



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting August 26, 2021 PowerPoint Presentations and Handouts

- Agenda Item 2:** • **PowerPoint:** 24/7 Adult Crisis Respite Center – Placer County Innovation Plan
- Agenda Item 3:** • **PowerPoint:** Capital Collaborative on Race & Equity (CCORE): Racial Equity Action Planning
- **Handout:** Racial Equity Action Plan Project Overview
- **Handout:** Capitol Collaborative on Race and Equity (CCORE) Highlights from Alumni Programs
- Agenda Item 4:** • **PowerPoint:** MHSOAC Budget Overview and Expenditure Plan
- Miscellaneous:** • **Handout:** Calendar of Tentative Commission Meeting Agenda Items



24/7 Adult Crisis Respite Center

Placer County Innovation Plan

Presented by Amy Ellis, HHS Deputy Director
August 26, 2021



Primary Problem

1,506 square miles
400,000 residents



- 14-bed voluntary crisis residential facility
- 16-bed non-voluntary psychiatric health facility
- Mobile Crisis Teams (MHSA, SB82)
- Emergency Room (ER) Adult Crisis Response
- Sacramento County Behavioral Health Crisis Service Collaborative



High-Tech
Crisis Call
Center



24/7
Mobile
Crisis



Crisis
Stabilization
Programs



Essential
Principals &
Practices

*ER and Law Enforcement dependency
80% of 289 crisis assessments/month are
completed at ER (wait time = 3-4 hrs.)
70% MCT Referrals from Law Enforcement
Access barriers to Follow-up Services*

Addressing the Problem

- What: 24/7 Mental Health Adult Crisis Respite Center
6 "beds" – short-term, up to 48 hour stay
- Where: Strategically embedded at Cirby Hills Behavioral Health Campus
- Who: Adults 18+ in mental health crisis - medically stable; not currently placed on a 5150 hold
Referrals from client/self, family, support persons, law enforcement, community partners, Mobile Crisis
- How: Trauma-informed, culturally responsive approach, less dependent on ER and law enforcement

Crisis Now Model:

- ✓ Function as an **integral** part of a regional crisis system serving the entire County rather than as an offering of a single provider
- ✓ Operate in a comfortable **home-like** environment
- ✓ Utilize **peers** as integral staff members
- ✓ Have **24/7 access to psychiatrists** or Master's-level mental health clinicians

Community Contribution



MHSA 2020-2023 Community Planning Process Campaign for Community Wellness (CCW) Priority Need = Expanding crisis continuum

Community suggestions: 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.

Oct. 2020:

Began Crisis Now Academy to explore and evaluate continuum



Dec. 2020:

Started ongoing conversations about respite center concept with Sutter Hospital, law enforcement, and county and provider crisis staff.

Jan.- May 2021:

Ongoing CCW Discussions

Feb.- Mar. 2021:

Mental Health Board public meetings

May 28 – Jun. 27:

Public Comment Period

Jun. 28, 2021:

Mental Health Board Hearing

Jul. 27, 2021:

Stakeholder and MHSOAC TA input included in Final Plan



Learning & Evaluation

How will the Crisis Now respite environment fit “mechanically” into Placer County’s current system of care?

- ❖ *Does prioritizing the client experience and community needs allow our organization to build a 24/7 crisis center that is fiscally stable?*
- ❖ *Will this innovative approach to customer/community services ultimately increase the number of clients who will enter crisis services voluntarily, reducing the need for involuntary 5150s and hospitalizations?*

Quantitative measures:

- ✓ Number of persons served
- ✓ Recidivism rate
- ✓ % of admissions requiring a higher level of service vs. those who are stabilized and discharged home
- ✓ Referral tracking (law enforcement, self-referral, family member)
- ✓ Positive impacts to local hospitals (decreased wait times and decrease in the number of individuals admitted)

- ❖ *Does prioritizing client experiences and community needs allow for a 24/7 crisis center that provides better outcomes to those served?*

Qualitative measures:

- ✓ Pre- and post-service client questionnaires - changes in the severity and intensity of psychological symptoms
- ✓ Client and family members satisfaction surveys - level of care and support received
- ✓ Quarterly meetings and feedback with stakeholder groups

Budget

Funding Source	Year-1	Year-2	Year-3	Year-4	Year-5	TOTAL
Innovation Funds	\$550,000	\$550,000	\$550,000	\$550,000	\$550,000	\$2,750,000
Medi-Cal FFP	\$777,625	\$777,625	\$777,625	\$777,625	\$777,625	\$3,888,125
1991 Realignment						\$0
Behavioral Health Subaccount						\$0
Any other funding (Non-recurring Costs)	\$235,400					\$235,400
Total	\$1,563,025	\$1,327,625	\$1,327,625	\$1,327,625	\$1,327,625	\$6,873,525

