Emerald Bay, Lake Tahoe

EL DORADO COUNTY

MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM AND EXPENDITURE PLAN

FISCAL YEARS 2020/21 – 2022/23

Table of Contents

MHSA County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: _____

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
Local Mental Health Mailing Address:	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

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

_____ _____
Local Mental Health Director (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, _____, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated _____ for the fiscal year ended June 30,_____. I further certify that for the fiscal year ended June 30,_____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

_____ _____
County Auditor Controller / City Financial Officer (PRINT) Signature Date

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

MHSA County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: _____

☐ Three-Year Program and Expenditure Plan
☐ Annual Update

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

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

_____ _____
Local Mental Health Director (PRINT) Signature Date

Message from the Director

This Fiscal Year 2020/21 – 2022/23 Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (Plan) represents stakeholder and community input on services that reflect the MHSA core values of integrated services with a focus on wellness, recovery, and resiliency. Additionally, services are client-driven, family-focused, culturally competent, and incorporate community collaboration.

The El Dorado County Health and Human Services Agency, Behavioral Health Division, is pleased to continue to provide projects that have become essential to our community through the years. We are excited to expand some of the projects and to introduce new projects, such as the Forensic Access and Engagement Project, and the recently-approved Innovation project, Partnership Between Senior Nutrition and Behavioral Health to Reach Home-bound Older Adults in Need of Mental Health Services. As a result of new MHSA legislation, we also are pleased to expand our Community Services and Supports component to include providing services to individuals with criminal justice involvement.

As MHSA continues to evolve, our Behavioral Health Division strives to ensure services are of the utmost quality and that they are provided in a fiscally responsible manner.

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

Sincerely,

Don Semon, Director
El Dorado County Health and Human Services Agency

Executive Summary

History of MHSA

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

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

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

Substantial Changes in this FY 2020/21-2022/23 Three-Year Program and Expenditure Plan compared to the FY 2017/18 – 2019/20 Three-Year Program and Expenditure Plan

The MHSA Act establishes five (5) MHSA components that address specific priority populations and key community mental health needs. The 2020 revision of the Mental Health Services Act describes the components as follows:

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

   Twenty percent (20%)[1] of MHSA funding must be used for prevention and early intervention projects and of that, at least fifty-one percent (51%) of the funding shall be used on projects for youth age 25 and younger.

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

   - Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors. Goods and services may include, but are not limited to, transportation assistance, motel/hotel/rent payments, emergency food purchases, vehicle maintenance, repairs and upgrades, and resource materials.

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

- Expand the Psychiatric Emergency Response Team (PERT) under the Community-based Outreach and Linkage Project from one (1) clinician partnered with an El Dorado County Sheriff Deputy to two (2) clinicians (if justified by data and staffing availability allows for two (2) PERT clinicians). The additional clinician will enable the PERT program to expand the days and hours of coverage, as dictated by data.

- Friendly Visitor: This is a new program that complements the Senior Peer Counseling Program under the Older Adult Enrichment Projects. At the conclusion of Senior Peer Counseling, or when an individual is identified to need additional mental health support that does not rise to the level of peer counseling, the Friendly Visitor program is available to provide visits to isolated, home-bound older adults.

- Primary Project: Formerly known as the Primary Intervention Project, this project was expanded to include children in transitional kindergarten and will now follow the Primary Project protocol, versus the Primary Intervention Project (PIP) protocol.

- Forensic Access and Engagement: This is a new project that complements the Community Services and Supports (CSS) Component/Full Service Partnership Programs. The project will focus on mental health linkage and other referrals for individuals with criminal justice involvement.

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

   Eighty percent (80%) of MHSA funding must be used for community services and support projects and of that, the majority (i.e., fifty-one percent [51%]) of the funding shall be used on Full Service Partnerships[2].

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

   - Full Service Partnership Projects – FSP Forensic Services: Individuals involved in the criminal justice system may receive additional services and supports from a collaborative team approach, including but not limited to, Behavioral Health, Courts, Probation, Sheriff, and Jails.

   - Stipends for Peer Leaders: This focus under Wellness and Recovery Services / Adult Wellness Center Project seeks to provide stipends for individuals who successfully complete Behavioral Health's Peer Leadership Academy and then participate in Behavioral Health as Peer Leaders.

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

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

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

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

   - Community-Based Engagement and Support Services (Community Hubs) – On February 27, 2020, the MHSOAC approved the Community Hubs Innovation modification request. The program was modified to extend the end date of the program from September 2020 to June 30, 2021, and increase the funding by $250,000, for a total of $3,010,021. Additionally, the approved fiscal provisions include rolling forward and expending previously unspent Community Hubs Innovation funding. Further modifications include changes to staffing allocations, and funding for improved technology to better capture data.

   - Partnership between Senior Nutrition and Behavioral Health to Reach Home-bound Older Adults in Need of Mental Health Services – This is a newly approved program with the goal of using a mobile approach to reach geographically isolated older adults with increased access to services, including mental health services.

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

   This component is no longer funded by the State, but counties can transfer funds from their CSS component to the WET component[3].

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

   - Workforce Development: Areas of focus for this Plan include High Fidelity Wraparound Training to enable the workforce to more effectively include case plans that "wrap" eligible clients in tailored services that shall build upon the strengths of each eligible client, and training School Resource Officers and others in areas such as early identification of behavioral health concerns.

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

- Office of Statewide Health Planning and Development (OSHPD) – Five (5) Year Public Mental Health System WET Plan, primarily focused on regional partnerships to promote education and employment in the Public Mental Health System.

5. **Capital Facilities and Technological Needs (CFTN):** A program for capital facilities and technological needs.

   This component is no longer funded by the State, but counties can transfer funds from their Community Services and Supports component to the Capital Facilities and Technological Needs component[4].

   New or modified CFTN Projects: There are no new or modified projects, however, there is a transfer from CSS to CFTN to continue to support existing projects.

Legislative, Regulatory, and Other MHSA Changes

Assembly Bill (AB) 1352 (2019): This law requires local behavioral health agencies to provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive recommendations made by the local mental health board that are not included in the final Plan or Update. Substantive recommendations means any recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of local mental health board that has established a quorum.

Senate Bill (SB) 79 (2019): Current law requires counties to receive approval from the MHSOAC for Innovation Projects and for small counties like El Dorado County, funds must be expended within five (5) years or the unspent funds will revert to the State. This bill amends the MHSA to remove the reversion of unspent funds for Innovation projects, as long as the funds are identified in a MHSOAC-approved Innovation project.

SB 389 (2019): This law amends the MHSA effective January 1, 2020, to authorize counties to use MHSA moneys to provide services to persons who are participating in a presentencing or post-sentencing diversion program or who are on parole, probation, post-release community supervision, or mandatory supervision.

California Department of Health Care Services (DHCS) Information Notice 19-012 "Mental Health Services Act Revenue and Expenditure Report Withhold Process" and DHCS Information Notice 19-040, "Mental Health Services Act Revenue and Expenditure Report for Fiscal Year 2018/19": These Information Notices provide information about withholding MHSA funds when counties fail to timely submit their Annual Revenue and Expenditure Report (ARER), including the FY 2018/19 ARER. Reports are due December 31 of each year and if the report is not submitted timely, DHCS will withhold 25% of the County's monthly MHSA distribution. The funds are released back to the County upon receipt of an accurate ARER.

DHCS Information Notice 19-017, "MHSA: Implementation of WIC Sections 5892 and 5892.1": This Information Notice informs counties of the new requirements related to the Prudent Reserve. Counties

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

cannot maintain more than 33% of the average Community Services and Supports revenue received in the preceding five (5) years. This Information Notice also informs counties that if they have not submitted a plan to spend "Reversion" dollars by January 1, 2019, they must remit all reallocated Reversion funds to the State by July 1, 2019. El Dorado met this requirement by submitting a plan to spend Reversion funds.

DHCS Information Notice 19-019, "MHSA Program Review Implementation": This Information Notice informs counties of the MHSA Program Review schedule for 2019. El Dorado County is not on the review list for 2019 as our MHSA Program was reviewed in 2018.

El Dorado County Snapshot and Demographics

Snapshot

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

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

The population of El Dorado County is 191,848[5]. Approximately eighty percent of the county's population resides in unincorporated areas of the county. The rural nature of many unincorporated areas of the county results in challenges to obtaining health service (e.g., transportation, outreach to residents, and public awareness relative to available services).

[5] As of January 1, 2019, per the California Department of Finance.

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

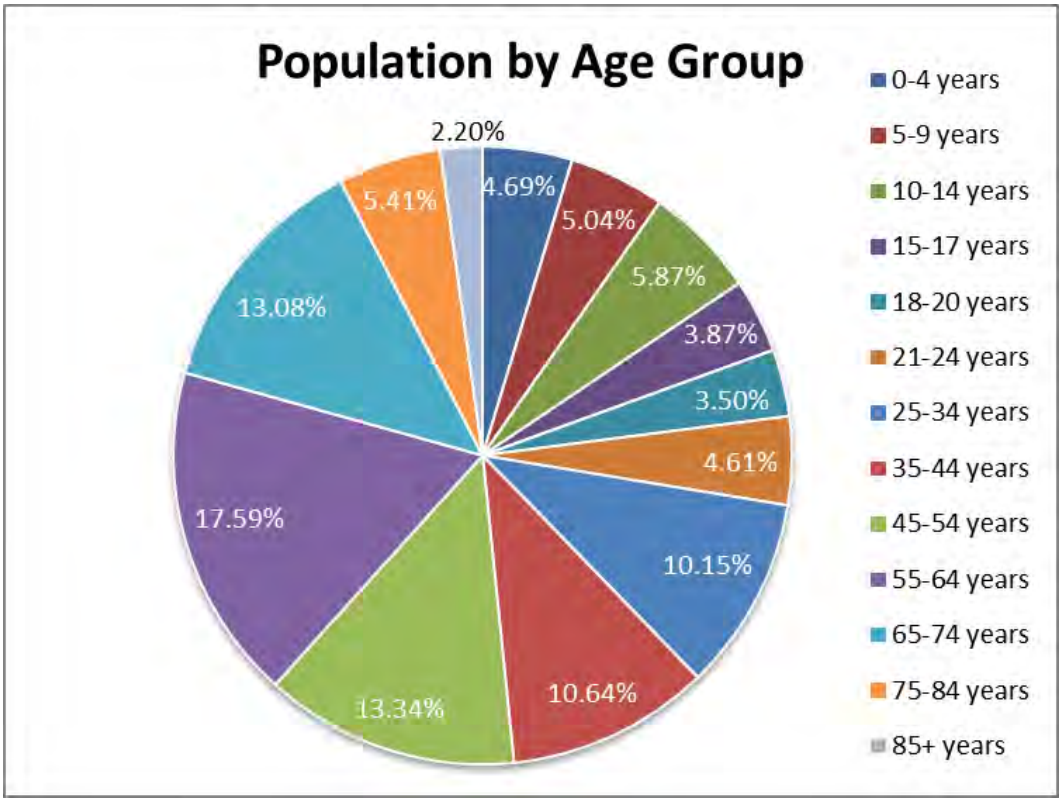
West County	Cameron Park, El Dorado Hills, Rescue, Shingle Springs
Placerville Area	Diamond Springs, El Dorado, Placerville, Pleasant Valley
North County	Coloma, Cool, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill
Mid County	Camino, Cedar Grove, Echo Lake, Kyburz, Pacific House, Pollock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

