Nevada County Mental Health Services Act (MHSA) Annual Update

Fiscal Year (FY) 2019-2020

WELLNESS • RECOVERY • RESILIENCE

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Executive Summary

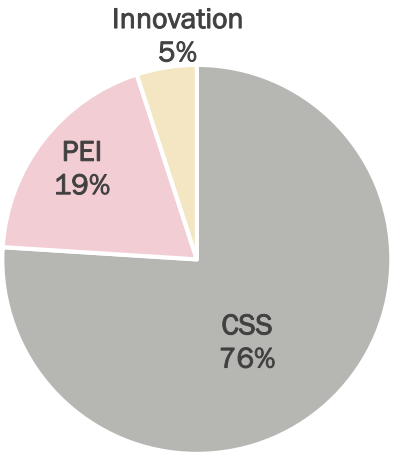
Mental Health Services Act – Proposition 63

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. 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 planning and implementation activities for 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.

Fiscal Year 2019/2020 Annual Plan Update Overview

Counties are required to develop Three-Year MHSA Program and Expenditure plans, in collaboration with stakeholders, to determine priorities and direction for MHSA funding allocations and programs. Each year, counties must provide an update to the Three-Year Plan which highlights any significant changes from the Three-Year plan or from previous years' programming. The Fiscal Year 2019/2020 Annual Plan Update outlines updates to the FY 2017/18 – FY 2019/20 Three-Year MHSA Plan.

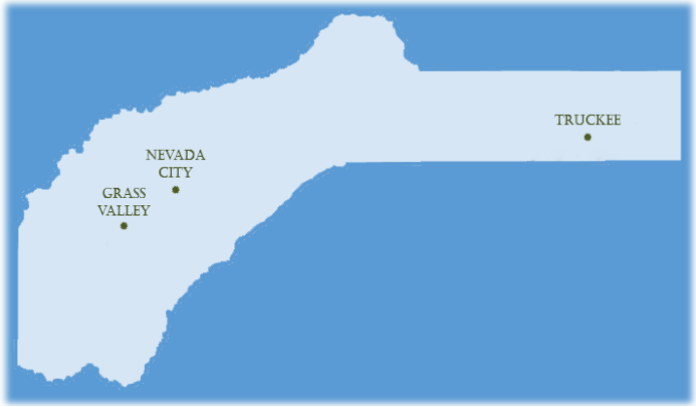
Major Updates for Fiscal Year 19/20

- Suicide Prevention: LGBTQ+ Program: new program providing support to LGBTQ+ community, including support groups for youth and adults
- Suicide Prevention: Tahoe/Truckee specific programming
- Outreach for Increasing Recognition of Early Signs of Mental Illness: Youth Mental Health First Aid
- Focus on increasing clinical capacity for treating ages 0 – 5
- SB 192: establishes new cap on Prudent Reserve balance which resulted in Nevada County shifting $81,804 out of the Prudent Reserve in FY 19/20. This reallocated funding will be spent on existing approved Community Services and Supports (CSS) MHSA programs. The current cap on the Prudent Reserve based on MHSA allocations from FY 13/14 through FY 17/18 is $1,111,502.

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: March 25, 2019 through April 25, 2019

Public Hearing Date: May 3, 2019 at Nevada County Mental Health and Substance Use Advisory Board Meeting

In September 2005, a MHSA Steering Committee was formed to set priorities based on community input and to prepare a MHSA CSS (Community Services and Supports) proposal. This committee is still being utilized today for all of the MHSA components and includes representation from service providers, contract providers, program participant/family advocates, program participants, family members, County employees and interested community members. This committee worked on our plan through the use of meetings, work groups, and by e-mail. Any member of the public is welcome to attend and provide input at any of the MHSA Steering Committee meetings. Nevada County has employed subcommittees/ad hoc committees as needed to address specific needs.

The Steering Committee had meetings on the following dates in FY 18/19: 7/10/18, 11/1/18, 3/20/19.

MHSA information is shared throughout the year with the Nevada County Mental Health and Substance Use Advisory Board. The Mental Health Board meets the first Friday of each month, unless it falls on a holiday. If the meeting falls on a holiday it is either moved to another date or cancelled.

The MHSA Coordinator, Behavioral Health staff, and MHSA contractors regularly attend meetings to:

1. Educate the public about MHSA
2. Get community input and collaborate on program planning, implementation, evaluation and budgeting
3. Share information about MHSA programs that are implemented in the County
4. Share MHSA program outcomes
5. Learn about gaps and needs in the community

Some of the meetings that the MHSA Coordinator, Behavioral Health staff and contractors have attended include, but are not limited to: Cultural Competency, Mental Health and Substance Use Advisory Board, MHSA Steering Committee, Transgender Support Group, Quality Improvement Committee, Nevada County Behavioral Health (NCBH) Contractor's Meeting, Substance Abuse Prevention and Treatment, Superior Region Workforce and Education and Training, Veterans Stand Down yearly event, Hospitality House Supportive Service planning, community-wide Homeless Point-in-Time Count, Nevada County Needs Assessment, Nevada County Health Collaborative, Homeless Coordinated Entry System and Homeless Management Information System

Planning, Nevada County Coordinating Council for the Homeless, Tahoe Truckee Community Collaborative, and NCBH Staff Meeting.

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.

If any member of our community requests a hard copy of the plan, it is provided to him/her for pick up at Nevada County Behavioral Health or another location in the community that is convenient for the community member.

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.

Stakeholders involved in the Community Planning Process included: The stakeholders involved in the Community Program Planning Process included: family members from eastern and western Nevada County, program participants, Nevada County Behavioral Health Contract providers, Nevada County Behavioral Health, Nevada County Probation Department, Nevada County Sheriff's Department, Nevada County Health and Human Services Agency, Nevada County Public Health Department, Nevada County Superior Court Personnel, Nevada County Board of Supervisors, Nevada County Chief Executive Office Staff, Nevada County Public Defender Nevada County District Attorney, Nevada County Department of Social Services, Nevada County Mental Health and Substance Use Advisory Board, health clinics/hospitals, Nevada County Superintendent of Schools, Grass Valley Police Chief, Nevada City Police Chief, and other community based organizations.

