

**MEMORANDUM  
PLACER COUNTY HEALTH AND HUMAN SERVICES  
Administrative Services**

**TO:** Honorable Board of Supervisors  
**FROM:** Jeffrey S. Brown, M.P.H., M.S.W., Director of Health and Human Services  
**DATE:** September 15, 2015  
**SUBJECT:** Recipient of Five National Association of Counties 2015 Achievement Awards

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**ACTION REQUESTED:**

1. Recognize the Health and Human Services Department for receiving five National Association of Counties (NACo) 2015 Achievement Awards.

**BACKGROUND:**

Started in 1970, the annual NACo Achievement Awards Program recognizes counties' outstanding efforts to strengthen services and deliver results for residents across the country. This year our Health and Human Services Department received five separate awards for exceptional, innovative programs that:

1. Work in partnership with Probation and Koinonia Family Services to help at-risk children and their families resolve crises before children enter the juvenile justice, child welfare and/or mental health systems (CSOC);
2. Provide mobile teams to help individuals and families experiencing mental health crises wherever they happen to be - at home or in other locations such as shelters, streets and parking lots (ASOC);
3. Increase employment opportunities for CalWORKs recipients (Human Services);
4. Streamline the application process for healthcare and other services through an automated telephone system that uses verbal, rather than written signatures to verify identities (Human Services); and
5. Assist jail inmates in signing up for health insurance coverage when they are released from custody. This program is part of a comprehensive effort by HHS, the Probation Department, Sheriff's Office and other partners to help adult offenders make successful transitions back into their communities (Human Services).

Details regarding each highlighted program are attached.

**FISCAL IMPACT:**

There is no fiscal impact as a result of this action.

**ATTACHMENTS:**

CSOC Youth Diversion-Crisis Resolution Center Application  
ASOC Mobile Crisis Triage Program Application  
HS Help to Hire Application  
HS Telephonic Signature Application  
HS MCIEP Abstract Application



## Children's System of Care Youth-Diversion/Crisis Resolution Center

### **ABSTRACT OF THE PROGRAM**

The Crisis Resolution Center (CRC) is a unique and cost effective public-private collaboration serving nearly 500 vulnerable families each year. The CRC brings together Placer Children's System of Care and Probation Departments, and one of the region's premier Non-Profit providers, Koinonia Family Services, Inc. Each year the collaborative effectively prevents entry to formal county and state administered systems for nearly 100 children and youth, and provides telephonic and in person crisis resolution services to another 400 families, saving Placer County and court partners local dollars. The effort has been a central element in the county's dramatic reduction in both formal and informal probation cases in recent years, and fills an historic gap in children's programming in our community.

### **THE PROBLEM/NEED FOR THE PROGRAM**

In 2002, Placer had an average daily population of 57 youth in Juvenile Detention and 26 youth in its Child Welfare System Emergency Shelter. Another 80 young people were in some level of congregate or residential treatment setting. Annually, local law enforcement agencies were involved in more than 300 family conflict cases each year, often taking valuable resources from other more serious community law enforcement needs. Against this backdrop of demand, the county was in the midst of rapid demographic growth, its juvenile population growing from 57,143 (1997) to 72,453 (2002).

### **DESCRIPTION OF THE PROGRAM**

County Health and Human Services and Probation leaders met with one of the county's premier youth service providers, to determine capacity and strategize about effective methods to best serve young people with severe needs before they came in contact with the legal or welfare systems. Many youth had needs that transcended any one department's capacities, and many youth were admitted to the Juvenile Detention Facility or to the Emergency Shelter, who could be better served in a diversion setting. The vision of this effort became "to intervene at the earliest point and the lowest level--to divert youth and their families from impacting the system".

The CRC is more than respite care. The continuum includes 24 hour Residential Services; Telephonic Warm line, Out Patient Crisis Counseling, Functional Family Therapy, Home Visit Follow-up/Assessment, and linkage and referral to other community and school based supports. Focusing on the family dynamic, which leads to conflict and distress through family counseling is paramount, providing engagement, amelioration of symptoms and successfully supporting parents and youth in reaching sustainable behavioral and social outcomes that keep youth on track and out of county services.

### **USE OF TECHNOLOGY**

The client tracking system at the CRC was developed by the Koinonia IT team to specifically meet the unique services of the CRC. This secure, web-based system is available to team members and stakeholders through a login and password system, and provides shared ability to track demographics, personal issues resulting in the current crisis, family issues, services rendered, and referrals made. Uniquely, this client tracking system automatically notifies a school district foster/homeless youth liaison when a young person is admitted to service. All partners can access and update the system in real time.

## **COST OF THE PROGRAM**

Like many services of the Children's System of Care, the CRC is made possible via a blending of a number of funding streams. Primary is Placer's Probation Department Juvenile Justice Crime Prevention Grant, providing approximately \$500,000 per year (\$1,000 per family/youth served total; \$5,000 for Residential Care recipients). The costs include the staffing of the facility, board and care, utilities, along with treatment and supplies. Funding is augmented with \$35,000 of in-kind contributions from Koinonia Family Services, and private local donations and grants. The Children's System of Care provides technical assistance in program operation and clinical service design, and provides linkages via staff time at a weekly care coordination meeting.

## **THE RESULTS/SUCCESS OF THE PROGRAM**

The prevention services delivered to families and youth at the CRC effectively keep youth from entering costly institutional care, help families avoid the trauma and cost associated with system entry and care, and reduce caseloads in both probation and dependency proceedings.

Minimum county direct savings associated with the CRC is at least \$81,000 per year, and assumes only costs associated with investigation and case opening. Far more importantly, without the CRC, a percentage of the 100 youth served would be placed into foster care, with approximately 5% of these youth going to group home placement at an annual cost that can exceed \$150,000 per year. Assuming these conservative estimates, a cost avoidance of at least \$1.58 million is realized annually. It's likely that additional savings are associated with the diversion and prevention services provided to the hundreds of telephonic and outpatient crisis services delivered without county expense.

