

NEVADA COUNTY MHSA ANNUAL PLAN UPDATE FISCAL YEAR 25/26



NEVADA COUNTY
CALIFORNIA

**MENTAL HEALTH SERVICES ACT (MHSA)
ANNUAL PLAN UPDATE FOR FISCAL YEAR 25/26**

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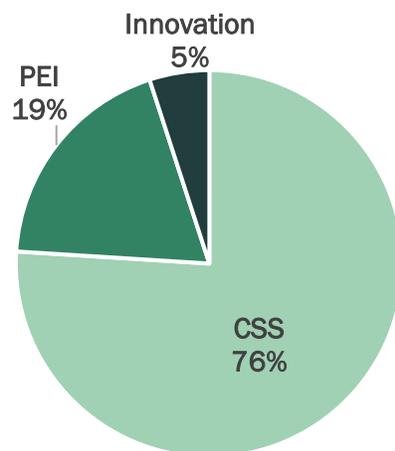
Executive Summary

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 (INN). 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 all MHSA programs and initiatives:

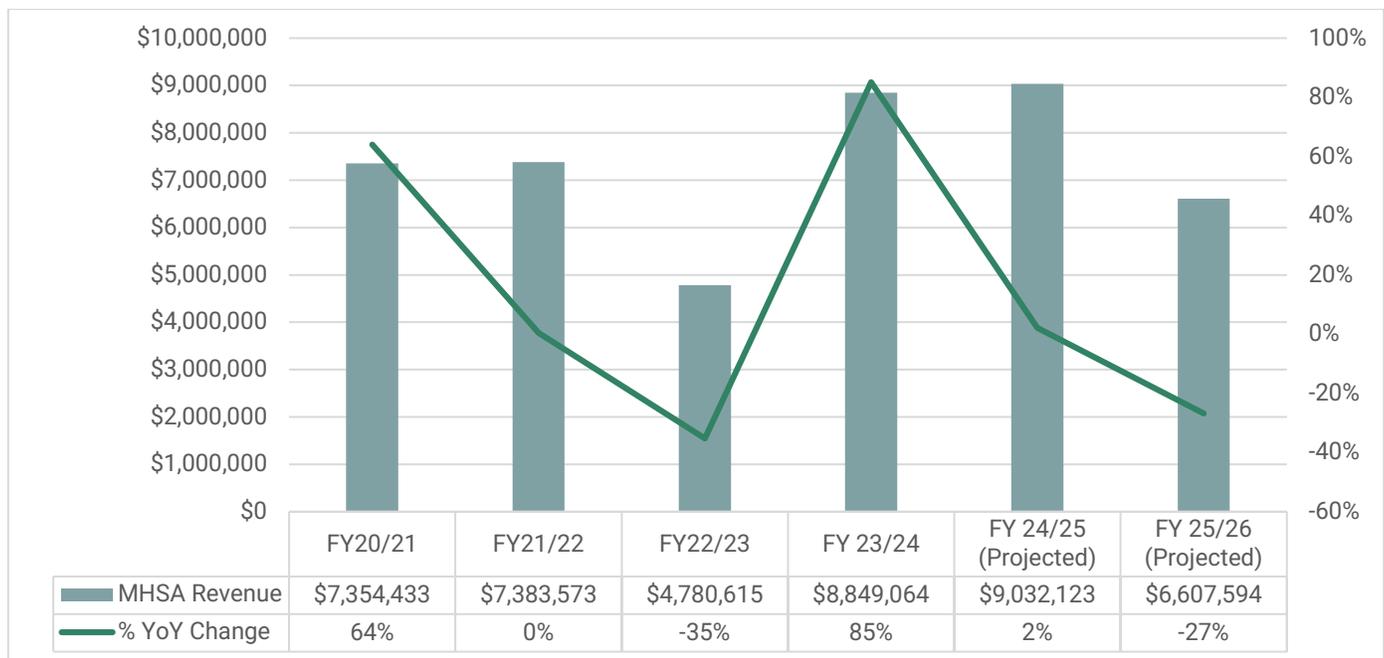
- **Cultural Competence:** Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.
- **Community Collaboration:** Services should strengthen partnerships with diverse sectors to help create opportunities for employment, 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.

Annual Plan Update Overview

Counties must develop Three-Year MHPA Program and Expenditure plans, in collaboration with stakeholders, to determine priorities and direction for MHPA funding allocations and programs. Every three years, counties must develop a Three-Year Plan which outlines priorities for MHPA funding over the following three fiscal years. The Fiscal Year 2025/2026 Annual Plan Update outlines updates to the FY 2023/24 through FY 2025/26 Three Year Plan. Budgets and program plans are estimates based on current information, and amendments and annual plan updates will be issued throughout the plan period. The plan and its priorities are based on the needs identified by the department and the community through the mental health needs assessment and planning process, as outlined in the Community Planning Process section.

Fiscal Considerations

Nevada County MHPA Revenue Trends



Community Services and Supports (CSS)	FY 23/24	FY 24/25	FY 25/26
CSS Revenue	\$6,725,289	\$6,864,414	\$5,021,771
CSS Expenditure	\$6,271,760	\$7,337,049	\$7,736,121
CSS Fund Balance	\$3,330,237	\$3,006,437	\$386,892
Prevention and Early Intervention (PEI)	FY 23/24	FY 24/25	FY 25/26
PEI Revenue	\$1,681,322	\$1,716,103	\$1,255,443
PEI Expenditure	\$1,539,841	\$1,546,885	\$1,916,796
PEI Fund Balance	\$1,024,017	\$1,239,001	\$616,198

Since the FY 24/25 Annual Plan Update, projected revenues have changed significantly. FY 23/24 actual MHSA revenues came in about \$1 million less than anticipated. FY 24/25 revenues were originally projected around \$7.6 million in MHSA funding for Nevada County, whereas current projections anticipate around \$9 million. Fluctuations in MHSA revenues and projections create extraordinary challenges in both program planning and budgeting.

Although Nevada County Behavioral Health (NCBH) anticipates a decline in revenue by about 27% in FY 25/26, NCBH still anticipates having a positive fund balance at the end of FY 25/26 while offering at least a 3% budget increase to most contracted providers. This is due to projected underspending, higher than anticipated revenues on FY 24/25, and intentional shifting of funding of internal programs to alternative funding streams.

A major consideration in FY 25/26 will be the implementation of Proposition 1, otherwise known as the Behavioral Health Services Act, will establish new funding buckets for MHSA expenditures, with a focus on housing interventions. Additionally, there will be a new statewide allocation (and subsequent local decrease in funding allocation) of 4% for population-based prevention programming including suicide prevention. Proposition 1 will take effect in July 2026; and FY 25/26 will be a major planning year for BHSA implementation, including an Innovation project to help PEI providers identify alternative funding sources, fiscal and programmatic analysis, community planning, and a large request for proposal process to award BHSA funds.

Notable Changes for FY 25/26

- **Prevention and Early Intervention (PEI)**
 - Increasing most PEI contract budgets by 3%
 - Eliminating or finding alternative/supplemental funding for:
 - Community Crisis Response
 - NCBH Administration
- **Community Services and Supports (CSS)**
 - Increasing most CSS contract budgets by at least 3%, with additional specific rate adjustments as needed

Key Behavioral Health Priorities and Updates for FY 2023/24, 2024/25, and 2025/26

- Continued focus on supportive housing and serving those experiencing homelessness, including establishing sustainability for the Homeless Outreach and Medical Engagement (HOME) Team Innovation project which ends in June 2024
- Evaluate impact of Medi-Cal Payment Reform on MHSA utilization
- Increase accessibility of services including expanded drop-in services through launch of centralized community-based wellness center
- Improve culturally appropriate services to targeted and underserved focus populations
- Implementation of new Electronic Health Record (EHR) including streamlined documentation processes, and improved data sharing and reporting capabilities
- Enhance timely supportive services after mental health crisis and/or hospitalization
- Identify and implement new Innovation project – current project ends in June 2024
- Sustained prioritization of those with criminal justice involvement, in line with the Stepping Up initiative to reduce the number of individuals with mental illness in jail
- Improve transition between youth and adult behavioral health services

- Implement comprehensive mobile crisis model that aligns with state requirements and best practices, including utilization of peers
- Increased and strategic utilization of peer specialists within behavioral health system of care, including implementation of certified Medi-Cal peer specialists
- Partner more closely with Medi-Cal managed care plans for “whole health” approach for behavioral health clients with high medical needs
- Monitor upcoming ballot measure proposed by Governor Newsom and DHCS to change MHSA funding categories and revise various MHSA regulations
- Workforce Education and Training (WET) programming including peer support, intern supervision, training, and supporting statewide strategies to increase the behavioral health workforce

Community Service and Supports (CSS)	
Program	Program Description
Full Service Partnership (FSP)	
Children's Full Service Partnership	Comprehensive 24/7 wraparound treatment for children (age 0 - 17) with serious emotional disturbance or serious mental illness; utilize small caseloads and peer and family supports
Adult Full Service Partnership	Assertive Community Treatment (ACT) for adults (age 18 and up) that includes an individualized service plan and a "whatever it takes" flexible treatment approach that can include housing and employment support; services are available 24/7 with small caseloads
General System Development (GSD)	
Expand Network Providers	Provides funding to network therapists who accept referrals from Nevada County Behavioral Health for program participants with less acute needs
Expand Adult and Child Behavioral Health & Psychiatric Services	Expanded children's and adult psychiatry and mental health services, including vocational training, activity groups, and flexible funds to support and engage clients in treatment
Expand Crisis and Mobile Crisis Intervention Services	Crisis services at the Crisis Stabilization Unit (CSU), available 24/7; provides direct crisis intervention services to program participants by phone and via face-to-face evaluations
	Insight Respite Center is a peer centered program where guests seeking relief from symptom distress are treated as equals on their path to recovery
Intensive Services for Youth	Specialty mental health services for children and families with specific focus on children at risk of removal from their homes or in congregate care and pre and post adoptive families
Alternative Early Intervention for Youth and Young Adults	Flexible, alternative treatment for youth and transition age youth including nature-based therapy
Family Education and Support	Education & support program that includes community system navigation for families of those with mental illness
Outreach and Engagement	
Case Management & Therapy for Homeless Individuals with Mental Illness	Embedded case manager and therapist at Hospitality to assist clients in meeting their expressed mental health-related goals, including assistance with medication management and housing
Forensic Liaison	Forensic Liaison aims to prevent & decrease law enforcement contact and incarceration for individuals experiencing mental health conditions
Veterans' Services & Therapy	Provides mental health services and therapy for veterans locally
Adult Wellness Center and Peer Support Training	Adult peer wellness center that offers individual peer support, weekly support groups, referrals to community services, and WRAP (Wellness Recovery Action Plan)

