



**NEVADA COUNTY
HEALTH & HUMAN SERVICES
AGENCY**

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

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NEVADA COUNTY BOARD OF SUPERVISORS

Board Agenda Memo

MEETING DATE: June 16, 2020

TO: Board of Supervisors

FROM: **Phebe Bell**

SUBJECT: Resolution approving the Nevada County Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for FYs 20/21, 21/22, and 22/23; and Annual Progress Report for FY 18/19.

RECOMMENDATION: Approve the attached Resolution.

FUNDING: The estimated program expenditures for implementing the MHSA Three-Year Plan are \$5,771,720 for FY 20/21; \$5,666,822 for FY 21/22; and \$5,672,684 for FY 22/23. MHSA funds may only be used to establish or expand services for approved plan components and may not be used to supplant funding for programs existing prior to the enactment of MHSA. The Proposed Plan does not require any county match or county general fund dollars and is planned for within the Department's existing budget.

BACKGROUND:

The Mental Health Services Act (Proposition 63) adopted by the California electorate on November 2, 2004, increased overall State funding for the community mental health system by imposing a 1% income tax on California residents with more than \$1 million per year in income. The stated intention of the proposition was to "transform" local mental health service delivery systems from a "fail first" model to one promoting intervention, treatment and recovery from mental illness. A key strategy in the act was the prioritization of prevention and early intervention services to reduce the long-term adverse impacts of untreated, serious mental illness on individuals, families and state and local budgets. Every three years, counties must develop and submit a three-year plan

that serves as a strategic roadmap for MHSA funding, in addition to a progress report summarizing program evaluation outcomes.

The MHSA FY 20/21 – 22/23 Three Year Plan and FY 18/19 Annual Progress Report were shared with the Mental Health Board, MHSA Steering Committee and our e-mail subscribers, consisting of over 180 interested individuals ranging from family members, consumers/program participants, and community-based organizations to staff from various county departments. Nevada County Behavioral Health conducted a comprehensive community planning process to identify key priority populations and program areas over the next three years, including a community survey with 428 respondents, and several focus groups and key informant interviews. A Notice of Public Comment Period of March 26, 2020 through April 26, 2020 was posted, and the proposed Plan has been available on the County website for review and comments. The final public hearing was held at our local Mental Health Board meeting on May 15, 2020.

The COVID-19 pandemic has created much uncertainty about the next three fiscal years. Negative impacts to MHSA 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 MHSA revenue projections, as well as community need for services, and will bring forth amendments and annual updates to this plan as necessary.

FY 20/21 – 22/23 Three Year Plan Overview

Key Behavioral Health Priorities for FY 20/21 – 22/23:

- **Homelessness:** Continued focus on those experiencing homelessness; roughly 40% of total MHSA budget is projected to serve those experiencing homelessness.
- **Criminal Justice:** 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
- **Child Welfare:** Provide more behavioral health services to those in the child welfare system, particularly those in foster care settings, including children ages 0-5
- **Tahoe/Truckee Services:** 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
- **Peer Specialists:** Increased and strategic utilization of peer specialists within behavioral health system of care
- **Transition Age Youth (TAY):** 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

- **Performance Outcomes:** 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
- **“Whole Health Approach”:** 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 Services and Supports (CSS)

For the CSS component, guidelines require that the County utilize three funding types: Outreach and Engagement, for reaching out to the unserved and underserved populations; System Development, to develop new and expanded mental health services; and Full Services Partnerships (FSP), for providing a “whatever it takes” approach to service delivery. Guidelines require that over 50% of CSS funds be targeted for “full partnership services”. Full-Service Partnerships are wraparound services which may include treatment, case management, and crisis intervention based upon the client’s individual needs, with supportive services available 24/7.

Children’s CSS Programs target population is children (age 0-17) who are seriously emotionally disturbed or seriously mentally ill and are at risk of psychiatric hospitalization or out of home placement, becoming homeless, experiencing academic failure, or involvement with the criminal justice system. Some of the major collaborative partners for providing services to children under CSS include: Victor Community Support, Stanford Sierra Youth and Families, Gateway Mountain Center, crisis services, and individual network providers. Plan services and supports will include, but not be limited to:

- Network Provider treatment services
- Housing services
- Wraparound services and supports
- Case Management, rehabilitation and care coordination
- “Whatever it takes” services
- Alternative Early Intervention for Youth

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

- Peer/Family counseling

- TAY (Transition Age Youth) support and peer counseling
- Assisted Outpatient Treatment or "Laura's Law" - Engaging treatment resistive SMI individuals who may be involved with the criminal justice system.
- Network Provider services
- Rehabilitation, Case Management, and Care Coordination
- Homeless outreach/engagement, case management, and therapy
- Peer Supportive Services — Peer driven and staffed wellness center
- Housing and employment support
- Veteran services and therapy
- "Whatever it takes" services

Prevention and Early Intervention (PEI)

This component supports the design of programs to prevent a mental illness from becoming severe and disabling, with an emphasis on improving timely access to services for unserved and underserved populations. The target population includes: underserved cultural populations, individuals experiencing early onset of a serious mental illness, children and youth in stressed families, trauma-exposed children, and youth at risk for school failure or involvement with juvenile justice. At least 51% of PEI funds must be spent on youth ages 25 and younger. Programs/Projects include but are not limited to:

- Suicide Prevention
- Mental Health Screening in High Schools
- Bilingual Therapy
- Homeless Outreach
- LatinX Outreach
- Perinatal Depression Program
- High School Youth Wellness Center
- Senior Outreach
- Youth Mentoring
- Community Mental Health and Crisis Training
- Family Support/Parenting Classes

Innovation (INN)

The Board approved Nevada County's Innovation Plans separately from this document per Resolution 16-416 and Resolution 19-005. The two active Innovation programs include:

1. Integrated Tahoe/Truckee Services
2. Homeless Outreach and Medical Engagement (HOME) Team

Annual Progress Report for Fiscal Year 2018/19

Also enclosed in this document is Nevada County's MHSA Annual Progress Report for FY 2018/19 for the above described programs that were active in FY 2018/19. In FY 2018/19, MHSA programs provided services to 23,076 individuals (this may include duplicated individuals reached by multiple providers).

The Behavioral Health Department respectfully requests that the Nevada County Board of Supervisors approve the MHSA FY 2020/2021, 2021/2022, and 2022/2023 Three-Year Plan and Annual Progress Report for FY 2018/19, so the Department may submit to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and to the Department of Health Care Services (DHCS) by the mandated deadline of June 30, 2020.

Item Initiated and Approved by:

Phebe Bell, MSW, Director of Behavioral Health