Since 2002, some 1,100 families have been served with 24 hour respite care and intensive follow-up and an additional 35,000 families received telephonic crisis, referral and follow-up, or outpatient counseling. While the average number of Group Homes involved youth in Placer County in 2002 was 77. Today that number averages 24. The CRC has proven to be a valuable tool to better serve families and reduce demand on county services. More broadly, the CRC and its successful implementation have led to better understanding of how to establish genuine public/private partnership.

## **WORTHINESS OF AWARD**

We believe the Crisis Resolution Center merits a NACO Award because for over a decade now, the service has filled a significant gap, which state and federal funding streams do not address, and because it promotes a shared solution (public/private) to a shared community challenge.

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## Adult System of Care Mobile Crisis Triage Program

### **ABSTRACT OF THE PROGRAM**

The Placer County Mobile Crisis Triage (MCT) Program delivers crisis intervention and assessment services to our community, in our community. This program augments the existing mental health crisis services in Placer County, which have historically been available only at local emergency departments or County facilities. Our MCT teams respond to homes, shelters, streets, and parking lots to assist those individuals and families experiencing mental health crises. The MCT Team is unique in that it is comprised of mental health professionals and para-professionals with lived experience that are committed to exploring alternatives to expensive and unnecessary psychiatric hospitalization for those individuals involved in a mental health crisis. The staffing combination provides clinical expertise as well as critical peer support and encouragement when someone is at their lowest point. The goals of this program are to improve overall client experience and satisfaction throughout a crisis, reduce psychiatric hospitalizations when possible, reduce the use of emergency medical services to address mental health needs, and reduce the time law enforcement personnel dedicate to people who could be more appropriately served by mental health professionals.

### **THE PROBLEM/NEED FOR THE PROGRAM**

Placer County, like other counties in California, experiences the challenges of providing mental health crisis services to a growing population, with limited resources. The numbers of those evaluated in crisis continues to increase (at a rate of 61% since 2006). Mental health services and providers are limited by their finite resources (i.e. funding, available providers, psychiatric hospital beds). Limited resources can sometimes lead to making quick decisions rather than providing more intensive services. This can and has led to increased hospitalization to address safety issues but can be distressing to the consumer and the budget. Faced with challenges accessing care, individuals needing mental health services are often presenting at hospital emergency departments or calling local law enforcement. This, in turn, means that emergency departments and law enforcement personnel are diverted from medical and criminal matters to attend to individuals in mental health crises.

### **DESCRIPTION OF THE PROGRAM**

Placer County Health and Human Services, Adult System of Care (ASOC) developed the MCT Program to expand and improve mental health crisis services by utilizing professional and paraprofessional staff who partner with law enforcement to engage persons in mental health crisis and reduce hospitalizations. This program is currently funded through a California state grant that was competitively awarded through state legislation SB82 known as The Investment in Mental Health Wellness Act. The County is committed to continuing this important program at the conclusion of the grant. The MCT Program provides service to any Placer County community member (age 16 and up) in need of mental health crisis intervention, regardless of insurance status or ability to pay.

### Consumer Voice and Involvement

A critical component of the program is the use of mental health consumer-employees, or "Peer Advocates," in the on-going design, evaluation and implementation of the services. The model of involving consumers in the delivery of a variety of services, including mental health services, is continuing to gain momentum throughout the state of California as best practice. Placer County has been a longtime supporter of this practice and is at the cutting edge of not only supporting consumers of mental health with employment opportunities, but having individuals with lived experience be integral in the design and delivery of innovative mental health services. The Consumer Affairs Coordinator from a contracted provider was an active participant in the development of the Peer Advocate role in the MCT program.

### Partnerships

Placer County has long been committed to promoting partnerships with those of other public and private organizations in order to best serve its residents' individual and collective needs. In preparation for this program Placer County ASOC held a series of meetings with community stakeholders to learn more of the community perception and needs. Participants in these meetings included community members/consumers, other County departments, private hospital providers, Sheriff and other law enforcement agencies, as well as community agencies committed to representing and treating underserved populations. Placer County believes that many of the challenges we face in the community can really only be solved through a collaborative approach. This program is a great example of that concept in action. Placer County ASOC partnered closely with the Placer County Sheriff's Office (PCSO) to effectively design and implement the program. From that partnership stemmed additional partnerships in part due to the enthusiasm of the program by law enforcement leaders. The MCT Program now partners with the four other city police departments that serve the southern Placer county region. A Memo of Understanding (MOU) has been created outlining the various roles, responsibilities and protocols to be followed. Regular meetings are in process together between HHS and the law enforcement agencies (LEA) to address successes/challenges, provide and review feedback, problem solve, and review outcomes.

### Plan

The MCT program functions under the direction and leadership of a Client Services Program Manager, Client Services Program Supervisor and Senior Practitioner. This leadership team oversees 3 full-time employees with Masters-level degrees and 10 full-time contracted Peer Advocates. Working as a dyad (one Masters-level clinician and one Peer Advocate), the MCT Programs sends "teams" into to community to provide mental health crisis assessments and interventions. The teams are supported by the additional Peer Advocates who can provide follow up support after the initial crisis intervention, assist with case management to assure that all critical resources are in place and provide that follow up check in that is so important to keep someone engaged in the hard work of mental health treatment.

