County of El Dorado

Mental Health Services Act (MHSA)

Fiscal Year 2012-13 Plan Update

This MHSA Fiscal Year 2012-13 Plan Update provides an update to previously approved MHSA Plans. Previous plans may be found on the County of El Dorado's MHSA web pages under "MHSA Plans and Updates" at:

http://www.edcgov.us/Government/MentalHealth/MHSA.aspx

Health and Human Services Agency

Mental Health Division

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Contents

Mental Health Services Act 1
Demographics 1
Community Planning Process 4
- Public Meetings 4
- MHSA Online Survey 6
- Stakeholder Representation 8
- Public Notification of the FY 2012-13 Plan Update 8
- Substantive Recommendations 9
- Substantive Comments Received 9

MHSA Components 18
- MHSA Funding 18
- MHSA Plan Updates During FY 2012-13 18
- Community Services and Supports (CSS) 19
- Prevention and Early Intervention (PEI) 25
- Workforce Education and Training (WET) 31
- Capital Facilities and Technology (CFTN) 33
- Innovation (INN) 36

County Certification Forms 37

Mental Health Services Act

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

- is consumer and family driven;
- is recovery oriented;
- has services that are accessible;
- is culturally competent and offers services appropriate for the population that is served.

The MHSA established five components that address specific goals for priority populations and key community mental health needs:

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)
- Workforce Education and Training (WET)
- Capital Facilities and Technology Needs (CFTN)

To develop and implement each of these MHSA components, the County of El Dorado (County) has held community planning meetings to gather information from consumers, providers, and community members throughout the County.

Demographics

El Dorado County encompasses a large geographic area (1,708 square miles, of which approximately 51% is U.S. Forest Service land[1]), with two incorporated cities (South Lake Tahoe and Placerville) and twelve unincorporated Census-Designated Places (CDPs)[2].

According to the 2010 census,[3] the population within the county is 181,058, which represents a 15.8% increase since the 2000 census. Approximately 33% of the county's population resides toward the western border of the county in the El Dorado Hills and Cameron Park communities, with the Tahoe basin on the eastern border being the second highest region in population.

Eighty-two percent of the county's population reside in unincorporated areas of the county. The communities within the county have developed out of the distinct characteristics of each of

[1] Retrieved from http://www.fs.usda.gov/main/eldorado/about-forest, March 7, 2013.
[2] Retrieved from http://www.dof.ca.gov/research/demographic/state_census_data_center/census_2010/documents/2010Census_DemoProfile1.xls, June 25, 2013.
[3] Unless otherwise noted, all demographic data is retrieved from the 2010 census (http://quickfacts.census.gov/qfd/states/06000.html), March 7 and May 7, 2013.

these regions and have historically operated quite independently. The rural nature of many unincorporated areas of the county results in challenges to obtaining mental health services (e.g., transportation to services, outreach to residents, and public awareness relative to available services).

Location	2010 Census Population[4]	Percent of County	Persons per Square Mile[5]
City of Placerville (incorporated)	10,389	5.7%	1,787.5
City of South Lake Tahoe (incorporated)	21,403	11.8%	2,106.3
Auburn Lake Trails CDP	3,426	1.9%	269.2
Cameron Park CDP	18,228	10.1%	1,641.2
Camino CDP	1,750	1.0%	777.7
Cold Springs CDP	446	0.2%	590.4
Coloma CDP	529	0.3%	157.7
Diamond Springs CDP	11,037	6.1%	663.2
El Dorado Hills CDP	42,108	23.3%	869.0
Georgetown CDP	2,367	1.3%	156.5
Grizzly Flats CDP	1,066	0.6%	160.8
Pollock Pines CDP	6,871	3.8%	866.7
Shingle Springs CDP	4,432	2.4%	539.9
Tahoma CDP	1,191	0.7%	459.2
Remainder of Unincorporated Area	55,815	30.8%	35.9
El Dorado County Total	181,058	100.0%	106.0

The county seat, Placerville, is a small town surrounded by unincorporated, rural areas. South Lake Tahoe (the city and unincorporated areas of the Tahoe Basin) features a resort community, a sizable transient community, and is much more ethnically diverse than the remainder of the County.

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, however Amtrak California operates once daily bus service between the two cities. However, the Tahoe basin and the west slope of the County are essentially two distinct service areas.

Gender distribution in the county is nearly equal between men (90,571) and women (90,487).[6] Veterans represent approximately 9.8% of the population.

The race distribution within the county is as follows:

[4] Retrieved from http://www.dof.ca.gov/research/demographic/state_census_data_center/census_2010/documents/2010Census_DemoProfile1.xls, June 25, 2013.

[5] Retrieved from http://www.dof.ca.gov/research/demographic/state_census_data_center/census_2010/documents/2010Census_DemoProfile2.xls, June 25, 2013.

[6] Gender distributions from U.S. Census Bureau data and compiled by Sacramento Area Council of Governments (SACOG).

Race	Percent of County
White (not Hispanic)	79.6%
Hispanic or Latino Origin	12.3%
Asian	3.7%
American Indian and Alaska Native	1.4%
Black	0.9%
Native Hawaiian and Other Pacific Islander	0.2%
Persons Reporting Two or More Races	3.3%

The median age in the county is 43.6, distributed as follows:[7]

Age	Total	Percent of County
Under 5	9,513	5.3%
5 to 9	11,126	6.1%
10 to 14	12,506	6.9%
15 to 19	12,522	6.9%
20 to 24	8,958	4.9%
25 to 34	17,244	9.5%
35 to 44	22,203	12.3%

Age	Total	Percent of County
45 to 54	32,346	17.9%
55 to 59	15,146	8.4%
60 to 64	12,970	7.2%
65 to 74	15,437	8.5%
75 to 84	7,969	4.4%
85 and Over	3,118	1.7%

Children 0 to 19 comprise 25.2% of the population and adults age 60 and over comprise 21.8% of the population. The population of adults age 55 and over has increased significantly from 2000. In 2000, this group consisted of 34,691 individuals (22.2% of the total population), whereas in 2010, the same age range consisted of 54,640 individuals (30.2% of the total population).

Economic disparities are evident across the county as well:

Place of Residence within the County	Median Household Income[8]	Percent of Individuals Below the Poverty line[9]
El Dorado Hills	$ 115,121	2.7%
Cameron Park	$ 72,562	4.3%
Placerville (city)	$ 53,385	14.0%
South Lake Tahoe (city)	$ 41,685	18.4%
Remaining County Unincorporated Areas	Not Available	Not Available
El Dorado County Total	$ 68,815	8.4%

[7] Age distributions from U.S. Census Bureau data and compiled by Sacramento Area Council of Governments (SACOG).
[8] Median household income, U.S. Census Bureau 2007-2011 American Community Survey 5-Year Estimates.
[9] People of all ages in poverty - percent, U.S. Census Bureau 2007-2011 American Community Survey 5-Year Estimates.

A February 2012 report[10] to the California Department of Health Care Services identified that approximately 4.6% of the population in El Dorado County has a need for mental health services based upon the serious mental illness definition. Within households below the 200% poverty level, this rate increases to approximately 8.9%. When a broader definition of mental health needs is utilized, a level beyond the scope of the MHSA funding, the percent of population that has a need for mental health services increases to approximately 12.2% of the population, and within households below the 200% poverty level, the need increases to approximately 19.5%.

Community Planning Process

The general public and stakeholders were invited to participate in multiple MHSA community planning meetings in 2012 to contribute to the development of the County's Fiscal Year (FY) 2012-13 MHSA Plan Update. Plan progress, anticipated changes, budget issues and program objectives were discussed. MHSA updates and program planning have also taken place as part of the Mental Health Commission meetings for Placerville and South Lake Tahoe. In addition, the MHSA Advisory Committee was reconvened to increase the participation of community stakeholders and representatives from partner agencies in the community planning process.

Public Meetings

A series of public meetings were held to discuss the MHSA Plan Update:

Date	Location	Topic
4/24/12	El Dorado County Library, South Lake Tahoe	MHSA approved plans and legislative changes
4/26/12	El Dorado County Library, Cameron Park	MHSA approved plans and legislative changes
4/27/12	El Dorado County Emergency Medical Services, Placerville	MHSA approved plans and legislative changes
5/15/12	El Dorado Hills Community Services District, El Dorado Hills	MHSA approved plans and legislative changes; need for mental health services
5/21/12	El Dorado Hills Fire Department #85, El Dorado Hills	MHSA Innovation Plan, FY 2011-12 and 2012-13
5/22/12	Georgetown Fire Department, Georgetown	MHSA Innovation Plan, FY 2011-12 and 2012-13
5/24/12	El Dorado County Board of Supervisors Meeting Room, Placerville	MHSA Innovation Plan, FY 2011-12 and 2012-13
5/30/12	El Dorado County Library, South Lake Tahoe	MHSA Innovation Plan, FY 2011-12 and 2012-13
6/14/12	El Dorado County Library, South Lake Tahoe	Community Needs and Priorities for FY 2012-13

[10] Technical Assistance Collaborative, California Mental Health and Substance Use System Needs Assessment (February, 2012) at http://www.dhcs.ca.gov/provgovpart/Pages/BehavioralHealthServicesAssessmentPlan.aspx.

Date	Location	Topic
6/15/12	El Dorado County Emergency Medical Services, Placerville	Community Needs and Priorities for FY 2012-13
6/26/12	El Dorado County Library, Georgetown	Community Needs and Priorities for FY 2012-13
7/17/12	Mental Health Advisory Committee meeting via videoconference: El Dorado County Emergency Medical Services, Placerville and El Dorado County Mental Health, South Lake Tahoe	Current MHSA plans, County allocations and priorities for FY 2012-13
8/2/12	Children's Subcommittee of the Mental Health Advisory Committee meeting via videoconference: El Dorado County Emergency Medical Services, Placerville and El Dorado County Mental Health, South Lake Tahoe	PEI needs, strategies and priorities for Children's programming in FY 2012-13
8/16/12	Mental Health Advisory Committee meeting via videoconference: El Dorado County Emergency Medical Services, Placerville and El Dorado County Mental Health, South Lake Tahoe	PEI Children and Youth Programs: Discussion and Recommendations; Wellness and Outreach for vulnerable adults: Overview and Discussion
9/25/12	El Dorado County Board of Supervisors	Changes to MHSA and plan requirements; PEI; INN
11/8/12	El Dorado County Mental Health Commission Public Hearing via videoconference: Mental Health Clinic in South Lake Tahoe and Mental Health Clinic in Placerville	Community Services and Supports - Crisis Residential Treatment (CRT)
12/11/12	El Dorado County Board of Supervisors	Community Services and Supports - Crisis Residential Treatment (CRT)
1/3/13	El Dorado County Mental Health Commission Public Hearing via videoconference: Mental Health Clinic in South Lake Tahoe and Mental Health Clinic in Placerville	Community Services and Supports – Housing, The Aspens at South Lake
1/15/13	El Dorado County Board of Supervisors	Community Services and Supports – Housing, The Aspens at South Lake
5/29/13	Meeting via videoconference: El Dorado County Emergency Medical Services, Placerville and El Dorado County Mental Health, South Lake Tahoe	Draft MHSA FY 2012-13 Plan Update discussion of comments received and proposed changes to Draft Plan Update
6/26/13	El Dorado County Mental Health Commission Public Hearing via videoconference: Mental Health Clinic in South Lake Tahoe and El Dorado County Emergency Medical Services	Draft MHSA FY 2012-13 Plan Update
7/16/13 (anticipated)	El Dorado County Board of Supervisors	MHSA FY 2012-13 Plan Update

Discussion at the meetings indicated the community's desire to support school-based programs, including the Primary Intervention Project (PIP) and services for middle and high school students, and housing as priority programs. Services and support for the entire family and for individuals exiting jail were also noted as priorities.

