

## INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST
<p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p>
<p><input type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. <i>(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)</i></p>
<p><input type="checkbox"/> Local Mental Health Board approval                      Approval Date:    March 21,2022</p>
<p><input type="checkbox"/> Completed 30 day public comment period    Comment Period: 2/18/22-3/21/22</p>
<p><input type="checkbox"/> BOS approval date    Approval Date: March 29<sup>th</sup> or _April 5th</p> <p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____</p> <p><i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p>
<p>Desired Presentation Date for Commission: ___May 26, 2022_____</p> <p><b><i>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all</u> requirements have been met.</i></b></p>

County Name: Ventura County

Date submitted: March 22, 2022

Project Title: **Managing Assets for Security and Health (MASH) Senior Supports for Housing Stability**

Total amount requested: \$966,706

Duration of project: 5 years

**Purpose of Document:** The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

**Innovation Project Defined:** As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports.” As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

## Section 1: Innovations Regulations Requirement Categories

### CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

## CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health, services provided through permanent supportive housing

## Section 2: Project Overview

### PRIMARY PROBLEM

The issue of seniors at risk of or currently experiencing homelessness has been highlighted over and over in recent years. A report published by the University of Pennsylvania analyzed historical records of shelter admissions in three of the nation’s largest cities projecting that in the next 10 years, the number of elderly people experiencing homelessness will nearly triple as the baby boomer’s generation continue to age<sup>1</sup>. Findings were published before the effect of the pandemic could be taken into consideration. Prior to the pandemic, multiple headlines have warned of the impending crisis or the silver tsunami thundering toward social service providers<sup>2</sup>. While multiple reports have warned of the impending crisis, senior support services agencies argue the emergency is already here. Another recent study from University of California San Francisco expert Dr. Margot Kushel found “people over 50 now account for half of unhoused adults – a four-fold increase since 1990 when 11% of homeless adults were over 50. Older people already on the financial edge after decades of working low-wage jobs and with little or no savings or retirement income can be quickly de-stabilized by a rent increase, or injury or death of a partner or caregiver.” Many of the above conditions are common occurrences for individuals in the later stages of life. Kushel also found disturbingly, that nearly half of unhoused older people didn’t experience their first episode of homelessness until after age 50<sup>3</sup>.

In Ventura County rent increases have been steadily on the rise for the past few years. A complicating factor is the County’s geography and the voter approved land use agreements. Much of the County is dedicated to the vital agricultural industry, open spaces initiatives and protected state and national resources that include rivers, beaches, and forest areas. As a result, housing, like many other areas in the state, has become scarce. The pandemic has worsened the situation, housing prices have soared, and

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<sup>1</sup> [Emerging-Crisis-of-Aged-Homelessness-1.pdf \(upenn.edu\)](#)

<sup>2</sup> [Elderly and Homeless: America’s Next Housing Crisis - The New York Times \(nytimes.com\)](#)

<sup>3</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3250535/>

rentals remain scarce. Moreover, rents surged in 2021 by 10.9% in the last fiscal year, more than twice the normal rate. According to the National Low-Income Housing Coalition, a person working minimum wage and living in a modest one bedroom would have to work 89 hours per week in order to afford the \$1,615 dollars per month in rent<sup>4</sup>. The chances of finding a fair market price rental in the area is equally as challenging with a vacancy rate down to an average of 1.37% in 2021<sup>5</sup>. Social Security Income averages \$932 per month, falling far short of being enough for even a studio apartment in the area.

Senior service providers have noticed an increase in requests for services and the need for financial counseling for low-income seniors who never planned on rents or other expenses escalating so quickly. “I regularly speak to seniors who have anywhere from a few years to a few months before their expenses will exceed their incomes. They freeze with anxiety and sink into despair, seeing the cliff that’s coming and not knowing what to do about it.” -Executive Director of Volunteer CAREGIVERS of Ventura County. Her sentiments were confirmed by the last Community Program Planning (CPP) Process. Innovation community program submissions included 28 program ideas and the support for seniors at risk of losing housing came in as the second most voted for program after mobile mental health.