The teams work staggered shifts (8-5p, 10-7p, 1-10p) throughout the day and evening. The shift schedules were strategically designed based on previous data of highest need, as well as from law enforcement input, to be available at the busiest times throughout the day. The MCT teams respond to various locations within the communities (i.e. residences, streets, shelters, clinics) where an evaluation has been requested. The requests for evaluation may originate from law enforcement, family members, medical providers, or even the individual in need. All requests are handled through a contract provider (Adult Intake) who provides 24/7 telephone coverage for a variety of services within Placer County (e.g. outpatient mental health services, Adult Protective Services, community resources). When a direct request for MCT is received, or when a caller seems they could benefit from an MCT service, Adult Intake communicates directly with MCT leadership who then deploys an MCT team to the location. When law enforcement is involved, through 911 and dispatch the officer/deputy first arrives on scene, secures it and allows for the mental health team to enter upon arrival, negotiate a clinically appropriate and safe "warm hand-off." After the warm hand-off process, the law enforcement officer is released from the scene while the MCT team continues its interventions until a disposition is determined.

As the MCT team conducts each assessment and subsequent interventions, it ensures safety as the priority. MCT teams are trained and prepared to work with each client for as long as it takes, and whatever it takes to determine the best clinical outcome for the individual. MCT team members are prepared, if necessary, to remain with each client for up to several hours, providing interventions that reduce anxiety and suicidal ideation, while increasing hope and optimism. MCT teams provide treatment in a caring and compassionate manner. They effectively mobilize natural supports (i.e. family, friends, clergy, neighbors) to help provide additional support and take part in a collaborative safety and departure plan. When individuals are not psychiatrically hospitalized, a MCT team member will continue to provide follow up support and services, as needed, to assist the individual until the crisis is resolved.

### Training

MCT team leadership and staff receive the following training: 1) Assessing and Managing Suicide Risk (AMSR), a nationally recognized training program offered to over 22,000 clinicians throughout the country, 2) Motivational Interviewing, and 3) 5150 Certification Training (assessing and making application for involuntary detention). The County Board of Supervisors and Mental Health Director grant authority to MCT staff to write applications in the field.

Peers are trained in Mental Health 1st Aid, Seeking Safety and Wellness Recovery Action Plans (WRAP). MCT staff attends bi-weekly meetings to review protocols, receive additional training and review cases.

### Evaluation and Data

The MCT program uses an electronic medical record to track and monitor data. MCT staff is required to record and enter data points which are later pulled and analyzed. The Adult Intake team also plays an integral role in opening program episodes which produce data for evaluating program effectiveness. Placer County hired a data consulting firm to help strategize and oversee the process of data collection and analysis. County staff, such as data analysts, clinical leadership team members, and information technology data experts teamed to create effective and efficient ways of collecting, entering and analyzing data.

### **RESPONDING TO ECONOMIC DOWNTURN**

Placer County was significantly impacted by the economic recession during the past decade. It imposed a hiring freeze for several years to mitigate the economic challenges, while still continuing to deliver the best possible services to its residents. Resources were reduced but the demand for crisis services was increasing. This resulted in fewer services available in non-crisis services and more being dedicated to respond to crisis. This program is in response to the trend of an increasing number of persons hospitalized for their safety during the economic downtrend. It was clear that a program that could provide more clinical intervention was needed but this was not feasible in the economic environment Placer County explored alternative funding sources such as grant funding to strengthen its existing limited resources. The SB82 funding allowed Placer to successfully compete for a program that has allowed Placer County and collaborators to explore an innovative and fiscally responsible approach to providing services to mental health consumers in crisis.

### **USE OF TECHNOLOGY**

The use of the electronic medical record allows the MCT team to record clinical documentation as well as track encounter-based and outcome data. MCT staff use small laptops to document encounters, interventions and clinical information that is entered electronically in the field. In addition, MCT teams use the laptops to review client history as well as to conduct internet searches for appropriate resources for clients. The County purchased Mifi technology for the laptops to be functional in the community. MCT teams use cell phones and GPS devices to assist with navigation, communication and to remain safe while in the community. The benefit of this electronic data is that the outcomes will be more clearly tracked and documented. This data will not only show program success but will be much more readily available to make small program changes in response to current data developing a program that is clearly data driven.

### **COST OF THE PROGRAM**

The primary costs in this service program are those of personnel. This program has developed a public private partnership with an agency that hires the Peer Advocates but places them in program within the ASOC. This partnership allows for high quality Peer Advocates to be a part of the team while mitigating costs through the use of a non-profit organization. The County has kept its new staff for this program limited to 3 FTE with the appropriate additions of supervision, management and administrative support. This program is able to generate revenue as a result of billing for services.

The primary capital costs required for the implementation of the MCT program were two leased vehicles (approximately \$15,000 per car over 3-yr period), 7 laptop computers (\$10,000 total), cellular phones, and GPS devices (\$300-500 total). MCT teams require separate vehicles to respond quickly and efficiently to the scene of an individual in crisis.

MCT teams also require County vehicles to transport individuals to a hospital, respite housing or alternate location when necessary. Small GPS units are used to quickly and accurately locate the address of the individual in crisis. The operating costs in developing and implementing the program are listed below. Figures are per fiscal year:

<b>Personnel</b>	
County staff and benefits (3.58 FTE)	\$462,731
Contract staff and benefits (10 FTE)	\$310,400
Total Personnel	\$733,131
<b>Operating Cost</b>	
Direct cost (office, phone, support)	\$ 61,517
Evaluation	\$ 60,000
County Administration	\$ 63,453
Total Program Costs	\$958,101
<b>Revenue offset from billing and other support</b>	(\$207,797)
<b>Total Program Cost</b>	\$750,304

**THE RESULTS/SUCCESS OF THE PROGRAM**

The primary goals of the MCT program are: 1) Improve overall client experience and satisfaction throughout a crisis, 2) Reduce unnecessary psychiatric hospitalizations, 3) Reduce the use of emergency medical services to address mental health needs, and 4) Reduce the time law enforcement personnel dedicate to people who could be more appropriately served by mental health professionals. Placer County ASOC has successfully met these goals during the first year of implementation.