Housing & Supportive Services to Severely Mentally Ill Homeless	Provides housing and supportive services for homeless individuals with mental illness and assists them with rental applications, lease agreements, and general living skills to maintain their housing
Prevention and Early Intervention (PEI)	
Program	Program Description
Early Intervention	
Bilingual Therapy	Early, short term intervention and therapy for Spanish speaking individuals of all age groups
Perinatal Depression Program	Moving Beyond Depression: Evidence-based program providing in-home cognitive behavioral therapy to women in home visitation program experiencing prenatal or postpartum depression
Early Intervention for Youth in Crisis	Therapeutic early intervention, counseling and crisis response for youth in crisis in Eastern Nevada County
Access and Linkage	
Homeless Outreach	Homeless outreach program that provides outreach, access, and linkage services for homeless individuals
Senior, Disabled and Isolated Outreach Program	Reduces isolation via in-home visits to seniors and persons with disabilities via in-home visits
	Registered Nurse or Social Worker makes home visits to older adults and adults with disabilities Depression screening and evidence-based treatment through PEARLS program and wellness programming at Senior Center
Mental Health Screening in Schools	Universal mental health screening program for high school and middle school students
Indigenous Outreach	Outreach to the Indigenous population including family support and education, stigma reduction, training, and linkage to mental health services
Outreach for Increasing Recognition of Early Signs of Mental Illness	
Community Mental Health and Crisis Training	Mental Health First Aid is a course that presents an overview of mental illness and substance use disorders, introduces participants to risk factors & warning signs of mental health problems
Prevention	
Youth Mentoring	Youth mentoring and after-school youth support program
Youth Wellness Center	Wellness Center provides a youth-friendly point of entry for students to connect to supportive adults and access wellness services at school sites.
Family Support/Parenting Classes	Positive parenting classes aiming to decrease family isolation and stress, educate parents about mental health issues, and promote the development of peer supports.
LGBTQ+ Support	Provide facilitation support and create peer-led support structures for LGBTQ+ youth in local high schools
Stigma and Discrimination Reduction	

LatinX Outreach	Promotora Program utilizes "community health workers" to help Latino families connect to health resources and offers health education, including mental health services and stigma reduction
	LatinX youth and transition age youth peer support and mindfulness program
Youth Empowerment	Youth empowerment groups will help individuals identify personal strengths and supportive resources
Suicide Prevention	
Suicide Prevention and Intervention	Suicide Prevention and Postvention coordination that implements suicide prevention and intervention training programs, reduces stigma around suicide and mental illness, and provides crisis intervention and support
Workforce Education & Training (WET)	
Program	Program Description
Community and Workforce Training and Technical Assistance	Provide education, training and workforce development programs and activities that contribute to developing and maintaining a culturally competent workforce

Nevada County Overview



Nevada County is a small, rural, mountain community, home to an estimated 97,466 individuals. 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. 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 January 2023, 28% or about 26,872 residents are Medi-Cal recipients.

The county lies in the heart of the Sierra Nevada Mountains and covers 958 square miles. Only 33% of Nevada County's population live in incorporated areas, with 17% in the Town of Truckee, 13% in the City of Grass Valley, and 3% in Nevada City, while 67% live in the outlying unincorporated areas.



Community Program Planning Process

30-Day Public Comment Period Dates: April 1, 2025 – May 1, 2025

Public Hearing Date: May 2, 2025 at Nevada County Mental Health and Substance Use Advisory Board Meeting

NCBH held MHSA Community Meetings to educate the community and gather input about priorities for the Annual Plan Update. These community meetings included representation from service providers, contract providers, program participant/family advocates, program participants, family members, County employees and interested community members. Any member of the public is welcome to attend and provide input at these meetings. In FY 24/25, NCBH held MHSA Community Meetings on 8/27/24 and 4/1/25.

Other meetings attended include, but are not limited to: Stepping Up, Cultural Competency Committee, Mental Health and Substance Use Advisory Board, Quality Improvement Committee, Nevada County Behavioral Health (NCBH) Contractors Meeting, Nevada County Health Collaborative, Tahoe Truckee Community Collaborative, and NCBH All Staff Meetings.

The Plan was posted for 30-day public review to the County website. After the plan is posted, it is shared with a distribution list of approximately 180 individuals, and is advertised in the weekly County newsletter.

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.

Public Comment Summary and Changes Made During Public Comment:

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. 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. Wraparound providers may have bilingual and bicultural staff that work with families where available. Wraparound programming includes all Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services including assessment, plan development, individual therapy, collateral, individual rehabilitation/intensive home-based services (IHBS), and case management/intensive care coordination (ICC), and uses a Child and Family Team (CFT) model to ensure sustainable support for families.

Community Services & Support (CSS)

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 Adult FSP program utilizes the Assertive Community Treatment (ACT) Model, which features clinical/community-based team-coordinated care. Each program participant has an individualized and culturally competent service plan. While each participant is assigned a specific case manager, team members share responsibility for all participants. Members may receive services from any staff person on the treatment team. The staff-to-consumer ratio is small, no larger than one staff member per 10 clients. The range of treatment and services is comprehensive and flexible, and support is available 24 hours per day, 7 days per week. Services also include, but are not limited to, case management, psychiatric and medication outreach services, individual and group therapy, crisis intervention, housing and employment supports, drug and alcohol services, peer advocacy, and assistance with obtaining benefits and financial resources.

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 MHSAs funds will be used for law enforcement or court staff.

Supported Employment: The Adult FSP program will integrate supported employment (SE) services utilizing the evidenced-based model for Individual Placement and Support (IPS). IPS is a model of supported employment that has proven to be effective for individuals with serious mental illness including those challenged by substance use, homelessness, and criminal justice histories. IPS is an established and successful EBP reported to have 55% of mental health consumers successfully working when applied, promoting integration of members in the community. The integration of IPS will empower FSP members by helping them obtain competitive work in the community and providing the necessary support to ensure their success in the workplace.

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.

Community Services & Support (CSS)

B) CSS Category: General System Development

- 1) **Expand Network Provider**
Expands network provider service capacity, increases access and broadens services throughout the County.
- 2) **Expand Adult and Children's Behavioral Health & Psychiatric Services**
Including individual and group therapy, psychiatry, case management, vocational training, activity groups, flexible funds to support and engage clients in treatment, and a focus on increasing clinical capacity to treat ages 0 – 5.
- 3) **Expand Crisis and Mobile Crisis Intervention Services**, including:
 - Crisis services at the Crisis Stabilization Unit (CSU), available 24/7; provides direct crisis intervention services to program participants by phone and via face-to-face evaluations
 - Peer-centered adult Respite Center where guests seeking relief from symptom distress are treated as equals on their path to recovery
 - Crisis services including services at local hospitals and mobile crisis services in the community
- 4) **Intensive Services for Youth**
Specialty mental health services for children and families with specific focus on children at risk of removal from their homes or in congregate care and pre and post adoptive families
- 5) **Alternative Early Intervention for Youth and Young Adults**
Flexible, alternative treatment for youth and transition age youth including nature-based therapy
- 6) **Family Education and Support**
Education and support program that includes community system navigation for families of those with mental illness, and community and family education on mental illness

C) CSS Category: Outreach and Engagement

- 1) **Case Management and Therapy for Homeless Individuals with Mental Illness**
Embedded case manager at Hospitality House shelter to assist clients experiencing homelessness in meeting their expressed mental health-related goals, including assistance with medication management and housing
- 2) **Forensic Liaison**
Forensic Liaison aims to prevent & decrease law enforcement contact and incarceration for individuals experiencing mental health conditions with justice involvement
- 3) **Veterans' Services & Therapy**
Provides mental health services and therapy for veterans locally
- 4) **Adult Wellness Center and Peer Support Training**
Adult peer wellness center that offers individual peer support, weekly support groups, referrals to community services, peer support training and certification, and WRAP (Wellness Recovery Action Plan); local training in best practices in peer support
- 5) **Housing and Supportive Services to the Severely Mentally Ill Homeless**

Community Services & Support (CSS)

Provides housing and supportive services for individuals experiencing homelessness with mental illness, including assistance with rental applications, lease agreements, and general living skills to maintain their housing

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 Community Mental Health Needs Assessment document, including but not limited to: staffing and professional services, operating expenses, contractor incentives, office supplies, travel and transportation, client vouchers and stabilization funding to meet other client expenses needs based on the “whatever it takes” MHA 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, and 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. Planned expenditures are estimates and are subject to change based on a variety of factors including workforce shortages, difference in anticipated demand of services, and Medi-Cal payment reform.

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 MHA Needs Assessment FY 2023-2026 document, including, but not limited to: expansion of peer programming, family advocate role for FSP programming, wellness center programming, mobile and/or satellite services, drop-in community based mental health services, skill building supports, culturally appropriate services to targeted focus populations, increased housing and housing supports, and care coordination.