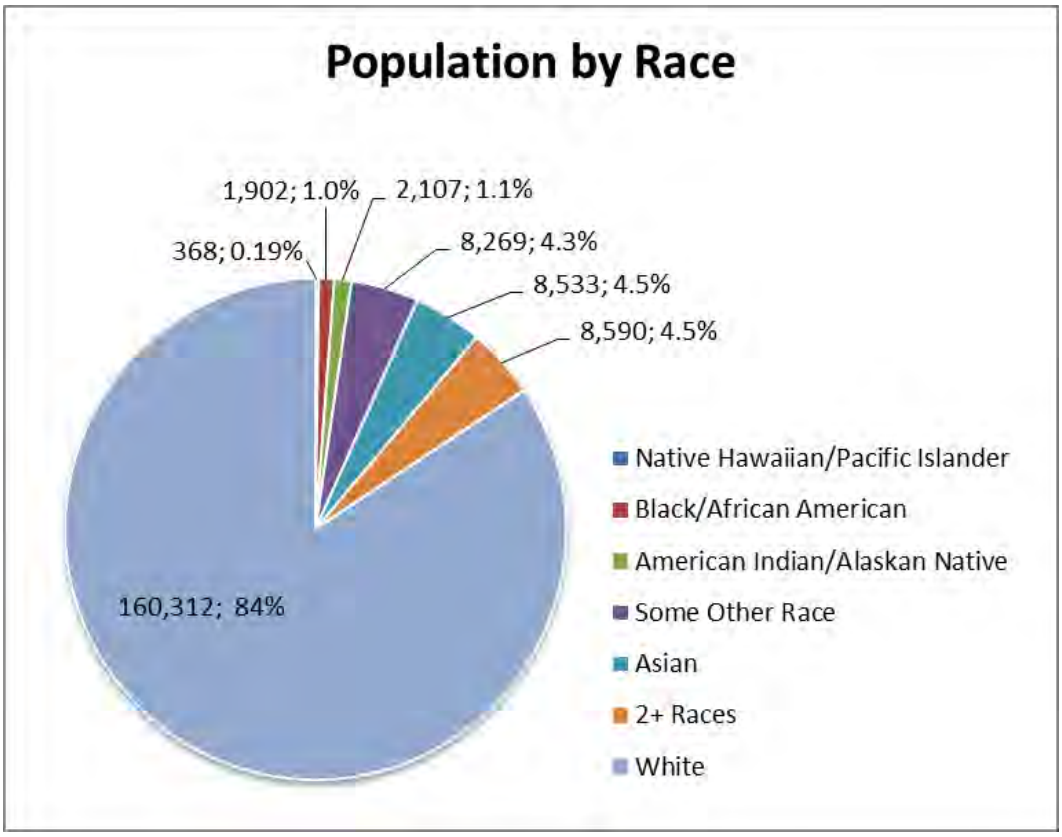
Demographics

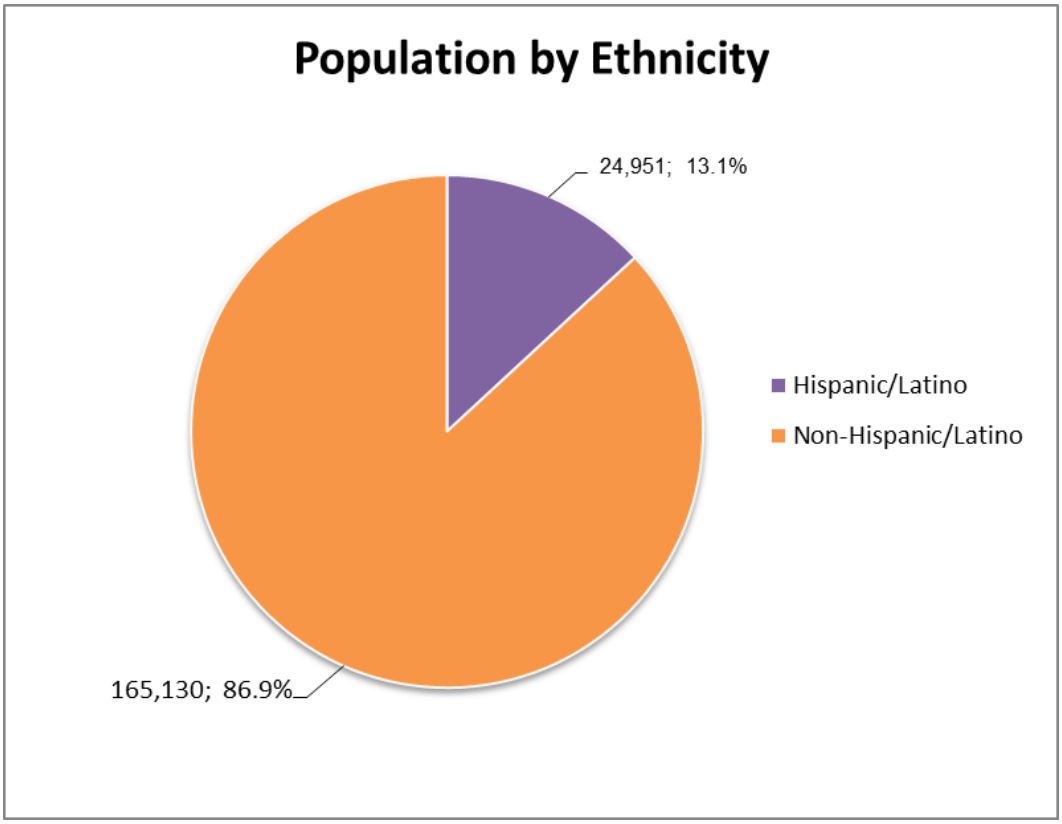
The following charts provide a summary of El Dorado County's population information in these categories, as obtained from WellDorado.org:[6]

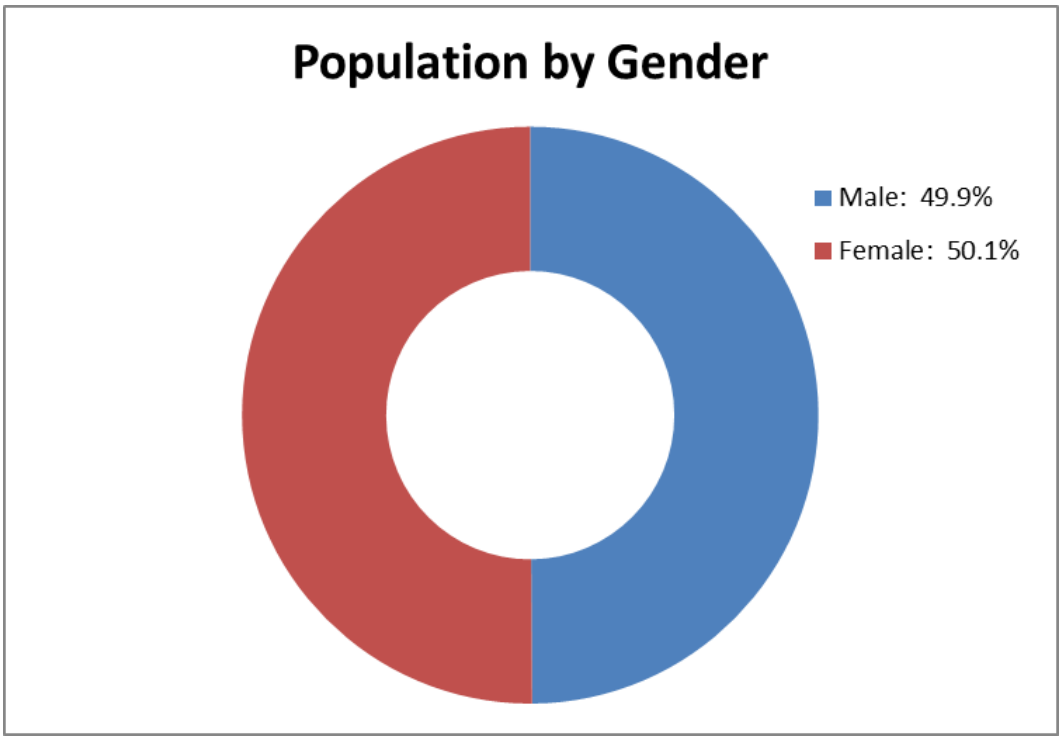
- Population by Age Group
- Population by Race and Ethnicity
- Population by Gender
- Residence by Region
- Population Age 5+ by Language Spoken at Home

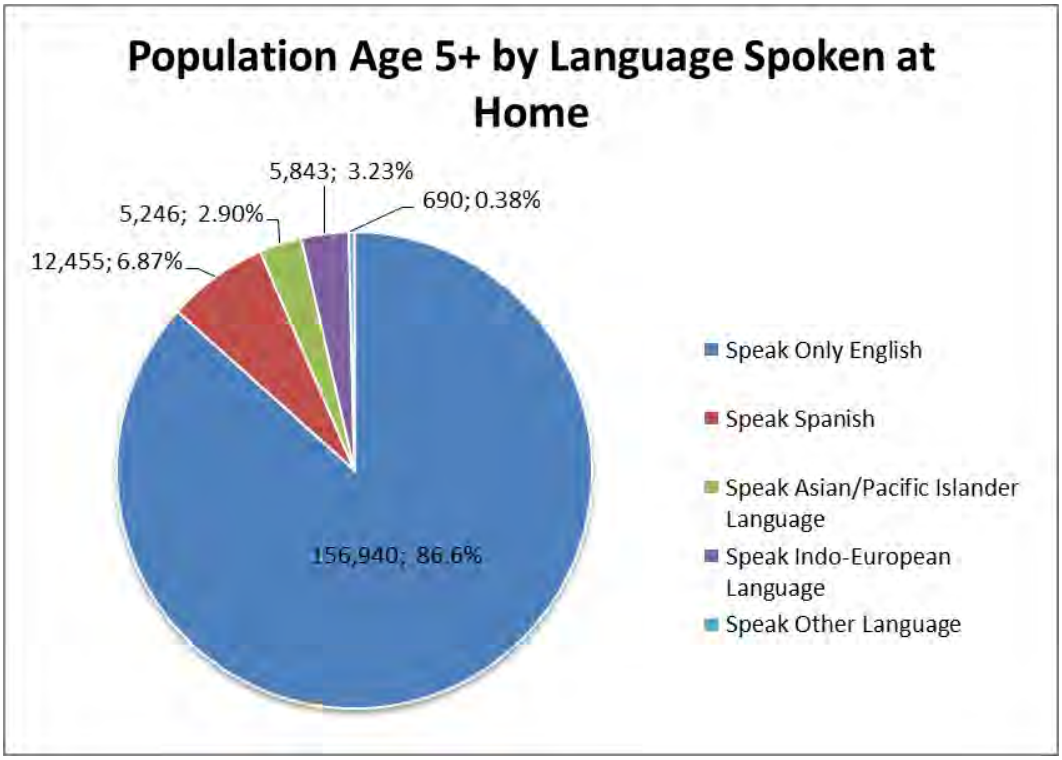
[6] Healthy Communities Institute, Community Dashboard, December 2019. Retrieved from www.welldorado.org.


Population by Age Group
0-4 years
5-9 years
10-14 years
15-17 years
18-20 years
21-24 years
25-34 years
35-44 years
45-54 years
55-64 years
65-74 years
75-84 years
85+ years
4.69%
5.04%
5.87%
3.87%
3.50%
4.61%
10.15%
10.64%
13.34%
17.59%
13.08%
5.41%
2.20%


Population by Race
Native Hawaiian/Pacific Islander
Black/African American
American Indian/Alaskan Native
Some Other Race
Asian
2+ Races
White
1,902; 1.0%
2,107; 1.1%
368; 0.19%
8,269; 4.3%
8,533; 4.5%
8,590; 4.5%
160,312; 84%


Population by Ethnicity
24,951; 13.1%
165,130; 86.9%
Hispanic/Latino
Non-Hispanic/Latino


Population by Gender
Male: 49.9%
Female: 50.1%


Population Age 5+ by Language Spoken at Home
5,843; 3.23%
690; 0.38%
5,246; 2.90%
12,455; 6.87%
156,940; 86.6%
Speak Only English
Speak Spanish
Speak Asian/Pacific Islander Language
Speak Indo-European Language
Speak Other Language

Community Program Planning Process (CPPP)

MHSA Stakeholder and Community Meetings

Stakeholders and the general public were invited to participate in or host MHSA planning opportunities and provide initial comment to contribute to the development of the County's Fiscal Year 2020/21 – 2022/23 Three Year Program and Expenditure Plan.

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

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

The MHSA project team also issued a press release and flyers announcing community meetings. The meetings also were announced via Facebook.

The public was invited to provide input via other methods as well, including direct emails to the MHSA project team or though individually scheduled meetings.

Stakeholder and Community Meetings

Date/ Time	Group/Host	City	Number of Attendees
7/30/19 11 a.m.	Black Oak Mine Union School District/ PIP Supervisor	Diamond Springs	1
8/16/19 9 a.m.	El Dorado County Substance Use Disorders Services staff	Diamond Springs	1
9/13/19 9 a.m.	El Dorado County Substance Use Disorders Services staff	Diamond Springs	1
10/8/19 9 a.m.	Lake Tahoe Community College (resource table in their Commons)	South Lake Tahoe	9
10/8/19 1 p.m.	South Lake Tahoe Family Resource Center	South Lake Tahoe	3

Date/ Time	Group/Host	City	Number of Attendees
10/8/19 2:30 p.m.	Suicide Prevention Network	South Lake Tahoe	1
10/8/19 3 p.m.	Wellness Center Consumers	South Lake Tahoe	10
10/17/19 1 p.m.	Senior Peer Counseling	Placerville	12
11/4/19 3:30 p.m.	Family & Student Support Team	Garden Valley	8
11/7/19 1 p.m.	Placerville Library Community Meeting	Placerville	7
11/13/19 5 p.m.	Foothill Indian Education Alliance	Placerville	17
11/14/19 10 a.m.	Community Member	Diamond Springs	1
11/18/19 10 a.m.	El Dorado Hills Community Services District Community Meeting	El Dorado Hills	3
11/20/19 11 a.m.	Lake Tahoe Community College	South Lake Tahoe	9
11/21/19 10 a.m.	PEI Contracted Providers	Diamond Springs	8
11/21/19 2 p.m.	Community Member	Diamond Springs	1
1/8/20 4 p.m.	Community Member	Diamond Springs	1
1/16/20 9:30 a.m.	Commission on Aging	El Dorado Hills	28
1/29/20 10 a.m.	Foster and Kinship Support Group 2954 Schnell School Road	Placerville	13
2/6/20 10 a.m.	Resource Families and Foster Parent Group	Placerville	6

Agendas were distributed at each meeting. At the open public meetings, Mental Health Consumers provided a snapshot of their experiences of living with mental health issues and their experiences with receiving mental health services. They also responded to audience questions.