Since the inception of the program in 2014, only 16% of those individuals who received crisis interventions required inpatient psychiatric hospitalization. These individuals received the necessary clinical interventions, linkages and referrals to appropriate resources. A 16% rate of psychiatric hospitalization is a significant improvement compared to the 50% rate in Placer County over the past 5 years. Reducing the percentage of hospitalization (from 50% down to 16%), brings an estimated cost savings of \$300,000 to the County, law enforcement and emergency department during this past year of operation. In addition, only 19% of those who were not psychiatrically hospitalized at the time of the MCT intervention required any crisis service within the next 90 days. And only 7% of those who were not psychiatrically hospitalized at the time of MCT intervention required psychiatric hospitalization within the next 90 days. These data suggest that MCT teams successfully prevent hospitalizations, as well as successfully develop crisis plans, refer and link clients to the appropriate resources to avoid crisis services and hospitalizations in the future.

An additional success of the MCT program is the reduced frequency that some individuals who often utilize 911 have used that service. They understand that they can instead call the Adult Intake telephone service as an appropriate alternative to meet their crisis needs. These cases are reported by law enforcement. When these individuals call Adult Intake rather than 911, law enforcement personnel who have been accustomed to spending a significant amount of time on these calls can now attend to other duties as a result of previous MCT interventions.

Last, there is risk with the MCT model of delivery in that crisis teams respond to the community and treat individuals in their homes with those individuals and families often unknown to them. To date there have been no adverse outcomes related to risk or injury of staff. Careful measures have been taken to provide the necessary training to address safety issues and protocols. The Sheriff's Office provided training to MCT staff to review best practices of safety while present in the community and homes.

### **WORTHINESS OF AWARD**

The MCT program has demonstrated evidence of successful outcomes during the first year of operation. It has shown that a person in an acute mental/emotional crisis state seems to have a significantly quicker and longer rate of recovery. When individuals are supported in their own living room or in a familiar community space, they are less anxious or depressed and appear to regain hope in life. This is a welcome change from past community treatment interventions involving the backseat of a police car, a hectic emergency room or psychiatric hospital environment. The response from our staff, community partners, and most importantly, our clients, has helped create and establish a new vision and culture which saves lives and produces the best possible client experience and outcomes.

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## Human Services Help to Hire Program

### **ABSTRACT OF THE PROGRAM**

Placer County Employment Services implemented the Help to Hire subsidized employment program on October 1, 2011. The program was launched in an effort to increase employment opportunities for CalWORKs recipients and help small business during the Great Recession. This partnership between Economic Development and Health and Human Services created a win/win scenario for both participants and businesses by creating jobs and easing the strain of the recession on the small business community. The program resulted in 26 hires in the first year and 35 hires in the second year. In February 2014, Placer County received additional funds to expand the existing program. The expansion created additional opportunities to place participants in public and private non-profit work assignments to build their skills and experience and included internships and training programs for new hires. The county contracted with The Community College Foundation as the employer of record and participants were paid minimum wage for a 6 month period. Participants concurrently looked for employment while attending workshops and recruiting events geared to helping them find unsubsidized employment. In 2014, Placer County's Help to Hire Program reimbursed over \$500,000 in wages to the local business community and helped 92 individuals in securing unsubsidized employment.

### **THE PROBLEM/NEED FOR THE PROGRAM**

The Great Recession had a significant impact on Placer County employment. New construction plummeted and commercial vacancy rates rose dramatically creating high unemployment and low demand for entry-level candidates. Employment Services participants were often overlooked since many were either long-term unemployed, possessed limited work experience or had entry-level skills. Employers who wished to hire were often reluctant to hire due to the uncertainty in the local economy. The Help to Hire Program provided an opportunity to increase their workforce at a minimal cost. It also provided an opportunity for entry-level workers to receive training on the job and to be given a chance to prove themselves in a new field. The program served as the perfect tool to not only help individuals to find employment and to transition off public assistance but to also help struggling small businesses to keep their doors open and often to grow.

### **DESCRIPTION OF THE PROGRAM**

The program was created by Placer County in October 2011 after the State of California passed SB72 to extend subsidized employment programs created under the Emergency Contingency Fund (ECF) in 2010. The original ECF subsidized employment program was contracted out to the local Workforce Investment Board agency in Placer County in 2010 and early 2011 with mixed success. Placer County redesigned the subsidized employment program to create the Help to Hire Program after County Fiscal Letter 10/11-65 was released by the California Department of Social Services in May 2011. Design and implementation took approximately 6 months.

The Help to Hire Program is designed to assist the local business community with hiring individuals from the County's Welfare to Work Program. Rates of reimbursement depend on the number of hours worked each week. The program was re-designed in 2014 to match reimbursement rates with required federal participation rates. A higher rate of reimbursement for full-time employment of 40 hours per week was also added along with a 30-day, 100% reimbursement for employers as a "try before you buy" approach to hiring. The response from the business community to these changes was an increase in full-time employment and a significant increase in hires from 2013 to 2014.

Flat rates of reimbursement were implemented to provide a way to track projected spending and to maintain a cap on expenses for each placement. The original cap was \$400 per month reimbursed for work of at least 20 hours up to 34 hours per week and \$800 per month for work 35 hours or above per week. The reimbursement was later increased to \$500 for 20-29 hours, \$1,000 for 30-39 hours and \$1,500 for 40 hours per week.

Business contracts were designed to minimize the completion time for employers and to reduce negative perceptions of working with government agencies. Contract language included the intent to retain the individual at the end of the subsidy and required that all employees receive the same wages and benefits as other employees in similar positions. Employers were not paid 100% of the wages to create a sense of investment for each new hire.

