Mental Health Services
Oversight & Accountability Commission

STATE OF CALIFORNIA
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Vice Chair
TOBY EWING
Executive Director

August 27, 2021

Amy Ellis, MFT
Director, Adult System of Care
11512 B Avenue, Dewitt Center
Auburn, CA 95602

Dear Ms. Ellis,

Congratulations, the Commission has approved the 24/7 Adult Crisis Respite Center Innovation Plan on August 26, 2021 up to the amount of $2,750,000 in Innovation funding for five years.

Please notify Commission staff in writing of the official start date of the Innovation project. Pursuant to the Innovation regulations, the start date is when the County begins implementing the project which is based upon the date funds are first spent or when services are delivered, whichever happens first. (Reference Title 9 CCR, Article 9 §3910.010(a)(1)).

On behalf of the Commission, I would like to thank you for all the work you do in your community.

If you have additional questions or need further assistance, feel free to contact me sharmil.shah@mhsoac.ca.gov or your county liaison Wendy Desormeaux at Wendy.Desormeaux@mhsoac.ca.gov.

Sincerely,

Sharmil Shah, Psy.D
Chief-Program Operations

Copy: Sue Compton, MHSA Coordinator

INNOVATIVE PROJECT PLAN

PLACER COUNTY 24/7 ADULT CRISIS RESPITE CENTER - PROPOSED 2021-2026 INNOVATION PROJECT

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☑ 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. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
☑ Local Mental Health Board approval Approval Date: June 28, 2021
☑ Completed 30 day public comment period Comment Period: May 28 - June 27, 2021
☑ BOS approval date Approval Date: July 6, 2021 If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: n/a *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.*
Desired Presentation Date for Commission: August 26, 2021 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.***

HHS Adult System of Care ▪ 11512 B Avenue ▪ Auburn, CA 95603
Amy Ellis, Director ▪ (530) 889-7256 ▪ aellis@placer.ca.gov

Mental Health Services Act (MHSA) Innovation Project Plan

County:	**Placer County**
Date Submitted:	July 2021
Project Name:	**24/7 ADULT CRISIS RESPITE CENTER**
Total Amount Requested:	$2,750,000
Duration of Project:	Five (5) Years

Statement of Need

Placer County is a "medium-sized" County with a population of about 400,000 people. The County serves all residents who are in crisis and has evolved our crisis continuum over the years to include an array of services but still lacks an alternative place to go, other than a hospital emergency room (ER), for someone experiencing a behavioral health crisis. Our County averages 289 crisis assessments each month, of which 80% are completed at the hospital ER.

Much of Placer's mental health service continuum for the Medi-Cal population is located on the "Cirby Hills" campus located at 101 Cirby Hills Drive in Roseville, California. Within that campus, services include (but are not limited to): Wellness Center (to build community), Outpatient Mental Health Services (including psychiatry, nursing, case management), Full-Service Partnership (more intensive outpatient care), a voluntary 14 bed Crisis Residential (up to 30 days), and a non- voluntary residential 16 bed Psychiatric Health Facility (PHF).

We have a community-based Mobile Crisis Team that uses face-to-face professional and peer intervention, deployed in real time to the location of a person in crisis, whether in the community or in their home. We also have an Adult Crisis Response Team located within Roseville Sutter Hospital's ER performing crisis evaluations and acquiring placements 24/7 for those in need.

Many individuals in crisis brought to the hospital ER for stabilization report experiencing increased distress and worsening symptoms due to noise and crowding, limited privacy in the triage area, and being attended to by staff who had little experience with psychiatric disorders (National Action Alliance for Suicide Prevention: Crisis Services Task Force. (2016). Crisis now: Transforming services is within our reach. Washington, DC: Education Development Center, Inc., Pg. 23).

An overburdened ER increases the individual's acute distress and delays in mental health evaluations further extends their crisis experience. Individuals in the ER can wait 3-4 hours to be evaluated by a mental health clinician from the time they arrive and receive medical treatment/clearance. This is compared to an average wait time of 22 minutes from the time law enforcement contacts Mobile Crisis to when Mobile Crisis arrives on scene in the community to begin crisis intervention. In addition to the reduced stress on the individual, the average time law enforcement stays with Mobile Crisis is 1 hour, versus 3-4 hours in the ER. Approximately 70% of referrals to Mobile Crisis are from law enforcement.

Many individuals do not actually need to go to the hospital to receive the necessary help while experiencing a mental health crisis. For FY 20-21, 61% of the total crisis evaluations completed in the community by Mobile Crisis did not meet criteria for a 5150 hold and did not require transport to a hospital for medical clearance and assessment. This resulted in 234 unduplicated individuals being diverted from the hospitals. Additionally, 64.5% (151) of those individuals remained out of the emergency rooms for the remainder of the fiscal year. For adults who did receive a crisis evaluation at the hospital, 54% percent met criteria for psychiatric hospitalization.

Successful linkage to follow-up care is necessary to help reduce recidivism. Unfortunately, the data connecting the no show rate for specialty mental health appointments following ER discharge is not available, making it impossible to determine subsequent utilization of services located at our Cirby Hills campus.

We are learning that successful utilization of follow-up care would be further improved with the opportunity to provide immediate access and linkage to services. Follow-Up Services are available to adults who received a crisis evaluation at Sutter Hospitals by our Adult Crisis Response Team and did not require involuntary psychiatric hospitalization. Follow-up Services contacts individuals within two business days and can provide support for up to 60 days. According to 2019-2020 data of 721 individuals referred, only 30% were successfully contacted by the Follow-Up Services Team. Challenges include difficulty establishing contact with clients post crisis (lack of response and accurate phone numbers, particularly for homeless populations).

