

**MINUTES – Mental Health Services Act (MHSA) Community Meeting 3/20/2019**  
**Location: Eric Rood Center, Empire Room, Nevada City, CA**

**1. Welcome & Introductions/Announcements.**

The meeting was called to order by Priya Kannall. Self-introductions were made. A sign in sheet was placed on the table for all to sign.

Annette LeFrancois announced the Age Friendly Survey has not received many responses. There are copies of the survey on the table if anyone wants to complete one.

Priya Kannall made an announcement for everyone to complete the demographic form that was handed out at today's meeting.

**2. Public Comment.**

Priya Kannall asked if there was any public comment. There was no public comment.

**3. Behavioral Health Director's Update – Phebe Bell.**

Behavioral Health is working on next year's budget. Behavioral Health has four main funding streams: 1991 Realignment, 2011 Realignment, Mental Health Services Act Funds and Medi-Cal Billing. Behavioral Health is not looking to expand or cut any programs this year. We are hoping to support contractors will a small increase to help them with their increasing costs. Behavioral Health is not seeing much growth in revenue so we are looking at grants to help grow our system.

The grants have been focused on: Behavioral Health and the Criminal Justice System, Homelessness and the Opioid Crisis. Behavioral Health will be looking to add a therapist and substance use counselor in the jail. For homeless services providing outreach in the community through the HOME Team and responding to people the Hospital, Law Enforcement and other agencies are concerned about. Working to grow low barrier housing. Working closely with CoRR and Common Goals to add case management capacity to Shepard people through the treatment process.

Behavioral Health has several audits in the coming weeks on mental health and substance use services.

**4. Mental Health Services Act (MHSA) Updates – Priya Kannall. Handouts.**

**MHSA Overview**

Priya presented a PowerPoint on MHSA basics. MHSA is funded by a 1% tax on personal income of over one million per year. Since MHSA is tied to personal income, funding can be extremely volatile based on economic factors. Five percent of Nevada County's total allocation is set aside for Innovation. Eighty percent of the remaining funds must be spent on Community Services and Supports (CSS). From the eighty percent at least fifty one percent must be spent on Full Service Partnerships (FSP). Twenty percent must be spent on Prevention and Early Intervention (PEI) Programs. From the twenty percent at least fifty one percent must be spent on individuals 25 years old or younger.

Under Community Services and Supports we must include at least one program in Full Service Partnership, General System Development and Outreach and Engagement. Full Service Partnership is the highest level of care 24/7 wraparound type services for clients. General System

Development includes: housing support, intern program, and the crisis stabilization unit. Outreach and Engagement overlaps some with Prevention and Early Intervention (PEI) Programs.

Prevention and Early Intervention Programs have six categories: Prevention, Early Intervention, Outreach, Access and Linkage to Treatment, Stigma and Discrimination Reduction and Suicide Prevention.

**Legislation Update.**

SB 1004 has been signed into law by Governor Brown. It establishes new PEI priorities that would go into effect in 2020.

**No Place Like Home/Brunswick Commons Update.**

Nevada County's No Place Like Home Application was submitted in late January. We are one of a few small counties to apply. The project would include other funding for 40 low-income units on Old Tunnel Road with 12 units dedicated to chronically homeless with serious mental illness. On the same property with a CDBG Block Grant application for funds for a resource center with 12 transitional beds. We are still waiting to hear if we will get these funds.

**Fiscal Update.**

Included in today's handouts are MHSA revenues, MHSA Fund Balance Estimates, and MHSA Contracted. Projected MHSA revenue for Fiscal Year 2019/20 is slightly higher than this year. Behavioral Health tries to have at least one year of funding on hand because the funding is volatile. Priya reviewed fund balances for Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Innovation.

**Innovation.**

Our Innovation Home Team Project was approved in February by the Mental Health Services Oversight and Accountability Commission (MHSOAC). This project will also be paired with another grant from SAMHSA. This will allow us to add additional staff to the team.

There is also a small Innovation Project in Truckee that funds a Personal Service Coordinator through 2021.

**Fiscal Year 2019/20 MHSA Plan Update.**

Priya has been working to shorten the MHSA plan. Priya reviewed the major changes to the plan:

- a) LGBTQ+ Program with PFLAG.
- b) Youth Mental Health First Aid.
- c) Increase clinical capacity for children ages 0 to 5 and staff training specific to ages 0 to 5. There was a comment on having the training available to community organizations. Phebe replied that the two training they looked into staff will have to travel to and the training was very expensive. Phebe will continue to look at training options. There was a comment that some of the clinicians at Victor are doing a certificate program online.
- d) Tahoe/Truckee Suicide Prevention funding.
- e) SB 192 establishes a new cap on prudent reserve; 33% of the average of the last 5 years of CSS allocations. As a result Behavioral Health will shift \$72,000 out of our prudent reserve.

