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Jenkinson Lake, Pollock Pines, CA

EL DORADO COUNTY
MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM AND EXPENDITURE PLAN
FISCAL YEARS 2023/24 – 2025/26

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MHSA County Fiscal Accountability Certification

Commented [MZ1]: To be signed after BOS approval and included in final copy submitted to the Department of Health Care Services.

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: _____

Three-Year Program and Expenditure Plan
 Annual Update
 Annual Revenue and Expenditure Report

<p align="center">Local Mental Health Director</p> <p>Name: _____</p> <p>Telephone Number: _____</p> <p>E-mail: _____</p>	<p align="center">County Auditor-Controller / City Financial Officer</p> <p>Name: _____</p> <p>Telephone Number: _____</p> <p>E-mail: _____</p>
<p>Local Mental Health Mailing Address: _____</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.

Local Mental Health Director (PRINT) _____ Signature _____ Date _____

I hereby certify that for the fiscal year ended June 30, _____, 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, _____, 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.

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)



MHSA County Compliance Certification

Commented [M22]: To be signed after BOS approval and included in final copy submitted to the Department of Health Care Services.

MHSA COUNTY COMPLIANCE CERTIFICATION

County: _____

Local Mental Health Director	Program Lead
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
County Mental Health Mailing Address:	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This 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 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.

Local Mental Health Director/Designee (PRINT) Signature Date

County: _____

Date: _____





**EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY**

Behavioral Health Division

Message from the Behavioral Health Director

Over the past three years our county has continued to demonstrate its adaptability, tenacity, and creativity. Through the Pandemic, wildfires and other weather related impacts, El Dorado County continues to demonstrate the power of the community working together. Nation-wide, there has been a dramatic increase in awareness surrounding mental health, leading to a surge of funding, regulation and opportunity.

Reflecting on the past year, we recognize that it has been a time of transition. California Advancing and Innovating Medi-Cal (CalAIM) initiative was launched through documentation reform; we saw the end of the Public Health Emergency designation; and we experienced multiple changes in executive leadership both within the Health and Human Services Agency (HHS) and with the Chief Administrative Office (CAO). Moving through these and many other transitions has allowed us to view our systems with an emphasis on improvement and expansion, develop more comprehensive plans for situations that we have yet to experience and gain fresh perspective for how to move forward, carrying with us the lessons learned along the way.

The Fiscal Year 2023/24-2025/26 MHS Three Year Program and Expenditure Plan has been developed utilizing stakeholder input, capitalizing on the diverse experiences of our community members. Through the projects described in this MHS Plan, we strive to establish a strong foundation for all Behavioral Health services. This foundation will allow us to emerge from this period of transition with a wide variety of supportive services, stronger partnerships and collaborative efforts, and a comprehensive system of care to support the full spectrum of mental health needs in our community.

Thank you for your participation in community meetings; sharing your input via emails, surveys, and conversations with the MHS staff; and for taking the time to read this MHS Plan.

Sincerely,

Nicole Ebrahimi-Nuyken, LMFT
Behavioral Health Director
El Dorado County Health and Human Services Agency



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Executive Summary

History of MHSA

California voters passed Proposition 63, the Mental Health Services Act (MHSA), in November 2004 and the MHSA was enacted into law January 1, 2005. The MHSA places a one percent (1%) tax on personal incomes in excess of \$1,000,000. These funds are distributed to counties through the State and are intended to transform the mental health system.

This Three-Year Program and Expenditure Plan provides El Dorado County stakeholders with an overview of the direction of Behavioral Health services in El Dorado County for the next three (3) years, and to report on existing MHSA projects and services.

The most recent instructions issued by the Mental Health Services Oversight and Accountability Commission (MHSOAC) were issued for Fiscal Year (FY) 2014/15 through FY 2016/17. MHSA Plans are written for three-year (3-year) durations, and Plans are to be updated annually to allow for significant changes from the prior year's Plan. This Plan complies with the instructions issued by the MHSOAC.

Substantial Changes in this FY 2023/24-2025/26 Three-Year Program and Expenditure Plan compared to the FY 2020/21 – 2022/23 Three-Year Program and Expenditure Plan

The MHSA Act establishes five (5) MHSA components that address specific priority populations and key community mental health needs. The 2022 revision of the Mental Health Services Act describes the components as follows:

1. **Community Services and Supports (CSS):** CSS Projects are for children, youth, transition age youth, adults, and older adults with severe emotional disturbance (children and younger transition age youth) or serious mental illness (older transition age youth, adults and older adults). Individuals served through the CSS programs must meet medical necessity for Specialty Mental Health Services (SMHS).

Eighty percent (80%) of MHSA funding must be used for community services and support projects and of that, the majority (i.e., fifty-one percent [51%]) of the funding shall be used on Full Service Partnerships¹.

New or modified CSS Projects: As a reflection of a comprehensive CPPP, an examination of available CSS revenue, and an analysis of previously

- The majority of CSS projects were increased by on average 30% to account for cost of living increases impacting all levels of service delivery as well as program expansion initiated by CalAim.
- *FSP Forensic Services:* Care Court, was signed into law by Governor Newsom through SB 1338. El Dorado County is required to fully implement this program by December 1, 2024.

¹ Due to the MHSA requirement that counties contribute five percent (5%) of their allocation to the Innovation component, four percent (4%) from the CSS component is transferred to Innovation, leaving 76% of the County's MHSA allocation to fund CSS programs.



Project funding will also support the administrative work necessary to prepare for implementation.

- *Peer Leadership Academy*: This project was previously called the Consumer Leadership Academy. The name has been changed and description updated to better align with CalMHSA's Peer Support Specialist Certification process and expansion of Peer services throughout the county system of care.
- *Recreation Therapy Project*: This project was added to expand service delivery options for current CSS clients.
- *Lanterman-Petris-Short (LPS) Project*: AB 2242 added the requirement for care coordination under the LPS Act and provided the option for MHSA funding to support services defined within the act.
- *Student Wellness Centers and Mental Health Supports Project*: This project was found to best align with PEI goals and outcome measures and was absorbed by the existing PEI Student Wellness Center Project.

Removed CSS Projects:

- *Community Transition and Support Team (CTST) Project*: This project was removed because the services described were best suited under other existing projects (FSP, Wellness and Recovery). This project may be reconsidered in future MHSA Plans or Annual Updates after the scope of services has been thoroughly re-evaluated.

2. **Prevention and Early Intervention (PEI)**: PEI projects are designed to prevent mental illness from becoming severe and disabling, and emphasize improving timely access to services for underserved populations. PEI projects shall include at least one of the each of the following strategies: Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, and Stigma and Discrimination Reduction. Suicide Prevention is an optional strategy.

Twenty percent (20%)² of MHSA funding must be used for prevention and early intervention projects and of that, at least fifty-one percent (51%) of the funding shall be used on projects for youth age 25 and younger.

New or Modified PEI Projects: As a reflection of a comprehensive Community Program Planning Process (CPPP), an examination of available PEI revenue, and an analysis of previously funded PEI program outcomes, significant changes to the PEI projects include the following:

- The majority of PEI projects were increased by on average 15% to account for cost of living increases impacting all levels of service delivery as well as program expansion due to increased need for mild/moderate mental health services.

² Due to the MHSA requirement that counties contribute five percent (5%) of their allocation to the Innovation component, one percent (1%) from the PEI component is transferred to Innovation, leaving a net 19% of the County's MHSA allocation to fund PEI programs.



- *Older Adult Enrichment Project*: This project was restructured to better integrate services under one project after recognizing the duplication of efforts when the project was previously described as three independent programs (Senior Peer Counseling, Friendly Visitors, Senior Link). This project has also been moved to the Early Intervention Program of PEI services to best represent the therapeutic epicenter that Senior Peer Counseling provides.
- *Clubhouse El Dorado Project*: This project was added after direct stakeholder input was provided.
- *Goods and Services to Promote Positive Mental Health and Reduce Mental Health*: A sub-program, County Emergency Support, was added to this project in order to more definitively provide MHSA funded goods or services in times when there is a federal, state or local emergency declaration.
- *Prevention Wraparound Services: Juvenile Services Project*: After a reduction of allocated fund in the FY 22/23 MHSA Annual Update due to multiple years of substantial underspending, this project saw a substantial increase in referrals and the provider's capacity to serve those clients throughout FY 22/23. As a result, this project's annual allocation is being increased to \$500,000. This increase is supported by Child Welfare Services.
- *Student Wellness Center Project*: This project has been expanded to include services provided at local High Schools, which was previously provided by the CSS Student Wellness Centers and Mental Health Supports Project. It was recognized that the goals and outcome measures provided by this project better align with PEI. In addition, the need was recognized to align all Student Wellness Centers under one project for better continuity of services between grade levels.
- *Bridge the Gap Project*: This project was added to address the current delays in service for mild to moderate youth.
- *Mental Health First Aid and SafeTALK Projects*: This project was expanded to include an annual trainer course administered by EDC Behavioral Health as well as an option for a Community Funding Assistance Program.
- *Community Education Project*: This project was restructured in order to maintain the specificity of the Parenting Classes description, now as a separate program, while allowing expansion of additional community education opportunities. Within this restructure the Whole Family Wellness Pilot Program was added as a collaborative effort with Shingle Springs Health and Wellness, providing educational opportunities for family members of clients receiving Mental Health or Substance Use services.
- *Community-based Outreach and Linkage Project*: A sub-program was added to allow for the expansion of mobile crisis services currently receiving alternative funding for infrastructure development.

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- *Suicide Prevention and Stigma Reduction Project*: This project was expanded to better align with the El Dorado County Suicide Prevention Strategic Plan. This project also includes an opportunity for Community Funding Assistance.

Removed PEI Projects:

- *Expressive Therapies Project*: This project was heavily impacted by the Public Health Emergency cause by the coronavirus. Programming was not able to be resumed. Due to the absence of programming under this project throughout FY 20/21, FY 21/22 and FY 22/23 this project is being removed from this MHSA Plan. This project may be reconsidered in future MHSA Plans or Annual Updates after the scope of services has been thoroughly re-evaluated.

3. **Innovation (INN)**: Innovation projects are defined as projects that contribute to learning, which does not necessarily focus on providing a direct service. Innovation projects inform current and/or future practices/approaches related to mental health and must be approved by the MHSOAC in addition to local approvals.

Five percent (5%) of the funding must be used for innovation.

New or modified INN Projects: As a reflection of a comprehensive CPPP, an examination of available INN revenue, and an analysis of previously funded INN program outcomes, significant changes to the INN projects include the following:

- The following projects are being proposed through this MHSA Plan and are pending BOS and MHSOAC approval:
 - *Nature Therapy for Youth Project*
 - *In-Clinic Certified Therapeutic Recreation Specialist Project*
 - *Crisis Now Multi-County Collaborative*
 - *Early Psychosis Learning Healthcare Network*
 - *Psychiatric Advance Directives*
- *INN Concepts*: This section was added as a way to better solicit feedback and confirm stakeholder support for potential INN ideas.

4. **Workforce Education and Training (WET)**: One of the primary purposes of WET is to remedy the shortage of qualified individuals to provide services to address severe mental illness, as well as to provide trainings for current and prospective mental health system employees, contractors, and volunteers.



This component is no longer funded by the State, but counties can transfer funds from their CSS component to the WET component³.

New or modified WET Projects: As a reflection of a comprehensive CPPP, an examination of available WET revenue via transfer from CSS, and an analysis of previously funded WET program outcomes, significant changes to the WET projects include the following:

- *Workforce Development Project:* This project was expanded to include an annual provider conference.
 - *Recruitment and Retention Project:* This is a new project developed to address workforce shortages. This project includes the opportunity for Behavioral Health staff license and certification reimbursement previously listed under the Workforce Development Project as well as Hiring Incentives and Educational Funding.
5. **Capital Facilities and Technological Needs (CFTN):** A program for capital facilities and technological needs.

This component is no longer funded by the State, but counties can transfer funds from their Community Services and Supports component to the Capital Facilities and Technological Needs component⁴.

New or modified CFTN Projects:

- *County-wide Clinic Project:* This is a new project added to address the geographical challenges of providing services in El Dorado County.

³ Counties may transfer funds from the Community Services and Supports component to the Workforce Education and Training component. The total allocation shall not exceed twenty percent (20%) of the average amount of funds allocated to the Community Services and Supports component for the previous five (5) fiscal years.

⁴ Counties may transfer funds from the Community Services and Supports component to the Capital Facilities and Technological Needs component. The total allocation shall not exceed twenty percent (20%) of the average amount of funds allocated to the Community Services and Supports component for the previous five (5) fiscal years.



Legislative, Regulatory, and Other MHSA Changes

AB 2242

Existing law authorizes peace officers and certain other officials to force involuntary commitment and treatment of any person who, as a result of a mental health disorder, is a danger to others, or to themselves, or is gravely disabled, for 72-hour treatment and evaluation. This bill requires the State Department of Health Care Services to convene a stakeholder group of entities, including the County Behavioral Health Directors Association of California and the California Hospital Association, among others, to create a model care coordination plan to be followed when discharging those held under temporary holds or a conservatorship. This bill further establishes that Mental Health Services Act (MHSA) funds may be used to pay for costs incurred in these situations.



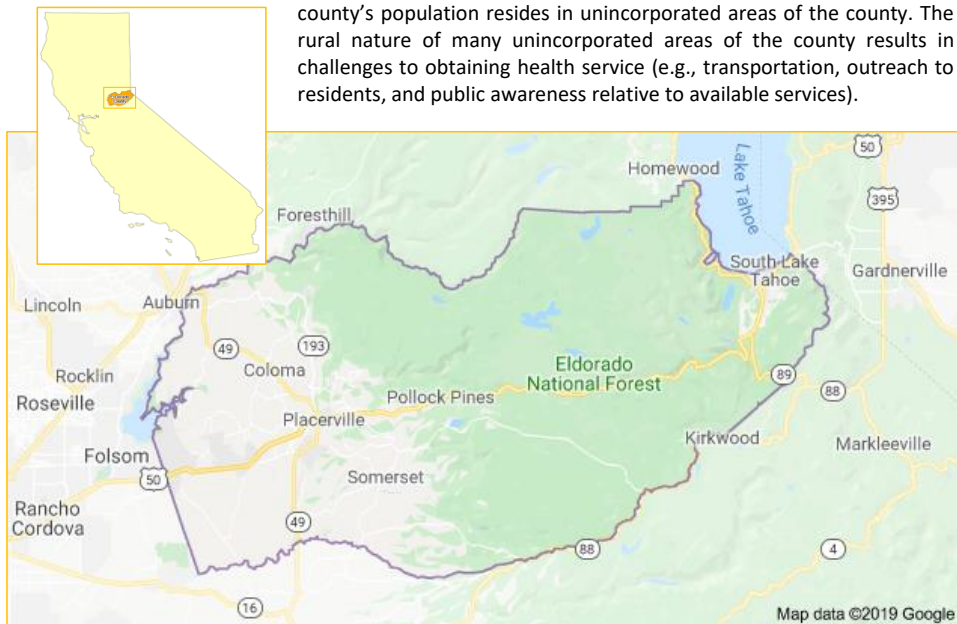
El Dorado County Snapshot and Demographics

Snapshot

El Dorado County, located in east-central California, encompasses 1,805 square miles of rolling hills and mountainous terrain. The County's western boundary contains part of Folsom Lake and the eastern boundary extends to the California-Nevada State line. The County is topographically divided into two zones. The northeast corner of the County is in the Lake Tahoe basin, while the remainder of the County is in the "western slope," the area west of Echo Summit.

The Tahoe Basin is separated from the remainder of the County by the Sierra Nevada Mountains, with Highway 50 providing a mountainous, 60-mile connector route between the two regions. There is no locally operated public transportation between the Tahoe basin and the West Slope of the County.

The population of El Dorado County as of March, 2022 is 194,493⁵. Approximately eighty percent of the county's population resides in unincorporated areas of the county. The rural nature of many unincorporated areas of the county results in challenges to obtaining health service (e.g., transportation, outreach to residents, and public awareness relative to available services).



⁵ As of March 2022, per welldorado.org

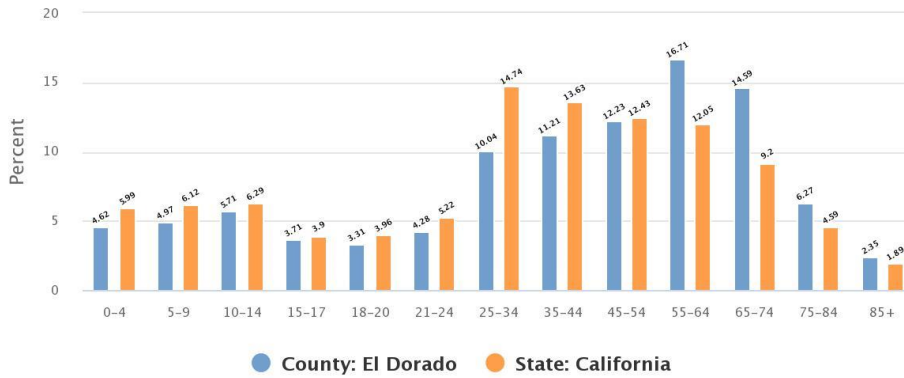
As used within the MHS Plan Update, the following regional definitions apply:

West County	Cameron Park, El Dorado Hills, Rescue, Shingle Springs
Placerville Area	Diamond Springs, El Dorado, Placerville, Pleasant Valley
North County	Coloma, Cool, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill
Mid County	Camino, Cedar Grove, Echo Lake, Kyburz, Pacific House, Pollock Pines, Twin Bridges
South County	Fair Play, Grizzly Flats, Mt. Aukum, Somerset
Tahoe Basin	Meyers, South Lake Tahoe, Tahoma

Demographics

The following charts provide a summary of El Dorado County’s population information in these categories, as obtained from WellDorado.org:⁶

Population by Age Group
County: El Dorado

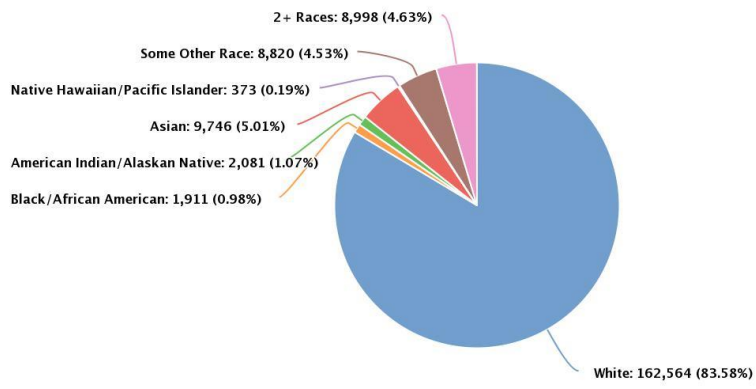


Claritas, 2022. welldorado.org

⁶ Healthy Communities Institute, Community Dashboard, March 2022. Retrieved from www.welldorado.org.



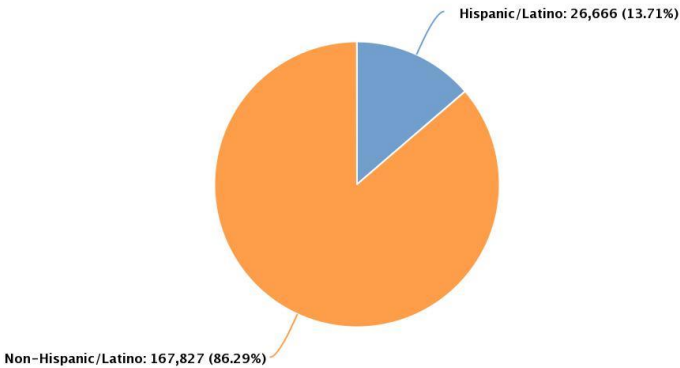
Population by Race County: El Dorado



Claritas, 2022. welldorado.org



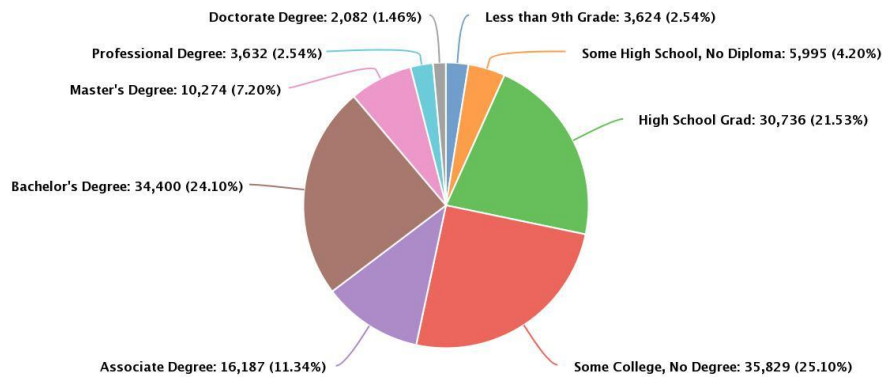
Population by Ethnicity
County: El Dorado



Claritas, 2022. welldorado.org



Population 25+ by Educational Attainment County: El Dorado



Claritas, 2022. welldorado.org

Community Program Planning Process (CPPP)

MHSA Stakeholder and Community Meetings

Stakeholders and the general public were invited to participate in MHSA planning opportunities and provide initial comment to contribute to the development of the County's Fiscal Year 2023-26 MHSA Three Year Plan. Stakeholder meetings were first held with current and prospective providers to identify opportunities for adaptation and expansion of existing MHSA Projects and possible additions to the El Dorado County system of care. Public meetings were then held to train and solicit feedback from community members. Topics included:

- ❖ MHSA history and planning cycle overview
- ❖ The five (5) MHSA components
- ❖ General expenditures and revenue information
- ❖ Intended Updates to existing projects
- ❖ Proposed new projects (including Innovation concepts)
- ❖ Overview of remaining steps in the MHSA process
- ❖ Questions & Answers



A survey was created through Microsoft Forms. The survey links were sent out to the MHSA email distribution list, included in the Facebooks posts, and provided at all community and stakeholder meetings. The survey was available in both English and Spanish.

The MHSA Project Team advertised the meetings through a Press Release, emailing notices, and posting the meetings on the County’s HSA Facebook and community partner Facebook pages. The Team also reached out to the community by distributing a feedback survey. The survey was offered in both English and Spanish. For individuals who did not have online access, the MHSA Project Team offered paper surveys. The MHSA Project Team also accepted community feedback via email.

The MHSA email distribution list for communicating with stakeholders and other interested parties includes over 1,400 individuals, including:

- ❖ Adults and older adults with severe mental illness
- ❖ Families of children, adults and older adults with severe mental illness
- ❖ Providers of services
- ❖ Law enforcement agencies
- ❖ Education providers
- ❖ Social Services agencies
- ❖ Veterans and representatives of veteran organizations
- ❖ Providers of substance use disorder services
- ❖ Health care organizations
- ❖ Native Americans
- ❖ Latinos
- ❖ Other interested individuals

A PowerPoint presentation guided the training and discussion. The meeting flyer, agenda, presentation, and surveys are included Appendix A.

Stakeholder and Community Meetings

Date/ Time	Meeting	Number of Attendees
8/17/22; 10:30 am	EDC Behavioral Health Mental Health Manager – Adult Programs	1
8/22/22; 3:00 pm	EDC Behavioral Health Mental Health Manager – Youth Programs	1
8/29/22; 10:00 am	EDC Behavioral Health Program Manager – Substance Use Disorder (SUDs) services	1
9/1/22; 9:00 am	EDC Behavioral Health Mental Health Coordinator – Adult Programs	1
9/8/22; 3:00 pm	Stakeholder meeting with Senior Peer Counseling	1
9/9/22; 10:30 am	Stakeholder meeting with CASA El Dorado	1
9/14/22; 8:30 am	Stakeholder meeting with Big Brother Big Sisters	1



Date/ Time	Meeting	Number of Attendees
9/15/22; 3:00 pm	Stakeholder meeting with County HUBs collaborators (First 5 El Dorado, EDCOE, EDC Library)	3
9/16/22; 2:00 pm	Stakeholder meeting with Infant Parent Center	1
9/19/22; 12:30 pm	Stakeholder meeting with South Lake Tahoe Family Resource Center	1
9/20/22; 9:30 am	Stakeholder meeting with Pioneer Unified School District	3
9/20/22; 3:30 pm	Stakeholder meeting with El Dorado County Office of Education (EDCOE)	1
9/21/22; 9:00 am	Stakeholder meeting with Sierra Child and Family Services	1
9/21/22; 11:00 am	Stakeholder meeting with Only Kindness	2
9/22/22; 9:00 am	Stakeholder meeting with Housing El Dorado & NAMI El Dorado	2
9/23/22; 9:00 am	Stakeholder meeting with Stanford Sierra Youth & Family	3
9/26/22; 1:00 pm	Stakeholder meeting with Lake Tahoe Community College	1
10/3/22; 10:00 am	Stakeholder meeting with Suicide Prevention Network	2
10/3/22; 12:00 pm	Stakeholder meeting with A Balance Life	2
10/7/22; 1:00 pm	Stakeholder meeting with The Happiness Formula	1
10/11/22; 1:00 pm	Stakeholder meeting with Veterans Administration (VA) Northern California Healthcare System: Suicide Prevention Community Engagement and Partnership	1
10/12/22; 10:00 am	Stakeholder meeting with Our Healing Forest	1
10/12/22; 3:00 pm	Stakeholder meeting with Summitview Child and Family	3
10/13/22; 3:00 pm	Stakeholder meeting with Tahoe Youth and Family	1
10/17/22; 11:00 am	Stakeholder meeting with Black Oak Mine Unified School District	1
10/20/22; 1:00 pm	Behavioral Health Staff MHSA Training and Discussion	50
10/21/22; 9:00 am	Virtual Community Meeting and Training – Hosted by EDC MHSA Team	3
10/26/22; 9:00 am	Virtual Community Meeting and Training – Hosted by Lake Tahoe Community College	4
10/28/22; 12:00 am	Virtual Community Meeting and Training – Hosted by Shingle Springs Health and Wellness	3
11/4/22; 9:30 am	Virtual Community Meeting and Training – Hosted by Foster Kinship Group	1
11/8/22; 12:30 pm	Virtual Community Meeting and Training – Hosted by EDC MHSA Team	4
11/14/22; 12:00 pm	Virtual Community Meeting and Training – Hosted by Infant Parent Center	15
11/14/22; 6:00 pm	Community Meeting and Training – Hosted by Foothill Indian Education Alliance	7
11/15/22; 12:00 pm	Virtual Community Meeting and Training – Hosted by CASA El Dorado	16
12/5/22; 10:00 am	Stakeholder meeting with New Morning Youth & Family Services	2



Date/ Time	Meeting	Number of Attendees
12/12/22; 4:30 pm	Virtual Community Meeting – Hosted by EDC MHSa Team	1
12/21/22; 9:00 am	Stakeholder meeting with Clubhouse El Dorado Workgroup	4
1/3/23; 7:30 pm	Community Meeting and Training – Hosted by Growing Hope (Foster/Adopt resource group)	18
1/4/23; 10:00 am	Stakeholder meeting with El Dorado County Child Welfare Services	1
4/26/23; 10:00 am	Community Action Counsel regular meeting presentation	<u>10</u>

