

# **MINUTES – Mental Health Services Act (MHSA) Community Meeting 11/01/2018**

## **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.

### **2. Public Comment.**

Priya Kannall asked if there were any public comments related to the Mental Health Services Act (MHSA). Pauli Halstead asked what outreach is occurring in the camps and on the street, how much is budget for that? The Forensic Liaison position is funded through MHSA, two Turning Point case managers embedded at Hospitality House, one outreach worker at Hospitality House and MHSA funding for an outreach case manager in Truckee through Project Mana.

There was a question as to whether any funding goes toward supporting LGBT individuals? What services are available to this group? PFLAG does a lot of work with GSA's in the school. Schools with GSA's are known to have a drop in suicide rates. MHSA does not currently have a partnership with any LGBTQ organizations. There is a focus on this group in some of our programs particularly with youth and school programs. Kim Honeywell, who retired earlier this year, provided a lot of services with a focus on LGBTQ youth and adults. Kim's position was through Public Health. The prevention part of the position will remain with Public Health. The recruitment for this position (Health Education Coordinator) recently closed. The position will also focus on alcohol and other drug prevention. The post-vention part of Kim's position will be filled with a current Behavioral Health clinical staff.

### **3. 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.

#### **Suicide Prevention**

Western and Eastern Nevada County will be participating in a State led Suicide Prevention Strategic Planning Learning Collaborative.

In Western Nevada County the Suicide Prevention Task Force meets on the third Friday on the month from 10:30 a.m. – 12 noon at the Sheriff’s Office Conference Room. In Eastern Nevada County, the Tahoe Truckee Suicide Prevention Coalition holds community meetings. For more information visit their website at [www.tahoelifeline.org](http://www.tahoelifeline.org).

**2019 Annual Point in Time Homeless Count and Survey will be held on January 24<sup>th</sup>.**

The Point in Time Count is crucial in order to receive funding. Both Nevada and Placer County will have the count on January 24<sup>th</sup> and will be asking individuals where they slept on the night of January 23<sup>rd</sup>. The Planning process will be led by Thurmond Consulting and Brendan Phillips. More information will be coming soon.

**Legislation Update.**

SB 1004 was signed into law and establishes new PEI program priorities determined by the Mental Health Services Oversight and Accountability Commission (MHSOAC) that will take effect in 2020. The new categories are: childhood trauma prevention and early intervention; early psychosis and mood disorder detection and intervention and mood disorder and suicide prevention programming; youth outreach and engagement strategies; culturally competent and linguistically appropriate prevention and intervention; and strategies targeting the mental health needs of older adults.

No Place Like Home – Is on the November ballot as Proposition 2 in order to bypass legal challenges. It would divert of portion of MHSA funds to provide two billion in bond proceeds to build permanent supportive housing for individuals and families with severe mental illness. It will likely increase the general stock of housing as only 49% of the units are for the target population. We expect to see a decline in MHSA funding over the next few years due to No Place Like Home (NPLH). The State recently released their notice of funding availability for NPLH. The applications for the first round of funding are due in January.

Shera Banbury attended the USDA Housing Workshop and asked if USDA funding could be used for a psychiatric facility and they said yes. Shera Banbury mentioned the need for this type of facility in Nevada County. Nevada County will be looking at this type of funding to match with NPLH. As a reminder NPLH funding cannot be used to build a psychiatric facility.

**Fiscal Update.**

The fiscal handout titled MHSA Contracted/Budget Fiscal Year 2018-19 lists what we anticipate to spend this year on MHSA Programs including other funding sources such as Medi-Cal and Realignment. There was a question about SPIRIT funding on lines 13 and 17. Line 13 is Peer Support Staff for crisis and follow-up calls. Line 17 is for SPIRIT Peer Empowerment Center and staffing. The colored handout lists actual MHSA revenue for several years. On the back of the colored handout it lists deposits and expenses for each of the MHSA categories. Behavioral Health likes to have one fiscal year of MHSA funding on hand as a buffer so that programs do not end abruptly if there is a decrease in funds.

**Innovation**

Five percent of MHSA funding is allocated to Innovation Programs. MHSA projects can last up to 5 years. Innovation funds cannot be used to purchase capital facilities. Stakeholders have identified homelessness as a top priority. Innovative projects must do one of the following: introduce a mental health practice or approach that is new to the mental health system. Make a change to an existing practice in the field of mental health, including but not limited to,

application to a different population. Apply to the mental health system a promising community-driven practice or approach that has been successful in a non-mental health context or setting.