We believe outcomes for individuals in crisis would be even better if we were able to divert more residents in behavioral health crisis away from the ER to an alternative destination where they can be quickly evaluated, better monitored, and more efficiently connected to needed interventions. People respond better in a safe, welcoming, and supportive environment where they can change their emotional state, create a plan, and connect seamlessly to necessary supports.

Placer County has been participating in the Crisis Now Academy (Cohort 2), funded by the Mental Health Services and Oversight and Accountability Commission (MHSOAC), since December 2020. The Crisis Now Model, developed by the National Action Alliance for Suicide Prevention's Crisis Services Task Force, has identified the core elements of crisis care to include:

1. Regional or statewide crisis call centers coordinating in real time
2. Centrally deployed, 24/7 mobile crisis
3. **Short-term, "sub-acute" residential crisis stabilization programs**
4. Essential crisis care principles and practices

Crisis care that is effective and saves lives requires a systemic approach with these key elements in place. An adequate crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources.

Through our participation in Crisis Now, we have learned that we can make improvements to all areas of our crisis continuum, but our only completely missing element is number three (3), a short-term, "sub-acute" residential crisis stabilization program. In fact, Placer County has been highly invested in a crisis model that has been overly reliant on our hospital system and criminal justice partnerships for years.

The Crisis Now Task Force recommends the function of a crisis stabilization facility is maximized when the facility:

- Functions as an integral part of a regional crisis system serving a whole population rather than as an offering of a single provider
- Operates in a home-like environment
- Utilizes peers as integral staff members
- Has 24/7 access to psychiatrists or Master's-level mental health clinicians

Such services can provide prevention and/or diversion from more costly and coercive crisis services and allow individuals to remain in the community.

The evidence suggests a high proportion of people in crisis who are evaluated for hospitalization can safely be cared for in a crisis facility, the outcomes for these individuals are at least as good as hospital care, and the cost of crisis care is substantially less than the costs of inpatient care (Crisis now, Pg. 23). In its 2014 report, *Crisis Services: Effectiveness, Cost Effectiveness, and Funding Strategies*, SAMSHA (Substance Abuse and Mental Health Service Administration) summarizes evidence on crisis stabilization facilities as follows:

The current literature generally supports that crisis residential care is as effective as other longer psychiatric inpatient care at improving symptoms and functioning. It also demonstrates that the satisfaction of these services is strong, and the overall costs for residential crisis services are less than traditional inpatient care. For the studies examined in this review, the populations range from late adolescence (aged 16-18 years) through adulthood. Regarding mental health and crisis residential, a recent systematic review examined the effectiveness of residential alternatives to hospital inpatient services for acute psychiatric conditions (Lloyd-Evans, et al., 2009). This review included randomized control trials or studies that provided specific quantitative comparisons of effectiveness of alternatives to standard acute inpatient care. The authors concluded that there is preliminary evidence to suggest that residential alternatives may be as effective and potentially less costly than standard inpatient units (Pgs. 9-10).

The Crisis Now Model challenges the behavioral health receiving center 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.

In addition, the essential qualities that must be "baked into" comprehensive crisis systems, include:

- Embracing recovery, significant use of peers, and trauma-informed care
- Suicide safer care, providing comprehensive crisis services that include all core elements described in this report
- Safety and security for staff and consumers
- Law enforcement and crisis response training and coordination

We realized that finding an innovative way to get as close to the Crisis Now model as possible within California's payment structure and certification standards would take creativity.

Proposed Innovation

The proposed Innovation Project would add a six (6) bed 24/7 Mental Health Adult Crisis Respite Center embedded within our existing array of services at our Cirby Hills campus. It would be considered an intermediate level of support for those experiencing a mental health crisis that is more severe than what a standard "drop-in center" could provide but does not require an emergency room or inpatient psychiatric hospitalization setting. Residential crisis stabilization programs such as this offer short-term "sub-acute" care for 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.

The goal of the 24/7 Adult Crisis Respite Center is to create a local respite service that offers a safe, supportive, home-like environment for community members to utilize when experiencing a behavioral health crisis. It is an alternative that is less costly and less intrusive than a hospital setting and more easily designed to connect individuals immediately to needed supports and ultimately reduce recidivism.

This proposed project will allow us to try 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 data based on actual use and continue to gather community input during this timeframe to see what is needed most (e.g., CSU, Respite Care, or other type of crisis program).

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. Placer will 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. This shift is extremely innovative for Placer County. Services will be provided by peer and licensed behavioral health teams specifically trained in crisis intervention, de-escalation, and engagement tools. These staff will be well trained in linkage to post crisis care and be invested in ensuring treatment plans are client centered and individualized.

The location within the Cirby Hills Campus, being surrounded by so many levels of service, will help push the culture shift and innovation forward. For example, if law enforcement drops off at this location during the day, they will be able to leave quickly, because if the urgent care ends up not being the right place, staff will ensure the client gets to where they need to be. We will not require law enforcement to wait and perform this step. The supports and staffing levels within the Cirby Hills Campus will allow us to make this culture shift to prioritize the client experience and our community needs before what is easiest or most comfortable for our organization.

The co-location of the Adult Crisis Respite Center within our existing campus of other outpatient/inpatient programs is also unique and innovative compared to most counties. It will be located on the same hallway as our Wellness Center offering a safe place to deescalate from crisis, be evaluated, gain daytime access to the Wellness Center, and receive immediate linkage to appropriate

treatment and needed resources (e.g., housing, social services, substance use treatment, and more). In addition, streamlined access to our on-site involuntary PHF or 30-day Crisis Residential program would be available for those requiring a higher level of support. Medical clearance has been a barrier to bypassing Sutter Hospital's ER in the past, but we are planning to work together to try and build the resources to lessen the reliance on the ER for medical clearance into these programs.

