



Nevada County Mental Health Services Act (MHSA) Three Year Plan Fiscal Years (FY) 2020-21, 2021-22, 2022-23



WELLNESS • RECOVERY • RESILIENCE

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Executive Summary

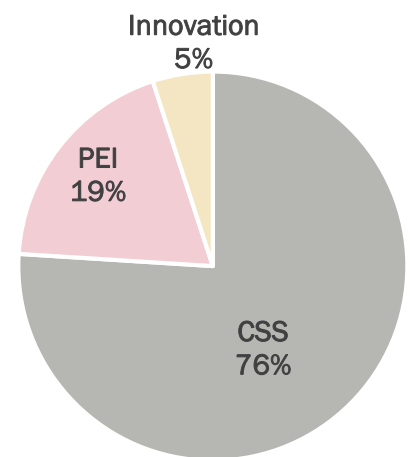
Mental Health Services Act – Proposition 63

The Mental Health Services Act (MHSA), also known as Proposition 63, was passed by California voters in November 2004 and went into effect in January 2005. MHSA is funded by a 1% tax on personal income over \$1 million per year, and is designed to expand and transform California’s county mental health systems. The Mental Health Services Act revenue is allocated to California counties to expand services for individuals with mental health disorders and those at-risk of developing a mental health disorder.

MHSA Program Components

The major components of the Mental Health Services Act are Community Services and Support (CSS), Prevention and Early Intervention (PEI), and Innovation (INN). Other MHSA program components include Workforce Education and Training (WET), Technological Needs, and Capital Facilities.

- **Community Services and Support (CSS)** programs provide treatment and recovery services to individuals living with serious mental illness or emotional disturbance. Counties must spend at least 51% of CSS funding on Full Service Partnerships (FSP). 76% of total MHSA funds are allocated towards CSS.
- **Prevention and Early Intervention (PEI)** programs aim to prevent the development of serious mental health issues, and implement early intervention to keep mental illnesses from becoming serious and disabling. Counties must spend at least 51% of PEI funding on individuals 25 years old or younger. 19% of total MHSA funds are allocated towards PEI.
- **Innovation** projects are novel, community-driven approaches that can last for a maximum of 5 years. 5% of total MHSA funds are allocated towards Innovation.



MHSA Guiding Principles

The following principles guide all MHSA programs and initiatives:

- **Cultural Competence:** Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.
- **Community Collaboration:** Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.
- **Client, Consumer, and Family Involvement:** Services should engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery and evaluation.
- **Integrated Service Delivery:** Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers and families.
- **Wellness and Recovery:** Services should promote recovery and resiliency by allowing clients and consumers to participate in defining their own goals so they can live fulfilling and productive lives.

Executive Summary

Three Year Plan Overview

Counties are required to develop Three-Year MHPSA Program and Expenditure plans, in collaboration with stakeholders, to determine priorities and direction for MHPSA funding allocations and programs. Every three years, counties must develop a Three-Year Plan which outlines priorities for MHPSA funding over the following three fiscal years. This Three-Year Plan covers Nevada County's plan for MHPSA funding for Fiscal Years (FY) 2020-21, 2021-22, and 2022-23. Budgets and program plans are estimates based on current information, and amendments and annual plan updates will be issued throughout the plan period. The plan and its priorities are based on the needs identified by the department and the community through the mental health needs assessment and planning process, as outlined in the Community Planning Process section.

COVID-19

The COVID-19 pandemic has created much uncertainty about the next three fiscal years. Negative impacts to MHPSA revenues due to the resulting economic downturn may have impacts on the proposed budgets currently outlined in this plan. It is important to note that all programs and budgets outlined in this plan are estimates based on the information we have at hand, but they are subject to change and adjustment based on evolving information, which may include decreases or changes in funded services. Nevada County Behavioral Health will be closely monitoring MHPSA revenue projections, as well as community need for services, and will bring forth amendments and annual updates to this plan as necessary.

Key Behavioral Health Priorities and Updates for FY 2020-21, 2021-22, and 2022-23

- Continued focus on those experiencing homelessness, including enhanced data tracking of the number served experiencing homelessness within MHPSA funded programs; roughly 40% of our total MHPSA budget is projected to serve those experiencing homelessness.
- Sustained prioritization of those with criminal justice involvement, in line with the Stepping Up initiative to reduce the number of individuals with mental illness in jail
- Provide more behavioral health services to those in the child welfare system, particularly those in foster care settings, including children ages 0-5
- Expanded services in Tahoe/Truckee, including implementation of children's Full Service Partnership program, case management for adults with mental illness and/or substance use disorder, and supportive housing
- Increased and strategic utilization of peer specialists within behavioral health system of care
- Explore targeted mental health treatment program for Transition Age Youth (TAY, ages 16-25), which may include a targeted TAY Full Service Partnership program and identification of the early onset of serious mental illness
- Increased focus on evaluation and performance outcomes, especially within Prevention and Early Intervention (PEI) programs
- Community crises response, such as with the COVID-19 pandemic, with community level behavioral health support
- Partner more closely with Medi-Cal managed care plans for "whole health" approach for behavioral health clients with high medical needs
- Family-centered programming including family support groups and education
- Workforce Education and Training (WET) programming including peer support, intern supervision, training, and supporting statewide strategies to increase the behavioral health workforce

Community Service and Supports (CSS)	
Program	Program Description
Full Service Partnership (FSP)	
Children's Full Service Partnership	Comprehensive 24/7 wraparound treatment for children (age 0 - 17) with serious emotional disturbance or serious mental illness; utilize small caseloads and peer and family supports
Adult Full Service Partnership	Assertive Community Treatment (ACT) for adults (age 18 and up) that includes an individualized service plan and a "whatever it takes" flexible treatment approach that can include housing and employment support; services are available 24/7 with small caseloads
General System Development (GSD)	
Expand Network Providers	Provides funding to network therapists who accept referrals from Nevada County Behavioral Health for program participants with less acute needs
Expand Adult and Child Behavioral Health & Psychiatric Services	Expanded children's and adult psychiatry and mental health services, including vocational training and activity groups
Expand Crisis and Mobile Crisis Intervention Services	Crisis services at the Crisis Stabilization Unit (CSU), available 24/7; provides direct crisis intervention services to program participants by phone and via face-to-face evaluations
	Insight Respite Center is a peer centered program where guests seeking relief from symptom distress are treated as equals on their path to recovery
Emergency Department Outreach and Engagement	On-call peer support to individuals in crisis in the Emergency Department or Crisis Stabilization Unit, including follow-up calls for additional support and linkage to services
Intensive Services for Youth	Specialty mental health services for children and families with specific focus on children at risk of removal from their homes or in congregate care and pre and post adoptive families
Housing & Supportive Services to Severely Mentally Ill Homeless	Provides housing and supportive services for homeless individuals with mental illness and assists them with rental applications, lease agreements, and general living skills to maintain their housing
Alternative Early Intervention for Youth and Young Adults	Flexible, alternative treatment for youth and transition age youth including nature-based therapy
Family Education and Support	Education and support program that includes community system navigation for families of those with mental illness
Outreach and Engagement	

Expanded Mental Health Services in North San Juan	Provides outreach, engagement and care coordination services to individuals in the underserved area of North San Juan Ridge.
Case Management & Therapy for Homeless Individuals with Mental Illness	Embedded case manager and therapist at Hospitality to assist clients in meeting their expressed mental health-related goals, including assistance with medication management and housing
Forensic Liaison	Forensic Liaison aims to prevent & decrease law enforcement contact and incarceration for individuals experiencing mental health conditions
Veterans' Services & Therapy	Provides mental health services and therapy for veterans locally
Adult Wellness Center	Adult peer wellness center that offers individual peer support, weekly support groups, referrals to community services, and WRAP (Wellness Recovery Action Plan)
Prevention and Early Intervention (PEI)	
Program	Program Description
Early Intervention	
Bilingual Therapy	Early, short term intervention and therapy for Spanish speaking individuals of all age groups
Perinatal Depression Program	Moving Beyond Depression: Evidence-based program providing in-home cognitive behavioral therapy to women in home visitation program experiencing prenatal or postpartum depression
Early Intervention for Youth in Crisis	Therapeutic early intervention, counseling and crisis response for youth in crisis in Eastern Nevada County
Access and Linkage	
Homeless Outreach	Homeless outreach program that provides outreach, access, and linkage services for homeless individuals
Senior, Disabled and Isolated Outreach Program	Reduces isolation via in-home visits to seniors and persons with disabilities via in-home visits Registered Nurse or Social Worker makes home visits to older adults and adults with disabilities
Mental Health Screening in High Schools	Universal mental health screening program for high school students
Outreach for Increasing Recognition of Early Signs of Mental Illness	
Community Mental Health and Crisis Training	Mental Health First Aid is a course that presents an overview of mental illness and substance use disorders, introduces participants to risk factors & warning signs of mental health problems
Prevention	
Youth Mentoring	Youth mentoring and after-school youth support program

Youth Wellness Center	Wellness Center provides a youth-friendly point of entry for students to connect to supportive adults and access wellness services at school sites
Family Support/Parenting Classes	Positive parenting classes aiming to decrease family isolation and stress, educate parents about mental health issues, and promote the development of peer supports.
Stigma and Discrimination Reduction	
LatinX Outreach	Promotora Program utilizes "community health workers" to help Latino families connect to health resources and offers health education, including mental health services and stigma reduction
	LatinX youth and transition age youth peer support and mindfulness program
Suicide Prevention	
Suicide Prevention	Suicide Prevention and Postvention coordination that implements suicide prevention and intervention training programs, reduces stigma around suicide and mental illness, and provides crisis intervention and support
Workforce Education & Training (WET)	
Program	Program Description
Community and Workforce Training and Technical Assistance	Provide education, training and workforce development programs and activities that contribute to developing and maintaining a culturally competent workforce
Peer Support Program	Peer support training program where behavioral health consumers develop skills to counsel and support peers
Intern Supervision	Adds service capacity in Nevada County by funding clinical supervision of behavioral health interns
OSHPD WET Contribution	Support statewide and regional WET initiative through the Office of Statewide Health Planning and Development (OSHPD)
Innovation (INN)	
Program	Program Description
Integrated Tahoe/Truckee Services	Personal Services Coordinator shared and coordinated between Nevada and Placer County, and expanded hours of services from the Family Resource Center of Truckee to provide additional bilingual, bicultural services to this community.
Homeless Outreach and Medical Engagement (HOME) Team	Team including personal services coordinators, peer specialist, and nurse performing outreach and relationship building to those experiencing homelessness, paired with low-barrier housing

Nevada County Overview



Nevada County is a small, rural, mountain community, home to an estimated 99,107 (2016 US Census Bureau estimate <https://www.census.gov/quickfacts/>) individuals. According to the 2016 US Census estimate, over 93% of the Nevada County residents identified their race as White, while over 3% of residents combined identified their race as African American, Asian, American Indian, Alaska Native, Native Hawaiian and Pacific Islander. In regards to ethnicity, an estimated 85.4% of the population identified as Non-Hispanic or Latino and 9.5% of the population of Nevada County identified themselves as Hispanic or Latino. Therefore, Nevada County's one threshold language is Spanish. 23% of Nevada County's residents are over 65 years of age as compared to the statewide average of 13.9%. As of July 2018, 21% or 21,104 residents are Medi-Cal recipients.

The county lies in the heart of the Sierra Nevada Mountains and covers 958 square miles. Only 32% of Nevada County's population live in incorporated areas, with 16% in the Town of Truckee, 13% in the City of Grass Valley, and 3% in Nevada City, while 68% live in the outlying unincorporated areas.



