NEVADA COUNTY
HEALTH & HUMAN SERVICES AGENCY

BEHAVIORAL HEALTH DEPARTMENT
(Mental Health, Drug and Alcohol Program)

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NEVADA COUNTY BOARD OF SUPERVISORS
Board Agenda Memo

MEETING DATE: February 28, 2017

TO: Board of Supervisors

FROM: **Jill Blake**

SUBJECT: Resolution approving the Nevada County Mental Health Services Act (MHSA) Annual Update to the Three Year Program and Expenditure Plan for FY 2016/17 and Annual Progress Report for FY 2014/15.

RECOMMENDATION: Approve the attached Resolution.

FUNDING: The estimated program expenditures under the County's Three-Year MHSA Plan are $5,481,500 for FY 2014/15; $5,106,500 for FY 2015/16; and $6,123,452 for FY 2016/17. MHSA funds may only be used to establish or expand services for approved plan components, and may not be used to supplant funding for programs existing prior to the enactment of MHSA. The Proposed Plan does not require any county match or county general fund dollars and is planned for within the departments existing budget.

BACKGROUND:
On March 24, 2015, the Board approved the Nevada County Mental Health Services Act (MHSA) FY 2014/15 through FY 2016/17 Three-Year Program and Expenditure Plan and Annual Progress Report for FY 2012/13 per Resolution 15-129. The Mental Health Services Act (Proposition 63) adopted by the California electorate on November 2, 2004, increased overall State funding for the community mental health system by imposing a 1% income tax on California residents with more than $1 million per year in income. The stated intention of the proposition was to "transform" local mental health service delivery systems from a "fail first" model to one promoting intervention, treatment and recovery from mental illness. A key strategy in the act was the prioritization of prevention and early intervention services to reduce the long-term adverse impacts of untreated, serious mental illness on individuals, families and state and local budgets.

Assembly Bill (AB) 1467 included a number of amendments to the Mental Health Services Act, including the establishment of the Mental Health Services Oversight and Accountability Commission (MHSOAC) who is charged with the implementation of the MHSA. Counties must meet extensive procedural requirements as a prerequisite to drawing down its share of the new tax revenues. Welfare and Institutions Code Section (WIC) § 5847 states that county mental health programs shall prepare and submit their three-year program and expenditure plan, and annual updates, to the Mental Health Services Oversight and Accountability Commission. The primary components of the MHSA Plan are: Community Services and Support (CSS), Prevention and Early Intervention (PEI), Innovation (INN), and Workforce and Training (WET). As a result of AB 1467, the omnibus health trailer bill for the 2012-13 State budget, a number of amendments to the MHSA regarding the approval, submission and plan requirements have been implemented that aligned the Division's planning and stakeholder processes with the Governor's desire to streamline release of funding to counties and shifted approval to the local level. The most relevant changes are as follows:

1. Clarification that after the required 30-day public review process, updates to the Annual Plan and the Three-Year MHSA Integrated Plans are to be adopted by the County Board of Supervisors and submitted to the Mental Health Oversight and Accountability Commission (MHSOAC) within 30 days after Board adoption.
2. Requirement that Three Year Integrated MHSA Plans and updates to Annual MHSA Plans include the following additional elements: 1) certification by the County Mental Health Director to ensure county compliance with pertinent regulations, laws and statutes of the Act, including stakeholder engagement and non-supplantation requirements, and 2) certification by the County Mental Health Director and the County Auditor-Controller that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the Act.
3. Requirement that counties "demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation and budget allocations."

All plans were shared with the Mental Health Board, MHSA Steering Committee and our e-mail subscribers, consisting of over 180 interested individuals ranging from family members, consumers/clients, community based organizations to staff from various county departments. The MHSA Steering Committee has held meetings throughout the year and has also used subcommittees to address specific components of MHSA. Information is shared throughout the year with the Mental Health Board that meets once a month. A Notice of Public Comment Period of January 3, 2017 through February 2, 2017 which served as the opportunity for the public to provide additional input to this update of our MHSA Annual Plan and Annual Progress Report for FY 2014/15. The MHSA Annual Plan Update and Annual Progress Report Public Hearing was held at our local Mental Health Board on February 3, 2017.

Annual Update to the Three-Year Program and Expenditure Plan for FY 2016/17

Community Services and Supports (CSS)

For the CSS component, guidelines require that the County utilize three funding types: Outreach and Engagement, for reaching out to the un-served, under-served populations; System Development, to develop new and expanded mental health services; and Full Services Partnerships (FSP), for providing the "whatever it takes" approach to service delivery. Guidelines require that over 50% of the funds be targeted for "full partnership services". These are wraparound services which may include treatment, case management, crisis intervention, etc. based upon the client's individual needs. All funds must be used to develop programming for four (4) identified age groups: Children ages 0-15, TAY (Transition Age Youth) ages 16-25, Adults ages 26-59 and seniors ages 60+. Nevada County has developed and implemented Full Service Partnerships programs with community input for all four age groups.