Stakeholder and Community Meeting Input

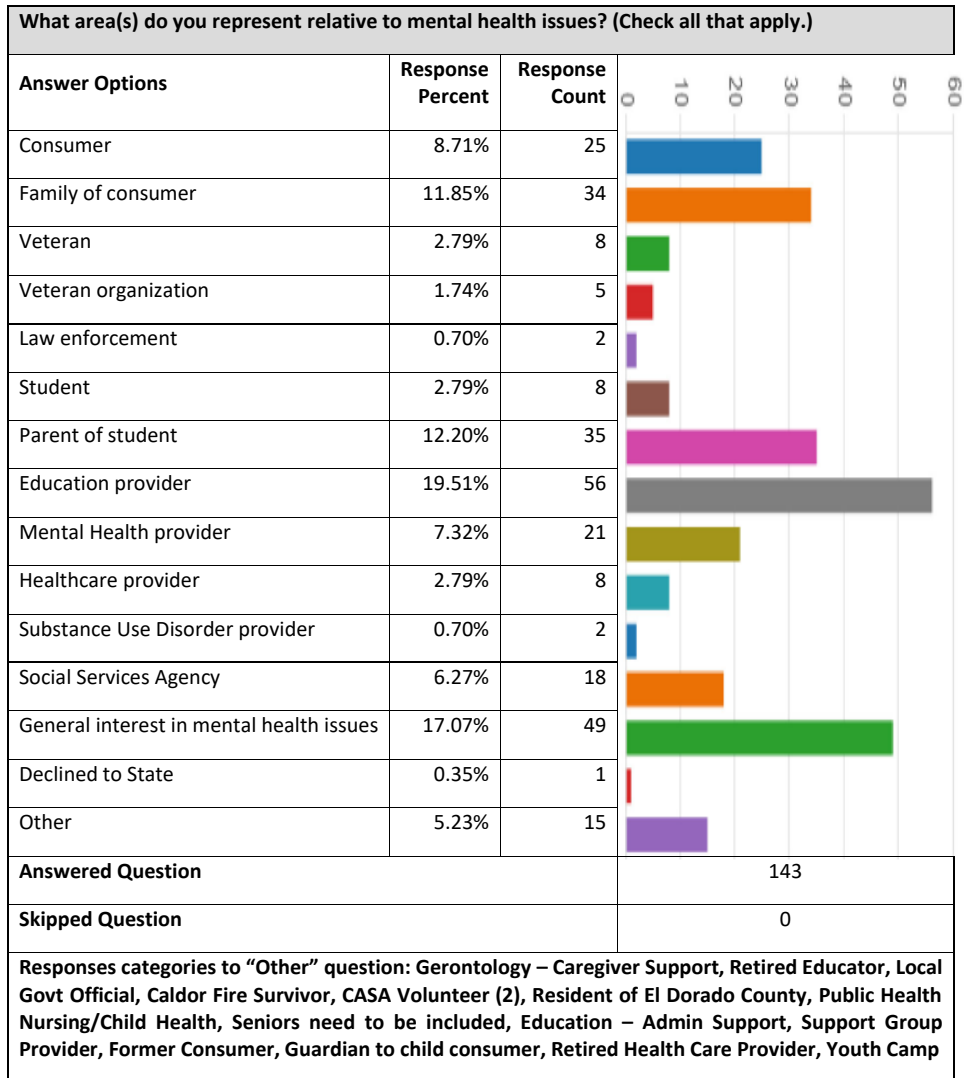
Through the CPPP, the MHSa project team heard recurring themes. Issues of primary concern included:

- ❖ Housing and Homelessness, including the cost of housing
- ❖ Availability of mental health services and access to services
- ❖ Youth mental health
- ❖ Suicide prevention, especially for youth

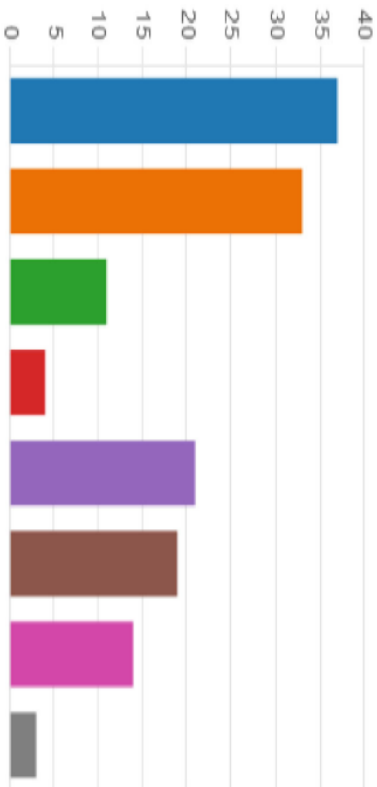


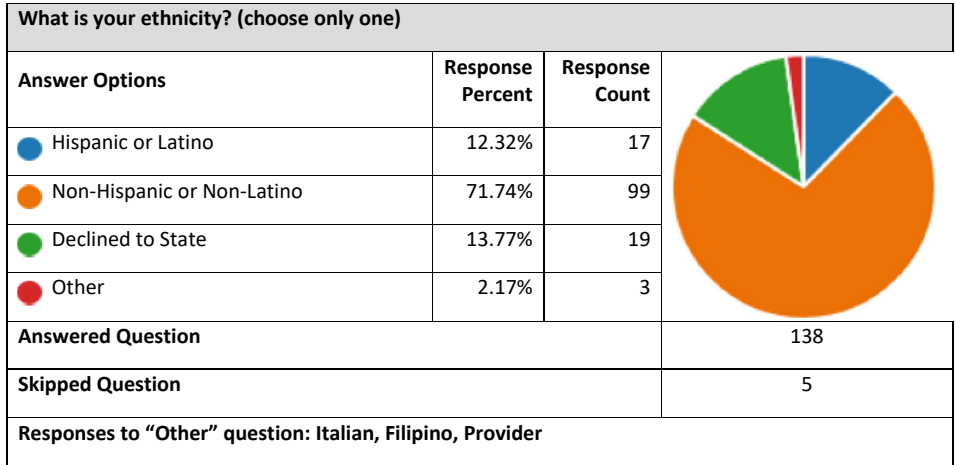
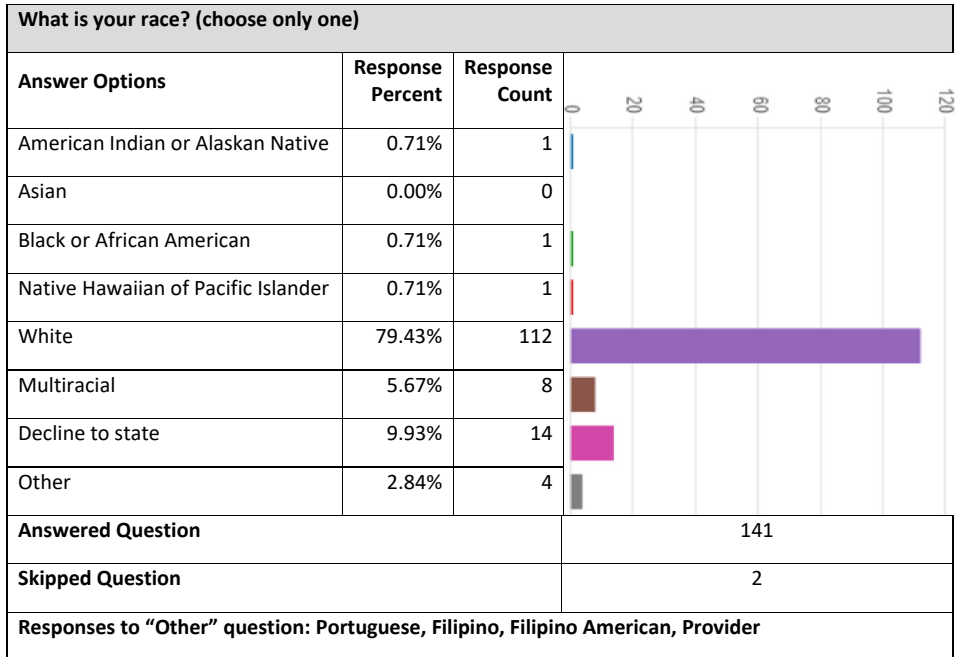
Summary of Survey Responses

143 English version surveys were received
 0 Spanish version surveys were received



Where do you live?		
Answer Options	Percent Response	Response Count
West County (Cameron Park, El Dorado Hills, Rescue, Shingle Springs)	26.06%	37
Placerville Area (Diamond Springs, El Dorado, Placerville, Pleasant Valley)	23.24%	33
North County (Coloma, Cool, Lotus, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill)	7.75%	11
South County (Fair Play, Grizzly Flats, Mt. Aukum, Somerset)	2.82%	4
Mid County (Camino, Cedar Grove, Echo Lake, Pollock Pines, Kyburz, Pacific House, Riverton)	14.79%	21
Tahoe Basin (Meyers, South Lake Tahoe, Tahoma)	13.38%	19
Out of the county, but I work in El Dorado County	9.86%	14
Decline to state	2.11%	3
Answered Question		142
Skipped Question		1

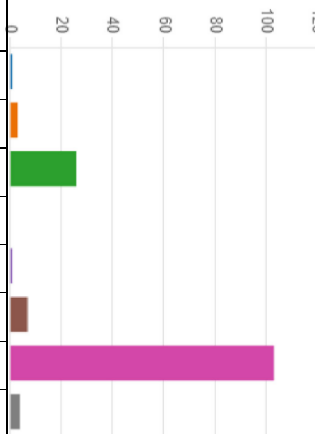




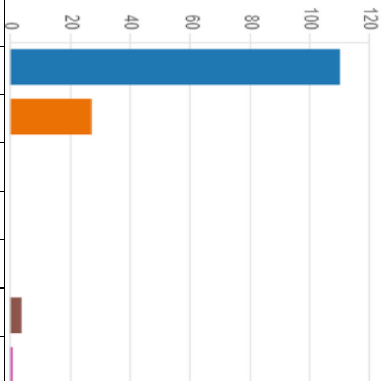
What is your age?		
Answer Options	Percent Response	Percent Count
0-15 years	0.00%	0
16-24 years	0.00%	0
25-59 years	69.01%	98
60+ years	28.17%	40
Declined to state	2.82%	4
Answered Question		142
Skipped Question		1



What is your military affiliation? (choose all that apply)		
Answer options	Percent Response	Percent Count
Service Member	0.70%	1
Parent of Service Member	2.11%	3
Child of Service Member	18.31%	26
Active Duty	0.00%	0
Reservist	0.70%	1
Veteran	4.93%	7
Does not apply	72.54%	103
Decline to State	2.82%	4
Answered Question		142
Skipped		1



What is your gender identity?		
Answer Options	Percent Response	Percent Count
Female	77.46%	110
Male	19.01%	27
Trans male/trans man	0.00%	0
Trans female/trans woman	0.00%	0
Genderqueer/gender non-conforming	0.00%	0
Declined to State	2.82%	4
Different Identity (please state):	0.70%	1
Answered Question		142
Skipped Question		1
Response to "Different identity": Provider		



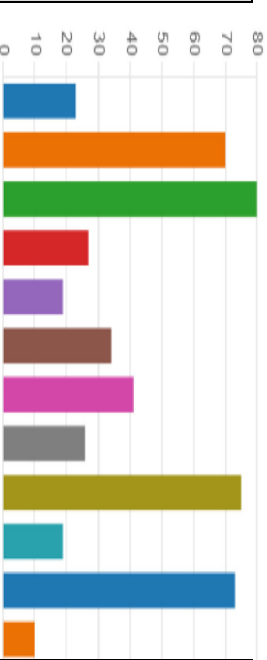
The Department of Health Care Services (DHCS) defines seven (7) negative outcomes of untreated mental illness.

In your opinion, what are the most negative outcomes in El Dorado County?

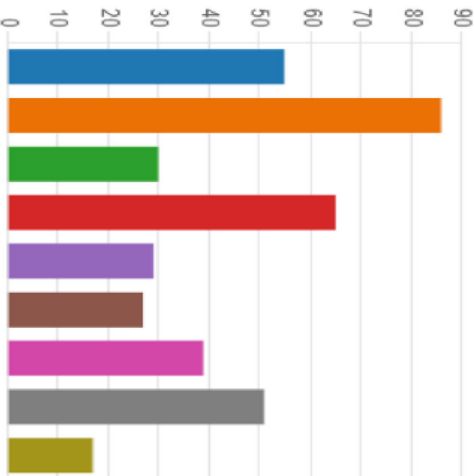
Rank	Outcome	First Choice	Last Choice
1	Prolonged suffering	25.5%	20.9%
2	Suicide	34.5%	9.1%
3	Homelessness	20%	20.9%
4	School Failure or dropout	9.1%	19.1%
5	Removal of children from their homes	3.6%	10.9%
6	Incarceration	3.6%	10%
7	Unemployment	3.6%	9.1%
Answered Question		110	
Skipped Question		33	









In your opinion, what groups of people are in the greatest need of additional support by the current MHSA projects in El Dorado County? (Select 3)

Answer Options	Percent Response	Percent Count	
Children 0-5	4.63%	23	
School Age Children	14.08%	70	
TAY (ages 16- 25)	16.10%	80	
Adults	5.43%	27	
Older Adults (ages 60+)	3.82%	19	
LGBTQIA	6.84%	34	
Parents / Family Members	8.25%	41	
Justice- Involved on Probation or Parole	5.23%	26	
Homeless/At Risk of Homelessness	12.56%	75	
BICOP (black, Indigenous and people of color)	3.82%	19	
Persons with Mental Health Needs (Consumers)	14.69%	73	
Other	2.01%	10	
Answered Question			140
Skipped Question			3
Responses to "Other" question: Limited English Speakers, Foster Kids, Caldor Fire Survivors, Need Multilingual Support, Primary Care Providers for Consumers, Everyone of ALL age groups, All, Veterans			

What concerns do you continue to have, or have started to experience since the declaration of the Public Health Emergency due to the Coronavirus? (Note: All concerns cannot necessarily be addressed with MHSA programs.)

Answer Options	Percent Response	Percent Count	
Financial Stress	13.78%	55	
Mental Health Stress	21.55%	86	
Childcare Challenges	7.52%	30	
Isolation	16.29%	65	
Distance Learning Issues	7.27%	29	
Physical Health Issues	3.77%	27	
Substance Use	9.77%	39	
Education Challenges	12.78%	51	
Other	4.26%	17	
Answered Question			133
Skipped Question			10
<p>Responses to "Other" question: Loss of public trust due to mandates for vaccines, masks and social restrictions, No Adult Charter Education – ESL Teacher, Unemployment due to shutdowns, limited service availability, unnecessary responses/reactions/precautions/restrictions, many TK-Grade Students exhibiting severe behavioral challenges, concrete supports for families, political harassment/violence, homicide/shootings, concerns for the anger in our society, isolated veterans</p>			

What areas do you continue to be impacted by the Caldor Fire OR Mosquito Fire as El Dorado County continues its recovery efforts?

Answer Options	Percent Response	Percent Count	
Finding Housing	23.68%	45	
Mental Health issues	23.68%	45	
Job assistance	4.74%	9	
Financial Impact	24.76%	47	
Navigating State and Federal Support	9.47%	18	
Other	13.68%	26	
Answered Question			111
Skipped Question			32
Responses to "Other" question: Not impacted (several responses), non-profit inefficiency/rebuilding house, seeing friends/co-workers struggle with finding affordable housing, clients affected, stress due to anticipation of next fire, bear break-ins, lack of help for people in Grizzly Flats			

To what extent do the following barriers create challenges for individuals and family member(s) with mental health issues to access mental health services?				
Highlighted items are those where "Very Challenging" received the most responses	Very Challenging	Somewhat Challenging	No Added Challenge	Total Respondents
Appointment availability	88	42	3	133
Services not in my community	74	37	14	125
Safety concerns	31	62	29	122
Transportation	56	46	22	124
Slow Response Time	74	46	9	129
Resources (e.g. financial)	75	41	6	122
Stigma around mental health illness in their community	51	58	16	125
Communication between providers	49	65	11	125
Embarrassed to ask for help	52	60	16	128
Did not want help	45	55	25	125
Legal concerns	21	66	37	124
Level of services did not match needs	66	52	7	125
No Insurance	61	42	22	125
Services not culturally appropriate (e.g. not in my language)	27	47	46	120
Provider changes	53	52	17	122
Answered Question				133
Skipped Question				10



Do you support the following potential additions to the El Dorado County system of care?				
	Yes	No	Unsure/More information needed	Total Respondents
PEI: Bridge the Gap Project - Immediate counseling (up to 18 months) for youth awaiting care through private insurance provider (up to \$100,000 annually)	118	4	20	142
PEI: Mental Health First Aid Trainer Course (\$30,000 annually)	92	10	33	135
PEI: County Emergency Support - to make MHSA Goods and Service funds available during county emergencies (\$75,000 annually)	103	4	25	132
PEI: County-wide Clinic Project - Maximize service delivery in all parts of the county through collaborative efforts and shared resources between county departments (up to \$150,000 annually)	104	4	26	134
WET: Recruitment & Retention Project - Staff license/certification costs, signing bonuses, scholarships, advertising/promotion (up to \$100,000 annually)	93	11	26	130
Answered Question				142
Skipped Question				1



MHSA requires 5% of revenue be spent on Innovation Projects which aims to explore and develop new mental health models that improve the quality of services, promote collaboration, and increase access to services. Projects are required to go through a thorough review process with the Mental Health Services Oversight and Accountability Commission (MHSOAC). The following are several ideas that we are exploring.

Do you support moving forward with the MHSOAC review and approval process on the following Project ideas?

	Yes	No	Unsure/More information needed	Total Respondents
Outdoor Recreation Therapy Project - Utilize outdoor therapeutic models to improve well-being, socialization skills, and decrease need for higher levels of mental health care (a subset of the adult population has yet to be identified for this project)	101	11	25	137
Inpatient Socialization to Stepdown Project - Provide structured, supervised outings for select individuals currently in inpatient care as an opportunity to re-integrate into the community and rebuild socialization skills to prepare for transition to lower level of care	93	8	32	133
Nature Therapy for Youth Project - Utilize nature therapy techniques as a means to lower stress, and increase connectedness for El Dorado County youth (a subset of the youth population has yet to be identified for this project)	114	4	20	138
The Mind, The Body and The Gut Project - Explore the connection between mental health, physical health and the foods we eat as a path towards a healthier community (a subset of the population has yet to be identified for this project)	97	16	21	134
Housing related project that is yet to be identified	76	9	43	128
Answered Question				138
Skipped Question				5



Publication of the MHSA FY 2023/24-25/26 MHSA Three Year Plan

El Dorado County, Health and Human Services Agency (HHS)/Behavioral Health Division provided notification of the draft Update publication as follows:

Draft MHSA Plan Comment Period: The Draft MHSA Plan was posted on the MHSA web page (www.edcgov.us/mhsa) on March 7, 2023, for a 30-day Public Comment Period. Emails were sent on March 6, 2023, to the MHSA email distribution list, the Behavioral Health Commission members, the Chief Administrative Office (CAO), the Board of Supervisors' offices, and HHS staff, advising recipients that the Draft MHSA Plan was posted and available for public comment for 30 days. On March 6, 2023, a press release was distributed to the Tahoe Daily Tribune, Mountain Democrat, Georgetown Gazette, South Tahoe Now, The Windfall, Life Newspapers, El Dorado Hills Telegraph, and The Clipper. The press release also posted on the El Dorado County's webpage (Press Release section), Health and Human Services Agency webpage and Facebook page. The Draft MHSA Plan Public Comment Period will end at 5:00 p.m. on April 7, 2023.

Draft MHSA Plan Public Hearing: The Behavioral Health Commission is anticipated to hold a Public Hearing on the Draft MHSA Plan on April 19, 2023, and the hearing will be noticed on the Behavioral Health Commission's calendar and the MHSA web page. Notice of the Public Hearing will be sent electronically to individuals on the MHSA email distribution list and to individuals who subscribe to Behavioral Health information through a government internet subscription service (GovDelivery.com). Due to continuing guidance in regard to the Coronavirus Pandemic, the Public Hearing will be held in a hybrid format with Behavioral Health Commissioners and public participation both remotely via Zoom and in person at the Board of Supervisors meeting room at 330 Fair Lane, Placerville, CA 95667 and Mental Health Office, 1900 Lake Tahoe Blvd., Suite 103, South Lake Tahoe, CA.

Substantive Comments: Substantive comments received during the Public Comment Period and at the Public Hearing will be included in the final MHSA Plan, along with an analysis and response to those comments.

Behavioral Health Commission Recommendation: Recommendations from the Behavioral Health Commission will be addressed in the final MHSA Plan.

El Dorado County Board of Supervisors: After the Public Hearing, the draft MHSA Plan will be presented to the El Dorado County Board of Supervisors for review on May 9, 2023. Based on Board of Supervisors review, final adaptations will be made before presenting the final MHSA Plan to the Board of Supervisors for adoption on June 20, 2023. Notification of the date will be posted on the MHSA web page and included on the Board of Supervisors Agenda.

California Mental Health Services Oversight and Accountability Commission (MHSOAC) and California Department of Health Care Services (DHCS): Within 30 days of Board of Supervisors' adoption of the Update, a copy of the Update will be provided to the MHSOAC and the DHCS, as required by the MHSA.

Innovation Projects: Once approved by the Board of Supervisors, the MHSOAC must review and approve all Innovation programs. New Innovation programs and changes to existing Innovation programs will be forwarded to the MHSOAC for consideration. Notification of the MHSOAC-assigned meeting date will be posted on the MHSA web page.



Substantive Comments

Substantive comments received during the Public Comment Period and the Public Hearing, and the analysis and responses to those comments, will be summarized below, and comments received from individual Behavioral Health Commissioners will be added below the Public Comment / Public Hearing comments. Comments on other non-MHSA Behavioral Health Division projects or general topics of discussion that are outside the scope of this MHSA Plan will not be addressed.

The MHSA project team encourages greater discussion regarding these items and other topics impacting mental health services in El Dorado County during the next MHSA CPPP.

30-day Public Comment – March 7 to April 7, 2023

General Comment	
Comment	MHSA Analysis/ Response
I see in the draft plan that the middle and high school wellness center programs have been combined under PEI, but in the budget section there is no information about the funding distribution between middle and high schools. It reads - Student Wellness Center - Middle School \$890,400.	The budget listing specifying Middle Schools was an oversight and has been removed. The budget for the Student Wellness Center Project is for both Middle and High Schools without a specific allotment directed towards each.
There is a duplication of efforts with services described in this project and what is provided by Senior Services, specifically with the outreach and linkage to services for seniors.	HHSA continues to build upon the concept of No Wrong Door. BH staff do not see expanding outreach and linkage services as a duplication of efforts but instead an opportunity to more completely serve the community. Though some Senior Services clients may also participate in Senior Peer Counseling, or visa versa, including this service as part of the Older Adult Enrichment Project ensures that clients who only participate in Senior Peer Counseling are provided linkage to services on an individual level. It is our understanding that some form of linkage or referral is already being done by the current contract provider.
As the current provider of Senior Peer Counseling, additional staff would be necessary in order to provide the services as described in this plan. A Project Coordinator would be necessary to oversee the scope of services described. A Social Worker would be needed for the case management services described. Current volunteer model is not sustainable under this project description.	The MHSA Plan description for this project has been updated to allow for services to be provided by either paid staff or volunteers. The specific positions and program structure will be defined as part of the contracting process with the selected provider.
\$400,000 would be the minimum necessary to support the hiring of employees, expanded space requirement,	The project budget has been increased to \$400,000 per year.



and increased outreach described in this project. (Senior Peer Counseling)	
Services should not be provided in clients' homes. (Senior Peer Counseling)	The project description has been updated to allow but not require in-home services. The specific program structure will be defined as part of the contracting process with the selected provider.
Senior Peer Counseling suggested to remain as a stand alone program. SPC does not overlap with Friendly Visitors/Senior Engagement as they are 2 distinctly different models. SPC is not a Prevention Program, but rather an Early Intervention and Prevention program for addressing existing mental health problems with identifiable mental health goals. SPC is clinical in nature and measures mental health outcomes.	BH staff recognize the long successful history of Senior Peer Counseling. The updated description seeks to maintain the the stability of this proven service model while expanding the services that may be provided to clients. Senior Engagement may be used as alternative therapeutic opportunities for existing clients or as an engagement opportunity for potential clients. BH staff acknowledge that expansion of staff or volunteers will be required to provide the services described, however, we feel that these services delivered by a single provider with expertise working with Older Adult populations has the opportunity to improve continuity of care for clients engaged services.
Friendly Visitors or what is being called Senior Engagement in the Older Adult Enrichment Project is more of Prevention and Community Support Services, (CSS), type of program. It involves social opportunities and activities along with pure companionship.	Senior Engagement may be used as alternative therapeutic opportunities for existing clients or as an engagement opportunity for potential clients. BH staff acknowledge that expansion of staff or volunteers will be required to provide the services described, however, we feel that these services delivered by a single provider with expertise working with Older Adult populations has the opportunity improve continuity of care for clients engaged services.
The Older Adult Enrichment Project is classified under the Prevention category of PEI in the RFQ and Planet Bid site. This diminishes the fact that SPC directly addresses existing mental health problems with identifiable goals and interventions based on Cognitive Behavioral and Solution Focused Therapies in a client centered approach.	The Older Adult Enrichment Project has been moved to the Early Intervention Program of PEI services to best represent the therapeutic epicenter that Senior Peer Counseling provides.
Senior Peer Counseling already does provide education, research and linkage for older adults to a variety of community based services with the goal of improving their mental health. This is provided to any	BH staff were made aware of these linkage and informational services currently being provided by Senior Peer Counseling. It is our intention to maintain this practice for clients

<p>person who calls into our office for assistance whether they become a client or not. Clients do not need to be referred to another department or person to receive these linkages, as would be the case in an umbrella program with different divisions as specified in the OAE Program.</p>	<p>engaged in services and sustain or expand linkage services provided to anyone who seeks assistance from the selected vendor. We feel that these services delivered by a single provider with expertise working with Older Adult populations has the opportunity to improve continuity of care for potential clients who are assessed to be best served by Senior Peer Counseling or Senior Engagement services.</p>
<p>Senior Peer Counseling (SPC) of El Dorado County is a successful program that has been in existence since 1988. As such it needs to remain as the stand alone program it is now, with its current vendor, as there is a proven track record of running the program effectively.</p> <p>Under the proposed contract and program MHSA wants SPC to do a lot of referrals to other services. This is done already, though the client may also be referred to Information and Assistance for further referrals to services to meet a client’s needs. This is a county run program. There are various other county run programs to assist them at the Senior Center and in the community, so having SPC doing more of this would be a duplication of county services that already exist, and can be more of a social worker function. SPC needs to focus mainly on providing the mental health, age-related counseling that the older adult demographic desperately needs.</p> <p>SPC needs to remain a separate program from Friendly Visitor and Senior Link. While SPC has been able to survive and provide services for 35 years, Friendly Visitors and Senior Link do not exist right now. They both existed for a brief time in the past. SPC needs to continue to focus on its own successful model to be able to grow its program to serve more senior community members in an environment where there is limited access to mental health services often due to a shortage of mental health providers and limited financial resources.</p>	<p>BH staff recognize the long successful history of Senior Peer Counseling. The updated description seeks to maintain the stability of this proven service model while expanding the services that may be provided to clients and the older adult community.</p> <p>County Procurement Policy C-17 requires a competitive process for contracts over \$100,000. A Request for Qualifications (RFQ) was released March 9, 2023 for PEI services, including the Older Adult Enrichment Project, to solicit qualified vendors.</p> <p>BH staff were made aware of these linkage and informational services currently being provided by Senior Peer Counseling. It is our intention to maintain this practice for clients engaged in services and sustain or expand linkage services provided to anyone who seeks assistance from the selected vendor.</p> <p>HHSA continues to build upon the concept of No Wrong Door. BH staff do not see expanding outreach and linkage services as a duplication of efforts but instead an opportunity to more completely serve the community. The services described in this project are not intended to require the education and expertise of a Social Worker or case manager.</p> <p>The instability of Friendly Visitors and Senior link inspired the adaptation of this project, not to diminish the services provided by Senior Peer Counseling but to enhance those services through more complete services to the Older</p>