Public Comment Summary: Minor grammatical and formatting edits were made as a result of public comment. All other opinions, observations, viewpoints, and requests that were received were provided to the Behavioral Health Director and Mental Health Services Act Coordinator and will not be used to change the proposed plan.

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.

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 MHSA 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.

B) *CSS Category*: General System Development

1) **Expand Intern Program**
   This program expands service capacity, increases access, and broadens services through Interns in Western Nevada County and in Truckee, including supervision of Interns.
2) **Expand Network Provider**
   Expands network provider service capacity, increases access and broadens services throughout the County.
3) **Provide Co-Occurring Disorders (COD) Participants**
4) **Expand Adult and Children's Behavioral Health & Psychiatric Services**
   Including a focus on increasing clinical capacity to treat ages 0 – 5.
5) **Expand Crisis and Mobile Crisis Intervention Services including Respite Care, Crisis Stabilization Unit, and Crisis Residential Facility**
6) **Emergency Department Outreach and Engagement, including Emergency Department and Crisis Stabilization Unit (CSU) facility supports:** Crisis Peer Supporters provide on-call support to individuals in crisis in the Emergency Department and/or CSU. This includes follow-up calls to individuals, additional support, and referrals to services.
7) **Truckee Outreach, Engagement, and Liaison**
8) **Veterans' Services**
9) **Provide Housing and Supportive Services to the Severely Mentally Ill Homeless**

C) *CSS Category*: Outreach and Engagement

1) **Training of Staff, Contractors, Community Stakeholders, and Individuals with Lived Experience:** Provides education and training opportunities to community members, peers, family members, Behavioral Health staff and contracted staff.
2) **Expanded Mental Health Services in North San Juan:** Expand mental health treatment, case management, and outreach and engagement services in North San Juan
3) **Adult Wellness Center:** Provides a wide variety of peer support services; services provided may vary but may include: one-on-one Peer Support, support groups (such as Dual Diagnosis, LGBTQ, TAY, Men's and Women's Groups, Spirituality Group, and WRAP – Wellness Recovery Action Plan – Groups), self-help groups, Peer Support training, working with employers and community agencies, resume assistance, job interview training, outreach to community to educate public about mental health prevention services, and to help end the stigma of mental illness. Services are available on a drop-in basis and at no cost. Program participnts may be unable or unwilling to access traditional services or cannot otherwise afford counseling or psychotherapy. This program can be funded with either CSS or PEI funds.

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 MHSA Recommendations of Needed Mental Health Services FY 2017-2020 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" MHSA 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, 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 MHSA Recommendations of Needed Mental Health Services FY 2017-2020 document, including, but not limited to: homeless outreach, support and engagement services; housing supportive services for the homeless or those at-risk of homelessness, Latino outreach and engagement services; North San Juan Ridge and Truckee services; enhanced services to court involved families; enhanced jail services for inmates within six months of release from jail or juvenile wards at juvenile hall; foster youth care children; support for at-risk youth in the school system and/or community; wellness centers; services to serve unserved, underserved and inappropriately served populations; consultation with clinics and Primary Care Physicians and other health care providers; contract services; services to Veterans and their families, use of Interns; expansion of crisis personnel, crisis services including crisis residential, crisis mobile response team, crisis stabilization units and respite care; expansion of services for treatment for Co-occurring disorders; peer support; expansion of Children's System of Care (CSOC) 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 17/18: 1) FSP programs is $1,915,000, 2) General System Development programs is $1,615,000, 3) Outreach and Engagement Programs and activities is $175,000, and 4) Administration cost is $324,051. The estimated total cost is $4,029,051. The average estimated cost per person involved in a CSS activity will be $1,015 ($4,029,051/3,968). We estimate serving during a given year 446 children, 490 TAY, 1,617 adults, 453 older adults and 962 individuals' ages may not be known.

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	1	0.05%	$794	961	57%	$99,748
Children	86	35%	$664,073	359	18%	$285,047	1	0.06%	$104
TAY	48	19%	$370,645	384	19%	$304,897	58	3%	$6,020
Adults	93	38%	$718,125	1040	51%	$825,762	484	29%	$50,237
Older Adults	21	8%	$162,157	250	12%	$198,500	182	11%	$18,891
Total	248	100%	$1,915,000	2,034	100%	$1,615,000	1,686	100%	$175,000

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. The increases in expenditures are due to expansion of personnel and contracts that are associated with the operating costs assigned and assisting in the delivery of the programs. 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. Yearly the benefits of assigned staff will be charged to MHSA CSS.

A Behavioral Health MHSA Program Evaluation committee may be created. The committee will be comprised of 5-7 stakeholders who will review annual reports and evaluate the program on how well they meet the program's/contract's stated outcomes, as well as making a difference in the lives of those they serve.

A formal group of consumer and family members may be created and funded to assist in the community planning, implementation, and/or monitoring and evaluation of MHSA programs and activities. The activities this group will be involved with will include, but is not limited to: community meetings, mental health surveys, focus groups, trainings, community events, community education, media outreach and engagement events, and stigma awareness and reduction campaigns.

Community Services & Support (CSS)

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: 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. 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 administration expenses associate with the services in this plan.

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)

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: Alternative Early Intervention for Youth and Young Adults

a. Target Population:

i. **Demographics:** Youth age 8-15, transitional age youth age 16-25. Services will be provided to all genders, sexual orientations, and race/ethnicities. Program will attempt to provide services in the participant's primary language, including Spanish. 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 and/or their family members when the mental illness began.

b. Program Description:

Youth who suffer from mental illness symptoms often have difficulty accessing effective treatment. Traditional therapy done in a 50-minute session, in an office is often not appealing to youth with mental illness. This program is more flexible, initially meeting the youth where they are at, and helping the youth access the natural world, engaged adventure, and connection to community. Staff typically meet youth at their school and drive them to the planned session location, then drive youth home at the end of the session. Staff members meet youth without the specific involvement of the parent, and this strategy reduces the resistance to treatment, which can occur when a youth is brought to an office by a parent or guardian. The problems the youth in this program may face include: hospitalization, suicidal ideation, removal from their home; involvement with law enforcement/courts; and/or failing in school. The program is intended to decrease the incidence of: 1) suicide and suicidality, 2) incarcerations, 3) school failure and dropout, 4) prolonged suffering, 5) homelessness and 6) removal of children from their homes.