Community Program Planning Process

30-Day Public Comment Period Dates: April 15, 2020 through May 15, 2020

Public Hearing Date: May 15, 2020 at Nevada County Mental Health and Substance Use Advisory Board Meeting

Nevada County Behavioral Health (NCBH) conducted a comprehensive mental health needs assessment involving consumers, key stakeholders, and community members. The needs assessment included a survey with 428 recorded responses, of which 29% of respondents identified as a mental health consumer and 27% identified as a family member of a mental health consumer. Additionally, NCBH worked with a third-party consultant, Ellis Planning Associates, to conduct seven focus groups, including family members, LatinX community members, the Nevada County Mental Health and Substance Use Advisory Board, service providers, and consumers.

NCBH also held MHSA Community Meetings to educate the community and gather input about priorities for our Three-Year Plan. These community meetings included representation from service providers, contract providers, program participant/family advocates, program participants, family members, County employees and interested community members. Any member of the public is welcome to attend and provide input at these meetings. In FY 19/20, NCBH held MHSA Community Meetings on: 7/17/19, 10/25/19, 11/6/19, and 4/12/20.

NCBH staff also gathered input for MHSA priorities from various other meetings including Stepping Up meetings, focused on reducing the number of individuals with mental illness in jails. These Stepping Up meetings were held monthly internally with key criminal justice partners such as the District Attorney, Public Defender, Sheriff, Probation, and Behavioral Health. Additionally, quarterly community Stepping Up meetings were held on 5/10/19, 8/29/19, 11/19/19, and 2/19/20.

Other meetings attended include, but are not limited to: Cultural Competency, Mental Health and Substance Use Advisory Board, Quality Improvement Committee, Nevada County Behavioral Health (NCBH) Contractors Meeting, Veterans Stand Down yearly event, Nevada County Health Collaborative, Nevada County Coordinating Council for the Homeless, Tahoe Truckee Community Collaborative, and NCBH Staff Meetings.

The Plan was posted for 30-day public review to the County website. After the plan is posted, it is shared with e-mail lists of interested individuals. These lists contain approximately 180 individuals, who range from family members, program participants, contractors, community based organizations, interested community members, law enforcement, school personnel, substance use service providers, and staff from various departments within Nevada County. Included in this distribution list are our area's major media outlets, and Nevada County also purchases a legal advertisement in the local newspapers (The Union and Sierra Sun) announcing the public comment period and public hearing dates. This year, both newspapers' printed copies are on hold due to the COVID-19 pandemic.

If any member of our community requests a hard copy of the plan, NCBH will mail a copy of the plan. Due to the COVID-19 pandemic, we are not offering an option for the public to pick up hard copies at our NCBH site locations, which are currently closed to the public.

The Local Mental Health and Substance Use Advisory Board conducts a public hearing after the 30 day public review period. The Local Board reviews the plan and public comments, and makes the recommendation that the plan be presented to the Nevada County Board of Supervisors.

Public Comment Summary:

- Request for MHSA plan to incorporate Safe Sanctuary Outdoor Emergency shelter program
 - County Response: Roughly 40% of the total proposed MHSA budget is projected to serve those experiencing homelessness, including the Homeless Outreach and Medical Engagement (HOME) Team. At this time, there is not sufficient funding to support a new standalone homelessness program.

Summary of Changes to the Plan during Public Comment Period:

- Added context around COVID-19 and potential impacts to the Executive Summary



COUNTY OF NEVADA

Community Mental Health Needs Assessment

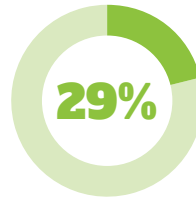
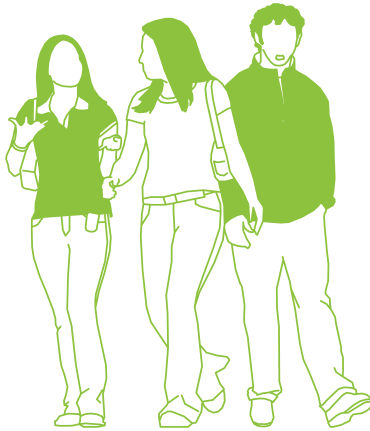
FY 2020-21 through FY 2022-23



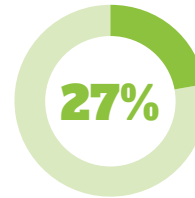
Introduction & Demographics

Needs Assessment

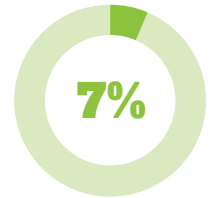
Every three years, Nevada County Behavioral Health conducts a community mental health needs assessment to inform the Mental Health Services Act Three-Year Plan. The needs assessment included a survey with **428** recorded responses, **seven** focus groups, and various key informant interviews.



Identified as a mental health client/consumer



Identified as a family member of a mental health client/consumer



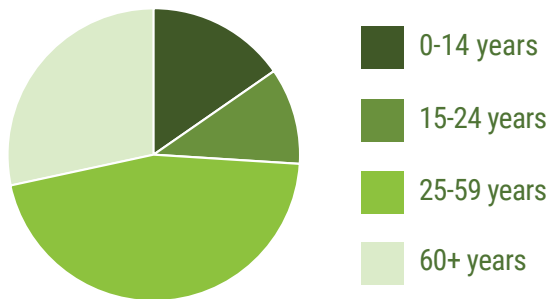
Identified as Hispanic or Latino

ABOUT NEVADA COUNTY

Nevada County is a small, rural, mountain community, home to an estimated **99,696** individuals. The county lies in the heart of the Sierra Nevada Mountains and covers 958 square miles.



Nevada County Demographics by Age



Nevada County Residents over 65 years old

27.5% **27,416** individuals
Nearly twice the state average.

Race/Ethnicity Distribution	Nevada County Population	
White/Caucasian	93,116	93.4%
Hispanic or Latino	9,671	9.7%
Other/Unknown	3,091	3.1%
Asian/Pacific Islander	1,595	1.6%
American Indian/Alaskan Native	1,296	1.3%
Black/African American	598	0.6%

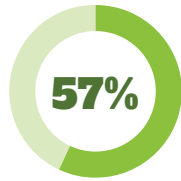
What's Working Well

EXISTING SERVICES IN SCHOOLS

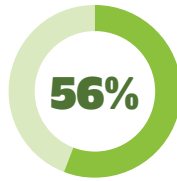
► Drop-in wellness center • Mental health screening • Referrals for mental health services



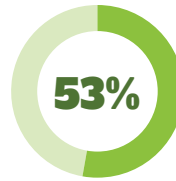
Programs identified as top priorities by survey respondents among existing MHSA-funded PEI services for youth.



Mental health screening in high schools



Youth drop-in wellness centers in high schools



Suicide prevention



Youth to youth mentoring

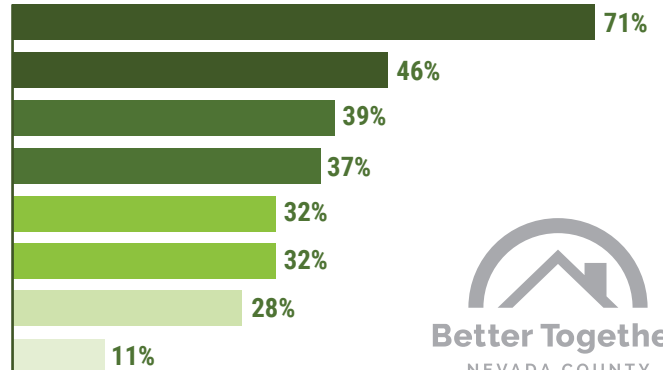


HOMELESS OUTREACH & CASE MANAGEMENT

“ The HOME Team is reaching out and working with people that in the past have been very difficult to serve, there's a wrap-around of support and care for these folks. ”

► Homeless outreach and case management was selected as a top priority among existing MHSA-funded PEI services for adults.

- Homeless outreach, case management, and therapy 71%
- Case management for those involved in criminal justice system 46%
- Home visiting program for older adults 39%
- Suicide Prevention 37%
- Veterans outreach and therapy 32%
- Community trainings on Mental Health First Aid 32%
- In-home therapy for prenatal/postpartum depression 28%
- Latino outreach and stigma prevention 11%



MENTAL HEALTH RESPITE FOR ADULTS



Insight Respite Center

Turning Point's Insight Respite Center (IRC) is a peer-centered program where guests seeking relief from symptom distress are offered up to a two-week stay, offering an alternative resource that may prevent the need for hospitalization. Peer supporters, trained in trauma informed models, are available 24 hours a day, offering hope, compassion and understanding in a stigma-free environment.



COLLABORATION

“ We have a culture of being proactive on mental health issues across the board, including law enforcement and all of the providers. ”

Additional Needs for Children & Youth

PARENT SUPPORT & INVOLVEMENT

- ▶ Collaboration with service providers and direct support and programs for parents



of survey respondents identified **family support & parenting classes** as a top priority

"Providers don't know how to collaborate with families."

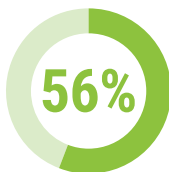
SCHOOL-BASED SERVICES

- ▶ Mental health services in schools
- ▶ Lack of awareness/understanding of mental illness in schools

"I've heard schools look at behaviors as something that needs to be corrected. Behaviors can be symptoms of mental illness."

SERVICES FOR YOUTH EXPERIENCING HOMELESSNESS

- ▶ Homeless youth were identified as the group in most need of additional PEI services for children/youth.



of survey respondents identified **homeless youth** as a top priority population

The 2019 Point In Time Count recorded 64 youth (ages 0-24) experiencing homelessness in Nevada County.

Every other January, Nevada County conducts a **Point In Time Count** to measure the number of individuals experiencing homelessness in our community.



MENTAL HEALTH & SUBSTANCE USE SERVICES

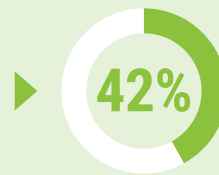


of survey respondents identified **co-occurring mental health and substance use programs** as a top priority for youth

RESPIRE CARE FOR YOUTH

"Respite for youth is one of our greatest needs. Our kids are suffering because we cannot get a break."

TRANSITION AGE YOUTH AGES 16-25



of survey respondents identified **transition age youth (ages 16-25)** as a top priority population.

There is also a statewide focus on Early Psychosis Programs to intervene during the first episode or early onset of psychotic symptoms, which often starts in the late teens to mid-twenties.

Other top priorities & groups in need of additional PEI services:

- ▶ **47%** Youth with child welfare/foster care involvement
- ▶ **46%** Support for community youth center programs
- ▶ **43%** Mental health screening in middle schools
- ▶ **41%** LGBTQ+ youth
- ▶ **36%** Mindfulness-based intervention

Additional Needs for Adults

▶ Housing & Homelessness

410 *experiencing homelessness in Nevada County*
INDIVIDUALS

The 2019 Point In Time Count recorded 410 individuals experiencing homelessness in Nevada County, though this very likely understates the true magnitude.

21% self-identified as having a mental illness that contributes to their homelessness.

HOUSING

"Housing continues to be a big issue in our community. It's a community-wide problem, but certainly for the mentally ill we need permanent supportive housing."

SERVICES FOR HOMELESS ADULTS

Prevention & Early Intervention



of survey respondents believed **adults experiencing homelessness** were in need of additional prevention and early intervention services.

▶ Health

CO-OCCURRING MENTAL HEALTH & SUBSTANCE USE SERVICES

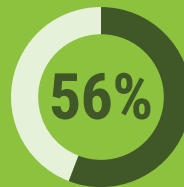


of survey respondents identified **co-occurring mental illness and substance use disorders** as a top priority for additional services.

Around 1 in 4 individuals with Serious Mental Illness also have a Substance Use Disorder.

