MINUTES – Mental Health Services Act (MHSA) Community Meeting 4/06/2021 Via ZOOM

1. Welcome.

The meeting was called to order by Priya Kannall and Phebe Bell. The PowerPoint Presentation was emailed after the meeting. Link to the PowerPoint Presentation: https://www.mynevadacounty.com/DocumentCenter/View/38081/MHSA-Community-Meeting-Presentation-2021_04_06

There were 48 participants:

Phebe Bell, Shera Banbury, Anastacia Knight, Anne Rarick, Amy Rudkin, Annie, Ana Acton, A Delgadillo, Brook Bruning, Dena Malakian, Doug Glening, Felicity Beallo, Gayatri Havighurst, Heather Vance, Jennifer Price, Jen Terhorst, Joe Naake, Jazmin Karns, Jazmin Breaux, John Duff, June Gifillan, Jennifer Wellenstein, Kim Bradley, Kimberly Parker, Kim Green, Laura Harter, Laura Heintz, Lael Walz, M McDonald, Maureen Gerecke, Melissa Parrett, Michael Tovar, Nancy Baglietto, Pam Carter, Peggy Martin, Phebe Bell, Priya Kannall, Rocio, Rachel Roos, Samantha Perkins, Sara Busse, Sara Jahr, Shello Sepko, Tasa, Trisha, Theresa H, Tyson Powers, Annette LeFrancois (There may be some names I missed).

2. Mental Health Services Act (MHSA)Overview – Priya Kannall.

Priya presented a PowerPoint on MHSA basics. Proposition 63 has been around since 2005. MHSA is funded by a 1% tax on personal income of over one million per year. Across the State it is approximately 2 billion in funding. The 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.

3. Behavioral Health Director Update – Phebe Bell.

COVID Updates

Nevada County has administered over 40,000 vaccine doses through multiple providers. Case rates in Nevada County are starting to rise. Restrictions are beginning to ease. Behavioral Health is not changing any COVID guidelines currently; though we are beginning to plan for changing regulations. There will be a meeting with contract providers in a week or two to update providers on the changes in guidelines.

Impact on Overall Community Mental Health and Demand for Services

Our local data mirrors the JAMA article which reported suicide rates dropped 5% in 2020. There was a rise in accidental injury deaths includes accidental overdoses went up by 11%. There is no question that COVID has impacted us; many people are suffering (anxiety, sadness, loneliness) and we are concerned about the impacts on our youth and seniors. We also see an amazing level of resilience in our community. We need to remain vigilant and ready to offer resources and connections to care if things change.

Phebe reviewed the local data. The suicide rate has been stable during the pandemic. Crisis assessment demand varied. In Fiscal Year 2019/2020 assessments were down form the prior year. In Fiscal Year 2020/2021 assessments increased slightly; but were still lower than 2018/2019. In 2019 there were 18 accidental overdose deaths with 0 involving fentanyl. In 2020 there were 36 accidental overdose deaths 18 involved fentanyl.

It is unknown how much of the increase is due to COVID versus fentanyl. We expect to see a growing demand for substance use disorder services over the next year.

Fiscal and Contract Updates
Early in the pandemic, fiscal impacts due to COVID were projected to be dire. MHSA revenue did drop significantly in Fiscal Year 2019/2020 (revenue $4,482,997). Some of the drop was due to COVID measures to defer tax payments to 2021. This led to less tax revenue than expected. For Fiscal Year 2020/2021 revenue is projected to be $6,181,507. The increase is due to the deferred taxes that were received. Behavioral Health is in budget building season and contract development for next year. The budget for next year will be flat, we are not expecting to have any significant program additions. We are adding small cost of living increases to our largest contracted treatment providers under CSS. We are planning to add a 2% cost of living increase to our PEI contracts.

4. Early Psychosis Programming – Phebe Bell.
Early Psychosis Programming is based on the concept if you can identify someone very early in the development of psychosis and provide intensive and robust services you can decrease the long-term consequences that happen with untreated psychosis and significantly improve recovery. The model is intensive psychiatry, therapy, family therapy, peer family advocate, case management and a big focus on reconnecting the individual to all the activities (school, work, hobbies, sports) that they were pursuing prior to becoming ill. There would be specialized training to recognize early symptoms of psychosis.

The challenge is bringing an expensive program to a small rural area. The MHSOAC issued an RFP for early psychosis programming. We did not qualify for the first round. They are releasing a second round. CalMHSA has been working with us to identify a few other Counties (Alpine, Mono) interested in applying. It would be a hub and spoke model. The Counties would screen and identify individuals and refer them to UC Davis for a thorough assessment. If the individual meets the criteria for the early psychosis program, UC Davis would provide the psychiatry and therapy and the County would provide the case management and peer support. There would be training and technical assistance for our treatment team in coordination with UC Davis treatment team. Our application has been submitted and we are waiting to hear if we will get the grant. The grant pays our costs, there are a lot of in-kind services we agreed to have available such as crisis and respite. There are no local MHSA dollars needed beyond what we already support. If we get the grant there would be dialogue with MHSA stakeholders to determine if this is a program we want to sustain long-term. If we are successful in getting the grant there will be training in how to recognize someone in the early stages of psychosis so that contractors will have the knowledge and can help be a referral source.

5. Annual Plan Update Fiscal Year 2021-2022 – Priya Kannall.
Every three years we do a three-year MHSA Plan. There is an annual plan update. Typically, our annual plan update does not have huge program shifts. Often there are adjustments, cleanup items and cost of living adjustments. Below are changes to the three-year MHSA Plan. The Public Comment Period is April 7, 2021 to May 6, 2021. Public Comment can be emailed to: MHSA@co.nevada.ca.us . The Public Hearing will be held on May 7, 2021 at the Mental Health and Substance Use Advisory Board Meeting.

Community Services and Supports (CSS)

- Shift Truckee case manager program from Innovation to CSS. Innovation programs are limited to 5 years and we can no longer use Innovation funds for this program at the end of Fiscal Year 2020/2021, therefore it is being shifted to CSS.

- 1.5 slot increase at Gateway Mountain Center to further support youth FSP programming in Eastern County.

- Shifting Crisis/CSU costs from Realignment to MHSA – increasing hospitalization costs.

- Strategic increases to largest contracted treatment providers.

Prevention and Early Intervention

- 2% increase to contracts.

Innovation

- Truckee case manager program has ended; shifted to CSS.

6. HOME Team Review – Joe Naake

Joe thanks Kim Green and Michael Tovar for helping put the data together.
The Homeless Outreach and Medical Engagement (HOME) Team began providing services in April of 2019. Included on the team are a Nurse, 2 Personal Services Coordinators, a Housing Navigator, and a Peer Specialist. The HOME Team provides access and linkage to services for individuals who are experiencing chronic homelessness.

Services: July 2019 – June 2020.

- 322 individuals were provided access and linkage to services.
- 113 receive ongoing case management services.
- 4,327 services were provided.
- 938 referrals were made.
- 43 people were housed.

There were 133 individuals who received medical engagement. The top three medical needs were wound care, nutrition and chronic health conditions. There were 12 individuals who received nursing case management.

There was a request for the average number of contacts. The number of contacts varies with each individual. There was a request for outcome date on the chronically homeless (HUD defined 1 year or more) versus other individuals (not chronically homeless).

7. Closing

Thank you everyone for attending. Please complete the demographic and meeting feedback.

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