The program goals are to guide youth program participants into experiences that help them increase their sense of self-efficacy, strengthen resiliency, expand self-image, and reduce vulnerability to stress and depression. The program provides individual therapeutic/behavioral services, rehabilitation, case management and crisis intervention services. The program provides nature-based therapeutic treatment sessions, which typically last for 3-5 hours and occur weekly. Trained therapeutic rehabilitation guides build authentic relationships with the program participants in a 1:3 ratio, provide immersive experiences in nature, and provide settings for deep

mindfulness and reflection**.** The Youth Outcome Questionnaire (YOQ), CANS survey, or another survey tool will be used to evaluate the reduction of prolonged suffering. Other survey methods may be used if deemed appropriate by the County for program participants. The evaluations at a minimum will be done at the beginning of therapy and at program exit. In Truckee, there are three therapeutic guides who are native Spanish speakers; these specialists may also be used to work with Western Nevada County youth as needed to provide Spanish-speaking services.

c. **How program helps to Improve Access to Services for Underserved Populations:** The majority of the youth program participants served do not have health insurance, and come from low-income families and communities. The youth served often also do not access to or have not been successful with traditional therapy in an office. Many of the youth come from difficult family situations where there is little support in accessing mental health treatment services.

d. **How program is Non-Stigmatizing and Non-Discriminatory:** The longer session times and focus on building self-efficacy help program participants understand their symptoms in a broader and more supportive context, thus reducing their feelings and fears of stigmatization. Staff have experience in working with youth with a wide range of backgrounds, ethnicities, and sexual and gender orientations.

e. **Estimate Number Served Per Year:** 10 youth and their families will be served per year

f. **Estimated Cost Per Person:** $1,500 ($15,000/10 youth) per program participant.

g. **Program delivered by:** In FY 17/18, program services were provided by Gateway Mountain Center

2) 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 Latino 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 Latino 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 Latino 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:** 27 individuals

f. **Estimated Cost Per Person:** $7,407.41($200,000/27 individuals) per program participant

g. **Program delivered by:** In FY 17/18, program services were provided by Nevada County Behavioral Health

3) Program Name: Early Intervention for Referred Children, Youth, Pregnant Women, Postpartum Women and Their Families

a. **Target Population:**

i. **Demographics:** Children and youth of all ages: birth to 25; pregnant women and postpartum women who have a child in the home under the age of five or gave birth within the last year.

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 community is concerned about youth who are starting to use drugs, not doing well in school; children and youth who are being neglected, abused and come into contact with the Child Welfare system; and youth that are involved with law

enforcement, probation and juvenile hall. This program will provide short-term mental health treatment for these at-risk children or youth and their families.

The community is also concerned about the high occurrence of depression in pregnant and postpartum women. Depression in these women often results in functional impairments that impact their home, parenting, work, and social relationships. Maternal depression especially threatens two core parental functions: fostering healthy relationships to promote infant development and carrying out the management functions of parenting (scheduling, supervising, and using preventive practices).

Therapy services will be provided at schools, in homes, in community settings and at the County to provide short-term therapy to at-risk youth and pregnant and postpartum women and their families. Therapists will coordinate and collaborate with other service providers, non-profits, schools, and other County departments. The therapists in the Moving Beyond Depression program provide services in the participant's home. New program participants that are seen in County offices often have a warm handoff to the therapist for the individual's first appointment or by phone call.

Because the program sees children, youth, pregnant and postpartum woman and their families 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, 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 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.

c. **How program helps to Improve Access to Services for Underserved Populations:** The program is improving access to services by out stationing 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:** 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:** 136 individuals

f. **Estimated Cost Per Person:** $2,206 ($300,000/136 individuals) per program participant

g. **Program delivered by:** In FY 17/18, program services were provided by Nevada County Public Health (Moving Beyond Depression), Sierra Forever Families, and Nevada County Behavioral Health (school-based therapist in Truckee)

4) Program Name: Homeless Outreach and Therapy

a. **Target Population:**

i. **Demographics:** Homeless population: can be of any age, sex or ethnicity. No Place Like Home (NPLH) program participants are eligible for this program along with Housing Assistance Program (HAP) participants.

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:**

Per the January 2017 Homeless Point-in-Time Count, on any given day in Nevada County there are 371 individuals living in tents or different temporary shelters in the woods, in emergency shelters, or in locations not fit for human habitation. Of the 371 homeless individuals, 29% identified as having a serious mental illness, 18% identified as having a substance use disorder, and 24% identified as survivors of domestic violence. Additionally, many of the homeless are people who mistrust government and government services.

Through the Homeless Outreach and Therapy program, a therapist, case manager and outreach workers will conduct outreach and engagement services, assessments, therapy and referrals to homeless individuals out in the community and at Hospitality House. Therapy services or case management 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. 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:** Having the therapist stationed at the emergency shelter allows the therapist to screen and assess people where they are at, followed up with referrals to services at the County or through other service providers.

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. The Behavioral Health Department provides therapy and supportive services at their offices, Hospitality House Emergency Shelter, and in the field. Evaluation forms are available in both English and Spanish.

e. **Estimate Number Served Per Year:** 93 individuals

f. **Estimated Cost Per Person:** $237 ($22,000/93 individuals) per program participant

g. **Program delivered by:** In FY 17/18, program services were provided by Nevada County Behavioral Health (stationed at Hospitality House)

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

Prevention and Early Intervention (PEI)

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

1) Program Name: First Responder Training

a. **Program Description:** Any community member who is the first person to respond to an individual in crisis is a "first responder." This may be a family member, service provider, staff member, safety officer, emergency personnel, property managers, landlords, community volunteers, court personnel or any member of the community. Trainings are typically provided within the community depending on the target audience (e.g., in churches, community centers, etc.)