## PROPOSED PROJECT

Project Goal: To provide creative case management, therapeutic, and material support to enrolled seniors at risk of losing their housing due to fiscal, cognitive, or physical restrictions.

Assumptions of Program Approach: By assigning and monitoring volunteers to work with homebound seniors, the clients will build a trusting relationship with the organization and be more likely to engage in a housing resource plan to include essential services and concrete resources as needed. The participants will be able to explore multiple solutions to their housing situation over time, increasing the chances for success in a new placement.

Key Intervention: Matching trained specialty peer volunteers with homebound seniors who can help identify and work with those seniors who are in jeopardy of losing their current housing.

Volunteer CAREGIVERS of Ventura County is a small non-profit agency that recruits volunteers to support home bound elderly. Participants are predominantly women (80%) who live on fixed/limited

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<sup>4</sup>Fair Market Rent Documentation System, HUD

[https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2022\\_code/2022summary.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2022_code/2022summary.odn)

<sup>5</sup>Wilson, Kathleen “‘Historically tight’ apartment market pinches local tenants as rent hikes surge”. *VC Star*, November 7, 2021 <https://www.vcstar.com/story/news/2021/11/07/apartments-for-rent-nearby-unlikely-as-rental-market-grips-tenants-rising-costs-few-vacancies/8558423002/>

incomes and are frequently medically fragile and/or disabled. Volunteer support, also comprised mostly (80%) of women over 60, is at no cost to the senior and may range from friendly visitation, transportation for medical appointments, shopping for groceries and medical supplies, regular "warm line" phone calls, and support from supervised volunteers — mostly peers who may do cooking, minor house cleaning or yard work. A number of these seniors served (estimated at 10% or more) are on the verge of becoming homeless. These seniors are often physically and emotionally fragile (many are wheelchair bound, experiencing loneliness and confusion) and are experiencing memory loss, or the beginning stages of dementia and Alzheimer's disease. To compound their situation, their families are frequently unable to assist them and/or they live in another state. Local housing authorities have in some cases years-long waiting lists. The CAREGIVERS organization identified a set of previously unprovided services and a focused set of highly trained volunteers to address this unique subset of home bound seniors, and to re-energize the "Home Share" model that has been used in other parts of the County for this vulnerable population of potentially homeless seniors.

The proposed program entitled MASH, an acronym for Managing Assets for Security and Health, will provide multiple vital supports for seniors at risk of homelessness. The general program will consist of three phases and start with a four-step assessment. MASH directly addresses not only the County's current needs, but also our anticipated longer-term needs for affordable, safe, and stable housing for our seniors.

**Phase I:** Outreach will be made to all seniors already enrolled or referred to the Volunteer CAREGIVERS of Ventura County organization who are at risk of losing their current housing. Eligible seniors will be enrolled in the volunteer matching and begin a process of relationship building to expand the participant's support system. The volunteer will help the participant build a Customized Housing Budget and Stabilization (CHBS) plan based on the following four components: (1) to assess a senior's mental, physical, and financial health, (2) to review their challenges and opportunities, (3) to explore their options and empower their choices, and (4) to implement a plan that ensures security in appropriate housing.

The CHBS plan will also determine which tier the participant falls into:

**Tier 1:** Self-resolve; housing coaching or education only

**Tier 2:** On site modifications for aging in place, benefit enrollment, reverse mortgages, or other financial management goals with CPA oversight

**Tier 3:** Rapid re-housing, light rental subsidy, or home share with intensive case management

**Tier 4:** Housing placement and intensive case management

Once a plan has been agreed to by the participant, the MASH program volunteers would offer a menu of services customized per the CHBS plan. Essential services would include external clinical support sessions, financial education training, family process meetings, light case management, homemaking

services (chores, cleaning), non-medical transportation, independent living skills (life coaching and money management), or other general support services. Essential services would be offered and customized regardless of clients Tier placement. All clients would have access to clinical support by the organization's volunteer LCSW and MSW students at the beginning, and later with a subcontracted clinical services organization as needed. Reports of depression and anxiety have been high, and short-term family counseling has been identified as a critical service expected to be expanded, given the potential of some clients needing to move in with or have a family member move in to assist with care or financial support.

