



**M E M O R A N D U M**  
**HEALTH AND HUMAN SERVICES**  
**ADULT SYSTEM OF CARE**  
County of Placer

TO: Board of Supervisors

DATE: July 6, 2021

FROM: Robert L. Oldham, MD, MSHA, Director of Health and Human Services

SUBJECT: Placer County Mental Health Services Act FY 2021-2022 Annual Update, Expenditure Plan and FY 2021-2026 Innovation Plan

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**ACTION REQUESTED**

1. Adopt the County Mental Health Services Act Plan Annual Update for FY 2021-2022.
2. Approve Expenditure Plan for FY 2021-2022 in the amount \$17,473,041.
3. Adopt the FY 2021-2026 County Mental Health Services Act Five-Year Innovations Plan and Expenditure Report for the total amount of \$2,750,000.

**BACKGROUND**

In 2005, Placer County received funding and implemented services under the State-funded Mental Health Services Act (MHSA). Placer County has used this State funding to expand intensive mental health and crisis services to people with severe mental illness and develop evidence-based prevention programs to reach those who were at risk of mental illness. In addition, these funds have supported housing projects, staff and provider development, and facility and technology improvements. This funding has been managed to allow these services to remain stable during economic downturns and supports County-operated programs, community-based programs, and necessary administrative support for management and evaluation. The Board of Supervisors is required to approve Annual Updates and their Expenditure Plans. The Annual Update reports on Fiscal Year 2019-2020 data, addresses activities for Fiscal Year 2020-2021 and any proposed changes for Fiscal Year 2021-2022. This Annual Update also includes a proposed Five-Year Innovation Plan for FY 2021-2026.

The MHSA consists of five core components, each with different goals. The Community Services and Supports (CSS) component expands and transforms services provided for children, youth, adults, and older adults living with a Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) towards recovery-oriented services. This includes direct services known as Full-Service Partnerships (FSPs) which are performed 24 hours a day, seven days a week by county providers in partnership with community agencies to assist individuals struggling with serious mental illnesses in successfully remaining in the community. This model is an alternative to higher cost institutional placement or incarceration and results in significant positive outcomes. In FY 2019-2020, for adults enrolled in FSPs for at least two years, there was a decrease in reported residency in: Psychiatric Hospitalization (40%), Incarceration (48%), Emergency Shelters (33%) and Homelessness (31%) and a decrease in the number of days across all categories compared to the prior year of enrollment. The annual expected expenditure for Full-Service Partnership funding is approximately \$7.5 million.

CSS includes system transformation programs aimed at developing capacity to provide values-driven, evidence-based, and promising clinical practices. Over 3,000 residents across all age groups have been served by programs such as community-based individual and group mental health services, culturally specific supports for Native American and Latino Communities, Peer Support and Advocacy for youth, adults and families, Housing and Supports for nearly 140 combined proposed and existing beds, Crisis Services, embedded school and county Wellness Centers, and newly launched 211 services. The expected annual expenditure for Non-FSP Community Services and Supports is approximately \$4.9 million.

Prevention and Early Intervention programs are short-term interventions intended to prevent mental illnesses from becoming severe and disabling by treating individuals early in its emergence and by providing services to individuals or groups whose risk of developing a serious mental illness is higher than the average population. Programs also include education for increasing recognition of early signs of mental illness, suicide prevention, and stigma and discrimination reduction activities. There are 41 services funded to serve nearly 4,000 people focusing on strengthening families and youth with parenting classes, therapy, social skill development, and culturally appropriate services. Through community-based contractors, County programs and administration, the expected annual expenditure is approximately \$2.7 million for these programs.

Workforce Education and Training (WET) provides County, contract agencies, consumers and family members' education and training to develop skills to improve service delivery. These activities included coordination, training of professionals and paraprofessionals in evidence-based interventions, culture responsiveness, leadership development, increased availability of e-learning and development of mental health career pathways. Capital Facilities and Technology Needs (CF/TN) provide capital funding for MHPA programs and funding to implement an electronic medical record program and MHPA data management system. The expected annual expenditures for WET are approximately \$300,000 and for approximately \$500,000 for CF/TN.