Other areas identified during the public meetings include:

Services focused toward:
- new mothers
- transitional age youth
- pre-teens
- homeless
- dual diagnosis clients

Programs/services for:
- alcohol and other drugs (AOD) school-based programs
- peer support programs
- psychiatrist located in SLT for outpatient
- Juvenile Hall

Training for:
- teachers
- law enforcement

MHSA Online Survey

In June 2012, the County distributed an online survey to 375 community stakeholders who had previously indicated their interest in the development and implementation of MHSA programs. The survey instrument is attached to this Plan Update as Attachment A.

Sixty-nine stakeholders responded to the survey. The majority of responses to the survey were received from stakeholders on the county's west slope and from those employed in the mental health or social services field. Specific geographic and stakeholder connection with mental health services is provided here:

Place of Residence	% of Total
Placerville	51%
Shingle Springs	12%
Camino	9%
El Dorado Hills	12%
South Lake Tahoe	9%
Other/Unincorporated	7%

Connection with Mental Health Services:	% of Total
Community Member Employed in Social Service Field or Public Agency Other Than Mental Health	45%
Mental Health Provider/Employee in a Private or Non-Profit Agency	15%
Community Volunteer in a Mental Health or Social Service Organization	10%
Community Member with no Personal Connection to Mental Health or Social Services	9%
County Mental Health Provider/Employee	7%
Decline to state	7%
Mental Health Client / Consumer	4%
Family Member of a Mental Health Consumer	3%

Priority populations were identified as children, adolescents and the homeless, with priority services identified as improved availability of psychiatric services and treatment for drug and alcohol addiction. Transportation, difficulty qualifying for services and no insurance/inability to pay were identified as issues that prevent people from receiving appropriate mental health treatment.

The following two questions asked respondents to rate each listed item as "Not a Priority", "Low Priority", "Medium Priority", "High Priority" or "Extremely High Priority":

Importance of Increasing Outreach and Mental Health Services to:	Extremely High Priority	High Priority	Total of High and Extremely High Priority
Younger children with behavioral problems	53%	29%	82%
Homeless adolescents, adults, and families	52%	27%	79%
Adolescents with behavioral problems	47%	32%	79%
Adults with mental illness who are being released from jail	37%	38%	75%
People who have experienced domestic violence or other trauma	28%	39%	67%
Older adults and home-bound individuals	18%	36%	54%

Importance of Providing or Improving the Following Services for Mental Health Clients:	Extremely High Priority	High Priority	Total of High and Extremely High Priority
Improved Availability of Psychiatric Services (in-person access, reduced wait time)	66%	25%	91%
Treatment for Drug and Alcohol Addiction	48%	40%	88%
Housing Assistance or Support	29%	42%	71%
Vocational and Job Training Services	19%	42%	61%
Other Health Services (Physical Health, Dental, Vision)	27%	31%	58%
Educational Support	14%	37%	51%
Social and Recreational Activities	5%	18%	23%

For each barrier listed in the survey, respondents were asked to rate them as "Rarely a Barrier", "Sometimes a Barrier", "Often a Barrier" or "Uncertain/No Opinion". Transportation and Difficulty Qualify for Services were rated "Often a Barrier" the most frequently:

Most Important Issue in El Dorado County that Prevents People from Receiving Appropriate Mental health Treatment:	Often a Barrier
Transportation	78%
Difficulty Qualifying for Services	68%
No Insurance / Unable to Pay	63%
Community Awareness about Mental Illness, Treatment, and Services Available is Lacking	43%
Stigma	42%
Registration, Scheduling or Waiting Lists	35%
Lack of Trust or Concerns About Quality of Care	28%
Client Involvement in Designing Programs and Planning Treatment is Lacking	28%
Culture and Language Differences	24%

Stakeholder Representation

The Health and Human Services Agency (HHSA) maintains an email distribution list of over 600 individuals who have expressed an interest in MHSA activities. Members of this distribution list include:

- adults and seniors with severe mental illness;
- families of children, adults and seniors with severe mental illness;
- providers of services;
- law enforcement agencies;
- education;
- social services agencies;
- veterans;
- representatives from veterans organizations;
- providers of alcohol and drug services;
- health care organizations; and
- other interested individuals.

Notifications regarding the community planning process and MHSA updates are distributed via email to this list.

Public Notification of the FY 2012-13 Plan Update

HHSA provided notification of the FY 2012-13 Plan Update process as follows:

- **FY 2012-13 Community Planning Process:**
    - Meeting notifications were emailed to the MHSA distribution list, notifying recipients of the date, time, location and topics to be covered at the meetings.
    - Meeting notifications were posted to the County's website, notifying the public of the dates, times, locations and topics to be covered at the meetings.
- **FY 2012-13 Plan Update:** The FY 2012-13 Plan Update was posted on the County's website on April 26, 2013 for a 30-day review period. An email was sent on April 26, 2013 to MHSA distribution list, the Mental Health Commission members, the Chief Administrative Office (CAO), the Board of Supervisors' offices, and the Mental Health Division staff advising recipients that the plan is posted and is available for public comment. Press releases were distributed on April 26, 2013, to the following newspapers: Tahoe Daily Tribune, Mountain Democrat, Georgetown Gazette, Sacramento Bee, Village Life and El Dorado Hills Telegraph.
- **Public Hearing for the FY 2012-13 Plan Update:** The Public Hearing was originally scheduled for May 29, 2013 at 12:00 p.m. to 1:00 p.m. Notification of the Public Hearing was posted on the County's website on April 26, 2013. An email was sent on April 26, 2013 to MHSA distribution list, the Mental Health Commission members, the Chief Administrative Office (CAO), the Board of Supervisors' offices, and the Mental Health Division staff advising recipients of the date, time and location of the Public Hearing. Press

releases were distributed on April 26, 2013, to the following newspapers: Tahoe Daily Tribune, Mountain Democrat, Georgetown Gazette, Sacramento Bee, Village Life and El Dorado Hills Telegraph. Subsequent notification regarding the rescheduled date was emailed to the MHSA Distribution List, which included those who attended the original May 29, 2013 public hearing date, and posted on the County's MHSA webpage.

- **El Dorado County Board of Supervisors:** This update will be presented to the El Dorado County Board of Supervisors for approval on July 23, 2013.
- **California Mental Health Services Oversight and Accountability Commission (MHSOAC):** Once approved by the Board of Supervisors, a copy of the FY 2012-13 Plan Update will be provided to the MHSOAC as required by the MHSA.

Substantive Recommendations

As noted above, stakeholder input reflected certain programs and focus groups should be considered priorities for MHSA funding. How those priorities link to each MHSA component is summarized below:

Community Services and Supports (CSS): Continue funding current programs but eliminate the Crisis Residential Treatment (CRT) program and develop local residential programs and an Intensive Case Management team.

Prevention and Early Intervention (PEI): Continue funding current programs, but consolidate the program categories as discussed below in the "Prevention and Early Intervention (PEI)" component section. Additionally, continue to fund Primary Intervention Projects at the current sites (in Black Oak Mine Unified School District, El Dorado Hills and South Lake Tahoe) through FY 2012-13. It was also recommended that the County proceed with the procurement process to engage community partners and solicit proposals for the remaining PEI funds in youth and children's services through a competitive procurement process.

Workforce Education and Training (WET): Continue funding current programs, with the exception of Rural Mental Health MSW Weekend Program, which was completed in FY 2011-12, and the Consumer, Family Member and Volunteer Program. Additionally, there was support for Crisis Intervention Training (CIT) for law enforcement and other emergency services staff.

Capital Facilities and Technology (CFTN): Continue funding current programs.

Innovation (INN): Suspend expenditures on current plan and develop a new plan/plans in FY 2012-13.

Substantive Comments Received

The following substantive comments were received during the 30-day comment period and public hearing. Responses to those substantive comments are identified and a description of any resulting substantive changes made to the draft Plan Update are identified, if any.

1.	**Demographics**
	• **The draft Plan Update identifies that there is no public transportation between the Tahoe basin and the west slope of the County. However, Amtrak offers a "Thruway Bus Connection" between Tahoe and Placerville.** The update has been noted in the document. The Thruway Bus Connection Route 20c[11] (Sacramento, California to Stateline, Nevada), as part of Amtrak California, is funded and managed by Caltrans, but operated by Amtrak.[12] The current bus schedule would allow a passenger to remain in South Lake Tahoe for a maximum of two hours if travelling on a same day round trip ticket from Placerville to South Lake Tahoe. Passengers travelling from South Lake Tahoe to Placerville must remain in Placerville overnight to complete a round trip back to South Lake Tahoe.[13]
	• **The demographic and economic data does not include all Census-Designated Places (CDP). There are twelve CDPs identified by the State Department of Finance, but the Plan Update reflects only two.** The update has been noted in the Demographics section of the final Plan Update. The data reflected in the draft Plan Update was from the federal census data website, which identified only two CDPs.
2.	**Community Planning Process**
	• **How are MHSA plans updated? Can they be updated at any time? Who determines when an update is required? What is the outreach process and community input process for these intermediary updates?** MHSA plans are required to be updated annually. However, if there is a change required or needed between annual plan updates, MHSA plans can be updated at any time provided that the community planning process is followed. The need for a change may result from any number of factors, including but not limited to a change in funding, a change in law, or a determination that the program specifications are not correctly identified. The proposed change can be identified by anyone by contacting the MHSA project team (MHSA@edcgov.us), and the MHSA project team researches the issue further. The community planning process requires stakeholder involvement, a posting of the

[11] http://www.amtrakcalifornia.com/index.cfm/routes/bus/amtrak-thruway-bus-route-20c-sacramento-stateline-nv/.
[12] http://www.amtrakcalifornia.com/index.cfm/about-amtrak-california/.
[13] http://www.amtrakcalifornia.com/index.cfm/routes/bus/amtrak-thruway-bus-route-20c-sacramento-stateline-nv/.

	plan update for a 30-day comment period, a public hearing before the Mental Health Commission and approval of the Board of Supervisors. If the plan update is for the Innovation Plan, approval from Mental Health Services Oversight and Accountability Commission (MHSOAC) must also be obtained.
	• **The survey sample for the survey distributed in June 2012 is very small compared to the population of the county and heavy on provider and government responses. What is being done to increase participation of clients, family members and the general public in the planning process?** MHSA project staff are increasing visibility of the MHSA program by hosting community planning meetings, meeting in small groups or one-on-one, attending various collaboration meetings, sending out monthly MHSA email updates, developing surveys, and updating the El Dorado County MHSA webpage more frequently. Additionally, the MHSA project team members are speaking with individuals about what can be done to increase public interest in MHSA and mental health issues, and exploring the use of technology to reach a greater number of individuals (e.g., social media, mobile phone application). Historically, MHSA community planning has been approached on an annual basis, but the MHSA project team is now viewing planning as an on-going activity. It is hoped that these efforts, along with increased public awareness about mental health issues, will result in greater participation in MHSA planning going forward.
	• **What questions were included with the survey that was given in 2012?** The survey has been attached to the Plan Update as Attachment A. The addition of the survey as an attachment has resulted in a renumbering of the previous attachment.
	• **What was the structure of the public meetings? How was input solicited?** The 2012 meetings started with introductions, then provided an overview of MHSA and the components, and the attendees were then provided the opportunity to ask questions or provide input.
	• **It is unclear as to the actual level of involvement of the diverse populations represented in the County. Can that be clarified?** Specific demographic data was not captured for the individuals participating in the community meetings. In general, overall participation rates in the community planning process have been low across the County in recent years and the MHSA project team is working to improve participation rates in the future.

