

MINUTES – Mental Health Services Act (MHSA) Community Meeting 1/28/2021 Via ZOOM

1. Welcome.

The meeting was called to order by Phebe Bell. The PowerPoint Presentation was emailed after the meeting. Link to the PowerPoint Presentation:

https://www.mynevadacounty.com/DocumentCenter/View/37681/MHSA-Community-Meeting-PowerPoint-Presentation-2021_01_28

There were 43 participants:

Phebe Bell, Shera Banbury, Lael Walz, Jennifer Terhorst, Maureen Gerecke, Rocio, Sara Busse, Anibal Cordoba Sosa, Kim Bradley, Alison Schwedner, Anastacia Knight, Anne Rarick, Amy Rudkin, Allison Dobbins, Annie Mikal, Aurora Packard, Daniel Clements, David West, Felicity Beallo, Gibran Mendez, Ginny Cutler, Jair Hernandez, Jennifer Price, Joe Naake, Isaias Acosta, June Gilfillan, Heather Vance, Laura Heintz, Lisa Coudriet, Mindy Carbajal, Miren Hower, Pauline Abrons, Ryan Walsh, Sam Sebastian, Samantha Perkins, Suzanne Nobles, Todd Arvidson, Theresa H, Nancy Baglietto, Annette LeFrancois (There may be some names I missed).

2. Mental Health Services Act (MHSA) Overview – Phebe Bell.

Phebe presented a PowerPoint on MHSA basics. Proposition 63 has been around since 2005. MHSA is funded by a 1% tax on personal income of over one million per year. The funding can be extremely volatile based on economic factors. Five percent of Nevada County's total allocation is set aside for Innovation. Eighty percent of the remaining funds must be spent on Community Services and Supports (CSS). From the eighty percent at least fifty one percent must be spent on Full-Service Partnerships (FSP). Twenty percent must be spent on Prevention and Early Intervention (PEI) Programs. From the twenty percent at least fifty one percent must be spent on individuals 25 years old or younger.

3. COVID Updates – Phebe Bell.

COVID is impacting almost every program. Phebe continues to be impressed by Behavioral Health providers who are managing programs and COVID outbreaks among staff and clients. Adaptability and resilience on a program and individual level has been impressive. The long-term impacts of this chapter on people's mental health are still unknown. Behavioral Health is seeing a growing demand for substance use disorder services. Individuals with serious mental illness are more likely to get COVID. Individuals with COVID are more likely to have serious mental illness.

4. Fiscal Trends and Forecast – Allison Dobbins.

Allison Dobbins reviewed a graph that illustrates how volatile MHSA funding is. In 2013/14 MHSA funding dropped -20%. In 2014/15 MHSA funding increased by 60% (a net gain of 40%). This makes MHSA revenue forecasting difficult. In 2017 MHSA revenue was based on the income of 76,000 individuals in California. Cash transfers are largest in the months following quarterly tax payments and yearend tax payments. In 2020 tax payment due dates (2019 taxes) were postponed. Annual MHSA adjustments reflects the difference between the amount earned as determined through actual tax returns and the monthly cash transfer. There is a two-year lag on annual adjustments. Allison showed a slide of MHSA Statewide Estimated Revenues. Allison showed a slide of Nevada County MHSA Revenues for Fiscal Year 2015/16 to Fiscal Year 2020/21 (estimate).

In Summary: MHSA revenue is volatile, and the State can redirect funds. The current year is a boon year due to the large annual adjustment. Fiscal Year 2021/22 goes down a bit. Fiscal Year 2022/23 goes down significantly.

Looking Ahead: continue monitoring revenue projections, monitoring Medi-Cal projections, keeping a strong fund balance, preparing for increased service demand and the ability to maintain services.

5. Fiscal Year 2019-2020 Annual Progress Report Review – Jennifer Terhorst.

Community Services and Supports: Full-Service Partnerships.

Turning Point served 81 adults in Fiscal Year 2019/20.

Victor Community Support Services served 107 children in Fiscal Year 2019/20.