Additionally, surveys were created through SurveyMonkey®. The survey links were sent out to the MHSA email distribution list, included in the press release and Facebooks posts, and provided at all community and stakeholder meetings. Two surveys were offered: one survey focused on the consumer and family member perspective and one survey focused on the service provider perspective. Traditional hard-copy paper surveys also were offered. The consumer and family member perspective survey also was available in Spanish.

Flyers, meeting agendas, press releases, and surveys are included in this MHSA Three-Year Program and Expenditure Plan, in Appendix A.

Stakeholder and Community Meeting Input

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

- Student mental health and access to mental health clinicians, resources, and spaces at schools
- More housing, and affordable housing is needed
- Need access to a Spanish speaker when calling the crisis lines
- Older adults need a Friendly Visitor program as an adjunct to the Senior Peer Counseling Program
- Native Americans depend on the culturally competent Foothill Indian Education Alliance for mental health services
- Need increased suicide prevention and education in the schools and in the community
- Need for services for individuals involved in the criminal justice system

Priority Populations identified are:

- Individuals involved in the criminal justice system
- Adults with serious mental illness (including co-occurring substance use disorder)
- Older adults
- Transitional Age Youth (TAY)
- Veterans
- Children (including ages 0-5, school-aged children, and foster youth)
- Individuals experiencing homelessness
- Hispanic and Latino individuals

These primary issues of concern and priority populations are addressed in this Plan, to the extent possible given the funding levels of MHSA and other services available at the County.

Additionally, input received from stakeholders and community participants identified having light food and beverages available at outreach events is helpful to encourage attendance. Therefore, some project funds may be utilized for that purpose.

Summary of Community Survey Responses (Consumer/Family Member Survey):

What area(s) do you represent relative to mental health issues? (Check all that apply.)		
Answer Options	**Response Percent**	**Response Count**
Consumer	42.42%	28
Family of consumer	22.73%	15
Education provider	22.73%	15
Student	16.67%	11
General interest in mental health issues	16.67%	11
Parent of student	13.64%	9
Mental Health provider	7.58%	5

What area(s) do you represent relative to mental health issues? (Check all that apply.)		
Answer Options	**Response Percent**	**Response Count**
Social Services Agency	3.03%	2
Other	3.03%	2
Veteran organization	1.52%	1
Law enforcement	1.52%	1
Healthcare provider	1.52%	1
AOD provider	1.52%	1
Veteran	0.00%	0
Answered Question	66	
Skipped Question	0	
Responses to "Other" question: Indian Tribe, non-profit working with vulnerable population		

What is your race/ethnicity?		
Answer Options	**Response Percent**	**Response Count**
White	63.08%	41
Latino/Hispanic	21.54%	14
American Indian or Alaska Native	15.38%	10
Native Hawaiian of Pacific Islander	6.15%	4
Black or African American	3.08%	2
Asian	1.54%	1
Decline to state	1.54%	1
Other	1.54%	1
Answered Question (some respondents selected more than one answer)	65	
Skipped Question	1	
Responses to "Other" question: My child is Latino/Hispanic		

Where do you live?		
Answer Options	**Percent Response**	**Response Count**
Placerville Area (Diamond Springs, El Dorado, Placerville, Pleasant Valley)	40.91%	27
Tahoe Basin (Meyers, South Lake Tahoe, Tahoma)	34.85%	23
West County (Cameron Park, El Dorado Hills, Rescue, Shingle Springs)	12.12%	8
Mid County (Camino, Cedar Grove, Echo Lake, Pollock Pines, Kyburz, Pacific House, Riverton)	7.58%	5
Out of the county, but I work in El Dorado County	3.03%	2
North County (Coloma, Cool, Lotus, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill)	1.52%	1
South County (Fair Play, Grizzly Flats, Mt. Aukum, Somerset)	0.00%	0
Answered Question	66	
Skipped Question	0	

What is your age?		
Answer Options	**Percent Response**	**Percent Count**
0-15 years	1.52%	1
16-24 years	15.15%	10
25-59 years	65.15%	43
60+ years	18.18%	12
Answered Question	66	
Skipped Question	0	

What is your current gender identity (check all that apply)?		
Answer Options	**Percent Response**	**Percent Count**
Female	59.09%	39
Trans female/trans woman	0.00%	0
Male	39.39%	26
Trans male/trans man	0.00%	0
Genderqueer/gender non-conforming	1.52%	1
Different Identity (please state):	0.00%	0
Answered Question	66	
Skipped Question	0	

In thinking about you or your loved one's experience <u>in getting access to</u> mental health services through El Dorado County's Mental Health (does not include substance use disorder services – alcohol and drug treatment services), how true are the following statements? *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*

Obtaining Services	**Not at all true**		**A little bit true**		**Mostly True**		**Very True**		**Don't know or N/A**	
I or my loved one know who to **call** for mental health services.	9.09%	6	18.18%	12	28.79%	19	37.88%	25	6.06%	4
I or my loved one know **where to go** for mental health services.	9.09%	6	21.21%	14	27.27%	18	37.88%	25	4.55%	3
I have used the County's Behavioral Health website for information about who to call, where to go, or projects offered.	39.39%	26	15.15%	10	7.58%	5	24.24%	16	13.64%	9

In thinking about you or your loved one's experience <u>in getting access to</u> mental health services through El Dorado County's Mental Health (does not include substance use disorder services – alcohol and drug treatment services), how true are the following statements? *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*	
Please explain or elaborate on your answers above:	It has taken a lot of reaching out on part to get the information and it has not been easy. / Problems in past with a family member who was in need of mental health services. / The services provided at Foothill Indian Education Alliance have been immeasurable and a huge component of success and growth/thriving in my family. Single mom of 3 girls, all victims of Domestic Violence/trauma, and diagnoses of mental health within the family component. / I answered questions based on my experience at Foothill Indian Education Alliance, I have not had a need to engage mental health services. / Raising a nephew and niece, utilizing mental health services. / Every encounter with EDC mental health has made the situation worse, so I consider that there is no help in EDC for our daughter, who lives with schizophrenia. So we don't where to get help because everything we have tired, has failed. / I've never needed it. / I have a psychiatrist who I go to personally, which helps me a lot. / I know where people go with severe mental illness, but there are very little resources for those who don't have insurance and struggle with substance abuse or moderate issues. / At approximately age 13-14, I sought out a therapist for my son, who was struggling with his own identity, friendships, and low self-esteem. He was a little put off when the counselor "released" him, stating he made significant progress on his issues and was welcome to come back any time. At the time, he felt dismissed, but now realizes how helpful that therapy was and that he was ready to be released. / My main interaction with El Dorado's Mental Health is referring students (college students – mostly young adults) who are in need of mental health services. Although I have a good idea of what some resources are, many times it is difficult to refer students and help them find mental health services they can afford, particularly if they do not have health insurance. / For my mental issues, I used crisis ICM and CIT officer online. / Sometimes feel lost in help with this. / I know who to call but how does that help if I can't get access to a counselor or therapist for several weeks? And it's even longer to see a psychiatrist. And the therapists know that people aren't able to get help when they need it and so the emotional toll on the ones the county has must be terrible. The most caring employees (and they all are or they wouldn't be therapists) are the most stressed and saddened forcing them to try to care less. / The county's Behavioral Health (BH) website is grossly lacking. It needs current information about programs/services. This has been highlighted to the BH Commission where county BH leaders have participated. There is no attempt by county to solicit feedback on how to improve their website (e.g., for those attempting to obtain a services ask them how the website could be improved). The county needs a strategy that focuses on "self-services" in order to simplify and standardize their own operation whilst improving website quality in parallel. / Just moved here. / Website is great!
Answered Question	66
Skipped Question	0

In thinking about you or your loved one's experience <u>in receiving</u> mental health services through El Dorado County's Mental Health (does not include substance use disorder services – alcohol and drug treatment services), how true are the following statements? *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*										
Receiving Services	**Not at all true**		**A little bit true**		**Mostly True**		**Very True**		**Don't know or N/A**	
I believe the mental health services I or my loved one receives are helpful.	3.08%	2	12.31%	8	21.54%	14	43.08%	28	20.00%	13
When receiving mental health services, I or my loved one feel safe and supported and I feel respected by the mental health team.	7.69%	5	3.08%	2	27.69%	18	41.54%	27	20.00%	13
I or my loved one was able to provide input on treatment modalities and goals.	7.81%	5	12.50%	8	23.44%	15	32.81%	21	23.44%	15
I or my loved one has received services funded by Mental Health Services Act (MHSA) funding.	13.85%	9	6.15%	4	7.69%	5	33.85%	22	38.46%	25
Services are available in the language I or my loved one wants to use.	4.62%	3	4.62%	3	6.15%	4	63.08%	41	21.54%	14
Services are sensitive to my or my loved one's culture or ethnicity.	7.69%	5	9.23%	6	10.77%	7	46.15%	30	26.15%	17
Please explain or elaborate on your answers above:	My son goes to New Morning for services. / We were always treated with courtesy, respect, and professionalism while utilizing mental health services. / Have not received county mental health services. / I want Icelandic want to talk about Paganism. Need a board and care here. / I feel I have received the right kind of									

	help. / I have never seen treatment or been to a facility with a friend. Just now getting involved. Will hopefully be informed soon. / I am having difficulty helping young adults access low cost mental health services. It is difficult to find services for people who do not have insurance unless it is a dire life-threatening emergency. I would like to be able to help those adults find services before their mental health problem gets to the point of being life threatening. / Overall the staff is sometimes helpful depending on the situation. / I am not eligible for services here. I come to Wellness but can't go to groups. / I would like more services on rehabilitation for clients to learn to protect themselves and to be more supportive to authority. / Kaiser was really bad with this. / I speak English. / I live in El Dorado County (EDC) but my loved one lives in Sac County. / This survey question is demonstrative of EDC's lack of true co-occurring skill/service. The fact that the survey question excludes substance use; the fact that the county re-organized adult services but holds their stubborn belief systems which are literally dividing people into either/or categories screams need for overhaul and education. Quality services MUST include staff that are highly skilled in co-occurring addiction and highly skilled in treating the mentally ill. There are major components of services missing in EDC. / I am not sure what services are funded by MHSA.
Answered Question	65
Skipped Question	1

Based on your experience in receiving mental health services, what are the greatest strengths of El Dorado County's mental health system. Please select up to three (3) strengths. *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*

Strength	#1 (greatest strength)		#2 (second greatest strength)		#3 (third greatest strength)		Unknown	
Ease of calling and requesting an appointment.	25.71%	9	17.14%	6	8.57%	3	48.57%	17
Ease of attending appointments.	39.13%	9	30.43%	7	21.74%	5	8.70%	2
The quality of the services.	53.57%	15	14.29%	4	21.43%	6	10.71%	3
The quality of the mental health provider.	36.67%	11	26.67%	8	20.00%	6	16.67%	5
Services are driven by consumers and their families.	26.92%	7	30.77%	8	30.77%	8	11.54%	3
Crisis services are available 24/7.	42.31%	11	15.38%	4	15.38%	4	26.92%	7

Based on your experience in receiving mental health services, what are the greatest strengths of El Dorado County's mental health system. Please select up to three (3) strengths. *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*	
Other:	Unknown. / Crisis not a strength at all. / Creating of a community is the 3rd strength (Native Americans). / My daughter was taken against her will, put into human trafficking, could not get counseling for her till following year! / Crisis not available 24/7. Only go to ER after midnight and have to stay until after 8 a.m. / El Dorado County Behavioral Health has been no help, or has made the situation worse. / NA. / The quality of the services are good. The problems is accessing the services can be difficult.
Answered Question	60
Skipped Question	6

Based on your experience in receiving mental health services, what are the greatest needs locally for mental health services (community, provider medical center, County Mental Health, etc.)? Please select up to three (3) needs. *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*

Need	**#1 (greatest weakness)**		**#2 (second greatest weakness)**		**#3 (third greatest weakness)**		**Unknown**	
Services are difficult to access (e.g., difficult to get appointments, inconvenient hours and location).	17.02%	8	25.53%	12	19.15%	9	38.30%	18
More services are needed.	60.98%	25	19.51%	8	14.63%	6	4.88%	2
The quality of the services needs to be improved.	16.67%	3	44.44%	8	16.67%	3	22.22%	4
Services and referrals are not right for consumer needs.	30.43%	7	8.70%	2	26.09%	6	34.78%	8
Please explain your #1 choice in more detail:	No responses.							
Other:	Mental health needs in this county are great. We need plenty of providers. / Mindfulness training. / Transportation for moms with kids or dads with kids – walking everywhere can be dangerous. / The homeless issue is a mental health issue. Also, I understand counseling services at Progress House are no longer being supported by the County. / In need of more facilities. / Need a full-time Patient's Rights Advocate with a separate phone not through mental health staff;							