Nevada County provides "first responder" Trainings to the community. One of the evidence based "first responder" training models that the county may use is modeled after the national NAMI (National Alliance on Mental Illness) Crisis Intervention Training (CIT). CIT training will help law enforcement and fire fighters respond with safety to people with mental illness in crisis. Additionally, other evidence based or community proven training will be provided to first responders, including but not limited to Mental Health First Aid, Youth Mental Health First Aid, WRAP (Wellness Recovery Action Plan), etc. The "first responders" may 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 responders will be tailored to the specific audeinces 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 potential first responders, 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:** 75 individuals per year

e. **Estimated Cost per Person:** $333 ($25,000/75 individuals) per program participant

f. **Program Delivered By:** In FY 17/18, program services were provided by What's Up? Wellness Checks – Mental Health First Aid (MHFA) trainings

C) *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: Housing Assistance Program (HAP)

a. **Target Population:** Those experiencing homelessness regardless of age, gender, sexual orientation, or ethnicity, including No Place Like Home (NPLH) program participants

b. **Program Description:** Program participants face a variety of barriers, including lack of transportation, mental illness, substance addictions, lack of appropriate medical and/or behavioral health treatment, exposure to the elements, etc. Program participants have a higher risk of serious mental illness due to associated trauma resulting from adverse living environments and living on the streets. An Outreach Worker certified in Mental Health First Aid will actively seek out homeless individuals and families residing on the streets and in encampments. Housing Case Managers will respond to Housing Assistance Program (HAP) inquiries from shelter guests and Outreach Worker referrals. The Housing Case Managers will screen for eligibility requirements for Federal Rapid Rehousing Program (RRHP) and/or PEI HAP support, and will assist eligible applicants.

   The risk of a potentially serious mental illness will be determined through informal observations by program staff. Referrals will be made to the on-site therapist and volunteer (licensed) Behavioral Health workers within the organization. The program will also receive referrals from Turning Point, Nevada County Behavioral Health, Sierra Nevada Memorial Hospital (SNMH), Western Sierra Medical Clinic (WSMC), Chapa-De and other community medical providers. Program participants will be given an initial assessment upon program entry. Program participants will be offered various supports and trainings to increase skills necessary to obtain and maintain housing, such as job training, daily life skills, parenting skills, and budgeting skills. Reduction of prolonged suffering will be measured by an improvement in the program participants' quality of life, including the ability to maintain stable housing, improvement of personal relationships, and the decline of criminal activity and hospital stays.

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

c. **How program is Non-Stigmatizing and Non-Discriminatory:** Program staff will be trained to maintain the awareness of personal reaction to individuals who are different, including cultural biases and beliefs, so as to avoid incorporating discrimination into the delivery of the program. Program staff will provide services to any homeless individual seeking assistance, regardless of age, gender, sexual orientation, or ethnicity.
d. **Estimate Number Served per Year:** 75 individuals per year
e. **Estimated Cost per Person:** $1,080 ($81,000/75 individuals) per program participant
f. **Program Delivered By:** In FY 17/18, program services were provided by Hospitality House in collaboration with Turning Point.

2) Program Name: Senior, Disabled and Isolated Home Visitor Program

a. **Target Population:** Individuals that are homebound due to age and/or disability
b. **Program Description:** The Home 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.

c. **How program is Non-Stigmatizing and Non-Discriminatory:** Volunteers will be matched with program participants based on common traits, activities, personality and culture.
d. **Estimate Number Served Per Year:** 42 individuals
e. **Estimated Cost per Person:** $833 ($35,000/42 individuals) per program participant
f. **Program Delivered By:** In FY 17/18, program services were provided by FREED.

3) Program Name: Wellness Center: Peer Support and Outreach Services

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:** 2,304 individuals
e. **Estimated Cost per Person:** $95 ($220,000/2,304 individuals) per program participant
f. **Program Delivered By:** In FY 17/18, program services were provided by Tahoe Truckee Unified School District.

4) Program Name: Teaching Pro-Social Skills in the Schools

a. **Target Population:** Children enrolled in participating schools/child care facilities

b. **Program Description:** Many Nevada County residents expressed in community meetings that students should be educated about mental health, social skills and violence prevention. This Prevention program increases the Second Step program in schools and preschools. Second Step has been implemented in preschools to middle schools and is in the SAMHSA National Registry of Evidence-Based Programs and Practices. Second Step is a classroom-based social skill curriculum that teaches socio-emotional skills aimed at reducing impulsive and aggressive behavior while increasing social competence. The program builds on cognitive behavioral intervention models integrated with social learning theory, empathy research and social information processing theories. Each preschool and elementary school curriculum contains teaching kits that build sequentially and cover empathy, impulse control and anger management in developmentally and age appropriate ways. The Second Step Program aims to prevent or reduce aggression, violence and substance abuse through the promotion of social and problem solving skills that are linked to interpersonal and academic success. When a child or family is identified as needing mental health services, the trainers refer these children and families to County Behavioral Health, community service providers or to the private sector.
c. **How program is Non-Stigmatizing and Non-Discriminatory:** The Second Step Program aims to introduce mental health to children at a young age as a destigmatizing strategy.
d. **Estimate Number Served Per Year:** 1,718 individuals
e. **Estimated Cost per Person:** $29 ($50,000/1,718 individuals) per program participant
f. **Program Delivered By:** In FY 17/18, program services were provided by Tahoe Truckee Unified School District and the Nevada County Superintendent of Schools

5) Program Name: Child and 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:** 21 children and 21 youth mentors
e. **Estimated Cost per Person:** $595 ($25,000/42 individuals) per program participant

f. **Program Delivered By:** In FY 17/18, program services were provided by Big Brothers Big Sisters

D) *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: 211 Nevada County

a. **Program Description:** Connecting Point operates the 211 Call Center which takes calls from people who are looking for help with a variety of health and human services needs. This program can refer callers to services and provide warm handoffs by phone to service providers. The call center has access to many languages through a language service. Call center operators will take specific action for those experiencing a crisis. Connecting Point offers follow-up calls upon request, and offers a warm referral model, which connects the caller with the community resource while remaining on the line. The 211 Call Center is an invaluable resource in a rural community that is so spread apart and with limited public transportation and access to internet. The 211 Call Center also operates the Coordinated Entry system, which helps to create a vulnerability ranked list of those experiencing homelessness for linkage to services by a wide variety of providers.
b. **Estimate Number Served Per Year:** 4,921 callers, with 14,206 unique web searches on www.211nevadacounty.com
c. **Estimated Cost per Person:** $4 ($20,000/4,921 callers) per call
d. **Program Delivered By:** In FY 17/18, program services were provided by Connecting Point