Innovations include programs designed to develop a new strategy or new learning. This component of the MHPA plan is on a different timeline per regulation requirements but is still required to be posted as part of the entire MHPA Three-Year Plan and subsequent Annual Updates. Placer County has successfully been involved in a five-year Innovation project during FY 2016-2021 known as the MHPA Homeless Integrated Care Coordination connected to our Whole Person Care Pilot Program. We are anticipating its key elements will continue to be funded by the Managed Care plans through CalAIM starting in 2022. Whole Person Care will take with it important lessons learned about collaboration and coordination and share their experience with partnering agencies and programs.

With the current Innovation Plan winding down, Placer County and its stakeholders have been exploring other innovative opportunities. During the FY 2020-2023 MHPA Three-Year Plan community planning process, the community identified further development of our crisis services as a priority need for Placer County. Since December 2020, Placer County has been participating in the Crisis Now Academy (Cohort 2), funded by the Mental Health Services and Oversight and Accountability Commission (MHSOAC). This learning collaborative explores implementation of The Crisis Now Model developed by the National Action Alliance for Suicide Prevention's Crisis Services Task Force. Through our participation, we have learned that while we continue to make improvements to all areas of our crisis continuum, we are completely lacking one core element, a short-term, "sub-acute" residential crisis stabilization program. These programs serve individuals who need support and observation, but not emergency department holds, or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care. It provides a safe and supportive environment for respite that is less costly, less intrusive, and more easily designed to feel like home. The Crisis Now Model also challenges these programs to meet the needs of the individual in crisis first, the needs of the community second, and the needs of the organization last. This means prioritizing expedient admission processes, taking as many people as possible, utilizing a recovery and peer-based model, and much more.

Placer County with support of its stakeholders have proposed in this Annual Update a new five-year Innovation Plan for FY 2021-2026, a six (6) bed 24/7 Adult Crisis Respite Center to be embedded within our Cirby Hills campus. This project addresses the identified community priority to expand our crisis continuum and provides our community members experiencing a behavioral health crisis the opportunity to seek short-term crisis care outside of our already impacted hospital emergency rooms. It will allow us to pilot the Crisis Now Model within a more flexible "Respite Care" environment and use the five-year Innovation Plan to help measure how the Crisis Now Model fits mechanically into our continuum to best

serve our community. We can gather additional outcome data based on actual use and continue to gather community input during this timeframe to see what is needed most (e.g., crisis stabilization unit, Urgent Care, or other type of crisis program) and what is fiscally sustainable.

Creating a new behavioral health receiving center where law enforcement can drop off and individuals/families can self-refer will be a culture shift and innovative practice for Placer County. The County can shift from being overly dependent on emergency rooms and having law enforcement present for all crisis interactions, to having an environment that is solely focused on the behavioral health needs of the individual. In addition, the co-location within our Cirby Hills campus will enable staff to engage from our other co-located programs, and its location in the same hallway as our Wellness Center offers a safe place to deescalate from crisis, be evaluated, gain daytime access to the center, and receive linkage to appropriate treatment and needed resources (e.g., housing, social services, substance use).

This unique opportunity aligns with the needs of the community with priorities of the Board of Supervisors and stakeholders and utilizes multiple funding sources, including Medi-Cal and hospital funding, to fully achieve our goals. This Innovations Plan is projected to expend \$550,000 of MHSAs Innovation dollars annually over the next five years and must also be approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

In conclusion, the MHSAs Annual Update and associated expenditures are vetted with the Mental Health, Alcohol, and Drug Advisory Board, our local stakeholder Steering Committee (Campaign for Community Wellness) and are posted for 30 days to receive public comment. The 30-day public comment period for this Plan ends on June 27<sup>th</sup>. A Public Hearing will be held by the Mental Health, Alcohol, and Drug Advisory Board on June 28, 2021. Comments received will be reported during the presentation to your Board.

The Campaign for Community Wellness (CCW), a community-based steering committee overseeing the implementation of this Mental Health Services Act Plan in Placer County, has noted the positive results of the investments made through this plan. The CCW goal is to support the traditional and non-traditional mental health system in Placer County using innovative, collaborative, culturally competent, and consumer-guided approaches. CCW supports the continuation of these programs to improve services and supports for all people in Placer County experiencing mental health issues.

#### **FISCAL IMPACT**

No County General Funds are required.

The FY 2021-2022 MHSAs Annual Update and Expenditure Plan, which includes the FY 2021-2026 Five-Year Innovations Plan and Expenditure Report, is on file with the Clerk of the Board for review.