The location will enable staff to easily engage from our other co-located programs while individuals are still in Respite Care. For example, a nurse from the Medical Provider team will come to the unit each day and go over what will happen at a first appointment with one of our psychiatrists (in outpatient care), educate, and alleviate medication concerns. Clients can be assigned a case manager (even be introduced to them) and receive their first appointments before their exit. Clients can attend an art or cooking class at the Wellness Center located next door during the day to begin to build community. A substance use staff can complete a screening (ASAM) determination and referral to SUD treatment prior to exit.

Target Population: All Placer County residents 18+ in mental health crisis who are medically stable and not currently placed on a 5150 hold, regardless of race, ethnicity, gender (including gender identity and expression), sexual orientation, culture, etc.

Referrals: In addition to self-referral; family members, support persons, law enforcement, community partners, etc. can assist with admission (without going to Emergency Care first) by calling our Intake Line for a pre-phone-screening. Drop off time and details will be discussed during the 24/7 pre-screening process. Higher acuity referrals may need ER clearance before acceptance.

Length of Stay: Programming will emphasize a short- term emphasis on de-escalation and evaluation to appropriate level of care. Linkage to ongoing treatment will be provided as part of the discharge plan. Length of stay will range from several hours to no more than 48 hours.

Environment: There is a large space that will be transformed into a relaxing environment with 6 recliners, a television, and couches. Across the hall is a medium space that will be developed for programming/ quiet area for those in need. There is a 2-person office and a single office for staff workspace and an adjacent "storage" area. There are 2 ADA compliant bathrooms, and one will be remodeled to include a shower. Designing the space with diverse community input will help ensure an inclusive and welcoming atmosphere.

Amenities:

- A recliner/ place to rest in a non- private room
- Small space for personal belongings
- Access to a television and couch to sit
- Shower/ Restroom facilities
- Laundry/ New set of lounge clothing (if required)
- Phone access in non-private area
- 3 Simple meals/ and 2 snacks a day

Services:

- Case management/Linkage to services
- Crisis management
- Individual and Group Therapy
- Peer to Peer Support/ Peer Services
- Linkage to cultural supports and services, including Cultural Brokers
- Development or review of a Wellness, Recovery, Action, Plan (WRAP plan)
- Medication Review/Consultation with RN (during daytime hours)
- Psychiatric consult (as needed)

Service Philosophy

Ensuring that our 24/7 Mental Health Adult Crisis Respite Center is Client and Family Driven, Wellness, Recovery and Resilience-Focused, and Culturally Competent will help to promote empowerment and recovery for all service users regardless of racial, ethnic, cultural, socio-economic, and gendered identities.

Trauma-informed care will be an essential element of our crisis treatment. Creating an environment with treatment approaches that are safe and calm facilitate healing. In 2014, SAMHSA set the following guiding principles for trauma-informed care:

1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Ensuring cultural, historical and gender considerations inform the care provided.

By embedding these principles and their practice in the experiences of staff as well as consumers, the program's culture will be trauma-informed and will

screen for trauma exposure in all clients served, as well as examine the impact of trauma on mental and physical well-being. Addressing the trauma that family and significant others have experienced is also a critical component that assists stabilization and reduces the possibility of further trauma or crisis. Examples of how these practices are integrated into service delivery include incorporating trauma-informed care and cultural humility training into each team member's new employee orientation with refreshers delivered as needed and applying assessment tools that evaluate the level of trauma experienced by the individuals served by the crisis program and creating action steps based on those assessments.

In addition, we will examine our existing training curriculum and identify opportunities to provide paraprofessional staff with training to examine their own responses to trauma. Paraprofessionals are delegated a portion of professional tasks, but do not have a license to practice as an independent practitioner. The Napa County ACEs (Adverse Childhood Experiences) Innovation Project is doing valuable work exploring whether identifying and discussing the role of ACEs and Resiliency in the lives of paraprofessionals improves how individuals understand ACEs and Resiliency in the lives of the individuals they serve and/or improves how individuals manage workplace stress. Napa County noted that paraprofessionals, who are often best positioned to intervene in the prevention and treatment of ACEs, have the least professional support to address ACEs in their own lives. Licensed professionals receive training and often ongoing supervision to address their own trauma history and how it manifests in their work. This support is not available for the paraprofessionals but is critical to preventing and healing childhood trauma in our community.

A recovery-oriented, consumer-centered approach to crisis care is integral to program outcomes. In the model of Crisis Now, "the risks of harm to self or others are recognized, but the basic approach is fundamentally different. Crises are viewed as challenges that may present opportunities for growth. When crises are managed in comfortable and familiar settings, people feel less alone and isolated with their feelings of anxiety, panic, depression, and frustration. This creates a sense of empowerment and belief in one's own recovery and ability to respond effectively to future crises."

The program must be responsive to the cultural and linguistic needs of individuals of Placer County's underserved communities. Unserved and underserved populations identified as priorities during the FY 2020-2023 Mental Health Services Act (MHSA) community planning process were Transitional Age Youth (ages 16-25), Older Adults (ages 60+), LGBTQ+, Native American, and Latino communities. Continued emphasis on recruiting more bilingual and culturally diverse staff to the behavioral health workforce in all roles will help reduce disparities. The County will work with our culturally specific community-

based organizations and community members to provide input on recruiting, hiring, and training staff as well as most effective ways to link to culturally appropriate supports, including utilization of our cultural brokers.

Language alone can create barriers in emergency settings if there is no staff person present who can communicate with an individual who is in crisis. In the event a bilingual staff member is not available, interpretation services will be utilized. In those circumstances, protocols should be identified to test whether providing timely direct follow-up calls from bilingual staff to ensure instructions were clearly understood help increase successful utilization.