Various models were created to allow training opportunities for candidates including a temporary hire contract for employers committed to training entry-level candidates who would be more employable at the conclusion of the subsidy. Several employers hired food service and retail workers to work in customer service jobs during their peak season. At the end of the season, some employees were retained in full-time employment. Those who were not retained increased their skills and experience.

In February 2014, Placer County expanded the Help to Hire Program to include temporary, paid placements in county sites, non-profits and private companies to increase the skills and experience of participants in the Work Experience Program. Participants are first placed in an unpaid assignment where their job readiness can be assessed. After two weeks of successful participation, candidates may interview with a site supervisor who has made a commitment to train individuals on the job. Placer County contracted with The Community College Foundation to be the employer of record during the placement. Participants are paid minimum wage for 6 months and may work in a variety of county departments including IT, Human Services, Probation, Animal Services, Parks, the County Garage, or the County Medical Clinic. Worksites also include local non-profits and some private assignments. Students were also encouraged to participate in internship-type placements related to their field of study. In the summer of 2014, one student worked in a dental surgeon's office and was offered permanent, full-time employment upon the completion of her summer internship. Although the assignments are considered temporary in nature, many participants have been hired by local non-profits and county departments.

During their paid assignment, job development staff continue to work with the individuals to look for work, increase their job search skills and to maintain their required participation hours. Workshops are provided each week and participation is mandatory. Participants may also sign up for daily job leads, Twitter, LinkedIn, recruiting events and job fairs. Job developers have also implemented programs to assist with mental health recovery geared toward employment, a criminal record expungement program, job search networking meetings, a staffing agency advisory panel, and individual recruiting events.

Staff in Placer County's Business Advantage Network provide outreach and assistance to the business community. This unit, a unique collaborative between the Office of Economic Development and Human Services, markets business resources at chamber of commerce events, small business resource events, employer advisory council meetings and service organizations. Their objective is to provide the best, comprehensive approach to business resources in the community including those offered by partner agencies. Staff are trained to listen to the needs of the business customer and to find the best resources to meet their needs. This approach lends itself well to developing rapport and trust with the business community and community leaders, which is a great asset in job development and employee retention.

The Business Advantage Network also coordinates a local workforce professionals networking group by the same name. This group coordinates regional job fairs, monthly recruiting events, networking events, and business outreach. Members of the group include; Employment Development Department,

Veterans Services, Department of Rehabilitation, Workforce Investment Board representatives, schools and many others.

### **RESPONDING TO ECONOMIC DOWNTURN**

This program was in a direct response to the needs of the business community and those on public assistance during the Great Recession. Employers who had laid off within the last 120 days were not allowed to participate in the program. However, it did have a direct impact on many businesses ability to grow their business in uncertain times. Placer County was hit especially hard by the downturn in the housing industry as one of the leading counties in residential and commercial growth prior to 2009. Many of those working in the construction industry were unable to return to their former occupations and needed opportunities to develop their transferrable skills. The Help to Hire Program provided an affordable option for employers to train employees without previous experience in the field. The program also provided much needed relief to non-profits who struggled to maintain budgets with reduced donations and fundraising.

### **USE OF TECHNOLOGY**

The Employment Services Program uses the County website, LinkedIn, Twitter, and Constant Contact to market the program to local businesses.

### **COST OF THE PROGRAM**

Costs of the program are limited to the County's Expanded Subsidized Employment budget under SB74 for fiscal year 2014/2015 of \$913,000. Any additional expenses from wage reimbursements must be taken from the County's single allocation for the Temporary Assistance for Needy Families program.

#### Program Costs for 2014:

Constant Contact:	\$ 297
The Community College Foundation contract:	\$388,016
Miscellaneous expenses:	\$ 2,100
MTI Soft Skill Workshop:	\$ 53,416
Wage reimbursements:	\$520,454

### **THE RESULTS/SUCCESS OF THE PROGRAM**

Placer County's Help to Hire Program has increased program results each year since implementation. The Help to Hire Program also increased federal participation rates and decreased CalWORKs grants amounts. Many participants discontinued CalWORKs due to their income.

2012: 26 hires with an average wage of \$ 8.86 per hour  
2013: 35 hires with an average wage of \$10.05 per hour  
2014: 92 hires with an average wage of \$11.36 per hour

65 hires under The Community College Foundation to increase skills/experience of participants \$520,453.83 in wages reimbursed to local employers

### **THE RESULTS/SUCCESS OF THE PROGRAM**

Success Stories:

- A local non-profit hired and trained two individuals in PG & E's Weatherization Program. New hires were sent to training to become certified and were trained on the job upon completion. New hires were paid \$11 plus benefits.
- A student working in an oral surgeon's office over the summer was offered a permanent, full-time position as a surgical technician at the end of her internship for \$13 per hour.
- A local legal services office hired a law student as she was working on passing the bar exam at \$19.57 per hour.
- Placer County has hired several individuals who started as paid Work Experience participants.

**WORTHINESS OF AWARD**

Placer County's unique approach to job development and business outreach as a collaborative approach as well as their success in designing and implementing a highly effective subsidized wage program makes them an excellent candidate for the 2015 Achievement Award. Placer has implemented innovative strategies that benefit both the business community as well as individuals enrolled in the county's Employment Services Program. Furthermore, this program has a direct impact on the county's economy by saving taxpayer dollars, increasing taxpayer earnings and by providing cost-savings to companies who are looking to sustain or expand their business. The program benefits the county as a whole.

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Human Services  
**Telephonic Signature**

**ABSTRACT OF THE PROGRAM**

As of January 1, 2014, federal regulations related to The Affordable Care Act (ACA) were enacted requiring state agencies to accept telephonically recorded signatures on applications for healthcare assistance. A telephonic signature is a type of electronic signature that uses an individual's recorded spoken signature in place of an actual written signature, and is considered legally enforceable under certain conditions. The use of a telephonic signature, as part of the application process eliminates the need to mail documents in order to gather a customer's ink signature.