	• **What are the demographics of the MHSA email distribution list? How do people with no email address receive information?** Individuals currently on the MHSA email distribution list reflect a cross-section of those interested in MHSA and/or mental health issues, including: • adults and seniors with severe mental illness; • family members of children, adults and seniors with severe mental illness; • providers of services; • law enforcement staff; • education representatives; • social services agency representatives; • veterans; • representatives from veterans organizations; • staff from providers of alcohol and drug services; • staff from health care organizations; • members of the general public; • Mental Health Commission; and • Board of Supervisors. Individuals without an email address may access information about MHSA directly from the County's MHSA webpage (http://www.edcgov.us/Government/MentalHealth/MHSA.aspx) or they may contact the MHSA project team and request information be sent via regular mail.
3.	**MHSA Budget**
	• **The FY 2012-13 MHSA Funding Summary provides little information regarding funding for each program and project. Can more information be provided?** The County's expenditure system was set up to report in the manner in which the State requires MHSA reporting, however additional detail and updated estimates has been provided in the revised FY 2012/13 MHSA Funding Summary attached to the final Plan Update. The dollar values associated with each item have been reviewed and updated, if necessary, based upon current fiscal year estimated expenditures. The individual programs and projects under each component have been identified, and where possible, the estimated expenditures for the program/project have been identified.
	• **Are there MHSA funds available in regard to the move of the Placerville Mental Health Division to Diamond Springs relative to client access to services?** Under Community Services and Supports (CSS), "*Project 2a: Outreach and Engagement Services*," outreach and engagement activities are provided to individuals with a serious mental illness. Funds from the Outreach and Engagement

	project will be utilized to assist clients in accessing services at the new location of the West Slope Mental Health Clinic and Wellness Center. This information has been added to the description of "*Project 2a: Outreach and Engagement Services*" for clarification purposes.
	• **Are there MHSA funds available to relocate the Wellness Center in South Lake Tahoe?** MHSA funds support costs associated with the Wellness Center in South Lake Tahoe. MHSA funds will continue to support the Wellness Center upon its relocation.
	• **How are the MHSA funding distributions determined?** MHSA distributions from the State are established in the MHSA. MHSA funding is discussed starting on page18 of the Plan Update. The funding percent allocated to each component is established by the MHSA. The amount of funding to be allocated to each program within a component is established during the community planning process based on past expenditures (for ongoing programs) and estimated future expenditures (for new programs). Community input can also result in changes to funding levels from year to year for the programs.
	• **What dictates the level of Prudent Reserve?** A Prudent Reserve is established to ensure that the programs will continue to be able to serve the children, adults, and seniors that it is currently serving during years in which revenues are below recent averages (Welfare and Institutions Code Section 5847). Each county determines the appropriate level of its Prudent Reserve. Contributions to the Prudent Reserve may be made in an amount up to 20% of the average amount of CSS funds allocated to the county for the previous five years (Welfare and Institutions Code Section 5892(b)).
4.	**MHSA Components - Generally**
	• **The Plan Update does not identify where (geographically) the services are being provided for each program/project. Can the Plan Update reflect this information?** The information below reflects the areas that are served by active projects or would be served by the project if the project was active. **Community Services and Supports (CSS)** Program 1: Youth and Family Strengthening Program Project 1a: Youth and Family Wraparound - West Slope

Project 1b: Family Strengthening Academy - Countywide
Program 2: Wellness and Recovery Services
Project 2a: Outreach and Engagement Services - Countywide
Project 2b: Clubhouse and Wellness Centers - Placerville and South Lake Tahoe
Project 2c: Full Service Partnership (FSP) Services - Countywide
Project 2d: Resource Management Services - Countywide

CSS-Housing
Program 1: West Slope – Sunset Lane Apartments - Shingle Springs
Program 2: East Slope – The Aspens at South Lake - South Lake Tahoe

Prevention and Early Intervention (PEI)
Program 1: Youth and Children's Services Program
Project 1a: Early Intervention Program for Youth - Buckeye Union; El Dorado Union High School; Gold Trail Union; Mother Lode Union; Pioneer Union; Placerville Union; Pollock Pines Union; and Rescue Union School Districts
Project 1b: Primary Intervention Project (PIP) - Black Oak Mine Unified; Buckeye Union; and Lake Tahoe Unified School Districts
Project 1c: Incredible Years - Countywide
Program 2: Community Education Project
Project 2a: Mental Health First Aid - Countywide
Project 2c: Consumer Leadership Academy - West Slope
Project 2d: National Alliance on Mental Illness Training - West Slope
Project 2e: Parents, Families, Friends of Lesbians and Gays Community Education - Countywide
Project 2f: Community Information Access - Countywide
Program 3: Health Disparities Program
Project 3a: Wennem Wadati - A Native Path to Healing - West Slope
Project 3b: Latino Outreach - Countywide
Program 4: Wellness Outreach Program for Vulnerable Adults
Project 4a: Home-Delivered Meals Outreach - Countywide
Project 4b: Wellness Outreach Ambassadors and Linkage to Clubhouse Memberships - West Slope

PEI - Training, Technical Assistance and Capacity Building (TTACB)
Sub-Component: Prevention and Early Intervention-Statewide Projects - Countywide

Workforce Education and Training (WET)
Program 1: Workforce Education and Training (WET) Coordinator - Countywide
Program 2: Workforce Development - Countywide
Program 3: Psychiatric Rehabilitation Training - Countywide

	Capital Facilities and Technology (CFTN) Program 1: Electronic Health Record System Implementation - Countywide Program 1a: Avatar Clinical Workstation (CWS) - Countywide Program 1a: Electronic Outcome Measurement Tools - Countywide Program 2: Telemedicine - South Lake Tahoe Program 3: Electronic Care Pathways - Countywide
	• **The report does not give sufficient information to understand the level of monetary or staff allocations to the various programs or the level and type of services provided.** Please review the full MHSA Plans posted on the County's MHSA website at http://www.edcgov.us/Government/MentalHealth/MHSA.aspx under "MHSA Plans and Updates Archive" for complete program descriptions. The Plan Update is not intended to provide a full restatement of each program description but rather a brief description of each program and a discussion of program changes.
5.	**MHSA Components – CSS: The component definition for CSS states "adults and children who have a severe mental illness or serious emotional disturbance." Is that correct?**
	The definition should be "adults who have a severe mental illness and children who have a severe mental illness or serious emotional disturbance." This change has been reflected in the final Plan Update.
6.	**MHSA Components - PEI: Latino Outreach Program on the West Slope**
	• **There is concern for the resulting lapse in service in the Latino Outreach program on the West Slope that will occur during the competitive procurement process currently required by the MHSA Plan and the contracting process to secure a new vendor. How will services be provided during that time?** MHSA staff are reviewing options. The current MHSA Plan does not provide for Latino Outreach services to be performed by the County. However, the County opened a recruitment for extra help bilingual Mental Health Workers. The County is proposing that the MHSA Plan be amended to allow the County, in certain circumstances such as a lapse in contract terms, to utilize Mental Health staff to assist the Latino community in a manner similar to the activities of the Promotoras under the Prevention and Early Intervention (PEI) funding for the Latino Outreach program. **Program Change Resulting from Community Comment:** Amend "Project 3b: Latino Outreach" to allow the County in certain circumstances, such as a lapse in services resulting from a vendor change, to utilize bilingual Mental Health staff to assist Spanish-speaking members of our community

	under the funding of Prevention and Early Intervention (PEI). Once a new vendor is in place, the County would arrange for client transitions to the new vendor and then cease to allocate staff time for direct client services to the Latino Outreach project.
	• **Comment of concern for the impact to Marshall Medical's Diabetes education program, which had been utilizing the Promotoras for interpretation services for their meetings.** MHSA staff will be working with Marshall Medical to identify how they had been accessing interpretation services from the Promotoras and how Marshall Medical's education program may be linked with other available interpretation services, including Marshall Medical's internal interpreter services/processes.
	• **Comment was made expressing concern for the lapse in services and that the County should modify the MHSA Plan to make Latino Outreach a sole source contract, rather than issuing a contract through a competitive procurement process. The discussion has been that a new Family Connections is going to be opened under Sierra Child and Family Services, that the current Promotoras were already working the community, and that a sole source contract with the new Family Connections under Sierra Child and Family Services would allow the them to hire the Promotoras to continue the work.** • **Comment was made that Promotora services on the West Slope could be provided on a more regional basis by multiple providers by individuals familiar with each community area, rather than two Promotoras through a single provider for to the entire West Slope.** • **Comment was made that the Promotora services on the West Slope could be expanded by an agency that not only has workers already familiar with the community, but also could then provide counseling services directly in Spanish to those in need of such services.** While the procurement method for this program can be changed to be sole source provided the MHSA-required community planning process is followed, the question becomes what should be the proposed criteria upon which a sole source contract would be awarded? Or, since multiple agencies have indicated an interest in providing the Promotora services, would an RFQ would perhaps be the better option? At the MHSA Community Planning Process meeting on May 29, 2013, the opinion was that a competitive procurement process would be most effective for securing a provider for the Latino Outreach program. The Request for Qualifications (RFQ) is at the El Dorado County Procurement and Contracts Department for processing.