5 Year Budget	Year-1	Year-2	Year-3	Year-4	Year-5	TOTAL
Personnel	\$2,090,000	\$2,090,000	\$2,090,000	\$2,090,000	\$2,090,000	\$10,450,000
Operating: Direct Costs	\$461,850	\$461,850	\$461,850	\$461,850	\$461,850	\$2,309,250
Operating: Indirect & Admin Costs	\$406,589	\$406,589	\$406,589	\$406,589	\$406,589	\$2,032,945
Consultant / Contract	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$750,000
Non-recurring Costs	\$235,400					\$235,400
Total	\$3,343,839	\$3,108,439	\$3,108,439	\$3,108,439	\$3,108,439	\$15,777,595

Revenue: Innovation, Medi-Cal, grants, health partner funding. 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.

Direct Service Staff:

- 1.0 FTE Registered Nurse at \$165,000 per year
- 8.0 FTE Client Services Practitioners at \$170,000 per year
- 5.0 FTE Peer Support Specialists at \$65,000 per year
- On call 24/7 Psychiatrist at \$240,000 per year



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Thank you!

Proposed Motion

The Commission approves Placer County's Innovation plan, as follows:

Name: 24/7 Adult Crisis Respite Center

Amount: Up to \$2,750,000 in MHSA Innovation Funds

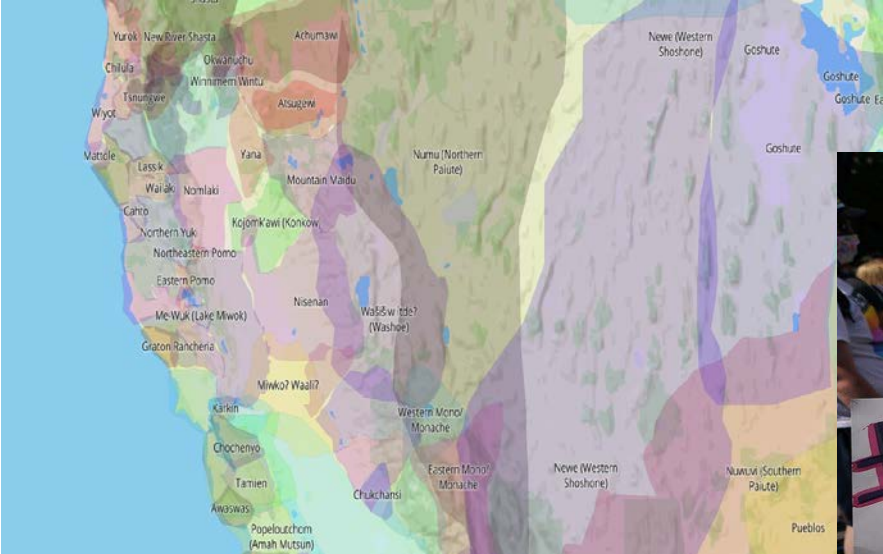
Project Length: Five Years



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Capital Collaborative on Race & Equity (CCORE): *Racial Equity Action Planning*