**Phase II:** Clients placed in Tiers 2-4 will have a wider variety of resources to access. These are the highest risk individuals that the organization currently cannot support. This Innovative service will begin with a test phase serving 4 clients with the following concrete services as needed:

\**Immediate support* resources to ensure the individual does not become homeless. (e.g., financial assistance, temporary shelter, rapid rehousing, etc.)

\**Age in place supports* (e.g., include family network to move in if viable, handicap accessible or other home modifications, home share, reverse mortgages, utilities, or other bills requiring backpay, etc.)

\**Moving Supports* (e.g., secure placement in new housing arrangement, first/last month securities, downsizing, light rental subsidy, etc.)

If the test clients are successful and would recommend the program to others, an additional 25-50 clients will be targeted for admission.

**Phase III** would consist of Graduation and After-Care for a period of 6-12 months. Intensive post-move support would include organizing the new space, learning a new neighborhood, processing the move, and resolving interpersonal issues with any new housemates-to-be provided by a counselor or a traditional CAREGIVERS volunteer support staff depending on the client's adjustment. This final phase may also include a 1:1 Match from the Building Bridges Intergenerational Program. Phase III ensures that program participants continue to receive support to ensure sustainability of services received while in program.

## RESEARCH ON INN COMPONENT

There is general agreement in the field of gerontology that aging well includes both personal and environmental resources<sup>6</sup>. The CAREGIVERS national organization has been providing light personal

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<sup>6</sup> Lawton, M. P. (1982). Competence, environmental press, and the adaptation of older people.

In M. P. Lawton, P. G. Windley, & T. O. Byerts (Eds.), *Aging and the environment: Theoretical approaches* (pp. 33–59). Springer.

Lawton, M. P., & Nahemow, L. (1973). Ecology and the aging process. In C. Eisdorfer & M. P. Lawton (Eds.), *The psychology of adult development and aging* (pp. 619–674). American Psychological Association.

services though volunteer matches for nearly 40 years. The MASH program will be the first time combining several initiatives from sister agencies from across the nation (i.e., home shares and home modifications) and adding a housing fund with the specialized economic development team with advisement from professional financial services agency. A key strategy to improve housing affordability is to increase the availability of rental assistance. According to a recent article by Dr. Margot Kushel, only 1 in 4 households in America that meets the criteria for rental assistance receives it. Among older adults, that number increases to 1 in 3. Rental assistance is not an entitlement, and the various federal programs that provide affordable rental opportunities are not funded to meet the demand<sup>7</sup>. The MASH program will connect clients with any benefits the client may be eligible for and assist in finding locations that will accept tenants receiving rental assistance. In addition, rental assistance fund is being included in the budget as a stop gap measure for clients already past the point of being able to avoid homelessness without immediate assistance.

## LEARNING GOALS/PROJECT AIMS

Change can be difficult for anyone but can be an exaggerated barrier for individuals who are disabled, cognitively impaired, or under financial duress. On top of these challenges, many of these clients have not had to think about moving for 20-40 years and have been living in the same places where they raised their families or lost their spouses. The MASH program is designed to offer individuals a partner in that process of identifying the need to make a change and then having the courage to make that life altering move. The following are the identified learning goals and questions to be addressed through the program.

1. Does enrollment in the MASH program have an impact on the client's motivation to change their housing situation?
2. How much does the program improve client's sense of security and safety?  
Aim 1: Living situation  
Aim 2: Fiscal situation
3. Does enrollment in the program reduce feelings of depression, anxiety, and isolation?
4. Does the program have an effect on enrolled clients' housing situation? As measured by:  
Aim 1: Prolonged ability to stay in current housing (Tier 1&2 clients only)  
Aim 2: Reduced evictions  
Aim 3: Stably housed 6-12 months post discharge (Tier 3&4 clients only)

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<sup>7</sup> Kushel, Margot (2020) Homelessness Among Older Adults: An Emerging Crisis. Generations Journal Summer 2020 [Homelessness, Older Adults, Poverty, Health \(asaging.org\)](https://www.asaging.org/homelessness-older-adults-poverty-health)

## EVALUATION OR LEARNING PLAN

The evaluation will use existing scales whenever possible and some that are under consideration are referenced below. The evaluator will work with CAREGIVERS and VCBH staff to finalize all proposed measures, data collection tools, and analysis plans to ensure both process and outcomes/impacts are assessed and reported on through the MASH program evaluation.