7.	**MHSA Component - PEI: Why aren't other Prevention and Early Intervention (PEI) programs required to go through an RFP program when the Children's and Latino Outreach PEI programs are?**
	Based on the information collected during the 2012 community planning process, feedback indicated that there was a preference to have both new and existing PEI children's programs go out to a competitive procurement process. The Board of Supervisors confirmed that direction to the Department on September 25, 2012. The Department did not receive feedback that all other PEI programs should go out to an RFQ, nor did the Board direct the Department to proceed in that manner, and so the method for providing or contracting for those services from our plan remained unchanged. Procurement/contracting and/or staffing methods for other PEI programs are noted in the previous PEI Plans.
8.	**MHSA Component - INN: Was the previous Innovation Plan officially discontinued?**
	Yes. On April 29, 2013, the California Mental Health Services Oversight and Accountability Commission (MHSOAC), the commission with responsibility for review, approval and monitoring of county Innovation Plans, was notified of the County of El Dorado's intent to discontinue its Innovation Plan based on community input received during the FY 2012-13 Community Planning Process and direction of the Board of Supervisors on September 25, 2012. On May 1, 2013, MHSOAC accepted the County's termination of the program with the requirement that any unexpended Innovation funds that have not reverted to the State will be spent on the future Innovation program(s) identified through the community planning process and that reversion dates of Innovation funds are monitored by the County.
9.	**MHSA Component – CFTN**
	• **Was the Electronic Care Pathways program previously discontinued?** • **I would like to know more about how the telemedicine projects interface/collaborate/leverage resources with other efforts in the area such as Access El Dorado (ACCEL). My knowledge of an involvement with ACCEL causes me to be somewhat dismayed that there is no reference to ACCEL in relation to the Electronic Care Pathway component.** The project has not been officially discontinued, however it will be evaluated for continuation in the FY 2013/14 MHSA Plan given the development the ACCEL program within El Dorado County and the implementation of the EHR system.

MHSA Components

The MHSA established five components that address specific goals for priority populations and key community mental health needs. Within each component, programs have been developed based upon community input as to local needs and priorities and available MHSA funding.

MHSA Funding

MHSA revenues in FY 2012-13 are projected to be higher than FY 2011-12. The revenue and expenditure data contained in this Plan Update is based upon projections for FY 2012-13. In the event the actual revenues are higher than anticipated, the additional funding may be utilized to support the projects identified in this Plan Update in the current fiscal year, if necessary, or rolled into the FY 2012-13 fund balance to be utilized on projects identified in the FY 2013-14 Plan Update.

Component	Net % of Annual Allocation
CSS	76%
PEI	19%
INN	5%
WET	0% - Utilizing Fund Balance
CFTN	0% - Utilizing Fund Balance

80% of the MHSA funds are allocated to CSS
20% of the MHSA funds are allocated to PEI and from that total, 5% is allocated to INN

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. CSS, PEI and INN funds will revert to the State if they are not utilized within three years. WET and CFTN funds that are not fully expended within 10 years from the year of allocation will revert to the State. The County's WET and CFTN funds were allocated in FY 2006-07 (reversion year 2016) through FY 2008-09 (reversion year 2018).

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 in the previous fiscal year. The balance of the County's Prudent Reserve in FY 2012-13 is $1,898,284. It is not likely that the County will need to utilize the Prudent Reserve funds in FY 2013-14.

MHSA Plan Updates During FY 2012-13

Two component-specific updates were completed during FY 2012-13 in CSS and CSS-Housing. In addition, courses of action related to PEI and INN activities based upon public input were approved:

- **CSS:** An update for CSS related to closing the CRT was posted October 9, 2012, with a public hearing held November 8, 2012. The Board of Supervisors approved the CSS

Plan Update on December 11, 2012. Please see the component "Community Services and Supports (CSS)", below, for additional details.

- **CSS-Housing:** An update for permanent, supportive housing in South Lake Tahoe to be developed in collaboration with new construction of The Aspens at South Lake was posted December 4, 2012, with a public hearing held January 3, 2013. The Board of Supervisors approved the update on January 15, 2013. Please see the sub-component "Community Services and Supports-Housing (CSS-Housing)", below, for additional details.

- **PEI and INN:** The Board of Supervisors approved specific actions on September 25, 2012. Please see the components "Prevention and Early Intervention (PEI)" and "Innovation (INN)", below, for additional details.

Community Services and Supports (CSS)

Component Definition

"Community Services and Supports" refers to service delivery systems for mental health services and supports for children and youth, transition age youth, adults, and older adults. [Title 9, California Code of Regulations § 3200.080.] There are four service categories under CSS: (1) Full Service Partnership (FSP); (2) General System Development; (3) Outreach and Engagement; and (4) Mental Health Services Act Housing Program. [Title 9, California Code of Regulations § 3615.] These programs provide direct services to adults who have a severe mental illness and children who have a severe mental illness or serious emotional disturbance.

Programs Continuing from FY 2011-12

Program 1: Youth and Family Strengthening Program

The Youth and Family Strengthening Program includes a range of outreach programs, treatment options and general services are provided for at-risk and under-served youth of all ages, including those who are not succeeding at school, those at risk for out-of-home placement, and those currently or previously involved with the juvenile justice system. The identified population of under-served youth includes Latino and Native American children and adolescents, youth in grades K-6 who are in foster-care or at risk of out-of-home placement, youth (aged 16-17), children and adolescents with mentally ill parents and those at risk of homelessness.

- ***Project 1a: Youth and Family Wraparound***

Wraparound services provide an individualized approach to meeting needs for mental health and support services to families with children who are at risk of out-of-home foster-care placement. Many, but not all, services are provided under contract with a local specialty mental health service provider. Prior to referral, children are assessed by County Mental Health clinicians and together with parents or guardians, specific services are determined. Services are aimed at helping El Dorado County youth avoid more restrictive and expensive placements, including group home placement, hospitalization and incarceration.

- ***Project 1b: Family Strengthening Academy***

The Family Strengthening Academy offers a range of promising, best, and evidence-based treatment strategies for children who have been diagnosed with a serious emotional disturbance and their families in a variety of settings. These programs are designed to promote family unification in a cost-effective manner, and include but are not limited to the Incredible Years parent program, Parent Project, Teaching Pro-Social Skills, and Trauma-Focused Cognitive Behavioral Therapy. MHSA funds may be used to provide a limited number of "scholarships" that allow uninsured or under-insured youth and families to participate. Food, household items, childcare and transportation to and from groups may be included in the services offered, addressing some barriers faced by families.

Program 2: Wellness and Recovery Services

Programs within the Adult Wellness and Recovery Services provide a continuum of care for adults of all ages. Outreach and engagement strategies aim to reach vulnerable adults, including older adults and transition age youth (18-25) who are homeless or at risk of homelessness or institutionalization. County residents who have been recognized as having untreated mental illness and those who are transitioning back into the community from institutional custody (e.g., jails, psychiatric hospitals) are also served by Adult Wellness and Recovery programs. In addition, these programs are intended to engage traditionally underserved populations, including adults with co-occurring disorders, the Latino and Native American populations, and those with a serious mental illness who have been living in out-of-county board and care homes and distanced from local services.

- ***Project 2a: Outreach and Engagement Services***

Mental health professionals, together with peer counselors, provide outreach and engagement services for individuals with serious mental illness who are homeless, in the jails, receiving services in primary care, have co-occurring disorders, and who require outreach to their homes in order to reach the at-risk adult population. Supports such as food, transportation assistance, and emergency shelter may be purchased.

Clarification Resulting from Public Comment: Funds from Project 2a: Outreach and Engagement will be utilized to assist clients in accessing services at the new location of the West Slope Mental Health Clinic and Wellness Center in Diamond Springs, California.

- ***Project 2b: Clubhouse and Wellness Centers***

The Clubhouse and Wellness Centers have been utilized as sites to engage vulnerable adults and at-risk individuals who might not otherwise seek mental health services. Individuals experiencing mental distress can be assessed and supported with brief interventions or appropriate referrals to community resources. In addition, the Clubhouse and Wellness Centers offer adult mental health clients a place to meet, socialize, and participate in client-centered and client-directed activities. These activities have included yoga and low-impact exercise classes, local outings, activities to develop cooking and other independent-living skills, peer support and recovery groups, music, art and crafts classes, games, and other recreational activities.

In recent months of FY 2012-13, the Clubhouse and Wellness Center has been receiving an average of 347 visits per month.

- ***Project 2c: Full Service Partnership (FSP) Services***

An FSP is defined by the California Code of Regulations, Title 9, Section 3200.130 as "the collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals." Adults may be eligible for this program if they have been diagnosed with a serious mental illness, have a related functional impairment that is or is likely to be disabling, and are at-risk of criminal justice involvement, homelessness, or psychiatric institutionalization. In El Dorado County, adults who are enrolled in the FSP program are provided with a highly individualized and community-based level of intensive case management.

Intervention strategies are modeled after Intensive Case Management (ICM), an evidence-based practice that has demonstrated effectiveness with adults who have been diagnosed with a serious mental illness. Upon elimination of the CRT Program, ICM was identified as one of two areas of focus for the funds previously committed to the CRT. ICM provides a high level of support to help clients live in the least restrictive environment possible, providing a bridge between inpatient and outpatient services. Support is available 24 hours a day, 7 days per week. Team members have specialties in psychiatry, psychology, nursing, social work, substance abuse treatment, vocational rehabilitation and community resourcing treatment services, rather than necessitating referrals to multiple programs. Services for each client are individualized, and staff work with clients in their homes, neighborhoods and other places where their problems and stresses arise and where they need support and skills.

A limited number of transitional housing beds and/or housing subsidies are also available for FSP clients, and in addition, food, household supplies and subsidies, activities and transportation may be funded.

In FY 2011-12, FSP funds were used primarily to provide intensive services to severely mentally ill El Dorado County adults in transitional houses or other apartments/cottages. This component seeks to consolidate dedicated partnerships between clients, family members, the public guardian, courts and housing providers to facilitate recovery and progress toward the least restrictive level of care.

- ***Project 2d: Resource Management Services***

Managers, supervisors or designees, as assigned, will develop key relationships and build access to resources for the consumers and families served (e.g., housing, vocational, educational, benefits eligibility and substance abuse treatment). MHSA-funded psychiatry time to serve un-insured MHSA clients and engage in general systems development planning to improve access and service delivery is included, as well. In part, the psychiatry time will be used to evaluate and re-design psychiatry services to be effective within our Wellness and Recovery Programs. This project also provides program evaluation and quality improvement oversight for the CSS programs. Funding needs include training and travel (e.g., in data management, quality improvement, and program evaluation) and the personnel, supplies and equipment necessary to

administer and score program evaluation, assessment and outcome measures. Food, equipment and supplies may be purchased, as well.

Discontinued Programs/Projects

Project 1c: Transitions Project (under Program 1: Youth and Family Strengthening Program)

Beginning in FY 2011-12, support for mental health treatment, discharge planning, and family reunification services for juveniles in-custody was being provided by other sources, including SAMHSA, the El Dorado County Probation Department, and County realignment funds. As a result, the MHSA Transitions Project was not funded in FY 2012-13.

Program 3: Crisis Residential Treatment (CRT) Facility

On December 11, 2012, HHSA received approval from the Board of Supervisors to eliminate the CSS Program 3 "Crisis Residential Treatment Facility" effective December 31, 2012.

The funds budgeted for CRT operations were to be re-directed to the establishment and funding of community housing options and the enhancement of community based services through the Intensive Case Management Team.