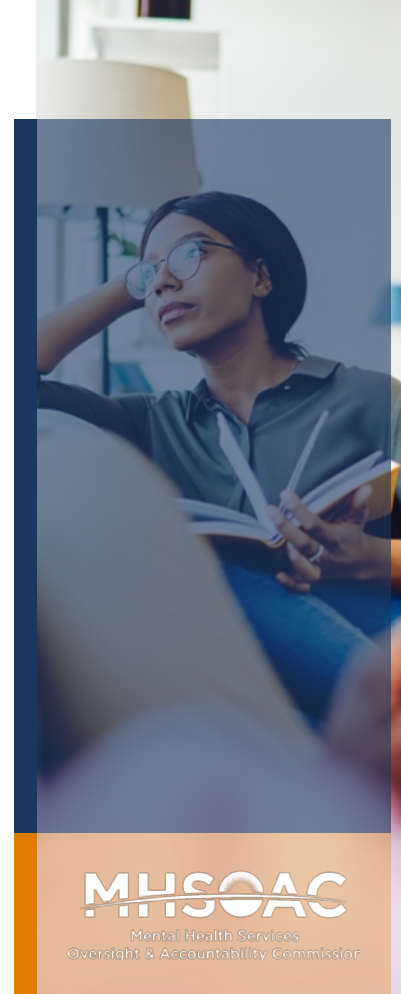
Acknowledgements



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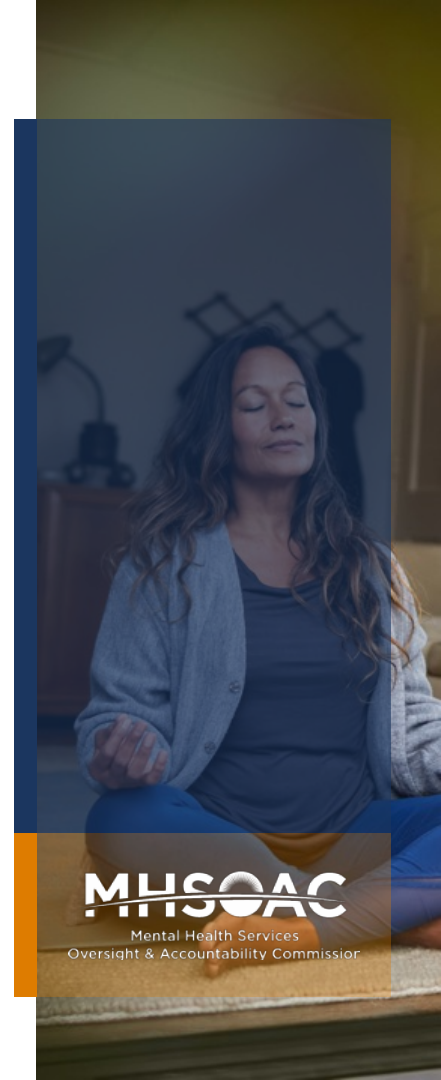
Goals of Today

- Our Journey
 - Commission authorized staff to join CCORE August 2020
- Discuss Opportunities for Transformational Change and Race Equity
 - Fiscal Year 2021/22 budget
- Discuss Potential Priorities for the Racial Equity Action Plan



Wellbeing for All Californians

- *The Commission works through partnerships to catalyze transformational changes across service systems so that everyone who needs mental health care has access to and receives effective and culturally competent care.*
- Yet, racial inequities are evident across every indicator of well-being. From life expectancy to health, income, education, and neighborhood design – **race matters.**



MHSOAC

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CCORE Members a.k.a. The Justice, Equity, Diversity, and Inclusion (JEDI) Trailblazers

- Anna Naify (co-lead)
- Lauren Quintero (co-lead)
- Andrea Anderson
- Marcus Galeste
- Latonya Harris
- Vicque Kimmel
- Kayla Landry
- Amanda Lawrence
- Kai LeMasson
- Tom Orrock
- Norma Pate
- Grace Reedy
- Lester Robancho
- Cody Scott
- Sharmil Shah
- Reem Shahrouri

Activities and Inputs Guiding Our Work To Date

Trainings

- Monthly CCORE training sessions with Race Forward and 16 other state agencies
- Staff training provided by consultant

Research

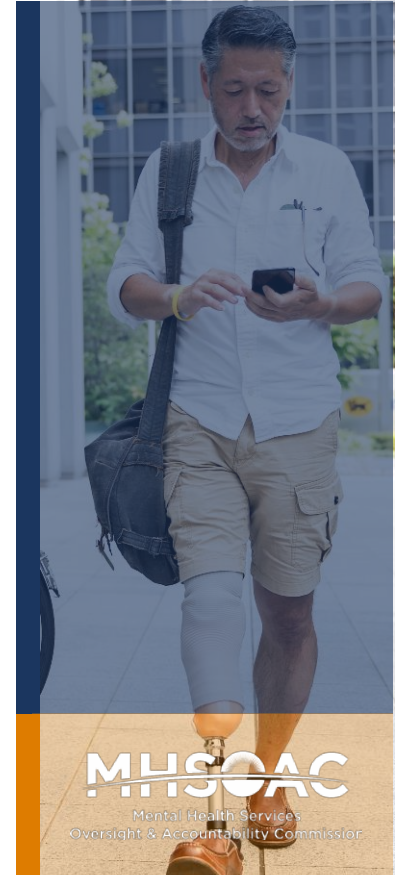
- Review state agency racial equity action plans (REAPs)
- Meetings with Evaluation Committee Member Dr. Ruth Shim
- Data analysis and review

Planning

- JEDI bi-weekly sessions
- Quarterly all-staff sessions, including an individual input survey, small group notes, and verbal report outs
- Meetings with leadership

Engagement

- Interviews with other state agencies
- Meetings with Commission contracted Stakeholders
- 2 CLCC meetings (with CFLC invited)
- CFLC meeting (with CLCC invited)