SAMHSA National Survey on Drug Use and Health

INTEGRATED BEHAVIORAL & PHYSICAL HEALTH SERVICES



of survey respondents identified **integrated behavioral and physical health services** as a top priority for additional services.

People with serious mental illness (SMI) die on average 25 years earlier than those without SMI, often from preventable physical illnesses.

Parks 2006

▶ Criminal Justice Involvement



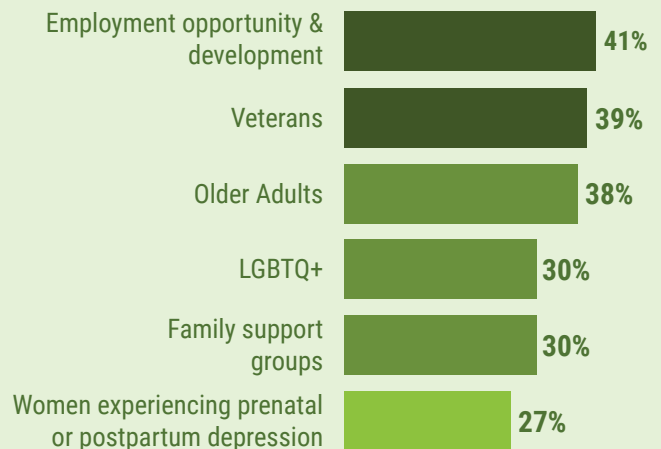
54%

of survey respondents identified **adults with criminal justice involvement** as a top priority population for additional services.

Nevada County is part of the national **Stepping Up Initiative**, which aims to reduce the number of individuals with mental illness in jails. Individuals with mental illness are overrepresented in jails, tend to stay longer in jail, and are at a higher risk of returning to incarceration than those without mental illness.



▶ Other Top Priorities for Adults

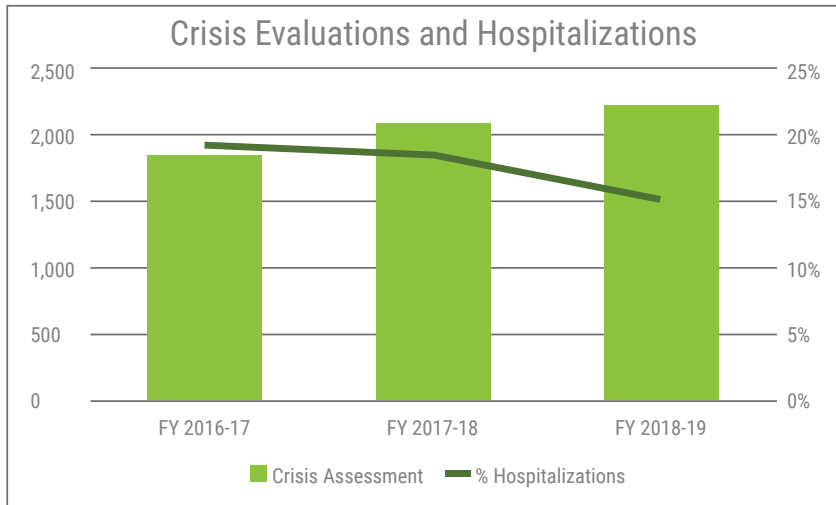


Additional Needs for Adults

► Crisis Services & Community Crisis Response

“There is a gap in the capacity to deal with mental health crisis, including emotional first-aid and being able to de-escalate situations using non-physical interventions.”

“Crisis residential is one of the biggest gaps that we have, and it would alleviate a lot of the community pressure.”



While crisis evaluations have been steadily increasing over the last three years, **the rates of hospitalization have decreased**, demonstrating the effectiveness of crisis staff to deescalate crises.

While the vast majority of crisis evaluations are for adults aged 26 – 64, **evaluations for older adults and young adults have been increasing over the last three years.**

Fiscal Year	<18 years	18-25 years	26-64 years	65+ years
FY 2016-17	248	252	1187	153
Percentage	13%	14%	65%	8%
FY 2017-18	235	319	1361	172
Percentage	13%	17%	65%	9%
FY 2018-19	253	350	1334	294
Percentage	14%	19%	60%	16%
TOTAL	736	921	3882	619
Percentage	12%	15%	63%	10%

Only 18% of individuals who utilize the crisis system are Nevada County Behavioral Health (NCBH) clients.

This highlights some of the challenges with accessing adequate mental health services for those with private insurance or served by the Medi-Cal managed care plans.

82% Community Clients
18% NCBH Clients

► Services for Older Adults

“There is a gap in services for elderly mentally ill folks. They are having severe medical issues plus a severe mental illness. There’s no one who will take them.”

Barriers to Care & Broad Areas of Need

Survey respondents were asked about barriers to accessing mental health services. These responses are not specific to County mental health services, and indicate barriers in the broader continuum of care.

► Barriers to care included:



COST & INSURANCE

LACK OF ACCESS TO PROVIDERS

- Overall lack of providers in all areas of mental health
- Providers that accept insurance
- Provider turn-over

Accessible psychiatry/counseling for non-severe mental health issues

"We just don't have enough providers, so there are people waiting and not getting prevention services."

"I have to leave the county to find a psychiatrist that accepts my insurance."

LANGUAGE & CULTURAL COMPETENCY

- Services in Spanish
- Cultural competency on behalf of providers
- Fear/embarrassment around seeking services

"Language is a barrier for many people. You can tell people that you can go and get help, but when you get there and there aren't adequate services in Spanish, people leave."

"We need bilingual providers. And bicultural, too."



OTHER BROAD AREAS OF IMPROVEMENT THAT WERE IDENTIFIED INCLUDED:

► STIGMA AND DISCRIMINATION

Stigma and discrimination towards people with mental illness – from medical and mental health providers, community members, at schools.

"There's confusion around how to interact with individuals who are different. I've seen this among school children and also among providers. I've seen some things that are alarming to me."

"There's a difference in how people approach seen and unseen health issues. The stigma that happens with unseen mental health issues is institutionalized."

► QUALITY OF CARE

"They were looking at symptoms as behaviors that needed to be managed versus illness that needed to be treated."

"In this county, there's a huge disconnect with severe mental illness. There's nothing to help the early onset of severe mental illness, because it's not recognized."

► COLLABORATION

- Primary care providers and mental health services
- Law enforcement, DA, hospital and mental health services
- Service distribution/communication across the county

Residents of the Eastern side of our county in the Truckee-Tahoe region experience unique needs and challenges. Mental health services are much more challenging to access largely due to geography and challenges with economies of scale.



► What's Working Well

- **Bilingual therapist** at Nevada County Behavioral Health
- **School-based services** such as wellness center
- **Relationship with Truckee PD**
- **Great collaboration** and communication across partners
- **Flexible and responsive** programs

► Gaps in Truckee-Tahoe

- **Psychiatric services** in the region
- **Full Service Partnership/Intensive Services** for adults and youth, including supportive housing
- **Pre-crisis services** like Insight Respite Center
- **Limited resources** and transportation
- **0-5 and TAY services**
- **Not enough bilingual providers**

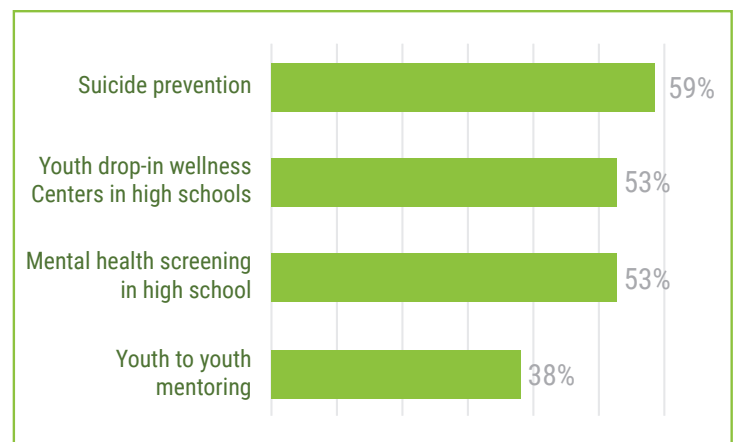


of survey respondents identified the **Latino community** as most in need of additional prevention and early intervention services

► Top Priorities for Youth

Existing MHSA-Funded Services

Of the existing MHSA-funded services, **suicide prevention services** were identified by survey respondents as one of the top priorities for children/youth by Truckee-Tahoe residents.



Among children/youth, Truckee-Tahoe residents identified the following populations as the most in need of additional prevention and early intervention mental health services.

- Middle school students
- Transition age youth (ages 16-25)
- Latino youth
- High school students

Mental Health Needs Assessment

County's Capacity to Implement

Nevada County Behavioral Health (NCBH) strives to deliver culturally, ethnically, and linguistically appropriate services to behavioral health participants and their families. In addition, we recognize the importance of developing services that are sensitive to other cultures. We strive to incorporate discussions of delivering culturally-relevant services into our monthly staff meetings and weekly team meetings, as well as during clinical and staff supervision. We take advantage of any regional and/or state training offered on promoting and delivering culturally-relevant services. We treat each participant as an individual, with many different needs and cultures. In addition to delivering services in the person's preferred language and utilizing bicultural staff whenever possible, we also understand that age, health, gender, community, and lifestyle have an important role in meeting the individual needs of each participant. It is also important to note that these needs may change over time, and staff must be sensitive to different needs as they may change.

Our biggest challenge is in hiring bilingual, bicultural staff to provide services to our Hispanic communities. We currently have four (4) staff persons who speak Spanish, and two (2) Health Techs that support Behavioral Health clients that speak Spanish. In addition, three (3) of our psychiatrists are bilingual and bicultural. One speaks Chinese, one Vietnamese, and one Thai. Unfortunately, none of our psychiatrists speak Spanish. Roughly 6% of our overall Behavioral Health workforce (including both County and contracted staff) identifies as Hispanic, and roughly 6% identifies as speaking fluent/good Spanish (Nevada County's threshold language). This compares with roughly 10% of our overall population who identify as Hispanic, and roughly 13% of Behavioral Health clients who identify as Hispanic.

Nevada County Mental Health Providers	Number of Mental Health Employees	Percentage
Fluent/Good Spanish	9	6%
Good Spanish	2	1%
Fair Spanish	1	1%
No/Poor Spanish	150	93%
Total	162	100%

Race	Number of Mental Health Employees	Percentage
American Indian or Alaska Native	3	2%
Asian	1	1%
Black or African American	2	1%
Native Hawaiian or other Pacific Islander	3	2%
White	151	86%
Other	3	2%
More than one race	8	5%
Decline to answer	1	1%
Unknown	3	2%

Ethnicity	Number of Mental Health Employees	Percentage
Hispanic or Latino as follows:	10	6%
Caribbean	0	0%
Central America	1	1%
Mexican/Mexican-American/Chicano	3	2%
Puerto Rican	1	1%
South American	2	1%
Other Hispanic/Latino	3	2%
Non-Hispanic or Non-Latino as follows:	110	63%
African	1	1%
Asian Indian/South Asian	2	1%
Cambodian	0	0%
Chinese	0	0%
Eastern European	2	1%
European	34	19%
Filipino	2	1%
Japanese	0	0%
Korean	0	0%
Middle Eastern	0	0%
Vietnamese	0	0%
Other Non-Hispanic/Non-Latino	69	39%
More than one ethnicity	8	4%
Decline to answer	8	4%
Ethnicity Unknown	39	22%

Community Services & Support (CSS)

A) CSS Category: Full Service Partnership (FSP)

1) Program: Children's Full Service Partnership (FSP)

Target Population:

Children (age 0 – 17) who are seriously emotionally disturbed who meet one or more of the following:

- 1) As result of mental health disorder, child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; AND either of the following occur:
 - a) Child is at-risk of removal from home or has already been removed from home
 - b) Mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment
- 2) Child displays one of the following: psychotic features, risk of suicide or risk of violence due to mental disorder
- 3) Child qualifies for special education placement due to emotional disturbance

Program Description:

Children's Full Service Partnership (FSP) are intensive treatment programs that utilize a "whatever it takes" approach.