Planning and Development of Proposed New Programs

Community-Based Transitional Housing Options

Upon elimination of the CRT Program, the need for community-based transitional housing options was identified as one of two areas of focus for the funds previously committed to the CRT. Consumers, family members and service providers in El Dorado County have consistently identified housing needs of the seriously mentally ill as a priority. The County will explore opportunities for residential housing options that will allow consumers to remain in the County. Housing options may include board and care facilities that provide residential treatment services designed to prepare the consumer for independent living as well as the more traditional residential board and care facilities, along with transitional housing or other housing options that allow the individuals to remain in the County.

This housing differs from the CSS sub-component of Housing in that the funds under this area would not be used to acquire, rehabilitate or construct permanent supportive housing for clients with serious mental illness.

FY 2012-13 Budget

Of the total MHSA funding received by the County, eighty percent (80%) is allocated to CSS per the MHSA. Five percent of the total funding received for CSS and PEI must be allocated to Innovation. This results in net funding of 76% of the total MHSA allocation to CSS. There is no risk of reversion of CSS funds in FY 2012-13.

For more detail regarding MHSA allocations and expenditures, please see Attachment B.

Sub-Component: Community Services and Supports-Housing (CSS-Housing)

Sub-Component Definition

Housing is a sub-component of the Community Services and Supports component, the funds for which are administered through the California Housing Finance Agency, and are used to acquire, rehabilitate or construct permanent supportive housing for clients with serious mental illness and provide operating subsidies. [Title 9, California Code of Regulations § 3200.225]

Programs Continuing from FY 2011-12

- ***Program 1: West Slope – Sunset Lane Apartments, Shingle Springs***

MHSA housing funds were approved for use in the development of Sunset Lane Apartments, a 40-unit affordable housing community, in 2010. Five units will be dedicated to the El Dorado County MHSA housing program and will target households that are eligible for services under the MHSA Full Service Partnership (FSP) program.

Located on Sunset Lane near Mother Lode Drive and Highway 50 in the unincorporated community of Shingle Springs, this is the first permanent supported housing program in El Dorado County. The MHSA Housing Program represents a partnership between Mercy Housing California 55, serving as the housing developer, Mercy Services Corporation serving as the property manager and the HHSA Mental Health Division (MHD) to provide a supportive services program to the tenants of the MHSA units. MHSA tenants will be adults, aged 18 and over and be eligible to participate in an MHSA FSP.

Supportive services are designed to promote housing stability and support the consumer's recovery. Services will include peer and family support services, crisis intervention, individual service planning, consumer leadership development, independent living skills training, budget planning, mobility training and linkage to other existing supportive services.

Status of Housing Completion: Sunset Lane Apartments are slightly behind the original schedule for move-in due to State funding delays, an easement delay and winter weather hindering construction progress. Mercy Housing California 55 began construction in March of 2012, with completion of the project and occupancy anticipated in late 2013.

Discontinued Programs

None.

New Programs

- ***Program 2: East Slope – The Aspens at South Lake, South Lake Tahoe***

In January 2013, MHSA housing funds were approved by the Board of Supervisors for use in the development of The Aspens at South Lake, a 48-unit affordable housing community. Of the 48 units, one two−bedroom unit will be reserved for the resident manager, and 47 units will target low−income households earning 50% of the El Dorado County area median income and below. Six units will be dedicated to the El Dorado County MHSA housing program and will target households that are eligible for services under the MHSA FSP program. The MHSA services program will support The Aspens at South Lake to meet anticipated outcomes by supporting

MHSA participants to achieve wellness, allow for re-integration into the community, reduce hospitalizations and incarcerations, and increase employment.

The property is located at 3521 and 3541 Pioneer Trail, near the intersection of Ski Run Boulevard, in the City of South Lake Tahoe. This development represents a partnership between Pacific West Communities, Inc. serving as the housing developer, Cambridge Real Estate Services serving as property manager, SLT Pacific Associates, a CA LP as the property owner, and the HHSA MHD to provide a supportive services program to the tenants of the MHSA units.

The estimated total construction cost of the project is approximately $16 million. The project will be financed using a combination of State and federal funding, including State HOME, Low Income Housing Tax Credits, MHSA funding, and conventional financing. The request for MHSA funding for this program is $1,279,970 to be used as capital outlay for development ($948,770) and operating subsidies and administrative fees ($331,200).

Individuals targeted for the MHSA Housing Program units will be adults aged 18 to 59 with serious mental illness who have complex and long-term social and medical issues. Consideration will be given to adult individuals diagnosed with a serious mental illness who have minor children, and all MHSA tenants will have experienced homelessness or will be at risk of homelessness. It is anticipated that all of the tenants for the MHSA-designated units in the housing project will be HHSA MHD clients who are assessed as eligible for MHSA FSP outpatient services

The services and goals for The Aspens at South Lake will be developed in partnership with the tenants and will be client-directed utilizing a strengths-based approach. Services will include a FSP approach designed to promote housing stability and support consumers' recovery. These voluntary services will include, but not be limited to: outreach and engagement services, peer and family support services, crisis intervention, mental health assessment and evaluation, individual services planning, care coordination, independent living skills training, budget planning, consumer leadership development, and mobility training. Tenant services will also promote linkage to existing supportive systems, such as primary healthcare, employment services, educational services, assistance with food and clothing, mainstream benefits, addiction treatment services, and community building resources. Services will occur onsite, and in community and clinic-based settings with a frequency that is individually determined.

Status of Housing Completion: Construction is anticipated to start mid-2013 and is anticipated to take one year to complete.

FY 2012-13 Budget

Funding for the two developments continues to be from the original $2,276,500 in CSS-Housing funds allocated to the County in FY 2007-08 and assigned to CalHFA in June 2010. No additional funding for CSS-Housing has been received by the County.

Prevention and Early Intervention (PEI)

Component Definition

"Prevention and Early Intervention" refers to programs designed to prevent mental illnesses from becoming severe and disabling. The program shall emphasize improving timely access to services for underserved populations and include the following components: outreach to recognize early signs of potentially severe and disabling mental illnesses; access and linkage to medically necessary care; reduction in stigma associated with diagnosis of a mental illness or seeking mental health services; reduction in discrimination against people with mental illness. The PEI programs are to emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: (1) suicide; (2) incarceration; (3) school failure or dropout; (4) unemployment; (5) prolonged suffering; (6) homelessness; (7) removal of children from their homes. [MHSA, Section 4.]

Programs Continuing from FY 2011-12

The County has seven approved PEI projects that focus efforts on priority populations including youth and vulnerable adults, culturally-specific services (for Latino and Native American communities) and community education. The services and activities in each program will be continued in FY 2012-13, however the seven existing projects will be consolidated into the four program areas identified below.

Program 1: Youth and Children's Services Program

Youth and Children's Services Programs are designed to serve individuals age zero through 17 and their families.

On September 25, 2012, the Board of Supervisors approved funding the existing Primary Intervention Project (PIP) projects immediately through current providers. Contracts for new and/or expanded Youth and Children's Services will awarded through a competitive procurement process once the FY 2012-13 MHSA Plan Update is approved.

- ***Project 1a: Early Intervention Program for Youth (Previously Program 1)***

The Early Intervention Program for Youth provides screening for early identification, assessment and referrals to appropriate PEI Youth and Children's services as well as other Medi-Cal and MHSA-funded programs.

In FY 2011-12, this program served over 150 youth and children from the following school districts:

- Buckeye Union;
- El Dorado Union High School;
- Gold Trail Union;
- Mother Lode Union;
- Pioneer Union;
- Placerville Union;
- Pollock Pines Union; and
- Rescue Union.

- ***Project 1b: Primary Intervention Project (PIP) (Previously Program 2)***

The Primary Intervention Project (PIP), an evidence-based practice, is a partnership between the County and school districts. This program offers services including short-term, individual, non-directive play with a trained school aide for kindergarten through third-grade students who are at risk of developing emotional problems. The screening team determines those children who are at risk of developing emotional problems based on indications of difficulties experienced with adjustments in school.

This project served children and youth within the following school districts:

- Black Oak Mine Unified School District;
- Buckeye Union School District; and
- Lake Tahoe Unified School District.

- ***Project 1c: Incredible Years (Previously Program 3)***

The Incredible Years Program, an evidence-based practice, is a 12- to 14-week program that offers weekly parenting-skills classes to promote emotional and social capability, and reduce and treat behavioral and emotional problems in children ages two to twelve. A total of six Incredible Years courses were offered in FY 2011-12 county-wide.

Program 2: Community Education Project (Previously Program 4)

The PEI Community Education Program promotes community mental health through knowledge, education and skills training and seeks to increase the community's ability to promote mental health and understand mental illness through community education.

- ***Project 2a: Mental Health First Aid***

Just as CPR training helps an individual with no medical training assist another following a cardiac arrest, Mental Health First Aid training helps an individual assist someone experiencing a mental health crisis, such as considering suicide. In both situations, the goal is to help support an individual until appropriate professional help arrives. Upon completion of the training, participants receive a Mental Health First Aid certification that is valid for three years.

The 12-hour, interactive training includes:

- Identifying the potential risk factors and warning signs for a range of mental health problems, including depression, 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.

In FY 2011-12, eight Mental Health First Aid trainings were provided in the community, certifying over 150 individuals. HHSA anticipates providing at least nine trainings in FY 2012-13.

While training within the Tahoe Basin has been slow to develop, staff will continue to pursue avenues such as Lake Tahoe Community College, religious centers, and other community agencies and facilities for potential training opportunities.

Due to the tremendous community interest in this training, HHSA anticipates sending additional staff to the Mental Health First Aid instructor training and to obtain additional instructor certifications in the Youth Mental Health First Aid and/or the Rural Mental Health First Aid modules.

- ***Project 2c: Consumer Leadership Academy***

The Consumer Leadership Academy provides educational opportunities to inform and empower consumers to become involved in meaningful participation in the broader community. The academy includes peer-training, peer supportive skills training and training related to consumer leadership in the community. HHSA received positive responses from those who participated in the past in the various trainings and events.

- ***Project 2d: National Alliance on Mental Illness Training***

The National Alliance on Mental Illness (NAMI) serves to provide awareness, education and support as a means to encourage hope, health and a positive change in the community's mental health system. This group began in 1979 and represents families, friends and individuals affected by mental illness. Training opportunities provided by NAMI will be explored.

- ***Project 2e: Parents, Families, Friends of Lesbians and Gays Community Education***

Parents, Families, Friends of Lesbians and Gays (PFLAG) provides outreach, education and training to mental health providers and interested community members. PFLAG provides an opportunity for discussions about sexual orientation and gender identity and acts to create a society that is healthy and respectful of human differences. Its mission is to support differences, build understanding through community involvement, and provide education to reduce shame and support to end discrimination.

In FY 2012-13, informational packets will be purchased through the MHSA PEI funds and distributed throughout the community, including libraries and community mental health providers. Additionally, the five educational DVDs that PFLAG purchased in the spring of 2011 continue to remain available to community mental health providers for improving their knowledge of the subject and to share with their clients.