Based on your experience in receiving mental health services, what are the greatest needs locally for mental health services (community, provider medical center, County Mental Health, etc.)? Please select up to three (3) needs. *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*	
	more ICM workers, better pay, need new PHF. / Trauma-informed care needs to be implemented, especially at a PTSD intake. 5150 assessments at Marshall need to have more than just one person's perspective. / Service level support requires additional support of low level support. / Sometimes it's hard to get just because of busy schedule. / I think the availability and convenience of these services shouldn't just be accessible, but conveniently accessible. No experience but I believe these to be the order of importance in my opinion. / More services are needed. I cannot seem to help adults access services unless they are in immediate danger or harming themselves or others. It is difficult to get appointments. We need more free or low cost options for people with mild to moderate symptoms – before these symptoms become more severe. / Not having convenient hours. / Not a consumer; son takes care of his own needs. He is stable. / Lack of in need appointments and tragic situations lack. / Just how many studies show the value of society of every dollar spent on preventative mental health services do you need before politicians will vote in favor of spending money in this area? The problem that by nature these services are confidential and therefore not "showy" enough to interest those disbursing the funds. / Services/referrals are not right for consumer needs. While quality of services also need improvement it is the services/referrals that the county is getting wrong. Because there is a gross lack of understanding of co-occurring and a lack of understanding on how to assess/report to actually help people in need (rather than the current skill of bias assessment/reporting in how to NOT help people) individuals are passed over destroying lives. Individuals that should organically be referred to AOT are ignored or worse – denied. People that should be referred immediately to LPS conservatorship (collaboration required) are ignored. Individuals that are clearly worsening are not promptly referred to a consumer. Where is PERT in SLT? Where is Behavioral Health Court in SLT and where is this on the county website? Where is the audit of services/referrals and outcome. Accountability is key. / We have good services once in the system. New people trying to get first services. / Because of bad weather. / Haven't tried to access them yet. / Need more places to take 5150s.
Answered Question	60
Skipped Question	6

As a whole, please rate MHSA-funded projects serving the following: *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*												
Service	**Excellent**		**Good**		**Neutral**		**Fair**		**Poor**		**Unknown**	
Children 0-5 years old	8.89%	4	6.67%	3	2.22%	1	2.22%	1	6.67%	3	73.33%	33
Youth 6-12 years old	10.87%	5	8.70%	4	2.17%	1	4.35%	2	4.35%	2	69.57%	32

As a whole, please rate MHSA-funded projects serving the following: *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*												
Service	**Excellent**		**Good**		**Neutral**		**Fair**		**Poor**		**Unknown**	
Teens 13-17 years old	13.04%	6	8.70%	4	2.17%	1	6.52%	3	2.17%	1	67.39%	31
Teens 18-25 years old	16.67%	8	12.50%	6	4.17%	2	8.33%	4	2.08%	1	56.25%	27
Adults 26-49 years old	29.41%	15	11.76%	6	3.92%	2	9.80%	5	7.84%	4	37.25%	19
Older Adults 60+	23.91%	11	4.35%	2	4.35%	2	8.70%	4	4.35%	2	54.35%	25
Latinos	20.00%	9	4.44%	2	4.44%	2	6.67%	3	6.67%	3	57.78%	26
Native Americans	29.17%	14	4.17%	2	4.17%	2	8.33%	4	2.08%	1	52.08%	25
Veterans	20.00%	9	2.22%	1	4.44%	2	6.67%	3	4.44%	2	62.22%	28
LGBTQ	13.33%	6	0.00%	0	6.67%	3	4.44%	2	6.67%	3	68.89%	31
Homeless	12.50%	6	4.17%	2	2.08%	1	10.42%	5	16.67%	8	54.17%	26
Justice Involvement	19.57%	9	2.17%	1	4.35%	2	6.52%	3	13.04%	6	54.35%	25
Those with serious mental illness	25.49%	13	9.80%	5	9.80%	5	3.92%	2	15.69%	8	35.29%	18
Individuals at risk for mental illness	30.00%	15	4.00%	2	6.00%	3	6.00%	3	18.00%	9	36.00%	18
Crisis response services provided by Behavioral Health or the Psychiatric Emergency Response Team (PERT)	30.61%	15	8.16%	4	4.08%	2	8.16%	4	10.20%	5	38.78%	19
Wellness Center	34.00%	17	18.00%	9	4.00%	2	0.00%	0	8.00%	4	36.00%	18
Suicide Prevention	19.15%	9	8.51%	4	4.26%	2	4.26%	2	14.89%	7	48.94%	23
Answered Question	58											
Skipped Question	8											

In thinking about how familiar you are with each of the following MHSA-funded Prevention and Early Intervention (PEI) services, please rate how important each service is to improving overall mental health. *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*

Prevention and Early Intervention (PEI) Services	Very Important		Somewhat Important		Neutral		Not important		Unknown	
Latino Outreach	34.04%	16	19.15%	9	8.51%	4	2.13%	1	36.17%	17
Senior Peer Counseling	38.30%	18	23.40%	11	8.51%	4	2.13%	1	27.66%	13
Primary Intervention Project (nondirective play therapy for K-3rd grade)	31.82%	14	9.09%	4	18.18%	8	2.27%	1	38.64%	17
Wennem Wadati: A Native Path to Healing	39.58%	19	4.17%	2	12.50%	6	2.08%	1	41.67%	20
Children 0-5 and Their Families	34.09%	15	22.73%	10	4.55%	2	2.27%	1	36.36%	16
Prevention Wraparound Services: Juvenile Justice Services	47.73%	21	20.45%	9	9.09%	4	0.00%	0	22.73%	10
Mental Health First Aid and Community Education	52.00%	26	18.00%	9	12.00%	6	0.00%	0	18.00%	9
Community Education and Parenting Classes	56.82%	25	15.91%	7	11.36%	5	0.00%	0	15.91%	7
Mentoring for Youth	54.55%	24	11.36%	5	6.82%	3	4.55%	2	22.73%	10
Psychiatric Emergency Response Team (PERT)	73.47%	36	10.20%	5	2.04%	1	2.04%	1	12.24%	6
Veterans	47.83%	22	17.39%	8	10.87%	5	0.00%	0	23.91%	11

In thinking about how familiar you are with each of the following MHSA-funded Prevention and Early Intervention (PEI) services, please rate how important each service is to improving overall mental health. *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*

Prevention and Early Intervention (PEI) Services	Very Important		Somewhat Important		Neutral		Not important		Unknown	
Outreach										
Suicide Prevention Program	71.74%	33	2.17%	1	6.52%	3	0.00%	0	19.57%	9

Do you have an idea for a new prevention program? The program at Foothill Indian is very important to me. The tutors all helped me learn more about my culture and my tribe's way. I enjoy the afterschool activities like the art classes. I have learned a lot during my 4 years here and I have certainly benefitted in so many ways. / I cannot say enough good things about Foothill Indian. It is invaluable to me and my family. / Transportation for Native families 6 a.m. – 7 p.m. appointments/events/gatherings/school stuff. / I am not familiar with the other programs. / Do not like PERT. It should only be a mental health team – no police. / More/better training. AOT info given to families/friends at every opportunities, especially PERT, and release from Marshall after 5150 is not completed. / Campus psychiatrist. / I think the prioritization of community education will be very productive. Giving the public the correct view of people with mental disorders, having counseling for individuals through adding home, stable living, and a job or education. / Only that mental health is a serious issue all across the country and people are dying as a result. Some program related to guns and the need/desire to kill people in a mass setting. / Yes please provide preventative mental health counseling for adults in South Lake Tahoe with mild to moderate symptoms. / No. / Recovery for a long-term use and hereditary condition. / Better training for law enforcement personnel so that they are not such smart [redacted]. / Where is funding for Stepping Up and Behavioral Health Court? Where is AOT? Where is the official program for stepping down form hospitalizations? Where is co-occurring treatment program where probation can actually order an individual to that program with SKILLED counselors familiar with both genetic predisposition/brain science/mental illness/and intensive therapeutic addiction skill? Where is the FORMAL promotion of Smart Recovery? A Balanced Life in South Lake Tahoe offers this but where are county referral process (websites etc.) towards this program? Smart Recovery is a must for probation officers to leverage for co-occurring clients. The Children 0-5 and other outreach sorted by Latino/Senior/Wennem-Wadati etc. are STILL NOT demonstrating any understanding about mental illness! County should be insisting upon including of minimum training/brochures such as NAMI El Dorado's "Crucial Conversations" brochures. Where is the quality control? It is as if the county is taking an easy way out to simply fund programs without any concern for what is actually performed in programs or any measures to test for understanding. Some program leaders champion a narrow view that champions medication as being an either/or (i.e., holistic healing vs medication or play time with healthy parenting vs medication). Where is the county in facilitating it isn't either/or; both can exist. Any provider championing request to fund their tree-house program because it is better than medication-route should send a red-flag up the decision pole. That is but one example. Wennem Wadati or Latino Outreach or Children 0-5 are all suspect until the county does the due diligence to insert some quality accountability into these programs. Winning an award by the State of CA based on marketing a program has done or based on letters of support (marketing) is interesting but will eventually backfire. Every program is an opportunity. Veteran outreach is important until such time that the services/supports they organically

In thinking about how familiar you are with each of the following MHSA-funded Prevention and Early Intervention (PEI) services, please rate how important each service is to improving overall mental health. *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*					
Prevention and Early Intervention (PEI) Services	**Very Important**	**Somewhat Important**	**Neutral**	**Not important**	**Unknown**
receive greatly improve. Spending money on outreach that is so high-level like Latino Outreach waters down what money could be spent on actual quality services. / Anything on eating disorders?					
Answered Question	57				
Skipped Question	9				

Summary of Community Survey Responses (Provider survey):

What area(s) do you represent relative to mental health issues? (Check all that apply.)		
Answer Options	**Response Percent**	**Response Count**
Mental Health provider	46.55%	27
Social Services agency	24.14%	14
Education provider	20.69%	12
General interest in mental health issues	13.79%	8
Other	12.07%	7
Family of consumer	10.34%	6
Parent of student	10.34%	6
Consumer	8.62%	5
Healthcare provider	8.62%	5
Veteran	6.90%	4
Veteran organization	6.90%	4
AOD provider	6.90%	4
Law enforcement	1.72%	1
Student	1.72%	1
Answered Question	58	
Skipped Question	0	
Responses to "Other" question: Homeless and veteran housing assistance; community strengthening; non-profit who also provides the PIP program; ERMHS at a school district; preventative wraparound; credentialed school nurse; children's shelter manager		

Where is your office located?		
Answer Options	**Percent Response**	**Response Count**
Placerville Area (Diamond Springs, El Dorado, Placerville, Pleasant Valley)	65.52%	38
West County (Cameron Park, El Dorado Hills, Rescue, Shingle Springs)	13.79%	8
Tahoe Basin (Meyers, South Lake Tahoe, Tahoma)	8.62%	5

Where is your office located?		
North County (Coloma, Cool, Lotus, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill)	6.90%	4
Out of the county	3.45%	2
Mid County (Camino, Cedar Grove, Echo Lake, Pollock Pines, Kyburz, Pacific House, Riverton)	1.72%	1
South County (Fair Play, Grizzly Flats, Mt. Aukum, Somerset)	0.00%	0
Answered Question	58	
Skipped Question	0	

For the person completing this survey, what is your race/ethnicity? (Check all that apply)		
Answer Options	**Response Percent**	**Response Count**
White	75.86%	44
Latino/Hispanic	13.79%	8
American Indian or Alaska Native	6.90%	4
Decline to State	5.17%	3
Native Hawaiian or Pacific Islander	3.45%	2
Asian	1.72%	1
Black of African American	0.00%	0
Other	0.00%	0
Answered Question (some respondents selected more than one answer)	58	
Skipped Question	0	
Responses to "Other" question: N/A		

How long have you been in business?		
Answer Options	**Percent Response**	**Percent Count**
0 - 3 years	5.17%	3
4 - 5 years	1.72%	1
6 – 10 years	6.90%	4
11 – 14 years	8.62%	5
15+ years	77.59%	45
Answered Question	58	
Skipped Question	0	

What is your current gender identity (check all that apply)?		
Answer Options	**Percent Response**	**Percent Count**
Female	82.76%	48
Trans female/trans woman	0.00%	0
Male	17.24%	10
Trans male/trans man	0.00%	0
Genderqueer/gender non-conforming	0.00%	0
Different Identity (please state): California, California	3.45%	2

Answered Question	58
Skipped Question	0
Response to "Different Identity" question: California, California	

In thinking about the services your organization provides, please rank the top three areas you feel your organization excels at or provides the best care in. Please only select the tip three (3). *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*