Learning Goal	Indicators	Measures under consideration
1. Does enrollment in the MASH program have an impact on the client’s motivation to change their housing situation?	Increased wiliness to change living circumstances such as taking on a roommate, moving family in or with family, moving to a new location	The Transtheoretical Model (TTM) or Moving on Initiative developed by the Veterans Administration Homeless Services.
2. How much does the program improve a client’s sense of security and safety?	Improvement in perceived security, safety, and health rating	Security & Safety Perception Tool (5-point agree–disagree scale Ranging from strongly agree (5) to disagree (1): An example item: “Considering my age, I am in good health” and “I try to maintain a healthy lifestyle.” <sup>8</sup>
Aim 1: Living situation	Increase in feelings of security	Security & Safety Perception Tool. Example item: “I feel safe where I live”.
Aim 2: Fiscal situation	Increase in feelings of security	Security & Safety Perception Tool. Example Item: “I have sufficient financial resources to stay where I am living,” and “I have enough money to live my life the way I want” 8. Supplemental items will include items asking clients to rate their feelings regarding whether they have enough money to pay for their needs (e.g., relative to food, medical services, and daily expenses) on a 3-point scale ranging from enough (1) to not enough (3). Lastly, clients will be asked to rate how easy or difficult it is to pay their monthly bills (i.e., rated on

<sup>8</sup> Anat Toder Alon, Liad Bareket-Bojmel & Avichai Shuv-Ami (2021): The Relationship between Perception of Care, Sense of Security, and Subjective Psychological Well-Being among Older Adults Living in Sheltered Housing vs. Independent Housing in Israel, *Journal of Aging and Environment*, DOI: 10.1080/26892618.2021.2019867



		4-point scale, ranging from not at all difficult (1) to very difficult (4). <sup>9</sup>
3.Does enrollment in the program reduce feelings of depression, anxiety, and isolation?	Increases in overall mental health and well being	Three-item Scale of Life Satisfaction developed by Lumpkin and Hunt <sup>10</sup> Or Revised University of California Los Angeles Loneliness Scale (RULS-V3) Center for Epidemiological Studies Depression Scale (CES-D).
4.Does the program have an effect on enrolled clients housing situation? Measured by:	Enhancements in overall housing situation	Housing Stability Assessment (brief assessment to determine current/later in program overall housing situation) as measured by select items using Likert rating scale.
Aim 1: Prolonged ability to stay in current housing (Tier 1 & 2 clients only)	Months of stability increased as compared to initial assessment	Fiscal longevity assessment
Aim 2: Reduced moves, foreclosures or evictions	Fewer number of moves, foreclosures or evictions than predicted after CHBS assessment	Two items: “How many times have you moved in the last 6 months?” and “Did you experience any foreclosures or evictions in the last 6 months?”
Aim 3: Stably housed 6-12 months post discharge (Tier 3 & 4 clients only)	Number of months at the same address.	Number of changes of address requests and number of moves.

### Section 3: Additional Information for Regulatory Requirements

#### CONTRACTING

The project includes target goals, evaluation support, bi-annual contract meetings, the support of VCBH department staff and an innovation Program Administrator to work with the contractor and ensure compliance with the project plan and deliverables.