- ***Project 2f: Community Information Access***

The Community Access Site (CAS) is a free, web-based community education and information resource center for consumers of mental health services, family members and community stakeholders. Included on this site is a comprehensive library of interactive online courses for use by mental health professionals and the public. Topics include:

- Mental health;
- Addiction, treatment and recovery;
- Peer education;
- Workforce skills;
- Issues related to older adults; and

- Needs of returning veterans.

In addition, the CAS allows users to build, edit and store a personal Wellness Recovery Action Plan (WRAP). WRAP is a self-designed plan for staying well. It was developed for people who have experienced mental health difficulties, but has been found to be a useful tool for people with other medical conditions, and as a guide to improve interpersonal relationships and achieve life goals.

The County distributes bookmarks throughout the community, specifically to libraries and community partners, that promote the availability of the CAS site and there is a link to the CAS site from the County's Mental Health Division web site. The CAS website available at http://cas.essentiallearning.com/edcmhCAS/.

Program 3: Health Disparities Program (Previously Program 7)

Health disparities refer to differences between groups of people, including those with cultural and language differences. These dissimilarities can affect whether and how individuals access mental health services. El Dorado County has two approved Health Disparities projects.

- ***Project 3a: Wennem Wadati - A Native Path to Healing (Previously Program 5)***

Wennem Wadati – A Native Path to Healing Program addresses these differences for the county's Native American community. Wennem Wadati – A Native Path to Healing is a culturally specific strategy to outreach to the Native American population using a combination of early intervention strategies and traditional cultural teachings to engage and strengthen the mental health of youth and their families. In FY 2011-12, more than 250 individuals received services through the Foothill Indian Education Alliance.

- ***Project 3b: Latino Outreach***

The Latino Outreach project addresses these differences for the county's Latino community. The Health Disparities Initiative uses the Promotora model and provides outreach, engagement and early intervention services. The program served more than 775 unique clients in FY 2011-12 through services provided by the South Lake Tahoe Family Resource Center for the Tahoe Basin and Family Connections for the western slope of the county.

Procurement for new vendors will continue to be through a competitive procurement process.

Project Change Resulting from Public Comment: In certain circumstances, such as a lapse in services resulting from a vendor change, the El Dorado County Health and Human Services Agency, Mental Health Division, will utilize bilingual Mental Health staff to assist Spanish-speaking members of our community under the funding of Prevention and Early Intervention (PEI). Once the contract with the new vendor is fully executed, the County will arrange for client transitions to the new vendor and then cease to allocate staff time for direct client services to the Latino Outreach project.

Program 4: Wellness Outreach Program for Vulnerable Adults (Previously Program 6)

The PEI Wellness Outreach Program for Vulnerable Adults provides community-based outreach, engagement and early intervention services primarily for the county's older adult population.

- ***Project 4a: Home-Delivered Meals Outreach***

The MHSA Home-Delivered Meals Outreach collaborated with HHSA Community Services Senior Nutrition program to:

- provide education and training related to mental health issues to staff, volunteers, clients and community members;
- screen older adults and caregivers for depression; and
- provide brief treatment and/or referral as appropriate.

This model serves to decrease risk factors, increase protective factors and provide community-based support. Significant challenges have been faced in fully implementing this project: decrease in staffing resources, which has resulted in the MHD being unable to continue this program since early FY 2011-12, and resistance from some Senior Nutrition participants regarding receiving mental health services.

Serving the needs of our older adult and vulnerable adult population is a priority for the County and this program will be revisited to develop and implement a more effective model.

- ***Project 4b: Wellness Outreach Ambassadors and Linkage to Clubhouse Memberships***

The partnership with the Wellness Center enables individuals who would traditionally not be eligible for mental health services, to receive services. These individuals must meet the following criteria to be eligible for this program:

- The individual is seeking mental health services;
- The individual does not meet the criteria to enter the mental health system; and
- The individual would benefit from working with an Early Intervention Clinician for early mental health intervention and connecting with appropriate community agencies.

In FY 2012-13, this program will continue, as well as provide additional training, such as Suicide Awareness and Prevention Training for County staff, consumers and community members.

Discontinued Programs

- ***Project 2b: Parenting Wisely***

This parent-training program is directed to parents with children ages five to 18. The Parenting Wisely Program uses an interactive CD that parents can use at home. This program seeks to help families improve relationships and decrease conflict by improving parenting skills, family communication, support, supervision and discipline. The MHD purchased four sets of CDs, two in English and two in Spanish. Two sets, one in each language, remain available to borrow at the Placerville Mental Health Outpatient office and at the South Lake Tahoe Mental Health site, but demand for these CDs has been low. Therefore, no additional resources will be directed to this project.

Proposed New Programs

- ***Other Evidence-Based Youth and Children's Services***

In addition to the Youth and Children's Services projects identified above, other evidenced-based practices may be provided to youth and their families as determined by the MHD or contracted clinician to best meet the needs of the child and their families, and as identified through a competitive procurement process.

FY 2012-13 Budget

Of the total MHSA funding received by the County, twenty percent (20%) is allocated to PEI per the MHSA. Five percent of the total funding received for CSS and PEI must be allocated to Innovation. This results in net funding of 19% of the total MHSA allocation to PEI. Although there is a reversion risk of $216,059 in PEI funds this fiscal year, actual expenditures are anticipated to exceed that amount and thus no funds will revert in FY 2012-13.

For more detail regarding MHSA allocations and expenditures, please see Attachment B.

Sub-Component: Prevention and Early Intervention-Training, Technical Assistance and Capacity Building (PEI-TTACB)

Sub-Component Definition

PEI Training, Technical Assistance and Capacity Building funds are primarily intended to be used to improve the capacity of local partners as well as County staff and individuals who participate or are involved with the development, implementation and evaluation of prevention and early intervention work plans, programs and activities.

Programs Continuing from FY 2011-12

The County remains committed to the development and implementation of a community capacity building strategies that strengthen community's abilities to provide resources and support to improve the well-being of their members. In FY 2012-13, El Dorado County will evaluate the progress to date and engage the community in planning its continued community capacity building efforts.

Discontinued Programs

None.

New Programs

None.

FY 2012-13 Budget

MHSA no longer provides funding for PEI-TTACB activities. The County continues to operate this program through funds previously received and remaining as a fund balance. If actual expenditures in PEI-TTACB do not meet or exceed $16,959 in FY 2012-13, there is a risk for reversion of the difference between $16,959 and actual expenditures.

For more detail regarding MHSA allocations and expenditures, please see Attachment B.

Sub-Component: Prevention and Early Intervention-Statewide Projects

In 2007, the MHSOAC approved various Statewide Prevention and Early Intervention (PEI) Projects and corresponding funding amounts. In May 2008, the MHSOAC determined that the following three Statewide PEI Projects would be most effectively implemented through a single administrative entity:

1. Suicide Prevention

2. Student Mental Health Initiative

3. Stigma and Discrimination Reduction

A number of California counties, including El Dorado County, joined CalMHSA, an Independent Administrative and Fiscal Governments Agency focused on the delivery of the Statewide PEI Projects. As a CalMHSA member, El Dorado County's Statewide PEI Program Component Allocation is assigned directly to CalMHSA to implement these three projects.

Through CalMHSA, resources can be maximized for the most efficient purchasing of products, such as materials translated into threshold languages for target populations, or services, such as technical assistance, and completion of administration requirements, such as reporting. CalMHSA provides a mechanism at the Statewide level for counties to collectively represent their best interests and will act as a planning body representing counties for Statewide projects.

FY 2012-13 Budget

El Dorado County's Statewide PEI Program Component Allocation is provided to CalMHSA directly from the State. CalMHSA budgets may be found online at: http://calmhsa.org/documents/finance/.

Workforce Education and Training (WET)

Component Definition

"Workforce Education and Training" includes education and training programs and activities for prospective and current Public Mental Health System employees, contractors and volunteers. "Public Mental Health System" means publicly-funded mental health programs/services and entities that are administered, in whole or in part, by the State or County. It does not include programs and/or services administered in or by correctional facilities. [Title 9, California Code of Regulations §§ 3200.320 and 3200.253] 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.

Mental Health Workforce

El Dorado County is designated as a Mental Health Professional Shortage Area (HPSA) by the U.S. Department of Health and Human Services, Health Resources and Services Administration. A HPSA is an area that has a been designated as having a shortage of professionals in the health industry, and more specifically in the mental health field within El Dorado County. Designation as a HPSA provides jurisdictions with specific benefits, such as additional Medicare payments to

providers, education loan relief for medical service providers, and waiver of certain J-1 visa requirements related to temporary employment in certain specialty occupations.

The County has struggled to recruit and retain qualified Mental Health staff, especially Psychiatrists, Mental Health Clinicians and bilingual staff. Public planning meetings for the FY 2013-14 Plan Update will include exploration as to how the remaining WET funds may be utilized to alleviate these staffing challenges. Current WET programs focus primarily on providing adequate training to current County MHD staff.

Programs Continuing from FY 2011-12

Program 1: Workforce Education and Training (WET) Coordinator

HHSA continues to maintain the WET Coordinator role. While this role was originally identified as a 1.0 FTE position, the reduction in WET projects over the years has resulted in this role now being held by the MHSA Program Manager, supported by other administrative and program staff. The role of the WET Coordinator continues to be to:

- coordinate WET activities, including recruitment and retention;
- participate in regional partnerships;
- address the priority need of improving the linguistic and cultural capacity of our public mental health workforce;
- provide leadership for the implementation of the locally identified WET funding priorities; and
- based upon the community input received, develop goals of the workforce development program, expand capacity, and identify career enhancement opportunities.

Program 2: Workforce Development

Continual workforce development is key to providing effective mental health services. Workforce development includes training and retaining current staff and recruiting new staff.

- The County continues to identify training opportunities for HHSA staff to improve mental health practices, including cultural and linguistic competency.

- The County contracted with Essential Learning (now operating under Relias Learning) to provide a web-based CAS that provides clinical and health education training, including a comprehensive library of online courses, some of which have been approved by the California Board of Behavioral Sciences to provide the Continuing Education Units (CEUs) required for professional licensure.

- To encourage mental health professionals to work in El Dorado County, the County participates in a student loan repayment program through the Mental Health Loan Assumption Program (MHLAP) administered by the California Office of Statewide Health Planning and Development. In 2011/2012, five applications were submitted for the MHLAP program and four individuals were selected for loan repayment awards.

Workforce development opportunities will continue to be identified in FY 2012-13.

Program 3: Psychiatric Rehabilitation Training

The Psychiatric Rehabilitation training package, client workbooks, guides for program leaders, and curriculum materials were purchased from Boston University in June, 2010. Full implementation of this program has not yet occurred.

Discontinued Programs

Program 4: Rural Mental Health MSW Weekend Program at California State University, Sacramento

In August 2009, four students from El Dorado County were admitted to the Rural Mental Health MSW Weekend Program at California State University, Sacramento, and began classes in the Rural Mental Health Weekend program. Their course and field work continued over the next three years, and the students completed their MSW degree requirements in May, 2012.

Program 5: Consumer, Family Member and Volunteer Program

Staffing shortages have resulted in an inability to support this program as it is currently designed. A program that will address the needs of isolated older adults will be explored during the FY 2013-14 plan development process.