Strength	#1 (greatest strength)		#2 (second greatest strength)		#3 (third greatest strength)	
The services my organization provides are useful for the clients/and or their families.	52.27%	23	22.73%	10	25.00%	11
The services my organization provides focuses on the belief that our clients can get better.	37.50%	9	37.50%	9	25.00%	6
My organization works with the client, and when appropriate, their family, to make decisions about their services.	9.52%	2	47.62%	10	42.86%	9
My organization provides culturally competent services.	6.25%	1	56.25%	9	37.50%	6
My organization is able to connect clients and their families to other services in El Dorado County.	26.09%	6	34.78%	8	39.13%	9
My organization provides services needed by underserved/unserved community members.	43.24%	16	24.32%	9	32.43%	12
Answered Question	57					
Skipped Question	1					

In thinking about the services your organization provides, please rank the top three areas for improvement. Please only select the top three (3). *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*						
Area for Improvement	**#1 (needs the most improvement)**		**#2 (needs some improvement)**		**#3 (needs improvement)**	
The services my organization provides focuses on the belief that our clients can get better.	14.29%	2	28.57%	4	57.14%	8
My organization works with the client, and when appropriate, their family, to make decisions about their services.	37.50%	6	43.75%	7	18.75%	3
My organization provides culturally competent services.	30.43%	7	39.13%	9	30.43%	7
My organization is able to connect clients and their families to services in El Dorado County.	39.13%	9	26.09%	6	34.78%	8
My organization provides services needed by underserved/unserved community members.	22.22%	4	44.44%	8	33.33%	6
(If you are a current MHSA-contracted service provider): My organization is able to accurately collect data that is required for MHSA reporting purposes, as outlined in my contract with El Dorado County.	20.00%	2	30.00%	3	50.00%	5
My organization is able to provide training opportunities for community partners and the public.	41.86%	18	32.56%	14	25.58%	11
Answered Question	52					
Skipped Question	6					

In thinking about how familiar you are with each of the following MHSA-funded Prevention and Early Intervention (PEI) services, please rate how important each service is to improving overall mental health. *(The first column indicates the Response Percent and the second column indicates the Response Count. For each row, the blue font indicates the highest response and red font indicates the lowest response.)*								
Prevention and Early Intervention (PEI) Services	**Very Important**		**Somewhat Important**		**Neutral**		**Not important**	
Latino Outreach	50.91%	28	20.00%	11	21.82%	12	7.27%	4
Senior Peer Counseling	38.89%	21	22.22%	12	27.78%	15	11.11%	6
Primary Intervention Project	52.73%	29	14.55%	8	27.27%	15	5.45%	3
Wennem Wadati: A Native Path to Healing	32.69%	17	25.00%	13	34.62%	18	7.69%	4
Children 0-5 years old	64.81%	35	18.52%	10	12.96%	7	3.70%	2
Prevention Wraparound Services: Juvenile Services	73.21%	41	16.07%	9	8.93%	5	1.79%	1
Mental Health First Aid and Community Education	63.64%	35	20.00%	11	12.73%	7	3.64%	2
Community Education and Parenting Classes	61.40%	35	17.54%	10	15.79%	9	5.26%	3
Mentoring for Youth	55.36%	31	30.36%	17	8.93%	5	5.36%	3
Psychiatric Emergency Response Team (PERT)	69.64%	39	14.29%	8	14.29%	8	1.79%	1
Veterans Outreach	52.73%	29	23.64%	13	16.36%	9	7.27%	4
Suicide Prevention Program	71.43%	40	19.64%	11	7.14%	4	1.79%	1
Answered Question	58							
Skipped Question	0							

Comments: There are more opportunities to partner with child welfare and probation on prevention services. / Parenting classes could be offered through the Hubs rather than stand-alone courses (very saturated market). You could also combine Hub services with Senior services for a more cohesive program (we know many children and families live with seniors). / I would like to see a contract provided that would focus just on community outreach, such as Mental Health First Aid for adults and students. I believe if the focus was no too broad that a lot of positive changes could happen if more efforts were put into outreach and prevention. Those that I checked "neutral" were due to the fact that I am unfamiliar with the programs. / Yes – combining in utero education, interview process for pre and expectant parents, experiential education, & support as needed by participants. / Stepping-Up Initiative should be included along with a formally funded Behavioral Health Court IN South Lake Tahoe, and PERT (especially in South Lake Tahoe). This survey is better than prior year's surveys and the survey categories are an example of how EDC has over-emphasized programs that sound sympathetic but in reality are wasting money because a program sounds sympathetic. Stop focusing so extensively on young, young children. Fix what is known to be helpful when executed with quality oversight/accountability: Behavioral Health Court, PERT, Stepping-Up, and help leaders and long-time

employees overcome stubborn belief systems by ensuring they are getting free training from www.bbrfoundation.org webinars. They currently keep reinforcing one another's stubborn belief systems resulting in funding low quality programs not directly helpful to those that will go on to develop mental illness (which can become a serious mental illness from time to time). There are no programs mentioned to help county embrace community solutions that service individuals who flow from moderate to severe routinely. / I would like to see more funding for Homeless Prevention. More affordable housing for those suffering from multiple reasons for displacement as well as Mental Health illnesses. Currently we provide services to community members who do/may fall under multiple categories. I put "neutral" on Native Path to Healing as I do not know about this program, but will go educate myself./ I believe it is paramount to have environmental education as part of a comprehensive mental health awareness and prevention program. / Discharge planning from jail. Criminal justice outreach for Veterans. / Expanding services for prevention wraparound services to include youth without CPS/Probation and to include youth who've been identified as having mild to moderate mental health needs in order to prevent needs requiring specialty mental health services. / By preventing homelessness, mental health issues and services needs are less likely to persist or advance. Perhaps it is possible to use funding to keep folks with mental illness housed where they are when they will soon be evicted, or are doubled up in a unit with another family or person. Maybe it is possible to use prevention funds with justice involved populations or child welfare also. These would be good areas to focus. Things to consider. / If there was a "one stop shop" for people to get information about services. There are a LOT of services and it can be very confusing. The Hubs could be that one stop shop. / We need to have solutions for children with significant mental health concerns and needs, particularly those who are at some level dangerous to themselves and also to others that they come in contact with such as other students while at school. There are virtually NO PHF services for children in our county and we have children that require admission in county to be assessed, cared for at times or followed by a true psychiatric provider. / Connecting and paring with local schools to provide services onsite and eliminate the barrier for parents. / These scores are based on the very low number of unduplicated individuals served and/or absence of any data reported in the most recent outcomes report. While all of the above programs appear promising on the surface, it is difficult to make an argument that these programs are "improving overall mental health" as we are being asked. / I provide occupational therapy based services to my clients, am trained in Lifestyle Redesign based out of USC's Occupational Therapy Department. This program serves people of all ages at risk/experiencing symptoms related to chronic disease (including mental health challenges). The services are provided to clients on an individual and group basis, and can be hugely beneficial to prevent further symptoms and improve health, well-being and quality of life. / We should consider how to bring the services to them. Most do not have transportation that needs these services. / Have early intervention programs in all of the schools, charter schools, and home schools, as well as medical offices.

Publication of the MHSA FY 2020/21 – 2022/23 Three-Year Program and Expenditure Plan and Final Plan

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

Draft Plan Comment Period: The draft Plan was posted on the MHSA web page (www.edcgov.us/mhsa) on April 13, 2020, for a 30-day Public Comment Period. Emails were sent on April 13, 2020, to the MHSA email distribution list, the Behavioral Health Commission members, the Chief Administrative Office (CAO), the Board of Supervisors' offices, and HHSA staff, advising recipients that the draft Plan was posted and available for public comment for 30 days. A press release also was distributed on April 13, 2020, to the Tahoe Daily Tribune, Mountain Democrat, Georgetown Gazette, South Tahoe Now, The Windfall, Life Newspapers, Village Life, Cameron Park Life, and Folsom Telegraph. The press release also

posted on the El Dorado County's webpage (Press Release section), Health and Human Services Agency webpage and Facebook page, and the El Dorado County Facebook page. The draft Plan Public Comment Period ended at 5:00 p.m. on May 13, 2020.

Draft Plan Public Hearing: The Behavioral Health Commission held a Public Hearing on the draft Plan on May 20, 2020, and the hearing was noticed on the Behavioral Health Commission's calendar and the MHSA web page. Notice of the Public Hearing was sent electronically to individuals on the MHSA email distribution list and to individuals who subscribe to Behavioral Health information through a government internet subscription service (GovDelivery.com). Due to Governor Gavin Newsom's social distancing requirements and the stay-at-home order (due to the Coronavirus), the Public Hearing was held virtually, through Zoom and all Behavioral Health Commissioner and public participation was handled remotely.

Behavioral Health Commission Recommendation: At their May 20, 2020 Behavioral Health Commission meeting, the Behavioral Health Commission approved moving the MHSA Plan forward for Board of Supervisor adoption, with the following changes:

- Reinstate the PEI "Mentoring for Youth" Project with a $75,000/year budget
- Due to the increased stressors as a result of the Coronavirus, ensure there is a focus on children, youth, and families.

MHSA response to the Behavioral Health Commission's recommendations:

- The "Mentoring for Youth" Project was reinstated with a budget of $75,000/year.
- Throughout the Coronavirus pandemic, Behavioral Health and our contracted service providers have continued providing services, albeit in new and sometimes innovative ways. MHSA and Behavioral Health acknowledges that this pandemic will continue to have profound effects on individuals and families. Behavioral Health is mindful of the stressors placed on individuals and families and Behavioral Health anticipates that the services provided to individuals and families will continue to evolve. Behavioral Health commits to continue to monitor the situation and adapt as appropriate.

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

El Dorado County Board of Supervisors: After the Public Hearing, this Plan was presented to the El Dorado County Board of Supervisors for adoption on June 9, 2020. Notification of the date was posted on the MHSA web page and was included on the Board of Supervisors Agenda.

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

Innovation Projects: This Plan does not contain any new Innovation projects requiring approval of the MHSOAC.

Substantive Comments

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

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

(Note: Throughout this MHSA Three-Year Program and Expenditure Plan, references to the Plan being a "draft" or projects being "proposed" have been changed to reflect their status after adoption of the Plan. Other grammatical, typographical, and non-substantive wording issues have been corrected.)

General Comments	
Comment	**MHSA Analysis/Response**
Expand services and provide funding through taxes generated from the legalization of medical and recreational marijuana. Supporting justification could include studies showing the link between psychiatric disorders and marijuana use, especially early in life.	California voters passed Proposition 63, the Mental Health Services Act (MHSA), in November 2004 and the MHSA was enacted into law on January 1, 2005. The MHSA places a one percent (1%) tax on personal incomes in excess of $1 million. MHSA programs are not funded by revenue generated from the legalization of medical or recreational marijuana.
Homelessness Comments	
Comment	**MHSA Analysis/Response**
Up to 70% of the homeless population has mental health challenges or substance addiction. Will these services take them off the street? If not, where are you going to put them.	MHSA provides services related to mental illness (or dual diagnosis with Substance Use Disorders), but it cannot provide services for individuals solely with Substance Use Disorder needs, per State law. MHSA Prevention and Early Intervention (PEI) services are available to individuals who may be homeless and also have emerging mental health issues. These services are available without regard to insurance status. MHSA Community Services and Supports (CSS) services are available to individuals who have serious mental illness (adults) or seriously emotionally disturbed (children), as defined in Title 9, California Code of Regulations, and they are engaged in services with County Mental Health. For those eligible CSS clients, housing supports may be offered, if aligned with the client's needs.
I like the changes to the plan and thank you for making those. They will help out our most vulnerable populations even more.	Thank you for your feedback and for taking the time to review the Plan.

Comment	MHSA Analysis/Response
Resources in the form of money and people are required to assist the homeless population and to find permanent housing options. Fund positions to assist the homeless population in our community.	See response above regarding homelessness. MHSA funding is volatile (i.e., it varies each year based on the funds disbursed from the State as a result of a 1% tax on personal incomes over $1 million). Additionally, Title 9 California Code of Regulations and the MHSA Act statutorily require certain percentages of funding on specific MHSA strategies and programs, as noted in the MHSA Plan. While MHSA does not fund a position solely to serve the homeless population, the MHSA projects assist in providing services to the homeless population, for those with, or at risk of developing, a serious mental illness.
Does El Dorado County have a "Shelter Plus Care" program similar to Placer County? This is a program that bridges mental health care with housing support services.	See above responses on homelessness. Housing supports are provided under Community Services and Supports (CSS) and some PEI Projects, based on client needs.
Prevention and Early Intervention (PEI) Comments	
Comment	**MHSA Analysis/Response**
The MHSA Plan says that Lake Tahoe Community College will not receive funding because the College has several established mental health programs. I am not aware of established mental health programs at the college.	When the MHSA Project Team met with the Lake Tahoe Community College Students, we understood their requests to have a psychiatrist on campus, a need for a permanent mental health clinician on campus, a place for students to go to decompress, a need for workshops and brief intervention trainings, and mental health resources and information available on campus. While MHSA is not able to fund these service requests specifically for the College, we also didn't intend on minimizing the requests. In determining whether MHSA could fund some or all of these requests, we reviewed information that is available on the College's website for mental health services, informational brochures available on campus as a courtesy of the NAMI Kiosks (of which Behavioral Health contributes brochures), and a review of the County's contracted service providers and other behavioral health services available through health plans in Tahoe. While not a perfect system, there are resources available for student access. We had to consider what is currently available to students, and balance the decision against the limitations of funding and the needs county-wide. As stated in the MHSA Plan, we are committed to re-evaluating this request in future MHSA Annual Updates.