2) Program Name: Access and Linkage to Underserved Populations: Seniors, Disabled and Isolated, Homeless, Forensically Involved, Veterans, and Youth

a. **Program Description:** This program focuses on improving access and linkage to specific underserved populations including seniors, disabled, and isolated adults, those experiencing homelessness, those involved in the criminal justice system, veterans, and underserved youth.
   i. Seniors, Disabled, and Isolated Adults: Social Outreach Workers or Nurses visit the homes of these individuals and utilize 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.
   ii. Homeless: Program staff outreaches to homeless individuals and families at camps, shelters, and food distribution sites. Staff makes referrals to a variety of services including mental health treatment and/or substance use treatment as needed.
   iii. Forensically Involved: A Forensic Liaison works with jail and law enforcement personnel, community members, and family members. When the jail has an inmate with mental health needs who is going to be released from jail, the Forensic Liaison will build a relationship with the individual in the jail and will assess what level of services will be needed upon release, including a warm handoff upon release.

iv. Veterans: Veterans Services Office staff connects veterans that visit their office to mental health services who may not be eligible for Veterans' benefits or where traveling too far to receive services is burdensome.
v. Youth: Implements a screening program primarily for 9th and 10th graders for depression, suicide risk, anxiety, and other emerging mental health challenges in all local public high schools, contingent on a signed permission slip. Screening occurs in the school setting and referrals to higher levels of care are made as needed.

b. **Estimate Number Served Per Year:** 2,064 individuals
c. **Estimated Cost per Person:** $145 ($300,000/2,064 individuals) per program participant
d. **Program Delivered By:** In FY 17/18, program services were provided by Nevada County Behavioral Health (Forensic Liaison), Nevada County Adult Services/Sierra Nevada Memorial Hospital (Social Outreach Program), Nevada County Veterans Office, Hospitality House, Project MANA, and What's Up? Wellness Checks

E) *PEI Category*: Stigma Reduction and Discrimination Reduction

1) Program Name: Latino Outreach

a. **Target Population:** Latino population in Nevada County
b. **Program Description:** Nevada County will serve the Latino 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 Latino families connect to resources mostly for physical health care 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, 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 Latino 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 Latino 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.
c. **Estimate Number Served Per Year:** 546 individuals
d. **Estimated Cost per Person:** $139 ($76,000/546 individuals) per program participant
e. **Program Delivered By:** In FY 17/18, program services were provided by the Family Resource Center of Truckee and Nevada County Superintendent of Schools (PARTNERS Family Resource 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, and technical assistance and research for counties. In FY 19/20, Nevada County estimates to assign $10,000 to CalMHSA. Nevada County previously allocated $10,000 in funding to CalMHSA in FY 17/18.

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:** 250 individuals
c. **Estimated Cost per Person:** $440 ($110,000/250 individuals) per program participant
d. **Program Delivered By:** In FY 17/18, program services were provided by Nevada County Public Health

2) Program Name: LGBTQ+ Support

a. **Program Description:** This program focuses on providing the local LGBTQ population as well as their families, friends, and allies with opportunities to meet, share experiences, offer and receive help, and learn about LGBTQ related issues. There are programs specifically directed toward supporting youth, as well as programs for the general public. Youth programs may include the Gay Straight Alliance (GSA) groups at local school and a regularly occurring youth support group at a local youth center. This program will also support monthly support groups related to Transgender issues and LGBQ issues. Additionally, educational programs will help teach the general population about matters involving LGBTQ people and gender and sexual identity.
b. **Estimated Number Served Per Year:** 220
c. **Estimated Cost per Person:** $45 ($10,000/220 individuals) per program participant

d. **Program Delivered By:** This is a new program in FY 19/20. The program will be delivered by PFLAG Nevada County.

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 Recommendations of Needed Mental Health Services FY 2017-2020 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 $537,000, 2) Outreach programs is $25,000, 3) Prevention Programs is $411,000, 4)Access & Linkage Programs is $320,000, 5) Stigma and Discrimination Programs is $76,000, 6) Suicide Prevention Program is $120,000, 7) PEI Assigned Funds is $10,000 and, 8) Administration $200,000. The estimated total PEI program costs are $1,699,000. Using an estimate number based partially on the number of individuals served in FY 17/18 (14,588 individuals), it is estimated the average cost per person involved in a PEI activity will be $117 ($1,699,000/14,588). This is the average cost of individuals involved in all PEI Projects.

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.

Prevention and Early Intervention (PEI)

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 long-time or chronic homelessness, paired with low-barrier housing supported by a Housing Personal Services Coordinator with the goal of decreasing chronic homelessness in Nevada County.

Workforce Education and Training (WET)

Nevada County has utilized all of the original allotment of Workforce Education and Training (WET) funds.

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 the Three Year Plan Update for FY 2008/2009 Nevada County directed $751,800 of FY 2006/2007 CSS Unapproved Planning Estimates into the Prudent Reserve. Additionally, in the FY 2008/2009 Three Year Plan Update Nevada County directed $118,493 of FY 2007/2008 CSS Unapproved Planning Estimates to the Prudent Reserve for a total of $870,293. Lastly, NCBHD requested to have FY 2007/2008 PEI Unspent Funds of $100,000 to be directed to the Prudent Reserve.

SB 192

Senate Bill 192, which was passed in September of 2018, establishes a limit on counties' Prudent Reserve balances. SB 192 establishes that counties' Prudent Reserve balances shall not exceed 33% of the average Community Services and Support (CSS) revenue over the previous 5 years, starting with FY 13/14 through FY 17/18 CSS allocations. Counties must reassess the maximum amount of prudent reserve every 5 years. Based on the MHSA allocations from FY 13/14 through FY 17/18, Nevada County's maximum Prudent Reserve

is $1,111,502. To comply with SB 192, Nevada County will shift $81,804 out of the Prudent Reserve in FY 19/20. This reallocated funding will be spent on existing approved Community Services and Supports (CSS) MHSA programs. The calclulations confirming the maximum Prudent Reserve levels can be found in the Appendix of this document on page 37.