F) CSS Program Costs and Cost per Person

The estimated cost for CSS programs: 1) FSP programs is \$4,141,918, 2) General System Development programs is \$2,225,188, 3) Outreach and Engagement Programs and activities is \$1,176,379, and 4) Administration cost is \$192,635. The estimated total cost is \$7,736,121. The average estimated cost per person involved in a CSS activity will be \$2,188 (\$7,736,121/3,536). We estimate serving during a given year 404 children, 561 TAY, 1,647 adults, 580 older adults and 344 individuals' ages may not be known.

Community Services & Support (CSS)

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	54	2%	\$44,504	290	48%	\$564,662
Children	108	43%	\$1,781,025	295	11%	\$244,771	1	0.20%	\$2,353
TAY	60	24%	\$994,060	483	18%	\$400,534	18	3%	\$35,291
Adults	53	21%	\$869,803	1,395	52%	\$1,157,098	199	33%	\$388,205
Older Adults	28	11%	\$455,611	456	17%	\$378,282	97	16%	\$188,221
Total	248	100%	\$4,141,918	2,683	100%	\$2,225,188	605	100%	\$1,176,379

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. 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. All of the above staff are involved in the community planning, implementation, and/or monitoring and evaluation of the MHSA programs and activities.

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: contract administration and management, 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.

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)

SB 1004:

SB 1004 was passed in 2019 and established new priorities for Prevention and Early Intervention (PEI) funds. These priorities include:

- 1) Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
- 2) Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
- 3) Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
- 4) Culturally competent and linguistically appropriate prevention and intervention.
- 5) Strategies targeting the mental health needs of older adults.

Nevada County PEI programs address all of the priorities established by SB 1004, as identified in the PEI section below.

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: 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.
- iii. **SB 1004:** Culturally competent and linguistically appropriate prevention and intervention

b. Program Description:

The LatinX 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 LatinX 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 LatinX 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 and services are provided in English and Spanish.
- e. **Estimate Number Served Per Year:** 40 individuals
- f. **Estimated Cost Per Person:** \$1,250 (\$50,000/40 individuals) per program participant
- g. **Program delivered by:** In FY 25/26, program services are anticipated to be provided by Nevada County Behavioral Health

2) Program Name: Perinatal Depression Program

- a. **Target Population:**
 - i. **Demographics:** Pregnant and postpartum women experiencing perinatal depression who are involved in a home visiting program
 - 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.
 - iii. **SB 1004:** Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan

- b. **Program Description:**

Perinatal depression cases go undetected in approximately 50% of cases, and women suffer in silence. In addition to the effects of depression on the mother, maternal depression can have serious negative impacts on the well-being, health, and development of their young children. These include: delayed development of the child, a predisposing factor for child abuse; poor health outcomes; potential for school entry problems; increased childhood anxiety; and conduct problems & hyperactive symptoms.

Moving Beyond Depression is an evidence-based program provides in-home Cognitive Behavioral therapy to program participants. Providing treatment to the women in their home environment eliminates most barriers to accessing treatment, enhances the positive benefits of a home visitation program, and, thereby, enhances the overall well-being of their children. The majority of referrals come through Healthy Babies, the main home visiting program in Nevada County.

This program will likely have long-term impacts on any one or several of the seven negative outcomes, but will specifically impact: suicide, prolonged suffering, and removal of children from the home.

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. Progress is measured through the evidence-based Edinburg Perinatal Depression Screen as well as the Interpersonal Support Evaluation List (ISEL) tool.

- c. **How program helps to Improve Access to Services for Underserved Populations:** The program is improving access to services by out stationing services 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:** Healthy Baby home visitors are paired, when possible, with clients who are similar culturally, including bilingual and bicultural Spanish staff. Monolingual Spanish-speaking participants may also be referred to the County's Bilingual Therapy program. 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:** 25 individuals
- f. **Estimated Cost Per Person:** \$2,451 (\$61,281/25 individuals) per program participant
- g. **Program delivered by:** In FY 25/26, program services are anticipated to be provided by Nevada County Public Health.

3) Program Name: Early Intervention for Youth in Crisis

- a. **Target Population:**
 - i. **Demographics:** Youth in crisis with early onset symptoms of mental illness, and their families
 - 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.
 - iii. **SB 1004:** Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
- b. **Program Description:**

This program consists of two major program areas:

 - 1) Crisis services for youth including crisis services at the hospital and mobile crisis services provided by trained crisis professionals
 - 2) Eastern County support for youth in crisis: Youth in crisis are in need of more intensive support, particularly those who may not qualify for County Behavioral Health services (i.e. private insurance holders). Crises may result in a 5150 psychiatric assessment

and/or hospitalization. Historically, after such crises, families who are ineligible for County services often wait weeks for follow-up support services. The Early Intervention for Youth in Crisis program will provide short-term (roughly 90 days) individual and family counseling support while helping families get connected to longer term mental health services.

This program will impact the following negative outcomes: suicide, incarceration, school failure or dropout, prolonged suffering, homelessness, and removal of children from the home. It is anticipated that the Youth Outcomes Questionnaire Self Report (YO-QSR) and Perception of Care survey 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 the program and at program exit. 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 supporting youth in a region with limited mental health providers.
- d. **How program is Non-Stigmatizing and Non-Discriminatory:** This program provides walk-in services to any youth in crisis regardless of insurance status. Aspects of this program also focus more on relationship-building than clinical approaches, which can help with some of the stigma especially with youth around mental illness. 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:** 562 individuals
- f. **Estimated Cost Per Person:** \$208 (\$117,140/562 individuals) per program participant
- g. **Program delivered by:** In FY 25/26, program services are anticipated to be provided by Gateway Mountain Center and Sierra Mental Wellness Group.

B) 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: Homeless Outreach

- a. **Target Population:**
 - i. **Demographics:** Individuals experiencing homelessness of any age, sex or ethnicity.
 - 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.
 - iii. **SB 1004:** Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan

iv. **Referral Process:** Once program participants are assessed and a treatment plan created, participants will be referred to appropriate resources within the community. As a best practice, program staff will provide support and warm hand offs to referrals whenever possible. Follow-up for referrals will be provided to ensure that participants have been connected to needed resources in a timely manner. The program will track and report on the number and type of referrals made, if the participant was connected to the referred services, and the amount of time from referral to connection of services.

b. **Program Description:**

According to the most recent Point In Time Count, 42% of individuals experiencing homelessness in Nevada County self-identified as having a disabling mental illness, and 30% were experiencing chronic or long-time homelessness.

Through the Homeless Outreach program, outreach workers will conduct outreach and engagement services, assessments, and referrals to individuals experiencing homelessness. Services will be provided at emergency shelters, transitional housing facilities, community-based organizations, and in the field. This program will also provide support to individuals once they are housed. This program may impact all of the seven negative outcomes: suicide, incarceration, unemployment, school failure or dropout, prolonged suffering, homelessness, and removal of children from the home. The primary goal of the Homeless Outreach program will be to identify individuals in need of mental health services, make referrals to treatment and case management services, and support individuals in securing housing.

This program also includes a focus on youth, families, and young adults experiencing homelessness, including community-based and school-based services and referrals to mental health services.

c. **How program helps to Improve Access to Services for Underserved Populations:** This program will meet individuals where they are at and will provide field-based services to serve individuals who are typically underserved and disconnected from traditional mental health services.

d. **How program is Non-Stigmatizing and Non-Discriminatory:** The Behavioral Health Department will meet individuals where they are at in the community, and will serve individuals regardless of their immediate interest in formal mental health services. Evaluation forms are available in both English and Spanish.

e. **Estimate Number Served Per Year:** 550 individuals

f. **Estimated Cost Per Person:** \$486 (\$267,464/550 individuals) per program participant

g. **Program delivered by:** In FY 25/26, program services are anticipated to be provided by AMI Housing, Hospitality House, Nevada County Superintendent of Schools, and Bright Futures for Youth.

2) **Program Name: Senior, Disabled and Isolated Outreach Program**

a. **Target Population:** Seniors and individuals that are homebound due to age and/or disability

i. **SB 1004:** Strategies targeting the mental health needs of older adults

ii. **Referral Process:** Participants will be referred to appropriate resources within the community. Referrals will be made based on the outcomes of screenings, at the discretion of program staff, and at the request of the participant. As a best practice, program staff will provide support and warm hand offs to referrals whenever possible. Follow-up for referrals will be provided to ensure that participants have been connected to needed resources in a timely manner. The program will track and report on the number and type of referrals made, if the participant was connected to the referred services, and the amount of time from referral to connection of services.

- b. Program Description:** The Senior, Disabled and Isolated Outreach program contains three main programs:

The Friendly 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. Certain participants will also be eligible for the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS), an evidence-based intervention model through the University of Washington Health Promotion Center for individuals with late life depression.

The Social Outreach program utilizes Social Workers or Nurses who visit homebound individuals and utilizes 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.

The Senior Outreach program will provide depression screening for homebound individuals and offer those at risk of or experiencing depression the opportunity to participate in the PEARLS program. This program will also provide wellness programming at a new community senior center that will improve the effectiveness of the PEARLS program.

- c. How program helps to Improve Access to Services for Underserved Populations:** This program will provide in-home services to populations who are underserved due to their isolation in being largely home-bound due to their age or disability.
- d. How program is Non-Stigmatizing and Non-Discriminatory:** Volunteers will be matched with program participants based on common traits, activities, personality and culture.
- e. Estimate Number Served Per Year:** 670 individuals
- f. Estimated Cost per Person:** \$342 (\$229,077/670 individuals) per program participant
- g. Program Delivered By:** In FY 25/26, program services are anticipated to be provided by FREED, Gold Country Community Services, and Sierra Nevada Memorial Foundation.

3) Program Name: Mental Health Screening in Schools

- a. Target Population:** 9th grade and 7th grade students in Nevada County
- i. SB 1004:** Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs
 - ii. Referral Process:** Participants will be referred to appropriate resources within the community based on the outcomes of their mental health screening, at the request of the program participants, or discretion of program staff. Caregivers of youth may also be referred for support services as needed. As a best practice, program staff will provide support and warm hand offs to referrals whenever possible. Follow-up for referrals will be provided to ensure that participants have been connected to needed resources in a timely manner. The program will track and report on the

number and type of referrals made, if the participant was connected to the referred services, and the amount of time from referral to connection of services.