Placer County Health and Human Services was the first among California Counties to implement a completely automated telephonic signature process. In an effort to streamline the delivery of services, and to meet the provisions mandated in the ACA, Placer County Human Services developed a completely automated telephonic signature process for Advance Premium Tax Credit and Medi-Cal applicants who applied over the phone. Telephonic Signature capability was implemented and fully functional on February 3, 2014.

Given the high demand for healthcare coverage, the telephonic signature capability enabled Placer County to streamline healthcare applications, and to successfully enroll more than 13,000 of its residents into healthcare coverage since its implementation in February of 2014.

**THE PROBLEM/NEED FOR THE PROGRAM**

California was the first state to enact legislation in order to establish a health benefits exchange under the Patient Protection and Affordable Care Act of 2010 (the "Affordable Care Act"). Covered California became the marketplace offering subsidized health care coverage in the form of premium assistance and cost sharing reductions to individuals and families with incomes between 139% - 400% Federal Poverty Level limits. An additional component of the ACA was the expansion of Medicaid, known as Medi-Cal in California. Under the expansion, individuals between the ages of 19 and 64 and earning less than 138% of the Federal Poverty Level became eligible for health care coverage under Medi-Cal.

The implementation of the ACA set forth an unprecedented effort to enroll in health care coverage millions of Americans who were under insured or uninsured. In California, during the first Open Enrollment period, almost two million Californians applied for Medi-Cal, among them over 13,000 Placer County residents.

To provide first class customer service to those seeking coverage under the ACA, Placer County Human Services launched a second Call Center, the Med Ex Call Center (in reference to Medicaid Expansion), to answer "Warm Hand-Off" calls from Covered CA as well as calls directly from the public. Med Ex was set up to accept and process ACA healthcare applications received through all pathways, i.e., in-person, online, by phone, fax and mail. Despite the convenience of applying by phone, staff could assist the customer to the extent possible but then had to send out an "application packet" requesting that the customer sign and return it. Only then could the application be processed for approval. This requirement was contrary to the simplified application approach envisioned in the ACA, as paper had to be printed, mailed and returned. This unnecessarily delayed approval of healthcare coverage. It was due to these inefficiencies that Placer County Human Services launched into the development and implementation of the technology for the fully automated Telephonic Signature process.

## DESCRIPTION OF THE PROGRAM

To streamline the application process for customers applying for health coverage, Placer County Health and Human Services Department, Human Services Division planned for and implemented a completely automated telephonic signature process for Advance Premium Tax Credit and Medi-Cal applicants who applied over the phone. Given the high demand for healthcare coverage, it was imperative that the entire application be completed over the phone avoiding additional staff time and expense needed to print and mail out the application to obtain an ink signature. With the addition of the automated Telephonic Signature, the application is completed from start to finish while the customer is on the phone. After completing the application, staff review a required attestation statement with the applicant, obtain a verbal confirmation, and capture that information into a recorded "snippet" which is saved as a .wav audio file.

The attestation statement reviewed with the customer is as follows:

1. I declare under penalty of perjury that what I say below is true and correct.
2. I understood all questions on this application and gave true and correct answers as far as I know. Where I did not know the answer myself, I made every reasonable attempt to confirm the answer with someone who did know.
3. I know that if I do not tell the truth on this application, there may be a civil or criminal penalty for perjury that may include up to four years in jail. (See California Penal Code Section 126.)
4. I know that the information on this application will be used to decide if the people who are applying qualify for health insurance.
5. Covered California will keep the information private, as required by federal and California law.
6. I agree to notify Covered California by calling 1-800-300-1506 (TTY: 1-888-889-4500) or visiting Covered California.com if anything changes on this application for any person applying for health insurance.

During the call, staff collect information and enters it into a "screen pop-up" to identify the case information. This information is used to identify the recording, and when complete, the recording is processed real time into our County Document Imaging system to be filed with the customer's digitally imaged case file(s). The Telephonic Signature audio file is retained for the same length of time that is currently required for application forms.

By developing and utilizing this technology, thousands of Placer County residents were able to complete their healthcare applications in a more efficient, timely manner giving them access to much needed healthcare benefits.

Placer County Human Services is in the final development phase of expanding the ability to offer Telephonic Signature capability to its CalFresh and CalWORKs participants by the fall of 2015.

## USE OF TECHNOLOGY

Hardware/Software utilized for this technology is listed below:

- DVS Analytics; Call and Screen Recording Tool
- Encore System Enterprise Server
- SIRE Document Imaging System
- CalWIN
- CalHEERs

## **COST OF THE PROGRAM**

Costs for the existing technology are funded through the County's existing Medi-Cal allocation.

### Initial Capital Expenditures 2013/2014

Initial Software Cost: \$ 27,168

Software Modification Cost: \$ 1,000

### Ongoing Program Costs

Ongoing Hardware/Software/Support Cost: \$2,000/yearly

## **THE RESULTS/SUCCESS OF THE PROGRAM**

During the current years Open Enrollment period (11/2014 – 02/2015), the County's Med-Ex Call Center answered 6,367 phone calls and received more than 7,600 applications. Telephonic Signature has allowed us to:

- avoid the additional staff time and expense on duplicate paper processing,
- direct staff time to serving more customers, and
- improve customer satisfaction by streamlining the application process

A testimonial received from a satisfied healthcare applicant states: *"The Covered California/Medi-Cal application process is at times, confusing and rather intimidating, even for those of us experienced with complex data processing systems. In addition to the expert guidance that you rendered, the personal touch that you provided put a human face on an otherwise impersonal process and was a significant factor in our ability to successfully complete it. Thank you!"*

## **WORTHINESS OF AWARD**

Placer County's Human Services has continued to meet increased demand for services by maximizing technology, streamlining business processes, and improving service to the public in order to be the highest quality, best producing, most efficient and cost effective Human Services Division that provides service competitive with the private sector.