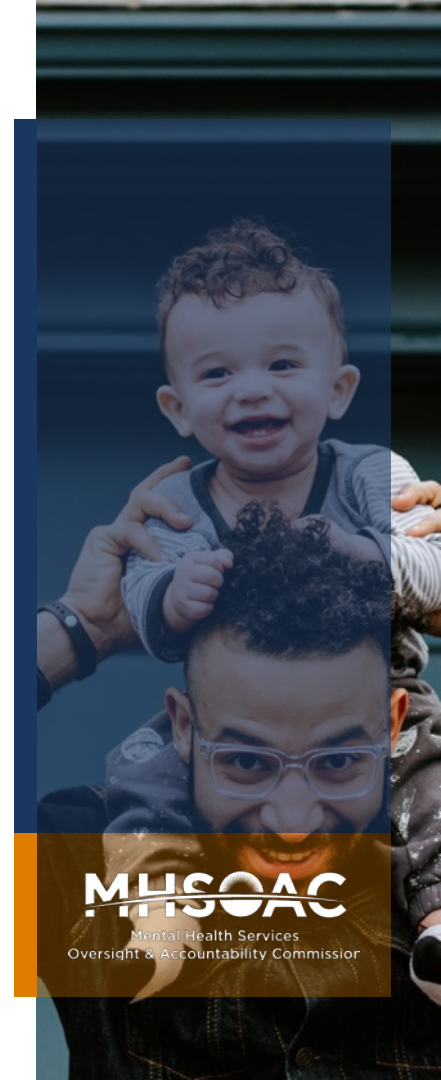


MHSCAC

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What We've Heard

- Internal Practice to Support Equity
 - **Enhance community engagement**
 - **Contracts and grants** can be written to reduce disparities and increase access to care
 - Consider **hiring** and professional development practices to include focus on ethnic studies
- External Support for Mental Health
 - Individual programs and plans work in **isolation**
 - **Stakeholder contracts** could be further leveraged for training, policy, and statewide advocacy
 - **Funding** is difficult for culturally responsive mental health programs
 - **Data** is sparse



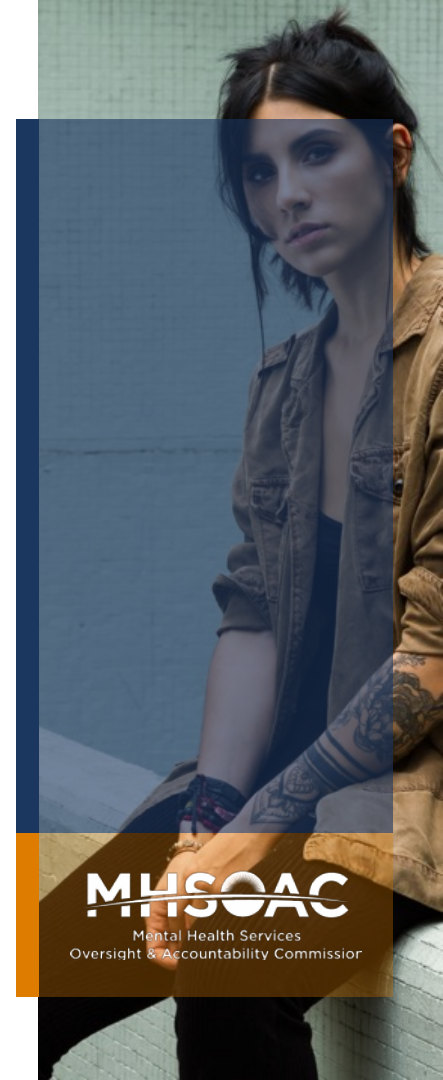
Racial Equity Action Plan (REAP)

Vision:

- *All people in California feel a sense of well-being and experience a valued connection to community.*

Root Cause Analysis:

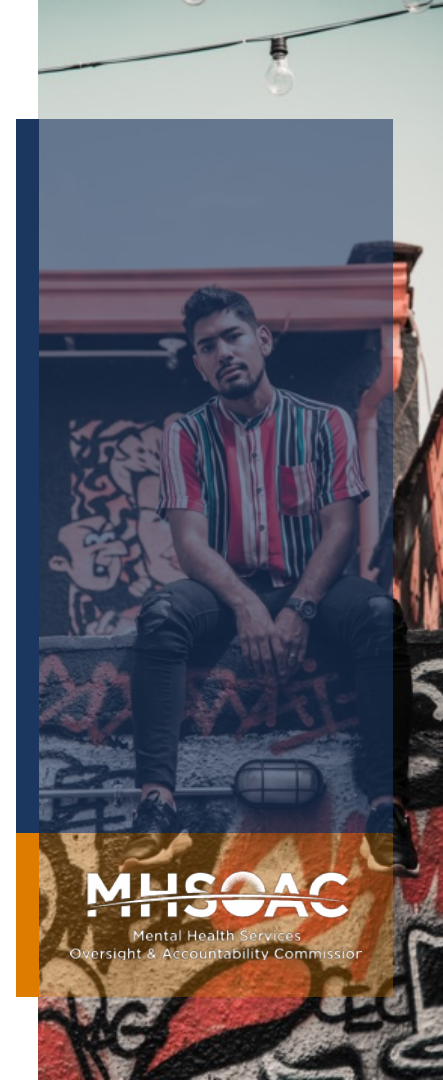
1. Distrust of the mental health system due to trauma with other systems (mental health, education, welfare, incarceration, etc.).
2. California's mental health system is based on a medical model with emphasis on individual deficits and diagnosis, rather than systemic and societal causes of mental health needs.