- b. **Program Description:** This program implements in-school mental health screenings and supports for high schoolers and middle schoolers. The screening is offered to all Nevada Joint High School District students, Tahoe Truckee Unified School District high school students, and 7th grade students at Lyman Gilmore, contingent on a signed permission slip. The evidence-based screening tool include Columbia Teen Screen protocols and the Diagnostic Predictive Scales, and screens for depression, suicide risk, anxiety, and other emerging mental health challenges.

Students who screen as high-risk receive in-depth clinical interviews to assess the need for further evaluation or treatment and will be offered case management services. The program will also offer prevention group meetings at participating schools.

- c. **How program helps to Improve Access to Services for Underserved Populations:** This program will help detect students who are not receiving adequate or necessary mental health care through its universal screening methodology.
- d. **How program is Non-Stigmatizing and Non-Discriminatory:** Program staff will address the higher needs of underserved populations including LGBTQIA+, homeless, and Spanish-speaking youth and their families. Staff will participate in trainings on best practices for culturally appropriate interventions as well as consult with local specialized service providers on how to best serve these populations.
- e. **Estimate Number Served Per Year:** 700 individuals
- f. **Estimated Cost per Person:** \$329 (\$230,450/700 individuals) per program participant
- g. **Program Delivered By:** In FY 25/26, program services are anticipated to be provided by What's Up? Wellness Checks.

4) Program Name: Indigenous Outreach

- a. **Target Population:** Nevada City Rancheria Nisenan tribe members in Nevada County
 - i. **SB 1004:** Culturally competent and linguistically appropriate prevention and intervention.
 - ii. **Referral Process:** Participants will be referred to appropriate resources within the community based, at the request of the program participants, or discretion of program staff. Caregivers of youth may also be referred for support services as needed. As a best practice, program staff will provide support and warm hand offs to referrals whenever possible. Follow-up for referrals will be provided to ensure that participants have been connected to needed resources in a timely manner. The program will track and report on the number and type of referrals made, if the participant was connected to the referred services, and the amount of time from referral to connection of services.
- b. **Program Description:** This program will provide culturally appropriate outreach to Nevada City Rancheria Nisenan tribe members in Nevada County to increase access and engagement in mental health services. The program will also work collaboratively with Nevada County Behavioral Health to identify resources, introduce trauma-informed care principles and practices, and to increase understanding about the relationship between historical trauma, mental health, and substance use disorders. The program may include the use of flexible funds to support outreach and linkage to mental health services including housing stabilization, transportation, incentives, and workforce development. This program will also implement strategies to reduce mental health stigma among Indigenous people.

- c. **How program helps to Improve Access to Services for Underserved Populations/How program is Non-Stigmatizing and Non-Discriminatory:** As identified in the most recent Mental Health Needs Assessment, there is a lack of awareness of existing behavioral health services and how to access them among Indigenous people in Nevada County. This program will increase access through dedicated and culturally appropriate outreach efforts.
- d. **Estimated Number Served Per Year:** 24 individuals
- e. **Estimated Cost per Person:** \$3,863 (\$92,700/24 individuals) per program participant
- f. **Program Delivered By:** In FY 25/26, program services are anticipated to be provided by California Heritage Indigenous Research Project (CHIRP)

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

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

1) **Program Name: Community Mental Health and Crisis Training**

- a. **Program Description:** There is a strong need for increased community awareness about mental illness. This includes identifying the signs of mental illness, and how to help someone who is in crisis or is struggling with their mental illness. Virtually any member of the community would be appropriate to receive this type of training, including but not limited to family members, consumers, service providers, school personnel, safety officers, emergency personnel, property managers/landlords, community volunteers, and court personnel. Trainings are typically provided within the community depending on the target audience (e.g., in churches, schools, community centers, etc.)

Nevada County provides community mental health and crisis trainings to the community. Evidence based or community proven training will be provided to interested community members, including but not limited to Mental Health First Aid, Youth Mental Health First Aid, and Teen Mental Health First Aid. Training recipients may interact with or 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 participants will be tailored to the specific audiences of the training. For example, outreach may be performed at local schools and churches for trainings such as Mental Health First Aid.

SB 1004: Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan

- b. **How program helps to Improve Access to Services for Underserved Populations:** By expanding the pool of trained community members, 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:** 130 individuals per year
- e. **Estimated Cost per Person:** \$271 (\$35,226/130 individuals) per program participant
- f. **Program Delivered By:** In FY 25/26, program services are anticipated to be provided by What's Up? Wellness Checks – Mental Health First Aid (MHFA) trainings.

D) 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: Youth Mentoring (Eastern County Only)

- a. **Target Population:** Youth of all races, ethnicities, genders, and sexual orientations
 - i. **SB 1004:** Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
- b. **Program Description:** Children who have a number of risk factors and do not have an adult in their life are at risk of developing a serious mental illness and are in need of programs that can help to build protective factors. This program will provide a safe and positive environment for youth to access year-round prevention activities and programs outside of school hours. This program utilizes an evidence based Positive Action program to improve social-emotional competency, academics, behavior, as well as mental and physical health.
- c. **How program is Non-Stigmatizing and Non-Discriminatory:** Programming will help to diminish mental health stigma by providing staff and participants with tools, vocabulary, and understanding of mental health issues.
- d. **Estimate Number Served Per Year:** 75 individuals
- e. **Estimated Cost per Person:** \$183 (\$13,717/75 individuals) per program participant
- f. **Program Delivered By:** In FY 25/26, program services are anticipated to be provided by the Boys & Girls Club of North Lake Tahoe.

2) Program Name: Youth Wellness Center (Eastern County Only)

- a. **Target Population:** Youth 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.
 - i. **SB 1004:** Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs
- 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 and in the community, 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 and in the community rather than at a mental health office. The Wellness Centers also utilizes Youth Peer Mentors throughout its programming.

- d. **Estimate Number Served Per Year:** 800 individuals
- e. **Estimated Cost per Person:** \$154 (\$122,822/800 individuals) per program participant
- f. **Program Delivered By:** In FY 25/26, program services are anticipated to be provided by Tahoe Truckee Unified School District and Gateway Mountain Center.

3) **Program Name: Family Support/Parenting Classes (Eastern County Only)**

- a. **Target Population:** Families in need of additional knowledge and support around parenting their children in Eastern Nevada County
 - i. **SB 1004:** Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
- b. **Program Description:** Families face significant stressors in the Tahoe/Truckee region, including isolation, tourism-dependent employment, high cost of living and limited resources. Free programs for families and parents are particularly scarce. In order to strengthen protective factors in local families, this program will provide play groups, support groups and classes aimed at decreasing family isolation, fostering development of peer networks and building skills and confidence in parents. Offerings are responsive to community need and may include Parent Project®, Loving Solutions®, The Incredible Years, Parent Café, Family Room and other programs. For many families, these classes provide a first point of contact to the broader continuum of care as class facilitators provide referrals and information to assist families with accessing healthcare enrollment, mental health services, childcare resources, and other systems navigation services. Programs like Family Room and Mom’s Café promote the development of peer networks and support. Additionally, these programs utilize strategies that foster knowledge of child development, which is a protective factor against child abuse.

In addition to supporting positive parenting and decreasing family isolation and stress, program facilitators will educate parents about mental health issues including the high incidence of Perinatal or Post-Partum Mood and Anxiety Disorders (PMAD) and promote the development of peer supports. Program facilitators will also teach parents tools of how to recognize behaviors in their children that may be indicative of mental health issues. This approach serves to decrease the stigma around mental health issues by increasing awareness. Additionally, parents learn strategies for dealing with stress and where to access help when they need it. Staff will be ready to share with participants information about resources and refer them to available services when they express needs in relation to safety, mental and behavioral health.

- c. **How program is Non-Stigmatizing and Non-Discriminatory:** Programs will be offered free of cost to families and will aim to destigmatize mental illness. Program participants’ culture, language, and religious preferences will be considered and incorporated where appropriate.
- d. **Estimate Number Served Per Year:** 160 individuals
- e. **Estimated Cost per Person:** \$494 (\$79,076/160 individuals) per program participant
- f. **Program Delivered By:** In FY 25/26, program services are anticipated to be provided by Sierra Community House.

4) **Program Name: LGBTQ+ Support**

- a. **Target Population:** LGBTQ+ young adults
 - i. **SB 1004:** Childhood trauma prevention and early intervention to deal with the early origins of mental health needs

- b. **Program Description:** This program focuses on providing support to LGBTQ youth in high schools. There are various levels of support at the different high schools in Nevada County, and this program aims to provide more consistency across schools as well as a model for long term sustainability of programming. This program will provide school staff support, facilitation of school staff trainings, support to existing Gender and Sexuality Alliance (GSAs), implement new GSAs, facilitate parent education groups, and develop mentoring for LGBTQ+ youth. Services will be provided on site wherever possible, and will create space for young adults to meet, share experiences, offer and receive help, and learn about related issues, including mental health and suicide prevention resources.
- c. **How program is Non-Stigmatizing and Non-Discriminatory:** Programs will be offered free of cost to individuals in need. Programs will emphasize peer leadership. Program participants' culture, language, and religious preferences will be considered and incorporated.
- d. **Estimate Number Served Per Year:** 135
- e. **Estimated Cost per Person:** \$530 (\$71,519/135 individuals) per program participant
Program Delivered By: In FY 25/26, program services are anticipated to be provided by the Spectrum Project.

E) PEI Category: Stigma Reduction and Discrimination Reduction

1) Program Name: LatinX Outreach

- a. **Target Population:** LatinX population in Nevada County
 - i. **SB 1004:** Culturally competent and linguistically appropriate prevention and intervention
- b. **Program Description:** Nevada County will serve the Latinx 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 LatinX families connect to resources 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, and 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 LatinX 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 LatinX 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. In Eastern Nevada County, this program will also include the Family Support Advocate who will support LatinX adults receiving behavioral health services.