<sup>9</sup> Kee-Lee Chou & Iris Chi (2001) Financial strain and depressive symptoms in Hong Kong elderly Chinese: The moderating or mediating effect of sense of control, *Aging & Mental Health*, 5:1, 23-30, DOI: 10.1080/13607860020020609

<sup>10</sup> Lumpkin, F. J., & Hunt, B. J. (1989). Mobility as influence on retail patronage behavior of the elderly: Testing conventional wisdom. *Journal of the Academy of Marketing Science*, 17(1), 1–12. <https://doi.org/10.1007/BF02726348>

## COMMUNITY PROGRAM PLANNING

The COVID-19 pandemic has hindered the regular and in person CPP process for the Fiscal Year 20/21 planning process for available Innovation dollars. Ventura County has been building upon its community-wide Mental Health Needs Assessment that was completed for the current three-year plan (Fiscal Year 2020-2023). Results from that effort identified several vulnerable communities and challenges to the mental health services currently being provided in the community. To that end the County advertised for Innovation submissions as described below.

The current local priorities for mental health services are unserved or underserved populations in Ventura County such as: Latinx, African American, LGBTQ+, people who are homeless, people with co-occurring disorders (mental health and substance use), and people at risk of suicide.

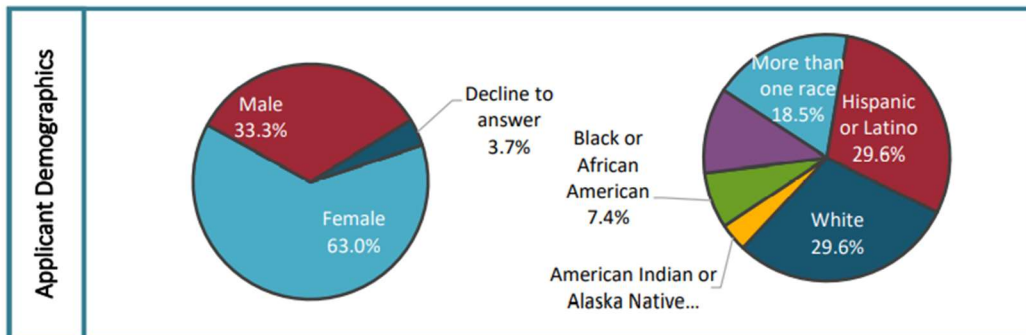
Examples of the advertisements that were posted in local newspapers, through social media and internet advertisements are below:



An MHSOAC stakeholder planning committee was gathered and included individuals living with a serious mental illness, family members of individuals living with serious mental illness, Latinx, LGBTQ+, all geographic regions, genders, religious communities, and community-based organizations. The planning process resulted in 28 Innovation ideas that were submitted through the County website. Committee members had five days to assess the summary proposals and vote for their top three after a brief orientation to Innovation regulation requirements. Mobile Mental Health was the top choice by several votes and was approved in 2021. In second place was the Senior Supports for Housing project.

Results of the virtual CPP Innovation submission process are below. A total of 27 ideas were received through the website and one was submitted directly to the department. Applicants were not required

to answer all the demographic questions and could also click more than one answer so not all sections will add up to 100%.



## MHSA GENERAL STANDARDS

*Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.*

- A) Community Collaboration: CAREGIVERS is a community service provider and was chosen through a Community Planning Process that included individuals living with a serious mental illness, family members of individuals living with serious mental illness, Latinx, individuals who identified as LGBTQ+, all county geographic regions, genders, multiple religious communities, and other community-based organizations.
- B) Cultural Competency: CAREGIVERS is committed to providing services, offering employment, and volunteer opportunities to all, without discriminating on the basis of age, gender, race, religion, sexual orientation, ethnicity, national origin or disability. The agency will work

closely with the Office of Equity and Diversity through the contracting process to ensure outreach and offering of services is equitable to all eligible participants.

- C) Client-Driven: Clients are partners in their CHBS plans and must voluntarily sign off on any plans for housing changes or additional essential or concrete services.
- D) Family-Driven: Families will be included in the process whenever viable through family meetings, group therapy, moving in with or having a participant move in with the family. Family members also will be included whenever possible before fiscal decisions impacting clients are made (e.g., perusing a reverse mortgage).
- E) Wellness, Recovery, and Resilience-Focused: All services are designed to keep the participant in an environment that is safest for them physically and financially, allowing the client to live with dignity and security.
- F) Integrated Service Experience for Clients and Families: CAREGIVERS already works closely with several agencies in the county and would continue these partnerships in order to keep as many options open for clients as possible examples include: VCBH, Jewish Family Services, Grey Law, Public Guardian, Adult Protective Services, Public Health, and the Area Agency on Aging.

## CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

*Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.*

CAREGIVERS is committed to providing services, offering employment and volunteer opportunities to all, without discriminating on the basis of age, gender, race, religion, sexual orientation, ethnicity, national origin, or disability. Pairing of volunteer matches is based on geography, skill set and personal interests on which volunteers and care receivers can build a friendship. Using this 40-year tested model of service has resulted in relationships that have endured up to 20 years and enrollment with the organization for up to 36 years. Services and materials are provided in English and Spanish, and the organization is looking into additional cultural competency trainings.

## INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

*Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep elements of the INN project without utilizing INN Funds following project completion.*

CAREGIVERS has planned for sustainability with the assumption that this is a one-time grant. The proposed project budget reflects a primarily volunteer staffing base in accordance with the current business model. Learning collaboratives and planning efforts have been built into the grant to build awareness with the broader state and national CAREGIVERS association. The thinking is that with these broader networks, not exclusive to the CAREGIVERS organization, collaboration is ensured, and with successful implementation of the project, the MASH program can be modeled and maintained irrespective of Innovation funding.

*Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.*

It is unknown at this point if the program will serve individuals with serious mental illness. The target population would primarily be for prevention services, however the program model has included individuals experiencing serious mental illness previously. If this does become the case, CAREGIVERS will work closely with the VCBH housing department staff to ensure supports are maintained for any clients living with serious mental illness at the conclusion of the five years.

## COMMUNICATION AND DISSEMINATION PLAN

*Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.*

*A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?*

Each of the VCBH innovation programs have a dedicated webpage where updates get posted regularly. In addition, an Innovation summary page also exists where reports get posted on the Wellness Everyday website. In order to supplement these efforts, the program has built in three learning communities to help disseminate the projects findings.

*B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.*

At-risk homeless, prevention, seniors, housing stability, home-share

## TIMELINE

*A) Specify the expected start date and end date of your INN Project*

*B) Specify the total timeframe (duration) of the INN Project*

*C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.*

<b>Year 1</b>		
Qtr 1-2	Infrastructure Development	Program planning, hiring, additional detail below.
Qtr 3-4	Program Launch	Project activities launch-additional details below Evaluation finalized.
<b>Year 2</b>		
Qtr 1-2	Program Activities	Ongoing program enrollment and engagement. Surveys distributed to enrolled clients. Annual update report is written and distributed.
Qtr 3-4	Program Activities	Ongoing program enrollment and engagement. Implementation with 2-4 test cases of Tier 3 & 4 clients. Baseline and initial surveys distributed/collected for enrolled clients.
<b>Year 3</b>		
Qtr 1-2	Program Activities	Ongoing program enrollment and engagement. Surveys distributed/collected for enrolled clients. Annual update report is written and distributed.
Qtr 3-4	Program Activities	Ongoing program enrollment and engagement. Surveys distributed/collected for enrolled clients. First Learning Community takes place.
<b>Year 4</b>		
Qtr 1-2	Program Activities	Ongoing program enrollment and engagement. Annual update report is written and distributed. Surveys distributed/collected for enrolled clients.
Qtr 3-4	Program Activities	Ongoing program enrollment and engagement. Second Learning Community takes place. Surveys distributed/collected for enrolled clients.
<b>Year 5</b>		
Qtr 1-2	Active Enrollment Ends	No additional clients will be enrolled after November of 2026. Annual update report is written and distributed. Surveys distributed/collected for enrolled clients.
Qtr 3-4	Evaluation and Program Wrap-Up Key Stakeholder Interviews	Key stakeholder interviews with clients, staff, and partner agencies. Programs wrap-up activities. Collect follow up surveys. Case closures and transition planning. Final Learning Community takes place.

**Detailed Planning for Year One:**

\*Orientation of current staff and Board of Directors regarding VCBH approved Innovations Senior Housing Project initiative.