Children's System of Care Approach: The Children's FSP uses a Children's System of Care approach to serving high-risk children and youth age 0-25. Seventeen year-old transition age youth can access this system and transition automatically to the adult supports and services, or remain on the Wraparound (WRAP) Team if that level of care is more appropriate for their specific developmental stage.

Wraparound Treatment & Services:

Nevada County's comprehensive Wraparound Treatment Teams provide services 24/7, utilize small team-based caseloads, provide field-based services, and emphasize individual and family strengths. The Teams focus on reducing or preventing out-of-home placement through close interagency collaboration, individualized treatment plans, and a full range of services available within the Teams. Wraparound services include peer and family support and advocacy services through Parent Partners and flexible funding for support in services such as housing and childcare, and employment services. While the primary focus of the Wraparound team is residents of Nevada County, services may be targeted towards children who are placed outside of the County.

Latino Outreach: Wraparound providers may have bilingual and bicultural staff that work with families where available. Nevada County also has the Promotoras, who are bilingual and bicultural health educators who help with outreach and engagement to Latino families for Wraparound service providers.

Community Services & Support (CSS)

2) Program: Adult Full Service Partnership (FSP)

Target Population:

Adults age 18 and over who are seriously mentally ill and whose service needs are unmet or minimally met and are at-risk of: homelessness, involvement in the criminal justice system, institutionalization, frequent usage of hospital and/or emergency room services as primary resource for mental health treatment, or involuntary care.

Program Description:

Assertive Community Treatment (ACT): The Assertive Community Treatment (ACT) Model features clinical/community-based team-coordinated care. Each program participant has an individualized and culturally competent service plan. Team members share responsibility for the individuals served by the team. Members may receive services from any staff person on the treatment team. The staff-to-consumer ratio is small, approximately one staff member per 10 clients. The range of treatment and services is comprehensive and flexible, and services are available 24 hours per day, 7 days per week. The team is proactive in engaging individuals needing care. Services include, but are not limited to, peer/family counseling, assisted outpatient treatment, psychiatric services, treatment for co-occurring disorders, outreach/engagement services for homeless individuals, housing and employment support, “whatever it takes” services.

Step Down ACT Team: The Step-Down ACT Team, operated by the Behavioral Health Department, is called New Directions and helps FSP participants integrate into the larger community.

Assisted Outpatient Treatment (AOT): ACT services are available to individuals participating in the Assisted Outpatient Treatment (AOT) program. A Licensed Mental Health Professional (LMHP) receives referrals from Nevada County Behavioral Health. These referrals may be initiated by a qualified party including a family member, peace officer, probation, licensed treatment provider or others as identified in W&I code 5346(b) 2. The LMHP reviews the available treatment history, conducts an assessment, and develops treatment plans. If appropriate, the referred individual will receive comprehensive services from the ACT Team. No MHSAs funds will be used for law enforcement or court staff.

Nevada County values consumer choice and individual responsibility, and will not discriminate enrollment in this full service partnership based on legal status. Individuals who are conserved, on probation, on parole, or committed under AOT will be welcomed into the voluntary array of services provided by the ACT Team in an unlocked setting.

Community Services & Support (CSS)

B) CSS Category: General System Development

- 1) Expand Network Provider**
Expands network provider service capacity, increases access and broadens services throughout the County.
- 2) Expand Adult and Children’s Behavioral Health & Psychiatric Services**
Including vocational training, activity groups, and a focus on increasing clinical capacity to treat ages 0 – 5.
- 3) Expand Crisis and Mobile Crisis Intervention Services**, including:
 - Crisis services at the Crisis Stabilization Unit (CSU), available 24/7; provides direct crisis intervention services to program participants by phone and via face-to-face evaluations
 - Peer-centered adult Respite Center where guests seeking relief from symptom distress are treated as equals on their path to recovery
- 4) Emergency Department Outreach and Engagement**, including:
On-call crisis peer support to individuals in crisis in the Emergency Department or Crisis Stabilization Unit, including follow-up calls for additional support and linkage to services
- 5) Intensive Services for Youth**
Specialty mental health services for children and families with specific focus on children at risk of removal from their homes or in congregate care and pre and post adoptive families
- 6) Housing and Supportive Services to the Severely Mentally Ill Homeless**
Provides housing and supportive services for homeless individuals with mental illness and assists them with rental applications, lease agreements, and general living skills to maintain their housing
- 7) Alternative Early Intervention for Youth and Young Adults**
Flexible, alternative treatment for youth and transition age youth including nature-based therapy
- 8) Family Education and Support**
Education and support program that includes community system navigation for families of those with mental illness

C) CSS Category: Outreach and Engagement

- 1) Expanded Mental Health Services in North San Juan**
Expand mental health treatment, case management, and outreach and engagement services in underserved area of North San Juan
- 2) Case Management and Therapy for Homeless Individuals with Mental Illness**
Embedded case manager and therapist at Hospitality House to assist clients in meeting their expressed mental health-related goals, including assistance with medication management and housing
- 3) Forensic Liaison**
Forensic Liaison aims to prevent & decrease law enforcement contact and incarceration for individuals experiencing mental health conditions
- 4) Veterans’ Services & Therapy**
Provides mental health services and therapy for veterans locally
- 5) Adult Wellness Center**
Adult peer wellness center that offers individual peer support, weekly support groups, referrals to community services, and WRAP (Wellness Recovery Action Plan)

Community Services & Support (CSS)

D) Program Expenditures

Expenditures for this work plan may include all expenditures identified in the Original Three-Year Plan (for FY 2005/2006 through 2007/2008), subsequent Annual Updates and Three-Year Plans, and items on the MHPA Needs Assessment FY 2020 - 2023 document, including but not limited to: staffing and professional services, operating expenses, office supplies, travel and transportation, client vouchers and stabilization funding to meet other client expenses needs based on the “whatever it takes” MHPA approach for FSP clients, translation and interpreter services, rent, utilities and equipment, medications and medical support, telepsychiatry equipment, office furniture, capital purchases, training and education, food, client incentives, and the cost of improving the functionality of information systems used to collect and report client information. Capital purchases may include the cost of vehicles, costs of equipping employees with all necessary technology (cellular telephones, computer hardware and software, etc), the cost of enhanced and/or increased space needs related to services, and other expenses associated with the services in this plan.

E) Future Programs

The expansion of services in the future may include any other activities approved in the original CSS Plan or subsequent Annual Updates or the MHPA Needs Assessment FY 2020 - 2023 document, including, but not limited to: Transition Age Youth (TAY) Full Service Partnership or targeted outpatient treatment; homeless outreach, support and engagement services; North San Juan Ridge and Truckee services; enhanced services to court involved families; enhanced jail services for inmates; foster care youth; support for at-risk youth in the school system and/or community; to serve unserved, underserved and inappropriately served populations; consultation with clinics and Primary Care Physicians and other health care providers; contract services; peer support; expansion of Children’s System of Care and Adult System of Care, and psychiatric services and/or non-psychiatric Network Provider services.

F) CSS Program Costs and Cost per Person

The estimated cost for CSS programs based on the number of individuals served in FY 18/19 and FY 20/21 plan updates: 1) FSP programs is \$2,044,435, 2) General System Development programs is \$1,483,016, 3) Outreach and Engagement Programs and activities is \$433,791, and 4) Administration cost is \$144,004. The estimated total cost is \$4,105,246. The average estimated cost per person involved in a CSS activity will be \$824 ($\$4,105,246/4,981$). We estimate serving during a given year 274 children, 640 TAY, 2,654 adults, 678 older adults and 735 individuals’ ages may not be known.

Community Services & Support (CSS)

Age	# Served in FSP	% of Total	Est. FSP cost/age	# Served in GSD	% of Total	Est. GSD cost/age	# Served in O&E	% of Total	Est. O&E cost/age
Unknown Age	0	0%	\$0	0	0%	\$0	735	30%	\$131,209
Children	86	38%	\$784,917	184	8%	\$117,265	4	0.2%	\$714
TAY	44	20%	\$401,585	371	16%	\$236,471	225	9%	\$40,166
Adults	70	31%	\$638,886	1,397	60%	\$890,551	1,187	49%	\$211,897
Older Adults	24	11%	\$219,047	375	16%	\$238,729	279	11%	\$49,806
Total	224	100%	\$2,044,435	2,327	100%	\$1,483,016	2,430	100%	\$433,791

G) CSS Administration

MHSA CSS Administration funding is used to sustain the costs associated with the intensive amount of administration support required to ensure ongoing community planning, implementation, monitoring and evaluation of the CSS programs and activities. The expenditures within the administration budget are recurring in nature. All administrative cost in the original CSS plan and subsequent Updates are applicable expenses.

Besides the MHSA Coordinator, the Administration costs includes other staff to support the CSS Programs. Supportive staff includes, but is not limited to: the Behavioral Health Director, Adult, Children's and Drug and Alcohol Program Managers, Behavioral Health Adult and Children Supervisors, Behavioral Health Workers, Behavioral Health Technicians, Analyst, Administrative Assistant, Administrative Services Officer, and the Accounting Technician. All of the above staff are involved in the community planning, implementation, and/or monitoring and evaluation of the MHSA programs and activities.

Operating expenditures tend to increase yearly and are based on prior year actual expenses. The increases are due to increase in staff, contractors and program activities. Expenses may include, but are not limited to: contract administration and management, office supplies, office furniture, other operating expenses, capital purchases, training and education, food, incentives, the cost of improving the functionality of information systems used to collect and report program participant and program information.

County Allocated Administration is also a covered expense and is increasing due to the increase in staff working on MHSA projects and programs. Countywide Administration (A-87) expenditures are based on a formula prepared annually by the County Auditor based on the activities for the prior year.

Lastly, it is anticipated that the MHSA CSS programs will generate new Medi-Cal revenues. These funds will be used to help cover the costs to administer the MHSA CSS Programs.

Prevention and Early Intervention (PEI)

SB 1004:

SB 1004 was passed in 2019 and established new priorities for Prevention and Early Intervention (PEI) funds. These priorities include:

- 1) Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
- 2) Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
- 3) Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
- 4) Culturally competent and linguistically appropriate prevention and intervention.
- 5) Strategies targeting the mental health needs of older adults.

Nevada County PEI programs address all of the priorities established by SB 1004, as identified in the PEI section below.

A) PEI Category: Early Intervention

Early Intervention programs aim to address and promote recovery and improved outcomes for a mental illness early in its emergence, including diminishing the negative effects that may result from untreated mental illness. Early Intervention services will be provided for those with any mental illness for which short-term therapy and case management is appropriate and that the program has the capacity to treat, including depression, anxiety, suicidality, and bipolar disorder.

1) Program Name: Bilingual Therapy

a. Target Population:

- i. **Demographics:** Spanish speaking individuals; services will be provided to all age groups, gender and sexual orientation. Services are provided in Eastern and Western Nevada County.
- ii. **How each participant's early onset of mental illness will be determined:** All referred individuals and families are assessed and a treatment plan is created. Part of the assessment will be to ask the individual or their family members when the mental illness began.

b. Program Description:

The LatinX population in Nevada County is growing, though there is a challenge in accessing Spanish-speaking mental health resources. This challenge stems from a variety of reasons including: not enough professionals who speak Spanish, lack of transportation, and stigma about reaching out for help with mental health issues.