	<p>Adult population. Senior Engagement may be facilitated as alternative therapeutic opportunities for existing clients or as an engagement opportunity for potential clients. BH staff acknowledge that expansion of staff or volunteers will be required to provide the services described, however, we feel that these services delivered by a single provider with expertise working with Older Adult populations has the opportunity improve continuity of care for clients engaged services.</p>
<p>The description of this Project states that three programs (Senior Peer Counseling 'SPC', Friendly Visitors, and Senior Link) are being 'consolidated' due to the 'overlapping nature' of the services provided and the 'need' for more fluid transition between levels of care.</p> <p>All three programs can contribute to prevention and early intervention benefits to seniors in the mental health arena, but they are distinctly different in what they require of their volunteers and the administrative responsibilities of their leaders. The 'screening' or referral function of this project would require the leader to have a social worker level of knowledge and skill. If volunteers were to be involved in that screening/evaluation process, then they would need training and supervision from that leader to effectively build their knowledge of the services and resources in our communities that the seniors need.</p> <p>The knowledge, functions and responsibilities of 'screening' volunteers would be very different from those required for SPC volunteers who ultimately provide individual, ongoing counseling services which require a licensed mental health clinician, intensive therapy training, and weekly supervision, and record-keeping. Likewise, if Senior Engagement (Friendly Visitor) clients are isolated, lonely, and not able to use or not desiring counseling, but need direct socialization or support to develop that in the community, then the set of skills, interests, and responsibilities of the volunteers would be much different from the other two elements of the project. The Senior Engagement volunteers would be spending 'personal/friendly' time</p>	<p>The MHS Plan description for this project has been updated to allow for services to be provided by either paid staff or volunteers. The annual allotment has been increased to \$400,00 which allows for increased staff who may specialize in a specific area of this project or may be cross trained to provide multiple levels of services to clients and the community. Additional administrative staff may also be included. The specific positions and program structure will be defined as part of the contracting process with the selected provider.</p> <p>The services described in this project are not intended to require the education and expertise of a Social Worker or case manager.</p> <p>BH staff were made aware of these linkage and informational services currently being provided by Senior Peer Counseling. It is our intention to maintain this practice for clients engaged in services and sustain or expand linkage services provided to anyone who seeks assistance from the selected vendor.</p> <p>Evaluation process described in this project is not intended to be clinical in nature but to assess if a potential client's needs may best be serviced by Older Adult Enrichment Project services, alternative community services, or a higher level of mental health treatment where a comprehensive screening would be done by qualified clinicians.</p>

<p>with their clients, taking them places, physically connecting them with live activities, etc., which is completely different than the functions of a SPC counselor. A Friendly Visitor (Senior Engagement) program does require supervision to assure services are provided and clients are safe, but data collection of meaningful client outcomes is difficult to determine. The program would nevertheless serve as a significant preventative intervention for lonely and isolated seniors, of whom there are many in our county.</p> <p>Due to all the many ways in which these program elements differ, I don't think an effort to 'consolidate' these very different kinds of work would do anything for efficiency or effectiveness.</p> <p>SPC has been a consistent program which has fulfilled a serious need for emotional counseling resources for seniors. Assigning more functions to that position would likely degrade the SPC supervisor's performance. It is likely that developing, recruiting, and training for a Friendly Visitor program would also be an overload of responsibility for the supervisor of the 'screening' function of this project. The 'screening' supervisor would need to gather, maintain, and share up-to-date knowledge and contacts of all of the community resources needed by senior clients. That would be an ongoing effort, on top of training and managing the 'screening' volunteers.</p>	
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Public Hearing – April 19, 2023

General Comment	
Comment	MHSA Analysis/ Response
Promotion of Assisted Outpatient Treatment Project and suggestion for additional Transitional Housing.	The Assisted Outpatient Treatment Project is included in this MHSA Plan on page on page 60 with opportunities to continued expansion throughout the implementation of this Three Year Plan. County staff continue to seek opportunities for additional Transitional Houses. The addition of an MHSA specific Housing Consultant as described on page 115.
Promotion of LOCUS assessment tool.	The LOCUS/CALOCUS assessment tool has previously been used by Behavioral Health Services. The licensing requirement for the



	<p>tool has recently changed, no longer allowing Behavioral Health to use the tool. New Level of Care tools are being explored and evaluated for the best substitution to the LOCUS/CALOCUS.</p>
<p>Promotion of Clubhouse El Dorado Project.</p>	<p>The Clubhouse El Dorado Project has been included in this MHS Plan on page 71 and the subsequent Request for Qualifications to solicit a qualified vendor. This project is projected to be implemented in FY 23/24 pending Board of Supervisor approval of the FY 23-26 MHS Plan on June 20, 2023</p>
<p>General comment about the October 2022 resolution to require Request for Qualification (RFQ) and challenges relating to continuity of care and implementation of programs when asking established providers to annually go through a competitive process.</p>	<p>This comment and the RFQ process will be further explored by our Board of Supervisors liaison. Behavioral Health staff acknowledged a thorough review of the annual MHS Plan/Update development process in order to minimize challenges reported by providers.</p>
<p>Promotion of Clubhouse El Dorado Project to support Housing El Dorado initiatives.</p>	<p>The Clubhouse El Dorado Project has been included in this MHS Plan on page 71 and the subsequent Request for Qualifications to solicit a qualified vendor. This project is projected to be implemented in FY 23/24 pending Board of Supervisor approval of the FY 23-26 MHS Plan on June 20, 2023.</p>
<p>Recognition of challenges with vacancy rate, staff retention leading to reduction in services provided.</p>	<p>This MHS Plan provides opportunities for multifaceted initiatives to increase staffing capacity through the WET Recruitment and Retention Project 110.</p>
<p>Recognition of limited pay for Mental Health careers in relation to other comparable professions. Recognition that expansion of housing in El Dorado County supports staffing recruitment and retention.</p>	<p>Supervisor Thomas acknowledged that the County Board of Supervisors has been closely looking at competitive pay rates in El Dorado County. Behavioral Health staff continue to explore incentives and other recruitment and retention strategies.</p>
<p>Recognition that the description of MHSSA within the MHS Plan is not clear. MHSSA is not funded by MHS.</p>	<p>See updated description on page 82.</p>
<p>Recognition that revisions should be made to the plan to spend down the fund balance.</p>	<p>Behavioral Health Staff have evaluated current, viable opportunities to spend annual revenues and fund balance going into FY 23/24 while remaining cognizant of MHS regulatory requirements, fiscal forecasting, and stakeholder input.</p>



Behavioral Health Commission – April 19, 2023

General Comment	
Comment	MHSA Analysis/ Response
Provide added information to clarify the Mental Health Student Services Act (MHSSA) funding and how it correlates to this MHSA Plan.	See updated description on page 82.
Provide the Behavioral Health Commission an implementation plan approximately halfway through the CPPP/Fiscal Year to include timeline for remainder of CPPP, contracting process including Request for Qualifications and other relevant updates.	No changes required in this Draft MHSA Plan.



MHSA Projects

This MHSA Three Year Plan includes previously approved and newly developed projects. Previously approved projects were included in prior MHSA Plans/Updates. There may be a need to alter the direction of services based on funding or community demand, and this MHSA Plan allows for such flexibility.

The projects for each of the five (5) MHSA components are identified on the following pages.

Limitations and Challenges

Staffing Shortage

Over the course of the pandemic, the need for behavioral health services has increased steadily while at the same time clinical staff have left the profession at a higher rate than ever before. This is being experienced by public, non-profit and private sector entities nationwide and has led to a critical staffing shortage of which El Dorado County is not immune. With numerous vacancies some of which going on over a year unable to be filled.

Currently efforts are being made at the County, State and Federal level to address this behavioral health staffing crisis. Long term options to address this are being enacted at the State and Federal levels including expanding opportunities for tuition assistance for college bound individuals intending to enter the Behavioral Health field of study, while short term options like adapting recruitment and retention efforts have already taken place at the County level.

Even with these multifaceted efforts, the vacancy rate for Behavioral Health staff remains approximately 28% as of the writing of this plan.

Contracted Providers

The MHSA projects list the provider(s) with current contracts, those awaiting final execution or those exempt from competitive process under Policy C-17. In the event a new provider is selected, which may occur at any time during the implementation period of this MHSA Update, providers will be selected in compliance with the Board of Supervisors Policy C-17, or the County may elect to implement the program directly. The current provider listed for each program/project is subject to change during the implementation period of this MHSA Update.

In September 2022 the El Dorado County Board of Supervisors adopted an updated [Procurement Policy \(C-17\)](#) effective October 20, 2022. Under the previous Policy C-17 contracts that had already gone through a competitive process, or were otherwise exempt, were able to be renewed with the same vendor for the same or similar scope of work. One action derived from this new policy is that all new and renewing service contracts in excess of one hundred thousand dollars (\$100,000) must go through a competitive procurement process with few exemptions. As of the writing of this Draft MHSA Plan, a Request for Qualifications (RFQ) process is being conducted to solicit submissions from new and existing vendors. The RFQ process is scheduled to run concurrently with this 30-day public comment period.



MHSA Expenditures

Although the MHSA projects may indicate a budgeted amount, there may still be a change in the budget for a program due to increased or decreased cost of services or increased or decreased revenues. In other instances, expenditures may change due to any number of reasons, including but not limited to a change to the services identified for the project, project demand, or lack of provider(s).

Since MHSA funding is dependent upon personal income (a 1% tax on personal income above \$1,000,000), MHSA revenues may be lower than budgeted in the event of an economic downturn or other significant change in the infrastructure of California that impacts personal income. Should that occur, MHSA will first focus funding toward mandated services, and then discretionary services.

Mandated services are those that are required to be provided, or required to be provided at a certain funding level (e.g., 51% of the CSS funding must go to FSP projects) per federal or State law or regulation, the Mental Health Plan agreement between DHCS and the County, the MHSA, any other requirement issued by an oversight agency (e.g., DHCS, MHSOAC, Centers for Medicare & Medicaid Services), and the necessary administrative staff to implement and monitor MHSA projects. Please see the MHSA Component Budgets to determine which projects would be considered mandated services and discretionary services.

Recognizing that new projects may take time to become fully established and may have higher costs within the first year of operation, which may be further compounded by the adoption date of the Plan and/or the contracting process, funds allocated but unspent in first year of operations for any new projects may roll from the first full year or partial year of operations into second year of operations. Starting the third year of operations, projects will maintain an annual budget amount without any rollover.

For example, if a new project has the following annual budget:

Year 1 \$75,000

Year 2 \$80,000

Year 3 \$85,000

As a new project, this funding will be allowed as follows:

Year 1 and Year 2 \$155,000 (with Year 1 not-to-exceed \$75,000)

Year 3 \$85,000

Any project subject to these rolling project budgets will be eligible to utilize Year 1 funds that were not expended in Year 1 during Year 2 of operations.

Additionally, Department of Mental Health Information Notice 10-01 (2010) indicates that counties can expand or reduce projects within 15% of the amount that was previously approved for the program (i.e., it can be 15% more or 15% less than the previously approved funding amount) without requiring the change to be approved through a CPPP.

Further, consistent with California Code of Regulations, Title 9, section 3300, subdivision (d), counties may use up to five percent (5%) of the MHSA Community Services and Supports allocation on the CPPP.



Community Services and Supports (CSS)

The CSS component consists of projects that provide direct service to children and adults who have a serious emotional disturbance or serious mental illness for receiving Specialty Mental Health Services (SMHS) as set forth in WIC § 5600.3.

Additionally, as outlined in SB 389 (2019) and effective January 1, 2020, the MHSA is amended to authorize counties to use MHSA funds to provide services to persons who are participating in pre-sentencing or post-sentencing diversion programs, or who are on parole, probation, post-release community supervision, or mandatory supervision.

Services provided under CSS fall into at least one of the following categories:

- **Full Service Partnership (FSP)** – This service embraces the “whatever it takes” model for eligible populations. The services shall be culturally informed and shall include individualized client/family-driven mental health services and supports plans which emphasize recovery and resilience, and which offer integrated service experiences for clients and families. Funding for the services and supports for FSP may include non-mental health supportive services and goods (“flexible funding”) to meet the goals of the individual services and supports plans. All FSP funds are considered on a case-by-case basis and utilization of non-mental health supportive goods and services shall follow Behavioral Health’s policy and procedures as well as California Code of Regulations, Title 9, Section 3620, Full Service Partnership category.
- **General System Development (GSD)** – Funding for GSD helps counties change their service delivery systems and build transformational programs and services. El Dorado County offers Wellness and Recovery Services Programs under GSD. Pursuant to revisions to the MHSA, housing assistance can be offered to individuals enrolled in a GSD program. Housing assistance may include rental assistance; security deposits, utility deposits or other move-in cost assistance; utility payments; and moving costs assistance.
- **Outreach and Engagement (OE)** – Funding for OE serves those populations who are currently receiving little or no SMHS, including locating those individuals who have dropped out of SMHS. In an effort to reach underserved populations, outreach and engagement efforts may involve collaboration with community-based organizations, faith-based agencies, tribal organizations, health clinics, schools, law enforcement agencies, Veteran groups, organizations that help individuals who are homeless or incarcerated, and other groups or individuals who work with underserved populations. Funds may be used for food, clothing, and shelter when used to engage unserved individuals.

Additionally, HHSA receives time-limited grants in which the purpose of the grant pairs with MHSA programs and for which MHSA funds may be used to provide a required match. Current grants have been identified in this Plan, however, HHSA may receive additional grant funds throughout the duration of this Update and those grants may be incorporated into existing MHSA programs to enhance (not supplant) services.

CSS projects may provide a blend of FSP, GSD, and OE services and funding. If necessary to meet client treatment goals, Behavioral Health may utilize multiple services and funding to expand and augment mental health services to enhance service access, delivery, and recovery, including offering services to individuals who may have justice involvement.

Further, Assembly Bill (AB) 2265 (2020), “The Mental Health Services Act: Use of Funds for Substance Use Disorder Treatment” clarifies that MHSA funds are permitted to be used to fund treatment of individuals



with co-occurring mental health and substance use disorders. In order to use MHA funding for substance use disorder treatments, the county must comply with all applicable MHA requirements when providing co-occurring substance use disorder treatment, including identifying the treatment of co-occurring disorders in their Three-Year MHA Program and Expenditure Plans and Updates.

Any CSS funds that are identified during the fiscal year as being at risk of reversion may be transferred from CSS if those funds will not be fully utilized by existing CSS programs during this fiscal year. Funds may be transferred to the County's MHA Prudent Reserve (if not at maximum funding level), Capital Facilities and Technology (CFTN), or Workforce Education and Training (WET) to the extent allowed.

CSS project structure, as categorized by CSS program:

<h3>Full Service Partnership (FSP)</h3> <ul style="list-style-type: none">•Children's FSP•Transitional Age Youth (TAY) FSP•Adult and Older Adult FSP•FSP Forensic Services
<h3>General System Development</h3> <ul style="list-style-type: none">•Wellness and Recovery Services/Adult Wellness Center•Wellness and Recovery Services/TAY Engagement•Crisis Residential Treatment (CRT)•Recreation Therapy Project
<h3>Outreach and Engagement</h3> <ul style="list-style-type: none">•Access Services•Assisted Outpatient Treatment (AOT)•Lanterman-Petris-Short (LPS) Project•Genetic Testing



Strategies to assist in the implementation of the CSS project include, but are not limited to:

- **Telehealth** – Telehealth allows clients to access SMHS from remote locations using a secure video conferencing network. For clients who are unable to travel to their provider’s office or for clients who live in remote, rural areas, telehealth offers an alternative method to obtain needed services. Additionally, for clients who would benefit from services, but decline to engage in services due to the stigma associated with going to a County Behavioral Health building, telehealth may serve as a means of engagement. The actual purchase and maintenance of the equipment will occur under the Capital Facilities and Technological Needs (CFTN) component, but ongoing services to individuals via telehealth will be provided through CSS.
- **Supportive Housing** – The Permanent Supportive Housing Project provides eligible individuals with affordable housing assistance, coupled with supportive services to help ensure successful client integration and engagement in their community. Residents are expected to pay a portion of their income toward rent and utilities, and for those in the County’s Transitions Treatment Program, participate in house meetings to assign chores, discuss housing issues, create goals, and maintain their housing. Eligible individuals are also offered supportive services provided through Behavioral Health or a contracted provider. The supportive services may include, but are not limited to mental health assessments, linkage to mental health/physical health/substance use disorder providers, outreach, crisis intervention, forensic support, training and teaching on life skills, transportation, and supports for landlords or contractors who are collaborating with El Dorado County to provide housing. This also may include funds to purchase housing units to provide permanent supportive housing to seriously mentally ill homeless individuals.

Full Service Partnership (FSP) Programs

Full Service Partnership (FSP) Programs improve the quality and intensity of SMHS for clients requiring a high level of treatment interventions and supportive services to reach their treatment goals.

The FSP Programs serve children, transitional age youth (TAY), adults, and older adults. All FSP projects will utilize the following basic guidelines as appropriate to each age group. Individuals whose age would make them eligible to participate in more than one program (for example, a TAY and adult program) will be assigned to the program that best aligns with the individual’s treatment needs. Additionally, when individuals are engaged in SMHS through Assisted Outpatient Treatment (AOT), either voluntarily or as a result of a court petition, AOT-engaged clients will be served initially through the FSP programs. FSP services are provided in the language of the clients’ choice.

According to the California Code of Regulations, Title 9, Section 3200.130, a FSP is “the collaborative relationship between the County and the client, and when appropriate, the client’s family and/or other natural supports, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals.”

FSPs require a “whatever it takes” approach to the provision of services, meaning finding the methods and means to engage a client, determine his or her needs for recovery, and create collaborative services and support to meet those needs. FSP teams may utilize non-traditional interventions, treatments, and supportive services tailored to each client’s specific needs and strengths to aid in their recovery. Additionally, it is critical to provide both mental health and non-mental health services and supports. In addition to mental health services and supports, MHSA funds will be used to access non-mental health resources identified within the treatment plan/problem list that are needed by the client to successfully



fulfill their individualized treatment plan/problem list, including but not limited to: medication and medication support; housing-related costs (such as security deposits, rent/mortgage payments, household establishment furniture and/or supplies, toiletries); moving expenses; child-care costs; educational expenses (such as tutoring, parenting courses, school-based services and supports, after-school services and supports); transportation assistance; emergency expenses; food; clothing; cost of health care treatments (including medical and dental expenses); cost of treatment of co-occurring conditions such as substance use disorders; gift cards; social activity costs (including recreational costs); client incentives (such as outreach and engagement fees or stipends and meals or snacks for clients); and other expenses that the FSP team considers necessary to support a client's treatment plan goals, objectives and/or interventions. Further, pursuant to the "Investment in Mental Health Wellness Act of 2013," as outlined in the MHSA (revised January 2019) and pursuant to California Code of Regulations, Title 9, Section 3620, FSP also may include family respite care to "help families to sustain caregiver health and well-being."

Within FSP (and also within General System Development), housing is of the utmost importance in maintaining stability during and after SMHS. Therefore, included within these projects is a housing specialist, who will be responsible for helping clients with their housing needs, regardless of which treatment program a client may be enrolled. This staff member will be shared between all FSP and General Service Delivery projects.

Children's FSP Project

The Children's FSP Project serves all eligible children ages six (6) to seventeen (17). All children, including children in foster care who are eligible for services as a result of the *Katie A v. Bonta* State Settlement (now referred to as "Pathways to Wellbeing"), will continue to be served under this project. Additionally, children who are involved with multiple providers of services, in need of intensive mental health services, are at a risk for out-of-home placement and/or at risk for a higher level of care are eligible for this program. This includes children in any residential living situation (including but not limited to home, foster care, kingap, etc.), and children placed in Short-Term Residential Treatment Programs (STRTP). Services available under this program also include, but are not limited to, Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Crisis Residential Services.

The County has identified wraparound principles/Core Practice Model and services as the foundation for the Children's FSP project. Wraparound principles include family and individual voice, interdisciplinary team-based approach and use of natural supports, collaboration, community-based services, culturally informed practices, individualized plans, strength-based interventions, persistence, and outcome-based strategies.

Additionally, funding through this project is included for Court-Appointed Advocate (CASA) Service as a sole source contract to help ensure that all children receiving services through this project have an assigned CASA, providing the provision of such funding is not determined in conflict with the roles of an agency providing the children with services and CASA.

Presumptive Transfer

As a result of AB 1299 (2016), when a child is placed out of county, their Medi-Cal benefits will become the responsibility of the host county (where the child is living) rather than the county of origin (where the Child Welfare Case is active) through "presumptive transfer". Under presumptive transfer, the cost of SMHS for children placed in El Dorado County will become the responsibility of El Dorado County, unless



presumptive transfer is waived by the county of origin. Therefore, funding for this component reflects potential impacts as a result of Presumptive Transfer.

Families First Prevention Services Act (FFPSA)

As a result of AB 153 (2021) El Dorado County Behavioral Health, as the county Mental Health Plan (MHP), is required to provide a Qualified Individual (QI) as defined by WIC Section 4096(h), who determines the setting which will provide the child with the most effective and appropriate level of care in the least restrictive environment. Additionally, the MHP must arrange for or ensure the provision of six months of aftercare services for youth and nonminor dependents transitioning from a Short-Term Residential Therapeutic Program (STRTP) to a family-based setting.

Children’s FSP Project Goals:

- Reduce out-of-home placement, hospitalizations, and incarcerations for children/youth.
- Improve school attendance and academic performance.
- Safe and stable living environment.
- Strengthen family unification or reunification.
- Improve coping skills.
- Reduce at-risk behaviors.
- Reduce behaviors that interfere with quality of life.

Children’s FSP Outcome Measures:

- Measurement 1 – Days of psychiatric hospitalizations.
- Measurement 2 – School attendance.
- Measurement 3 – Results of CANS-50, and PSC-35.

Estimated Number of Individuals to be Served: 500
Estimated Cost Per Person: \$10,500

Providers: Services will continue to be contracted out to New Morning Youth and Family Services (West Slope), Sierra Child and Family Services (West Slope and South Lake Tahoe), Stanford Youth Solutions (West Slope and South Lake Tahoe), Summitview Child and Family Services, Inc. (West Slope), , and CASA El Dorado.

Transitional Age Youth (TAY) FSP Project

The TAY FSP provides services to meet the unique needs of TAY (16 through age 25) and encourage continued participation in mental health services. Individuals participating in this project would be eligible for the type and extent of activities and supportive services identified in the Children and Youth FSP project, or the Adult and Older Adult FSP, dependent upon the individual’s age.



This project is designed to meet the full range of services required by this population including, but not limited to, assistance with developing independent living skills, which also help to stabilize their mental health needs and build resiliency including, but not limited to: financial literacy, nutrition and healthy food choices, grocery shopping, meal preparation, child care and children needs, education and career development, obtaining medical, dental, vision, and mental health care, access to community resources, self-care, home care (e.g., laundry, cleaning), drug and alcohol abuse awareness and prevention, and safe sex and reproductive health information.

Additionally, TAY up to 21 years of age may be eligible for Short-term Residential Treatment Programs (STRTP), Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Crisis Residential Services.

First Episode Psychosis (FEP)

Through Mental Health Block Grant (MHBG) funding specifically for First Episode Psychosis (FEP) services, this MHSa project includes services to address the needs of TAY experiencing their first episode of psychosis. Additionally, CRRSAA/ARPA funding has expanded to allow for services to be provided to eligible individuals up to 40 years of age. MHBG funding may be utilized in collaboration with this project to provide further services to TAY in community-based locations, such as schools, in compliance within the requirements of the MHBG and MHSa. The age of individuals who qualify for the FEP and MHBG programs will align with the target population identified in the FEP and MHBG program statements. Evaluation of the FEP and MHBG programs will be performed in a manner consistent with the program statements.

TAY FSP Project Goals:

- Reduce out-of-home placement, hospitalizations, and incarcerations.
- Improve school attendance and academic performance (if applicable).
- Safe and stable living environment.
- Services are individualized.
- Improve coping skills.
- Reduce at-risk behaviors.
- Work with clients in the homes, neighborhoods, and other places where their problems and stresses arise and where they need support and skills.
- Team approach to treatment.



TAY FSP Outcome Measures:

- Measurement 1 – Key Event Tracking (KET) – As changes occur in a client’s status related to housing, employment, education, entry or exit from a psychiatric hospital, emergency department, or jail/juvenile hall.
- Measurement 2 – Number of clients graduating from Specialty Mental Health Services.
- Measurement 3 – Education attendance.
- Measurement 4 – Number of days of homelessness/housing stability.
- Measurement 5 – Continued engagement in mental health.
- Measurement 6 – Results of CANS-50/ANSA, and PSC-35, as age appropriate.

Estimated Number of Individuals to be Served: 60
Estimated Cost Per Person: \$8,750

Providers: El Dorado County staff, Sierra Child and Family Services (West Slope), and/or other provider(s) will be selected in compliance with the County’s Procurement Policy.

Adult and Older Adult FSP Projects

The Adult and Older Adult FSP Projects assists clients in becoming more engaged in their recovery through intensive client-centered mental health and non-mental health services and supports focusing on recovery, wellness, and resilience. Treatments are designed to reduce the symptoms associated with a client’s mental illness and improve a client’s “quality of life” by helping a client gain insight into behaviors and symptoms and adopting behaviors that contribute to recovery goals.

Intensive Case Management (ICM)

Adults and Older Adults who are enrolled in the FSP project are provided with a highly individualized and community-based level of intensive case management utilizing the ICM team approach. The ICM team consists of staff with specialties in areas such as psychiatry, psychology, nursing, social work, substance use disorder treatment, crisis response, community resourcing, housing, and vocational rehabilitation. Each FSP client has a single primary point of responsibility, known as a Personal Service Coordinator (PSC). Caseloads are ideally kept low at approximately ten clients for each PSC on the ICM team. The services provided are centered around and planned in coordination with the client, and if appropriate, his/her family, taking into consideration the needs, interests, and strengths of each client.

Crisis intervention services (psychiatric emergency services) are a key component of an ICM team. Crisis intervention is available through Mental Health 24 hours per day, 7 days per week.

Included within in the Adult and Older Adult FSP projects are the contracted operation of an Adult Residential Facility, which allows individuals who have been placed in a locked facility out of county to return to El Dorado County for continued treatment, or to assist clients who may need a higher level of care in an effort to prevent them from being placed out of county in a locked facility. These clients require a high level of staff support and the client-to-clinician ratio is low.



Transitions Treatment Program (TTP)

The Transition Treatment Program further expands on the FSP and ICM model to include designated transition housing, to provide eligible clients in FSP with the opportunity to gain independent living skills as part of the overall continuum of care.

Adult and Older Adult FSP Project Goals:

- Reduction in institutionalization.
- People are maintained in the community.
- Services are individualized.
- Work with clients in the homes, neighborhoods, and other places where their problems and stresses arise and where they need support and skills.
- Team approach to treatment.

Adult and Older Adult FSP Outcome Measures:

- Measurement 1 – Key Event Tracking (KET) – As changes occur in a client’s status related to housing, employment, education, entry or exit from a psychiatric hospital, emergency department, or jail.
- Measurement 2 – Number of clients graduating from Specialty Mental Health Services.
- Measurement 3 – Continued engagement in services.
- Measurement 4 – Results of ANSA.

Estimated Number of Individuals to be Served: 250

Estimated Cost Per Person: \$25,600

Providers: El Dorado County staff, Compassion Pathways (for operation of an Adult Residential Facility), and/or other provider(s) who will be selected in compliance with the County’s Procurement Policy.

FSP Forensic Services Project

Individuals age 18 year of age and older who have involvement in the criminal justice system and meet the criteria for SMHS may be provided with treatment through the FSP Forensic Services program. This also includes, but is not limited to, individuals who meet medical necessity for SMHS, are receiving services from correctional health, and are within 30 days of release into the community. Additionally, individuals who meet medical necessity for SMHS and have a co-occurring substance use disorder, who are participating in El Dorado County problem-solving collaborative courts or other formal diversion programs may receive services.

The FSP Forensic Services program provides additional services and supports from a collaborative team approach including, but not limited to, Behavioral Health, Courts, Probation, Law Enforcement, and Jails. Services may include, but are not limited to, outreach, support, linkage, assessment, treatment, crisis intervention, medication support, and interagency collaboration in the courtroom and to supervising Probation Officers to help ensure a successful re-entry and transition into the community for justice-involved individuals. The program activities may align with the County’s Stepping-Up Initiative.



The term “involvement with the criminal justice system” may include, but is not limited to:

- Recent arrest and booking;
- Recent release from jail;
- Risk of arrest for nuisance of disturbing behaviors;
- Risk of incarceration;
- Risk of recidivism;
- Collaborative court system or probation supervision, including Community Corrections Center participants; and/or
- Involvement in the criminal justice system.