Needs Assessment

The Nevada County Mental Health Services Act (MHSA) Steering Committee has created a MHSA Recommendation of Needed Mental Health Service for the MHSA 3-Year Plan (2017/2018 – 2019/2020). The information in this document comes from information/data from surveys, community meetings, MHSA meetings, MHSA Annual Progress Reports, Mental Health Board Meetings and Behavioral Health meetings. Information was received from consumers; family members; individuals from non-profit organizations; Behavioral Health staff; community based behavioral health service providers; business/community members; school staff; and other local government staff. This document is expected to be a living document that can be adjusted and changed as needs are addressed or discovered.

The purpose of this document is to provide the Mental Health Board and the Behavioral Health Director with recommendations of where the community would like to see mental health care funds expended. Also, included in this document is the Community Collaborative of Tahoe Truckee Mental Health Service Needs that represents the Tahoe Truckee mental health needs that they updated in 2017. The needs listed below are not ranked in order of need; they are listed in random order.

1. Nevada County Recommendations of Needed Mental Health Service

Recommendation A: *Improve System Values*-This includes increasing cultural competency for a variety of cultures, which includes Latino, LGBTQ, youth and young adults, seniors and individuals with mental health and physical health disabilities, and Veterans; create a trauma informed care system; infusing recovery model into the system; utilize Peer Advocates/Navigators and create a no wrong door and welcoming system.

Recommendation B: *Integrate Trauma-Informed Care Principles*-Integrate Trauma-Informed Care Principles for individuals throughout the Mental Health system.

Recommendation C: *Improve our Crisis Continuum of Care*- The Crisis Continuum of Care may include: Warm Line, Respite Care Home, Mobile Mental Health Crisis Team, Crisis Stabilization Unit at the hospital, Crisis Residential and Community Based Crisis Facility. The Crisis Continuum of Care will also include transportation, utilize Peer Advocates/Navigators, preventative, intervention, and follow-up services and training. Utilize Peer Supporters on the Mobile Crisis teams.

Recommendation D: *Increase Number and Type of Housing Options*-Increase short term and long term housing opportunities. This includes: emergency housing, transitional housing, permanent housing with supportive services, homes for youth and adults with co-occurring disorders, and low income housing. Included in this is homeless outreach and supportive services which includes a mobile outreach van that can provide services to individuals living on the streets; incentives and supports to landlords; and advertising and other activities to build relationships with landlords.

Recommendation E: *Increase Co-Occurring Disorder (COD) Services*- Provide more COD programs, services and trainings. COD services need to be integrated with existing behavioral health services/programs. There needs to be follow-up COD services/support upon program exit. Expand services to individuals who are high risk and high users of the system. Lastly, increase the use of harm reduction service model in COD programs.

Recommendation F: *Create and Enhance Services for Individuals Engaged with Law Enforcement and/or the Criminal Justice System*- Provide more programs, services and trainings for individuals who are in the criminal justice system and/or interacting with law enforcement. Services need to be integrated with existing behavioral health services/programs. There needs to be services in place to prevent criminal justice and law enforcement involvement, reduce the negative impacts for people involved in the criminal justice system and follow-up services/support upon separation from the criminal justice system. Utilize Peer Supporters in the services provided to criminal justice and law enforcement involved individuals, including individuals in jail.

Recommendation G: *Create and Implement a Stigma Reduction and Community Education Campaign*-Utilize media (written, radio, television and internet) to outreach and educate the public on existing mental health programs and to reduce stigma and discrimination towards individuals with mental health needs. Utilize peer services providers, mental health service providers, community stakeholders, consumers and family members to create a community-wide plan and campaign. The community plan and campaign needs to be inclusive of different cultural needs.

Recommendation H: *Increase services in Geographically Isolated Areas*- Provide transportation to and from service locations; utilize existing service providers; increase mental health services at established service providers; purchase vehicles for mental health service access; utilize outreach nurse to serve isolated areas and outreach to isolated populations; and utilize Peer Advocates/Navigators. Truckee: see the detailed list below in the Truckee Section.

Recommendation I: *Enhance Services to MHSA Identified Age Groups*-Increase access to services, quality of services, COD services, and psychiatrist and therapeutic services.

> *Children (0-15):* Screen and provide services to the whole family (including parenting support). Provide: specialized services for 0-5 age group; parental mental illness services; LGBTQ services; bullying programs; mentoring programs for at-risk children; outdoors/extracurricular activities; eating disorder services; post-traumatic stress disorder (PTSD) services; and increase the number of Wraparound service slots.
>
> Mental health services need to be coordinated and provided in the community: schools, churches, non-profits including Family Resource Centers, and community based mental health service providers.
>
> *Youth and Young Adults (16-24):* Screen and provide services to the whole family (including parenting support). Provide: LGBTQ services; bullying programs; eating disorder programs; mentoring programs for at-risk youth; provide non-traditional forms of therapy which includes outdoors/extracurricular activities; supported employment; system navigators; transitional services; PTSD services; and increase the number of Wraparound service slots.

Mental *health* services need to be coordinated and provided in the community: schools, churches, non-profits including Family Resource Centers, and community based mental health service providers.

Adult Services (25-59): Provide supported services for: parenting, employment, mainstream benefits, parental mental illness, PTSD and the most vulnerable populations (e.g. homeless, isolated, co-occurring, and physical disabilities).

Older Adult Services (60+): Provide services to: access mainstream benefits, increase outreach and engagement activities to support individuals so they can remain in their home; PTSD, and the most vulnerable populations (e.g. homeless, isolated, co-occurring, and physical disabilities).