Ultimately, we believe working towards integration of this mental health care service into Placer County's community systems, from criminal justice, physical health care, community-based providers, emergency services, rehabilitation, to housing services, etc. will provide our residents with best opportunity to recover and thrive. This will require ongoing multi-directional community and outreach, to jointly address the needs of individual consumers and the health of our community.

Community Planning (CPP)/ Stakeholder Process

During the FY 2020-2023 MHSA Three-Year Plan community planning process, Placer County's MHSA stakeholder advisory group, the Campaign for Community Wellness (CCW), identified further development of our crisis services as a priority need for Placer County. Specific suggestions for programs or services that would enhance consumer wellness and recovery and better meet the needs of the community included:

A 24/7 urgent care center ▪ crisis center locations ▪ alternative to ER to go while in crisis ▪ alternatives to 5150 holds/ED transport ▪ 24/7 crisis support with low barrier entry (e.g. law enforcement drop off) ▪ mental health drop-in respite center ▪ 24/7 on-call Psychiatrist ▪ improved post-crisis follow-up services ▪ improved access to services while in crisis ▪ non-ED alternative for older adults and persons with disabilities experiencing a crisis.

CCW includes individuals and organizations giving specific voice to families, consumers, Latinos, Native Americans, LGBTQ+, children, youth, TAY, adults, and older adults. It also includes representatives in education, health care, housing, law enforcement and substance use services. The most recent survey conducted (2021) indicated almost 60% of participants considered themselves to be a person with lived mental health experience and/or a history of substance abuse and 96% indicated they were a family member of a person with lived mental health experience and/or a history of substance abuse.

Placer County was included in Sacramento County's Mercy Hospital Crisis Stabilization Unit (CSU) Innovation Project. However, this involvement was only ever intended to support Placer residents who sought treatment at the Mercy San Juan Hospital ER. It was never intended to be a referral location for Placer residents. We are not able to transfer Placer County patients from the Sutter Hospital ER where we currently conduct our 5150 evaluations. Additionally, the volume of Placer County residents receiving 5150 evaluations in Sacramento County and utilizing the CSU has been lower than expected.

Placer County still needed a crisis center that could be used as a referral source within Placer's crisis continuum and the community and meet the needs of its residents regardless of where they might experience a crisis.

Beginning in October 2020, Placer County began consultation with Crisis Now Academy/R.I. International to explore and evaluate the Placer County crisis continuum and identify how the community's suggestions could be incorporated. Consultations included and continue to include bi-monthly meetings with a multi-county cohort and Placer County-specific technical assistance sessions. Based on the Crisis Now Model, a key component to the crisis continuum lacking for Placer County, a short-term, "sub-acute" residential crisis stabilization program, aligned closely with the community's input. Placer County used the technical assistance sessions and cohort input to explore the requirements for implementing a 24/7 Crisis Respite Care Center.

When presented with the concept for a 24/7 Adult Crisis Respite Care Center (identified initially as a 24/7 "Mental Health Urgent Care Center") which could be potentially located at our Cirby Hills facility, our stakeholders, law enforcement, Community-Based Organizations and partners, Sutter Health Hospital, and Managed Care Plans responded with overwhelming support.

On December 21, 2020, Placer County sought input on the concept from Sutter Health, Roseville Police Department (PD), Rocklin PD, Placer Sheriff's Department, Lincoln PD, Community-Based Organizations who provide Psychiatric Health Facility (inpatient) care, Crisis Residential, After Hours 5150 Crisis Assessment, and Jail-based Medical Services. A follow-up meeting was scheduled in January with Sutter Health and Roseville PD.

The concept as a proposed Innovation Project was presented to the Campaign for Community Wellness (CCW) at the January 22, 2021 stakeholder meeting and subsequently discussed at the March, April, and May meetings. Additional input was sought with community members of the Mental Health Alcohol and Drug Board (MHADAB) Adult Services Committee meetings in February and March and at the MHADAB February 22, 2021 public meeting. Input was also

sought from the Tahoe Forest Hospital and other community partners in the Tahoe/Truckee region in April 2021.

A concept paper for this Innovation Project was submitted to the MHSOAC in April 2021 for Technical Assistance and received positive feedback. Recommendations have been incorporated into this Plan.

It will be critical to ensure continued Community Collaboration in ongoing project development. Additional stakeholder meetings are being planned and will be necessary to be maintained, quarterly at minimum, throughout implementation. This will include meetings with community members, the MHADAB and Adult Services Committee, community-based organizations, law enforcement, Sutter Health, and County staff. Meetings with consumer/peer-based organizations and culturally specific organizations will be included, and their input will be critical to ensure the program design, environment, services, and evaluation are culturally and linguistically appropriate, inclusive, and responsive, and that potential barriers to access and/or behavioral health inequities are proactivity identified and addressed.

Learning Objectives and Evaluation

The proposed innovation project will support the following MHSA Innovation General Requirement:

- *Introduce a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.*

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

- *Increases the quality of mental health services, including measured outcomes; and*
- *Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes.*

The following Key Learning Questions will guide our project and help us determine whether embedding a crisis center into our continuum is truly valuable for our community.

- Does prioritizing the client experience and community needs allow our organization to build a 24/7 crisis center that is fiscally sustainable?
- Does prioritizing the client experience and community needs allow our organization to build a 24/7 crisis center that provides better outcomes to those served?

- Will this innovative approach to customer/community service ultimately increase the number of clients who will enter crisis services voluntarily, reducing the need for involuntary 5150s and hospitalizations?