Implementation of the Telephonic Signature technology was one more innovative approach that Placer County Human Services put into motion that provided a benefit to the County by saving staff time and resources, and a benefit to the community by providing an efficient, effective and streamlined process for its residents to enroll in healthcare coverage.

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## Human Services Division Medi-Cal Inmate Eligibility Program

### ABSTRACT OF THE PROGRAM

The Placer County Department of Health and Human Services, in collaboration with the Placer County Sheriff's Department and the Placer County Probation Department implemented the Medi-Cal Inmate Eligibility Program (MCIEP) on June 1, 2014. The program was launched to address the provisions of Assembly Bill 720 which allowed counties to designate an entity to assist county jail inmates to apply for health insurance programs. In Placer County, the Human Services Division of the Department of Health and Human Services was appointed as the designated entity to ensure that inmates upon release have access to healthcare coverage to continue their physical and behavioral health treatment. With the majority of incarcerated individuals experiencing mental health, substance use/abuse and chronic health issues, immediate access to healthcare upon release was the program's top priority as it is the most successful evidence based practice to reduce recidivism. By utilizing shared data and collaborative processes, the program is able to successfully enroll its inmate/probationer population into healthcare coverage. At implementation of MCIEP in June of 2014, an average of 22 inmates/probationers per month was successfully enrolled into healthcare coverage. By March of 2015 those numbers increased by 40% to an average of 31 enrollments per month.

### THE PROBLEM/ NEED FOR THE PROGRAM

Placer County, like many counties in California and across the nation, faces barriers when trying to meet the needs of our residents involved in the criminal justice system. Timely access to healthcare including mental health and substance abuse treatment is not always readily available to our residents. While many of these Placer County residents have private health care coverage, high percentages have no access to healthcare. With the implementation of the Affordable Care Act (ACA), Medicaid coverage in California, known as Medi-Cal, now covers childless adults under age 65. This expansion of Medi-Cal eligibility directly impacted newly released inmate's access to healthcare. By providing proactive top tier services we are working to support each individual's re-entry into our community.

### DESCRIPTION OF PROGRAM

Historic legislation, such as Public Safety Realignment, enabled California to close the revolving door of inmates cycling in and out of correctional facilities. Inmates with mental health, substance abuse or other health issues experience a higher rate of recidivism. These individuals face challenges securing employment, housing and obtaining treatment which typically results in re-offending. Providing inmates and probationers with access to healthcare greatly improves recidivism outcomes.

Placer County Health and Human Services led the effort to bring together a team comprised of staff from its Human Services Division and Adult System of Care, the Placer County Sheriff's Department and the Placer County Probation Department. This team identified issues and solutions, and collaborated on the implementation of innovative solutions to meet the healthcare needs of those within the county's criminal justice system.

During the initial program planning sessions, the following issues, solutions, and goals were identified:

- Issue:** Identifying individuals within Placer County Detention facilities in need of healthcare coverage.
- Solution:** Receive monthly 90 day Pending Release Report provided by detention staff to identify potential applicants.
- Goal:** Ensure individuals have access to healthcare including mental health and substance abuse treatment upon release.

- Issue:** Access to individuals within the detention facility.
- Solution:** Human Services staff meets with a group of individuals inside the detention facility to assist with completing the healthcare application.
- Goal:** Remove barriers and support the re-entry strategy of our residents in need of healthcare including mental health or substance abuse treatment upon release.
- Issue:** Identify and make contact with individuals on probation or parole in need of healthcare.
- Solution:** Probation gathers healthcare information at initial interview for individuals on probation or parole. Appointments are made for those individuals without healthcare coverage to complete an application with Human Services staff.
- Goal:** Removal of barriers and support the reintegration of our residents in need of healthcare which may improve recidivism.
- Issue:** Obtaining mental health or substance abuse treatments for newly released individuals at risk or in crisis.
- Solution:** Human Services dedicates a staff member to assist Probation and Adult System of Care (ASOC) staff who have identified an individual with urgent needs.
- Goal:** Immediate response to remove healthcare barriers for residents at risk or in crisis.

On March 25, 2014, Placer County Human Services assigned a dedicated Senior Eligibility Specialist to the newly created MCIEP program. While this staff member was highly skilled in the area of healthcare program eligibility, she also brought with her an extensive background in criminal justice including education in the area of Administration of Justice and prior employment as a Corrections Officer in Sonoma County. This combination of knowledge, skills and experience were invaluable to the success of the MCIEP program.

The Medi-Cal Inmate Eligibility Program focuses on three primary areas:

1. Probation
2. Detention Facilities
3. Outreach

Probation

The MCIEP's initial priority was to address those Placer County residents who were on probation and in need of healthcare coverage. Historically Probation staff would refer individuals in need of services to the nearest Human Services office. Follow through, on the part of the probationer, was a significant issue. As a result, a decision was made to provide probationers on-site healthcare enrollment support.

In cooperation with the Probation Department, the Human Services liaison conducted full day onsite outreach twice a week at Probation's Auburn and Roseville locations. Onsite outreach provides probationers with one-on-one assistance in completing healthcare applications. If additional County services are needed or requested, referrals are completed and instructions provided.

The process at Probation has evolved over time. Healthcare information is obtained at the initial probation interview and logged into the Probation Case Management System. In addition, Probation uses a healthcare questionnaire to screen for coverage or changes to coverage regularly. In a collaborative effort, the Probation Department and Human Services coordinate and conduct monthly group meetings with probationers to provide assistance in completing healthcare applications. Those not able to attend the event are provided the opportunity to make an appointment, either at the Probation office, or at the Human Services office.