Comment	MHSA Analysis/Response
Support for the Big Brothers, Big Sisters program (several comments were received)	MHSA has appreciated a long-standing relationship with Big Brothers, Big Sisters, through the "Mentoring for Youth Project". The draft MHSA Three-Year Program and Expenditure Plan did not include the "Mentoring for Youth Project". During the 30-Day Public Comment Period, MHSA received letters in support of the Project. Additionally, during the Public Hearing, MHSA received an additional public comment in support of the Project, as well as a recommendation from the Behavioral Health Commission to continue funding for the project. Upon further review of the letters, and after further analyzing the project and outcomes, and the available Prevention and Early Intervention (PEI) budget, the MHSA Project Team added the project back into the MHSA Three-Year Program and Expenditure Plan.
We need a program at El Dorado High School, based on peer recognition, for suicide prevention. We also need to be able to direct students to resources once they are recognized as being at risk for suicide.	This MHSA Plan includes projects to address the needs of students. Behavioral Health contracts with Suicide Prevention Network for suicide prevention activities, including activities, trainings, and presentations in the schools. Additionally, Behavioral Health contracts with Sierra Child and Family Services to help fund the Student Wellness Centers and Mental Health Supports project, for the provision of a student wellness center located on campus and staffed at least one day per week by a mental health clinician or worker. Finally, Behavioral Health is exploring development of a suicide prevention strategic plan to include addressing teen suicide. It also is important to remember that supports for students may also be provided by the schools directly.
Add a PEI strategy that states, "Utilize, develop and disseminate materials related to the link between marijuana use and psychiatric disorders, especially use in early life. Materials will be provided via social media, hardcopy. Targeted audience includes schools, etc."	The PEI strategies are outlined in Welfare and Institutions Code 5840.7(a) and in Title 9, California Code of Regulations. While this suggestion deserves merit, it is not included in the State-required PEI strategies. There have been discussions at the State level of expanding MHSA to allow treatment of solely substance use disorders, but as of the publication of this MHSA Plan, the legislation authorizing that change has not been chaptered.

Comment	MHSA Analysis/Response
Forensic Access and Engagement Project – delete the phrase "mild-to-moderate" as the term is subjective and appears unnecessary as it already states "eligible individuals".	The term, "mild-to-moderate" means the person does not have a "serious mental illness" as set forth in Title 9, California Code of Regulations, Chapter 11, Medi-Cal Specialty Mental Health Services. Individuals who meet medical necessity via Title 9 criteria are eligible for services provided by County Mental Health. Individuals whose mental health needs do not rise to the level of treatment provided by County Mental Health are eligible for "mild-to-moderate" services. This project provides services for individuals eligible for mild-to-moderate services.
Forensic Access and Engagement Project – add a project goal and measurement to establish procedures and/or best practices to identify individuals (arrested and/or detained) who should be referred to regional mental health hospitals rather than jails. Candidates should not just be 5150'ed. Individuals should be treated as individuals first, regardless of their actions. Also add a project goal and measurement to enlist family support and input.	Project specific policies and procedures, including client-specific goals, will be developed within the operations of the Project. The MHSA Plan identifies over-arching project goals. Additionally, both mental (and physical) healthcare has shifted from the ideology of treating individuals according to their diagnosis, to an ideology of "whole person care". Individuals are no longer defined solely by their illness. The goal of this project is a collaborative effort between multiple agencies, with the ultimate goal of helping individuals navigate support services and to maintain individuals in treatment, rather than incarceration, in the least restrictive setting. Clients are always encouraged to include their families for support and input. This collateral support and information is crucial.
Would it be possible to expand the Expressive Therapies program to include opportunities for caregivers and children who are placed in their home to participate together?	The original intent of the Expressive Therapies Project was for caregivers to have a way to explore and express grief resulting the separation from an adoptive or foster child. It would be up to the participants and contractor to determine the benefit, appropriateness, and feasibility of permitting children to attend the sessions.

Comment	MHSA Analysis/Response
In looking at the Program Outcomes, it seems not all programs have found ways to measure the impact on mental health. Does MHSA provide technical assistance in this area?	The State has been investigating ways to provide Counties with consistent outcome measures and the tools needed to measure those outcomes. In the meantime, MHSA tries to work with contracted-providers by providing technical assistance. The language in the "MHSA Outcomes" report is not edited by the MHSA program; the report is generated directly from contractor reports. Additionally, the "MHSA Outcomes" report is always two years behind. So the Outcomes included with the draft Fiscal Year 2020/21 MHSA Plan are the Outcomes from Fiscal Year 2018/19, due to the timing of the development of the Draft Plans/Annual Updates.
The Parenting Classes do not include a description of the parenting class models. Parenting classes are important, especially given the potential stressors placed on families as a result of the Coronavirus. How are we going to meet that need?	The contractor is considered the subject matter expert. Therefore, the MHSA Plan allows flexibility for providers to determine the best parenting model. Additionally, the "Community-based Engagement and Support Services" (Community Hubs) Innovation Project provides parenting resources.
As Behavioral Health works with the outside consultant on the evaluation of all services, I'm curious about the outcomes of the evaluation and what impact they may have on the MHSA Plan.	Any recommendations made by the outside consultant will have to be reviewed in the context of the MHSA Plan or Annual Update, stakeholder input, feasibility to implement the recommendations, available funding to implement recommendations, outcomes, and applicable federal and State laws, regulations, and guidance.
I believe the Peer Partner and Juvenile Justice projects are supplantation of other available funds.	The Peer Partner and Juvenile Justice Programs were supported by the community and stakeholders during the Community Program Planning Process (CPPP). The Peer Partner Project provides services to help with stabilizing child welfare services placements. The Juvenile Justice Wraparound Project engages children and youth who do not meet Specialty Mental Health Services criteria, yet without services, may be at risk for a higher placement. For both projects, MHSA is unaware of other funding sources that provide the same services. The Managed Care Plans don't provide services to stabilize placements or for wraparound services.

Comment	MHSA Analysis/Response
In reviewing the Outcomes for New Morning Youth and Family Services, there doesn't appear to be a lot of Latinos being serviced. How can we get better numbers?	The Outcomes are for Fiscal Year (FY) 2018/19 and there are two Latino Outreach providers: New Morning Youth and Family Services on the Western Slope and South Lake Tahoe Family Resource Center in South Lake Tahoe. In FY 2018/19, New Morning Youth and Family Services reported that they served 483 clients, but not all data was collected on each client, so they only reported on 350 clients for which they had demographic data. New Morning Youth and Family Services also reported that they will implement the additional demographic information required by MHSA into their electronic case file so that all clients are accounted for in future reports. During the period of July 2019 - March 2020, New Morning Youth and Family Services has reported seeing 325 clients. MHSA will continue to provide technical assistance to New Morning Youth and Family Services, as necessary. South Lake Tahoe Family Resource Center reported serving 509 clients in FY 2018/19. During the period of July 2019 - March 2020, South Lake Tahoe Family Resource Center has reported seeing 344 clients.
Community Services and Supports (CSS) Comments	
Comment	**MHSA Analysis/Response**
Recommend adding "South Lake Tahoe" specific coverage/emphasis when referencing the revised/new plan for justice-involved programs.	The justice-involved programs are intended to be offered county-wide, based on service need.
Should there be more specificity in identifying services in the FSP Forensic Services?	Individuals who are served by this project will receive Full Service Partnership (FSP)-level services. FSP services provide a "whatever it takes" model.
Hopefully the Student Wellness Centers and Mental Health Supports project can be expanded to include students in junior high school.	MHSA will bring forward this concept in the Community Program Planning Process for the Fiscal Year 2021/22 Annual Update.

Innovation (INN) Comments	
Comment	**MHSA Analysis/Response**
Thank you for your support of the Community Hubs. We have served 6,500 children and families across the county. Through this project, we are building resiliency and capacity for our families to navigate services. We see opportunities to expand the project to include a social worker or other professionals into this model, over time.	The community strongly supports this upstream prevention model and MHSA is appreciative that the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the County's request to modify the project by granting a time extension and increased funding. As we continue to look at sustainability in the coming year, we will be discussing the project with our funding partners and looking at how the model has evolved and how it could evolve to continue to serve the community.
Fiscal/Budget Comments	
Comments	**MHSA Analysis/Response**
The percentages in the CSS Component Budget chart only add up to 99%.	Due to a rounding error in the budget spreadsheets, the percentage of the Community Services and Supports (CSS) Full Service Partnership (FSP) budget for the Children's FSP should be 33%, not 32% as reported in the draft MHSA Plan. These numbers have been updated.
The Prudent Reserve calculations are only through Fiscal Year 2017/18. Should they be through Fiscal Year 2018/19?	The Prudent Reserve is certified by the State once every five (5) years.
What is the impact of the Coronavirus on MHSA funding?	MHSA revenues are volatile since they are dependent on a 1% tax on the personal income of millionaires in California. At this time, we have experienced a slight decline in MHSA revenues, but this is expected to flatten out and then revenues are anticipated to decrease in Fiscal Year 2022/23. Behavioral Health Leadership and MHSA staff participates in statewide calls and meetings regarding the impact of the Coronavirus, and we will continue to monitor the situation and funding as time progresses. Additionally, every year the MHSA Plan is reviewed and with stakeholder input, Annual Updates are drafted. If there are changes to projects due to budget, the community and stakeholders will have an opportunity to provide input.

MHSA Projects

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

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

Contracted Providers

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

MHSA Expenditures

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

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

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

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

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

Year 1	$75,000
Year 2	$80,000
Year 3	$85,000

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

Year 1 and Year 2	$155,000 (with Year 1 not-to-exceed $75,000)
Year 3	$85,000

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

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

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

Prevention and Early Intervention (PEI)

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

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

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

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

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

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

1. Childhood trauma prevention and early intervention as defined in WIC § 5840.6(d) to deal with the early origins of mental health needs. *El Dorado County meets this priority by including the Children 0-5 Project, the Primary Project, the Mentoring for Youth Project, and the Parenting Classes projects. It is estimated that 19% of El Dorado's PEI funding is allocated to this priority. These projects were supported throughout the CPPP. (This priority also is met through the County's Community-based Engagement and Support Services/Community Hubs Innovation project.)*

2. Early psychosis and mood disorder detection and intervention as defined in WIC § 5840.6(e), and mood disorder and suicide prevention programming that occurs across the lifespan. *El Dorado County meets this priority by including the Suicide Prevention and Stigma Reduction Project, Wennem Wadati, Children 0-5 and Their Families, Statewide PEI Projects, and the Community-based Outreach and Linkage Project (includes Psychiatric Emergency Response Team (PERT)). Additionally, through the County's Community Services and Supports component, there is funding from the Mental Health Block Grant for First Episode Psychosis treatment. It is estimated that 35% of El Dorado's PEI funding is allocated to this priority. These projects were supported throughout the CPPP.*

3. Youth outreach and engagement strategies as defined in Section 5840.6(f) that target secondary school and transition age youth, with a priority on partnership with college mental health programs. *El Dorado's MHSA team met on two occasions with students and leadership at South Lake Tahoe Community College. Although the students and leadership requested funding to expand or initiate new programs related to mental health, the College already has several established programs. Therefore, El Dorado County did not include this specific strategy in its PEI projects. This strategy will be re-evaluated for the FY 2021/22 MHSA Annual Update. El Dorado County does offer transitional age youth with services through the Prevention Wraparound Services: Juvenile Services and the Peer Partner projects. It is estimated that 19% of El Dorado's PEI funding is allocated to this priority.*

   During the FY 2019/20 CPPP, the community strongly supported implementation of Student Mental Health Wellness Centers at each of the area high schools. Through the Community Services and Supports component, MHSA was able to fund one (1) clinician and one (1) mental health worker at each high school for one (1) day per week. The project was only implemented in October 2019, but early outcomes and reports indicate that even greater funding may be justified due to the need. This project was supported again throughout the most recent CPPP, with a request to increase funding to include a sixth high school on the Divide (North County region).