2. Truckee Recommendations of Needed Mental Health Service

The Community Collaborative of Tahoe Truckee (CCTT) is comprised of over 45 health, education and social service agencies who work together to address the fundamental needs of families in the Tahoe Truckee region. This list of recommendation of mental health service needs is created and supported by CCTT leadership and represents the collective sense of mental health needs in the Tahoe Truckee region at this time.

The Truckee Recommendation's listed below are based on input from the CCTT Tahoe Truckee Mental Health Accomplishments and Priority 2017 document.

Recommendation A: **Youth Behavioral Health:** Ensure a comprehensive system of supports exists for youth in the Tahoe Truckee region.

Current programs that need to be maintained:

- School based therapy services available throughout TTUSD (Tahoe Truckee Unified School District) and county partnership
- School Based Wellness Services
- Youth health navigation services
- LGTBQ groups at the high schools
- Multidisciplinary Family Support Team/SMART Team
- County Based Services and expanded mental health supports-Tahoe SAFE Alliance full time therapist, Sierra College full time therapist, Gateway Mountain Centers Whole Hearts Therapeutic Based Mentoring Program expanded and new Truckee Boys and Girls Club site

Current Priorities for expansion of services:

- Expand Transition Age Youth Services
- Increase access to WRAP Services for Truckee youth

Recommendation B: **Adults with Severe Mental Illness:** Support adults on the path to recovery through comprehensive services that improve their wellness and quality of life. The lack of a critical mass of adults with severe mental illness makes funding comprehensive and intensive services, such as full serve partnerships, challenging.

Current programs that need to be maintained:

- Case Manager position
- Psychiatrist in Placer County
- Nursing support in Nevada County

Current Priorities for expansion of services:

- Increase access to full service partnership type of services

- Supportive housing
- Peer programming
- Increased opportunities for social connectedness

Recommendation C: Homeless Issues: Maintain and expand services and supports for individuals experiencing Homelessness.

Current programs that need to be maintained:

- Weather-triggered Emergency Warming Center
- Homeless Outreach Coordinator
- Successful homeless count

Current Priorities for expansion of services:

- Better coordination with Law Enforcement and Tahoe Forest Hospital District
- Build connections with shelter programs elsewhere so that the homeless can be connect to services.
- Work with county partners to bring new programs for homeless people like Whole Person Care to Eastern County
- Convene jurisdictional partners (leadership from the two counties and Town of Truckee) to look at resources and solutions
- More affordable housing including supported housing

Recommendation D: Suicide Prevention and Crisis Services: Decrease the number of suicides through effective prevention and crisis response programs. The incidence of suicide continues to be a concern for the Tahoe Truckee community, and while there has been an increase in prevention and postvention capacity, more work in this area is still needed.

Current programs that need to be maintained:

- Successful Know the Signs campaign reaching 4,000-5,000 local residents
- Ongoing Suicide Prevention Coalition with expanded focus on adults as well as youth
- Implementation of youth lead prevention messaging through Giving Voices Project
- Creation of Suicide Response Protocol to assist with brining prevention efforts into the post-suicide setting
- Improve functioning of 5150 process

Current Priorities for expansion of services:

- Continue to strengthen follow up for people assessed for 5150
- Explore off site crisis assessment (right sizing mobile response)
- Grow suicide prevention messaging campaign for males and seniors
- Strengthen community capacity for targeted suicide crisis response

Recommendation E: Cultural Competency: Improve capacity to provide culturally competent mental health services. The Tahoe Truckee region has a growing number of Latino residents, many of whom are monolingual Spanish speakers. It is a struggle to provide adequate services that are culturally appropriate and linguistically accessible. In addition there is a lack of people with lived experience working in the mental health system.

Current programs that need to be maintained:

- Growth of Promotora programs
- Creation of high school groups for LGBTQ youth

Current Priorities for expansion of services:

- Increase Medi-Cal managed care network for Spanish speaking providers

- Address "thinness" of system- need some redundancy so system is not so reliant on a few providers
- Increase number of people with lived experience embedded in the mental health system
- Support family and community engagement strategies such as Parent University which focuses on GED (General Equivalency Degree), ESL (English as a Second Language), computer literacy and career exploration.

Recommendation F: Drug and Alcohol Services: Decrease the rates of drug and alcohol use and abuse in the region.

Current programs that need to be maintained:

- Refunding of Future without Drug Dependence
- Tahoe Forest Hospital District adoption of SBRT (Screening, Brief Intervention and Referral to Treatment) and Craft Screenings.
- Gateway Mindfulness Based Substance Abuse Treatment (MBSAT)
- Positive trend lines around youth alcohol use
- Growing success of school based programs through CoRR (Community Recovery Resources).

Current Priorities for expansion of services:

- Streamline access to county authorized detox and residential treatment services
- Continue to explore alternative/expanded drug and alcohol treatment options
- Continue to explore "after-care" support services for youth to create a culture of recovery

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Nevada County

☐ Three-Year Program and Expenditure Plan
☑ Annual Update

Local Mental Health Director Name:	**Program Lead**
Phebe Bell, MSW Telephone Number: (530) 470-2784 E-mail: Phebe.Bell@co.nevada.ca.us	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 8/27/2019.

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 CERTIFICATION[1]

County/City: Nevada County

☐ Three-Year Program and Expenditure Plan
☑ Annual Update
☐ Annual Revenue and Expenditure Report

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

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, 2018 , 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)

MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: Nevada

Fiscal Year: 2019/2020

Local Mental Health Director

Name: Phebe Bell

Telephone: (530) 470-2784

Email: Phebe.Bell@co.nevada.ca.us

I hereby certify[1] under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Local Mental Health Director (PRINT NAME) | Signature | Date

[1] Welfare and Institutions Code section 5892 (b)(2)

Nevada County

Prudent Reserve Maximum Calculation

Per DHCS MHSUDS Info Notice 19-017

June 30, 2019

	Total MHSA Distributions			
	Amount Per SCO Website (Aug-July)	Adjustment to Align to FY: Add in July Allocation	Adjustment to Align to FY: Remove August Allocation	FY Total
FY13-14	3,407,654.80	402,945.92	(449,919.77)	3,360,680.95
FY14-15	4,769,934.59	449,919.77	(537,634.79)	4,682,219.57
FY15-16	4,037,593.78	537,634.79	(559,945.26)	4,015,283.31
FY16-17	4,851,682.44	559,945.26	(515,927.39)	4,895,700.31
FY17-18	5,279,860.48	515,927.39	(590,527.95)	5,205,259.92
	22,346,726.09	2,466,373.13	(2,653,955.16)	22,159,144.06