Nevada County will serve the LatinX population by hiring and/or contracting bi-lingual therapists who take referrals from the Family Resource Centers (FRC), the local Promotoras Programs, schools, the Woman Infant Child (WIC) Program and other community based services providers that serve the LatinX population. The therapists provide early, short term intervention therapy with individuals whose mental illness has recently manifested or where treatment will decrease the negative effects of the illness. Additionally, therapist(s) will collaborate and work with community based Promotoras to consult one-on-one about individuals, to create psycho-education material, and attend psycho-educational groups. This therapy occurs at the Behavioral Health Department, at the Family Resource Centers, schools, or at a location in the community that the individual chooses. Nevada County is a small county and has a very limited number of Spanish

speaking therapists. Promotoras bring new program participants into the Nevada County Behavioral Health office and do a warm handoff to the therapist for the individual's first appointment. Having any access to a Spanish-speaking therapist enhances and improves the outcomes for this population.

Because the program sees all age groups and each person may have different needs, any one or several of the seven negative outcomes may be affected: suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness and removal of children from the home. It is anticipated that for adults Basis-24 and CANS for children and youth will be utilized to evaluate the reduction of prolonged suffering. The mental health indicator that will be used will be determined by the program participant and their specific goals and treatment plan. Spanish speaking therapists administer the evaluation and evaluation forms are available in Spanish.

- c. How program helps to Improve Access to Services for Underserved Populations:** The individuals in this program may not be eligible and/or cannot access other programs because they do not have health insurance, are not legal immigrants, do not trust other organizations, their mental health issues are preventing them from accessing care, etc. The program is improving access to services by outreaching to the underserved and connecting to these individuals' natural community support systems.
- d. How program is Non-Stigmatizing and Non-Discriminatory:** The warm handoff process between the Promotoras and Nevada County Behavioral Health intends to reduce the stigma of mental health services. Evaluation forms are provided in English and Spanish.
- e. Estimate Number Served Per Year:** 25 individuals
- f. Estimated Cost Per Person:** \$4,000 (\$100,000/25 individuals) per program participant
- g. Program delivered by:** In FY 20/21, program services are anticipated to be provided by Nevada County Behavioral Health

2) Program Name: Perinatal Depression Program

- a. Target Population:**
 - i. Demographics:** Pregnant and postpartum women experiencing perinatal depression who are involved in a home visiting program
 - ii. How each participant's early onset of mental illness will be determined:** All referred individuals and families are assessed and a treatment plan is created. Part of the assessment will be to ask the individual or their family members when the mental illness began.
- b. Program Description:**

Perinatal depression cases go undetected in approximately 50% of cases, and women suffer in silence. In addition to the effects of depression on the mother, maternal depression can have serious negative impacts on the well-being, health, and development of their young children. These include: delayed development of the child, a predisposing factor for child abuse; poor health outcomes; potential for school entry problems; increased childhood anxiety; and conduct problems & hyperactive symptoms.

Moving Beyond Depression is an evidence-based program provides in-home Cognitive Behavioral therapy to program participants. Providing treatment to the women in their home environment eliminates most barriers to accessing treatment, enhances the positive benefits of a home visitation program, and, thereby, enhances the overall well-being of their children. The majority of referrals come through Healthy Babies, the main home visiting program in Nevada County.

This program will likely have long-term impacts on any one or several of the seven negative outcomes, but will specifically impact: suicide, prolonged suffering, and removal of children from the home.

The evaluations at a minimum will be done at the beginning of therapy and at program exit. Spanish and English speaking therapists administer the evaluation. Evaluation forms are offered in Spanish and English. Program participants are offered the option of filling out the evaluation themselves or with available assistance. Progress is measured through the evidence-based Edinburg Perinatal Depression Screen as well as the Interpersonal Support Evaluation List (ISEL) tool.

- c. **How program helps to Improve Access to Services for Underserved Populations:** The program is improving access to services by out stationing services and outreaching to the underserved by connecting to these individual's natural community support systems and working with these support systems to build trust.
- d. **How program is Non-Stigmatizing and Non-Discriminatory:** Healthy Baby home visitors are paired, when possible, with clients who are similar culturally, including bilingual and bicultural Spanish staff. Monolingual Spanish-speaking participants may also be referred to the County's Bilingual Therapy program. The Behavioral Health Department is training community partners to increase and improve their knowledge, skills and attitudes around mental illness, so that community members will refer individuals to treatment services. Evaluation forms are provided in Spanish and English.
- e. **Estimate Number Served Per Year:** 20 individuals
- f. **Estimated Cost Per Person:** \$2,494.50 (\$49,890/20 individuals) per program participant
- g. **Program delivered by:** In FY 20/21, program services are anticipated to be provided by Nevada County Public Health.

3) Program Name: Early Intervention for Youth in Crisis (Eastern County Only)

- a. **Target Population:**
 - i. **Demographics:** Youth in crisis with early onset symptoms of mental illness, and their families, in Eastern Nevada County
 - ii. **How each participant's early onset of mental illness will be determined:** All referred individuals and families are assessed and a treatment plan is created. Part of the assessment will be to ask the individual or their family members when the mental illness began.

- b. **Program Description:**

Youth in crisis in Eastern Nevada County are in need of more intensive support, particularly those who may not qualify for County Behavioral Health services (i.e. private insurance holders). Crises may result in a 5150 psychiatric assessment and/or hospitalization. Historically, after such crises, families who are ineligible for County services often wait weeks for follow-up support services. The Early Intervention for Youth in Crisis program will provide short-term (roughly 90 days) individual and family counseling support while helping families get connected to longer term mental health services.

This program will impact the following negative outcomes: suicide, incarceration, school failure or dropout, prolonged suffering, homelessness, and removal of children from the home. It is anticipated that the Youth Outcomes Questionnaire Self Report (YO-QSR) and Perception of Care survey will be utilized to evaluate the reduction of prolonged suffering, however, if appropriate other instruments or evaluation tools may be used. The mental health indicator that will be used will be determined by the program participant and their specific goals and treatment plan.

The evaluations at a minimum will be done at the beginning of the program and at program exit. Evaluation forms are offered in Spanish and English. Program participants are offered the option of filling out the evaluation themselves or with available assistance.

- c. **How program helps to Improve Access to Services for Underserved Populations:** The program is improving access to services by supporting youth in a region with limited mental health providers.

- d. **How program is Non-Stigmatizing and Non-Discriminatory:** This program focuses more on relationship-building than clinical approaches, which can help with some of the stigma especially with youth around mental illness. The Behavioral Health Department is training community partners to increase and improve their knowledge, skills and attitudes around mental illness, so that community members will refer individuals to treatment services. Evaluation forms are provided in Spanish and English.
- e. **Estimate Number Served Per Year:** 10 individuals
- f. **Estimated Cost Per Person:** \$1,028 (\$10,280/10 individuals) per program participant
- g. **Program delivered by:** In FY 20/21, program services are anticipated to be provided by Gateway Mountain Center.

B) PEI Category: Access and Linkage to Treatment

Access and Linkage to Treatment Programs aim to reduce risk factors for developing a potentially serious mental illness and to build protective factors.

1) Program Name: Homeless Outreach

- a. **Target Population:**
 - i. **Demographics:** Individuals experiencing homelessness of any age, sex or ethnicity.
 - ii. **How each participant's early onset of mental illness will be determined:** All referred individuals and families are assessed and a treatment plan is created. Part of the assessment will be to ask the individual or their family members when the mental illness began.

- b. **Program Description:**

In the January 2019 Homeless Point-in-Time Count, 410 individuals experiencing homelessness were counted in Nevada County living in tents or different temporary shelters in the woods, in emergency shelters, or in locations not fit for human habitation. Of the 410 homeless individuals, 21% identified themselves as having a serious mental illness, and 34% were experiencing chronic or long-time homelessness. Additionally, many of the homeless are people who mistrust government and government services.

Through the Homeless Outreach program, outreach workers will conduct outreach and engagement services, assessments, and referrals to individuals experiencing homelessness. Services will be provided at emergency shelters, transitional housing facilities, community-based organizations, out in the woods where the homeless are located, and to support the homeless once they are housed. This program may impact all of the seven negative outcomes: suicide, incarceration, unemployment, school failure or dropout, prolonged suffering, homelessness, and removal of children from the home. The primary goal of the Homeless Outreach program will be to identify individuals in need of mental health services, make referrals to treatment and case management services, and support individuals in securing housing.

CSS and/or PEI funds may also be used to support the implementation of No Place Like Home Program (NPLH). Support may include: planning, outreach and engagement, implementation, evaluation, and reporting out on outcomes.

- c. **How program helps to Improve Access to Services for Underserved Populations:** This program will meet individuals where they are at and will provide field-based services to serve individuals who are typically underserved and disconnected from traditional mental health services.
- d. **How program is Non-Stigmatizing and Non-Discriminatory:** The Behavioral Health Department is training community partners to increase and improve their knowledge, skills and

attitudes around mental illness, so that community members will refer homeless individuals to treatment services. Evaluation forms are available in both English and Spanish.

- e. **Estimate Number Served Per Year:** 151 individuals
- f. **Estimated Cost Per Person:** \$1,108.33 (\$167,358/151 individuals) per program participant
- g. **Program delivered by:** In FY 20/21, program services are anticipated to be provided by Hospitality House, Sierra Community House, and Unity Care.

2) Program Name: Senior, Disabled and Isolated Outreach Program

- a. **Target Population:** Individuals that are homebound due to age and/or disability
- b. **Program Description:** The Senior, Disabled and Isolated Outreach program contains two main programs:

The Friendly Visitor program trains senior or older adult volunteers to visit homebound or isolated older adults or disabled adults. The program aims to reduce the loneliness and isolation of program participants, and to reduce the likelihood of resulting mental health issues such as depression. Each volunteer is assigned a program participant and visits program participants in person and/or by phone on a regular basis. Evaluations will be performed at program entry and annually and/or at program exit. The Program Manager and program volunteers are trained in recognizing the signs and symptoms of mental health conditions, how to make a secured referral, and to support the program participant with referred services. All referred program participants will be screened for depression. The Program Manager or volunteer will refer individuals that screen high on the depression screening tool to the Social Outreach nurse/social worker, their primary care physician, or a mental health professional. Certain participants will also be eligible for the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS), an evidence-based intervention model through the University of Washington Health Promotion Center for individuals with late life depression.

The Social Outreach program utilizes Social Workers or Nurses who visit homebound individuals and utilizes a depression screening tool along with other physical health and fall prevention screening tools. The Social Outreach Worker makes referrals to mental health treatment for those who screen above a certain level on the depression screening tool.

- c. **How program helps to Improve Access to Services for Underserved Populations:** This program will provide in-home services to populations who are underserved due to their isolation in being largely home-bound due to their age or disability.
- d. **How program is Non-Stigmatizing and Non-Discriminatory:** Volunteers will be matched with program participants based on common traits, activities, personality and culture.
- e. **Estimate Number Served Per Year:** 135 individuals
- f. **Estimated Cost per Person:** \$686.44 (\$92,669/135 individuals) per program participant
- g. **Program Delivered By:** In FY 20/21, program services are anticipated to be provided by FREED and Sierra Nevada Memorial Foundation.

3) Program Name: Mental Health Screening in High Schools

- a. **Target Population:** 9th and 10th graders in Nevada County
- b. **Program Description:** This program implements in-school mental health screenings and supports for high schoolers. The screening is offered to all Nevada County high school students enrolled at Nevada Joint Union High School District and Tahoe Truckee Unified School District, contingent on a signed permission slip. The evidence-based screening tool include Columbia Teen Screen protocols and the Diagnostic Predictive Scales, and screens for depression, suicide risk, anxiety, and other emerging mental health challenges.