Data Discovery: School Failure and Suicide

Commission staff reviewed quality of life, **suicide**, and **education** data.

- The **American Indian/Alaska Native (AI/NA)** population was most negatively impacted on **all indicators**.
- The **African American, AI/AN** population, and children and youth with **more than 2 races** are most negatively impacted in schools.



Potential Opportunity Areas

There are a number of potential opportunity areas to improve how the MHSOAC conducts business internally and externally that can have an impact on the identified indicators:

Internal Operations

- Training and Education
- Hiring, Recruitment, Retention, and Promotions
- Procurement

Commission Sponsored Work

- Policy Projects
- Data Analysis and Reporting
- Contracts and Grants
- Communications
- Technical Assistance and Capacity Building

External

- State, Federal, Tribal, Partnerships
- Engagement with the private sector
- Community Outreach and Engagement
- Interagency Collaboration



Current Initiatives

COVID & Emerging Issues

Prevention & Early Intervention

Workplace Mental Health

Criminal Justice Prevention

School Mental Health

allcove Youth Drop-in Centers

Early Psychosis Intervention Plus

Suicide Prevention

Youth & Peer Empowerment

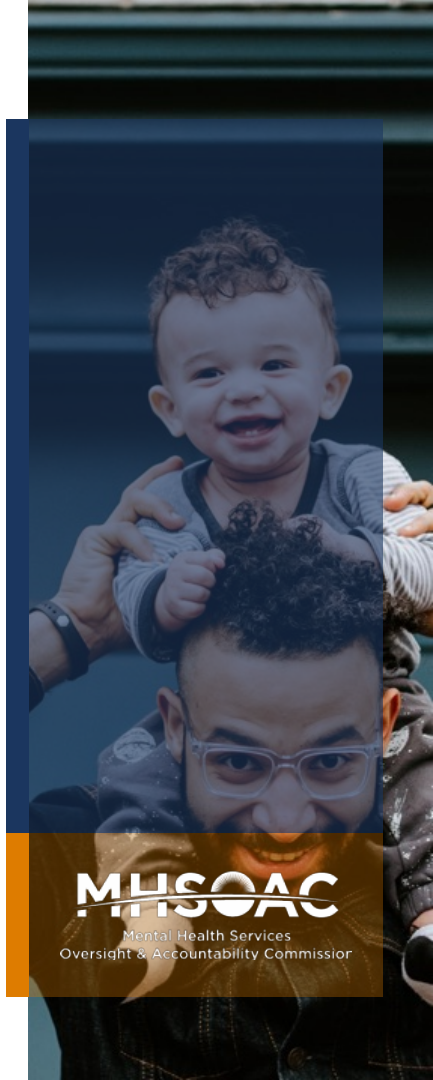
Innovation Incubator

Triage

Bullying Prevention

Next Steps

- Continue attending CCORE training sessions
- More opportunities for community engagement
- Draft REAP to CLCC for feedback
- CCORE Commencement/Share Draft REAP with Cohort
- REAP with feedback incorporated to Commissioners
- Final Implementation Plan



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RACIAL EQUITY ACTION PLAN

PROJECT OVERVIEW

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Background

The Mental Health Services Oversight and Accountability Commission, along with other State agencies, is examining with humility government's contributions to racial inequity. Racialized anxiety and stress are on the rise and that government must explicitly address the structures and institutions that perpetuate it. Directly confronting the most entrenched form of societal oppression – racism – will open pathways from which everyone will benefit.

Process

As a members of the Capitol Cohort on Race & Equity (CCORE), the Commission is using a process that involves introspection, organizational assessment, and learning from others to begin to consider how it can address systemic racism in California's mental health system. The Commission's CCORE team is comprised of 16 staff members representing all departments.