Placer County will work with an outside evaluator and internal system analysts to identify the key qualitative and quantitative data to collect and measure as well as the most effective way to capture the data through our systems (such as Avatar). Measurements will likely include:

- Who and how many are served? What proportion of people experiencing a behavioral health crisis are allowed to use and access the Center? Are there identified access barriers?
- Change in severity/intensity of psychological symptoms between admittance to discharge (pre- and post-test client measurable questionnaire)
- Percentage of admissions requiring higher level of care upon discharge versus those who stabilized to home
- Percentage of those successfully connected to follow-up care, behavioral health services, including those in the Cirby Hills Campus, and other community supports and alternatively, no-show rates for follow-up appointments post discharge. How long do clients engage in service, who becomes disengaged, and why? How does the campus influence these questions?
- Referral tracking: Referrals received by whom (ie. law enforcement, Sutter Hospital, family member) and from where (geographic area/location such as Roseville, Rocklin, Lincoln, etc.)
- Recidivism rates over time
- Impact on Sutter Hospital ER: change in wait times, percentage of those referred vs accepted
- Qualitative client satisfaction surveys: How satisfied are clients and families with the care and support they receive?
- Qualitative feedback (quarterly meetings etc.) from stakeholders including but not limited to community members, peers/family members, Consumer Council, community-based organizations, Sutter Hospital, law enforcement, and program staff
- Fiscal operational sustainability including the percentage and dollar amount of Medi-Cal reimbursement captured

Numbers Served: It is estimated this Innovation Project will serve about 900 unduplicated individuals each year. The estimated number served annually assumes 5 occupied "beds" per day, with most staying 24 hours, and individuals requiring multiple visits. The importance of community outreach, marketing and referral building will be critical for utilization.

Timeline: With hospital funding contributions, renovation of the existing Cirby Hills space is expected to begin in Summer 2021 with the hope to begin operations in the 4th quarter of 2020. During that time key events will need to take place:

- Hire/re-locate and train staff
- Hold series of planning and evaluation meetings with contracted After-hours provider (Sierra Mental Wellness Group) to ensure that appropriate staffing and other resources are available, trained, and ready for Go-Live Date.
- Identify consultant for evaluation services and begin developing evaluation plan; schedule meetings to ensure that Electronic Health Record for data entry and Project Evaluation are in place
- Meet with Sutter Health, law enforcement agencies, and on-site Contracted and County mental health and mental health providers to explore and evaluate collaboration, protocols, procedures. Future meetings are outlined in the Community Planning (CPP)/Stakeholder Process.

Budget

Placer County is requesting $2,750,000 ($550,000 per year) in MHSA Innovation funds over 2021-2026, which would allow us the flexibility to test what is most needed within our community, related to admission, length of stay, staffing model, and more. The updated FY 2021-2022 MHSA Expenditure Plan included in our Annual Update reflects the proposed Innovation funding.

Revenue: MHSA Innovation funds will be braided with other ongoing revenue opportunities, including Medi-Cal, grants, and health partner funding, for ongoing operational expenditures. County leadership has committed to the net county cost vis a vis staffing, general funds, and funding commitments received from Sutter Hospital, Kaiser Hospital, California Health and Wellness, and Anthem. The Medi-Cal revenue projections in the budget below are conservative estimates based on historical reimbursements.

Staffing: The majority of operational costs are expected to be in personnel. Sutter has asked us to consider allowing them to complete their own crisis evaluations. Making this change could allow us to re-deploy some existing staff time to the

Crisis Respite Center. We could also station some of our current Mobile Crisis Team at the Center to provide additional staffing support when they are not on a call. At a minimum, there will be always one clinician (Client Services Practitioner) with Peer Support Specialist staff on duty. The County will assess whether the long-term staffing plans will include contracting with a community-based organization through a competitive Request for Proposal (RFP) process.

Personnel Costs (Salaries, Wages, Benefits) include:

- 1 FTE (Full-time Equivalent) Registered Nurse (RN) at $165,000/year
- 8 FTE Client Services Practitioners (CSPs)at $170,000/year
- 5 FTE Peer Support Specialists (PSS) at $65,000/year
- On-call 24/7 Psychiatrist at $240,000/year

Operating Costs include:

- IT Charges: CORE Charges, AVATAR (EHR) Support, Countywide Systems, PC Replacement
- Client Supplies – Personal Needs
- Office Supplies/Good & Services including printing, postage, lab supplies
- Utilities including expected usage for showers, laundry and kitchen appliances
- Environmental Services: janitorial services and supplies
- Meals/Nutritional Services: 3 meals per day per client
- Linen Service
- After Hours Security
- Overhead & Indirect Costs
- MH Administration & Evaluation Costs

One-time Costs: We understand that Innovation funds *cannot* be used for capital improvements. There has been strong support from the hospital systems due to the reduced strain this project will have on their emergency rooms and staff. Sutter Hospital, as well as the Managed Care Plans, have committed one-time funding totaling $205,000 towards renovations and other start-up costs needed for the Cirby Hills space. The County will also be exploring potential statewide competitive grants identified as the Behavioral Health Continuum Infrastructure Program (BHCIP) in the Governor's 2021-2022 Statewide Budget. Remodeling will includes adding a shower into an existing bathroom, a wall/door separation, some changes to the "intake/receiving" area, and furnishings for the clients.

The budget below is an estimate based on initial assumptions outlined above.