- \*Engage a Certified Senior Advisor to develop the MASH team recruit and contract with Certified Financial Planner (CFP) to serve as lead member of Economic Solutions team.
- \*Development of job description, recruitment, and training plan for MASH team of volunteers to support the housing initiative; includes protocols for consideration of optional income alternatives (re-fi or reverse mortgage of home, sell assets, explore employment options, etc.).
- \*Establish internal housing support initiatives workflow model/process, application, screening, enrollment, case planning and assignments.
- \*Develop management plan of potential resources, establish criteria for approvals (rent subsidy, utilities, temporary relocation, etc.).
- \*CSA Consultant will work with CAREGIVERS Volunteer Engagement Coordinator to identify and recruit volunteers with appropriate professional experience to participate in Economic Solutions Team.
- \*Development of external clinical support services.
- \* Recruit, train and assign social work intern.
- \*Identify key community partners; define role and inter-agency agreements.
- \*Develop an SOP and a workflow model that illustrates client pathway.

### **Marketing and Outreach**

- \* Identification and initial meetings with community partners to assist in successful housing solutions. Continued meetings to negotiate interagency agreements and ongoing program coordination where necessary.
- \*Develop marketing plan for recruitment of MASH Volunteers, general volunteers.
- \*Develop a marketing plan to provide outreach to seniors who are currently enrolled or could be enrolled and participate in MASH.
- \*Engage the Economic Solutions team in the development of client satisfaction survey with VCBH and evaluation team.
- \*Selection, training, assignment and field supervision of a social work student intern who will work with seniors in need of assessment of their housing needs, relocation and their ongoing support directed toward stabilization.

\*Identify additional non-profit partners who can supplement rental assistance and housing essentials, (e.g., Turning Point, St. Vincent de Paul, Jewish Federation)

\*Identify professional services and resources necessary to provide project support to seniors served, (e.g., language translation, clinical services, transportation, etc.).

\*Identification of moving assistance and time-limited shelter, (e.g., motels, assisted living solutions, city shelters).

\*Work with VCBH on project website design and development of links to CAREGIVERS own website offering(s).

\*Identification and outreach to local, state, and national programs addressing the issues and supports for homeless seniors.

## Section 4: INN Project Budget and Source of Expenditures

### INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSOAC funds are being utilized:

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- C) BUDGET CONTEXT (if MHSOAC funds are being leveraged with other funding sources)

### BUDGET NARRATIVE

A 3% increase is planned per year per categories.

#### Program Staffing Costs

This project time and attention from following staff:

Executive Director (20 hours per month x 32.00 per hour= \$44,172)

Volunteer Engagement Coordinator (40 hours per month x 17.50 per hours= \$49,075)

Administrative Assistant (12 hours per month x 15.00 per hour= \$32,460)

Cost of living increase 3% per year

MSW Intern (1040 hours): \$93,600

Payroll Taxes and Benefits: \$37,057



A 3% increase is planned per year

Total personnel: \$237,364

### **PROFESSIONAL SERVICES \$303,875**

A 3% increase is planned per year per categories.

**1) Certified Senior Advisor/Financial Planner Contract(s): \$145,000**

Engagement of CSA/CFP(s) to serve as lead team members of MASH teams providing mentoring, individual and group consultation to seniors and volunteer team members on client financial planning needs.

- 2) Clinical Services Contract(s): \$109,375** Basic clinical services are projected to be subcontracted with local clinical agencies for more immediate response for staff consultation, individual and group clinical treatment services. Amount based on \$65 per hour
- 3) Field Supervision** of graduate student(s) by an MSW for a total of 96 hrs. @ \$25 per hr. = **\$12,500**
- 4) Language Interpretation Services: \$12,500**
- 5) Staff Consultation and Training: \$25,000**

**Housing Gap Assistance: \$127,251** Fund availability for temporary and time limited assistance to support 2 to 4 senior(s) served. Examples of expenditures might include and not be limited to:

- \*Motel expenses @ \$80 per night = \$40,185
- \* Rent assistance @ \$100 per mo. = \$20,836
- \* Deposit assistance @750 per senior = \$22,325
- \* Utilities assistance @ \$375 per senior = \$11,160
- \* Funds for moving assistance @ \$500 = \$ 14,883
- \*Two Storage Units available as needed= \$17,860