This team attends regular trainings to become familiar with foundational and technical lessons through experiential learning, and periodically meets with all Commission staff to disburse training and include staff input in ongoing efforts. Training includes racial equity concepts, history, language, practices, and policies, including the use of Racial Equity Tools and development of customized Racial Equity Action Plans.

Commission staff has examined how across any measure of success (mental health, physical health, income, housing, education, criminal justice, utilities, etc.) there are deep and persistent differences in outcomes across race/ethnicities due to social, political, historical, and economic practices.



Through meetings and internal surveys, Commission staff are currently in the process of coalescing ideas and recommendations for the Commission’s own Racial Equity Action Plan. The team is striving to have this plan be:

- A means to an end; NOT the end
- Both a process and a product
- Structured to achieve meaningful and measurable results
- Transformative
- Complementary to and leverage existing planning and policy documents
- Used to create and maintain accountability

As part of this process, the team developed a vision statement: ***All people in California experience a sense of wellbeing as a valued community member.***

The team also went through a process to identify root causes for racial disparities in mental health in California and identified two main themes termed “Hot Roots”:

1. Distrust of the mental health system due to trauma with multiple systems (e.g. mental health, education, welfare, incarceration, etc.)
2. California’s mental health system is based on a Western medical model with emphasis on individual deficits and diagnoses, rather than systemic and societal causes of mental health needs.

Continuing Forward

Commission staff are having courageous conversations about race and how it influences our work.

These conversations are focused on ways to achieve racial equity in everything we do. To make this vision come alive and to begin to address root causes of disparities, the Commission has identified several potential areas to address that will impact how it conducts business. This work emphasizes internal strategies to strengthen focus on racial equity, with some attention on similar external opportunities.

- Training and Education
- Hiring, Recruitment, Retention, and Promotions
- Communications
- Contracts and Grants
- Partnerships
- Projects and Programs
- Technical Assistance and Capacity Building
- Stakeholder Policies and Practices for Community Trust-Building, Access, and Engagement
- Data Collection, Analysis, and Reporting

Additional work with community partners needs to be done to focus on a fuller array of external opportunities to support racial equity.

The Commission has the opportunity to making lasting systems change, and engagement in CCORE and the development of its first Racial Equity Action Plan is an important step toward that commitment. Following its strategic plan and mission statement, the Commission strives for racial equity in mental health and beyond.



Capitol Collaborative on Race and Equity (CCORE) Highlights from Alumni Programs

Learning from other state agencies who have developed Racial Equity Action Plans can help inform the Commission's process and participation in CCORE. Included in this document are 12 CCORE alumni from 2018 that represent approximately 18 units of government. These teams have racial equity action plans and are implementing concrete actions towards advancing racial equity. The work they have completed acts as an example, template and, model for what is possible for current CCORE Learning Cohort Teams.

Many teams in this Alumni cohort are implementing strategies that embed racial equity into their department's work, have dedicated staff or departments responsible for oversight of racial equity strategic implementation, and increase transparency and accountability around their action plans.

Below are some sample highlights from CCORE alumni to give specific examples of impact:

- **Air Resources Board adopted, at their October 22, 2020 meeting, a Racial Equity and Social Justice resolution** which establishes, among other things, a Diversity and Racial Equity Task Force.
- **Arts Council hosted a public workshop on October 29, 2020, *Why Race? A racial equity learning journey***. The workshop was facilitated by their newly created Race and Equity Manager and invited creative communities across the state to share, listen, reflect, and iterate together on racial equity commitments, including the Council's 2020-2027 Strategic Framework.
- **Coastal Commission, at the November 6, 2020 hearing, adopted The 2021-2025 California Coastal Commission Strategic Plan** which includes a number of objectives and activities that support the Coastal Commission Racial Equity Action Plan.
- **Air Resources Board adopted, at their October 22, 2020 meeting, a Racial Equity and Social Justice resolution** which establishes, among other things, a Diversity and Racial Equity Task Force.
- **Department of Public Health:** Established an Action Team that refines and guides implementation of their Racial Equity Action Plan (REAP) deliverables. The group has recently formed sub-groups called Goal Teams that lead implementation of the relevant REAP goal areas, deliverables, and REAP activities. Goal areas that are prioritized in 2020 through 2021 include: Workforce Equity; Education, Training, and Competencies; Communications; Community and Stakeholder Engagement; and Contracting.
- **Caltrans: Announced their newly established Office of Race & Equity**, on August 14, 2020, that will provide leadership, guidance, training, and support to all divisions, districts, and programs on equity efforts, and partner closely with their Office of Civil Rights, their Administration, Human Resources, and Equal Employment Opportunity programs to advance equity and diversity with their workforce.
- **Strategic Growth Council: Landmark Racial Equity Resolution Adopted.** In August 2020, the SGC adopted a Racial Equity Resolution, committing the Council to sharing out and collaborating on racial equity actions. SGC will convene a racial equity working group made up of designees from the SGC Council agencies on a monthly basis.