ANNUAL BUDGET	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Expenditures						
Personnel Costs (Salaries, Wages, Benefits)						
Registered Nurse (RN)	165,000	165,000	165,000	165,000	165,000	825,000
Client Services Practitioners (CSP)	1,360,000	1,360,000	1,360,000	1,360,000	1,360,000	6,800,000
Peer Support Specialists (PSS)	325,000	325,000	325,000	325,000	325,000	1,625,000
Psychiatry	240,000	240,000	240,000	240,000	240,000	1,200,000
Subtotal: Personnel Costs	2,090,000	2,090,000	2,090,000	2,090,000	2,090,000	10,450,000
Direct Operating Costs	461,850	461,850	461,850	461,850	461,850	2,309,250
Indirect Costs & Administration	406,589	406,589	406,589	406,589	406,589	2,032,945
Evaluation	150,000	150,000	150,000	150,000	150,000	750,000
Total Expenditures	**3,108,439**	**3,108,439**	**3,108,439**	**3,108,439**	**3,108,439**	**15,542,195**
Funding Sources						
Innovation (INN) Funds	550,000	550,000	550,000	550,000	550,000	2,750,000
Federal Financial Participation (Medi-Cal Estimate)	777,625	777,625	777,625	777,625	777,625	3,888,125
Total Funding Sources	**1,327,625**	**1,327,625**	**1,327,625**	**1,327,625**	**1,327,625**	**6,638,125**
Net County Cost	**1,780,814**	**1,780,814**	**1,780,814**	**1,780,814**	**1,780,814**	**8,904,070**

One-time Costs	
Renovations	204,000
Start-Up	31,400
Total One-time Costs	**235,400**
Funding Sources	
Sutter Health, Managed Care Plans	205,000
Net County Cost	**30,400**

The Innovation funds are an important component of the overall funding picture as the 5-year project will allow us time to establish the best ongoing funding strategy. If successful, the project will use a variety of funding sources to be sustainable including Medi-Cal reimbursement and opportunities through California Advancing and Innovating Medi-Cal (CalAIM). The County is also securing an outside contractor for professional evaluation of the crisis center that will be used to meet the requirements of the INN funding but will also be used to seek additional ongoing funding with our various community stakeholders whom this program intends to benefit.

Ongoing community involvement will be key to long-term sustainability even after the end of the Innovation grant. If the Innovation Project is unsuccessful, participants will be transitioned to existing services in our crisis continuum of care, some which will likely continue to be funded (pending ongoing stakeholder approval) through MHSA CSS funding.

Conclusion

The 24/7 Adult Crisis Respite Center provides an innovative opportunity to greatly improve the experience for those suffering a behavioral health crisis within Placer County. Our community would benefit from a specialized place for crisis care that does not require involvement from law enforcement or the ER to access care. Embedding this service in our Cirby Hills Campus also allows greater opportunity for engagement into higher or lower levels of care as needed.

This proposed Innovation Plan and associated expenditures were included in Placer County's MHSA FY 2021-2022 Annual Update which received a 30-day public comment period from May 28 through June 27, 2021. No public comments were received during the 30-day public comment period. The FY 2021-2022 Annual Update and 2021-2026 Innovation Plan were approved by the Placer County Mental Health Alcohol and Drug Advisory Board (MHADAB) on June 28, 2021 and approved by the Placer County Board of Supervisors on July 6, 2021.

MHSA Public Hearing Minutes

PLACER COUNTY MENTAL HEALTH, ALCOHOL AND DRUG BOARD

MONTHLY BOARD MEETING MINUTES

June 28, 2021

Mental Health Board
Members in Attendance
Baggett, Brandy
Buckley, Claire
Giffin, Marty
Henry, Todd
McLennan, Geoff

Absent Members
Cataldo, Lisa
Julien, Joana
Leighton, Linda
Sanchez, Laura

Staff and Guests
Abrahamson, Twylla
Compton, Sue
Ellis, Amy
Fernandez, Carlos
Genschmer, Scott
Headrick, Kyleene
Osborne, Marie

PUBLIC HEARING – Placer County, Mental Health Services Act (MHSA) FY 2021-2022 Annual Update
Geoff McLennan, Vice-Chairperson of the MHADAB called the Public Hearing to order at 6:31 p.m.

- Sue Compton read the ground rules for public comment period.
  - Each speaker will have five minutes to speak,
  - please take turns and wait to be acknowledged prior to speaking.
  - Remember we will only be receiving input and staff will not respond to the merits of any plan.
  - Our staff will only ask questions to clarify a speaker's remarks.
  - If anyone does not wish to speak but has comments, they may designate someone else to make their comments.
  - There is no cross talk, we are here to receive your suggestions.
  - No decisions will be made tonight.

- No public comments were received during the meeting.

- Public Hearing concluded at 6:34 p.m.

6/30/2021
Secretary/Treasurer, Mental Health, Alcohol and Drug Board

Board of Supervisor Approval

COUNTY OF PLACER
BOARD OF SUPERVISORS
AGENDA
Tuesday, July 6, 2021
9:00 a.m.

County Administrative Center, 175 Fulweiler Avenue, Auburn, CA 95603

Bonnie Gore, District 1
Robert Weygandt, District 2, **Chair**
Jim Holmes, District 3
Suzanne Jones, District 4
Cindy Gustafson, District 5, **Vice Chair**

Todd Leopold, County Executive Officer
Karin Schwab, County Counsel
Megan Wood, Clerk of the Board
Marci Branaugh, Deputy Clerk of the Board

The board meeting will be open to in-person attendance. The entire meeting will be available on livestream. Public Comment will be opened for each agenda item, and citizens may comment virtually through a Zoom meeting webinar https://www.placer.ca.gov/boslive utilizing the "raise hand" function or if you have joined the Zoom meeting via phone at 877-853-5247 using the Webinar ID **949 3976 9420** *please dial *9 to "raise hand" and queue for Public Comment. Please raise your hand at the time the Chair announces the item. Please Note: There will be no phone reservation line.*

Placer County is committed to ensuring that persons with disabilities are provided the resources to participate fully in its public meetings. If you are hearing impaired, we have listening devices available. If you require additional disability-related modifications or accommodations, including auxiliary aids or services, please contact the Clerk of the Board. If requested, the agenda shall be provided in appropriate alternative formats to persons with disabilities. All requests must be in writing and must be received by the Clerk five business days prior to the scheduled meeting for which you are requesting accommodation. Requests received after such time will be accommodated only if time permits.