4. Culturally competent and linguistically appropriate prevention and early intervention as defined in Section 5840.6(g). *El Dorado County meets this priority by including the Latino Outreach Program, the Wennem Wadati project, and the LGBTQIA project. Additionally, the Primary Intervention Project in South Lake Tahoe is heavily accessed and utilized by Latino students. It is estimated that 16% of El Dorado's PEI funding is allocated to this priority. These projects were supported throughout the CPPP.*

5. Strategies targeting the mental health needs of older adults as defined in Section 5840.6(h). *El Dorado County meets this priority by including the Older Adult Enrichment projects, including Senior Peer Counseling, Friendly Visitor, and Senior Link. It is estimated that 5% of El Dorado's PEI funding is allocated to this priority. These projects were supported throughout the CPPP. (This priority also will be met through the County's Partnership between Senior Nutrition and Behavioral Health Innovation project.)*

6. Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis. *El Dorado County meets this priority by including the Children 0-5 Project and the Community-based Outreach and Linkage Project (includes Psychiatric Emergency Response Team (PERT)). Further, the Older Adult Enrichment Projects may identify mental health symptoms and disorders. It is estimated that 29% of El Dorado's PEI funding is allocated to this priority. These projects were supported throughout the CPPP. (This priority also is met through the County's Community-based Engagement and Support Services/Community Hubs Innovation project and will be met through the County's Partnership between Senior Nutrition and Behavioral Health Innovation project.)*

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

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

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

AB 114 reallocation reversion funds may be utilized to support this component.

PEI project structure, as categorized by PEI program[7]:

Prevention

- Latino Outreach
- Older Adult Enrichment Projects (Senior Peer Counseling, Friendly Visitor, and Senior Link)
- Primary Project
- Wennem Wadati: A Native Path to Healing
- Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors

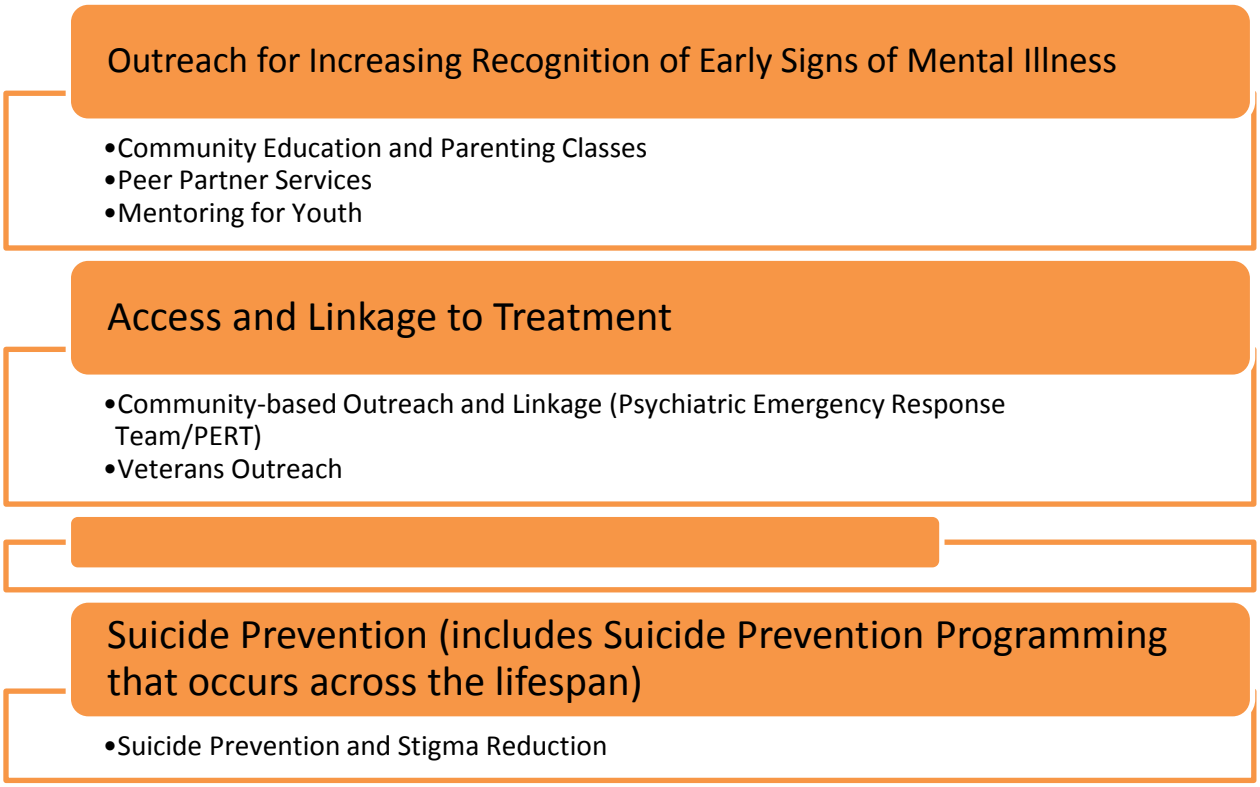
Early Intervention (includes Childhood Trauma Prevention and Early Intervention)

- Children 0-5 and Their Families
- Prevention Wraparound Services: Juvenile Services
- Forensic Access and Engagement
- Expressive Therapies
- National Suicide Prevention Lifeline

Stigma and Discrimination Reduction

- Mental Health First Aid and SafeTALK
- LGBTQIA Community Education
- Statewide PEI Projects

[7] The PEI Program Structure includes the newly established PEI priorities as outlined in WIC § 5840.7(a). The new priorities are identified in parentheses.



Prevention Programs

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

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

Reporting Requirements:

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

1. Unduplicated numbers of individuals served, including demographic data.
    a. If a program served families, the County shall report the number of individual family members served.
2. The reduction of prolonged suffering that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning.

3. If known, the number of individuals with serious mental illness referred to treatment and the kind of treatment to which the individual was referred.

4. If known, the number of individuals who followed through on the referral and engaged in treatment.

    a. If known, the average duration of untreated mental illness.

    b. If known, the interval between the referral and participation in treatment.

5. Completion of Quarterly and Annual Reports.

6. Implementation challenges, successes, lessons learned, and relevant examples.

7. Any other outcomes or indicators identified for the specific project.

Latino Outreach Project

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

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

Latino Outreach Project Goals:

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

Latino Outreach Outcome Measures:

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

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

Providers: New Morning Youth and Family Services (West Slope) and Family Resource Center (South Lake Tahoe).

Older Adults Enrichment Projects (Senior Peer Counseling, Friendly Visitor, Senior Link)

The Older Adults Enrichment Projects are continuum of care programs designed to provide comprehensive services to meet the changing needs of older adults.

Senior Peer Counseling Project

The Senior Peer Counseling Project is a prevention program that provides free, confidential individual counseling to adults age 55 and older. Senior Peer Counseling volunteers evaluate the needs of potential clients, frequently referring them or assisting them in making contact with other community services, including Mental Health evaluation and treatment. Additionally, Senior Peer Counseling counselors assist clients in regular self-assessment of their feelings of well-being using a standardized measurement tool. The supervisory services of a licensed mental health clinician are essential to the operation of Senior Peer Counseling. The supervisor meets weekly with the volunteers, reviewing the progress of each client, which ensures that standards of practice are met protecting clients, counselors, and the community. Services are available in clients' homes and other community meeting places. Individuals interested in becoming a Senior Peer Counselor must be an older adult (aged 55 or older), complete a vigorous training, and pass a LiveScan background check prior to becoming a Senior Peer Counselor.

Senior Peer Counseling Project Goals:

- Clients demonstrate an increased number of "Therapeutic Lifestyle Changes" (TLC) over the course of their counseling, as measured by the TLC tool.
- Clients identify the primary issue of focus (presenting problem) for counseling.
- Clients achieve improvements in their feelings of well-being as shown on the Outcomes Rating Scale (ORS) measurement tool.
- Clients are informed about other relevant mental health and support services. If applicable, Clients are linked to those resources.
- New volunteer trainings will be provided based on the need.
- Through the use of TLCs or other indicators of increased resiliency, clients improve their mental health and self-sufficiency.
- Clients ameliorate their distress as described in their presenting problem.
- Clients' mental health and satisfaction with life is increased as evidenced by scores on the ORS measurement tool, or other measurement tool.
- Clients know of, and successfully access, other needed mental health services.

Senior Peer Counseling Outcome Measures:

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

- Measurement 1 – Senior Peer Counselors will complete a pre-and post-rating form which measures TLC, primary pro-health and pro-mental health activities and habits which have been shown to lead to positive physical, emotional, and cognitive improvements in people of all ages. The categories to be measured are: Exercise, Nutrition/Diet, Nature, Relationships, Recreating/ Enjoyable Activities, Relaxation/Stress Management, Religious/Spiritual Involvement, and Contribution/Service.

- Measurement 2 – ORS, which measures the following four psychological categories: 1) individually (personal well-being); 2) interpersonally (family, close relationships); 3) Socially (work, school, friendships); and 4) Overall (general sense of well-being).

- Measurement 3 – Senior Peer Counseling Volunteers will record clients' self-reported improvements in the presenting problem.

Provider: EDCA Lifeskills.

Friendly Visitor Project

While Friendly Visitor was intended to be implemented during the MHSA Fiscal Year 2017/18 – 2019/20 Three Year Program and Expenditure Plan, a contracted provider could not be identified and the project was not included in the Fiscal Year 2019/20 Annual Update. Throughout the CPPP for the Fiscal Year 2020/21 – 2022/12 Three-Year Program and Expenditure Plan, stakeholders and the community continued to support the development and implementation of a Friendly Visitor program as an adjunct to the PEI Senior Peer Counseling and Senior Link projects, and the Partnership Between Senior Nutrition and Behavioral Health project.

Through trained volunteers who are willing to provide companionship through weekly visits or phone calls, the Friendly Visitor Project is designed to help older adults prevent or overcome physical and mental health risks associated with isolation and loneliness. Additionally, Friendly Visitor Volunteers may help identify the client's unmet needs and assist with referrals to the Senior Link project for access and linkage to mental health services or other needed health care or social services resources. This project will help lower the risks associated with social isolation, including but not limited to depression, self-medication, anxiety, and loss of interest in life's daily activities. If necessary, similar supervisory services will be provided to the Friendly Visitor project volunteers as provided in the Senior Peer Counseling project. Individuals interested in becoming a Friendly Visitor must complete training, and pass a LiveScan background check prior to becoming a volunteer.

Friendly Visitor Project Goals:

- Provide clients with meaningful, one-on-one interactions with adult Friendly Visitor volunteers.

- Clients achieve improvements in their feelings of well-being as shown on a client satisfaction surveys.

- Clients are informed about other relevant mental health and support services. If applicable, Clients are linked to those resources.

- New volunteer trainings will be provided based on the need for Friendly Visitors.

- Clients will improve their mental health and resiliency.

- Clients know of, and successfully access, other needed mental health services.

Friendly Visitor Outcome Measures:

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

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

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

Senior Link Project

The Senior Link Project is being carried forward from the FY 2018/19 and FY 2019/20 Annual Updates. Although this program has not yet been implemented, the community continues to support his project, so it will be carried forward for implementation through this Plan.

The Senior Link project is designed to provide access, support, and linkage for older adults to a variety of community-based services with the goal of improving their mental health. Services may include but are not limited to collaboration with health care providers, advocacy, activities and outings, cultural and spiritual groups, and transportation and referral services.

Senior Link Project Goals:

- Clients will achieve positive outcomes including increased socialization, improved resilience and protective factors, and linkage to community resources.
- Provide referrals and linkage to mental health providers, physical health providers, community resources.

Senior Link Outcome Measures:

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

- Measurement 1 –Customer satisfaction surveys.
- Measurement 2 – Number of referrals to mental health providers, physical health providers, and community resources.

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

Primary Project

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

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

Primary Project Goals:

- Provide services in a school-based setting to enhance access.
- Build protective factors by facilitating successful school adjustment.
- Target violence prevention as a function of skills training.
- To decrease school adjustment difficulties at an early age and build protective factors to foster youth resilience and mental health.

Primary Project Outcome Measures:

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

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

Providers: Black Oak Mine Union School District (West Slope) and Tahoe Youth and Family Services (South Lake Tahoe).

Wennem Wadati: A Native Path to Healing Project

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

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

Wennem Wadati Project Goals:

- Increase awareness in the Native American community about the crisis line and available services.
- Improve the overall mental health care of Native American individuals, families and communities.
- Reduce the prevalence of alcoholism and other drug dependencies.
- Maximize positive behavioral health and resiliency in Native American individuals and families reducing suicide risk, prolonged suffering, and incarceration.
- Reduce school drop-out rates.
- Support culturally relevant mental health providers and their prevention efforts.

Wennem Wadati Outcome Measures:

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

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

Provider: Foothill Indian Education Alliance.

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

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

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

Mobile Office

As a compliment to this project, the County purchased a van that is designed and equipped to resemble a mobile office. While the van may primarily be used for the Older Adult Enrichment Projects or the Partnership Between Senior Nutrition and Behavioral Health Innovation project, it also may be used for other PEI projects and HHSA programs, including, but not limited to, Senior Legal and Adult Protective

Services. Use of the van will be to assist programs in preventing the negative consequences of untreated mental illness, or provide other MHSA-based services. Vehicle maintenance, repairs and upgrades also may be paid through this project. Additional vehicles to support PEI and community-based services may be purchased through this project, reflective of stakeholders' strong support for community-based services.