A key component of this FSP program is addressing the criminogenic risk factors, needs, and/or behaviors.

If individuals with involvement with the criminal justice system do not meet medical necessity criteria for SMHS, behavioral health linkages and/or case management services may be provided to eligible participants with mild-to-moderate or emerging mental health concerns through the PEI project *Forensic Access and Engagement Project*.

The FSP Forensic Services Project is rapidly expanding with additional programs developed throughout the state and increased attention by the court system on connecting individuals with mental health needs to appropriate treatment. As such, the funding allotment for this project is planned to increase over the course of this Three Year Plan. Funding will be reassessed with each annual update to true-up costs based on actual expenditures seen over time.

∴ CARE Court

Senate Bill 1338, signed by Gov. Newsom on Sept. 14, 2022, creates CARE Court (Community Assistance, Recovery and Empowerment Court), which provides a new pathway to compel homeless individuals with schizophrenia spectrum or other psychotic disorders to receive treatment and housing. The bill authorizes specified adults to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan to implement services provided by county behavioral health agencies. Services will include stabilization medication, housing and other services.

The bill requires Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne and San Francisco Counties to implement the plan by Oct. 1, 2023. The remaining counties, including El Dorado, must begin the plan no later than Dec. 1, 2024. Counties failing to comply with the CARE process may be fined up to \$1,000 per day.

FSP Forensic Services Project Goals:

- Reduction in incarceration.
- Reduction in hospitalizations.
- People are maintained in the community.
- Services are individualized.
- Work with clients in the homes, neighborhoods, and other places where their problems and stresses arise and where they need support and skills.
- Team approach to treatment.



FSP Forensic Services Outcome Measures:

- Measurement 1 – Key Event Tracking (KET) – As changes occur in a client’s status related to housing, employment, education, entry or exit from a psychiatric hospital, emergency department, or jail.
- Measurement 2 – Number of clients graduating from Specialty Mental Health Services.
- Measurement 3 – Continued engagement in services.

Estimated Number of Individuals to be Served: 50

Estimated Cost Per Person: \$28,600

Providers: El Dorado County staff and/or other provider(s) who will be selected in compliance with the County’s Procurement Policy.



General System Development Program

The General System Development Programs are projects that include the Wellness and Recovery Projects, the Community Transition and Support Team and the Crisis Residential Treatment (CRT) Facility.

The General System Development Projects are designed to provide Behavioral Health services that may be needed on a shorter-term basis, which will support individuals to access family, community-based and/or coping skill supports for managing their mental illness upon graduation. The Vision of the El Dorado County HHS is “Transforming Lives and Improving Futures,” and consistent with that vision, the Behavioral Health Division provides individuals who meet criteria for Specialty Mental Health Services with client and family-driven services and supports to allow them to achieve their own vision of Wellness, Recovery, and Resilience.

Effective January 1, 2018, MHSA funds may be utilized in General System Delivery programs for housing assistance (defined as rental assistance, security deposits, utility deposits, move-in cost assistance, utility payments, and/or moving cost assistance). MHSA CSS funds may also be used for capitalized operating subsidies and capital funding to build or rehabilitate housing for people who are mentally ill and homeless, and/or people who are mentally ill and at risk of being homeless.

Within General System Development (and also within FSP), housing is of the utmost importance in maintaining stability during and after SMHS. Therefore, included within these projects is a housing specialist, who will be responsible for helping clients with their housing needs, regardless of which treatment program a client may be enrolled. This staff member will be shared between all FSP and General Service Delivery projects.

Wellness and Recovery Services / Adult Wellness Center Project (includes the Outpatient Specialty Mental Health Services)

The Adult Wellness Centers Project provides a welcoming location for individuals with severe mental illness, to receive mental health services. The Wellness Centers provide a friendly setting, away from the stigma and discrimination so often associated with mental illness. Wellness Centers are a place where participants can receive mental health services; obtain information about health care; build life skills; gain community integration experience; partake in support groups or classes that focus on self-healing, resiliency, and recovery; and participate in social interaction and relationship building. Additional activities may include direct SMHS treatment, individual meetings between Behavioral Health Division staff and participants regarding the participant’s mental health and support needs, referrals to community-based resources, and independent living skill building. The Wellness Centers strive to provide both inside and outside spaces for clients that are healthy, engaging, and tranquil.

The Wellness Centers provide the setting from which to build local capacity to meet the diverse needs of the seriously mentally ill and their families. The Wellness Centers also engage in collaboration with other disciplines, community-based organizations, Public Health, NAMI, consumers, and volunteers. This permits enhanced services to be provided to participants, including their family members and peer support.

The Wellness Centers are located on the Western Slope and in South Lake Tahoe. Costs included under the Adult Wellness Centers project include, but are not limited to, staff and staff overhead, the purchase of training materials, books, project evaluation, activity supplies, gift cards for clients and/or Peer Leaders, field trip costs (e.g., entrance fees, admission ticket fees, rental fees, food, beverages, transportation),



office and household supplies, cleaning supplies, computers and peripheral equipment and supplies, equipment, furniture. Staff time includes activity preparation. Additionally, food items are purchased to provide Wellness Center participants with healthy food choices and education regarding food preparation. Other support may be provided to the participants in the form of, but not limited to, transportation or transportation costs (e.g., bus passes/script, County vehicles), toiletries, and laundry. Replacement of Wellness Center items (e.g., equipment or furniture) is also included.

Additional components of this project include:

‡ **Peer Leadership Academy and Peer Support Specialists**

In 2020, California passed SB 803, that makes it possible for certified Peer Support Specialists to be eligible for Medi-Cal reimbursement. The previously titled Consumer Leadership Academy in this MHSAs has been updated to better align with this new opportunity for peer empowerment and employment. Since the passage of SB 803, Peer Support Specialist jobs have been steadily increasing in county behavioral health and community settings. El Dorado County Behavioral Health has begun developing job opportunities for peers and is working closely with community providers to increase the number of Peer Support Specialist job opportunities throughout the county.

The Wellness Centers' Peer Leadership Academy provides educational opportunities to inform and empower consumers to become more involved in meaningful participation in the Wellness Centers and the community. The Academy includes peer-training, peer supportive skills training, job skills training, and training related to consumer leadership in the community. A meaningful role in the community can serve to be one of the most effective preventative measures against relapse to illness. Graduates of the Academy provide mentoring to other consumers and assist Behavioral Health staff with providing services and information throughout the community. The Peer Leadership Academy is used as a method to identify and encourage clients to pursue Medi-cal Peer Support Specialist Certification.

Consumers interested in obtaining the Peer Support Specialist Certification through CalMHSA, the certifying entity, will be provided personal and financial support throughout the process which includes an application, eighty (80) hour core competency training, and certification exam. Optional specialization trainings may also be achieved as a part of the certification. Behavioral Health also seeks to support in-county providers who wish to become an approved training entity with CalMHSA. Contracted providers may be selected in accordance with Board of Supervisors Policy C-17 to provide Peer Support Specialist services throughout different parts of the system of care described in this MHSAs Plan.

‡ **Community Wellness Center / Integrated Service Center**

Behavioral Health Division continues to explore the option of a Community Wellness Center, or an integrated Behavioral Health and Community Wellness Center identified in previous MHSAs Plans. If/when an appropriate site and/or provider is identified, funds from this program will be utilized to support the ongoing operations costs of the Community Wellness Center or integrated Center, including, but not limited to, the same activities and expenditures identified for the Wellness Centers located on the West Slope and in South Lake Tahoe. Community Wellness Center operations may be contracted to a provider identified in compliance with the County's Procurement Policy. Costs for the facilities will also be allocated from the Integrated Community-based Wellness Center Project under Capital Facilities and Technology Needs (CFTN).



Wellness and Recovery Services/Adult Wellness Center Project Goals:

- Decreased days of homelessness, institutionalization, hospitalization, and incarceration.
- Safe and adequate housing.
- Increased access to and engagement with mental health services.
- Increased use of peer support resources.
- Increased connection to their community.
- Increased independent living skills.

Wellness and Recovery Services/ Adult Wellness Center Outcome Measures:

- Measurement 1 – Number of participants.
- Measurement 2 – Number of clients graduating from Specialty Mental Health Services.

Estimated Number of Individuals to be Served: 500
Estimated Cost Per Person: \$8,000

Provider(s): El Dorado County staff and/or other provider(s) will be selected in compliance with the County’s Procurement Policy.

Wellness and Recovery Services/TAY Engagement Project

The TAY Engagement Project provides services to meet the unique needs of transitional age youth and encourage continued participation in Behavioral Health services. Youth will be empowered to take responsibility for themselves and for their future, including continued participation in Behavioral Health services, but they will be supported in their development journey through this project.

This project will collaborate with other agencies that may be involved with the youth, such as Child Welfare Services or Probation, to develop an appropriate treatment plan for the youth. Wellness and recovery strategies may include: Case management, peer support, substance use disorders and psychiatric treatment, supportive housing, crisis response services, transportation assistance, recreation and social activities, and linkage to vocational services.

This age group frequently needs assistance with developing independent living skills, which also help to stabilize their mental health needs and build resiliency including, but not limited to: financial literacy, nutrition and healthy food choices, grocery shopping, meal preparation, child care and children needs, education and career development, obtaining medical, dental, vision, and mental health care, access to community resources, self-care, home care (e.g., laundry, cleaning), drug and alcohol abuse awareness and prevention, and safe sex and reproductive health information.

Through Mental Health Block Grant (MHBG) funding specifically for the provision of Dialectical Behavioral Therapy (DBT), this MHSA project includes services to provide school-age youth with DBT services, both in the schools and in the community and/or a clinic-based setting. The age of individuals who qualify for the DBT and MHBG programs will align with the target population identified in the DBT MHBG program statements. Evaluation of the DBT MHBG programs will be performed in a manner consistent with the program statements.



Wellness and Recovery Services/TAY Engagement Project Goals:

- Decreased days of homelessness, institutionalization, hospitalization, and incarceration.
- Safe and adequate housing.
- Increased access to and engagement with mental health services.
- Increased use of peer support resources.
- Increased connection to their community.
- Increased independent living skills.
- Increased socialization skills.

Wellness and Recovery Services/TAY Engagement Outcome Measures:

- Measurement 1 – Number of participants.
- Measurement 2 – Number of clients graduating from Specialty Mental Health Services.

Estimated Number of Individuals to be Served: 50
Estimated Cost Per Person: \$8,000

Provider(s): El Dorado County staff, Sierra Child and Family Services (West Slope), and/or other provider(s) will be selected in compliance with the County’s Procurement Policy.

Crisis Residential Treatment (CRT) Project

Behavioral Health will be using a combination of funding including American Rescue Plan Act (ARPA) and non-MHSA funds to build, buy or lease a building for a Crisis Residential Treatment (CRT) Facility in El Dorado County. CRTs are designed to serve individuals who are experiencing acute psychiatric crisis and whose functioning is moderately impaired for a short duration. MHSA funds will be used in the delivery of services after the facility is established. A request for proposals (RFP) will be released when a site has been identified. Further development of project goals and outcome measures will be associated with the RFP process.

Crisis Residential Treatment Goals:

- Provide an opportunity to fill a gap in the El Dorado County system of care.
- Increase placement options for individuals stepping down from the Psychiatric Health Facility (PHF) or stepping up from a lower level of care.
- Allow for individuals to stay within this community



Crisis Residential Treatment Outcome Measures:

- Measurement 1 – Length of stay in the Emergency Department when awaiting placement
- Measurement 2 – In out-of-county inpatient hospitalization numbers
- Measurement 3 – Length of stay in a Mental Health Rehabilitation Center (MHRC) or Institution for Mental Disease (IMD)

Estimated Number of Individuals to be Served: 70
Estimated Cost Per Person: \$15,000

Providers: Provider(s) will be selected in compliance with the County’s Procurement Policy.

Recreation Therapy Project

Recreation Therapy utilizes activity-based interventions to address the treatment needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery and well-being.

The Recreation Therapy Project provides alternative therapeutic interventions to current EDC Behavioral Health clients as an additional service to improve or maintain physical, cognitive, social, and emotional functioning. EDC Behavioral Health as well as Children’s FSP providers may refer clients to contracted recreation therapy providers who must, at a minimum, employ at least one Certified Therapeutic Recreation Specialist (CTRS) within the scope of their contracted work.

Interventions may include, but are not limited to arts and crafts, animals, sports, games, dance and movement, drama, music, and community outings.

Recreation Therapy Project Goals:

- Improve or maintain physical, mental and emotional well-being.
- Improve confidence and socialization skills.
- Minimize the need for more costly services.
- Promote independence.

Recreation Therapy Project Outcome Measures:

- Measurement 1 – Number of referrals to Recreation Therapy services.
- Measurement 2 - Use established assessment tool, appropriate for the activity, to assess pre and post client well-being.

Estimated Number of Individuals to be Served: 100
Estimated Cost Per Person: \$500

Providers: Provider(s) will be selected in compliance with the County’s Procurement Policy.



Outreach and Engagement Programs

The Outreach and Engagement Programs are part of Behavioral Health’s Community System of Care programming. The Community System of Care Programming is designed to provide outreach to and engagement services to individuals who meet medical necessity for SMHS and to support the Behavioral Health system of care.

Access Services Project

The Access Services Project engages individuals with a serious mental illness in Specialty Mental Health Services and assists in continued engagement in services by addressing barriers to service. Mental health professionals, in concert with Peer Support Specialist, when possible, will provide outreach and engagement services for individuals with serious mental illness who are homeless, in the jails, receiving primary care services, and who require outreach to their homes in order to reach the at-risk population. Outreach and engagement services for current Behavioral Health clients will also be included to help them continue engagement in services. Individuals who contact Behavioral Health for services may not meet the criteria for “Specialty Mental Health Services”. However, when an individual contacts the HHSA for mental health services, they are initially presumed to have a severe mental illness, and as such, triage calls may be funded under this project.

Access Team activities may also include efforts to locate and re-engage individuals who are no longer participating in Specialty Mental Health Services.

Staff costs for outreach and engagement activities under this project will be funded by MHSA, along with associated costs (e.g., vehicle costs, overhead cost). These funds may also be utilized for the costs of developing and printing materials utilized for outreach and engagement to include publication via local media.

Projects for Transition from Homelessness (PATH)

HHSA receives approximately \$35,000 federal funding annually for Projects for Assistance in Transition from Homelessness (PATH). The PATH program may be facilitated by county staff for eligible housing related needs or contracted to a community-based organization for outreach, case management, benefit applications, training, linkage to services and housing assistance county-wide. These funds are designed to help individuals and families who are homeless or soon to be homeless and who have a mental health issue, receive necessary services, apply for public assistance/benefits, and assistance in obtaining housing or remaining in housing.

Transportation assistance may be provided to individuals and families under this project, including but not limited to bus scripts/passes and gas cards.

El Dorado County Navigation Center

In February 2022, El Dorado County opened its sixty (60) bed Navigation Center to support unhoused community members through a coordinated entry system. The Navigation Center is a low-barrier, referral-only center providing continental breakfasts, a sack lunch and hot dinner daily. The facility offers showers, onsite laundry, internet, a common room with a television and outdoor recreation. Services provided include case management and linkage to community resources.



EDC Behavioral Health is an active partner with co-located staff on site at least once a week. PATH funding may be used at the Navigation Center to assist eligible individuals with PATH allowable services. [Individuals engaged at the Navigation Center who are assessed to meet criteria for Specialty Mental Health Services may be engaged in other MHSA funded services described in this plan. Behavioral Health continues to look for additional needs at the Navigation Center that may be address with future MHSA funding.](#)

Access Services Project Goals:

- To engage individuals with a serious mental illness in mental health services.
- Locate and re-engage individuals who are no longer participating in Specialty Mental Health Services.
- Continue to engage clients in services by addressing barriers to service.

Access Services Outcome Measures:

- Measurement 1 – Number of requests for services.
- Measurement 2 – Timeliness of access to services.
- Measurement 3 – Results of each request for service (e.g., opened to outpatient SMHS, referred to Substance Use Disorder Services, unable to contact beneficiary, beneficiary declined assessment)
- Measurement 4 – Number of individuals re-engaged in SMHS.

Estimated Number of Individuals to be Served: 2,000
Estimated Cost Per Person: \$550

Provider: El Dorado County staff and/or other provider(s) will be selected in compliance with the County’s Procurement Policy.

Assisted Outpatient Treatment (AOT) Project

AOT provides for limited term, court-ordered outpatient mental health treatment for those individuals meeting the criteria set forth by the law. On October 30, 2018, the El Dorado County Board of Supervisors adopted Resolution 227-2018, which authorized continuation of the AOT program until terminated.

Although AOT requires individuals to be provided with the opportunity to voluntarily engage in SMHS, AOT provides El Dorado County two new tools to assist people with mental illness who meet the specified criteria.

The first tool is the ability to mandate someone to AOT through the use of court-ordered treatment if they have refused to voluntarily participate in treatment. The second tool is the use of a court order to authorize the transport of a person in the AOT project for them to be psychiatrically assessed. This can occur if the individual is deteriorating and unsafe in the community.

Funds for this program are utilized only for evaluation of AOT referrals and the initial engagement of activities in response to an AOT referral. Once an individual is engaged in Specialty Mental Health Services,



either voluntarily or through a petition to the court, they are provided with FSP-level services and will receive those services through the FSP program.

AOT Project Goals:

- Reduction in institutionalization.
- People are maintained in the community.
- Services are individualized.
- Team approach to treatment.

AOT Project Outcome Measures:

- Measurement 1 – Number of referrals received and the sources of those referrals.
- Measurement 2 – Number of referrals resulting in engagement in services.
- Measurement 3 – Number of days between receipt of an AOT referral and clients’ engagement in outpatient Specialty Mental Health Services, in the individual becomes engaged in services.
- Measurement 4 – Number of AOT petitions filed.
- Measurement 5 – Number of AOT referrals who remained engaged in services for at least six months.

Outcome measures relating to how well a client does while engaged in services are reported through the FSP projects.

Estimated Number of Individuals to be Served: 15
Estimated Cost Per Person: \$4,000

Provider(s): El Dorado County staff and/or other provider(s) will be selected in compliance with the County’s Procurement Policy.

Lanterman-Petris-Short (LPS) Project

The Lanterman-Petris-Short Act of 1967 defines actions and services when an individual, as a result of a mental health disorder, is considered a danger to others, or to themselves, or gravely disabled is taken into custody on a temporary hold or a series of progressive holds leading to a determination of conservatorship. The initial hold may be placed by a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county. As a result, the individual will receive an assessment and crisis intervention as necessary and may be placed in a locked psychiatric health facility (PHF).

A referral by the PHF or courts may be made for an LPS evaluation, at which time the County Behavioral Health Medical Director and a LPS Mental Health Clinician. Behavioral Health staff conduct a thorough review of records, interview family members and the individual and conclude with a recommendation to pursue a LPS Conservatorship for one year. A hearing is held by a Public Hearing Officer whereby a Patients’ Rights Advocate serves to protect the client’s best interest and ensure they are provided the



opportunity for the lowest level of care necessary for the success of their health. After the hearing, the final determination of conservatorship is made.

On September 30, 2022, AB 2242 was passed, permitting MHSA funds to be used for specified services under the LPS Act. Those services may include the initial assessment administered by the Behavioral Health Medical Director through the final determination if an individual should be conserved or not including any treatment services administered throughout that time. This project may also fund care coordination, also defined by AB 2242, which supports planning for the individual's needs after the hold(s) is complete.

Lanterman-Petris-Short (LPS) Project Goals:

- Increase the services provided to individuals placed on a hold or series of holds
- Develop comprehensive care coordination plans to support all clients after determination of conservatorship is made

Lanterman-Petris-Short (LPS) Project Outcome Measures:

- Measurement 1 – Number of clients referred for LPS evaluation
- Measurement 2 – Number of clients on temporary conservatorships
- Measurement 3 – Number of clients on conservatorships

Estimated Number of Individuals to be Served: 50

Estimated Cost Per Person: 10,000

Provider(s): El Dorado County staff and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

Genetic Testing Project

Certain genetic tests can assist Medication Support Staff to determine which medications are most likely to benefit a client, without the need for an extended trial and error process. Through a non-invasive test (usually a cheek swab), a client can learn which medications they are more likely to benefit from and which medications may not result in positive outcomes. While the genetic testing does not dictate the single, specific medication that would most benefit a client, it does provide extensive information that can assist a client and their medication provider to identify appropriate medications.

Genetic Testing Project Goals:

- Clients receive psychiatric medications that are most appropriate for their genetic profile in a timely manner vs an extended trial and error period of medications.

Genetic Testing Outcome Measures:

- Measurement 1 – The number of clients who receive genetic testing.



- Measurement 2 – To the extent possible to measure, the number of clients who had medications adjusted after receiving the outcome of the genetic testing.

Estimated Number of Individuals to be Served: 20

Estimated Cost Per Person: \$2,500

Provider: Provider(s) will be selected in compliance with the County’s Procurement Policy.

MHSA Permanent Supportive Housing Projects

All MHSA permanent supportive housing funds were allocated to the California Housing Finance Agency (CalHFA) in 2010 for support of the MHSA Housing projects. These funds were allocated to Trailside Terrace in Shingle Springs (five [5] units) and The Aspens at South Lake in South Lake Tahoe (six [6] units). Services provided to individuals residing at one of the MHSA housing sites are funded through other Mental Health programs, including but not limited to MHSA programs.

Behavioral Health Bridge Housing Program

Early in 2023 the State announced the development of the Behavioral Health Bridge Housing (BHBH) Program which included nearly one billion dollars in non-competitive grants for counties to build supporting housing infrastructure and provide housing assistance for individuals experiencing homelessness or at risk of homelessness who have a serious behavioral health conditions, including mental illness or substance use disorders. As of the writing of this plan, El Dorado County Behavioral Health is actively developing its application and plan for how to best utilize this grant funding. Input directly from clients has remained an integral part of the planning process. These BHBH funds will complement the housing assistance opportunities already integrated into other MHSA projects.

CSS Administration

County staff and/or contracted provider(s) will be utilized as consultation or performance of administrative activities (e.g., contracting and accounting), program analysis, and quality assurance/improvement activities related to this component.



Prevention and Early Intervention (PEI)

The PEI component consists of projects intended to prevent a mental illness/emotional disturbance from becoming severe or disabling to the extent possible, promote positive mental health by reducing risk factors by intervening to address mental health problems in the early stages of the illness, and to reduce stigma and discrimination associated with mental illness.

PEI projects emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: 1) Suicide; 2) Incarceration; 3) Homelessness; 4) Prolonged suffering; 5) Unemployment; 6) Removal of children from their homes; and 7) School failure or dropout. As a result of the 2018 PEI Regulations (adopted May 2018 by the MHSOAC and effective July 2018), small counties such as El Dorado County, must include projects that include the following programs: Prevention; Early Intervention; Outreach for Increasing Recognition of Early Signs of Mental Illness; Access and Linkage to Treatment Program; and Stigma and Discrimination Reduction. Suicide Prevention is an optional program.

Additionally, SB 1004 was enacted in 2018, which required the MHSOAC, on or before January 1, 2020, to establish priorities for the use of PEI funds and to develop a statewide strategy for monitoring implementation of PEI services.

In a MHSOAC letter dated January 30, 2020, the MHSOAC states that pursuant to Welfare and Institutions Code (WIC) Section 5840.7(d)(1), "counties shall focus use of their PEI funds on the Commission-established priorities as determined through their respective, local stakeholder processes. If a county chooses to focus on priorities other than or in addition to those established by the Commission, the plan shall include a description of why those programs are included and the metrics by which the effectiveness of those programs is to be measured. The Commission has not at this time established priorities additional to those specifically enumerated in WIC § 5840.7(a)."

The priorities outlined in WIC § 5840.7(a) include:

Note: Projects may meet more than one priority, so the total allocation of funding appears to be more than 100%.

1. Childhood trauma prevention and early intervention as defined in WIC § 5840.6(d) to deal with the early origins of mental health needs. *El Dorado County meets this priority by including the Children 0-5 Project, the Primary Project, the Parenting Classes projects and the Bridge the Gap Project. It is estimated that 18% of El Dorado's PEI funding is allocated to this priority. These projects were supported throughout the CPPP. (This priority also is met through the County's Community-based Engagement and Support Services/Community Hubs Innovation project.)*
2. Early psychosis and mood disorder detection and intervention as defined in WIC § 5840.6(e), and mood disorder and suicide prevention programming that occurs across the lifespan. *El Dorado County meets this priority by including the Suicide Prevention and Stigma Reduction Project, Wennem Wadati, Children 0-5 and Their Families, Statewide PEI Projects, Whole Family Wellness Project, Student Wellness Center Projects and the Community-based Outreach and Linkage Project (includes Psychiatric Emergency Response Team (PERT)). Additionally, through the County's Community Services and Supports component, there is funding from the Mental Health Block Grant for First Episode Psychosis treatment. It is estimated that 35% of El Dorado's PEI funding is allocated to this priority. These projects were supported throughout the CPPP.*
3. Youth outreach and engagement strategies as defined in Section 5840.6(f) that target secondary school and transition age youth, with a priority on partnership with college mental health programs. *El Dorado County meets this priority through the Student Wellness Center Projects,*



Timely Care Project, Prevention Wraparound Services: Juvenile Services and the Peer Partner projects. It is estimated that 19% of El Dorado's PEI funding is allocated to this priority.

4. Culturally competent and linguistically appropriate prevention and early intervention as defined in Section 5840.6(g). *El Dorado County meets this priority by including the Latino Outreach Program, the Wennem Wadati project, Whole Family Wellness Project and the LGBTQIA project. Additionally, the Primary Intervention Project in South Lake Tahoe is heavily accessed and utilized by Latino students. It is estimated that 16% of El Dorado's PEI funding is allocated to this priority. These projects were supported throughout the CPPP.*
5. Strategies targeting the mental health needs of older adults as defined in Section 5840.6(h). *El Dorado County meets this priority by including the Older Adult Enrichment. It is estimated that 5% of El Dorado's PEI funding is allocated to this priority. These projects were supported throughout the CPPP. (This priority also will be met through the County's Partnership between Senior Nutrition and Behavioral Health Innovation project.)*
6. Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis. *El Dorado County meets this priority by including the Children 0-5 Project, Student Wellness Center Projects and the Community-based Outreach and Linkage Project (includes Psychiatric Emergency Response Team (PERT)). Further, the Older Adult Enrichment Projects may identify mental health symptoms and disorders. It is estimated that 29% of El Dorado's PEI funding is allocated to this priority. These projects were supported throughout the CPPP. (This priority also is met through the County's Community-based Engagement and Support Services/Community Hubs Innovation project and will be met through the County's Partnership between Senior Nutrition and Behavioral Health Innovation project.)*

Other local priority populations and services include individuals involved with the justice system, resource families, community education, Veterans, suicide prevention, and general mental health goods and support for other local programs. These programs account for approximately 25% of the PEI funding.

Additional PEI projects identified and supported during the CPPP include National Suicide Prevention Lifeline, Prevention Wraparound Services/Juvenile Services, Mental Health First Aid and Community Education, Statewide PEI projects, Peer Partner services, Forensic Access and Engagement, and the Veterans Outreach projects. The outcome metrics related to the assessment of the effectiveness of these projects is discussed in further detail under the "Prevention and Early Intervention Component" section of this Plan. These projects also meet the PEI strategies as outlined in Title 9, California Code of Regulations.

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Purchase of goods and services to promote positive mental health and reduce mental health risk factors also is included in this component. Goods and services may include, but are not limited to, transportation assistance, motel/hotel/rent payments, emergency food purchases, gift card purchases, vehicle maintenance and upgrades as related to a mobile office (van retrofitted to resemble an office), and resource materials.



PEI project structure, as categorized by PEI program⁷:

Prevention Programs

- Latino Outreach Project
- Primary Project
- Wennem Wadati: A Native Path to Healing Project
- Clubhouse El Dorado Project
- Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project

Early Intervention Programs

- Older Adult Enrichment Project
- 0-5 and Their Families Project
- Prevention Wraparound Services: Juvenile Services Project
- Forensic Access and Engagement Project
- National Suicide Prevention Lifeline Project
- TimleyCare Project
- Student Wellness Center Project
- Bridge the Gap Project

Stigma and Discrimination Reduction Programs

- Mental Health First Aid and SafeTALK Project
- Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual or Allied (LGBTQIA) Community Education Project
- Statewide PEI Projects

⁷ The PEI Program Structure includes the newly established PEI priorities as outlined in WIC § 5840.7(a).