DISTRICT 5 SUPERVISOR CINDY GUSTAFSON WILL BE PARTICIPATING IN THE MEETING REMOTELY

FLAG SALUTE: Led by Supervisor Gore

CONSENT AGENDA: All items on the Consent Agenda have been recommended for approval by the County Executive Department. All items will be approved by a single roll call vote. Anyone may ask to address Consent items prior to the Board taking action, and the item may be moved for discussion. **Item pulled: 24B - Vote on remaining items:**
MOTION: Gore/Holmes/Unanimous Roll Call 5:0 - AYES: Jones, Gustafson, Weygandt, Gore, Holmes

PUBLIC COMMENT: Persons may address the Board on items not on this agenda. Please limit comments to 3 minutes per person since the time allocated for Public Comment is 15 minutes. If all comments cannot be heard within the 15-minute time limit, the Public Comment period will be taken up at the end of the regular session. The Board is not permitted to take any action on items addressed under Public Comment.

BOARD MEMBER AND COUNTY EXECUTIVE REPORTS:

TIMED ITEMS to be discussed at the time shown or shortly thereafter

9:15 a.m.

1. **COUNTY EXECUTIVE**
   A. Appointed Counsel Fees for Indigent Defense

1. Introduce an Ordinance, waive oral reading, amending Placer County Code Chapter 2, Section 2.124.060, subsections (c) and (d), Indigent Public Defense Program Fees, to increase hourly rates for private counsel appointed by Placer Superior Court to represent indigent individuals.

9:25 a.m.

2. **COUNTY EXECUTIVE**
   - A. Presentation from PG&E on their Community Wildfire Safety Program to include the Public Safety Power Shutoff
     1. Receive a presentation by PG&E about their 2021 Community Wildfire Safety Program. This presentation will include updates on specific measures that PG&E is taking in Placer County to reduce wildfire potential, improve situational awareness, and reduce the impacts of Public Safety Power Shutoff events.

9:40 a.m.

3. **AUDITOR**
   - A. Audit Committee Annual Report
     1. Receive the Annual Report of the Placer County Audit Committee.

9:55 a.m.

4. **COMMUNITY DEVELOPMENT RESOURCE AGENCY**
   - A. Community Facilities District No. 2012-1 (Sunset Industrial Area Services) | Annexation #12 for 1111 Tinker Road, Rocklin, California (Assessor Parcel Number 017-303-008-000)
     1. Adopt a Resolution calling for an election, declaring the results, approving of the annexation of Assessor Parcel Number 017-303-008-000 into Community Facilities District No. 2012-1 (Sunset Industrial Area Services), and authorizing the levy of a special tax on the property.
     2. Introduce and waive oral reading of an Ordinance levying special taxes for fiscal year 2022-2023 and the following fiscal years and apportioning a special tax in territory annexed to Community Facilities District 2012-1 (Sunset Industrial Area Services).

10:00 a.m.

5. **COMMUNITY DEVELOPMENT RESOURCE AGENCY**
   - A. Sunset Area Plan, Community Facilities District No. 2021-1 (Sunset Area Plan Phase 1 Transit Services)
     1. Conduct a Public Hearing to establish a Community Facilities District No. 2021-1 (Sunset Area Plan Phase 1 Transit Services) Community Facilities District No. 2021-1) and a Future Annexation.
     2. Adopt the following Resolutions:
        - a. Resolution establishing Community Facilities District No. 2021-1, providing for Future Annexations of the Territory therein and levying of Special Taxes.
        - b. Resolution calling for a Landowner election for Community Facilities District No. 2021-1.
     3. Open ballots and announce results of election.
     4. Adopt a Resolution declaring elections results in Community Facilities District No. 2021-1 and directing recording of a Notice of Special Tax Lien.
     5. Introduce an Ordinance, and waive oral reading, levying special taxes for fiscal year 2022-2023 and the following fiscal years solely within and relating to the County of Placer Community Facilities District No. 2021-1 (Sunset Area Plan Phase 1 Transit Services).

10:05 a.m.

6. **COMMUNITY DEVELOPMENT RESOURCE AGENCY**
   - A. Placer Vineyards Specific Plan Property 1A, Phase 1 | Change Order to a Contract with TRC Companies, dba Vali Cooper & Associates Inc.
     1. Approve a change order to a contract with TRC Companies, dba Vali Cooper & Associates Inc., of Sacramento, CA for Construction Inspection Services for the Placer Vineyards project in the amount of $60,000, increasing the maximum amount to $459,886.
     2. Authorize the Purchasing Manager to sign all required documents.

10:10 a.m.

7. **BOARD OF SUPERVISORS**
   A. Tourism Business Improvement District (TBID) Board of Directors
      1. Nominate one applicant to serve as Placer County Board of Supervisors' representative on the Tourism Business Improvement District (TBID) Board of Directors in eastern Placer County.

10:15 a.m.

8. **PUBLIC WORKS**
   A. Sustainable Groundwater Management Act | Update on Groundwater Sustainability Plan Development
      1. Receive an update on Sustainable Groundwater Management Act activities including development of the required Groundwater Sustainability Plan.

10:40 a.m.