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MHSOAC Budget Overview and Expenditure Plan

August 26, 2021

MHSOAC Budget Overview

2020-21	2021-22
\$45 Million	\$255 Million

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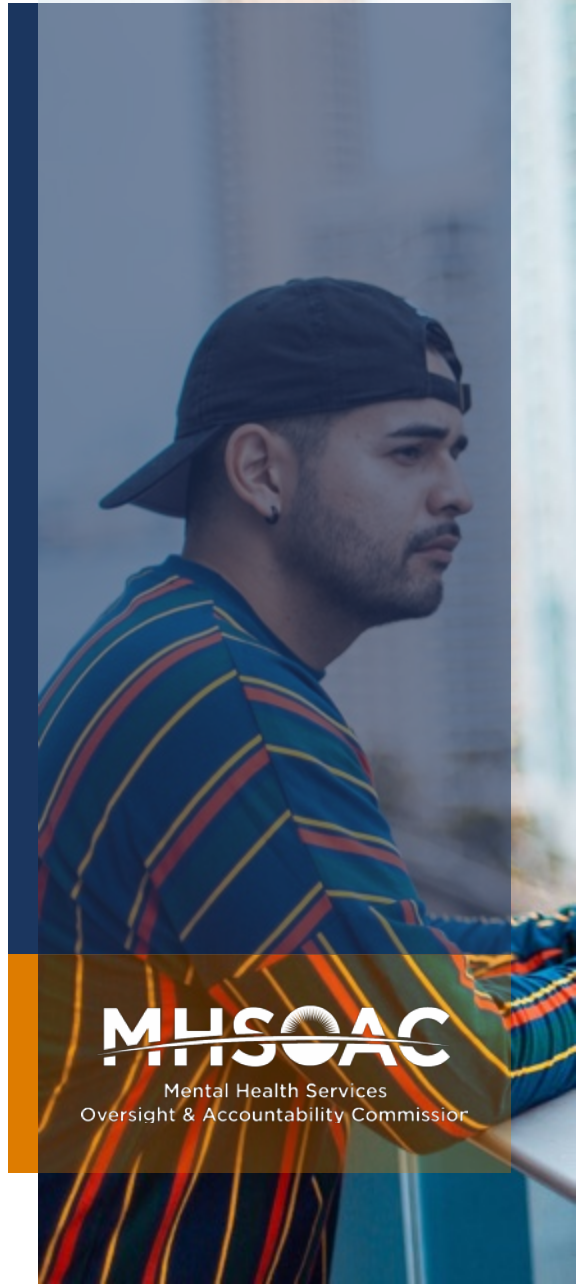
MHSOAC Budget Overview – 2020/21

- **Fiscal Year 2020-21**
- Commission Approved on July 23, 2020
- Mid-year update on February 17, 2021
- Fiscal Year 2020-21 Final Report on August 26, 2021

		Adjusted Budget*	Expended year to date as of 08/26/2021	Encumbered By Contract/PO	Expected	Balance
Operations						
Personnel		\$5,719,666	\$5,563,781	\$0	\$0	\$155,885
Core_Operations		\$2,411,987	\$2,627,884	\$112,295	\$137,795	(\$465,987)
	TOTAL Operations	\$8,131,653	\$8,191,665	\$112,295	\$137,795	(\$310,102)
Commission Priorities						
Communications		\$458,680	\$532,980	\$164,200	\$66,055	(\$304,555)
Research		\$1,790,667	\$506,557	\$8,175	\$144,924	\$1,131,011
Stakeholder		\$1,398,000	\$612,736	\$776,764	\$0	\$8,500
Suicide_Prevention		\$2,000,000	\$40,000	\$644,000	\$1,316,000	\$0
COVID_19		\$2,020,000	\$0	\$0	\$2,020,000	\$0
Other Commission Priorities		\$0	\$77,500	\$71,500	\$0	(\$149,000)
TOTAL Commission Priorities		\$7,667,347	\$1,769,773	\$1,664,639	\$3,546,979	\$685,956
	Subtotal (Operations + Priorities)	\$15,799,000	\$9,961,438	\$1,776,934	\$3,684,774	\$375,854
Local Assistance						
Triage		\$20,000,000	\$96,722	\$17,700,176	\$2,203,102	\$0
MHSSA		\$8,830,000	\$0	\$8,830,000	\$0	\$0
Suicide Prevention Voluntary Fund		\$409,000	\$0	\$0	\$409,000	\$0
TOTAL Local Assistance		\$29,239,000	\$96,722	\$26,530,176	\$2,612,102	\$0
GRAND TOTAL		\$45,038,000	\$10,058,160	\$28,307,110	\$6,296,876	\$375,854

