



# NEVADA COUNTY HEALTH & HUMAN SERVICES AGENCY

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## NEVADA COUNTY BOARD OF SUPERVISORS Board Agenda Memo

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**MEETING DATE:** June 8, 2021

**TO:** Board of Supervisors

**FROM:** Phebe Bell

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

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**RECOMMENDATION:** Approve the attached Resolution.

**FUNDING:** The estimated program expenditures for implementing the FY 21/22 Annual Plan Update are \$6,004,115. MHSA funds may only be used to establish or expand services for approved plan components, and may not be used to supplant funding for programs existing prior to the enactment of MHSA. The Proposed Plan does not require any county match or county general fund dollars and is planned for within the Department's existing budget.

**BACKGROUND:**

The Mental Health Services Act (Proposition 63) adopted by the California electorate on November 2, 2004, increased overall State funding for the community mental health system by imposing a 1% income tax on California residents with more than \$1 million per year in income. The stated intention of the proposition was to "transform" local mental health service delivery systems from a "fail first" model to one promoting intervention, treatment and recovery from mental illness. A key strategy in the act was the prioritization of prevention and early intervention services to reduce the long-term adverse impacts of untreated, serious mental illness on individuals, families and state and local budgets. On June 16, 2020, the Board approved the Nevada County Mental Health Services Act (MHSA) FY 2020/21 through FY 2022/23 Three-Year Program and

Expenditure Plan and Annual Progress Report for FY 2018/19 per Resolution 20-217. Each year, counties must submit an annual update to the Three-Year Program and Expenditure Plan to summarize programmatic and budgetary changes in the coming fiscal year, in addition to a progress report summarizing program evaluation outcomes.

The MHSA FY 21/22 Annual Plan Update and FY 19/20 Annual Progress Report were shared with the Mental Health Board, MHSA Steering Committee and our e-mail subscribers, consisting of over 180 interested individuals ranging from family members, consumers/program participants, and community based organizations to staff from various county departments. A Notice of Public Comment Period of April 7, 2021 through May 6, 2021 was posted, and the proposed Plan has been available on the County website for review and comments. The final public hearing was held at our local Mental Health Board meeting on May 7, 2021.

### **FY 21/22 Annual Plan Update Overview**

#### **Community Services and Supports (CSS)**

- The Integration of Rural Mental Health Services to Improve Outcomes (Integrated Tahoe/Truckee Program) Innovation Program's funding ends in FY 20/21. Victor Community Support Services will continue to provide personal service coordination and case management to Tahoe/Truckee Medi-Cal eligible persons who have a mental illness. These services will be shifted to Community Services & Supports as a General System Development program entitled Tahoe/Truckee Case Management beginning in FY 21/22.
- Increase in alternative early intervention programming to further support youth FSP programming in Eastern County
- Increasing MHSA coverage of Crisis and Crisis Stabilization Unit costs
- Strategic increases to largest contracted treatment providers

#### **Prevention and Early Intervention (PEI)**

- Cost of living increases to PEI contracts (estimated at 2%)
- Shifting funding for the Family Support Advocate program, previously part of the Tahoe/Truckee Innovation program which ends in FY 20/21, to the LatinX Outreach program

#### **Community Services and Supports (CSS)**

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

Children's CSS Programs target population is children (age 0-17) who are seriously emotionally disturbed or seriously mentally ill and are at risk of psychiatric hospitalization or out of home placement, becoming homeless, experiencing academic

failure, or involvement with the criminal justice system. Some of the major collaborative partners for providing services to children under CSS include: Victor Community Support, Stanford Sierra Youth and Families, Gateway Mountain Center, crisis services, and individual network providers. Plan services and supports will include, but not be limited to:

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

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

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

## **Prevention and Early Intervention (PEI)**

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

- Suicide Prevention
- Mental Health Screening in High Schools
- Bilingual Therapy
- Homeless Outreach
- LatinX Outreach
- Perinatal Depression Program
- High School Youth Wellness Center
- Senior Outreach
- Youth Mentoring

- Community Mental Health and Crisis Training
- Family Support/Parenting Classes

### **Innovation (INN)**

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

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

### **Annual Progress Report for Fiscal Year 2019/2020**

Also enclosed in this document is Nevada County's MHSA Annual Progress Report for FY 2019/20 for funded programs. In FY 2019/20, MHSA programs provided services to 31,230 individuals (this may include duplicated individuals reached by multiple providers).

The Behavioral Health Department respectfully requests that the Nevada County Board of Supervisors approve the MHSA FY 2021/22 Annual Plan Update and Annual Progress Report for FY 2019/20, so the Department may submit to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and to the Department of Health Care Services (DHCS) by the mandated deadline of June 30, 2021.

**Item Initiated and Approved by:** Phebe Bell, MSW, Director of Behavioral Health