9. **TREASURER-TAX COLLECTOR**
   A. Annual Debt Disclosure Training
      1. Receive training on debt disclosure per Section 6.02 of the Placer County Debt Disclosure Policy and Procedures.
      2. Receive a memo from Bond Counsel outlining elected officials' responsibilities under federal securities law.
      3. Receive certification of Placer County's annual disclosure report filings.

11:10 a.m.

10. **COUNTY EXECUTIVE**
    A. Resolution Proclaiming Termination of the Placer County Declaration of Local Emergency Regarding COVID-19
       1. Adopt a Resolution proclaiming the termination of the Placer County Declaration of Local Emergency regarding COVID-19 and rescinding Resolution 2020-035.

2:00 p.m.

11. **COMMUNITY DEVELOPMENT RESOURCE AGENCY**
    A. Baseline Commercial Center, General Plan Amendment, Rezone, Tentative Parcel Map, Conditional Use Permit and Minor Boundary Line Adjustment (PLN20-00103), Mitigated Negative Declaration
       1. Conduct a De Novo Public Hearing to consider a recommendation from the Placer County Planning Commission for approval of the following:
          a. Adopt the Mitigated Negative Declaration and Mitigation Monitoring Program (SCH #2021020058) prepared pursuant to the California Environmental Quality Act.
          b. Adopt a Resolution to amend the Dry Creek West Placer Community Plan land use designation of the Baseline Commercial Center project site from Rural Low Density Residential (RLDR 1-2.3 ac. min.) to Commercial (C). The existing DCWPCP land use designation for the southeast remaining parcel would not be altered.
          c. Adopt an Ordinance to rezone the Baseline Commercial Center project site from RS-AG-B-40 PD = 1 (Residential Single Family, combining Agriculture, combining minimum Building Site of 40,000 square feet, combining Planned Residential Development of 1 unit/acre) to CPD-UP-Dc (Commercial Planned Development, combining Use Permit, combining Design Scenic Corridor). The zoning for the southeast remaining parcel would not be altered.
          d. Approve a Minor Boundary Line Adjustment to combine 0.8 acres of APN 023-221-020-000 with the six-acre APN 023-221-021-000 to create the 6.8-acre project site and a 1.1-acre parcel.
          e. Approve a Tentative Parcel Map for the subdivision of the 6.8-acre site into seven lots for commercial development.
          f. Approve a Conditional Use Permit to allow the proposed project and uses within the CPD zoning district.
       2. Close the Public Hearing and take final action on the above, the County's second 2021 General Plan amendment round.

DEPARTMENT ITEMS to be considered for action as time allows

12. **HEALTH AND HUMAN SERVICES**

A. Emergency Rental Assistance to Placer County Housing Authority and City of Roseville

1. Approve an amendment to a grant agreement with the City of Roseville to administer emergency rental assistance to the benefit of Roseville residents consistent with county and federal guidelines to increase the agreement by $1,789,826.98 for an overall amount not to exceed $6,917,900.59 from March 10, 2021, through March 31, 2022, and authorize the Director of Health and Human Services to execute the amendment with Risk Management and County Counsel concurrence, and to sign subsequent amendments up to $100,000, consistent with the agreement's subject matter and scope of work with Risk Management and County Counsel concurrence.
2. Approve an amendment to a grant agreement with the Placer County Housing Authority to administer emergency rental assistance to the benefit of Placer County residents, excluding the City of Roseville, consistent with county and federal guidelines to increase the agreement by $1,958,501.78 for an overall amount not to exceed $8,673,441.07 from March 10, 2021, through March 31, 2022, and authorize the Director of Health and Human Services to execute the amendment with Risk Management and County Counsel concurrence, and to sign subsequent amendments up to $100,000, consistent with the agreement's subject matter and scope of work with Risk Management and County Counsel concurrence.
3. Authorize the Director of Health and Human Services to execute further amendments to the grant agreement with the Placer County Housing Authority to administer emergency rental assistance to the benefit of all Placer County residents for an additional $6,917,900.59 through March 31, 2022, in the event that the City of Roseville is no longer able to accept these emergency rental assistance funds and participate in the program.

MOTION: Holmes/Gore/Unanimous Vote 5:0 AYES: Jones, Gustafson, Weygandt, Gore, Holmes

B. Amendments to Revenue Agreements with the Mental Health Oversight and Accountability Commission

1. Approve the following non-monetary amendments with the Mental Health Oversight and Accountability Commission to extend the date of the agreements through November 20, 2022 as follows:
   a. The Adult Mental Health Triage Grant Program in an amount not to exceed $799,922.38 and authorize the Director of Health and Human Services to sign the agreement with Risk Management and County Counsel concurrence, and to sign subsequent amendments up to $79,992 consistent with the agreement's subject matter and scope of work with Risk Management and County Counsel concurrence.
   b. The Child Mental Health Triage Grant Program in an amount not to exceed $1,036,123.02 and authorize the Director of Health and Human Services to sign the agreement with Risk Management and County Counsel concurrence, and to sign subsequent amendments up to $100,000 consistent with the agreement's subject matter and scope of work.
   c. The County-School Mental Health Triage Grant Program in an amount not to exceed $5,293,367.35 and authorize the Director of Health and Human Services to sign the agreement with Risk Management and County Counsel concurrence and authorize the Director of Health and Human Services to sign subsequent amendments up to $100,000 consistent with the agreement's subject matter and scope of work with Risk Management and County Counsel concurrence.

MOTION: Holmes/Gore/Unanimous Vote 5:0 AYES: Jones, Gustafson, Weygandt, Gore, Holmes

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

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.

MOTION: Holmes/Jones/Unanimous Vote 5:0 AYES: Jones, Gustafson, Weygandt, Gore, Holmes

The Board will adjourn as the Placer County Board of Supervisors and convene as the Placer County Housing Authority