Community Services and Supports General System Development served 2,377 individuals.

Community Services and Supports Outreach and Engagement served 976 individuals.

Prevention and Early Intervention

Early Intervention served 329 individuals.

Outreach served 75 individuals.

Prevention served 5,008 individuals.

Access and Linkage served 12,026 individuals.

Stigma and Discrimination Reduction served 785 individuals.

Suicide Prevention and Intervention served 3,776 individuals.

Innovation

The Integrated Tahoe/Truckee Services served 16 people.

The HOME Team served 338 people.

Break-Out Room Discussion

Discuss any surprises in the data that was reviewed.

Discuss anything you learned about the MHSA Programs or outcomes.

Discuss questions that came up as a result of the data review.

One group reported how impressed they were with people across the agencies. People who have chosen to work in this field and who have not let COVID stop them from delivering service. People have done what they needed to do and soldiered on.

Another group was struck by the volatility of funding and seeing it in a graph helped to visualize it. This year there was a joint PEI contract with Placer County, is the funding looking the same on the Placer side? Phebe Bell replied that she believes Placer County is planning to maintain their contracts at the same level for this year.

Phebe Bell is amazed at the amount of activities happening with MHSA dollars and that for many of the populations served (homeless and veterans) there is a need for more services.

Lael Walz from NAMI commented they get new families all the time and it is the same issues, just different people that we have been dealing with for 20 years. Support and services for individuals and their family with early intervention for severe mental illness is critical. Lael asked the group to continue to refer families who are struggling to them.

The group I was in learned about the budget impact and when it would affect us. It was very helpful to look forward and know to be careful in the upcoming fiscal year. Crisis is seeing an increase in assessments in December there were 195. It was interesting to see all the programs that come out of the MHSA funding. We are a small County and I was surprised to see funds are so well dispersed and providing so much good work in this community. It is helpful to see the impact a 1% tax can have on people. It is impressive to see the funds being leveraged in so many areas and impacting so many people as seen in the numbers of people served. Twenty years ago, the services in Nevada County were nothing like they are now, and it is impressive to see there is funding and it is being used so well. There was a question on which services would be sustained and which services would be cut when the funding drops.

6. Changes in CalMHSA and Higher Contribution Request.

CalMHSA is a Joint Powers Association of all the Behavioral Health Departments in California. CalMHSA has been used for some Statewide Initiatives around stigma reduction and suicide prevention. CalMHSA receives MHSA funds from counties. When a child from another county is placed in a group home in Nevada County it is called a presumptive transfer. CalMHSA created a banking pool that allows for the receiving county to bill the sending county for the costs of these services.

Phebe Bell sees the possibility for other regional or joint projects through CalMHSA that would benefit our county. Nevada County also participates in CalMHSA's regional crisis hotline center. We pay CalMHSA to participate in the hotline center based on the percentage of calls that come from Nevada County.

7. Updates on Mental Health Services Oversight and Accountability Commission Initiatives.

Some of the MHSA funds go to the Mental Health Services Oversight and Accountability Commission (MHSOAC) to use for special projects. One project was to bring existing first experience of psychosis programs up to evidence-based level. Most rural counties do not have a stand alone first experience of psychosis programs or early onset of severe mental illness programs. There are models of these programs showing very positive outcomes. Phebe Bell would like to apply if there is another round of funding to start up programs. Having some money set aside in the budget helps us to apply for opportunities like this as there are costs to start and sustain a program like this.

Nevada County participates in four learning collaboratives through the MHSOAC. One of the collaboratives is called Crisis Now which is a system wide analysis of what the optimal crisis Network looks like. The MHSOAC hired RI International to train Behavioral Health Directors in the best practices Crisis Now model. Nevada County also participates in the Data Driven Recovery Project (Stepping Up). There is an Innovations Collaborative we are part of that looks at MHSA Innovations Projects and the ways it has worked and has not worked. The goal of MHSA Innovation is to promote innovation in the Public Mental Health System.

Phebe Bell reminded everyone to complete the demographic form and meeting feedback survey.

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