In Eastern Nevada County, the LatinX Youth and Transitional Youth Leadership Development will recruit, train, and support youth to provide peer counseling, including certification in mindfulness-based substance abuse treatment.

- c. **Estimate Number Served Per Year:** 673 individuals
- d. **Estimated Cost per Person:** \$367 (\$247,324/673 individuals) per program participant
- e. **Program Delivered By:** In FY 25/26, program services are anticipated to be provided by Sierra Community House, Nevada County Superintendent of Schools (PARTNERS Family Resource Center), and Gateway Mountain Center.

2) **Program Name: Youth Empowerment (Eastern County Only)**

- a. **Target Population:** Youth in Eastern Nevada County ages 9 - 18
 - i. **SB 1004:** Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
- b. **Program Description:** Empowerment Groups will be offered to students to enhance a variety of skills and opportunities. Topics for these groups include creating positive environments and communities, promoting healthy friendships, relationships and choices, increasing positive self-worth, engaging and empowering youth to speak out and model healthy lifestyles, and increasing the understanding of mental health stigma and how to support others and seek help. Empowerment groups will help individuals identify personal strengths and supportive resources, and develop new ways of thinking and addressing challenges-both internal and external. Facilitators will build rapport with youth, and provide the space and opportunity for students to open up through discussion, activities, writing and art. Multiple curricula are used, depending on the topic needs and focus of the specific group including Young Men's Work and Young Women's Lives.
- c. **Estimate Number Served Per Year:** 60 individuals
- d. **Estimated Cost per Person:** \$230 (\$13,827/60 individuals) per program participant
- e. **Program Delivered By:** In FY 25/26, program services are anticipated to be provided by Sierra Community House.

F) **PEI Category: Suicide Prevention**

1) **Program Name: Suicide Prevention and Intervention 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 suicide-related crisis in the community. Lastly, this program will provide suicide prevention services in the Tahoe Truckee region.
SB 1004: Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
- b. **Estimated Number Served Per Year:** 898 individuals
- c. **Estimated Cost per Person:** \$150 (\$134,828/898 individuals) per program participant

- d. **Program Delivered By:** In FY 25/26, program services are anticipated to be provided by Nevada County Public Health, and Sierra Community House.

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 Needs Assessment FY 2020 - 2023 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 \$228,421, 2) Access and Linkage programs is \$819,691, 3) Prevention programs is \$287,134, 4) Outreach is \$35,226, 5) Stigma and Discrimination Programs is \$261,151, 6) Suicide Prevention Program is \$134,828, and 7) Administration \$150,345. The estimated total PEI program costs are \$1,916,796. It is estimated that PEI programs will serve 5,647 individuals, and that the average cost per person involved in a PEI activity will be \$339 ($\$1,916,796/5,647$).

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 Mental Health Needs Assessment, including, but not limited to: mental health stigma reduction programming, expansion of peer programming, wellness center programming, drop-in community based mental health services, culturally appropriate services to targeted focus populations, increased housing and housing supports, and care coordination.

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 BHSA Implementation Innovation Project was approved by the Commission for Behavioral Health (formerly the Mental Health Service Oversight and Accountability Commission) on November 21, 2024 in the amount of \$1,365,000 over 36 months.



INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST	
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:	
<input checked="" type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.	
<input checked="" type="checkbox"/> Local Mental Health Board approval	Approval Date: 10/4/24
<input checked="" type="checkbox"/> Completed 30-day public comment period	Comment Period: 9/4/24 – 10/4/24
<input type="checkbox"/> BOS approval date	Approval Date: _____
If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: 11/12/24	
<i>Note: For those Counties that require INN approval from MHSOAC prior to their county’s BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i>	

Desired Presentation Date for Commission: 11/21/24

Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.

County Name: Nevada County

Project Title: BHSO Implementation Plan

Total amount requested: \$1,365,000

Duration of project: November/December 2024 through June 2027

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

The primary challenge we aim to address is preparing Nevada County's MHSa funded partners for the implementation of Proposition 1, or the Behavioral Health Services Act (BHSA). Nevada County anticipates that BHSA will dramatically impact available funds for Prevention and Early Intervention (PEI) Programming. Nevada County's proposed project aims to help currently funded PEI providers, especially community-based organizations, to maximize billable Medi-Cal revenue and decrease their reliance on MHSa/PEI funding. Most mental health providers in our region are small, grass roots organizations with limited capacity to shift their agency infrastructure in the ways that are required to maximize billable Medi-Cal revenue. Our INN project intends to support these organizations through this transition toward generating billable revenue, ensuring they can continue providing essential services and increase their self-sufficiency around funding in order to maintain the mental health safety net our rural community relies on. Additionally, this plan intends to prepare our Full Service Partnership (FSP) providers for the aspects of BHSA that will require both full fidelity FSP models, as well as specific FSP reporting and data requirements.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

Through this project, Nevada County will engage our local MHA provider network to assess the credentials and current capacities of these organizations to shift to a billable revenue model, either through Specialty Mental Health Services (SMHS) through the County Mental Health Plan (MHP), the county's Managed Care Plan Partnership, or Medi-Cal Administrative Activities (MAA). This will include analyzing services currently being provided, determining the percentage of beneficiaries who are Medi-Cal recipients, a review of Medi-Cal billable services, and/or analysis of rates to estimate potential revenue capacity. By cross walking agencies through this process, they will be able to determine which billable services to pursue from an array of options including but not limited to: billing for Specialty Mental Health Services, Drug Medi-Cal Organized Delivery Services, Enhanced Care Management, Community Supports, Community Health Worker benefit, Medi-Cal Administrative Activities (MAA), and Children and Youth Behavioral Health Initiative (CYBHI). Additionally, we will support providers in understanding the administrative requirements of various billing options.

To facilitate this process, we will partner with a consultant to host a learning collaborative with up to 20 local providers, offering both group and individualized support with current system and service analysis, development of administrative policies, and exploration of EHR/billing systems for those without current systems. NCBH will select providers to participate in the collaborative based on an application and/or screening process to limit participants to those with the highest anticipated impact in terms of Medi-Cal billing. These providers will receive TA from the consultant to include a pathway to Medi-Cal site certification, development of program policy and procedures, and support in entering an MOU or contract with Partnership Health Plan. NCBH will also offer deliverable-based incentives for participating providers to assist with the administrative burden of participation in the learning collaborative and any associated implementation costs. For those providers where provision of specialty mental health or ODS services are determined to be an appropriate option for fiscal sustainability, NCBH would work with that provider to onboard into the SmartCare Electronic Health Record system. SmartCare is a multi-county EHR platform.

Finally, NCBH will prepare for the implementation of fidelity-based requirements for Full Service Partnership (FSP) programming by implementing a performance-based contract management tool for Nevada County FSP providers. NCBH will partner with Health Brains Global Initiative (HBGI) to develop locally tailored performance "packs" of meaningful outcomes, and will work with Nevada County and FSP providers to obtain and analyze corresponding data and trends to inform program enhancements.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention

Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population

This project introduces a new approach to funding prevention and early intervention programs by supporting, educating, and providing centralized technical assistance to providers with the goal of expanding billable revenue streams so that local providers can continue to provide much needed prevention and early intervention programs within our community.

- C) *Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.*

This approach directly addresses the needs of local MHSa providers who are currently providing an array of vital services to our community through MHSa/PEI funding. Most of these agencies are overwhelmed by the shift to a Medi-Cal fee-for-service model and unsure how to adapt to a new funding environment. This approach combines thorough analysis, personalized support, and hands-on learning to effectively guide providers through the transition, ensuring their sustainability and success in the new billing environment. Additionally, performance-based contract management has proven to be an effective model for improving outcomes and oversight.

- D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

The project would help to support up to approximately 20 prevention and early intervention programs that served up to an estimated 4,250 individuals on an annual basis. This projection is based on the total number of existing MHSa PEI and FSP programs that have expressed interest in the proposed Innovation Plan and the sum of their total number of individuals served in the previous reporting period.

- E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The population to be served includes a diverse group reflecting the priority populations defined by the Mental Health Services Act (MHSa) and Prevention and Early Intervention (PEI) funding. This encompasses individuals of all ages, including children, adolescents, adults, and older adults. The demographic scope includes a wide range of gender identities, races, ethnicities, and sexual orientations, ensuring inclusivity across various cultural and social backgrounds. Nevada County has a secondary threshold language of Spanish and therefore places an emphasis on providing services to the ESL and/or mono-lingual Spanish speaking communities. This comprehensive approach aims to address the unique mental health needs of historically underserved and marginalized communities, ensuring equitable access to mental health services in Nevada County.

RESEARCH ON INN COMPONENT

- A) *What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?*

Our project distinguishes itself from similar initiatives by offering a highly tailored approach specifically designed for the unique needs of rural Nevada County. Through our project we will manage the process and ensure focus is placed on delivering specialized support to partner organizations based on the distinct challenges they face in our region as they transition to a Medi-Cal billable model. This approach will apply a learning collaborative model which has proven to be effective in various statewide grant models and will tailor the model to local community-based organizations who have minimal administrative infrastructure.

B) *Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.*

The transition to begin accessing Medi-Cal billable revenue involves significant changes in agency fiscal practices and infrastructure. Literature on this transition indicates that small organizations often struggle due to limited resources and capacity for such transformation (California Department of Health Care Services). For providers better suited for the managed care plan model of service delivery, such as Enhanced Care Management, there is technical assistance available for providers through the TA Marketplace platform. However, access to the TA Marketplace requires an agency to have established an MOU with the managed care plans, which in and of itself can be a barrier for small organizations with minimal administrative and/or quality assurance capacity. Furthermore, as a small rural county, Nevada County's Behavioral Health Department has an extremely small formal Quality Assurance team, limiting our capacity to effectively guide organizations through Medi-Cal certification.