Proposed New Programs

Crisis Intervention Training (CIT)

Crisis Intervention Training (CIT) is designed to help law enforcement and other emergency services personnel to appropriately interact with individuals with mental illness during a crisis event. HHSA will explore options for CIT training.

FY 2012-13 Budget

MHSA no longer provides funding for WET activities. The County continues to operate this program through funds previously received and remaining as a fund balance. There is no risk of WET fund reversion in FY 2012-13.

For more detail regarding MHSA allocations and expenditures, please see Attachment B.

Capital Facilities and Technology (CFTN)

Component Definition

"Capital Facilities and Technology" are items necessary to support the development of an integrated infrastructure and improve the quality and coordination of care that will transform the mental health system and support the goals of MHSA.

Programs Continuing from FY 2011-12

Program 1: Electronic Health Record System Implementation

An Electronic Health Record (EHR) is similar to a paper medical record or file that is stored in a filing cabinet. However, the EHR is stored electronically as a file on the computer that is accessible through any of the MHD's computers. The EHR enables the MHD to safely and securely access a client's medical record and have the information follow the client to his/her

various appointments. This eliminates the need to have a client's record hand-delivered between locations and reduces the number of times a client will be asked to provide personal health information. The use of electronic mental health records will enhance communication between treating health care professionals, thus promoting coordination of mental and physical health care needs. With an EHR, providers spend less time repeatedly documenting client information, which will allow providers to spend more time delivering services.

- ***Project 1a: Avatar Clinical Workstation***

The purchasing of hardware and software and obtaining the necessary support for the EHR system implementation continues. The MHD selected a Netsmart product called Avatar Clinical Workstation (CWS) as the EHR system, with an enhanced application known as MyAvatar that streamlines the system's user interface. Although the initial Three-Year Program and Expenditure Plan identified specific hardware and software resources, some adjustment to the initial specifications may have been required due to changes in technology and additional system needs identified during implementation.

Status of Project Implementation: The initial Three-Year Program and Expenditure Plan estimated the EHR system would be fully implemented by February 2012. This implementation date was later updated to reflect a "go-live" date of December 2012/January 2013. Currently, Children and Adult Services in Placerville implemented the EHR system in January and February of 2013, respectively, and staff from the Psychiatric Health Facility and the South Lake Tahoe HHSA MHD office are currently receiving training on the EHR system, and are anticipated to go-live mid-2013.

During the implementation process, HHSA has encountered some challenges, the biggest of which has been staffing resources, which delayed the full implementation of the EHR system. However, these staffing challenges have now been adequately addressed and the project is on target. Additionally, as with any new software system, there is an initial learning curve that slows productivity while staff fully adjust to the new system. However, this is a temporary challenge that will correct itself as staff work within the system.

Notable successes to date are updated and standardized business processes and assessments, resulting in practices that are more efficient. For example, intake previously had two processes, one for adults and a separate process for children. Now streamlined into one process, all intake staff provide more efficient intake services to clients. Additionally, the EHR system provides for centralized, electronic appointment scheduling, improved reporting capabilities (e.g., client no shows and appointment cancellations, caseloads, service levels, management reports) and more timely access to client information.

- ***Program 1b: Electronic Outcome Measurement Tools***

Electronic Outcome Measurement Tools (formerly Project 3) were incorporated under the EHR System Implementation Project in the FY 2011-12 Plan Update because assessment and outcome measurement tools can be included inside of the EHR system.

HHSA MHD identified the client assessment tool of Level of Care Utilization System (LOCUS) for adults, and the Child and Adolescent level of Care Utilization System (CALOCUS) for children. The LOCUS for adults and the CALOCUS for children are quantifiable measures to guide assessment, level of care placement decisions, continued stay criteria and clinical

outcomes. These assessment tools provide a common language and establish standards to make judgments and recommendations meaningful and sufficiently sensitive to distinguish appropriate needs and services for each individual client. The collaboration between the clinician and the client to accomplish the input will develop services and processes that will facilitate recovery.

The initial Three-Year Program and Expenditure Plan identified the outcome measurement tool for adults as the CIOM (Clinically Informed Outcomes Management) and the Y-OQ® software package for children. The CIOM is client completed and reports their perception of functional progress and service satisfaction and Y-OQ® will assist clinicians to track the actual change in the client's functioning based upon normative data. However, the electronic versions of these outcome measurement tools were not available electronically at that time.

Status of Project Implementation: LOCUS and CALOCUS have been implemented as the client assessment tools. CIOM and Y-OQ® have not yet been implemented. Additional assessment and outcomes measurement tools will be evaluated based upon ease of use for both clients and providers.

Program 2: Telemedicine

El Dorado County is designated as a Mental Health Professional Shortage Area by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HPSA) and has historically struggled with recruiting psychiatrists to work in El Dorado County. The County's large geographic area makes it difficult to provide face-to-face services in some remote areas of our County. To address this issue, El Dorado County began providing psychiatry services using a telemedicine format in 2009. Telepsychiatry allows psychiatrists to provide psychiatric services using videoconferencing technology, allowing clients and psychiatrists to see and hear one another through a monitor. This provides clients who are unable to travel to the psychiatrist's office or who live in areas not staffed by a psychiatrist to obtain needed psychiatric service.

The approved project included two sets of videoconferencing equipment, one for Placerville and one for South Lake Tahoe. In February of 2012, the South Lake Tahoe HHSA Mental Health office relocated into a County-owned building, which has adequate videoconferencing equipment. While the purchase of one set of videoconferencing equipment will no longer be needed, additional technology support, including networking equipment and wiring, will be necessary to support the existing telemedicine services.

The MHD contracted with psychiatrists to provide telemedicine services. In calendar years 2011 and 2012, more than 125 unique clients were served via telemedicine through this contract alone. This is a new experience for some clients and initially some clients may be hesitant about using the new technology. Most clients embrace it, demonstrating a successful outcome of this portion of the project.

Program 3: Electronic Care Pathways

A Care Pathway is a set of standardized rules for inter-agency shared case management that connects clients to health care services, facilitates the sharing of information and provides clarity to providers in client transitions between agencies. The initial phase focused on the development, design and implementation of a series of bi-directional, paper-based Care

Pathways to facilitate inter-agency linkage for adults faced with mental distress and co-occurring substance abuse or chronic disease issues, and/or who are at risk of homelessness. Electronic Care Pathways automates this process throughout the system, creates a more transparent, and structured referral process.

An electronic Care Pathway will allow us to build upon these initial efforts by automating the paper care pathways resulting in a more efficient system of referral and information sharing. Upon implementation of the EHR system, HHSA MHD will reassess this for integration into the EHR system.

Discontinued Programs

None.

New Programs

None.

FY 2012-13 Budget

MHSA no longer provides CFTN funding. The County continues to operate this program through funds previously received and remaining as a fund balance. There is no risk of CFTN fund reversion in FY 2012-13.

For more detail regarding MHSA allocations and expenditures, please see Attachment B.

Innovation (INN)

Component Definition

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

(A) Increase access to underserved groups.
(B) Increase the quality of services, including measurable outcomes.
(C) Promote interagency and community collaboration.
(D) Increase access to services.

and support innovative approaches by doing one of the following:

(A) Introducing new mental health practices or approaches, including, but not limited to, prevention and early intervention.
(B) Making a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
(C) Introducing a new application to the mental health system of a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

Innovation plans must be approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) prior to the expenditure of funds in this component. If an innovative project has proven to be successful and a county chooses to continue it, the project shall transition to another category of funding. [MHSA, Section 9.]

Programs Continuing from FY 2011-12

None.

Discontinued Programs

Program 1: Closing the Gap through Community Capacity Building

The El Dorado County Innovation Plan – "Closing the Gap through Community Capacity Building" – was approved in June of 2011 and was slated to end in June of 2014. The plan was proposed to test whether the use of Navigators to develop and improve collaboration between health providers and the natural systems of support that exist within our communities would close the gap between service needs and publicly-funded resources for mental health services.

In May 2012, the HHSA Mental Health Division held community planning meetings specifically to solicit feedback on the current Innovation Plan and strategies for planning future Innovation projects. Supported by community feedback, it was approved by the Board of Supervisor on September 25, 2012 that no further funds would be expended on "Closing the Gap through Community Capacity Building" in FY 2012-13, and the County would proceed with the planning process in FY 2012-13 to establish a new Innovation Plan for implementation in FY 2013-14.

Unexpended funds that had been allocated for FY 2012-13 and 2013-14 will be made available for use in future plans. In 2013, the HHSA Mental Health Division will hold community planning meetings to develop a new Innovation Plan for implementation in FY 2013-14.

New Programs

None. HHSA will initiate the public participation process for the FY 2013-14 MHSA Plan Update, which will include gathering community input for development of a new MHSA Innovation Plan(s) for FY 2013-14.

FY 2012-13 Budget

Of the total MHSA funding received by the County for CSS and PEI, five percent (5%) of the funding is allocated to Innovation. There is no risk of INN fund reversion in FY 2012-13.

For more detail regarding MHSA allocations and expenditures, please see Attachment B.

County Certification Forms

Please see attached certification forms.

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: El Dorado County

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Janet Walker-Conroy, Interim Director	Name: Joe Harn, Auditor-Controller
Telephone Number: (530) 642-7272	Telephone Number: (530) 621-5487
E-mail: jan.wconroy@edcgov.us	E-mail: joe.harn@edcgov.us
Local Mental Health Mailing Address: 670 Placerville Drive, Suite 1B Placerville, CA 95667	**Executed Certificaton Page Pending**

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 other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Janet Walker-Conroy, Interim Director
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 the attached report is true and correct to the best of my knowledge.

Joe Harn
County Auditor Controller / City Financial Officer (PRINT)

_____ _____
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

MHSA COUNTY COMPLIANCE CERTIFICATION

County: El Dorado County

Local Mental Health Director	Program Lead
Name: Janet Walker-Conroy, Interim Director	Name: Ren Scammon
Telephone Number: (530) 642-7272	Telephone Number: (530) 621-6340
E-mail: jan.wconroy@edcgov.us	E-mail: ren.scammon@edcgov.us
County Mental Health Mailing Address: 670 Placerville Drive, Suite 1B Placerville, CA 95667	

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 July 16, 2013.

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.