MHSOAC Expenditure Plan – 2021/22

- **Fiscal Year 2021-22**
- Approved on August 26, 2021
- Mid-year update on January 27, 2022
- Fiscal Year 2021-22 Final Report on August 25, 2022



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		Budget	Expended year to date as of 08/19/21	Encumbered By Contract/PO	Expected	Potentially Available
Operations						
Personnel		\$6,720,000	\$556,462	\$0	\$6,163,538	\$0
Temporary Help (Peer Social Media Network)		\$300,000	\$0	\$0	\$300,000	\$0
Administration (MHSSA)		\$5,000,000	\$0	\$0	\$5,000,000	\$0
Core Operations		\$1,065,000	\$70,856	\$157,261	\$836,883	\$0
	TOTAL Operations	\$13,085,000	\$627,318	\$157,261	\$12,300,421	\$0
Commission Priorities						
Communications		\$509,880	\$0	\$0	\$509,880	\$0
Innovation		\$462,500	\$0	\$0	\$462,500	\$0
Research		\$6,197,178	\$0	\$610,000	\$5,587,178	\$0
Stakeholder		\$5,415,500	\$0	\$4,690,000	\$725,500	\$0
Peer Social Media Network		\$5,000,000	\$0	\$0	\$5,000,000	\$0
TOTAL Commission Priorities		\$17,585,058	\$0	\$5,300,000	\$12,285,058	\$0
UNCATEGORIZED FUNDS						
		\$357,942	\$0	\$0	\$0	\$357,942
	Subtotal (Operations + Priorities+Pending Categorization)	\$31,028,000	\$627,318	\$5,457,261	\$24,585,479	\$357,942
Local Assistance						
Triage		\$20,000,000	\$0	\$0	\$20,000,000	\$0
MHSSA		\$8,830,000	\$0	\$8,830,000	\$0	\$0
MHSSA Augmentation		\$95,000,000	\$0	\$0	\$95,000,000	\$0
MHSSA FEDERAL Augmentation		\$100,000,000	\$0	\$0	\$100,000,000	\$0
Suicide Prevention Voluntary Fund		\$239,000	\$0	\$0	\$239,000	\$0
TOTAL Local Assistance		\$224,069,000	\$0	\$8,830,000	\$215,239,000	\$0
GRAND TOTAL		\$255,097,000	\$627,318	\$14,287,261	\$239,824,479	\$357,942

Motion

- The Commission approves the Fiscal Year 2021-22 expenditure plan.



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Thank You

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Calendar of Tentative Commission Meeting Agenda Items

Proposed 8/26/2021

Agenda items and meeting locations are subject to change.

September 23, 2021: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval

The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Legislative Priorities for 2021

The Commission will consider legislative and budget priorities for the current legislative session.

Bullying Prevention Framework and Contract Approval

The Commission will hear recommendations from the Bullying Prevention Advisory Committee and consider approval to enter into contracts for a social media campaign.

Staff Report Out

Staff will report out on projects underway, and other matters relating to the ongoing work of the Commission.

October 28, 2021: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval

The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Election of the MHSOAC Chair and Vice-Chair for 2022

Nominations for Chair and Vice-Chair for 2022 will be entertained and the Commission will vote on the nominations and elect the Chair and Vice-Chair.

INN Subcommittee Year End Report Out

The Commission will be presented with an update on the activities of the Innovation Subcommittee.

Legislative Priorities for 2021

The Commission will consider legislative and budget priorities for the current legislative session.

Staff Report Out

Staff will report out on projects underway, and other matters relating to the ongoing work of the Commission.

Calendar of Tentative Commission Meeting Agenda Items

Proposed 8/26/2021

Agenda items and meeting locations are subject to change.

November 18, 2021: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval

The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Prevention and Early Intervention Report Presentation

The Commission will consider the final report of the PEI project subcommittee for adoption.

Capital Collaborative On Race and Equity: Racial Equity Action Plan consideration for approval.

The Commission will consider approval and adoption of the Racial Equity Action Plan.

Legislative Priorities for 2021

The Commission will consider legislative and budget priorities for the current legislative session.

Staff Report Out

Staff will report out on projects underway, and other matters relating to the ongoing work of the Commission.