Outreach for Increasing Recognition of Early Signs of Mental Illness Program

- Community Education Project
- Peer Partner Project
- Mentoring for Youth Project

Access and Linkage to Treatment Programs

- Community-based Outreach and Linkage Project
- Veterans Outreach Project

Suicide Prevention and Stigma Reduction Programs

- Suicide Prevention and Stigma Reduction Project



Prevention Programs

Prevention Programs are projects that are intended to prevent serious mental illness/severe emotional disturbance by promoting positive mental health, reducing mental health risk factors, and by intervening to address mental health problems in the early stages of the illness. The goals of this program include reducing the negative outcomes that result from untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average, and, as applicable, their parents, caregivers, and other family members. Services may include relapse prevention for individuals in recovery from a serious mental illness and universal prevention.

“Risk factors for mental illness” means conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness. Risk factors include, but are not limited to, biological (including family history) and neurological, behavioral, social/economic, and environmental.

Reporting Requirements:

The following information, outcomes, and/or indicators are required for each Prevention project:

1. Unduplicated numbers of individuals served, including demographic data.
 - a. If a program served families, the County shall report the number of individual family members served.
2. The reduction of prolonged suffering that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning.
3. If known, the number of individuals with serious mental illness referred to treatment and the kind of treatment to which the individual was referred.
4. If known, the number of individuals who followed through on the referral and engaged in treatment.
 - a. If known, the average duration of untreated mental illness.
 - b. If known, the interval between the referral and participation in treatment.
5. Completion of Quarterly and Annual Reports.
6. Implementation challenges, successes, lessons learned, and relevant examples.
7. Any other outcomes or indicators identified for the specific project.

Latino Outreach Project

The Latino Outreach Project is a prevention program that addresses isolation in the Spanish-speaking or limited English-speaking Latino adult population, peer and family problems in the youth population, and community issues resulting from unmet mental health needs, by contributing to a system of care designed to engage Latino families and provide greater access to culturally competent mental health services.

This project utilizes a Promotora services program that provides bilingual/bicultural Spanish-speaking outreach, engagement, screening, integrated service linkage, interpretation services, and peer/family support for Latino individuals and families. This strategy is intended to promote mental health and reduce the stigma regarding and barriers to mental health services thereby decreasing the mental health/health disparities experienced by the Latino population. Services are offered on each slope of the County and may vary from each other depending on the needs identified by the local communities.



Latino Outreach Project Goals:

- Increased mental health service utilization by the Latino community.
- Decreased isolation that results from unmet mental health needs.
- Decreased peer and family problems that result from unmet health needs.
- Reduce stigma and discrimination.
- Reduction in suicide, incarcerations, and school failure or dropouts.

Latino Outreach Outcome Measures:

In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

- Measurement 1 – Customer satisfaction surveys.
- Measurement 2 – Client outcome improvement measures.
- Measurement 3 – Increased engagement in traditional mental health services.

Estimated Number of Individuals to be Served: 400

Estimated Cost Per Person: ~~\$1,000~~

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Providers: New Morning Youth and Family Services and/or other provider(s) will be selected in compliance with the County’s Procurement Policy.

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Primary Project

The Primary Project is an evidence-based practice that offers short-term individual, non-directive play services with a trained school aide to students in transitional kindergarten through third (3rd) grade who are at risk of developing emotional problems. (NOTE: This project formerly was called “Primary Intervention Project” but was for students in kindergarten through third grade and referred to as “PIP”.) The school-based screening team determines those children who are at risk of developing emotional problems based on indications of difficulties experienced with adjustments in school. The Primary Project is currently offered in the Pioneer Unified School District, Black Oak Mine Unified School District and the Lake Tahoe Unified School District.

In the Primary Project, supervised and trained child aides provide weekly non-directive play sessions with the selected students. Students are selected for program participation through a selection process that includes completion of standardized assessments and input from the school-based mental health professionals and teachers. Parents/guardians and teaching staff are encouraged to build alliances to promote student’s mental health and social and emotional development. Parental consent is required for student participation.

Primary Project Goals:

- Provide services in a school-based setting to enhance access.
- Build protective factors by facilitating successful school adjustment.
- Target violence prevention as a function of skills training.



- To decrease school adjustment difficulties at an early age and build protective factors to foster youth resilience and mental health.

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Primary Project Outcome Measures:

In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

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- Measurement 1 - Administer the Walker Assessment Scale (WAS) assessment tool to students at the time student is selected to enter the program and again when the student exits the program (contracted vendor will be responsible for procuring use of the WAS tool).

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Estimated Number of Individuals to be Served: 200

Estimated Cost Per Person: \$1,225

Providers: Black Oak Mine Union School District (West Slope), Pioneer Unified School District (West Slope), [Tahoe Youth & Family Services](#), and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

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Wennem Wadati: A Native Path to Healing Project

The Wennem Wadati Project applies a combination of mental health services and traditional cultural teachings unique to the local Native American community. The project was designed to provide culturally specific Native American services through use of Cultural Specialists, who are Native American community members, working in a professional capacity that access unique cultural contexts and characteristics through the use of traditional Native American healing approaches. The project uses various prevention strategies to address all age groups in the target population with the intent to maintain mental health well-being, improve wellness, and decrease health disparities experienced by the Native American community. Services are provided at Foothill Indian Education Alliance in Placerville, schools, and other community-based sites accessible to the Native American population.

Talking Circles will be conducted at schools and other community-based sites that are accessible to Native American individuals, each facilitated by Cultural Specialists. The project also facilitates monthly traditional gatherings, cultural activities, and youth activities designed to spread cultural knowledge and support family preservation. One multi-day field trip will be scheduled for the Student Leadership group annually. A dedicated crisis line is available to provide students access to a Native American mental health Cultural Specialist who will be available via answering service to respond, by telephone or in person, to situations where Native American students are experiencing a mental health crisis.

Wennem Wadati Project Goals:

- Increase awareness in the Native American community about the crisis line and available services.
- Improve the overall mental health care of Native American individuals, families and communities.
- Reduce the prevalence of alcoholism and other drug dependencies.
- Maximize positive behavioral health and resiliency in Native American individuals and families reducing suicide risk, prolonged suffering, and incarceration.



- Reduce school drop-out rates.
- Support culturally relevant mental health providers and their prevention efforts.

Wennem Wadati Outcome Measures:

In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

- Measurement 1 - Casey Life Skills Native American Assessment, or other assessment tool to be determined by Contractor, to be given when a student joins the Talking Circles, and when they end their participation.

Estimated Number of Individuals to be Served: 300

Estimated Cost Per Person: \$350

Provider: Foothill Indian Education Alliance.

Clubhouse El Dorado Project - Pilot

Clubhouse El Dorado provides a restorative environment for individuals (called members) whose lives have been severely disrupted because of their mental illness and co-occurring disorders, and who would benefit from the support of others who are in recovery. Clubhouse El Dorado provides a safe, structured, welcoming place for members to build on one’s strengths, maintain recovery and prevent relapse. Members work as colleagues with peers and a small staff through work and work-mediated relationships. Members learn and/or regain vocational, social skills, and independence while doing everything involved in running the Clubhouse as part of the “work-ordered day”. Services include self-help/peer support groups, social/recreational activities, educational supports, and linkages to community resources and employment opportunities, building partnerships with local businesses. Members seeking employment and/or school enrollment will receive vocational supports.

Clubhouse El Dorado follows the Clubhouse International model and standards. Members have equal access to all Clubhouse programs and may choose their level of participation with no differentiation based on diagnosis or level of function. Clubhouses are built upon the belief that every member has the potential to sufficiently recover from the effects of mental illness to lead a personally satisfying life as an integrated member of society. Clubhouses are communities of people who are dedicated to one another’s success, no matter how long it takes or how difficult it is.

[This pilot project will include a development phase of no more than three \(3\) months to include site preparations, member outreach and solicitation of employment partners partners prior to full project implementation. Early members may be engaged in these preliminary activities.](#)

Clubhouse El Dorado Project Goals:

- Engage community members with a history of mental illness .
- Increase the number of members employed outside of the clubhouse.
- Decrease the number of members who experience relapse.
- Decreasing hospitalizations, incarcerations, homelessness, recidivism



- Increasing pursuit of education
- Improving overall well-being
- Provide respite and support for primary caregivers of members
- Increase/maintain independent living
- Reducing isolation

Clubhouse El Dorado Outcome Measures:

- Measurement 1 – Number of members engaged in The Clubhouse.
- Measurement 2 – Number of members who maintain recovery.
- Measurement 3 – Number of members who gain employment outside of the clubhouse.
- Measurement 4 – Number of members who maintain stable housing.
- Measurement 5 – Number of members who report improved overall well-being.
- Measurement 6 – Number of family members who report improved well-being.

Estimated Number of Individuals to be Served: 150
Estimated Cost Per Person: \$2,000

Provider: NAMI El Dorado and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

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Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project

The Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project is focused on providing goods and services that will aid in preventing serious mental illness/emotional disturbance by promoting mental health, reducing mental health risk factors, and by intervening to address mental health problems in the early stages of the illness. The Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project also may serve to reduce the negative outcomes that may result from untreated mental illness, including suicide, incarceration, school failure or drop-out, unemployment, prolonged suffering, homelessness, and removal of children from their homes.

The Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project may include, but are not limited to, transportation assistance, motel/hotel/rent payments, emergency food purchases, gift cards, and resource materials. Additional goods and services may be purchased on behalf of contracted vendors who demonstrate a need for a particular item or service for a PEI client.



County Emergency Support

In the event of a federal, state or local emergency declaration, funds within the Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project may be used to support community needs related to mental Health that are not otherwise defined in this MHSA Plan. This may include but is not limited to, mental health services at evacuation centers, transportation and shelter assistance to vulnerable individuals. In the event goods and services beyond the county's current capacity are needed to support emergency efforts, contractors may be selected in compliance with the Board of Supervisors C-17 Procurement Policy regarding Emergency Purchases of goods or services.

Estimated Number of Individuals to be Served: varies
Estimated Cost Per Person: varies

Provider: Provider(s) will be selected in compliance with the County's Procurement Policy.



Early Intervention Programs

Early Intervention Programs are projects that provide treatment, services, and other interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness. Early Intervention Program services are time limited, but no more than 18 months unless the individual is identified as experiencing first onset on psychotic features, in which PEI services shall not exceed four (4) years (these individuals would be transferred to other Specialty Mental Health Services upon diagnosis of a serious mental illness or severe emotional disturbance). Early Intervention Program services may include services to parents, caregivers, and other family members of the person with early onset of mental illness, as applicable.

Reporting Requirements:

The following information, outcomes, and/or indicators are required for each Early Intervention project:

1. Unduplicated numbers of individuals served, including demographic data.
 - a. If a program served families, the County shall report the number of individual family members served.
2. The reduction of prolonged suffering that may result from untreated mental illness by measuring reduced symptoms and/or improved recovery, including mental, emotional, and relational functioning.
3. If known, the number of individuals with serious mental illness referred to treatment and the kind of treatment the individual was referred to.
4. If known, the number of individuals who followed through on the referral and engaged in treatment.
 - a. If known, the average duration of untreated mental illness.
 - b. If known, the interval between the referral and participation in treatment.
5. Completion of Quarterly and Annual Reports.
6. Implementation challenges, successes, lessons learned, and relevant examples.
7. Any other outcomes or indicators identified.

Older Adults Enrichment Project

The Older Adults Enrichment Project is an integrated continuum of care designed to provide comprehensive services to meet the changing needs of older adults. In previous MHSA Plans/Updates this project was divided into three independent programs (Senior Peer Counseling, Friendly Visitors and Senior Link). These programs are being consolidated due to the overlapping nature of services provided and the need for more fluid transition between the levels of care presented within the project.

Through this project staff or volunteers evaluate the needs of potential clients, referring them or assisting them in making contact with other community services, including Mental Health evaluation and treatment. Eligible clients may also choose to engage in Senior Peer Counseling or Senior Engagement programs.

Staff or volunteers provide access, support, and linkage for older adults to a variety of community-based services with the goal of improving their mental health. Services may include but are not limited to collaboration with health care providers, advocacy, activities and outings, cultural and spiritual groups, and transportation and referral services. These services may be provided directly to community members



through this project's outreach efforts or as a part of assessments administered through other older adult programs (senior peer counseling, senior engagement and other senior services).

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Senior Peer Counseling provides free, confidential individual counseling to eligible adults age 55 and older. Staff or volunteer counselors assist clients in regular self-assessment of their feelings of well-being using a standardized measurement tool. The supervisory services of a licensed mental health clinician are essential to the operation of Senior Peer Counseling. The supervisor meets weekly with the staff and/or volunteers, reviewing the progress of each client, which ensures that standards of practice are met protecting clients, counselors, and the community. Services may be available in clients' homes and other community meeting places. Individuals interested in becoming a Senior Peer Counselor must be an older adult (aged 55 or older), complete a vigorous training, and pass a LiveScan background check prior to becoming a Senior Peer Counselor.

Senior Engagement provides social opportunities and companionship in person and over the phone, intended to help older adults prevent or overcome physical and mental health risks associated with isolation and loneliness. Additionally, staff or volunteers may help identify the client's unmet needs and assist with referrals to other community services for access and linkage to mental health services or other needed health care or social services resources. This helps lower the risks associated with social isolation, including but not limited to depression, self-medication, anxiety, and loss of interest in life's daily activities.

Older Adult Enrichment Project Goals:

- Provide referrals and linkage to mental health providers, physical health providers, community resources.
- Clients know of, and successfully access, other needed mental health services.
- Clients will achieve positive outcomes including increased socialization, improved resilience, improved feelings of well-being and protective factors, and linkage to community resources as shown on a client satisfaction surveys.
- Provide clients with meaningful, one-on-one interactions.
- Provide volunteer training to accommodate the different levels of care within the project.
- In addition to those listed above Senior Peer Counseling clients will also:
 - Demonstrate improved lifestyle factors over the course of their counseling, as measured by an evidence based measurement tool such as the Therapeutic Lifestyle Changes (TLC) tool.
 - Increased resiliency, clients improve their mental health and self-sufficiency.
 - Identify the primary issue of focus (problem list) for counseling.
 - Achieve improvements in their feelings of well-being as shown on the Outcomes Rating Scale (ORS) or comparable measurement tool.
 - Ameliorate their distress as described in their presenting problem.

Experience mental health and satisfaction with life as evidenced by scores on the ORS measurement tool, or other measurement tool. Older Adult Enrichment Project Outcome Measures:

In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

- Measurement 1 –Pre-services and post-service customer satisfaction surveys.



- Measurement 2 – Number of referrals to mental health providers, physical health providers, and community resources.
- Measurement 3 – Counseling clients will complete a pre-and post-rating form which measures TLC, primary pro-health and pro-mental health activities and habits which have been shown to lead to positive physical, emotional, and cognitive improvements in people of all ages. The categories to be measured are: Exercise, Nutrition/Diet, Nature, Relationships, Recreating/Enjoyable Activities, Relaxation/Stress Management, Religious/Spiritual Involvement, and Contribution/Service.
- Measurement 4 – Counseling clients ORS, which measures the following four psychological categories: 1) individually (personal well-being); 2) interpersonally (family, close relationships); 3) Socially (work, school, friendships); and 4) Overall (general sense of well-being).
- Measurement 5 – Counseling Volunteers will record clients' self-reported improvements in the presenting problem.

Estimated Number of Individuals to be Served: 200

Estimated Cost Per Person: \$

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Provider: EDCA Lifeskills and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

Deleted: El Dorado County staff and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

Children 0-5 and Their Families Project

The Children 0-5 and Their Families Project is an early intervention project provided to children ages zero to five (0-5) and their families. Services are provided in the service provider's office or within the community on both the West Slope and in South Lake Tahoe. This project assists in early intervention by addressing needs of young children who may be experiencing symptoms related to adjustment disorder, oppositional defiance disorder, and other childhood emotional disorders.

A plan of care will be developed by the service provider in concert with family and other community collaborators, as appropriate, to address the family's specific needs and goals. Activities performed may include, but are not limited to:

- Infant-parent psychotherapy
- Individual, couple, and/or family sessions
- Home visitation
- Parenting support and guidance for fathers, mothers, and couples through programs such as Circle of Security, Theraplay, Touch Points, and/or Wisdom Pathway Parenting
- Infant massage
- Pregnancy and post-partum support
- Psychological parenting information and support for foster, grandparents, and adoptive caregivers
- Educational support to address colic, feeding, and sleep issues
- Trauma-Focused Cognitive Behavioral Therapy (CBT)



- Eye Movement Desensitization Reprocessing (EMDR)
- Identifying and removing barriers to treatment
- Case Management
- Assisting other providers to recognize early signs of poor coping, stress, and mental illness in the target population
- Community Outreach

Children 0 – 5 and Their Families Project Goals:

- Increased number of families within the target population who are accessing prevention/wellness/intervention services.
- Strengthened pipeline among area agencies to facilitate appropriate and seamless referrals between agencies in El Dorado County.
- Increased awareness of services available among families, health care providers, educators and others who may have access to target population.
- Emotional and physical stabilization of at-risk families (increasing trust).
- Improved infant/child wellness (physical and mental health).
- Improved coping/parenting abilities for young parents.
- Increased awareness and education of Domestic Violence and how it impacts families and young children.
- Enhancement of programs serving children ages zero to five (0-5).
- Decreased number of children removed from the home.
- Decreased incidence of prolonged suffering of children/families.
- Child abuse prevention.
- Suicide prevention.
- Increased cooperation and referrals between agencies.
- Reduced stigma of mental health/counseling interventions among target population.
- Improved trust of services as evidenced by an increase in self-referral by target group families.
- Decreased cost of 5150 and hospitalizations by providing services in outpatient setting.

Children 0 – 5 and Their Families Outcome Measures:

In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

- Measurement 1 – Success will be measured on a pre/post testing based on assessment tools, Parent Stress Index, Beck’s Depression and Anxiety Scale, Post-partum Depression Scale, Ages and Stages, and Marshak Interaction Method.
- Measurement 2 – Client satisfaction questionnaires, other provider questionnaires.
- Measurement 3 – Tracking of self-referred clients.
- Measurement 4 – Decreased incidents of Abusive Head Trauma (formerly known as “Shaken Baby Syndrome”).
- Measurement 5 – Reduction of hospital emergency department visits.



Estimated Number of Individuals to be Served: 230
Estimated Cost Per Person: \$1,700

Provider: Infant Parent Center and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

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Prevention Wraparound Services: Juvenile Services Project

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The Prevention Wraparound Services: Juvenile Services Project is an early intervention program that utilizes a strength-based, needs-driven, family-centered and community-based planning process with an emphasis on permanency, safety, and well-being for youth and families who are at risk of involvement with or involved in the child welfare system and/or juvenile justice programs, but whose needs do not rise to the level of Specialty Mental Health Services. The model to be utilized for this project is the High Fidelity Wraparound, using the standardized Wraparound process developed by the National Wraparound Initiative. The project is designed to help the youth avoid restrictive and expensive placements, including group home placement, psychiatric hospitalization, and youth detention. The target population for this project includes youth with complex needs who are living with their families and at risk of further involvement in the child welfare, foster care, behavioral health, and/or juvenile justice systems.

Services will be individualized and typically not exceed six (6) months, however, the needs of each participant will be considered on a case-by-case basis, to determine the service duration and array. The service array may include, but is not limited to screening candidates, developing Wraparound plans for each participant/family, family engagement, team decision making, mental health services, safety planning, training, referrals and linkage to community resources, and flexible funding ("flex funds") used for access to specific non-mental health resources identified within the treatment plan that are needed by the youth and their family to successfully fulfill the treatment plan. In the case of a family emergency, flex funds may be used to temporarily provide housing stability or support to a family in crisis. Examples of flex funds include, but are not limited to, funding for transportation, child-care, medication, education, and food/dining rewards for participating in services.

Participants appearing to meet the medical necessity criteria for SMHS at any time during their participation in this project will be referred to El Dorado County Mental Health as appropriate.

Prevention Wraparound Services: Juvenile Services Project Goals:

Deleted: Justice

- Improve the array of services and supports available to children and families involved in the child welfare and juvenile probation systems.
- Engage families through a more individualized casework approach that emphasizes family involvement.
- Increase child/youth safety without an over-reliance on out-of-home care.
- Improve permanency outcomes and timeliness.
- Improve child and family well-being.
- Prevent involvement in the juvenile justice system.



Prevention Wraparound Services: Juvenile ~~Services Project~~ Outcome Measures:

Deleted: Justice

In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

- Measurement 1 – Number of youth who have reduced the number, duration, and repetition of in-patient psychiatric hospital care admissions.
- Measurement 2 – Number of youth who have had reduced contacts with law enforcement, the Juvenile Justice system, and/or Child Welfare.
- Measurement 3 – Number of youth who maintain integration or have been reintegrated into a permanent family-based setting and in the community.
- Measurement 4 – Customer satisfaction surveys.

Estimated Number of Individuals to be Served: 50

Estimated Cost Per Person: \$6,900

Provider: ~~Stanford Sierra Youth & Family and/or other provider(s) will be selected in compliance with the County's Procurement Policy.~~

Deleted: Provider(s) will be selected in compliance with the County's Procurement Policy.

Forensic Access and Engagement Project

Repeat offenders with behavioral health concerns may be charged and remanded to one of El Dorado County's Superior Court's Collaborative Court Programs designed for individuals with behavioral health or other special concerns.

The Forensic Access and Engagement Project is designed for eligible individuals with mild-to-moderate mental health concerns, which, if left untreated, may result in repeat incarcerations, prolonged suffering, and risk of homelessness. This project is a collaborative effort between Behavioral Health, El Dorado County Probation, the District Attorney, Public Defender, and the Superior Court. Activities may include, but are not limited to, screening and assessment, individualized case management, outreach, assistance with reviewing housing and placement options, and navigation support to engage and maintain individuals in treatment services (including substance use disorder treatment services).

Community Corrections Partnership (CCP)

In April 2011, the California Legislature passed public safety legislation (AB 109) establishing the California Public Safety Realignment Act of 2011. AB 109 is intended to reduce recidivism, in part by supervising non-violent, non-serious, and non-sex offenders in-county with Evidence-Based Practices (EBP) including behavioral health interventions.

In El Dorado County, the Community Correction Center (CCC) was established as a partnership between Probation, Mental Health, Substance Use Disorders Services (SUDs), Public Health, Community Services and EDC Office of Education to serve individuals qualified to receive these services. The population served by the CCC funded by AB 109 and those served by the Forensic Access and Engagement Project are closely



linked. As such CCC activities may impact how MHSA funding is best used to support justice involved individuals eligible for services within this project.

Forensic Access and Engagement Project Goals:

- Improve the connection to services and supports for transitional age youth (TAY), adults, and older adults involved in the criminal justice system and collaborative court system.
- Engage individuals through a more individualized casework and navigation of services approach that emphasizes successful reintegration into the community.
- Reduce jail recidivism for individuals incarcerated due to their mental illness being a component of the commission of a crime.

Forensic Access and Engagement Outcome Measures

In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

- Measurement 1 – Number of bookings, duration of stay, and repetition of incarceration due to mental illness being a component of the commission of the crime.
- Measurement 2 – Number of contacts with law enforcement.
- Measurement 3 – Number of individuals who maintain integration or have been reintegrated in the community.
- Measurement 4 – Customer satisfaction surveys.

Estimated Number of Individuals to be Served: 150
Estimated Cost Per Person: \$1,000

Provider: El Dorado County staff and/or other provider(s) who will be selected in compliance with the County’s Procurement Policy.

National Suicide Prevention Lifeline Project

The National Suicide Prevention Lifeline is a 24/7, toll-free, confidential hotline available to anyone in distress (988 or 1-800-273-8255). Calls from the national number are routed to regional call centers. The hotline is accredited by the American Association of Suicidology.

National Suicide Prevention Lifeline Project Goals:

- Hotline shall be available 24 hours per day, seven days per week, to respond to crisis calls.

National Suicide Prevention Lifeline Outcome Measures:

In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

- Measurement 1 – Call volume by day of the week and time of day.



- Measurement 2 – Caller concerns, such as mental health, social issues, suicidal content, general needs, basic needs, physical health needs, abuse/violence.
- Measurement 3 – Caller age group.
- Measurement 4 – Caller gender.
- Measurement 5 – Number of calls the hotline employee was able to talk down from crisis compared to the number of calls required an active rescue.

Estimated Number of Individuals to be Served: 350
Estimated Cost Per Person: \$115

Provider: CalMHSA serves as the fiscal intermediary for the program to coordinate county payments. The services are provided through a local call center. The previous call center is no longer operational. A new provider is being solicited for by CalMHSA. In the meantime, all local calls will be routed to the nearest available call center.

TimelyCare Project

The TimelyCare Project is an Early Intervention program that provides treatment to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Students enrolled at Lake Tahoe Community College, through their TimelyCare application, will have upgraded access to the TimelyCare telehealth application to schedule and attend one-time or ongoing mental health appointments. This service is intended for students with mild-to-moderate mental health needs.

Deleted: TimelyMD

The service is available 24/7 and is differentiated from crisis services. Lake Tahoe Community College contributed funding to this program to enable students to utilize the application for basic mental and physical health needs. MHSa contributed funds to allow student access to up to 12 scheduled mental health sessions per year. All medical services are provided by a licensed and board-certified physician, nurse practitioner, or physician assistant. Mental health services are provided by a licensed mental health provider. Psychiatry services also are available.

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In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

- Measurement 1 – Number of scheduled counseling visits and the average visit length.
- Measurement 2 – Number of psychiatry visits and the average visit length.
- Measurement 3 – Breakdown by gender for the scheduled counseling visits and the psychiatry visits.

Estimated Number of Individuals to be Served: 150
Estimated Cost Per Person: \$250



Provider: Behavioral Health will enter into a contract with Lake Tahoe Community College, who will then use the funding to contract with TimelyCare. TimelyCare does not contract with entities outside of the community colleges.

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Student Wellness Centers Project

In previous MHSA Plans, High School Wellness Centers and Middle School Wellness Center Projects were independent of each other and designated into two different MHSA Components. This MHSA Plan integrates all Student Wellness Center services under PEI as the most appropriate component for the services provided.

In collaboration with the El Dorado County Office of Education (EDCOE), local school district psychological and nursing staff and other community-based organizations, Student Wellness Centers at El Dorado County public schools are staffed minimally one day per week by a licensed, waived or registered mental health professional (for example, an Associate Social Worker or Licensed Clinical Social Worker) and a mental health assistant when school is in session.

Services may include crisis support, brief mental health assessments, outreach and engagement, linkage to community services, classroom activities emphasizing self-care and mental health awareness, collaboration with parents, and training for parents and district staff. Training may include, but is not limited to, trauma-informed care, crisis intervention, and Mental Health First Aid. Training will be essential to the success of this program, as school faculty will be better equipped to recognize potential referrals to the Student Wellness Center.

The school sites for the project will be selected in collaboration with the EDCOE. Multiple funding streams will be utilized throughout the school system to establish Student Wellness Centers at all EDCOE school sites with the MHSA portion of the funding not to exceed the budgeted amount.

Mental Health Student Services Act

The Mental Health Student Services Act (MHSSA) established a collaborative, competitive grant program for the purposes of establishing mental health partnerships between a county's Behavioral Health Departments and school districts, charter schools, and the county office of education. In 2022, EDCOE in partnership with El Dorado County Behavioral Health was awarded five million dollars (\$5,000,000) for the development and implementation of a system wide plan to more effectively administer mental health services throughout the EDCOE schools. El Dorado County Behavioral Health serves as a fiscal intermediary for the awarded funds. The plan developed by EDCOE in partnership with El Dorado County Behavioral Health and other community partners receives no MHSA funds through the administration of this MHSA Plan.