Students who screen as high-risk receive in-depth clinical interviews to assess the need for further evaluation or treatment, and will be offered case management services. The program will also offer prevention group meetings at participating high schools.

- c. **How program helps to Improve Access to Services for Underserved Populations:** This program will help detect students who are not receiving adequate or necessary mental health care through its universal screening methodology.
- d. **How program is Non-Stigmatizing and Non-Discriminatory:** Program staff will address the higher needs of underserved populations including LGBTQIA+, homeless, and Spanish-speaking youth and their families. Staff will participate in trainings on best practices for culturally appropriate interventions as well as consult with local specialized service providers on how to best serve these populations.
- e. **Estimate Number Served Per Year:** 605 individuals
- f. **Estimated Cost per Person:** \$171.54 (\$103,780/605 individuals) per program participant
- g. **Program Delivered By:** In FY 20/21, program services are anticipated to be provided by What's Up? Wellness Checks.

C) PEI Category: Outreach for Increasing Recognition of Early Signs of Mental Illness

Outreach for Increasing Recognition of Early Signs of Mental Illness Programs engage and educate the community about ways to recognize and respond to early signs of mental illness.

1) Program Name: Community Mental Health and Crisis Training

- a. **Program Description:** There is a strong need for increased community awareness about mental illness. This includes identifying the signs of mental illness, and how to help someone who is in crisis or is struggling with their mental illness. Virtually any member of the community would be appropriate to receive this type of training, including but not limited to family members, consumers, service providers, school personnel, safety officers, emergency personnel, property managers/landlords, community volunteers, and court personnel. Trainings are typically provided within the community depending on the target audience (e.g., in churches, schools, community centers, etc.)

Nevada County provides community mental health and crisis trainings to the community. Evidence based or community proven training will be provided to interested community members, including but not limited to Mental Health First Aid, Youth Mental Health First Aid, and Teen Mental Health First Aid. Training recipients may interact with or respond to an individual in crisis in their home, on the streets, at school, on the job, at church, etc.

Outreach and engagement of potential participants will be tailored to the specific audiences of the training. For example, outreach may be performed at local schools and churches for trainings such as Mental Health First Aid.

- b. **How program helps to Improve Access to Services for Underserved Populations:** By expanding the pool of trained community members, this program improves access to a wider population of individuals with mental illnesses, including unserved and underserved populations.
- c. **How program is Non-Stigmatizing and Non-Discriminatory:** Whenever possible, the program will provide trainers that come from the group being trained. The program will also involve consumers and family members whenever possible. The program has trained Promotoras who can work with the Latino population that they serve.
- d. **Estimate Number Served per Year:** 100 individuals per year
- e. **Estimated Cost per Person:** \$243.75 (24,375/100 individuals) per program participant

- f. **Program Delivered By:** In FY 20/21, program services are anticipated to be provided by What's Up? Wellness Checks – Mental Health First Aid (MHFA) trainings.

D) PEI Category: Prevention

Prevention Programs aim to reduce risk factors for developing a potentially serious mental illness and to build protective factors.

1) Program Name: Youth Mentoring

- a. **Target Population:** Youth of all races, ethnicities, genders, and sexual orientations
- b. **Program Description:** The community has expressed concerned about children who have a number of risk factors and do not have an adult in their life that can help to build protective factors. The school based mentoring programs specifically connect older teens to mentor younger children in their school. Youth who are at-risk of failing or falling behind in school will be referred to the mentoring program by a parent, teacher, school counselor or community member. Mentors are provided training on the signs and symptoms of mental health illness. When a mentee is not responding to the mentoring relationship, the youth is assessed and if needed, a referral is made to a community based or community service provider. Mentoring services are provided in the school setting, where mentees feel safe and mentors can access school personnel if needed.
- c. **How program is Non-Stigmatizing and Non-Discriminatory:** Teen mentors and the mentoring coordinators receive training in mental health issues, and services are provided in a school setting.
- d. **Estimate Number Served Per Year:** 130 individuals
- e. **Estimated Cost per Person:** \$331.37 (\$43,078/130 individuals) per program participant
- f. **Program Delivered By:** In FY 20/21, program services are anticipated to be provided by Big Brothers Big Sisters and Boys & Girls Club of North Lake Tahoe.

2) Program Name: Youth Wellness Center (Eastern County Only)

- a. **Target Population:** Individuals in high school in the Tahoe Truckee area with mental health conditions and/or emerging mental health issues. These Wellness Centers are open to all individuals regardless of race/ethnicity, gender, or sexual orientation.
- b. **Program Description:** Individuals with mental health conditions or emerging mental health conditions need a place they feel safe and can learn skills to cope with their unique challenges. Wellness Centers empower individuals by giving them a voice in decisions around creating their own well-being and developing sustainable wellness practices for life. Wellness Centers serve as a hub for individuals to talk to other caring people, connect to community resources, and learn new skills to develop sustainable wellness practices. The Wellness Centers see individuals of all ages and their families; each person may have different needs, so any one or several of the seven negative outcomes may be affected: suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness and removal of children from the home. The Youth Wellness Center Liaison, adult volunteers and Youth Peer Mentors are trained in recognizing the signs and symptoms of mental health conditions, how to make a secured referral, and to support the program participant follow-up with referred services. The Youth Wellness Centers are located at schools, where students can easily access services and participate in program activities.
- c. **How program is Non-Stigmatizing and Non-Discriminatory:** Services are provided on-site at school rather than at a mental health office. The Wellness Centers also utilizes Youth Peer Mentors throughout its programming.

- d. **Estimate Number Served Per Year:** 4,000 individuals
- e. **Estimated Cost per Person:** \$12.40 (\$49,595/4,000 individuals) per program participant
- f. **Program Delivered By:** In FY 20/21, program services are anticipated to be provided by Tahoe Truckee Unified School District.

3) Program Name: Family Support/Parenting Classes (Eastern County Only)

- a. **Target Population:** Families in need of additional knowledge and support around parenting their children in Eastern Nevada County
- b. **Program Description:** Families face significant stressors in the Tahoe/Truckee region, including isolation, tourism-dependent employment, high cost of living and limited resources. Free programs for families and parents are particularly scarce. In order to strengthen protective factors in local families, this program will provide play groups, support groups and classes aimed at decreasing family isolation, fostering development of peer networks and building skills and confidence in parents. Offerings are responsive to community need and may include Parent Project®, Loving Solutions®, The Incredible Years, Parent Café, Family Room and other programs. For many families, these classes provide a first point of contact to the broader continuum of care as class facilitators provide referrals and information to assist families with accessing healthcare enrollment, mental health services, childcare resources, and other systems navigation services. Programs like Family Room and Mom’s Café promote the development of peer networks and support. Additionally, these programs utilize strategies that foster knowledge of child development, which is a protective factor against child abuse.

In addition to supporting positive parenting and decreasing family isolation and stress, program facilitators will educate parents about mental health issues including the high incidence of Perinatal or Post-Partum Mood and Anxiety Disorders (PMAD) and promote the development of peer supports. This approach serves to decrease the stigma around mental health issues by increasing awareness. Additionally, parents learn strategies for dealing with stress and where to access help when they need it. Staff will be ready to share with participants information about resources and refer them to available services when they express needs in relation to safety, mental and behavioral health.

- c. **How program is Non-Stigmatizing and Non-Discriminatory:** Programs will be offered free of cost to families and will aim to destigmatize mental illness. Program participants’ culture, language, and religious preferences will be considered and incorporated where appropriate.
- d. **Estimate Number Served Per Year:** 160 individuals
- e. **Estimated Cost per Person:** \$146.99 (\$23,519/160 individuals) per program participant
- f. **Program Delivered By:** In FY 20/21, program services are anticipated to be provided by Sierra Community House.

E) PEI Category: Stigma Reduction and Discrimination Reduction

1) Program Name: LatinX Outreach

- a. **Target Population:** LatinX population in Nevada County
- b. **Program Description:** Nevada County will serve the Latinx population by expanding existing “Promotoras” programs in the Truckee and Grass Valley areas. Traditionally, Promotoras are “community health workers” who usually share ethnicity, language, socioeconomic status, and/or life experiences with the community members they serve. Promotoras in Nevada County are Spanish-speaking bi-cultural and/or bilingual paraprofessionals who help LatinX families connect to resources in the community. Promotoras offer interpretation and translation services, provide

culturally appropriate physical health education and information, assist people in receiving the care they need, give informal counseling and guidance on health behaviors, and advocate for individuals and community health needs. The BHD funds the Promotoras to expand the services they provide to include mental health education, support and advocacy. The Promotoras conduct outreach and conduct psycho-educational groups for LatinX families in Spanish about mental health care. Psycho-education groups will educate people about mental health issues to decrease stigma about reaching out for help for mental health issues. By decreasing stigma about mental health conditions the program will promote, maintain, and improve individual and community mental health. Childcare may be offered at mental health education classes. In the LatinX Outreach Project, the Promotoras link individuals and families that they serve to needed services in the community which includes mental health services and when necessary accompany individuals to their first appointment for a warm handoff to the mental health professional.

In Eastern Nevada County, the LatinX Youth and Transitional Youth Leadership Development will recruit, train, and support youth to provide peer counseling, including certification in mindfulness-based substance abuse treatment.

- c. **Estimate Number Served Per Year:** 180 individuals
- d. **Estimated Cost per Person:** \$570.84 (\$102,751/180 individuals) per program participant
- e. **Program Delivered By:** In FY 20/21, program services are anticipated to be provided by Sierra Community House, Nevada County Superintendent of Schools (PARTNERS Family Resource Center), and Gateway Mountain Center.

2) Program Name: California Mental Health Services Authority (CalMHSA)

California Mental Health Services Authority (CalMHSA) is a Joint Powers of Authority who implements statewide Prevention and Early Intervention services under the Mental Health Services Act. Some of the statewide strategies CalMHSA implements include stigma reduction (including the Each Mind Matters and Know the Signs campaigns), creating and distributing outreach materials, building capacities of schools to address mental health, contribution to regional suicide prevention hotline, and technical assistance and research for counties. In FY 20/21, Nevada County estimates to assign \$20,000 to CalMHSA.

F) PEI Category: Suicide Prevention

1) Program Name: Suicide Prevention and Intervention (SPI) Program

- a. **Program Description:** The Suicide Prevention Coordinator's goal is to help create a more "suicide aware" community by 1) Raising awareness that suicide is preventable; 2) Reducing stigma around suicide and mental illness; 3) Promoting help-seeking behaviors; and 4) Implementing suicide prevention & intervention training programs. The Suicide Prevention Coordinator will implement various evidence-based curriculum which may include Living Works, Know the Signs, and ASIST to build community capacity and provide linkage to services. The coordinator conducts outreach, capacity-building activities and trainings in the schools, in faith based organizations, business community, county offices, public health sites, city offices and others that request the assistance. The Behavioral Health Department will also provide support as needed in the event of a crisis in the community. Lastly, this program will provide suicide prevention services as needed and appropriate in the Tahoe Truckee region.
- b. **Estimated Number Served Per Year:** 585 individuals
- c. **Estimated Cost per Person:** \$230.23 (\$134,686/585 individuals) per program participant
- d. **Program Delivered By:** In FY 20/21, program services are anticipated to be provided by Nevada County Public Health, Nevada County Behavioral Health, and Sierra Community House.

G) PEI Funding Expenditures

PEI funding for all programs listed above may be used to fund expenditures for all expenditures identified in the Original Three-Year Plan and the subsequent Annual Updates, or for activities listed in the MHSA Needs Assessment FY 2020 - 2023 document, including but not limited to: staffing, professional services, stipends, operating expenses (office supplies, travel and transportation, program participant vouchers, translation and interpreter services, rent, utilities and equipment, etc.), tele/video psychiatry equipment, office furniture, capital purchases, training and education, food and incentives for meetings, and the cost of improving the functionality of information systems used to collect and report program participant information. Capital purchases for staff and contractors may include the cost of vehicles, the cost of equipping new employees or contractors with all necessary technology (cellular telephones, computer hardware and software, projectors, etc.), the cost of enhanced and/or increased space needs related to services and other expenses associated with activities in this plan.