For many of our smaller organizations, understanding which "bucket" of billable services should be pursued is a major hurdle. The National Library of Medicine cites research around the potential benefits of using a learning collaborative model as a strategy for implementation in Behavioral Health. Our project aims to advocate for additional resources to help providers reach the required stages for successful implementation of Medi-Cal billable services.

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSa is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) *What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?*

How to effectively support Nevada County's MHSa-funded partners in transitioning to a Medi-Cal fee-for-service model to adequately prepare for the upcoming implementation of the Behavioral Health Services Act. By focusing on this goal, we aim to help these organizations enhance their self-sufficiency and ensure they can continue delivering essential services. This will be vital for maintaining the mental health safety net that our rural community relies on.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

Our primary goal is to maximize billable revenue and reduce dependency on MHSA/PEI funding within our local network of providers. For the majority of our provider network, billable revenue is a completely new model of service delivery. Additionally, we would like to learn how the learning collaborative model will work in an initiative such as this in a small, rural county.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

- 1) Number of providers participating in learning collaborative. 20 PEI providers have been identified as potential participants in the learning collaborative. There will be an application process to determine which of these providers are an appropriate fit for the learning collaborative.*
- 2) Number of providers who can successfully bill Medi-Cal at end of project, broken down by “funding bucket” (i.e. ECM, CS, SMHS billing, Managed Care billing, CHW benefit, etc.) Baseline: Currently zero of the identified PEI participants are Medi-Cal Certified. Two providers are community supports providers through the CalAIM Initiative.*
- 3) Survey results to measure qualitative benefit of participation in learning collaborative. Sample metrics for the survey could include: provider perception of future sustainability efforts, and percent satisfaction with learning collaborative*
- 4) FSP “Performance Pack” outcomes, as defined by contracted provider which may include staffing vacancy rates, client contact rates, housing, client progress, client voice survey.*

Additionally, Nevada County will share learnings from this Innovation Plan with other counties. As all counties prepare for the transition to BHSA, NCBH believes the learnings from this project may be applicable and helpful to other counties.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County’s relationship to the contractor(s)?

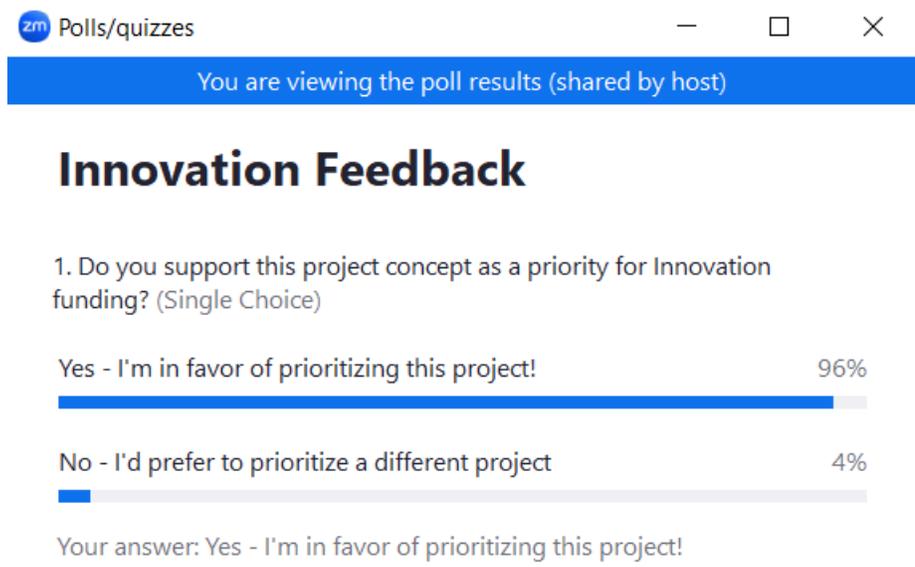
Nevada County plans to contract for the administration of the learning collaborative and technical assistance around Medi-Cal billing. NCBH will apply a range of project resources to effectively manage our relationship with contractors. This includes assigning a dedicated contract manager to oversee interactions, regular performance reviews, and ongoing communication with contractors to address any issues promptly. To ensure quality and regulatory compliance, we will implement evaluation

processes as well as contract deliverables. This involves setting clear performance benchmarks and ensuring that contractors adhere to all relevant regulations and standards.

COMMUNITY PROGRAM PLANNING

Please describe the County’s Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County’s community.

Nevada County hosted community meetings on November 8th 2023 (36 attendees), March 28th 2024 (33 attendees), and August 27th 2024 (34 attendees) to gather input about priorities for both plan updates and future Innovation plans. These community meetings included representation from service providers, contracted providers, program participants, family advocates, peers, family members, County employees, and interested community members. Any member of the public is welcome to attend and provide input at these meetings, and meeting information is posted on the County website and shared with a broad distribution list of stakeholders. Additionally, input was received from the Nevada County Mental Health and Substance Use Advisory Board during various monthly meetings over the past year. During these three meetings, NCBH specifically shared key information about Proposition 1 and potential programmatic and funding changes that could result. Many providers, especially PEI contracted providers, expressed concern and fears about the future of funding for their programs and contracts under BHSA considering various shifts in funding including the new 4% state set-aside for population-based prevention programming. In collaboration with stakeholders and providers, NCBH drafted this proposed project plan to specifically address these concerns, and community input about the incredible value of PEI funded programming in our small, rural county. At the most recent community meeting on August 27th 2024, 26 out of 27 respondents (96%) expressed their support for prioritizing this project (see poll results below).

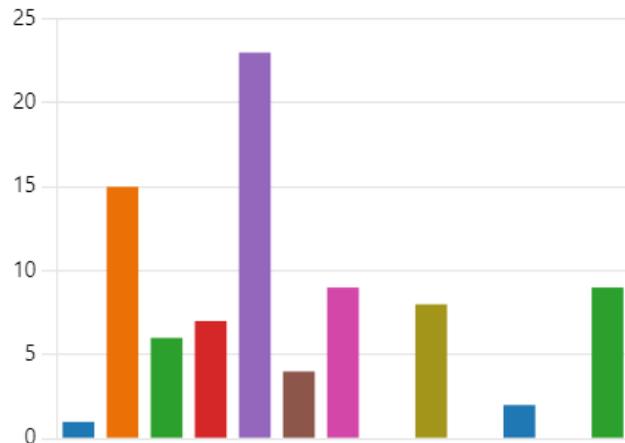


Below is a break down of the roles of the MHSA Community Meeting participants who responded to a demographic survey, as it related to the local mental health continuum of care:

Please indicate which of the following roles apply to you (select all that apply):

[More Details](#)

● Mental health consumer/client	1
● Provider of mental health services	15
● Peer	6
● Community Member	7
● Member of a community based ...	23
● Educator/Teacher	4
● County Employee	9
● Law Enforcement	0
● Advocate	8
● Member of a faith-based organi...	0
● Health Care Provider	2
● LGBTQIA+	0
● County Employee	9



MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the Regulations for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

Community Collaboration

The project involves engaging with Nevada County’s local MHSA provider network, which includes a diverse group of small, grassroots organizations. By working closely with these providers, we foster a collaborative approach that leverages local expertise and resources. This collective effort ensures that the transition to a fee-for-service model is informed by the needs and capacities of the community, enhancing the overall effectiveness and sustainability of mental health services in the region.

Cultural Competency

Our project emphasizes inclusivity by focusing on a wide range of demographic groups, including diverse gender identities, races, ethnicities, and sexual orientations. Many providers identified as potential participants in this program specifically serve underserved and marginalized populations, such as LatinX community members, Native American community members, and unhoused community

members. Many of these providers are primarily funded via MHSA funding, and services would either be eliminated or be severely reduced without an adequate sustainability plan and revenue source after the implementation of BHSa. This commitment ensures that all providers are equipped to meet the cultural and linguistic needs of the populations they serve, thus enhancing access and quality of care for historically underserved communities.

Client-Driven

By supporting providers in assessing and transitioning to a fee-for-service model, the project prioritizes the needs of clients by ensuring that services are financially sustainable and accessible. Providers will be better equipped to offer a range of Medi-Cal billable services that align with client needs, as determined through our comprehensive service analysis.

Family-Driven

Many of the providers and programs that will benefit from participation in this project serve both clients and their families, particularly for programs serving youth. Additionally, NCBH has years of historical positive feedback from family members about the benefits of prevention and early intervention programming funded by MHSA.

Wellness, Recovery, and Resilience-Focused

The programs that will benefit from this project are in their nature wellness, recovery, and resilience focused. Their primary focus is to prevent mental illness and/or prevent serious mental illness from being disabling, when possible.

Integrated Service Experience for Clients and Families

NCBH anticipates that between 10 and 20 community based organizations and contracted providers will benefit from this project, technical assistance, and learning collaborative. Participating in a joint learning collaborative will help build cross-agency collaboration and interaction, including improved coordination of services for clients and families.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

NCBH will specifically track how many providers who target historically underserved or marginalized populations participate in the project, and how many ultimately are able to bill Medi-Cal at the end of the project.

INNOVATION PROJECT SUSTAINABILITY, PROPOSITION 1 ALIGNMENT, AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep particular elements of the INN project without the use of MHSA funding components for sustainability.

Describe how this project aligns itself with Proposition 1 (Senate Bill 326):

- Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness?*

No

- *Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?*

Yes. This strategy will ensure that Nevada County’s vital programs, currently funded by MHSA/PEI, will remain available to our community members to prevent mental illnesses and substance abuse disorders from becoming severe and disabling. This strategy ensures that small, grassroots mental health providers—essential to the community’s safety net—can remain operational and continue offering access to critical early intervention services. Without a plan in place to transition providers we risk heavily reducing access to early intervention services.

- *Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?*

Yes; part of this project will specifically focus on Full Service Partnership (FSP) outcomes to ensure an effective understanding of performance measurement for FSP providers and client outcomes, as well as preparation for implementation of a range of fidelity models under BHSA.

- Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

Indirectly, yes, though the primary “recipient” of services will be the contracted providers. The entire purpose of this project is to ensure continuity of care for recipients of prevention and early intervention programming.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

Nevada County’s plan, as well as the results of the plan, will be posted on the County website. Additionally, Nevada County plans to share this plan with various other counties via the MHSOAC and CBHDA MHSA/BHSA All-County Steering Committee Meetings. Stakeholder feedback and experience with this program will be a key component of the communication plan, and we are also hoping that providers who operate in multiple counties will benefit from their participation in Nevada County’s Innovation program. Additionally, Nevada County will share learnings from this Innovation Plan with other counties. As all counties prepare for the transition to BHSA, NCBH believes the learnings from this project may be applicable and helpful to other counties.

KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

BHSA, sustainability, learning collaborative, Medi-Cal billing, prevention and early intervention.

TIMELINE

Specify the expected start date and end date of your INN Project

Expected Start Date: December 2024

Expected End Date: June 2027

Specify the total timeframe (duration) of the INN Project

30 months

Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Q1: Project Initiation and Assessment

Activities:

- **Kick-off Meeting:** Hold an initial project meeting with key stakeholders to outline goals, roles, and responsibilities.
- **Engage Providers:** Reach out to local MHPA-funded providers to inform them of the project and its objectives.
- **Assess Current Capacities:** Conduct a comprehensive assessment of each provider's current credentials, capacities, and infrastructure.
- **Analyze Services Provided:** Review the services currently provided by each organization and determine which are eligible for Medi-Cal billing.
- **FSP:** Finalize performance pack outcome measurements and plan for collecting data related to those outcome measurements.

Deliverables:

- **Current Capacity and Service Assessment Reports**
- **Performance pack outcome measurements**

Q2: Analysis and Planning

Activities:

- **Review Medi-Cal Billable Services:** Analyze Medi-Cal billable services and rates to estimate potential revenue capacity for each provider.
- **Cross-Walk Services:** Determine which Medi-Cal billable services align with the providers' current services and capabilities.
- **Incentive Benchmarks:** Create an established set of benchmarks for providers in addition to the incentive dollars to be distributed to providers who complete these benchmarks
- **FSP:** Finalize plan for collecting data related to outcome measurements

Deliverables:

- **Medi-Cal Billable Services Analysis Report**
- **Benchmark incentives framework**

- **Performance pack data collection tools available to contractors**

Q3: Support and Training

Activities:

- **Learning Collaborative Preparation:** Plan and organize a learning collaborative for up to 20 local providers, focusing on fee-for-service transitions.
- **Host Learning Collaborative:** Conduct the learning collaborative sessions, including workshops on administrative policies and EHR/billing systems.
- **EHR/Billing Systems Review:** Provide support for providers in exploring and selecting appropriate EHR/billing systems, if needed.
- **FSP:** Begin data analysis to identify areas of program and contract improvement

Deliverables:

- **Learning Collaborative Summary Report**
- **EHR/Billing Systems Evaluation Report**
- **Provider Support and Training Materials**
- **Preliminary report available on areas of contract and program growth**

Q4: Implementation and Evaluation

Activities:

- **Implement Fee-for-Service Model:** Support providers in implementing the fee-for-service model, including finalizing billing procedures and administrative changes.
- **Monitor and Support Transition:** Provide ongoing support and troubleshooting as providers transition to the new billing model.
- **Evaluate Project Outcomes:** Assess the effectiveness of the transition, including revenue increases and provider satisfaction.
- **FSP:** Continue analysis of data related to contract performance and needed areas of growth

Deliverables:

- **Fee-for-Service Implementation Report**
- **Transition Support Log**
- **Project Evaluation Report**
- **Progress Report on Performance Pack Outcome Measures**

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSa funds are being utilized:

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)

- B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources) N/A
Innovation funds are the only funds that will be used

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "\$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total \$15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time..."). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

The INN Project aims to transition local Mental Health Services Act (MHSA)-funded providers to a Medi-Cal fee-for-service billing model. Funds are allocated strategically to cover essential areas of the project including administrative oversight, specialized consulting for effective implementation, a provider learning collaborative, and incentives to motivate and reward provider benchmarks achieved through this process. This budget will fund a framework that will allow the successful transition of local providers to a Medi-Cal fee-for-service billing model, enhancing the sustainability of service delivery in our community. The proposed budget for this project is allocated over three fiscal years to allow ample time for program ramp up and system changes within our local provider network.

Budget Allocation and Expenditures:

1. Personnel Costs: \$75,000

- a. 24/25: \$25,000
- b. 25/26: \$25,000
- c. 26/27: \$25,000
- d. Description: Personnel costs will include salaries and benefits for the Nevada County Enhanced Care Management Team Homeless Outreach and Medical Engagement Program Manager and Clinical Supervisor who will be among the participating providers in the learning collaborative to determine program sustainability via ECM or SMHS Medi-Cal billing. These are county positions as opposed to contractors, and will cover the Program Manager and Clinical Supervisor's participation in the Learning Collaborative and time spent analyzing potential sustainability solutions including considering transitioning from ECM to SMHS, or adding SMHS billing.

2. Consulting Costs/Contracts: \$425,000

- a. 24/25: \$125,000 (500 contracted consultant hours + \$25,000 in FSP performance management consulting)

- b. 25/26: \$175,000 (875 contracted consultant hours)
- c. 26/27: \$125,000 (625 contracted consultant hours)
- d. Description: Consulting fees are allocated for expert advice on Medi-Cal billing services, development of incentive benchmarks, and support for EHR/billing systems. Consultants will assist with analyzing services, establishing benchmarks, and providing specialized training to ensure providers' successful transition to the fee-for-service model. These activities will happen through a provider learning collaborative which will allow for a shared learning environment that will strengthen community partnerships. The collaborative nature of this learning environment will allow for modifications and refinements of this process as needed. Total contracted consultant hours over three fiscal years totals 2,000 hours. In the first year, \$25,000 will also be allocated to support the FSP performance management project.

3. Other Expenditures: \$825,000

- a. 24/25: \$175,000
- b. 25/26: \$325,000
- c. 26/27: \$325,000
- d. Description: Incentive funds are distributed to providers based on their achievement of established benchmarks. The budget supports provider motivation to explore new billing practices. Each provider is eligible to receive an average of \$53,571 over the project period, contingent upon their performance and successful transition.

4. Administration: \$34,000

- a. 24/25: \$8,000
- b. 25/26: \$13,000
- c. 26/27: \$13,000
- d. Description: These funds cover administrative expenses including project management, contract management for a consultant, reporting, and coordination. This ensures effective execution of activities such as kick-off meetings, stakeholder engagement, and overall project oversight. This may include the MHSA Coordinator (Program Manager) and Senior Administrative Analyst.

5. Evaluation: \$6,000

- a. 24/25: \$2,000
- b. 25/26: \$2,000
- c. 26/27: \$2,000
- d. Description: These funds cover costs of analyst or other support staff to conduct evaluation including annual and final innovation reports and corresponding data collection. This may include the MHSA Coordinator (Program Manager) and Senior Administrative Analyst.

Budget Summary:

- **Total for 24/25:** \$335,000
- **Total for 25/26:** \$540,000
- **Total for 26/27:** \$490,000
- **Overall Total:** \$1,365,000

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*

EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	FY 24/25	FY 25/26	FY 26/27	FY xx/xx	FY xx/xx	TOTAL
1	Salaries	\$25,000	\$25,000	\$25,000			\$75,000
2	Direct Costs						\$0
3	Indirect Costs						\$0
4	Total Personnel Costs	\$25,000	\$25,000	\$25,000	\$0	\$0	\$75,000
	OPERATING COSTS*						
5	Direct Costs						\$0
6	Indirect Costs						\$0
7	Total Operating Costs	\$0	\$0	\$0	\$0	\$0	\$0
	NON-RECURRING COSTS (equipment, technology)						
8							\$0
9							\$0
10	Total non-recurring costs	\$0	\$0	\$0	\$0	\$0	\$0
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11	Direct Costs	\$125,000	\$175,000	\$125,000			\$425,000
12	Indirect Costs						\$0
13	Total Consultant Costs	\$125,000	\$175,000	\$125,000			\$425,000
	OTHER EXPENDITURES (please explain in budget narrative)						
14	Incentives for meeting benchmarks	\$175,000	\$325,000	\$325,000			\$825,000
15							\$0
16	Total Other Expenditures	\$175,000	\$325,000	\$325,000	\$0	\$0	\$825,000

BUDGET TOTALS							
	Personnel (total of line 1)	\$25,000	\$25,000	\$25,000	\$0	\$0	\$75,000
	Direct Costs (add lines 2, 5, and 11 from above)	\$125,000	\$175,000	\$125,000	\$0	\$0	\$425,000
	Indirect Costs (add lines 3, 6, and 12 from above)	\$0	\$0	\$0	\$0	\$0	\$0
	Non-recurring costs (total of line 10)	\$0	\$0	\$0	\$0	\$0	\$0
	Other Expenditures (total of line 16)	\$175,000	\$325,000	\$325,000	\$0	\$0	\$825,000
	TOTAL INNOVATION BUDGET	\$325,000	\$525,000	\$475,000	\$0	\$0	\$1,325,000

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:	FY 24/25	FY 25/26	FY 26/27	FY xx/xx	FY xx/xx	TOTAL
1	Innovative MHSAs Funds	\$8,000	\$13,000	\$13,000			\$34,000
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Administration						\$
EVALUATION:							
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 24/25	FY 25/26	FY 26/27	FY xx/xx	FY xx/xx	TOTAL
1	Innovative MHSAs Funds	\$2,000	\$2,000	\$2,000			\$6,000
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						

5	Other funding						
6	Total Proposed Evaluation	\$2,000	\$2,000	\$2,000	\$0	\$0	\$6,000
TOTALS:							
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 24/25	FY 25/26	FY 26/27	FY xx/xx	FY xx/xx	TOTAL
1	Innovative MHSAs Funds*	\$335,000	\$540,000	\$490,000	\$0	\$0	\$1,365,000
2	Federal Financial Participation						\$
3	1991 Realignment						\$
4	Behavioral Health Subaccount						\$
5	Other funding**						\$
6	Total Proposed Expenditures	\$335,000	\$540,000	\$490,000	\$0	\$0	\$1,365,000

BUDGET BY COST PER AGE GROUP SERVED

Age Group	Number Served	Dollar Amount
Children/Youth (0-15)	1,320	\$ 628,242.68
TAY (16-25)	485	\$ 230,831.59
Adults (26-59)	516	\$ 245,585.77
Older Adults (60+)	320	\$ 152,301.26
Decline to answer	8	\$ 3,807.53
Unknown	219	\$ 104,231.17
Total	2,868	\$ 1,365,000.00

Estimated cost per person: \$475.94

Workforce Education and Training (WET)

- 1) **Community and Workforce Training and Technical Assistance:** The objective of this program is to provide education, training and workforce development programs and activities that contribute to developing and maintaining a culturally competent workforce. This program is funded under the Training and Technical Assistance WET funding category, and aligns with the strategies outlined in Welfare and Institutions Code 5822 f-j.