Student Wellness Centers Project Goals:

- Provide a dedicated Student Outreach and Engagement Center at El Dorado County schools. The Center shall be accessible, inviting, and supportive to students seeking mental health education, mental health services, and linkage to community services and outreach.
- Provide individual assessments and counseling services.
- Provide outreach and linkage to community resources.
- Provide customized trainings with input from school staff, faculty, students, and parents.

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Student Wellness Centers Outcome Measures:

- Measurement 1 – Number of duplicated and unduplicated student contacts.
- Measurement 2 – The number of student mental health assessments performed.
- Measurement 3 – The number of training/education opportunities provided in person, writing or other means, along with the target population, number of attendees, and training/education topic.
- Measurement 4 – The number of students linked to community services, the names of the community organizations to which students were referred, and the general reason for the referral.

Estimated Number of Individuals to be Served: 1,500
Estimated Cost Per Person: \$500

Provider: Summitview Child & Family Services, Sierra Child and Family Services and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

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Bridge the Gap Project

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The Bridge the Gap Project addresses a current gap in service for youth experiencing mild to moderate mental health needs. While the nation continues to experience a dramatic increase in the need for mental health service and an equally dramatic shortage of qualified staff, youth are experiencing extended delays in service through their private insurance provider or other means of accessing mental health treatment. As delays in services grow, so too may the level of care if mental health needs go untreated.

Through referrals made by organizations serving youth such as, but not limited to, El Dorado County Behavioral Health, El Dorado County Office of Education, Student Wellness Center providers and El Dorado County Child Welfare, youth are linked to a contracted treatment provider for short term clinical care, lasting no longer than eighteen (18) months⁸, until appropriate services become available through their private insurance provider or other means of mental health treatment. The provider will also assist the youth in accessing long term care by providing support in navigating the healthcare system and, when necessary, supporting communication with the youth's private insurance provider.

Bridge the Gap Project Goals:

- Provide short term counseling services.
- Reduce the length of time between initial contact and assessment and long-term care.
- Decrease the number of youth referred to higher levels of care.
- Increase the number of youth served by long term counseling services.
- Decrease need for Psychiatric Emergency Services (PES) for youth.

⁸ As regulated by Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA, Article 7. Prevention and Early Intervention, Section 3710, item (c).



Bridge the Gap Project Outcome Measures:

- Measurement 1 – Number of youth referred to services.
- Measurement 2 – Length of time youth participate in services within this project.
- Measurement 3 – Number of students who are connected to long term services.
- Measurement 4 – Occurrences of PES presentation in El Dorado County emergency departments.

Estimated Number of Individuals to be Served: 80

Estimated Cost Per Person: \$2,500

Provider: Sierra Child and Family Services and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

Deleted: El Dorado County staff and/or other provider(s) will be selected in compliance with the County's Procurement Policy.



Stigma and Discrimination Reduction Programs

Stigma and Discrimination Reduction Programs are projects with the objective of reducing negative feelings, attitudes, beliefs, perceptions, stereotypes, and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services. These projects also strive to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families. Stigma and Discrimination Reduction Programs shall include approaches that are culturally congruent with the values of the populations for whom changes in attitudes, knowledge, and behavior are intended.

Reporting Requirements:

The following information, outcomes, and/or indicators are required for each Stigma and Discrimination Reduction Program:

1. Number of individuals reached, including demographic data.
2. Using a validated method, measure one or more of the following:
 - a. Changes in attitudes, knowledge, and/or behavior related to seeking mental health services that are applicable to the specific program.
 - b. Changes in attitudes, knowledge, and/or behavior related to seeking mental health services that are applicable to the specific program.
3. If known, the number of individuals with serious mental illness referred to treatment and the kind of treatment the individual was referred to.
4. If known, the number of individuals who followed through on the referral and engaged in treatment.
 - a. If known, the average duration of untreated mental illness.
 - b. If known, the interval between the referral and participation in treatment.
5. Completion of Quarterly and Annual Reports.
6. Implementation challenges, successes, lessons learned, and relevant examples.
7. Any other outcomes or indicators identified.

Mental Health First Aid and SafeTALK Projects

The Mental Health First Aid (MHFA) Project is an evidence-based project that introduces participants to risk factors and warning signs of mental health problems. It also introduces the warning signs of mental health problems, builds understanding of their impact, and provides an overview of common treatments.

MHFA uses the curriculum developed by Mental Health First Aid USA, and includes several programs, including: MHFA, which focuses on risk-factors and mental illness in adults (available in English and Spanish); Youth MHFA, which focuses on risk-factors and mental illness in youth ages 12 to 25; and a military-focused module which focuses on the needs of active duty military personnel, veterans, and their families. There also are modules for those who work with older adults and one for universities. A module for those who work with high school students also is being developed. Classes are offered county-wide. A team of two MHFA instructors provide the 8-hour training session. Topics covered in the session include:

- Identifying the potential risk factors and warning signs for a range of mental health problems, including depression, suicide, anxiety/trauma, psychosis, eating disorders, substance use disorders, and self-injury.



- An understanding of the frequency of various mental health disorders in the U.S. and the need for reduced stigma/shame in their communities.
- An action plan including the skills, resources and knowledge to evaluate the situation, select and implement appropriate interventions, and to help an individual in crisis connect with appropriate professional care.
- Information on various resources available to help someone with a mental health problem.
- Upon completion of the training, attendees receive a Mental Health First Aid certification that is valid for three years.

⋮ **Instructor Development**

In order to expand the service delivery of the MHFA and SafeTALK Project, EDC Behavioral Health may host large group instructor training through the National Council for Mental Wellbeing or other comparable certifying agency. In partnership with El Dorado County Office of Education (EDCOE), Marshall Medical Center, Barton Heath and other partner agencies, EDC Behavioral Health seeks to expand the network of course instructors within El Dorado County in order to meet increasing requests for non-clinical mental health and suicide prevention training.

⋮ **Community Funding Assistance**

This project will support Community Funding Assistance opportunities which will provide funding to individuals seeking to become Mental Health First Aid or SafeTALK providers in El Dorado County or current providers seeking to expand service delivery throughout the county. A formal application and award process will be developed in FY 23/24. Award recipients may receive up to \$5,000. The number of award recipients may vary.

Mental Health First Aid Project Goals:

- Raise personal awareness about mental health, including increasing personal recognition of mental health risk factors.
- Community members use the knowledge gained in the trainings to assist those who may be having a mental health crisis until appropriate professional assistance is available.
- Opens dialogue regarding mental health, risk factors, resource referrals, and suicide prevention.
- Work towards stigma and discrimination reduction in our communities and networks.

Mental Health First Aid Outcome Measures:

In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

- Measurement 1 – Class evaluation provided to attendees at the end of each session.

Provider: El Dorado County staff and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

SafeTalk Project Goals:

- Raise awareness about suicide in communities.
- Provide community members the training to link those who may be having thoughts of suicide to appropriate supports.
- Reduce stigma and discrimination about suicide in the community.



SafeTALK Outcome Measures:

In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

- Measurement 1 – Raise awareness about suicide in communities.
- Recognize when individuals may be having thoughts of suicide.
- Apply the SafeTALK steps (Tell, Ask, Listen, and KeepSafe) to connect a person with thoughts of suicide to a suicide first-aid intervention caregiver.
- Reduce stigma and discrimination about suicide in the community.

Estimated Number of Individuals to be Served: 300
Estimated Cost Per Person: \$300

Provider: El Dorado County staff and/or other provider(s) will be selected in compliance with the County’s Procurement Policy.

Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual or Allied (LGBTQIA) Community Education Project

The LGBTQIA project is a stigma and discrimination reduction project that supports differences, builds an understanding through community involvement, and provides education to reduce shame and support to end discrimination. This project provides an opportunity for dialogue about sexual orientation and gender identity and acts to create a society that is healthy and respectful to human differences. Informational packets, flyers, and educational materials will be purchased and distributed throughout the community, including schools, libraries, and community mental health providers. Outreach costs such as mileage reimbursement, postage, packet materials and other multimedia information, and food costs may be purchased through this project. Education, in the form of presentation/discussions, to schools and the general public regarding sexual orientation may be provided.

LGBTQIA Community Education Project Goals:

- Reduction of stigma and discrimination associated with being lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual or allied.
- Education, in the form of presentations/discussions to the general public regarding sexual orientation.



LGBTQIA Community Education Outcome Measures:

In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

- Measurement 1 – Number of informing materials distributed.
- Measurement 2 – Number of people reached through presentations.

Estimated Number of Individuals to be Served: 200

Estimated Cost Per Person: \$500

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Provider: Sacramento LGBT Community Center and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

Deleted: El Dorado County staff and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

Statewide PEI Projects

The Statewide PEI Projects provide a mechanism at the statewide level for counties to collectively address issues of suicide prevention, student mental health, and stigma and discrimination reduction. Counties are required to contribute a percentage of their PEI allocation to support this project.

CalMHSA is currently the provider of Statewide PEI Projects. They provide projects including, but not limited to:

- Educational materials
- Statewide Suicide Prevention campaigns
- Each Mind Matters activities (<https://www.eachmindmatters.org/>)
- Walk In Our Shoes (www.walkinourshoes.org)
- LivingWorks Education
- Institute on Aging Friendship Line for Older Adults (1-800-971-0016)
- WellSpace Health (crisis phone line for the general population – 1-800-273-8255 or 1-800-SUICIDE)
- Student Mental Health Activities

Statewide PEI Project Goals:

- Reduce the stigma and discrimination associated with mental illness, prevent suicide, and improve student mental health.

Statewide Outcome Measures:

The Outcome Measures for this project are established and managed by the State. For more information, please see <http://www.calmhisa.org/programs/evaluation/>.

Provider: CalMHSA

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Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Outreach for Increasing Recognition of Early Signs of Mental Illness Programs are projects that provide outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.

“Outreach” may include a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. “Potential responders” include, but are not limited to, families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, emergency medical service providers, people who provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services.

Services may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.

Reporting Requirements:

The following information, outcomes and/or indicators are required for each Outreach for Increasing Recognition of Early Signs of Mental Illness Program:

1. Unduplicated numbers of individuals served, including demographic data.
2. The number of potential responders engaged.
3. The setting(s) in which the potential responders were engaged.
 - a. Settings providing opportunities to identify early signs of mental illness include, but are not limited to, family resource centers, senior centers, schools, cultural organizations, churches, faith-based organizations, primary health care, recreation centers, libraries, public transit facilities, support groups, law enforcement departments, residences, shelters, and clinics.
4. The type(s) of potential responders engaged in each setting (e.g. nurses, principles, parents).
5. If known, the number of individuals with serious mental illness referred to treatment and the kind of treatment the individual was referred to.
6. If known, the number of individuals who followed through on the referral and engaged in treatment.
 - a. If known, the average duration of untreated mental illness.
 - b. If known, the interval between the referral and participation in treatment.
7. Completion of Quarterly and Annual Reports.
8. Implementation challenges, successes, lessons learned, and relevant examples.
9. Any other outcomes and indicators identified.



Community Education Project

In previous plans and updates this Project was called the Community Education and Parenting Classes Project. This project has been restructured to allow for a wider breadth of education to be implemented in the El Dorado County.

The Community Education Project utilizes established models, curriculum and practices developed to prompt positive mental health and wellbeing. The project is to support unserved and underserved populations, individuals at higher risk of mental illness and their families.

Community Education Project Goals:

- Increase community wide understanding of mental illness, its causes and treatments.
- Reduction of stigma and discrimination associated with mental illness.

Community Education Project Outcome Measures:

- Measurement 1 – Number of individuals enrolled in classes.
- Measurement 2 – Participant Survey

Parenting Classes Program

The Parenting Classes Program is an outreach opportunity that incorporates a set of comprehensive, multi-faceted, and developmentally-based curricula targeting parents whose children (ages two [2] to 12) would benefit from the parent involvement in these classes. These programs address the role of multiple interacting risk and protective factors and provide training to parents and caregivers of children and youth with behavioral difficulties at school and/or home.

Parenting Classes Project Goals:

- Improvement in the caregiver-child relationship.
- Reduction in problematic behaviors at home, in school, and in the community.
- Reduction in dollars spent on mental health services, special education, and criminal justice involvement.

Parenting Classes Outcome Measures:

In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

- Measurement 1 – Pre and post Conners Comprehensive Behavior Rating Scales (CBRS) assessment.
- Measurement 2 – Post course participant surveys

Providers: El Dorado County staff, Social Services Division/Child Welfare Services program and/or other provider(s) will be selected in compliance with the County's Procurement Policy.



Whole Family Wellness Program – Pilot Program

The Whole Family Wellness Program is a pilot program with Shingle Springs Health and Wellness, providing educational opportunities for family members of clients receiving Mental Health or Substance Use services. These client services are not funded through MHSA. Education opportunities utilize the Medicine Wheel practices and principals with the goal of addressing inner generational trauma and improve collaboration with western mental health practices. This provides increased focus on addressing disparities for underserved populations.

Whole Family Wellness Project Goals:

- Reduce stigma of care for clients struggling with mental health and substance abuse issues, by offering services to the entire family.
- Provide a multi-services approach to decrease the need for a higher level of care for clients.
- Reduce generational drug use and misuse by including the family in the process of recovery.

Whole Family Wellness Project Outcome Measures:

- Measurement 1 – Pre, post and mid-term progress surveys.
- Measurement 2 – Number of parent coaching meeting attendees.

Estimated Number of Individuals to be Served: 300
Estimated Cost Per Person: \$730

Provider: Shingle Springs Health and Wellness.

Peer Partner Project

The Peer Partner Project is an outreach project that uses a model of parent partners and youth advocates (collectively “peer partners”) who have prior personal participation in Child Welfare Services. Peer partners offer their own personal experiences and advocacy skills to support youth and families and services are designed to not only enhance service delivery, but to provide a continuum of care and to share organizational knowledge and resources with the common goal of engaging families and promoting the safety and well-being of at-risk children and families.

The Youth Advocate services are funded through the PEI component and the Parent Partner services are funded through the CSS component.

Peer Partner Project Goals:

- Engage youth and parents more fully in the child welfare case planning and services process.
- Provide informal supports to families by providing linkage to community resources that will support the efficacy of the family system.
- Empower families to make changes to address trauma and hardship, to keep families healthy, safe, and together.



Peer Partner Outcome Measures:

In addition to the required outcomes and indicators identified for each PEI Program type, the following measurements will be evaluated:

Parent Partner Outcomes

- Measurement 1 – Increased family reunification rates.
- Measurement 2 – Increased family maintenance and stability rates.
- Measurement 3 – Improved child’s safety as it relates to addressing child abuse and maltreatment risk factors. Children/youth will be safe and will not experience violence, abuse, and/or neglect.
- Measurement 4 – Increased overall well-being in the child and family functioning.

Youth Advocate Outcomes Measures:

- Measurement 1 – A reduction in seven-day notices.
- Measurement 2 – An improvement in foster care placement stability.
- Measurement 3 – Behavior tracking shows a decrease in maladaptive behavior.
- Measurement 4 – Behavior tracking shows an increase in strengths.
- Measurement 5 – Increase in discharges to permanency.

Estimated Number of Individuals to be Served: 100

Estimated Cost Per Person (Parent Partner): \$5,000

Estimated Cost Per Person (Youth Advocate): \$3,200

Provider: Stanford Sierra Youth & Family and/or other provider(s) will be selected in compliance with the County’s Procurement Policy.

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Mentoring for Youth Project

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The Mentoring for Youth Project pairs mentors with at-risk children and youth, countywide. The provider recruits, screens, and trains adults and older adults to mentor at-risk, unserved, and underserved children and youth. Each individual match is case managed by the provider’s staff. A case plan is developed with the parent, teacher, and mentor to target activities that meet the child’s individual needs. This project reduces parental stress and increases parent-child interaction as well as parent-teacher interaction. The mentor teaches coping mechanisms to deal with day-to-day stressors and any mental health symptoms.

Mentoring for Youth Project Goals:

- Determine if child or family has organically or environmentally induced mental illness concerns and develop a case plan for the child.
- Conduct parent workshops.
- Through skill building activities, mentors will develop coping mechanisms with the child.
- Through education and training, mentors will normalize mental health conditions, helping to reduce stigma.



- Mentors will reduce the effects of parental mental health issues affecting the child.
- Children will utilize the skills learned to increase social and emotional development, increase academic performance, and increase socialization skills in school and in public.

Mentoring for Youth Outcome Measures:

In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

- Child Intake and case management – Contractor will assess child and family whenever possible, for program effectiveness.
- Volunteer Enrollment – Contractor will assess potential volunteers for acceptance into the program.
- Child Assessment – Contractor will use completed pre-match and annual behavior evaluations and monthly volunteer match support of all enrolled children.
- Contractor will administer the Big Brothers, Big Sisters pre and end of school year surveys, such as the “Start Early” interactive survey to enrolled children.
- Contractor will administer the Big Brothers Big Sisters “Strength of Relationship” survey to volunteer mentors.
- Contractor shall provide testimonials, as appropriate from parents, mentors and children.

Estimated Number of Individuals to be Served: 96
Estimated Cost Per Person: \$1,000

Provider: Big Brothers Big Sisters and/or other provider(s) will be selected in compliance with the County’s Procurement Policy.

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Access and Linkage to Treatment Programs

Access and Linkage to Treatment Programs are projects that include activities to connect children, adults, and older adults with mental illness, as early in the onset of these conditions as practical, to medically necessary care and treatment.

Reporting Requirements:

The following information, outcomes, and/or indicators are required for each Access and Linkage to Treatment Program:

1. Unduplicated numbers of individuals served, including demographic data.
2. If known, the number of individuals with serious mental illness referred to treatment referrals and the kind of treatment to which the individual was referred to.
3. If known, the number of individuals who followed through on the referral and engaged in treatment.
 - a. If known, the average duration of untreated mental illness.
 - b. If known, the interval between the referral and participation in treatment.
4. Completion of Quarterly and Annual Reports.
5. Implementation challenges, successes, lessons learned, and relevant examples.
6. Any other outcomes or indicators identified.

Community-based Outreach and Linkage Project

The Community-based Outreach and Linkage Project is an access and linkage to treatment program in which County staff and/or contracted providers will work closely with primary care providers, hospitals, Public Health Nurses, community-based organizations, law enforcement, caring friends and family, and individuals in need of services to determine the appropriate referrals for individuals and families, and to work closely with those individuals and families in establishing services. Resource identification may include, but not be limited to, identifying service providers, support groups, housing options, and providing transportation. The program will utilize mobile services to the extent possible.

Community-based Outreach and Linkage Project Goals:

- Raise awareness about mental health issues and community services available.
- Improve community health and wellness through local services.
- Improve access to medically necessary care and treatment.

Community-based Outreach and Linkage Outcome Measures:

This project will utilize the required outcomes and indicators for Access and Linkage to Treatment Programs.

Provider: El Dorado County staff and/or other provider(s) will be selected in compliance with the County's Procurement Policy.



⋮ **Psychiatric Emergency Response Team (PERT) Project**

The PERT Project is a collaboration between the El Dorado County Sheriff's Office and Behavioral Health. Clinicians are partnered with a Crisis Intervention Trained Deputy to provide direct mobile crisis response services. PERT shifts and shift locations are determined by thorough analysis of the peak days and hours of crisis calls. Shifts may change as dictated by data.

The PERT Team carefully evaluates each situation, assesses the mental health status of each individual, and provides individualized interventions in the field, which may include, but are not limited to, safety planning, referral to community-based resources, and crisis intervention. The PERT team also provides follow-up services to individuals in need of PERT crisis intervention to provide stabilization and linkage to services. This will help reduce any barriers to accessing Behavioral Health Services.

MHSA funds Behavioral Health Clinician(s) and one Sheriff Deputy position. PERT may be expanded during the course of this Plan to increase the number of hours per week that PERT is available in the community.

PERT Project Goals:

- Raise awareness about mental health issues and community services available.
- Improve community mental health and wellness as a result of community-based PERT services.
- Community members will have increased community-based access to and linkage with medically necessary care and treatment.

PERT Outcome Measures:

In addition to the required outcomes and indicators identified for each PEI program type, the following measurements will be evaluated:

- Measurement 1 – PERT shall report on the number of Welfare and Institutions Code section 5150 holds written at the time of contact by PERT members.

⋮ **Crisis Care Mobile Units**

In 2022, El Dorado County's Behavioral Health Division was awarded two million dollars (\$2,000,000) as part of a state Crisis Care Mobile Unit (CCMU) infrastructure grant. This funding supports the county to expand the capacity to implement 24/7 mobile crisis response teams throughout the county, including two vehicles equipped to provide mobile crisis response services throughout the county.

Each CCMU team is comprised of at least one licensed, waived or registered provider of Rehabilitative Mental Health Services, SUD Treatment Services or Expanded SUD Treatment Services as well as one additional provider of such services which may include Peer Support Specialists, Community Health Workers, Emergency Medical Technicians (EMTs) or Paramedics. The vehicles and many other resources will be purchased with this grant funding prior to December 2023. Beginning in January 2024, MHSA funds may be utilized to help implement the full program. In addition, funding is anticipated to become available through Medi-Cal Billing for mobile crisis services.

As a part of the CalAIM Medi-Cal expansion, CCMU services are eligible to utilize federal funding⁹ for authorized services provided by this team. This funding amount is expected to fluctuate depending upon

⁹ [WIC § 14132.57](#)



the needs of the community. In subsequent MHSA Annual Updates, after CCMU teams are implemented, MHSA funding allocations will be adjusted to better reflect the actual services delivered in El Dorado County and the reimbursement of Medi-Cal billable services.

As the El Dorado County CCMU continues to be developed and recognizing the benefit of partnering with law enforcement on specific service calls, PERT, as described above is to remain unchanged. After implementation of the CCMU, the PERT project will be reassessed to minimize redundancy between the two programs.

Crisis Care Mobile Unit Goals:

- Respond in a timely manner to crisis calls that include persons with mental health and/or substance use crisis needs.
- Coordinate crisis response services with law enforcement agencies, when appropriate, and reduce the amount of time law enforcement spends at the crisis.
- Collaborate with law enforcement and other first responders to crisis events, to meet the needs of individual in crisis and their families.
- Refer and link individuals seen by the CCMU to needed services.
- Provide follow-up services after a crisis to ensure the individual is receiving needed services.
- Provide supportive services for family member during the crisis and through follow-up services.

Crisis Care Mobile Unit Outcome Measures:

- Measurement 1 - Number of persons with a mental health and/or substance use crisis who receive a response from the CCMU.
- Measurement 2 - Number of persons who receive a follow-up service.
- Measurement 3 - Number of persons who are linked to services.
- Measurement 4 - Number of family members who receive services from CCMU and as a follow-up service.
- Measurement 5 - Number of persons with a crisis who do not have another crisis within six months.
- Measurement 6 – Number of persons receiving a mobile crisis service who do not require an inpatient psychiatric placement

Estimated Number of Individuals to be Served: 500
Estimated Cost Per Person: \$1,750

Provider: El Dorado County staff and/or other provider(s) will be selected in compliance with the County’s Procurement Policy.



Veterans Outreach Project

The Veterans Outreach Project is aimed at helping Veterans and their immediate family members who may be in need of behavioral health services. This population was again identified as an underserved group in the CPPP.

Services provided may include but are not limited to, outreach and case management services to Veterans and their families, particularly those who are homeless or involved in the criminal justice system. Services also include linkage to resources such as behavioral health, physical health services, housing assistance, and other supportive services.

Veterans Outreach Project Goals:

- Provide outreach and linkage services to approximately 100 Veterans and their immediately family members.
- Provide a point of entry for homeless Veterans to connect to and receive services.
- Assist Veterans with housing and reduce the number of homeless Veterans in El Dorado County.

Veterans Outreach Outcome Measures:

This project will utilize the required outcomes and indicators identified for Access and Linkage to Treatment Programs.

Estimated Number of Individuals to be Served: 125

Estimated Cost Per Person: \$1,380

Provider: Only Kindness and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

Deleted: Provider(s) will be selected in compliance with the County's Procurement Policy.



Suicide Prevention and Stigma Reduction Programs

The Suicide Prevention and Stigma Reduction Program provides education and supportive services regarding suicide prevention, intervention and postvention.

Reporting Requirements:

The following information, outcomes, and/or indicators are required for the Suicide Prevention and Stigma Reduction project:

1. Use a validated method to measure changes in attitudes, knowledge, and/or behavior related to mental illness.
2. Use a validated method to measure changes in attitudes, knowledge, and/or behavior related to seeking mental health services.
3. Completion of Quarterly and Annual Reports.
4. Implementation challenges, successes, lessons learned, and relevant examples.
5. Any other outcomes identified.

Suicide Prevention and Stigma Reduction Project

The Suicide Prevention and Stigma Reduction Project endeavors to increase awareness of mental illness, as well as awareness of mental health programs and resources, while employing strategies to increase linkage to mental health resources. Services may include, but are not limited to, providing suicide prevention awareness campaigns, workshops, trainings to the public, youth events, development of suicide prevention plans, and wellness fairs. Additionally, services may include distribution of suicide prevention resources and materials, and referrals to resources.

☸ Suicide Prevention Strategic Plan

On July 19, 2022 the Board of Supervisors approved the [Fiscal Year 2022-2023 Suicide Prevention Strategic Plan](#). The plan includes suicide prevention research and reporting as well as four (4) comprehensive strategies to implement within El Dorado County. The strategies are:

1. Establish a framework to provide leadership, oversight, and accountability for the Suicide Prevention Strategic Plan
2. Prevention: Develop a collaborative, coordinated system to promote suicide prevention, education, and wellness
3. Intervention: Develop a collaborative, coordinated system to provide treatment and support for those struggling with suicidal behavior or after a suicide attempt
4. Postvention: Develop a collaborative, coordinated system to promote healing and hope for a better tomorrow after a suicide loss

Suicide Prevention Strategic Plan Goals:

- Reduce the five-year average number of deaths due to Suicide in El dorado county by twenty percent (20%) by 2027.
- Establish a suicide prevention infrastructure to advance and sustain suicide prevention efforts.
- Increase community awareness of suicide prevention and where to go for help or to learn more.



- Enhance early identification of suicide risk and connections to and between effective services and supports.
- Share positive messages of hope and recovery so that more people in need of support will reach out for help.
- Promote hope and healing for those who are impacted by a suicide loss or recovering after a suicide attempt.

Suicide Prevention Strategic Plan Outcome Measures:

- Measurement 1 - This project shall use a validated method to measure changes in attitudes, knowledge, and/or behavior regarding suicide related to mental health disorders
- Measurement 2 - Suicide-related data including deaths and attempts

Community Funding Assistance

This project will support Community Funding Assistance opportunities which will provide funding to individuals or entities seeking to advertise, market or otherwise promote Suicide Prevention in El Dorado County. A formal application and award process will be developed in FY 23/24. Award recipients may receive up to \$10,000. Technical Assistance may also be available through CalMHSA Striving for Zero campaign. The number of award recipients may vary.

Suicide Prevention and Stigma Reduction Project Goals:

- Increase awareness of mental illness, programs, resources, and strategies.
- Increase linkage to mental health resources.
- Implement activities that are designed to attempt to reduce the number of attempted and completed suicides in El Dorado County.
- Change negative attitudes and perceptions about seeking mental health services.
- Increase access to mental health resources to support individuals and families.

Suicide Prevention and Stigma Reduction Outcome Measures:

This project will utilize the required outcomes and indicators for the Suicide Prevention and Stigma Reduction Programs.