H) PEI Program Costs and Cost per Person

The estimated cost for 1) Early Intervention programs is \$160,170, 2) Access and Linkage programs is \$363,807, 3) Prevention programs is \$116,192, 4) Outreach is \$24,375, 5) Stigma and Discrimination Programs is \$109,381, 6) Suicide Prevention Program is \$134,686, 7) PEI Assigned Funds is \$45,250, and, 8) Administration \$89,899. The estimated total PEI program costs are \$1,037,130. Using an estimate number based partially on the number of individuals served in FY 18/19, it is estimated that PEI programs will serve 6,101 individuals, and that the average cost per person involved in a PEI activity will be \$170 (\$1,037,130/6,101).

Note: These are only estimates and the actual cost by program and number served may change.

I) PEI Future Funded Activities

The expansion of services in the future may include any other activities approved in the original PEI Plan or subsequent Annual Updates or the MHSA Recommendations of Needed Mental Health Services FY 2017-2020 document, including, but not limited to: additional Latino outreach; additional homeless outreach, homeless housing support services; early intervention and prevention services; additional services to seniors; additional or enhanced services to court involved families; juvenile wards at juvenile hall and Foster Care children; services on the San Juan Ridge and Truckee; additional or enhanced jail services for inmates within six months of their release; additional support for at-risk children and youth; additional peer support; additional contract services; consultation to primary care clinics; additional Children's System of Care (CSOC) and Adult System of Care (ASOC) services; and psychiatric services.

J) MHSA PEI Administration

MHSA PEI Administration funding is used to sustain the costs associated with the intensive amount of administration support required to ensure ongoing community planning, implementation, monitoring and evaluation of the PEI programs and activities. The expenditures within the administration budget are recurring in nature. The increases in expenditures are due to expansion of personnel and the associated operating costs assigned and assisting in the delivery of the programs. All administrative cost in the original PEI plan and subsequent Updates are applicable expenses.

The supportive staff dedicated to PEI activities includes, but is not limited to: the Behavioral Health Director, Adult and Children's Program Managers, Behavioral Health Adult and Children Supervisors,

Behavioral Health Workers, Behavioral Health Technicians, Analyst, Administrative Assistant, Administrative Services Officer and Accounting Technician. All of the above staff are involved in the community planning, implementation, and/or monitoring and evaluation of the MHSA programs and activities. Yearly, the benefits of assigned staff will be charged to MHSA PEI based on time spent on MHSA activities as outlined above.

Operating expenditures tend to increase yearly and are based on prior year actual expenses. Expenses may include, but are not limited to: office supplies, office furniture, other operating expenses, capital purchases, training and education, food, incentives, the cost of improving the functionality of information systems used to collect and report program participant and program information. This includes funding for the annual Point In Time Count, and any associated planning or evaluation costs. Capital purchases may include the cost of vehicles, costs of equipping new employees with all necessary technology (telephones, computer hardware and software, etc.), the cost of enhanced and/or increased space needs related to services, and other administration expenses associate with the services in this plan.

Administration funds may also be used to pay for training and education expenses for county staff, contractors and community stakeholders including program participants and their family. Training and education cost may include, but is not limited to: travel, food, lodging, airfare, parking, registration fees, incentives, etc. County Allocated Administration is also a covered expense and is increasing due to the increase in staff working on MHSA projects and programs. Countywide Administration (A-87) expenditures are based on a formula prepared annually by the County Auditor based on the activities for the prior year.

Lastly, it is anticipated that the MHSA PEI programs may generate new Medi-Cal revenues. These funds may be used to cover the costs to administer the MHSA PEI Programs.

Innovation (INN)

Nevada County's Innovation Plans were approved in a separate process by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

There are two active Innovation plans:

- 1) **Integrated Tahoe/Truckee Services** (approved by MHSOAC on 8/25/16): Personal Services Coordinator shared and coordinated between Nevada and Placer County, and expanded hours of services from the Family Resource Center of Truckee to provide additional bilingual, bicultural services to this community.
- 2) **Homeless Outreach and Medical Engagement (HOME) Team** (approved by MHSOAC on 2/28/19): Personal Services Coordinator, Peer Specialist, and Nurse performing outreach and relationship building to those experiencing chronic homelessness, paired with low-barrier housing with the goal of decreasing chronic homelessness in Nevada County.

Workforce Education and Training (WET)

- 1) **Community and Workforce Training and Technical Assistance:** Provide education, training and workforce development programs and activities that contribute to developing and maintaining a culturally competent workforce
- 2) **Peer Support Program:** Peer support training program where behavioral health consumers develop skills to counsel and support peers
- 3) **Intern Supervision:** Adds service capacity in Nevada County by funding clinical supervision of behavioral health interns
- 4) **OSHPD WET Contribution:** Support statewide and regional WET initiative through the Office of Statewide Health Planning and Development (OSHPD)

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.

Prudent Reserve

Nevada County Behavioral Health will access the Prudent Reserve when there are not enough CSS or PEI funds to maintain the current CSS and PEI programs. Additionally, any CSS funds that may revert in any year will be transferred to the Prudent Reserve to avoid reversion of those funds.

NCBHD started to fund the Prudent Reserve with Unapproved FY 2005/2006 Estimate Funds in the amount of \$158,857. In FY 2008/2009 Nevada County directed a total of \$870,293 into the Prudent Reserve. Lastly, NCBHD shifted \$100,000 of FY 2007/2008 PEI Unspent Funds to the Prudent Reserve. In FY 19/20, NCBHD shifted \$81,804 out of the Prudent Reserve into CSS in accordance with the new Prudent Reserve limits set by SB 192. The current Prudent Reserve amount is \$1,111,502.

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Nevada County

Three-Year Program and Expenditure Plan
 Annual Update

Local Mental Health Director Name: Phebe Bell, MSW Telephone Number: (530) 470-2784 E-mail: Phebe.Bell@co.nevada.ca.us	Program Lead Name: Priya Kannall Telephone Number: (530) 265-1790 E-mail: Priya.Kannall@co.nevada.ca.us
Local Mental Health Mailing Address: 500 Crown Point Circle, STE 120 Grass Valley, CA 95919	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 06/09/2020.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Phebe Bell, MSW
 Local Mental Health Director (PRINT)

 Signature Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Nevada County

Three-Year Program and Expenditure Plan

Annual Update

Annual Revenue and Expenditure Report

<p>Local Mental Health Director Name:</p> <p>Phebe Bell, MSW</p> <p>Telephone Number: (530) 470-2784</p> <p>E-Mail: Phebe.Bell@co.nevada.ca.us</p>	<p>County Auditor-Controller / City Financial Officer</p> <p>Name: Marcia L. Salter</p> <p>Telephone Number: (530) 265-1251</p> <p>E-mail: Marcia.Salter@co.nevada.ca.us</p>
<p>Local Mental Health Mailing Address:</p> <p>500 Crown Point Circle, STE 120 Grass Valley, CA 95945</p>	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Phebe Bell, MSW

Local Mental Health Director (PRINT)

Signature Date

I hereby certify that for the fiscal year ended June 30, 2019, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated _____ for the fiscal year ended June 30, _____. I further certify that for the fiscal year ended June 30, _____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Marcia L. Salter

County Auditor Controller / City Financial Officer (PRINT)

Signature Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary**

County: Nevada

Date: 4/10/20

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,926,631	970,045	816,851			
2. Estimated New FY2020/21 Funding	4,401,896	1,109,224	291,901			
3. Transfer in FY2020/21a/	(173,878)			173,878		
4. Access Local Prudent Reserve in FY2020/21						
5. Estimated Available Funding for FY2020/21	7,154,649	2,079,269	1,108,752	173,878	0	
B. Estimated FY2020/21 MHSA Expenditures	4,000,256	1,037,130	560,456	173,878	0	
C. Estimated FY2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,154,392	1,042,139	548,296	0	0	
2. Estimated New FY2021/22 Funding	4,401,896	1,109,224	291,901			
3. Transfer in FY2021/22a/	(138,878)			138,878		
4. Access Local Prudent Reserve in FY2021/22						0
5. Estimated Available Funding for FY2021/22	7,417,410	2,151,363	840,197	138,878	0	
D. Estimated FY2021/22 Expenditures	4,000,256	1,037,130	490,558	138,878	0	
E. Estimated FY2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,417,154	1,114,233	349,639	0	0	
2. Estimated New FY2022/23 Funding	4,401,896	1,109,224	291,901			
3. Transfer in FY2022/23a/	(138,878)			138,878		
4. Access Local Prudent Reserve in FY2022/23						0
5. Estimated Available Funding for FY2022/23	7,680,172	2,223,457	641,540	138,878	0	
F. Estimated FY2022/23 Expenditures	4,000,256	1,037,130	496,420	138,878	0	
G. Estimated FY2022/23 Unspent Fund Balance	3,679,915	1,186,327	145,120	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	1,111,502
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	1,111,502
5. Contributions to the Local Prudent Reserve in FY 2021/22	0
6. Distributions from the Local Prudent Reserve in FY 2021/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	1,111,502
8. Contributions to the Local Prudent Reserve in FY 2022/23	0
9. Distributions from the Local Prudent Reserve in FY 2022/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	1,111,502

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

**FY 20-21 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's FSP	2,382,769	565,051	1,216,464	-	601,255	-
2. Adult FSP	3,382,877	1,581,513	1,734,334	-	46,180	20,849
3.	-					
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-					
11.	-					
12.	-					
Non-FSP Programs						
1. GSD: Expand Network Provider	29,546	6,400	15,539		7,607	
GSD: Expand Adult and Children's						
2. Behavioral Health & Psychiatric Services	847,581	206,666	486,491	82,604	62,859	8,961
GSD: Expand Crisis and Mobile Crisis						
3. Intervention Services	2,840,759	729,533	1,432,416	250,000	115,742	313,069
GSD: Emergency Department Outreach and						
4. Engagement	96,493	96,493			-	-
5. GSD: Intensive Services for Youth	795,408	119,311	390,658	-	260,439	25,000
GSD: Housing and Supportive Services to						
6. the Severely Mentally Ill Homeless	136,260	62,339				73,921
GSD: Alternative Early Intervention for						
7. Youth and Young Adults	90,846	31,796	43,606		15,444	
8. GSD: Family Education and Support	23,359	23,359				
O&E: Expanded Mental Health Services in						
9. North San Juan	7,571	7,571				
O&E: Case Management & Therapy for						
10. Homeless Individuals with Mental Illness	153,795	106,322	47,473			
11. O&E: Forensic Liaison	80,000	75,200	4,800			
12. O&E: Veterans' Services & Therapy	54,000	54,000				
13. O&E: Adult Wellness Center	190,698	190,698				
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
CSS Administration	144,004	144,004				
Total CSS Program Estimated Expenditures	11,255,966	4,000,256	5,371,781	332,604	1,109,525	441,800
FSP Programs as Percent of Total Excluding Admin	55.7%					