### **Operational Overhead Costs: \$134,324**

Project specific marketing costs and program supplies=\$11,600.00

Learning Events and Conferences= \$12,500

Overhead and indirect five percent (5%) \$73,696

**Total Contractor cost: \$766,286**

**Evaluation Costs: \$14,000 per year = \$74,328**

County Indirect Costs and 5% of direct Salaries and Benefits and other County Administrative cost:  
\$126,092

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
<b>EXPENDITURES</b>							
<b>PERSONNEL COSTS (salaries, wages, benefits)</b>		<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>TOTAL</b>
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs						
4.	Total Personnel Costs						
<b>OPERATING COSTS</b>		<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>TOTAL</b>
5.	Direct Costs						
6.	Indirect Costs	\$21,468	\$22,952	\$25,045	\$27,325	\$29,302	\$126,092
7.	Total Operating Costs	\$21,468	\$22,952	\$25,045	\$27,325	\$29,302	\$126,092
<b>NON-RECURRING COSTS (equipment, technology)</b>		<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>TOTAL</b>
8.							
9.							
10.	Total Non-recurring costs						
<b>CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)</b>		<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>TOTAL</b>
11.	Direct Costs	\$133,294	\$140,249	\$152,256	\$164,618	\$176,502	\$766,919
12.	Indirect Costs	\$9,827	\$12,767	\$14,712	\$17,547	\$18,844	\$73,696
13.	Total Consultant Costs	\$143,121	\$153,016	\$166,968	\$182,165	\$195,346	\$840,614
<b>OTHER EXPENDITURES (please explain in budget narrative)</b>		<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>TOTAL</b>
14.	Marketing						
15.	Learning Events and Conferences						
16.	Total Other Expenditures						
<b>BUDGET TOTALS</b>							
Personnel (line 1)							
Direct Costs (add lines 2, 5 and 11 from above)		\$133,294	\$140,249	\$152,256	\$164,618	\$176,502	\$766,919
Indirect Costs (add lines 3, 6 and 12 from above)		\$31,295	\$35,719	\$39,757	\$44,871	\$48,146	\$199,788
Non-recurring costs (line 10)							

Other Expenditures (line 16)						
<b>TOTAL INNOVATION BUDGET</b>	<b>\$164,589</b>	<b>\$175,968</b>	<b>\$192,012</b>	<b>\$209,489</b>	<b>\$224,647</b>	<b>\$966,706</b>

**BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)**

**ADMINISTRATION:**

A.	Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY and the following funding sources:	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
1.	Innovative MHSAs Funds	\$21,468	\$22,952	\$25,045	\$27,325	\$29,302	\$126,092
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	<b>Total Proposed Administration</b>	<b>\$4,313</b>	<b>\$4,383</b>	<b>\$4,702</b>	<b>\$4,900</b>	<b>\$5,100</b>	<b>\$23,398</b>

**EVALUATION:**

B.	Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY and the following funding sources:	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
1.	Innovative MHSAs Funds	\$14,000	\$14,420	\$14,853	\$15,298	\$15,757	\$74,328
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	<b>Total Proposed Evaluation</b>	<b>\$14,000</b>	<b>\$14,420</b>	<b>\$14,853</b>	<b>\$15,298</b>	<b>\$15,757</b>	<b>\$74,328</b>

**TOTAL:**

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY and the following funding sources:	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
1.	Innovative MHSAs Funds	\$164,589	\$175,968	\$192,012	\$209,489	\$224,647	\$966,706
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	<b>Total Proposed Expenditures</b>	<b>\$164,589</b>	<b>\$175,968</b>	<b>\$192,012</b>	<b>\$209,489</b>	<b>\$224,647</b>	<b>\$966,706</b>

\*If "Other funding" is included, please explain.

### **Additional References**

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Margot Kushel. Older Homeless Adults: Can We Do More? (2011, November 16) J Gen Intern Med. 27(1):5–6  
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