Estimated Number of Individuals to be Served: Indirect Services

Estimated Cost Per Person: N/A

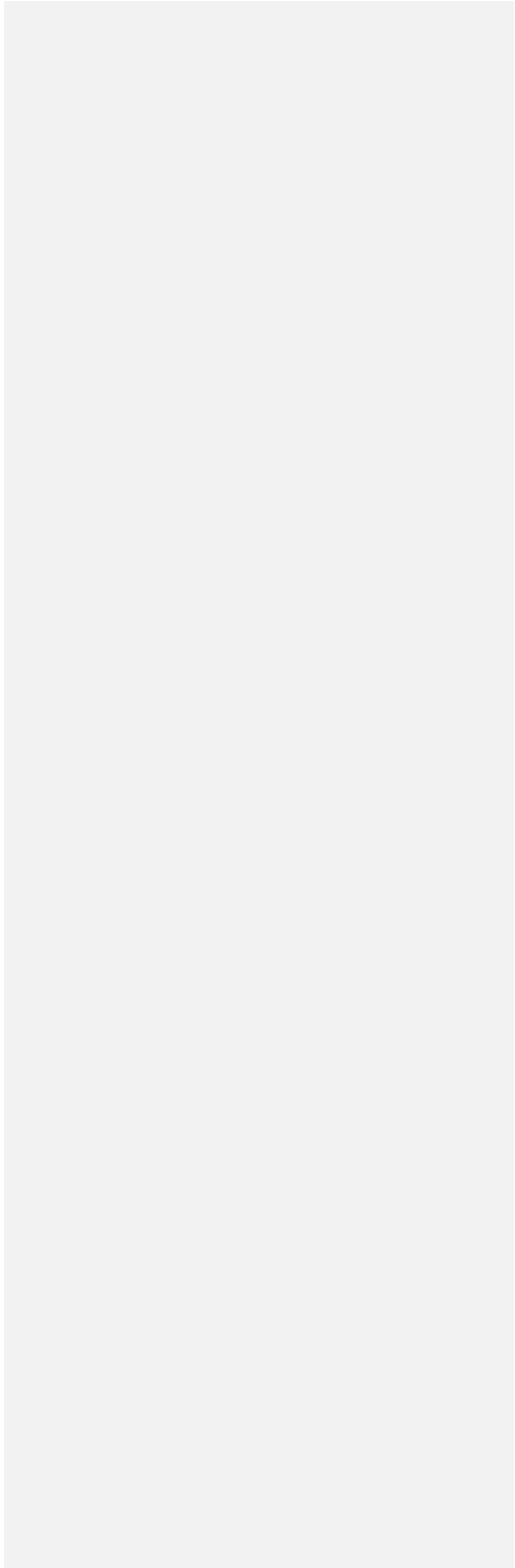
Provider: Sierra Child & Family Services and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

Deleted: Provider(s) will be selected in compliance with the County's Procurement Policy.



PEI Administration

County staff will be utilized to perform administrative activities (e.g., contracting and accounting), program analysis, and quality assurance/improvement activities related to this Component.



Innovation (INN)

The Innovation component consists of projects that are designed to contribute to learning, rather than a primary focus on providing a service. By providing the opportunity to “try out” new approaches that can inform current and future practices/approaches in communities, an Innovation project contributes to learning. Innovation plans must be approved by the MHSOAC prior to the expenditure of funds in this component.

Innovation projects must address one of the following as its *primary purpose*:

1. Increase access to mental health services to underserved groups.
2. Increase the quality of mental health services, including measurable outcomes.
3. Promote interagency and community collaboration related to mental health services or supports or outcomes.
4. Increase access to mental health services, including, but not limited to, services provided through permanent supportive housing.

Innovation projects also must support innovative approaches by doing one of the following:

1. Introduce a new mental health practice or approach.
2. Make a change to an existing mental health practice or approach.
3. Introduce a new application to the mental health system that has been successful in non-mental health contexts or settings.
4. Participate in a housing program designed to stabilize a person’s living situation while also providing supportive services on-site.

Existing Innovation Projects

Projects under this section have complete the MHSOAC approval process and may be at varying stages of implementation.

Partnership Between Senior Nutrition and Behavioral Health to Reach Home-bound Older Adults in Need of Mental Health Services Project:

Throughout the FY 2018/19 and FY 2019/20 MHSA Community Program Planning Process meetings, the community and stakeholders consistently identify that older adults comprise a majority of El Dorado County’s population. It also was noted that individuals sometimes choose to live in El Dorado County in order to enjoy a rural life – a life where one is not “bothered” by their neighbors, commercialism, or government. This sentiment was echoed in a 2013 MHSA Older Adults survey wherein 66.25% of the respondents indicated that they did not want to bother others, 50.63% cited lack of private transportation, and 36.88% stated that the stigma associated with mental health is one of the reasons they do not seek treatment. Consequently, El Dorado County residents “age in place,” and as they age, they remain physically or geographically isolated from support systems, including mental health supports. However, community members also pointed out that older adults *will* participate in the County’s home-delivered and congregate meal programs. Through the CPPP, it was suggested that perhaps older adults who participate in the Senior Nutrition Program would be more willing to engage in services, including mental health services, if given access and linkage to the services. Thus, this Innovation project was proposed and supported throughout both the FY 2018/19 and FY 2019/20 CPPP.



To address the above issues, HHSA proposes to contract with an experienced service provider who will use a dedicated van that will be set up in an office-like configuration to allow confidential mental health screenings and assessments. (The van was purchased through PEI funds.) The van will be staffed with professionals who are familiar with the unique needs of older adults, as well as knowledgeable about mental health issues and social determinants of health that affect older adults. The service provider also will have familiarity with the existing community service availability within the county.

The van will be utilized to travel to outlying areas of the county, in collaboration with the Senior Nutrition Home-delivered Meal Program and the congregate meal sites, to provide connection, assessment, case management, linkage and referral, and other identified services for County Public Health, County Behavioral Health, County Senior Legal Services, and community-based resources such as primary care physicians and dentists. Once an older adult is identified to possibly benefit from linkage to services, the Contractor will coordinate and transport the older adult to services. Case management for older adults engaged in this program would be ongoing for the duration identified in the treatment planning. For older adults who are identified as individuals who would possibly benefit from this program, but they decline services, the Senior Nutrition Home-delivered Meal Program and congregate site volunteers will be able to continue to engage with and to observe the older adults.

The Behavioral Health Commission supported this proposal at both its June 4, 2018 and its June 12, 2019 meetings. The County's Board of Supervisors approved the proposal at both its June 26, 2018 and June 25, 2019 meetings.

The MHSOAC approved this project on January 23, 2020 and implementation was intended to begin during FY 2021/22.

Before this project was able to begin, the Public Health Emergency due to the Corona Virus began having profound impacts. On March 18, 2020 the congregate meal site closed for dine-in lunches. This site was intended to be a primary access point within this project. Over the course of the pandemic, the need for behavioral health services has increased steadily while at the same time clinical staff have left the profession at a higher rate than ever before. This is being experienced by public, non-profit and private sector entities nationwide and has led to a critical staffing shortage of which El Dorado County is not immune. With numerous vacancies, some of which are going on over a year unable to be filled, the County has focused its staff from both the West Slope and South Lake Tahoe on required, essential and currently operating programming. As a result, the Partnership between Senior Nutrition and Behavioral Health Project has not yet been implemented.

Efforts to implement this project prior to the September 30, 2023 MHSOAC approved end date continue as staff vacancy rates appear to be improving as of the writing of this plan. The project timeline remains two (2) years from the start of services and allocated funds remain encumbered and protected from reversion until the final project end date.

Partnership between Senior Nutrition and Behavioral Health to Reach Home-bound Older Adults in Need of Mental Health Services Learning Objectives:

- Learning Objective #1 – Will using a mobile approach to reach geographically isolated seniors who participate in the Senior Nutrition Program, increase access to services?
- Learning Objective #2 - Will older adults who are already participating in a government program be more likely to engage in mental health services?



- Learning Objective #3 – After an initial screening, will older adults continue to participate in services?
- Learning Objective #4 – Is using the gatekeeper model and effective way to identify older adults potentially in need of services?
- Learning Objective #5 – Will using a mobile approach destigmatize mental health services?

Provider: El Dorado County staff and/or other provider(s) will be selected in compliance with the County’s Procurement Policy.

Proposed INN Projects

Projects under this section have been proposed through the CPPP and are at various stages of development including projects pending MHSOAC approval.

Nature Therapy for Youth Project:

The Nature Therapy for Youth Project will utilize nature therapy techniques as a means to lower stress and increase connectedness for El Dorado County youth. This concept was presented in the FY 23/24 CPPP and supported by 82.6% of survey respondents with 14.5% wanting more information. Nature Therapy is not in itself innovative with numerous programs, providers and services models in use around the world. This project concept was presented with the understanding that it would focus on a specific subset of the youth population that was yet to be determined at the start of the CPPP.

On September 6, 2022 the Mosquito Fire ignited near the northern edge of the county and began moving rapidly west through the Middle Fork of the American River Canyon towards the towns of Volcanoville and Foresthill. This immediately set residents across the county on edge because one year earlier the Caldor Fire burned 221,835 acres, destroyed over 1,000 homes and saw over 40,000 residents evacuated from their homes for weeks at a time. Behavioral Health staff were present at Mosquito Fire evacuation centers to support evacuees all while staff continued to assist in the Caldor Fire recovery efforts for residents continuing to build back their life after such a trauma. In the end the Mosquito Fire burned 76,788 acres and took a month and a half to be fully contained. In total approximately 26% of El Dorado County burned in these two substantial fires in just barely over one year’s time.

Through the CPPP community meetings it was proposed that the youth of El Dorado County impacted by wildfire could be a worthy subset of the population to explore the impacts of Nature Therapy. Staff agreed, recognizing the opportunity to explore if reconnecting with nature minimized behavioral health needs in these youth.

With origins dating back to the 16th century there are numerous evidence-based practices and service models, so for this project we recognize it is imperative to have a thorough planning phase prior to implementation.

Phase I: Planning

Modern Nature Therapy professionals most commonly have completed degrees in Recreation Therapy. As such, we have connected with Recreation Therapy Faculty at the California State University, Sacramento Recreation, Parks and Tourism Administration Department. We intend to partner with the students and faculty of this department in a comprehensive planning phase for this project.



Early in FY 23/24 Behavioral Health staff will submit an Innovative Project Plan to the MHSOAC to gain approval for the Nature Therapy for Youth Planning Phase. After approval is gained, innovation funds will be utilized to research relevant literature and identify which Nature Therapy models would be best suited for youth impacted by wildfire. County staff, university faculty and student scholars will together develop the Innovative Project Plan for phase two of this project. The planning phase of this project will be no more than one year duration.

Provider: El Dorado County staff and/or other provider(s) who will be selected in compliance with the County's Procurement Policy.

Phase II: Implementation

Towards the end of FY 23/24 Behavioral Health staff in collaboration with university faculty and student scholars will submit the implementation plan to the MHSOAC to gain approval with the intention to fully implement programming and data collection in early FY 24/25. The duration of time for the implementation phase of this project will be dependent on the models chosen.

Provider: Provider(s) will be selected in compliance with the County's Procurement Policy.

In-Clinic Certified Therapeutic Recreation Specialist Project

As described in the Limitations and Challenges section of this MHSO Plan, El Dorado County Behavioral Health has felt the full effect of the nationwide behavioral health staffing shortage. Staff have remained dedicated to required and essential services leaving little time for expanding opportunities.

The Outdoor Recreation Therapy Project was presented during the CPPP. This concept was supported by 73.7% of survey respondents with 18.2% wanting more information. Through stakeholder input it was recognized that this concept could be expanded to include other Recreation Therapy options. Through CPPP community meeting discussions and stakeholder meeting input, the concept evolved into the In-Clinic Certified Therapeutic Recreation Specialist Project as an opportunity to explore the impacts of alternatively trained therapists in a behavioral health setting. This project seeks to explore if employing a Certified Therapeutic Recreation Specialist (CTRS) in the County Behavioral Health Clinic will alleviate any of the challenges experienced due to the staffing shortage.

CTRS are certified by the National Council for Therapeutic Recreation Certification which was established in 1981. The certification establishes eligibility requirements including completion of a 90 credit hour bachelor's degree with specified course requirements, minimum of 560-hours, 14-week internship using therapeutic recreation processes while being supervised by a CTRS and finally receiving a passing score on the certification exam. The certification must be renewed every five years with an annual "Maintenance Application" requirement to remain certified.

Phase I: Planning

As with the Nature Therapy for Youth Project described above, El Dorado County Behavioral Health seeks to partner with the California State University, Sacramento Recreation, Parks and Tourism Administration Department, Recreation Therapy Faculty as the local experts in CTRS.

In FY 23/24 Behavioral Health staff will submit an Innovative Project Plan to the MHSOAC to gain approval for the In-Clinic Certified Therapeutic Recreation Specialist Planning Phase. After approval is gained, innovation funds will be utilized to develop a job description, job requirements and hiring questions



specific to a CTRS as well as the scope of services for the employee including required data reporting for this INN Project.

Through the Planning Phase, if Behavioral Health does not receive approval for a new position/job allocation this project may be contracted to an external provider. The planning phase of this project will be no more than one year duration.

Provider: El Dorado County staff and/or other provider(s) who will be selected in compliance with the County's Procurement Policy.

Phase II: Implementation

Towards the end of FY 23/24 Behavioral Health staff in collaboration with university faculty and student scholars will submit the implementation plan to the MHSOAC to gain approval with the intention to fully implement programming and data collection in early FY 24/25. The duration of time for the implementation phase of this project will be dependent information identified in the Planning Phase.

Provider: Provider(s) will be selected in compliance with the County's Procurement Policy.



INN Concepts

This section seeks to inform community members of projects being considered and gain additional feedback on concepts proposed during the CPP Process. We welcome ideas to expand these concepts, clarifying questions, general feedback or concerns related to any of the concepts listed below.

Concept title	Description
<i>OUTDOOR RECREATION THERAPY</i>	This concept was supported by 73.7% of survey respondents with 18.2% wanting more information. Through stakeholder input it was recognized that this concept could be expanded to include other Recreation Therapy options. See the In-Clinic Certified Therapeutic Recreation Specialist Project described above.
<i>INPATIENT SOCIALIZATION TO STEPDOWN PROJECT</i>	After meeting with MHSOAC representatives it was confirmed that this concept is currently being explored through an already existing Innovation project. It will no longer be considered in the El Dorado County MHSOAC Plan.
<i>THE MIND, THE BODY AND THE GUT PROJECT</i>	Explore the connection between mental health, physical health and the foods we eat as a path towards a healthier community (a subset of the population has yet to be identified for this project) This project was supported by 72.4% of survey respondents with 15.7% wanting more information.
	Housing and homelessness issues continue to be a prominent need based on FY 23/24 and previous MHSOAC CPPP surveys. We continue to seek a housing related Innovation Projects to support the recognized need in the community.

To propose additional INN Concepts please provide a working title and a brief description by emailing mhsa@edcgov.us. Proposed projects that meet the MHSOAC criteria for funding under this component may be included in future versions of the MHSOAC Plan and subsequent Annual Updates for future consideration.

Existing MHSOAC Collaborative Projects

Data Driven Recovery Project – Cohort 2 (MHSOAC Multi- County Collaborative)

Throughout the FY 2019/20 and FY 2020/21 Community Program Planning Process, the community and stakeholders supported the “Innovations to Reduce Criminal Justice Involvement of People with Mental Health Needs” multi-county Collaborative Innovation Project. This MHSOAC project offered technical assistance to counties who wished to participate. El Dorado County communicated to the MHSOAC that there was an interest and community support in the project.



In Fiscal Year 2020/21 and 2021/22, El Dorado County was offered an opportunity to participate in this data driven project through a regional model. Yolo County is the lead entity and is using their MHSA funds for the project. El Dorado County is a participating county but is *not* using MHSA Innovation funds to participate. As a participating county, El Dorado is not required to commit MHSA funding and is instead incurring any initial local costs that may arise as a result of staff participation in this project as a general expense spread across the programs or directed towards specific projects for work that relates solely to those programs (including but not limited to the Forensic FSP and Forensic PEI projects). There may be future revenues from Yolo County for on-going participation in this project after the initial County-specific Work Plan is developed.

The goals of this project are to bring together stakeholders and decision makers to have a maximum impact on the following:

- 1) Understanding the prevalence of behavioral health issues of those in the criminal justice system
- 2) Developing strategies for positive impact on these issues
- 3) Increasing the connection between behavioral health clients and treatment

This project will use data to identify how many individuals in jail have behavioral health needs and how many of those individuals were actively receiving behavioral health services at the time of booking.

Proposed MHSOAC Collaborative Projects

Crisis Now Multi-County Collaborative

Crisis response systems are critical infrastructure for local agencies serving individuals with serious mental health needs. Effective systems can improve outcomes for individuals while reducing avoidable law enforcement involvement and preventing incarceration. Many counties, however, particularly smaller, and more rural counties, are challenged to develop and sustain comprehensive crisis response systems.

The National Action Alliance for Suicide Prevention in 2016 produced Crisis Now: Transforming Services is Within our Reach, which documented a proven strategy to crisis response with four core elements:

1. High-tech crisis Call Centers that coordinate all aspects of an immediate crisis response.
2. Mobile Crisis Outreach Teams that work in the community with those at risk and reduce the need for uniformed officers to provide mental health triage in the streets.
3. Facility-based Crisis Centers that divert away from hospital emergency departments and provide crisis-specific interventions in safe and secure environments; and
4. Commitment to evidenced-based safe care practices, such as Trauma-Informed Care, Zero Suicide in Healthcare principles, and a multidisciplinary approach to crisis resolution.

The Crisis Now model enables counties to assess community needs, enhance access to care and realize overall cost savings. The Crisis Now model is endorsed by the National Association of State Mental Health Program Directors and Crisis Intervention Team International.

Early Psychosis Learning Healthcare Network

California currently has 30 active programs providing Early Psychosis (EP) services across 26 counties. However, there is no uniformity across the state in EP service implementation: treatment models and



outcomes measurement differ county by county. To address this challenge, this project aims to make an innovative change to an existing practice in the field of mental health that will increase the quality of services, including measurable outcomes. The project will create a unified network of CA early psychosis programs to standardize practice and support knowledge-sharing, harmonize EP evaluation across core outcomes to enable large scale evaluation and program development, and achieve measurement-based care via EP-focused technology platform, enabling participation for consumers and families. Los Angeles, San Diego, Orange, Solano, and Napa Counties, in collaboration with the UC Davis Behavioral Health Center of Excellence, UCSF and UCSD, have signed on to develop the infrastructure for a sustainable learning health care network for EP programs. This infrastructure will enable us to bring consumer-level data across a variety of recovery-oriented measures to clinician's fingertips and empower consumers to use their own data in care decisions. This project will also allow programs to learn from each other through a training and technical assistance collaborative and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the US.

Collaboration from counties across the state will allow for development of a sustainable learning health care network for California's EP programs, allowing consumers, families, and the state to benefit from data and improve the quality of services across diverse communities.

Psychiatric Advance Directives

People with mental health needs, at times, may not be able to have a collaborative interaction with service providers or emergency personnel, such as law enforcement, especially if the person is in crisis. Behavior exhibited by a person in crisis may draw the attention of law enforcement, thereby initiating a path into the criminal justice system.

Practices that establish care directed by the person with mental health needs before a crisis show promise in preventing disruption of community-based services. The use of psychiatric advance directives is one method to explore using innovative funding to expand the tools available to local behavioral health departments.

The overarching goal of this project is for participating Counties to work in partnership with various contractors, stakeholders, peers with lived experience, consumers, and advocacy groups to provide resources relative to PADs training and a toolkit, as well as create a standardized PAD template and a PADs technology-based platform to be utilized voluntarily by participating Counties.

Workforce Education and Training (WET)

The Workforce Education and Training (WET) component includes education and training projects and activities for prospective and current public mental health system employees, contractors, and volunteers. WET provides funding to remedy the shortage of staff available to address mental illness, improve the competency of staff, and to promote the employability of consumers.

As part of all WET projects, prepared food (including, but not limited to snacks, lunch, and beverages) may be purchased through MHSAs funds and provided at WET trainings. WET funds are also utilized for registration fees, travel costs, trainer costs/fees, and all other costs related to the provision of or attendance at training.

New MHSAs funds are not allocated to WET component, however there is continued support for well-trained mental health staff. Therefore, to ensure continued availability of trainings for the public mental health system, funds shall be transferred from CSS to WET annually on an “as-needed” basis to cover the costs of trainings scheduled for each fiscal year. Please see the “Expenditure Plan” and the “FY 2020/21 Budget” section for more details.

WET Project Goals:

- Improve the quality of services.
- Reduce negative encounters and events.
- Create a community of hope, wellness, and recovery.
- Promote organizational wellness.

WET Outcome Measures:

- Measurement 1 – Number of training opportunities for the public mental health system workforce, including staff, contractors, volunteers, and consumers.
- Measurement 2 – Number of bilingual/bicultural public mental health workforce system staff in the County.

WET Coordinator

The WET Coordinator, as required by the MHSAs, coordinates WET projects and activities, serves as the liaison to the State, provides leadership for the implementation of the locally identified WET funding priorities, develops goals of the workforce development project, and identifies career enhancement opportunities.

Workforce Development Project

The Workforce Development project provides for various trainings to be brought to the County or for members of the public mental health system to attend trainings in or out of the County. The trainings are designed to improve direct mental health services (e.g., DBT, Motivational Interviewing, trauma-informed approaches, other evidence-based, community-accepted, or promising practices models), and non-direct treatment (e.g., raising awareness of early signs of mental illness, compliance, governance, legal updates) available in the County.



The following topics were identified during the CPPP as important to addressing the needs of our community and will be a primary focus of this project. However, other topics that benefit the public mental health system will also be funded through this project.

⋮ **High Fidelity Wraparound Training**

Wraparound principles include individualized plans, strength-based interventions, outcome-based strategies, family voice and choice, team-based decision making, use of natural supports, collaboration, community-based services, and cultural competence. Essentially, clients are “wrapped” around services that shall build upon the strengths of each eligible client and shall be tailored to address their unique and changing needs. Bringing this training to El Dorado County will help ensure children and youth receive the highest level of care.

⋮ **Early Identification of Behavioral Health Concerns Training**

The Early Identification of Behavioral Health Concerns Training is primarily focused on assisting School Resource Officers and others who work directly with youth to better identify and respond to students who may have a mental health need emerging in the early stages. The training is intended to develop critical skills and build the capacity for appropriately responding to behavioral health issues.

⋮ **Annual Provider Conference**

Beginning in summer of 2023 El Dorado County MHSA will host a provider conference as the kickoff to the next CPPP.

In years that an Annual Update is being developed the Conference will be available to providers who currently hold contracts (or have pending contracts) with the County. Training and networking opportunities will be facilitated by subject matter experts to increase the collective knowledge throughout the El Dorado County system of care as well as to support contracted providers with maintaining compliance with the administration of their contract terms.

In years that a new Three Year Plan is being developed the Conference will be available to all behavioral health service providers, advocacy groups and other collaborative partners. This Conference will also provide training and networking opportunities and in addition will also serve as a Pre-Submittal Conference for prospective providers wishing to submit to future MHSA Request for Qualifications (RFQ) or Request for Proposals (RFP).

Conference registration costs may be considered as needed.

Recruitment and Retention Project

Over the course of the pandemic, the need for behavioral health services has increased steadily while at the same time clinical staff have left the profession at a higher rate than ever before. This is being experienced by public, non-profit and private sector entities nationwide and has led to a critical staffing shortage of which El Dorado County is not immune. Currently long-term options to address this are being enacted at the State and Federal levels including expanding opportunities for tuition assistance¹⁰ for college bound individuals intending to enter the Behavioral Health field of study, while short term options like adapting recruitment and retention efforts have already taken place at the County level.

¹⁰ [California Department of Health Care Access and Information \(HCAI\) Loan Repayments, Scholarships & Grants](#)



With numerous vacancies some of which going on over a year unable to be filled, the County has explored strategies to maintain and expand its current workforce. This project may include funding for additional marketing and advertising initiatives to promote county Behavioral Health employment opportunities.

⋮ Behavioral Health Staff License and Certification Reimbursement

In the FY 2022/23 Annual Update additional funding was approved under the Workforce Development Project to cover the cost for current County Behavioral Health staff licenses, certifications, examinations, and associated costs required for their positions. This was identified as an early implementation retention strategy. With the addition of the Recruitment and Retention Project, this funding allocation is being shifted to this new project.

⋮ Hiring Incentives

In order to remain a competitive employer in the Behavioral Health field, in accordance with County Human Resources Department, MHSA may fund hiring incentives at the time of employment for positions identified as hard to fill.

⋮ Educational Funding

County staff continue to explore opportunities for MHSA to provide educational funding allowable by WET Regulations¹¹. As of the writing of this MHSA Plan, no such opportunity is available through El Dorado County MHSA, however, if funding allows within the Recruitment and Retention Project, MHSA funding may be used for loan assumption¹² or stipends¹³.

Non-MHSA Funded Educational Assistance

An informational resource list is available for County Behavioral Health staff that includes opportunities for education assistance at the county, state and federal levels not funded by MHSA. The MHSA Team is developing a similar resource for contracted providers.

Statewide WET Planning and Community Needs Assessment

⋮ Statewide WET Planning

El Dorado County participated in a focus group and completed a survey for the Department of Health Care Access and Information (HCAI) formerly the Office of Statewide Health Planning and Development (OSHPD)'s FY 2020/2025 MHSA Workforce Education and Training Five-Year Plan. The Five-Year Plan informs the Legislature and policymakers about current and future public mental health system workforce needs. Participating in these activities fulfills the County's obligation pursuant to WIC § 5820(b).

¹¹ [9 CCR § 3844 Financial Incentive Programs Funding Category](#)

¹² [Title 9 CCR § 3850. Mental Health Loan Assumption Program](#)

[Title 9 CCR § 3851. Terms of Mental Health Loan Assumption](#)

¹³ [9 CCR § 3844.1 Stipends](#)



In Fall 2019, HCAI began holding workgroups to further define the program descriptions for covered activities as provided for in the FY 2020-2025 WET Plan, which includes collecting baseline workforce data, evaluation and monitoring measures. Counties, defined by region, will be required to commit a one-third match to HCAI's \$65 million funding in the California State Budget. It is estimated that El Dorado's match will be approximately \$55,000, payable either in one year or over the course of the five (5) years, however the actual amount required to be contributed by El Dorado County may change as additional communication from HCAI is received, and any change in the actual amount required will not require a MHSa Plan amendment or Annual Update provided the change amount is no more than 15% of the amount identified in this Plan. This Plan allows for flexibility, including shifting funds from CSS to WET, as the details are determined.

Community Needs Assessments

In Fall 2018, Behavioral Health/MHSA completed a survey and participated in a focus group for HCAI. The purpose of the survey and the focus group were to provide HCAI with a WET Evaluation/Workforce Needs Assessment Survey for development of HCAI's five-year (5) plan. Completion of the survey fulfilled the County's statutory requirement that the county submit a workforce needs assessment report. However, further evaluation of the local Workforce Needs may benefit the community should the Statewide Needs Assessment not provide a sufficient level of detail of the County's needs. This Community Needs Assessment may be completed independently through MHSA, or in partnership with other community-based or healthcare related entities. County staff or a contracted provider selected in compliance with the County's Procurement Policy, may be utilized to complete the project.

WET Administration

County staff and/or contracted provider(s) will be utilized to perform administrative activities (e.g., contracting and accounting), program analysis, and quality assurance/improvement activities related to this Component.

Capital Facilities and Technology Needs (CFTN)

Capital Facilities and Technology Needs (CFTN) are items necessary to support the development of an integrated infrastructure and improve the quality and coordination of care. CFTN funds should produce long-term impacts with lasting benefits that move the mental health system toward the goals of wellness, recovery, resiliency, cultural competence, prevention/early intervention, and expansion of opportunities for accessible community-based services for clients and their families. The funds shall be used in ways to promote a reduction in disparities to underserved groups. These efforts include development of a technological infrastructure for the mental health system to facilitate the highest quality, cost-effective services and supports for clients and their families.

Electronic Health Record Project

The Electronic Health Record (EHR) Project enables Behavioral Health to safely and securely access a client's medical record and obtain valuable information to assist in evaluating services. The use of electronic mental health records enhances communication between treating health care professionals, thus promoting coordination of mental and physical health care needs.

Funding from this project also may be utilized to provide integration with other mental health service providers and primary health care providers, either through license expansion for Behavioral Health's current electronic health record system, or through the use of add-on software. Add-on software allows for increased communication between entities to facilitate referrals, authorizations, invoicing, and client progress notes, amongst other benefits such as providing a better continuum of care for shared clients. Add-on software may include, but is not limited to CareConnect, CareManager, and OrderConnect. Funding from this project also supports equipment purchases, renewal and product support, licenses, and maintenance necessary for County staff to perform their work from out-stationed work locations such as hospitals and medical clinics.