**FY 20-21 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's FSP	2,382,769	565,051	1,216,464	-	601,255	-
2. Adult FSP	3,382,877	1,581,513	1,734,334	-	46,180	20,849
3.	-					
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-					
11.	-					
12.	-					
Non-FSP Programs						
1. GSD: Expand Network Provider	29,546	6,400	15,539		7,607	
GSD: Expand Adult and Children's						
2. Behavioral Health & Psychiatric Services	847,581	206,666	486,491	82,604	62,859	8,961
GSD: Expand Crisis and Mobile Crisis						
3. Intervention Services	2,840,759	729,533	1,432,416	250,000	115,742	313,069
GSD: Emergency Department Outreach and						
4. Engagement	96,493	96,493			-	-
5. GSD: Intensive Services for Youth	795,408	119,311	390,658	-	260,439	25,000
GSD: Housing and Supportive Services to						
6. the Severely Mentally Ill Homeless	136,260	62,339				73,921
GSD: Alternative Early Intervention for						
7. Youth and Young Adults	90,846	31,796	43,606		15,444	
8. GSD: Family Education and Support	23,359	23,359				
O&E: Expanded Mental Health Services in						
9. North San Juan	7,571	7,571				
O&E: Case Management & Therapy for						
10. Homeless Individuals with Mental Illness	153,795	106,322	47,473			
11. O&E: Forensic Liaison	80,000	75,200	4,800			
12. O&E: Veterans' Services & Therapy	54,000	54,000				
13. O&E: Adult Wellness Center	190,698	190,698				
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
CSS Administration	144,004	144,004				
Total CSS Program Estimated Expenditures	11,255,966	4,000,256	5,371,781	332,604	1,109,525	441,800
FSP Programs as Percent of Total Excluding Admin	55.7%					

**FY 20-21 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's FSP	2,382,769	565,051	1,216,464	-	601,255	-
2. Adult FSP	3,382,877	1,581,513	1,734,334	-	46,180	20,849
3.	-					
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-					
11.	-					
12.	-					
Non-FSP Programs						
1. GSD: Expand Network Provider	29,546	6,400	15,539		7,607	
GSD: Expand Adult and Children's						
2. Behavioral Health & Psychiatric Services	847,581	206,666	486,491	82,604	62,859	8,961
GSD: Expand Crisis and Mobile Crisis						
3. Intervention Services	2,840,759	729,533	1,432,416	250,000	115,742	313,069
GSD: Emergency Department Outreach and						
4. Engagement	96,493	96,493			-	-
5. GSD: Intensive Services for Youth	795,408	119,311	390,658	-	260,439	25,000
GSD: Housing and Supportive Services to						
6. the Severely Mentally Ill Homeless	136,260	62,339				73,921
GSD: Alternative Early Intervention for						
7. Youth and Young Adults	90,846	31,796	43,606		15,444	
8. GSD: Family Education and Support	23,359	23,359				
O&E: Expanded Mental Health Services in						
9. North San Juan	7,571	7,571				
O&E: Case Management & Therapy for						
10. Homeless Individuals with Mental Illness	153,795	106,322	47,473			
11. O&E: Forensic Liaison	80,000	75,200	4,800			
12. O&E: Veterans' Services & Therapy	54,000	54,000				
13. O&E: Adult Wellness Center	190,698	190,698				
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
CSS Administration	144,004	144,004				
Total CSS Program Estimated Expenditures	11,255,966	4,000,256	5,371,781	332,604	1,109,525	441,800
FSP Programs as Percent of Total Excluding Admin	55.7%					

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Early Intervention						
1. Bilingual Therapy	111,111	100,000	8,889		2,222	
2. Perinatal Depression	49,890	49,890				
3. Early Intervention for Youth in Crisis	29,371	10,280	14,098		4,993	
PEI Programs - Access and Linkage						
1. Homeless Outreach Senior, Disabled and Isolated Outreach	183,655	167,358				16,297
2. Program	92,669	92,669				
3. Mental Health Screening in High Schools	103,780	103,780				
PEI Programs - Prevention						
1. Youth Mentoring	43,078	43,078				
2. Youth Wellness Center	49,595	49,595				
3. Family Support/Parenting Classes	23,519	23,519				
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
Community Mental Health and Crisis						
1. Training	24,375	24,375				
PEI Programs - Stigma Reduction						
1. LatinX Outreach	109,381	102,751	4,896		1,734	
PEI Programs - Suicide Prevention						
1. Suicide Prevention	134,686	134,686				
PEI Administration	89,899	89,899				
PEI Assigned Funds	45,250	45,250				
Total PEI Program Estimated Expenditures	1,090,260	1,037,130	27,883	0	8,949	16,297

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Early Intervention						
1. Bilingual Therapy	111,111	100,000	8,889		2,222	
2. Perinatal Depression	49,890	49,890				
3. Early Intervention for Youth in Crisis	29,371	10,280	14,098		4,993	
PEI Programs - Access and Linkage						
1. Homeless Outreach Senior, Disabled and Isolated Outreach	183,655	167,358				16,297
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PEI Programs - Prevention						
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3. Family Support/Parenting Classes	23,519	23,519				
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
Community Mental Health and Crisis						
1. Training	24,375	24,375				
PEI Programs - Stigma Reduction						
1. LatinX Outreach	109,381	102,751	4,896		1,734	
PEI Programs - Suicide Prevention						
1. Suicide Prevention	134,686	134,686				
PEI Administration	89,899	89,899				
PEI Assigned Funds	45,250	45,250				
Total PEI Program Estimated Expenditures	1,090,260	1,037,130	27,883	0	8,949	16,297

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Early Intervention						
1. Bilingual Therapy	111,111	100,000	8,889		2,222	
2. Perinatal Depression	49,890	49,890				
3. Early Intervention for Youth in Crisis	29,371	10,280	14,098		4,993	
PEI Programs - Access and Linkage						
1. Homeless Outreach Senior, Disabled and Isolated Outreach	183,655	167,358				16,297
2. Program	92,669	92,669				
3. Mental Health Screening in High Schools	103,780	103,780				
PEI Programs - Prevention						
1. Youth Mentoring	43,078	43,078				
2. Youth Wellness Center	49,595	49,595				
3. Family Support/Parenting Classes	23,519	23,519				
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
Community Mental Health and Crisis						
1. Training	24,375	24,375				
PEI Programs - Stigma Reduction						
1. LatinX Outreach	109,381	102,751	4,896		1,734	
PEI Programs - Suicide Prevention						
1. Suicide Prevention	134,686	134,686				
PEI Administration	89,899	89,899				
PEI Assigned Funds	45,250	45,250				
Total PEI Program Estimated Expenditures	1,090,260	1,037,130	27,883	0	8,949	16,297

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Peer Support Program	26,606	26,606				
2. Intern Supervision	94,772	94,772				
3. Training and Technical Assisstance	10,000	10,000				
4. OSHPD Contribution	35,000	35,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	7,500	7,500				
Total WET Program Estimated Expenditures	173,878	173,878	0	0	0	0

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Peer Support Program	26,606	26,606				
2. Intern Supervision	94,772	94,772				
3. Training and Technical Assistance	10,000	10,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	7,500	7,500				
Total WET Program Estimated Expenditures	138,878	138,878	0	0	0	0

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Peer Support Program	26,606	26,606				
2. Intern Supervision	94,772	94,772				
3. Training and Technical Assistance	10,000	10,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	7,500	7,500				
Total WET Program Estimated Expenditures	138,878	138,878	0	0	0	0

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Truckee Services	77,956	56,250	21,706			
2. HOME Team	481,435	442,726	38,709			
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	61,480	61,480				
Total INN Program Estimated Expenditures	620,871	560,456	60,415	0	0	0

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. HOME Team	486,308	447,517	38,791			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	43,041	43,041				
Total INN Program Estimated Expenditures	529,349	490,558	38,791	0	0	0

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. HOME Team	491,896	453,022	38,874			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	43,398	43,398				
Total INN Program Estimated Expenditures	535,294	496,420	38,874	0	0	0

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Nevada

Date: 4/10/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

ADULT FULL SERVICE PARTNERSHIP

JULY 2018 – JUNE 2019

Full Service Partnerships are supported with Nevada County Behavioral Health Mental Health Services Act (MHSA) funding. The majority of MHSA funding is dedicated towards Full Service Partnership programs.

Adult Full Services Partnership (FSP) programs are designed for individuals 18+ years old who have been diagnosed with a severe mental illness and would benefit from a more intensive outpatient program. In Fiscal Year 2018/2019, **Turning Point Community Programs** was the primary Adult FSP provider in Nevada County.

The range of treatment and services is comprehensive and flexible, and services are available 24 hours per day, 7 days per week. "Whatever it takes" services may include peer/family counseling, assisted outpatient treatment, psychiatric services, treatment for co-occurring disorders, and housing and employment support.

 **91** INDIVIDUALS SERVED

 **12%** GAINED AND MAINTAINED EMPLOYMENT
9 individuals

HOUSING & HOMELESSNESS



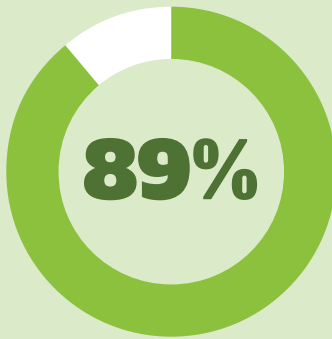
SUCCESSFULLY REMAINED HOUSED

  *71 individuals*

↓30% REDUCTION IN HOMELESSNESS

FY 17/18: 10 CLIENTS ▼ FY 18/19: 7 CLIENTS

PSYCHIATRIC HOSPITALIZATION



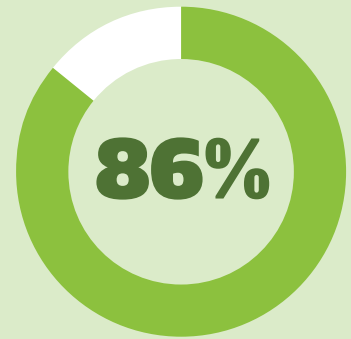
AVOIDED PSYCHIATRIC HOSPITALIZATION

  *80 individuals*

↓83% REDUCTION IN PSYCHIATRIC HOSPITALIZATION

FY 17/18: 12 CLIENTS ▼ FY 18/19: 2 CLIENTS

CRIMINAL JUSTICE INVOLVEMENT



AVOIDED ARREST OR INCARCERATION

  *77 individuals*

↓50% REDUCTION IN CRIMINAL JUSTICE INVOLVEMENT

FY 17/18: 4 CLIENTS ▼ FY 18/19: 2 CLIENTS

CHILDREN'S FULL SERVICE PARTNERSHIP

JULY 2018 – JUNE 2019

Full Service Partnerships are supported with Nevada County Behavioral Health Mental Health Services Act (MHSA) funding. The majority of MHSA funding is dedicated towards Full Service Partnership programs.

Children's Full Service Partnership (FSP) programs are intensive mental health treatment programs for children under age 21 diagnosed with a serious emotional disturbance or mental illness and their families. In Fiscal Year 2018/19, **Victor Community Support Services (VCSS)** was the primary Children's FSP provider in Nevada County.

Victor Community Support Services (VCSS) clinicians and staff create individualized service plans for each youth and family, and work to build upon each family's unique strengths, needs, and existing community supports. Almost all services are delivered within the homes, schools, and communities of the youth and families served.

 **114** YOUTH SERVED

"I am so grateful and at peace with this service. Victor's changed our lives."

 **97%**

SUCCESSFULLY REMAINED HOUSED

 **98%**

AVOIDED PSYCHIATRIC HOSPITALIZATION

 **97%**

AVOIDED NEW LEGAL INVOLVEMENT



ACADEMIC PERFORMANCE

- ▶ **96%** of youth maintained a C average or improved their academic performance
- ▶ **89%** of youth did not experience a suspension or expulsion
- ▶ **86%** of discharged youth reported regular school attendance or improvement in school attendance



CAREGIVERS



of caregivers reported increased connections in the community



of caregivers reported their parenting skills increased or improved

"Our team at Victor was amazing. They tried very hard to assist our family with all our needs and work with our schedule."