Stakeholders have expressed a desire to focus our Innovation Project on those experiencing homelessness in our community. There has been a greater need for outreach workers than what we have. Nevada County's 2018 Point in Time Count results shows 44% are chronically homeless, much higher than the State average of 28%. Also 43% identified as having a physical disability, 41% identified as have a chronic health condition, 46% a mental health disorder and 70% indicated criminal justice involvement.

Our proposed Innovation Project is called HOME: Homeless Outreach Medical Engagement Team. Team members will include a nurse, personal services coordinator and a peer counselor. The target population is the most vulnerable individuals and families experiencing homelessness regardless of involvement with County Behavioral Health services. There will also be a criminal justice focus with the HOME Team working closely with the forensic liaison and jail staff to engage individuals who would otherwise exit jail into homelessness. The goal is to use a low barrier, Housing First approach with master-leased units/homes to connect HOME participants with immediate housing. Priya reviewed the draft estimated budget and available Innovation funds.

We are hoping to begin the 30-day Public Comment period on November 5<sup>th</sup>. If we meet this timeline, the Public Hearing will be held on December 7<sup>th</sup> at the Mental Health Board Meeting. Then our Innovation Plan would be submitted to the MHSOAC, it can take 2 months to get on the agenda. In January our plan would be presented to the Nevada County Board of Supervisors. In February or March we would present our Innovation Plan to the MHSOAC.

### **Innovation Small Group Discussion**

Priya asked the small groups to discuss the following and then report out to the entire group:

- 1) What other data points or gaps could highlight the need of this type of project in our community to the MHSOAC?
- 2) What are key learnings we could take away from this project?
- 3) Presentation to MHSOAC: how could we as a community best demonstrate support for this project to the MHSOAC? i.e. which stakeholders to come to the OAC meeting, letters of support, etc?

There was a question as to whether or not eastern Nevada County would participate in the program. There is currently an Innovation Plan in eastern Nevada County. This new Innovation Plan will focus on western Nevada County.

The Bridges to Housing Program that started in August has already had to ask several people to leave. There are common denominators for individuals who are not successful in keeping housing.

With the intensive services (embedded medical care, low barrier housing) and outreach can we reduce the percentage of chronically homeless.

Suggestion that outreach not just be to camps, but community organizations like Community Beyond Violence and Family Resource Centers with the ability to have someone respond within minutes. Suggestion to poll community agencies to find out how often they have homeless in their office.

Look at recidivism rate for incarceration before and after.

There is an influx of homeless people coming into our community at a certain time of year. In Truckee there are seasonal fluctuations in homeless people. The Point in Time count taking place in January does not capture this data. A suggestion to hold a second count in the summer.

Suggestion to have Connecting Point/211 become an access point for entry into the program. Suggestion to pull data from HMIS for those with chronic health conditions and physical disabilities. Also work on the coordinated entry by name list, who is still on the list that may already have housing. There are also individuals who refuse to have their information on the by name list.

There was a suggestion not to forget the transition age youth (TAY) population and outreaching to schools to find these individuals. The Superintendent of Schools works to identify homeless students and each school district has a homeless liaison.

Another comment was to add a security person or law enforcement person, a licensed psychologist and a psychiatrist on the team.

There was a question about Medi-Cal billing for the nurse and personal service coordinator. Billing is expected to be low at the start of the program and will increase over time.

Suggestion to have a nurse practitioner or physician's assistant rather than an RN because they can prescribe medication.

Priya Kannall will be email out the Innovation Plan. You can respond directly to Priya with any comments or suggestions.

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

One of the goals of PEI to provide help proactively and engage individuals before the development of serious mental illness. Alleviate the need for additional or extended mental health treatment by facilitating access to services and supports at the earliest signs of mental illness.

Some of the strategies are to build protective factors and skills, reduce risk factors, reduce stigma and discrimination, increase the recognition of the early signs of mental illness and access to medically necessary care.

### **PEI Group Activity**

Match the MHSA program (Connecting Point, Second Step, Family Resource Center, etc) with the primary strategy the program exemplifies. The groups reported out on the reasons for their choices.

## **4. Next Community Meeting: TBD**

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