Children's Full Service Partnership (FSP) Programs target population is children (age 0-17) who are seriously emotionally disturbed or seriously mentally ill and are at risk of psychiatric hospitalization or out of home placement, becoming homeless, experiencing academic failure, or involvement with the criminal justice system. Some of the major collaborative partners for providing services to children under CSS include: Victor Community Support Services, Uplift Family Services, and Sierra Family Medical Clinic, a number of individual Network Providers, Community Recovery Resources, crisis services and contracted child psychiatrist services. Plan services and supports will include, but not be limited to:

- Psychiatric services and/or non-psychiatric Network Provider services
- TAY support and peer counseling
- Housing services
- Employment and pre-employment services
- Outreach and engagement activities throughout the county, particularly for Latinos, Truckee and North San Juan
- Wraparound services and supports
- Case Management, rehabilitation and care coordination
- Peer/family support, advocacy, training, and education
- Integrated treatment for co-occurring disorders
- Court liaison services
- "Whatever it takes" services

Adult Full Service Partnership Programs target individuals age 18 and up who are seriously mentally ill (SMI) and at risk of incarceration, institutionalization, becoming homeless, or subject to involuntary care. Some of the collaborative partners involved in providing adult services include: Turning Point Community Programs, SPIRIT Peer Empowerment Center, and the National Alliance on Mental Illness, Welcome Home Vets, Community Recovery Resources, Sierra Family Medical Clinic, crisis services, housing services, psychiatrists and network providers. Adult FSP services and supports include:

- Peer/Family counseling
- Drop in services
- TAY support and peer counseling
- Assisted Outpatient Treatment or "Laura's Law" - Engaging treatment resistive SMI individuals who may be involved with the criminal justice system. Un-served individuals must meet additional criteria for AOT as listed in W & I Code 534(a).
- Gay and Lesbian peer services

- Psychiatric Services and/or non-psychiatric Network Provider services
- Rehabilitation, Case Management, and Care Coordination
- Integrated treatment for co-occurring disorders
- Outreach/engagement services to homeless
- Peer Supportive Services — Peer driven and staffed empowerment center focused on the SMI individual.
- Housing and employment support
- Veteran services
- "Whatever it takes" services

Prevention and Early Intervention (PEI)

This component supports the design of programs to prevent a mental illness from becoming severe and disabling, with an emphasis on improving timely access to services for un-served and underserved populations. The target population includes; underserved cultural populations, individuals experiencing onset of a serious mental illness, children and youth in stressed families, trauma-exposed children, and youth at risk for school failure or involvement with juvenile justice. PEI Programs are divided into the following areas: Early Intervention Programs; Outreach for Increasing Recognition of Early Signs of Mental Illness Programs; Prevention Programs; Access and Linkage to Treatment Programs; Stigma and Discrimination Reduction Programs; and Suicide Prevention Programs. Programs/Projects include but are not limited to:

- Bi-lingual Therapy
- Early Intervention for Referred Children, Youth, Pregnant Woman, Postpartum Women and Their Families.
- Homeless Outreach, Prevention and Therapy
- First Responder Training
- Senior, Disabled and Isolated Home Visitor Program
- Wellness Center: Peer Support and Outreach Services
- Teaching Pro-Social Skills in the Schools
- Child and Youth Mentoring
- 2-1-1 Nevada County
- Access and Linkage to Underserved Populations: Seniors, Disabled and Isolated, Homeless, Forensic Involved, Veterans and Youth
- Stigma/Discrimination Reduction – Latino Outreach
- Suicide Prevention Intervention (SPI) Program

Workforce Education and Training (WET)

All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce, to include individuals with lived experience of a mental illness and family member experience that are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. This WET component has been developed with stakeholders and public participation. All input has been considered, with adjustments made, as appropriate.

Innovation (INN)

The Board approved Nevada County's Innovation Plan separately from this document per Resolution 16-416.

Technological Needs

Nevada County has utilized all of the original allotment of Technological Needs funds.

Capital Facilities

Nevada County has utilized all of the original allotment of Capital Facilities funds.

Annual Progress Report for Fiscal Year 2014/15

Also enclosed in this document is Nevada County's MHSA Annual Progress Report for FY 2014/15 for the above described programs that were active in FY 2014/15. In FY 2014/15 MHSA programs provided services to 18,559 individuals.

The Behavioral Health Department respectfully requests that the Nevada County Board of Supervisors approve the Annual Update to the Three-Year Program and Expenditure Plan for FY 2016/17 and the Annual Progress Report for FY 2014/15, so the Department may submit it to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

Item Initiated and Approved by: Jill Blake, MPA, Acting Behavioral Health Director