Capital Facilities

There are currently no proposed Capital Facilities projects.

Technological Needs

There are currently no proposed Technological Needs projects.

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 FY 2008/2009 Nevada County directed a total of \$870,293 into the Prudent Reserve. Lastly, NCBHD shifted \$100,000 of FY 2007/2008 PEI Unspent Funds to the Prudent Reserve. In FY 19/20, NCBHD shifted \$81,804 out of the Prudent Reserve into CSS in accordance with the new Prudent Reserve limits set by SB 192. The current Prudent Reserve amount is \$1,111,502.

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Nevada County

Three-Year Program and Expenditure Plan
 Annual Update

Local Mental Health Director Name: Phebe Bell, MSW Telephone Number: (530) 470-2784 E-mail: Phebe.Bell@nevadacountyca.gov	Program Lead Name: Priya Kannall Telephone Number: (530) 265-1790 E-mail: Priya.Kannall@nevadacountyca.gov
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 _____.

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 CERTIFICATION¹

County/City: Nevada County

Three-Year Program and Expenditure Plan

Annual Update

Annual Revenue and Expenditure Report

<p>Local Mental Health Director Name:</p> <p>Phebe Bell, MSW</p> <p>Telephone Number: (530) 470-2784</p> <p>E-Mail: Phebe.Bell@nevadacountyca.gov</p>	<p>County Auditor-Controller / City Financial Officer</p> <p>Name: Gina Will</p> <p>Telephone Number: (530) 265-1580</p> <p>E-mail: Gina.Will@nevadacountyca.gov</p>
<p>Local Mental Health Mailing Address:</p> <p>500 Crown Point Circle, STE 120 Grass Valley, CA 95945</p>	

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, 2024, 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, 2024, 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.

Gina Will

County Auditor Controller / City Financial Officer (PRINT)

Signature Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

**FY 2025/26 Mental Health Services Act Annual Update
Funding Summary**

County: Nevada

Date: 4/30/25

	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 2023/24 Funding						
1.	Estimated Unspent Funds from Prior Fiscal Years	2,697,068	827,424	603,630	103,555	
2.	Estimated New FY 2023/24 Funding	6,904,928	1,736,433	475,441	4,147	
3.	Transfer in FY 2023/24	0			0	0
4.	Access Local Prudent Reserve in FY 2023/24	0				0
5.	Estimated Available Funding for FY 2023/24	9,601,997	2,563,857	1,079,071	107,702	0
B. Estimated FY 2023/24 MHSA Expenditures		6,503,951	1,952,486	831,119	20,115	0
A. Estimated FY 2024/25 Funding						
1.	Estimated Unspent Funds from Prior Fiscal Years	3,098,046	611,372	247,952	87,587	0
2.	Estimated New FY 2024/25 Funding	7,013,249	1,761,869	491,811	6,897	
3.	Transfer in FY 2024/25	0			0	
4.	Access Local Prudent Reserve in FY 2024/25	0				
5.	Estimated Available Funding for FY 2024/25	10,111,295	2,373,240	739,763	94,484	0
B. Estimated FY 2024/25 MHSA Expenditures		7,337,049	1,541,164	73,080	44,000	0
C. Estimated FY 2025/26 Unspent Fund Balance		2,774,246	832,076	666,683	50,484	0
E. Estimated FY 2025/26 Funding						
1.	Estimated Unspent Funds from Prior Fiscal Years	2,774,246	832,076	666,683	50,484	0
2.	Estimated New FY 2025/26 Funding	5,115,203	1,294,125	330,380	0	
3.	Transfer in FY 2025/26	0			0	
4.	Access Local Prudent Reserve in FY 2025/26	0				
5.	Estimated Available Funding for FY 2025/26	7,889,450	2,126,202	997,063	50,484	
D. Estimated FY 2025/26 MHSA Expenditures		7,736,121	1,885,494	509,960	30,407	
G. Estimated FY 2025/26 Unspent Fund Balance		153,329	240,708	487,103	20,077	0

**FY 2025/26 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: Nevada

Date: 3/31/25

	Fiscal Year 2025/26					
	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 FSP	4,174,907	1,605,331	2,359,043			210,533
2. Adult FSP	5,320,567	2,536,588	2,688,099			95,880
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 Network Provider	173,850	0	107,787			66,063
2. Expand Adult and Children's Behavioral Health & Psychiatric Services	6,262,751	1,259,003	3,512,187			1,491,561
3. Expand Crisis and Mobile Crisis Intervention Services	4,003,756	559,560	1,640,780			1,803,416
4. Intensive Services for Youth	1,953,846	311,925	976,923			664,998
5. Alternative Early Intervention for Youth and Young Adults	38,766	18,995	19,771			0
6. Family Education and Support	75,705	75,705	0			0
Non-FSP Programs: Outreach & Engagement	0	0	0			0
Case Management & Therapy for Homeless Individuals with Mental						
1. Illness	110,656	110,656	0			0
2. Forensic Liaison	0	0	0			0
3. Veterans' Services & Therapy	64,274	64,274	0			0
4. Adult Wellness Center & Peer Support Training	613,074	476,449	22,625			114,000
5. Housing and Supportive Services to the Severely Mentally Ill Homeless	525,000	525,000	0			0
CSS Administration	318,668	192,635	0			126,033
CSS MHSA Housing Program Assigned Funds	0	0	0	0	0	0
Total CSS Program Estimated Expenditures	23,635,820	7,736,121	11,327,216	0	0	4,572,484
FSP Programs as Percent of Total	54.9%					

**FY 2025/26 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: Nevada

Date: 4/30/25

	Fiscal Year 2025/26					
	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						
1. Bilingual Therapy	637,468	\$ 50,000	\$ 369,953			\$ 217,515
2. Perinatal Depression	67,767	\$ 61,281	\$ -			\$ 6,486
3. Early Intervention for Youth in Crisis	119,176	\$ 117,140	\$ -			\$ 2,036
PEI Programs - Access and Linkage	0	\$ -	\$ -			\$ -
1. Homeless Outreach	341,077	\$ 267,464	\$ -			\$ 73,613
Senior, Disabled and Isolated Outreach						
2. Program	254,296	\$ 229,077	\$ -			\$ 25,219
3. Mental Health Screening in Schools	257,819	\$ 230,450	\$ -			\$ 27,369
4. Indigenous Outreach	106,321	\$ 92,700	\$ -			\$ 13,621
PEI Programs - Prevention	0	\$ -	\$ -			\$ -
1. Youth Mentoring	13,317	\$ 13,317	\$ -			\$ -
2. Youth Wellness Center	135,964	\$ 122,822	\$ -			\$ 13,142
3. Family Support/Parenting Classes	48,174	\$ 48,174	\$ -			\$ -
4. Community Crisis Response	5,867	\$ -	\$ -			\$ 5,867
5. LGBTQ+ Support	71,519	\$ 71,519	\$ -			\$ -
Domestic Violence and Sexual Assault						
6. Advocacy	0	\$ -	\$ -			\$ -
PEI Programs - Outreach for Increasing Recognition of	0	\$ -	\$ -			\$ -
Community Mental Health and Crisis						
1. Training	35,226	\$ 35,226	\$ -			\$ -
PEI Programs - Stigma Reduction	0	\$ -	\$ -			\$ -
1. LatinX Outreach	278,356	\$ 247,324	\$ -			\$ 31,032
2. Youth Empowerment	15,469	\$ 13,827	\$ -			\$ 1,642
PEI Programs - Suicide Prevention and Intervention	0	\$ -	\$ -			\$ -
1. Suicide Prevention and Intervention	146,729	\$ 134,828	\$ -			\$ 11,901
PEI Administration	150,345	\$ 150,345	\$ -			\$ -
PEI Assigned Funds - CalMHSA JPA	0	\$ -	\$ -			\$ -
Total PEI Program Estimated Expenditures	2,684,890	1,885,494	369,953	0	0	429,443

**FY 2025/26 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: Nevada

Date: 4/30/25

	Fiscal Year 2025/26					
	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. Billing Development	84,960	84,960	0			0
2. Provider Incentives	375,000	375,000				
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	50,000	50,000	0			0
Total INN Program Estimated Expenditures	509,960	509,960	0	0	0	0

**FY 2025/26 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: Nevada

Date: 4/30/25

	Fiscal Year 2025/26					
	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. Intern Supervision	0	0				
2. Community and Workforce Training and Technical Assistance	26,407	26,407				
3. Behavioral Health Workforce Development	0	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					
WET Administration	4,000	4,000				
Total WET Program Estimated Expenditures	30,407	30,407	0	0	0	0