchase of mobile units (vans) for mobile health and BH services

#### Letter of Interest/Application

Each county must delegate a single organization that will serve as the primary contact. This entity must submit a *Letter of Interest*, that will serve as the application, along with letters of support from community partners, to DHCS indicating how the county will use the funds for the purposes outlined in the Overview. A signed Board of Supervisors resolution will serve as the **final agreement** as outlined in Step 4 below and is due to DHCS by January 31, 2020.

All application documents should be sent to the mailbox:

1115WholePersonCare@dhcs.ca.gov

#### **Operational Guidelines**

Deliverable/Activity	Date
1. DHCS releases notification and application for one-time funds	10/18/2019
2. Applications due to DHCS	12/02/2019
3. DHCS notifies applicants of the final decisions	01/02/2020
4. Written formal acceptance is submitted to DHCS	01/31/2020
5. Funding fully processed and released to approved applicants	03/31/2020
6. Evaluation and Summary Report Due to DHCS	90 days after full
	fund expenditure
7. Final date of funding availability for encumbrance or expenditure	06/30/2025

#### **Evaluation and Summary Report**

Counties are required to submit an evaluation and summary report within 90 days after the full expenditure of funding. The report shall include the disposition of funds, the services provided, and the number of individuals who received services.

#### Methodology

Governor's Budget Proposal: Building on the \$100 million one-time General Fund proposed in the Governor's Budget for Whole Person Care Pilots, the Governor's 2019-20 budget includes a one-time augmentation of \$20 million from the Mental Health Services Fund for counties that do not operate Whole Person Care Pilots. With this funding, additional counties are able to develop and implement essential programs and infrastructure to focus on coordinating health, behavioral health and critical social services, such as housing. Priority will be given to individuals with mental illness who are also homeless, or at risk of becoming homeless. The funding methodology is described below:

1. Prevalence of homelessness: 50 percent of the funding is allocated in proportion to the total number of people experiencing homelessness in the county. The county's number of homeless people is from the federal Housing and Urban Development (HUD) Point in Time (PIT) count numbers from 2017. The HUD web link is below. The query is by "Continuum of Care" (COC). Each county generally has its own COC that is responsible for completion of the PIT count, though some exceptions are noted below.

https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter\_Year=2017&filter\_Scope=CoC&filter\_State=CA&filter\_CoC=&program=CoC&group=PopSub

DHCS used the 2017 PIT count because it may have more complete data as compared to the 2018 or 2019 counts. According to local methods in the various areas, certain counties' PIT counts are combined with one or more surrounding counties. In these cases, DHCS estimated the county's PIT count by comparing its overall population to the other county(ies) in its COC.

In this category, DHCS set a minimum allocation at \$250,000 for each county. Some counties would have been below the \$250,000 minimum. For counties that were over the \$250,000 minimum, DHCS reduced their allocations, in a proportional manner, to raise the other counties up to the \$250,000 minimum.

2. Cost of living: 25 percent of the funding is allocated in proportion to the cost of living in the county. DHCS used the federal HUD Fair Market Rent (FMR) Efficiency (i.e. studio apartment) amounts for each county area to assess cost of living, or more specifically the average cost of basic housing in the county. The amounts reflect the average monthly rental cost of a studio apartment in each county. DHCS used the 2019 FMR. The web link is below.

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019\_code/select\_Geography.odn

3. <u>Prevalence of individuals who are mentally ill and are experiencing homelessness</u>: 25 percent of the funding is allocated in proportion to the total number of individuals who are mentally ill and are experiencing homelessness in the county as compared to the total in all of the eligible counties. The county's number of individuals who are mentally ill and are experiencing homeless is from the HUD PIT Severely Mentally Ill subpopulation count numbers from 2017.

#### **County Allocations**

County	Allocation
Alpine	\$390,572.03
Amador	\$431,035.49
Butte	\$1,068,155.14
Calaveras	\$395,483.09
Colusa	\$392,717.59
Del Norte	\$426,206.02
El Dorado	\$467,853.41
Fresno	\$894,377.20
Glenn	\$389,498.47
Humboldt	\$744,418.66
Imperial	\$540,686.89
Inyo	\$453,318.25
Lake	\$555,136.76
Lassen	\$418,556.65
Madera	\$490,633.63
Merced	\$482,441.40
Modoc	\$364,974.84
Mono	\$448,633.99

County	Allocation
Nevada	\$445,868.49
Plumas	\$408,491.08
Sacramento	\$2,621,406.87
San Luis Obispo	\$827,627.19
Santa Barbara	\$1,166,412.39
Sierra	\$440,139.43
Siskiyou	\$431,935.08
Stanislaus	\$925,697.87
Sutter	\$445,569.08
Tehama	\$424,424.84
Trinity	\$379,559.90
Tulare	\$587,707.41
Tuolumne	\$513,935.52
Yolo	\$592,155.86
Yuba	\$434,369.48
Total	\$20,000,000.00