Probation also has the option to request that Human Services staff conduct a one-on-one meeting with someone they feel is at risk or in crisis. These meetings are generally coordinated with Adult System of Care who will arrange placement in a treatment facility.

Probation staff provides Human Services with verification of identification for all applicants who do not have any form of ID which at the onset of the program was shown to be a significant barrier for those applying for healthcare coverage. Each individual who completes an application also receives the direct contact information of the Human Services liaison for follow up if needed.

### Detention

Inmates typically receive healthcare while incarcerated. In order to provide the best opportunity for continuity of care, Placer County Detention staff provides Human Services with a monthly 90-day Pending Release Report. Those individuals are checked against County and State systems for current Medi-Cal coverage. All individuals not receiving Medi-Cal are visited inside the Detention Facility by the Human Services liaison who also assists the inmate with the application completion.

The process at the detention facilities has evolved since program implementation. Healthcare information is being gathered during health screening and it is then logged into the Jail Record Management System. This allows the team to identify individuals with any form of healthcare coverage and concentrate on those who do not.

The Detention Facility is now looking to add a Medi-Cal application request function to new kiosk systems located in each housing unit. This will allow inmates at the County Detention Facility to easily request a Medi-Cal application.

Detention staff provides Human Services with verification of identification for all applicants who do not have any form of ID which at the onset of the program was shown to be a significant barrier for those applying for healthcare coverage. Each individual who completes an application also receives the direct contact information of the Human Services liaison for follow up if needed.

### Outreach

The Human Services liaison is also a member of Placer County Probation's Community Resource Team (CRT) which meets monthly with all newly released probationers and parolees. The CRT provides individuals with a one stop opportunity to make contact with the resources they need. In addition to healthcare coverage, they may obtain screening for mental health services, sign up for various type of counseling, employment services, educational counseling and literacy tutoring.

## **USE OF TECHNOLOGY**

Below is the list of technology used in the implementation and ongoing activities of this program.

### Placer County Sheriff Detention Division

- Tiburon
- Kiosk System

### Placer County Probation Department

- Tiburon

### Placer County Health & Human Services

- California Work Opportunity and Responsibility to Kids Information Network (CalWIN)
- Medi-Cal Eligibility Data System (MEDS)
- Task Management Tool (TMT)
- Call Center
- Medi-Cal Inmate Eligibility Program (MCIEP)
- Covered California

## THE COST OF THE PROGRAM:

Costs for this program are funded through the county's existing Medi-Cal allocation.

### Annual Program Costs:

1.5 Senior Client Services Program Specialists:	\$149,716
Technology and Software (first year start-up costs):	\$ 1,500
Miscellaneous expenses:	\$ 360

In addition, the Probation Department provides the MCIEP program with approximately 264 volunteer hours. Those hours are spent completing tasks including approximately 3,000 phone calls to probationers, data entry into Probation's Tiburon system, and setting individual and group appointments for healthcare enrollment assistance.

## THE RESULTS/SUCCESS OF THE PROGRAM

Placer County Health and Human Services has successfully implemented a comprehensive and proactive approach of its service delivery to a previously underserved segment of our population through the creation of the MCIEP Program.

Through intense collaboration with Placer County Probation and Placer Sheriff's Department inmates/probationers are provided with simplified access to healthcare, single point of contact, internal detention facility support, internal probationary support, continuous follow-up support and access to additional resources.

At implementation of MCIEP in June of 2014, an average of 22 inmates/probationers per month was successfully enrolled into healthcare coverage. By March of 2015 these numbers increased by 40% to an average of 31 enrollments per month. At the end of the programs first year, increased enrollments signify the successful and creative model of service delivery to an underserved and difficult to reach population.

Health and Human Services continues to anticipate a marked increase in the number of successful applications related to MCIEP.

Our 2014 application processing percentages are as follows:

- **Jail Applications**
  - 96% of the pre-release inmate applications were approved
- **California Department of Corrections & Rehabilitation**
  - 100% of pre-release applications were approved
- **Probation**
  - 95% of the probation applications were approved

Uninsured inmates and parolees are now able to enroll in healthcare prior to their release from local institutions and while on probation/parole allowing them access to critical healthcare services which include substance abuse programs, mental/behavioral health, dental services, medical, prescription drug coverage and counseling.

## WORTHINESS OF AWARD

With Placer County's ongoing commitment to interdepartmental communication and the continuing success of the MCIEP program, we effectively support the goal to reduce recidivism and quality of life within our community. Throughout the development and implementation of the MCIEP Program, Placer County Health and Human Services has been an integral part of fostering relationships within the Placer County Sheriff's and Probation departments. With these collaborative relationships, inmates and probationers are successfully enrolled into healthcare programs which in turn lower societal health care and criminal justice system expenditures by reducing costly emergency room visits, enabling individuals to work, and decreasing repeat criminal activity.

Because of its innovative strategies in the development and implementation of the MCIEP Program, in January of 2015, Placer County was asked to provide information on its program to the Harvard Medical School, Department of Healthcare Policy, to aid them in a research project aimed at developing an inventory of innovative approaches to enrolling criminal justice-involved populations into Medicaid.

Testimonials from MCIEP program participants:

"I want you to know this is the first time since I was a kid that I am going to be able to see a doctor. I tried to apply a couple of times but I always miss something or mess up and get denied. I can't believe I am really going to get to see the doctor. You guys are really nice to come in here and help us." – Jeff B.

"You approved my Medi-Cal when I first got out on probation and I want you to know I used the dental part and got my teeth fixed and last month I got my first job since I started getting into trouble. I am almost off probation and might not see you next time so I want to say thank you." Kenn C.

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