Janet Walker-Conroy, Interim Director _____

Local Mental Health Director/Designee (PRINT) Signature Date

County: El Dorado County

Date: _____

MHSA 2012-13

Exit this survey

1. Please rate the importance of increasing outreach and mental health services provided to each of the following populations:

	Not a Priority	Low Priority	Medium Priority	High Priority	Extremely High Priority
Homeless adolescents, adults, and families	○	○	○	○	○
People who have experienced domestic violence or other trauma	○	○	○	○	○
Older adults and home-bound individuals	○	○	○	○	○
Adults with mental illness who are being released from jail	○	○	○	○	○
Adolescents with behavioral problems	○	○	○	○	○
Younger children with behavioral problems	○	○	○	○	○

Other (please specify)

2. Please rate the importance of providing or improving the following services for mental health clients:

	Not a Priority	Low Priority	Medium Priority	High Priority	Extremely High Priority
Housing assistance or support	○	○	○	○	○
Vocational and job training services	○	○	○	○	○

Educational support	○	○	○	○	○
Social and recreational activities	○	○	○	○	○
Treatment for drug and alcohol addiction	○	○	○	○	○
Improved availability of psychiatric services (in-person access, reduce wait time)	○	○	○	○	○
Other health services (physical health, dental, vision)	○	○	○	○	○

Other (please specify)

3. Please rate the level of services CURRENTLY available and appropriate for each of the following client groups:

	Less than Needed	About Right	More than Needed	Uncertain / No Opinion
Children (15 years and younger)	○	○	○	○
Adolescents and younger adults (16 - 25 years)	○	○	○	○
Adults (26 - 59 years)	○	○	○	○
Older adults (60 years and older)	○	○	○	○
Ethnic minority populations (Hispanic/Latino clients, Native Americans, Asian and Pacific Islander populations, etc.)	○	○	○	○
Other minority				

cultural groups (Veterans, LGBTQ, etc.)	○	○	○	○

Other (please specify)

4. What are the most important issues in El Dorado County that prevent people from receiving appropriate mental health treatment?

	Rarely a Barrier	Sometimes a Barrier	Often a Barrier	Uncertain / No Opinion
Transportation	○	○	○	○
Stigma	○	○	○	○
Difficulty qualifying for services	○	○	○	○
No insurance / unable to pay for services	○	○	○	○
Culture and language differences	○	○	○	○
Lack of trust or concerns about quality of care	○	○	○	○
Registration, scheduling, or waiting lists	○	○	○	○
Community awareness about mental illness, treatment, and services available is lacking	○	○	○	○
Client involvement in designing programs and planning treatment is lacking	○	○	○	○

Other (please specify)

Attachment A

5. Please describe the mental health service priorities or barriers (up to five) that you think are most important or most urgently needed in El Dorado County, including your recommendations for how to meet these needs:

6. Please provide your 5-digit Zip Code:

7. Which best describes you?

- ○ Mental Health Client / Consumer
- ○ Family member of a mental health consumer
- ○ County mental health provider/employee
- ○ Mental health provider/employee in a private or non-profit agency
- ○ Community member employed in a social service field or public agency other than mental health (example: education, health care, law enforcement)
- ○ Community volunteer in a mental health or social service organization
- ○ Community member with no personal connection to mental health or social services
- ○ Decline to state

8. Please indicate your race/ethnicity (check all that apply).

- ☐ African American
- ☐ Asian American/Pacific Islander
- ☐ Hispanic/Latino
- ☐ Native American
- ☐ White/Caucasian
- ☐ Other racial or ethnic heritage

☐ Decline to State

9. Please indicate your age group:

- ○ 15 years or under
- ○ 16 – 25 years
- ○ 26 – 59 years
- ○ 60 years or older
- ○ Decline to State

10. OPTIONAL: If you would like to receive the results of this survey or to receive future MHSA updates, please provide your email address.

Done

County: El Dorado County

Yellow highlight = Updated from original estimates

Date: Revised 05/29/2013

	MHSA Funding							
	CSS	WET	CFTN	PEI	PEI-TTACB	INN	Local Prudent Reserve	Total FY 2012/13 Funding
A. Estimated FY 2012/13 Funding								
1. Estimated Unspent Funds from Prior Fiscal Years	$1,462,674	$376,100	$1,411,011	$593,560	$43,800	$769,337		$4,656,483
2. Estimated New FY 2012/13 Funding	$4,096,065			$1,024,016		$269,478		$5,389,559
3. Transfer in FY 2012/13[a/]								-
4. Funding from Other Sources (Medi-Cal, other insurance)	$1,025,000							$1,025,000
5. Access Local Pruduent Reserve in FY 2012/13								-
6. Estimated Available Funding for FY 2012/13:	**$6,583,739**	**$376,100**	**$1,411,011**	**$1,617,576**	**$43,800**	**$1,038,815**		**$11,071,042**
CSS - Program 1: Youth and Family Strengthening Program								-
Project 1a: Youth and Family Wraparound	$450,000							$450,000
Project 1b: Family Strengthening Academy	$350,000							$350,000
CSS - Program 2: Wellness and Recovery Services								-
Project 2a: Outreach and Engagement Services	$25,000							$25,000
Project 2b: Clubhouse and Wellness Centers	$500,000							$500,000
Project 2c: Full Service Partnership (FSP) Services	$1,500,000							$1,500,000
Project 2d: Resource Management Services	$50,000							$50,000
CSS - Program 3: Crisis Residential Treatment Facility	$800,000							$800,000
CSS Appropriation for Contingencies	*$2,908,739*							$2,908,739
PEI - Program 1: Youth and Children's Services Program								-
Project 1a: Early Intervention Program for Youth (Previously Program 1)				$260,000				$260,000
Project 1b: Primary Intervention Project (PIP) (Previously Program 2)				$215,000				$215,000
Project 1c: Incredible Years (Previously Program 3)				$50,000				$50,000
PEI - Program 2: Community Education Project (Previously Program 4)								-
Project 2a: Mental Health First Aid				$40,000				$40,000
Project 2c: Consumer Leadership Academy				$10,000				$10,000
Project 2d: National Alliance on Mental Illness Training				$7,500				$7,500
Project 2e: Parents, Families, Friends of Lesbians and Gays Community Education				$5,000				$5,000
Project 2f: Community Information Access				$12,000				$12,000
PEI - Program 3: Health Disparities Program (Previously Program 7)				$10,000				$10,000
Project 3a: Wennem Wadati - A Native Path to Healing (Previously Program 5)				$105,760				$105,760

County: El Dorado County

Yellow highlight = Updated from original estimates

Date: Revised 05/29/2013

	MHSA Funding							
	CSS	**WET**	**CFTN**	**PEI**	**PEI-TTACB**	**INN**	**Local Prudent Reserve**	**Total FY 2012/13 Funding**
Project 3b: Latino Outreach				$204,230				$204,230
PEI - Program 4: Wellness Outreach Program for Vulnerable Adults (Previously Program 6)								-
Project 4a: Home-Delivered Meals Outreach				$30,000				$30,000
Project 4b: Wellness Outreach Ambassadors and Linkage to Clubhouse Memberships				$50,000				$50,000
PEI Appropriation for Contingencies				*$618,086*				$618,086
PEI TTACB					$43,800			$43,800
WET - Program 1: Workforce Education and Training (WET) Coordinator		$75,000						$75,000
WET - Program 2: Workforce Development		$60,000						$60,000
WET - Program 3: Psychiatric Rehabilitation Training		$5,500						$5,500
WET Appropriation for Contingencies		*$235,600*						$235,600
Innovation						$25,000		$25,000
Innovation Appropriation for Contingencies						*$1,013,815*		$1,013,815
CFTN - Program 1: Electronic Health Record System Implementation			$600,000					$600,000
Program 1a: Electronic Outcome Measurement Tools			$10,000					$10,000
CFTN - Program 2: Telemedicine			$10,000					$10,000
CFTN - Program 3: Electronic Care Pathways			$10,000					$10,000
CFTN Appropriation for Contingencies			*$781,011*					$781,011
B. Estimated FY 2012/13 Expenditures:	**$3,865,000**	**$45,000**	**$943,000**	**$674,990**	**$1,500**	**$10,000**		**$5,539,490**
CSS - Program 1: Youth and Family Strengthening Program								-
Project 1a: Youth and Family Wraparound	$450,000							$450,000
Project 1b: Family Strengthening Academy	$350,000							$350,000
CSS - Program 2: Wellness and Recovery Services								-
Project 2a: Outreach and Engagement Services	$250,000							$250,000
Project 2b: Clubhouse and Wellness Centers	$500,000							$500,000
Project 2c: Full Service Partnership (FSP) Services	$1,500,000							$1,500,000
Project 2d: Resource Management Services	$15,000							$15,000
CSS - Program 3: Crisis Residential Treatment Facility	$800,000							$800,000
PEI - Program 1: Youth and Children's Services Program				$300,000				$300,000
Project 1a: Early Intervention Program for Youth (Previously Program 1)								-
Project 1b: Primary Intervention Project (PIP) (Previously Program 2)								-
Project 1c: Incredible Years (Previously Program 3)								-

County: El Dorado County

Yellow highlight = Updated from original estimates

Date: Revised 05/29/2013

	MHSA Funding							
	CSS	WET	CFTN	PEI	PEI-TTACB	INN	Local Prudent Reserve	Total FY 2012/13 Funding
PEI - Program 2: Community Education Project (Previously Program 4)				$40,000				$40,000
Project 2a: Mental Health First Aid								-
Project 2c: Consumer Leadership Academy								-
Project 2d: National Alliance on Mental Illness Training								-
Project 2e: Parents, Families, Friends of Lesbians and Gays Community Education								-
Project 2f: Community Information Access								-
PEI - Program 3: Health Disparities Program (Previously Program 7)				$10,000				$10,000
Project 3a: Wennem Wadati - A Native Path to Healing (Previously Program 5)				$105,760				$105,760
Project 3b: Latino Outreach				$204,230				$204,230
PEI - Program 4: Wellness Outreach Program for Vulnerable Adults (Previously Program 6)				$15,000				$15,000
Project 4a: Home-Delivered Meals Outreach								-
Project 4b: Wellness Outreach Ambassadors and Linkage to Clubhouse Memberships								-
PEI - TTACB					$1,500			$1,500
WET - Program 1: Workforce Education and Training (WET) Coordinator		$20,000						$20,000
WET - Program 2: Workforce Development		$20,000						$20,000
WET - Program 3: Psychiatric Rehabilitation Training		$5,000						$5,000
Innovation						$10,000		$10,000
CFTN - Program 1: Electronic Health Record System Implementation			$932,000					$932,000
Program 1a: Electronic Outcome Measurement Tools			$3,000					$3,000
CFTN - Program 2: Telemedicine			$5,000					$5,000
CFTN - Program 3: Electronic Care Pathways			$3,000					$3,000
C. REVISED - Estimated FY 2012/13 Contingency Funding	$2,718,739	$331,100	$468,011	$942,586	$42,300	$1,028,815		$5,531,552
C. ORIGINAL - Estimated FY 2012/13 Contingency Funding	$914,990	$338,111	$497,012	$1,074,901	$21,659	$996,436		$3,843,109

[a] Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

County: El Dorado County

Yellow highlight = Updated from original estimates

Date: Revised 05/29/2013

	MHSA Funding							
	CSS	WET	CFTN	PEI	PEI-TTACB	INN	Local Prudent Reserve	Total FY 2012/13 Funding
D. Estimated Local Prudent Reserve Balance								
1. Estimated Local Prudent Reserve Balance on June 30, 2012		$1,898,284						
2. Contributions to the Local Prudent Reserve in FY12/13		$0						
3. Distributions from Local Prudent Reserve in FY12/13		$0						
4. Estimated Local Prudent Reserve Balance on June 30, 2013		$1,898,284						