This project may also include funds to install devices to aid powering EHR devices when there is a power outage and increase access to telehealth services, for both providers and consumers, such as, but not limited to purchase of handheld devices or kiosks. Additionally, this funding may be utilized for outcome measure/performance management software and/or other software and hardware in support of Behavioral Health.

This project supports funding for 2.1 Full Time Equivalent (FTE) dedicated HER staff.

Provider: Netsmart (Avatar Clinical Workstation); other providers will be selected in compliance with the County's Procurement Policy.

Telehealth Project (includes Video Conferencing and Technology to Reduce Barriers to Service)

The Telehealth Project provides for the expansion of mental health and psychiatric services to clients and providers in remote areas of the county, or are unable to travel, and utilize video conferencing to further the public mental health system within El Dorado County. The county's large, rural geographic area makes it difficult to provide face-to-face services in some remote areas of our county. Telehealth allows psychiatrists and other Behavioral Health professionals to provide Specialty Mental Health Services using video conferencing technology, allowing clients and providers to see and hear one another through a secure network.



Video conferencing similarly allows providers to communicate effectively via video for meetings, trainings, presentations or other topics important to the public mental health system. Behavioral Health regularly uses a video conference system to allow staff, the public, community partners, and Behavioral Health Commissioners to participate in interactive video conferencing meetings and trainings. The equipment periodically needs maintenance, updates, and/or repairs and those needs are funded through the CFTN component.

Additionally, when a client may be experiencing barriers to service (e.g., communicating with the County Mental Health Clinic due to language barriers, including visual or hearing impairments), these funds will be utilized to purchase technology tools to better assist with access to services and/or the provision of services.

Equipment, installation, maintenance, repairs, updates, upgrades, and ongoing costs (e.g., monthly access fees) is funded through this project. The actual services provided via equipment funded through this project is provided and funded through the CSS components.

Integrated Community-based Wellness Center Project

In FY 2017/18, the Behavioral Health Division transferred \$500,000 from CSS to CFTN, and in FY 2018/19, another \$500,000 was transferred from CSS to CFTN. The purpose of this project is to locate a practical and suitable location for operation of an Integrated Community-based Wellness Center facility. Unfortunately, due to a lack of viable properties, the County has not yet been successful in locating a feasible location. The Behavioral Health Division will continue to explore options for an Integrated Community-based Wellness Center.

County-Wide Clinic Project

El Dorado County is geographically diverse with mountainous landscape and propensity for inclement weather presenting a major challenge to providing services beyond the primary city centers of Placerville and South Lake Tahoe. Through CPPP surveys and meetings, including direct stakeholder input, the need has been identified for creative solutions to provide services to the broader expanse of the county. The Community-Wide Clinic Project seeks to partner with El Dorado County Library Services and El Dorado County Public Health in order to more completely provide services to all regions of the county.

In collaboration with the Community HUBs, Behavioral Health will develop a system for county staff and contracted providers to reserve space at any of the five (5) Community HUBs locations in order to provide mental health services described in this MHSA Plan or otherwise required of the county as the Medi-cal Mental Health Plan. The five (5) Community HUBs locations are:

- Community HUB 1 - El Dorado Hills
- Community HUB 2 - Cameron Park and South County
- Community HUB 3 – Placerville
- Community HUB 4 - Georgetown Divide
- Community HUB 5 - Pollock Pines to South Lake Tahoe

Services may include but are not limited to individual counseling, support groups, and classes. Services will be funded through the associated project and not the Community-Wide Clinic Project.



Mobile Office

The Behavioral Health Division purchased a van that is designed and equipped to resemble a mobile office. The van may be used for MHSA projects and HHSA programs, including, but not limited to, Senior Legal and Adult Protective Services. Use of the van will be to assist programs in preventing the negative consequences of untreated mental illness or provide other MHSA-based services. Vehicle maintenance, repairs and upgrades also may be paid through this project. Additional vehicles to support MHSA projects and community-based services may be purchased through this project, reflective of stakeholders' strong support for community-based services.

To maximize utilization of the mobile office Behavioral Health seeks to develop a collaborative effort with El Dorado County Public Health, providing regular access and engagement opportunities by both Health and Human Services divisions at each of the five (5) Community HUBs locations. A schedule will be developed and advertised to make known the dates and times when these services will be available at each location around the county.

County-Wide Clinic Goals:

- Increase access to underserved parts of the community.
- Increase service delivery to various parts of the county.
- Expand options for appropriate spaces to provide services.

County-Wide Clinic Outcome Measures:

Demographics and other data for individual users will be reported within the project summary of the services being provided and are not captured by the Community-Wide C

- Measurement 1 – Number of times HUBs spaces were utilized under this project.
- Measurement 2 – Number of remote access services provided utilizing the Mobile Office.

Provider: El Dorado County staff and other contracted mental health services providers.

CFTN Administration

County staff and/or contracted provider(s) will be utilized to perform administrative activities (e.g., contracting and accounting), program analysis, and quality assurance/improvement activities related to this Component.

Housing Consultant

In the FY 22/23 Annual Update the Board of Supervisors approved the addition of a Housing Consultant to support MHSA and Behavioral Health Division real estate needs and opportunities. As of the writing a consultant has yet to be identified. A Request For Proposal is scheduled for release in FY 2023/24.

The Housing Consultant will support County staff to expand Permanent Supportive Housing options within El Dorado County, develop projects to support the unhoused population as it relates to MHSA as well as assist with other Behavioral Health Division real-estate related needs. This may also include seeking out and applying for additional funding opportunities related to housing. Provider(s) will be selected in compliance with the County's Procurement Policy.



The Behavioral Health Continuum Infrastructure Program (BHCIP)

County staff received a Behavioral Health Continuum Infrastructure planning grant in 2022. The planning period ended December 2022. Staff have applied for the BHCIP implementation grant. If awarded, staff will pursue the identified plan. This grant does not require any MHSa match and no MHSa funds will be encumbered in FY 22/23.



FY 2023/24 Budget, Expenditure Plan, and Reversion Reallocation Expenditure Plan

MHSA Funding

The revenue and expenditure data contained in this MHSA Plan is based upon the FY 2023/24 HHS budget. Any adjustments that may be needed as a result of the FY 2021/22 Annual Revenue and Expenditure Report (ARER) or other reconciliations or audits are anticipated to be minimal and will not require an Update to accomplish.

In the event that actual revenues are higher than anticipated, the additional funding may be utilized to support the projects identified in this Update up to 15% above the identified expenditures or rolled into the fund balance to be utilized on projects identified in the Update. In the event that actual revenues are lower than anticipated the County will access fund balances remaining from previous years at a higher than anticipated rate and/or reduce funding levels.

Additionally, it is important to note that all budgeted funds are not expected to be utilized each fiscal year. MHSA requires that, absent a specific State “flexibility” such as those issued under the public health emergency, projects and potential expenditures must be identified in the MHSA Plan / Annual Update. The County budgets all potential expenditures, therefore sufficient funds to implement each identified project are included in the MHSA Plan. However, not all identified funds will be spent each year, and the budget actually anticipates that some funds budgeted in FY 2023/24 will not be spent and will be available as the starting Fund Balance for budgeting in FY 2024/25.

Annual Revenues

MHSA revenues are based on a one percent (1%) tax on personal income in excess of \$1,000,000 and the amount received by the County varies each month and year based upon actual tax revenues received by the State. In FY 2022/23, El Dorado County’s share of the statewide MHSA revenues is 0.399333%, however, this percentage is recalculated annually as described in Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice 22-052^[1]. For budgeting purposes, revenues are calculated based on the FY 2022/23 allocation percentage and total annual MHSA revenues have been estimated at \$11,201,976.

Fund Balances

In addition to the FY 2023/24 revenues, the El Dorado County MHSA projects maintain fund balances accrued from previous fiscal years that may be accessed during the term of the Three-Year Program and Expenditure Plan and Update. There also are planned usages of fund balances. Fund balances may be adjusted due to changes in methodologies, such as at the direction of the State. Additionally, in the event of audit findings, recoupment of Medi-Cal funds, overpayments, or other actions that result in the County owing funds back to the State or federal government, CSS (or any other component to which the funds were initially paid) may experience a revenue offset.

Prudent Reserve

The County is required to maintain a Prudent Reserve of MHSA funding to provide MHSA services during years in which MHSA revenues fall below recent averages and in which the MHSA allocations are insufficient to continue to serve the same number of individuals as the County had been serving the previous fiscal year. The required amount of Prudent Reserve has varied since the inception of MHSA,



however, the current requirement pursuant to SB 192 (2018) is that the Prudent Reserve may not exceed 33% of the average monthly amount allocated to the CSS component in the last five (5) years.

If the Prudent Reserve exceeds 33% of the average monthly amount allocated to the CSS component during the previous five (5) fiscal years, the County may transfer excess funds to the CSS component and the PEI component. The amount transferred into CSS and PEI shall be in proportion to the amount the County transferred from the CSS component to the Prudent Reserve through FY 2020/21 and the PEI component to the Prudent Reserve in FY 2007/08. Funds transferred from Prudent Reserve to CSS and PEI are subject to reversion. The applicable reversion period for these funds begins in the fiscal year when the county transfers the funds from the Prudent Reserve to the CSS component or PEI component. Since El Dorado County is a small county, the funds are subject to a five-year (5) reversion period and any funds transferred in FY 2023/24 must be spent by FY 2027/28.

Additionally, as discussed in the “Legislative, Regulatory, and other MHSA Changes” section of this Update, DHCS Information Notice 20-040 provided new guidance to counties who need to transfer funds from Prudent Reserve to PEI or CSS.

Pursuant to DHCS MHSUDS Notice 19-037, El Dorado County’s Maximum Prudent Reserve for Fiscal Year 2018/19 that were transferred into CSS in FY 2019/20 are reflected below. The County is required to update and certify the Prudent Reserve amount once every five (5) years. As certified by the State on June 27, 2019, the County’s CSS Five-Year Average is \$5,016,372 with a maximum allowable Prudent Reserve of \$1,655,402.

Prudent Reserve (76% of all distributions from the Mental Health Services Fund/MHSF)	Calculation
MHSA CSS Revenue Received by Fiscal Year:	Amount
FY 2013-14	\$3,767,002
FY 2014-15	\$5,248,320
FY 2015-16	\$4,438,958
FY 2016-17	\$5,601,813
FY 2017-18	\$6,025,767
Total	\$25,081,860
Average of Prior 5 Years	\$5,016,372
Maximum Allowable Prudent Reserve Percent (33%)	\$1,655,402
Current balance of Prudent Reserve:	\$2,098,284
Adjustment - Funds to transfer to CSS in FY 2019/20:	\$442,882



Reversion

Until the passage of AB 114 (2017), MHSA funds were subject to reversion (return of unspent MHSA funds to the State) based on time frames established in the original Mental Health Services Act. AB 114 clarified those time frames and extended some time frames for counties with a population of less than 200,000 (which includes El Dorado County).

Unspent MHSA funding may be carried forward as a fund balance to the next fiscal year for a limited duration of time. Funds that are not used within the reversion period must be returned to the State.

This Update includes a Reversion Expenditure Plan.

MHSA Component	Original Reversion Time Frames	New Timeframes Effective 7/1/17 for El Dorado County
Community Services and Supports (CSS) Prevention and Early Intervention (PEI)	3 years after allocation	5 years after allocation
Innovation (INN)	3 years after allocation	5 years after date of Innovation Plan approval from the MHSOAC
Workforce Education and Training (WET) Capital Facilities and Technology (CFTN)	10 years after allocation	10 years after allocation
Funds in Prudent Reserve	No reversion	No reversion

Transfer of Funds Between Components

WIC § 5892(b) allows counties to use a portion of their CSS funds for WET, CFTN, and/or the Prudent Reserve. The total amount of CSS funding used for this purpose may not exceed 20% of the total average amount of funds allocated to that County for the previous five (5) years and may not exceed the maximum allowable Prudent Reserve.

Community Program Planning Process Budget

Pursuant to WIC §§ 5892(a) and 5892(c), in order to promote efficient implementation of the MHSA, counties shall use funds distributed from the Mental Health Services Fund for annual planning costs pursuant to WIC § 5848. The total of these costs shall not exceed five percent (5%) of the total of annual revenues received for the fund. The planning costs shall include funds for county mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process. These expenditures will be budgeted under the general MHSA Administration costs but will be tracked separately for reporting purposes. Additionally, while WIC § 5848 permits five percent (5%) of the total annual revenues received for the fund to be used for annual planning costs, El Dorado only accesses CSS funding due to the conflicting statute that mandates all funding for INN must be pre-approved by the MHSOAC. If the State issues updated guidelines, El Dorado will update its process to conform to the guidelines. If adjustments are required, a Plan or Update amendment will not be necessary and the adjustment will be explained in the successive Plan or Update.



El Dorado County Budget Philosophy

El Dorado County is a fiscally conservative county and 100% of the potential expenditures are budgeted, even though the Behavioral Health Division historically comes in under budget in expenditures.

Based on current projections, there are sufficient revenues and fund balance for all planned expenditures in FY 2023/24. However, in year three of the Fiscal Year 2023/24-2025/26 MHSAs Program and Expenditure Plan, there may appear to be a shortage of funding to implement the approved projects due to the budgeting methodology utilized. However, in the event that revenues and fund balances fall short of expectations, expenditures will be adjusted as needed.



FY 2023-24	CSS	PEI	INN	WET	CFTN	TOTAL
Available Funds:						
Prop 63 (MHSA) - New Funding	\$8,559,056	\$2,092,312	\$550,608	\$0	\$0	\$11,201,976
AB 114 Reversion Reallocation	\$0	\$0	\$0	\$0	\$0	\$0
Federal: PATH and MHBG	\$674,136	\$0	\$0	\$0	\$0	\$674,136
Medi-Cal	\$6,618,000	\$0	\$0	\$0	\$0	\$6,618,000
Private Insurance / Payors	\$33,600	\$0	\$0	\$0	\$0	\$33,600
Misc. Revenue	\$70,000	\$0	\$0	\$0	\$0	\$70,000
AB 109 / AOT (Community Corrections Partnership)	\$207,633	\$0	\$0	\$0	\$0	\$207,633
Mental Health Student Services Act (MHSSA) (pass-through entity)	\$1,051,000	\$0	\$0	\$0	\$0	\$1,051,000
Interest	\$35,000	\$25,000	\$15,000	\$300	\$5,000	\$80,300
Transfer from CSS	(\$725,000)			\$275,000	\$450,000	\$0
Transfer to CSS from Prudent Reserve	\$0	\$0	\$0	\$0	\$0	\$0
Estimated Starting Fund Balance[1]	\$4,351,632	\$3,462,764	\$3,151,982	(\$81,381)	\$695,705	\$11,580,702
Total Available Funds Budgeted	\$20,875,057	\$5,580,076	\$3,717,590	\$193,919	\$1,150,705	\$31,517,347

FY 2023-24	CSS	PEI	INN	WET	CFTN	TOTAL
Expenditures:						
Budgeted Expenditures from Fund Balance and New Revenues	(\$24,549,000)	(\$6,144,900)	(\$770,000)	(\$410,000)	(\$2,310,000)	(\$34,183,900)
Total Budgeted FY 2023-24 MHSa Plan Expenditures	(\$24,549,000)	(\$6,144,900)	(\$770,000)	(\$410,000)	(\$2,310,000)	(\$34,183,900)
Budgeted Fund Balance at Fiscal Year End	(\$3,673,943)	(\$564,824)	\$2,947,590	(\$216,081)	(\$1,159,295)	(\$2,666,553)
Average Actual Expenditures	44%	62%	30%	50%	15%	
Anticipated Fund Balance at Fiscal Year End	\$10,073,497	\$1,770,238	\$3,486,590	(\$11,081)	\$804,205	\$16,123,449
<i>Community Program Planning Costs [pursuant to WIC § 5892(c)]</i>						\$427,953
<i>Included in above expenditures, but not to exceed five percent (5%) of the CSS revenues (\$ * 5%):</i>						

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*Although \$1,000,000 has been budgeted for an Integrated Care Facility, it is anticipated that those funds may not be utilized in FY 2023/24

***Average Actual Expenditure Percentage**

With all potential expenditures included in this MHSa Plan Budget, the Average Actual Expenditure Percentage provides a four (4) year historical average of actual spending per component derived from the Annual Revenue and Expense Report (ARER). This percentage has no correlation to fund reversion but is included to provide a more accurate representation of Budgeted Fund Balance at Fiscal Year End, presented as the Anticipated Fund Balance at Fiscal Year End.

This MHSa Plan Budget includes a 24% increase in total projected expenditures from the previous year. In order to more completely expend funds budgeted and draw down the current fund balance, staff have identified several strategies to increase the Average Actual Expenditure Percentage. This includes increasing annual allotments when supported by data, supporting vendors to fully utilize their increased annual allotments, restructuring projects that have been challenging to obtain a vendor, and the addition of new projects. These strategies are being applied to components that are currently expending funds in more than half of the time allowable by regulations before funds are subject to reversion (i.e., PEI, INN, WET).

MHSA Component Budgets

Each MHSA component and associated projects are identified below. As discussed under MHSA Projects have been identified as Mandatory (M) or Discretionary (D) by designating a letter after the project name.

Mandatory services are those that are required to be provided, or required to be provided at a certain funding level (e.g., 51% of the CSS funding must go to FSP projects) per federal or State law or regulation, the Mental Health Plan agreement between DHCS and the County, the MHSA, any other requirement issued by an oversight agency (e.g., DHCS, MHSOAC, Centers for Medicare & Medicaid Services), and the necessary administrative staff to implement and monitor MHSA projects.

Generally speaking, the following categories of projects are mandatory:

- CSS FSP projects (funding level requirement);
- Certain CSS Outreach and Engagement projects (access to services is mandatory);
- PEI projects serving the needs of children (funding level requirement);
- At least one project under each required program type (PEI regulations);
- The WET Coordinator position (MHSA requirements);
- Statewide WET Planning and Community Needs Assessment (contractual requirement); and
- CFTN projects supporting the infrastructure of mental health services (federal requirement).



MHSA Component Budget – CSS

As previously discussed, of the total MHSA funding received by the County, a net 76% must be allocated to CSS per the MHSA. CSS funds received during and after FY 2017/18 must be expended within five (5) years or the funds are subject to reversion to the State.

Changes in the FY 2023/24 budget reflect a true-up to anticipated expenditures based upon budgeted staffing levels and other client supports (e.g., housing-related costs, food for the Wellness Center, and non-mental health services and supports). No direct service CSS programs were intentionally reduced to allocate funding to other CSS programs.

Program	FY 2023/24 MHSA Plan Budget	FY 2024/25 MHSA Update Budget	FY 2025/26 MHSA Update Budget
Full Service Partnership Projects			
Total FSP Projects	\$16,497,000	\$16,929,000	\$17,483,700
<i>Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):</i>			
<i>Children’s FSP Project (M)</i>	41.28%	40.23%	38.95%
<i>Peer Partner Project - Parent Partner (M)</i>	1.42%	1.38%	1.34%
<i>CASA</i>	0.14%	0.14%	0.13%
<i>TAY FSP Project (M)</i>	3.03%	2.95%	2.86%
<i>Adult and Older Adult FSP Project (M)</i>	45.46%	44.30%	42.90%
<i>FSP Forensic Services (M)</i>	8.67%	10.98%	13.82%



General System Development			
Total General System Development Projects	\$6,013,000	\$6,013,000	\$6,013,000
<i>Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):</i>			
<i>Wellness and Recovery Services/Adult Wellness Centers (D)</i>	68.40%	68.40%	68.40%
<i>Wellness and Recovery Services/TAY Engagement (D)</i>	6.65%	6.65%	6.65%
<i>Community Transition and Support Team (D)</i>	7.48%	7.48%	7.48%
<i>Crisis Residential Treatment (CRT) (D)</i>	16.63%	16.63%	16.63%
<i>Recreation Therapy Project (D)</i>	0.83%	0.83%	0.83%
Outreach and Engagement			
Access Services (M)	\$1,275,000	\$1,275,000	\$1,275,000
<i>Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):</i>			
<i>Access Services (M)</i>	96.08%	96.08%	96.08%
<i>PATH (D)</i>	3.92%	3.92%	3.92%
Mental Health Student Services Act (D)	n/a	n/a	n/a
Assisted Outpatient Treatment (M)	\$64,000	\$64,000	\$64,000
Lanterman-Petris-Short (LPS) Project (D)	\$500,000	\$500,000	\$500,000
Genetic Testing (D)	\$50,000	\$50,000	\$50,000
Administrative Costs			
CSS Administrative Costs (M)	\$150,000	\$150,000	\$150,000
Total Budget CSS Projects	\$24,549,000	\$24,981,000	\$25,535,700
Percent of CSS Budget in FSP (per California Code of Regulations, Title 9, Section 3620(c), "The County shall direct the majority of its CSS to the FSP Service Category")	67%	68%	68%

The following transfer of CSS funds are identified as a reduction in revenues in the “Anticipated Revenues and Expenditures by Component” table above and are not included in the total budgeted expenditures:

Program	FY 2023/24 MHSA Plan Budget	FY 2024/25 MHSA Update Budget	FY 2025/26 MHSA Update Budget
Transfer to WET	\$375,000	TBD	TBD
Transfer to CFTN	\$350,000	TBD	TBD
Total	\$725,000	Up to \$725,000	Up to \$725,000

MHSA Component Budget – PEI

As previously discussed, of the total MHSA funding received by the County, a net 19% must be allocated to PEI per the MHSA. PEI funds received during and after FY 2017/18 must be expended within five (5) years or the funds are subject to reversion.

Program	FY 2023/24 MHSA Plan Budget	FY 2024/25 MHSA Update Budget	FY 2025/26 MHSA Update Budget
Prevention Program			
Latino Outreach Project (M)	\$400,000	\$400,000	\$400,000
Primary Project (M)	\$253,000	\$253,000	\$253,000
Wennem Wadati: A Native Path to Healing Project (M)	\$115,000	\$115,000	\$115,000
Clubhouse El Dorado Project (D)	\$300,000	\$300,000	\$300,000
Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project (D)	\$125,000	\$125,000	\$125,000
Early Intervention Program			
Older Adults Enrichment Projects (D)	\$400,000	\$400,000	\$400,000
Children 0-5 and Their Families Project (M)	\$390,000	\$390,000	\$390,000
Prevention Wraparound Services: Juvenile Services Project (M)	\$500,000	\$500,000	\$500,000
Forensic Access and Engagement Project (D)	\$150,000	\$150,000	\$150,000
National Suicide Prevention Line Project (M)	\$40,000	\$40,000	\$40,000
TimelyCare Project	\$40,000	\$40,000	\$40,000
Student Wellness Center Project (D)	\$890,400	\$890,400	\$890,400
Bridge the Gap Project	\$200,000	\$200,000	\$200,000
Stigma and Discrimination Reduction Program			
Mental Health First Aid, safeTALK and Other Community Education Projects (D)	\$160,000	\$160,000	\$160,000
LGBTQIA Community Education Project (D)	\$100,000	\$100,000	\$100,000
Statewide PEI Projects (M)	\$60,000	\$60,000	\$60,000

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Outreach for Increasing Recognition of Early Signs of Mental Illness Program			
Community Education Project (D)	\$218,000	\$218,000	\$218,000
Peer Partner Project - Youth Advocate (M)	\$110,000	\$110,000	\$110,000
Mentoring for Youth Project (D)	\$96,000	\$96,000	\$96,000
Access and Linkage to Treatment Program			
Community-Based Outreach and Linkage Project/PERT (M)	\$1,000,000	\$1,000,000	\$1,000,000
Veterans Outreach Project (D)	\$172,500	\$172,500	\$172,500
Suicide Prevention Program			
Suicide Prevention and Stigma Reduction Project (D)	\$300,000	\$300,000	\$300,000
Administrative Costs			
PEI Administrative Costs (M)	\$125,000	\$125,000	\$125,000
Total Budget PEI Projects	\$6,144,900	\$6,144,900	\$6,144,900

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MHSA Component Budget – INN

Of the total MHSA funding received by the County for CSS and PEI, five percent (5%) of the funding is allocated to Innovation.

Program	FY 2023/24 MHSA Plan Budget	FY 2024/25 MHSA Update Budget	FY 2025/26 MHSA Update Budget
Partnership Between Senior Nutrition and Behavioral Health (D)[1]	\$450,000	\$450,000	N/A
Nature Therapy for Youth Project Phase I: Planning (D)	\$150,000	N/A	N/A
Nature Therapy for Youth Project Phase II: Implementation (D)	N/A	TBD	TBD
In-Clinic Certified Therapeutic Recreation Specialist Phase I: Planning (D)	\$150,000	N/A	N/A
In-Clinic Certified Therapeutic Recreation Specialist Phase II: Implementation (D)	N/A	TBD	TBD
Data Driven Recovery Project – Cohort 2 (MHSOAC Multi-county Collaborative) (D)	TBD	TBD	TBD
INN Administrative Costs (M)	\$20,000	\$20,000	\$20,000
Total Budget INN Projects	\$770,000	\$470,000	\$20,000

MHSA Component Budget – WET

MHSA no longer provides funding for WET activities. WET projects will continue to be funded by transferring CSS funds to this component as may be needed annually.

CSS funds transferred to WET during and after FY 2017/18 are subject to a 10-year reversion period. Any unspent fund balances remaining at the end of FY 2023/24 will roll over as fund balance into FY 2024/25.

Program	FY 2023/24 MHSA Plan Budget	FY 2024/25 MHSA Update Budget	FY 2025/26 MHSA Update Budget
WET Coordinator Project (M)	\$35,000	\$35,000	\$35,000
Workforce Development (D)	\$160,000	\$160,000	\$160,000
Recruitment and Retention Project (D)	\$100,000	\$100,000	\$100,000
Statewide WET Planning and Community Needs Assessment (M)	\$110,000	\$110,000	\$110,000
WET Administrative Costs (M)	\$5,000	\$5,000	\$5,000
Total Budget WET Projects	\$410,000	\$410,000	\$410,000

MHSA Component Budget – CFTN

MHSA no longer provides funding for CFTN activities. The County has been operating this project through funds previously received and remaining as fund balance, as well as transfers from CSS.

CSS funds transferred during and after FY 2017/18 are subject to a 10-year reversion period. Any unspent fund balances remaining at the end of FY 2023/24 will roll over as fund balance into FY 2024/25.

Program	FY 2023/24 MHSA Plan Budget	FY 2024/25 MHSA Update Budget	FY 2025/26 MHSA Update Budget
Electronic Health Record Project (M)	\$950,000	\$950,000	\$950,000
Telehealth Project (D)	\$75,000	\$75,000	\$75,000
Integrated Community-based Wellness Center Project (D)	\$1,000,000	\$1,000,000	\$1,000,000
Community-wide Clinic Project (D)	\$160,000	\$160,000	\$160,000
CFTN Administrative Costs (M)	\$125,000	\$125,000	\$125,000
Total Budget CFTN Projects	\$2,310,000	\$2,310,000	\$2,310,000

**Appendix A:
Community Program Planning Process (CPPP) Flyers,
Agenda for Meetings, Press Releases and Surveys**



Mental Health Services Act (MHSA)

Fiscal Year 2023-26 Three Year Plan

Virtual Community Meeting

Agenda:

1. Welcome and Introductions
2. Overview of MHSA Guiding Principles and Practices
 - a. MHSA History
 - b. MHSA Plans/Annual Updates
 - c. MHSA Values
3. MHSA Component Overview
 - a. Components
 - i. Prevention and Early Intervention/PEI
 - ii. Community Services and Supports/CSS
 - iii. Innovation/INN
 - iv. Workforce Education and Training/WET
 - v. Capital Facilities and Technology/CFTN)
4. MHSA Budget
5. MHSA Project Overview
 - a. MHSA Recommended Updates
 - b. New Project/Program ideas
 - c. Innovation concepts
6. Community Input for current and proposed projects
7. Survey
 - a. English and Spanish