Priya went into more detail on the LGBTQ+ Program. Suicidal ideation is higher among students who identify as gay, lesbian or bisexual ([www.kidsdata.org](http://www.kidsdata.org)). Funding for this program will include support for Gay Strait Alliance Groups at local schools, support groups at community centers, adult support groups and general educational programs.

Kim Bradley asked if PFLAG has the resources and capacity to support Gay Strait Alliance Clubs in the Tahoe Truckee area. Priya will give Kim contact information for Ethan from PFLAG.

Next steps for the plan update are to post the Fiscal Year 2019/20 MHSA Plan Update and Fiscal Year 2017/18 Annual Progress Report to the Behavioral Health website for the 30 day Public Comment period. In May the plan will go to the Mental Health and Substance Use Advisory Board for the Public Hearing. The plan will then go to the Nevada County Board of Supervisors for approval. Public Comment on the plan can be sent to Priya Kannall at [priya.kannall@co.nevada.ca.us](mailto:priya.kannall@co.nevada.ca.us).

## 5. **Group Activity.**

The group activity is in preparation for our next MHSA 3-Year Plan. Today's activity is around what to focus our Prevention and Early Intervention (PEI) Programs on. What is working well for each population group, what strategies should be expanded, what are the unmet needs, and what strategies should be scaled back. Groups reported out.

### **Children age 0-11**

**Working Well:** Moving Beyond Depression, Second Step, behaviorist working with early child care (age 0-5) providers (this is missing in western Nevada County).

**Gaps:** not enough mental health providers, new law requires screening (there will need to be more services and providers to meet this need), not enough Medi-Cal providers for individuals without serious mental illness, when a child is diagnosed with mental illness the parents and other family members should be screened, additional services for individuals with less severe mental illness, and more services for perinatal mood and anxiety disorders.

### **Pre-teen/TAY**

**Working Well:** Friendship Club, Gay Strait Alliance in schools, and What's Up Wellness Depression Screening.

**Gaps:** expand the Friendship Club to include boys, more support for the Gay Strait Alliance in the Truckee area, Big Brothers/Big Sisters expand eligibility beyond age 11 (currently funding PAL Program that match High School Age to Grade School Age), robust programs for boys and older teens, focus group for youth, resources for homeless teens, transition for foster care kids, and expand What's Up Wellness.

### **Veterans**

**Working Well:** access and linkage to services at the Veterans Service Office, co-location of the Veterans Service Office at Brighton Greens, therapy for Veterans and their family at Welcome Home Vets, and increased involvement of Veterans at meetings.

**Gaps:** more Veterans Service Office staff, better transportation for Veterans, expand mental health screening and family mental health screening, expand provider network, add providers with knowledge of military culture, better outreach and engagement especially for women and younger Veterans, more cultural awareness, education about services available, trauma and substance use education.

### **Latinx**

**Working Well:** Promotora Program, normalizing mental health stigma, cultural competence meetings, and bilingual therapist at Children's Behavioral Health.

**Gaps:** hiring within the Latinx community, training, cultural competence, peer advocacy, increase bilingual staff, increase outreach to schools, use of social media, surveys to Latinx community, address concerns of citizenship, data, community awareness, male bilingual therapist, and leadership development through schools.

### **Older Adults**

**Gaps:** community center, dementia services, caregiver services, transportation, having therapists do home visits, long term case management, services for the homeless elderly, increase risk of opioid overdose from prescription drugs.

### **Homeless**

**Working Well:** good relationships with landlords, increased housing funds, low barrier beds, recuperative care beds at Hospitality House, improved law enforcement interactions with homeless.

**Gaps:** need to expand warming center, address pet issues, more transportation, more housing, safe and affordable housing, rentals, increase life skills, job training, more outreach, more focus on children and youth experiencing homelessness.

### **Scaling Back**

There were comments that more outcome data and knowledge of all the programs is needed to determine where to scale back.

The PAL Program receives a large amount of funding and suggestion to spread out funds to fill other service gaps such as homeless children.

Analyze programs to see if there are other funding opportunities that could replace MHSA funding.

Comment that First 5 Programs depend on the tobacco tax and reserve funds have been drawn down; 0-5 programs will be experiencing a big drop in funding.

Minutes by Annette LeFrancois, Administrative Assistant with the Health and Human Services Agency.