5-Year Total	Multiplying by 76% for CSS	Dividing by 5 for the Annual Average	33% of Annual Amount	Current Amount in Prudent Reserve	Amount of Excess Prudent Reserve to shift in FY19-20
22,159,144.06	16,840,949.49	3,368,189.90	1,111,502.67	1,193,306.13	81,803.46

FY 2019/20 Mental Health Services Act Annual Update **EXHIBIT C**

Funding Summary

County: Nevada Date: 3/15/19

	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 2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,902,478	1,010,011	1,011,985			
2. Estimated New FY 2019/20 Funding	3,824,024	956,006	251,581			
3. Transfer in FY 2019/20[a/]						
4. Access Local Prudent Reserve in FY 2019/20	81,804					(81,804)
5. Estimated Available Funding for FY 2019/20	5,808,306	1,966,017	1,263,566	0	0	
B. Estimated FY 2019/20 MHSA Expenditures	4,058,350	1,699,000	496,717		0	
G. Estimated FY 2019/20 Unspent Fund Balance	1,749,956	267,017	766,849	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	1,193,306
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	(81,804)
4. Estimated Local Prudent Reserve Balance on June 30, 2020	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 2019/20 Mental Health Services Act Annual Update **EXHIBIT C**

Community Services and Supports (CSS) Funding

County: Nevada Date: 3/15/19

	Fiscal Year 2019/20					
	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 Full Service Partnership	1,682,000	405,000	702,000	0	575,000	0
2. Adult Full Service Partnership	2,805,000	1,480,000	1,325,000	0	0	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					
Non-FSP Programs: General System Development						
1. Expand Intern Program	178,000	50,000	80,000	16,000	32,000	0
2. Expand Network Provider	64,500	6,500	32,000	2,000	24,000	0
3. Provide Co-Occuring Disorder	88,000	46,000	42,000	0	0	0
4. Expand Adult & Children's BH & Psychiatric	1,202,000	395,000	465,000	159,000	183,000	0
5. Expand Crisis & Mobile Crisis Intervention	1,650,000	945,000	600,000	105,000	0	0
6. Emergency Department Outreach & Engagement	95,000	95,000	0	0	0	0
7. Truckee Outreach Engagement & Liaison	0	0	0	0	0	0
8. Veteran's Services	31,500	31,500	0	0	0	0
9. Provide Housing & Supportive Svcs to SMI	72,000	72,000	0	0	0	0
Non-FSP Programs: Outreach & Engagement	0					
1. Training of Staff, Contractors Community Stakeholders	10,000	10,000	0	0	0	0
2. Expanded MH Services in North San Juan	7,350	7,350	0	0	0	0
3. Adult Wellness Center	165,000	165,000	0	0	0	0
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CSS Administration	350,000	350,000	0	0	0	0
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	8,400,350	4,058,350	3,246,000	282,000	814,000	0
FSP Programs as Percent of Total	55.7%					

FY 2019/20 Mental Health Services Act Annual Update **EXHIBIT C**

Prevention and Early Intervention (PEI) Funding

County: Nevada Date: 3/15/19

	Fiscal Year 2019/20					
	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	0					
1. Alternative EI for Youth & Young Adults	100,000	15,000	40,500	0	44,500	0
2. Bilingual Therapy	229,000	200,000	16,000	0	13,000	0
3. Early Intervention for Referred	1,309,999	300,000	505,000	0	455,000	50,000
4. Homeless Outreach & Therapy	27,000	22,000	5,000	0	0	0
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
5. Outreach: First Responder Training	25,000	25,000	0	0	0	0
PEI Programs - Prevention						
6. Housing Assistance Program	141,000	81,000	60,000	0	0	0
7. Senior, Disabled & Isolated Home Visitor	35,000	35,000	0	0	0	0
8. Wellness Center: Peer Support & Outreach	220,000	220,000	0	0	0	0
9. Teaching Pro-Social Skills in the Schools	50,000	50,000	0	0	0	0
10. Child & Youth Mentoring	25,000	25,000	0	0	0	0
PEI Programs - Access and Linkage to Treatment						
11. 211 Nevada County	20,000	20,000	0	0	0	0
12. Access & Linkage to Underserved Populations	431,000	300,000	0	0	0	131,000
PEI Programs - Stigma Reduction and Discrimination Reduction						
13. Latino Outreach	76,000	76,000	0	0	0	0
PEI Programs - Suicide Prevention						
14. Suicide Prevention	110,000	110,000	0	0	0	0
15. LGBTQ+Support	10,000	10,000	0	0	0	0
PEI Administration	230,000	200,000	30,000	0	0	0
PEI Assigned Funds - CalMHSA JPA	10,000	10,000				
Total PEI Program Estimated Expenditures	3,049,000	1,699,000	656,500	0	512,500	181,000

FY 2019/20 Mental Health Services Act Annual Update **EXHIBIT C**

Innovations (INN) Funding

County: Nevada Date: 3/15/19

	Fiscal Year 2019/20					
	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	77,956	56,250	21,706			
2. HOME Team	412,655	381,292	31,363			
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	59,175	59,175				
Total INN Program Estimated Expenditures	549,786	496,717	53,069	0	0	0

FY 2019/20 Mental Health Services Act Annual Update **EXHIBIT C**

Workforce, Education and Training (WET) Funding

County: Nevada Date: 3/15/19

	Fiscal Year 2019/20					
	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. Funds fully expended	0					
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					
WET Administration						
Total WET Program Estimated Expenditures	0	0	0	0	0	0

FY 2019/20 Mental Health Services Act Annual Update **EXHIBIT C**

Capital Facilities/Technological Needs (CFTN) Funding

County: Nevada Date: 3/15/19

	Fiscal Year 2019/20					
	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. Funds fully expended	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. Funds fully expended	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