Early Intervention Programs

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

Reporting Requirements:

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

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

Children 0-5 and Their Families Project

The Children 0-5 and Their Families Project is an early intervention program provided by the Infant-Parent Center to children ages zero to five (0-5) and their families. Services are provided in the vendor's

offices on both the West Slope and in South Lake Tahoe. This project assists in early intervention by addressing needs of young children who may be experiencing symptoms related to adjustment disorder, oppositional defiance disorder, and other childhood emotional disorders.

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

- Infant-parent psychotherapy
- Individual, couple, and/or family sessions
- Home visitation
- Parenting support and guidance for fathers, mothers, and couples through programs such as Circle of Security, Theraplay, Touch Points, and/or Wisdom Pathway Parenting
- Infant massage
- Pregnancy and post-partum support
- Psychological parenting information and support for foster, grandparents, and adoptive caregivers
- Educational support to address colic, feeding, and sleep issues
- Trauma-Focused Cognitive Behavioral Therapy (CBT)
- Eye Movement Desensitization Reprocessing (EMDR)
- Identifying and removing barriers to treatment
- Case Management
- Assisting other providers to recognize early signs of poor coping, stress, and mental illness in the target population
- Community Outreach

Children 0 – 5 and Their Families Project Goals:

- Increased number of families within the target population who are accessing prevention/wellness/intervention services.
- Strengthened pipeline among area agencies to facilitate appropriate and seamless referrals between agencies in El Dorado County.
- Increased awareness of services available among families, health care providers, educators and others who may have access to target population.
- Emotional and physical stabilization of at-risk families (increasing trust).
- Improved infant/child wellness (physical and mental health).

- Improved coping/parenting abilities for young parents.
- Increased awareness and education of Domestic Violence and how it impacts families and young children.
- Enhancement of programs serving children ages zero to five (0-5).
- Decreased number of children removed from the home.
- Decreased incidence of prolonged suffering of children/families.
- Child abuse prevention.
- Suicide prevention.
- Increased cooperation and referrals between agencies.
- Reduced stigma of mental health/counseling interventions among target population.
- Improved trust of services as evidenced by an increase in self-referral by target group families.
- Decreased cost of 5150 and hospitalizations by providing services in outpatient setting.

Children 0 – 5 and Their Families Outcome Measures:

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

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

Provider: Infant Parent Center.

Prevention Wraparound Services: Juvenile Services Project

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

placements, including group home placement, psychiatric hospitalization, and youth detention. The target population for this project includes youth with complex needs who are living with their families and at risk of further involvement in the child welfare, foster care, behavioral health, and/or juvenile justice systems.

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

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

Prevention Wraparound Services: Juvenile Justice Project Goals:

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

Prevention Wraparound Services: Juvenile Justice Outcome Measures:

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

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

Provider: Stanford Youth Solutions.

Forensic Access and Engagement Project

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

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

Forensic Access and Engagement Project Goals:

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

Forensic Access and Engagement Outcome Measures

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

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

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

Expressive Therapies Project

The Expressive Therapies Project is an early intervention program that will use different expressive therapies as a therapeutic modality to help parents who may be experiencing unresolved grief due to the separation of an adopted or foster child. Expressive therapies could include, but are not limited to, painting, journaling, knitting and crochet, collage and mixed media, acting, and dance. A licensed

therapist and an artist will conduct the workshops and both will participate in the activity, using conversation as a modality to explore mental health unique to adoptive and foster child parents.

Expressive Therapies Project Goals:

- Decrease prolonged suffering related to unresolved grief due to the separation from a foster or adopted child
- Improved parent mental health and resiliency

Expressive Therapies Outcome Measures:

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

- Measurement 1 – Parent satisfaction surveys or completion of a visual analog survey at the end of each session.
- Measurement 2 – Parent self-report of increased coping mechanisms associated with secondary trauma experienced by parents of adopted or foster children (decreased prolonged suffering).
- Measurement 3 – The Clinician shall administer the Patient Health Questionnaire (PHQ-9) or similar questionnaire, at a frequency of not less than at the beginning of the first workshop session and at the end of the last workshop session.
- Measurement 4 – Number of parents referred to County Behavioral Health and the type of treatment to which parents were referred, if known.
- Measurement 5 – Parent self-report on the duration of untreated mental illness, if known.
- Measurement 6 – If known, the average interval between referral and participation in treatment.
- Measurement 7 – A description of the methods Contractor used to encourage parent access to services and follow-through on referrals.

Provider: Arts & Culture El Dorado.

National Suicide Prevention Lifeline Project

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

National Suicide Prevention Lifeline Project Goals:

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

National Suicide Prevention Lifeline Outcome Measures:

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

- Measurement 1 – Call volume by day of the week and time of day.
- Measurement 2 – Caller concerns, such as mental health, social issues, suicidal content, general needs, basic needs, physical health needs, abuse/violence.
- Measurement 3 – Caller age group.
- Measurement 4 – Caller gender.
- Measurement 5 – Number of calls the hotline employee was able to talk down from crisis compared to the number of calls required an active rescue.

Provider: The services are provided through a contract between the National Suicide Prevention Lifeline and Yolo County. CalMHSA serves as the fiscal intermediary for the program to coordinate county payments.

Stigma and Discrimination Reduction Programs

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

Reporting Requirements:

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

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

6. Implementation challenges, successes, lessons learned, and relevant examples.

7. Any other outcomes or indicates identified.

Mental Health First Aid and SafeTALK Projects

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

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

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

- An understanding of the frequency of various mental health disorders in the U.S. and the need for reduced stigma/shame in their communities.

- An action plan including the skills, resources and knowledge to evaluate the situation, select and implement appropriate interventions, and to help an individual in crisis connect with appropriate professional care.

- Information on various resources available to help someone with a mental health problem.

- Upon completion of the training, attendees receive a Mental Health First Aid certification that is valid for three years.

Mental Health First Aid Project Goals:

- Raise personal awareness about mental health, including increasing personal recognition of mental health risk factors.

- Community members use the knowledge gained in the trainings to assist those who may be having a mental health crisis until appropriate professional assistance is available.

- Opens dialogue regarding mental health, risk factors, resource referrals, and suicide prevention.

- Work towards stigma and discrimination reduction in our communities and networks.

Mental Health First Aid Outcome Measures:

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

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

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

SafeTalk Project Goals:

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

SafeTALK Outcome Measures:

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

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

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

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

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

LGBTQIA Community Education Project Goals:

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

LGBTQIA Community Education Outcome Measures:

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

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

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

Statewide PEI Projects

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

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

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

Statewide PEI Project Goals:

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

Statewide Outcome Measures:

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

Provider: CalMHSA

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

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

"Outreach" may include a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

"Potential responders" include, but are not limited to, families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, emergency medical service providers, people who provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services.

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

Reporting Requirements:

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

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

9. Any other outcomes and indicators identified.

Community Education and Parenting Classes Project

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

Parenting Classes Project Goals:

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

Parenting Classes Outcome Measures:

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

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

Providers: Summitview Child and Family Services and El Dorado County HHSA, Social Services Division/Child Welfare Services program.

Peer Partner Project

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

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

Peer Partner Project Goals:

- Engage youth and parents more fully in the child welfare case planning and services process.
- Provide informal supports to families by providing linkage to community resources that will support the efficacy of the family system.

- Empower families to make changes to address trauma and hardship, to keep families healthy, safe, and together.

Peer Partner Outcome Measures:

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

Parent Partner Outcomes

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

Youth Advocate Outcomes Measures:

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

Provider: Stanford Youth Solutions.

Mentoring for Youth Project

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

Mentoring for Youth Project Goals:

- Determine if child or family has organically or environmentally induced mental illness concerns and develop a case plan for the child.
- Conduct parent workshops.
- Through skill building activities, mentors will develop coping mechanisms with the child.

- Through education and training, mentors will normalize mental health conditions, helping to reduce stigma.
- Mentors will reduce the effects of parental mental health issues affecting the ch8ild.
- Children will utilize the skills learned to increase social and emotional development, increase academic performance, and increase socialization skills in school and in public.

Mentoring for Youth Outcome Measures:

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

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

Provider: Big Brothers Big Sisters of Northern Sierra

Access and Linkage to Treatment Programs

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

Reporting Requirements:

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

1. Unduplicated numbers of individuals served, including demographic data.
2. If known, the number of individuals with serious mental illness referred to treatment referrals and the kind of treatment to which the individual was referred to.
3. If known, the number of individuals who followed through on the referral and engaged in treatment.
    a. If known, the average duration of untreated mental illness.

b. If known, the interval between the referral and participation in treatment.

4. Completion of Quarterly and Annual Reports.
5. Implementation challenges, successes, lessons learned, and relevant examples.
6. Any other outcomes or indicators identified.

Community-based Outreach and Linkage Project

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

Included under this project is the Psychiatric Emergency Response Team (PERT) project, as described below.

Community-based Outreach and Linkage Project Goals:

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

Community-based Outreach and Linkage Outcome Measures:

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

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

Psychiatric Emergency Response Team (PERT) Project

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

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

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

PERT Project Goals:

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

PERT Outcome Measures:

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

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

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

Veterans Outreach Project

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

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

Veterans Outreach Project Goals:

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

Veterans Outreach Outcome Measures:

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

Provider: Only Kindness, Inc.

Suicide Prevention and Stigma Reduction Programs

The Suicide Prevention and Stigma Reduction Program provides education and supportive services regarding suicide prevention. Per the PEI Regulations, effective July 1, 2018, the Suicide Prevention and Stigma Reduction Program is an optional project. This project was supported during the CPPP.

Reporting Requirements:

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

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

Suicide Prevention and Stigma Reduction Project

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

Suicide Prevention and Stigma Reduction Project Goals:

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

Suicide Prevention and Stigma Reduction Outcome Measures:

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

Provider: El Dorado County staff and/or Suicide Prevention Network

PEI Administration

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

Community Services and Supports (CSS)

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

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

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

- **Full Service Partnership (FSP)** – This service embraces the "whatever it takes" model for eligible populations. The services shall be culturally competent and shall include individualized client/family-driven mental health services and supports plans which emphasize recovery and resilience, and which offer integrated service experiences for clients and families. Funding for the services and supports for FSP may include non-mental health supportive services and goods ("flexible funding") to meet the goals of the individual services and supports plans. All FSP funds are considered on a case-by-case basis and utilization of non-mental health supportive goods and services shall follow Behavioral Health's policy and procedures as well as California Code of Regulations, Title 9, Section 3620, Full Service Partnership category.

- **General System Development (GSD)** – Funding for GSD help counties change their service delivery systems and build transformational programs and services. El Dorado County offers Wellness and Recovery Services Programs under GSD. Pursuant to revisions to the MHSA, housing assistance also is offered to individuals enrolled in a GSD program. Housing assistance may include rental assistance; security deposits, utility deposits or other move-in cost assistance; utility payments; and moving costs assistance.

- **Outreach and Engagement (OE)** – Funding for OE for those populations who are currently receiving little or no Specialty Mental Health Services, including locating those individuals who have dropped out of Specialty Mental Health Services. In an effort to reach underserved populations, outreach and engagement efforts may involve collaboration with community-based organizations, faith-based agencies, tribal organizations, health clinics, schools, law enforcement agencies, Veteran groups, organizations that help individuals who are homeless or incarcerated, and other groups or individuals who work with underserved populations. Funds may be used for food, clothing, and shelter when used to engage unserved individuals.

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

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

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

CSS project structure, as categorized by CSS program:

Full Service Partnership (FSP)

- Children's FSP
- Transitional Age Youth (TAY) FSP
- Adult and Older Adult FSP
- FSP Forensic Services

General System Development

- Wellness and Recovery Services/Adult Wellness Center
- Wellness and Recovery Services/TAY Engagement
- Community Transition and Support Team

Outreach and Engagement

- Access Services
- Student Wellness Centers and Mental Health Supports
- Assisted Outpatient Treatment (AOT)
- Genetic Testing

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

- **Telehealth** – Telehealth allows clients to access Specialty Mental Health Services from remote locations using a secure video conferencing network. For clients who are unable to travel to their provider's office or for clients who live in remote, rural areas, telehealth offers an alternative method to obtain needed services. Additionally, for clients who would benefit from services, but decline to engage in services due to the stigma associated with going to a County Behavioral Health building, those clients will benefit from the option of telemedicine. The actual purchase and maintenance of the equipment will occur under the Capital Facilities and Technological Needs (CFTN) component, but ongoing services to individuals via telehealth will be provided through CSS.

- **Supportive Housing** – The Permanent Supportive Housing Project provides eligible individuals with affordable housing assistance, coupled with supportive services to help ensure successful client integration and engagement in their community. Residents are expected to pay a portion of their income toward rent and utilities, as well as participate in house meetings to assign chores, discuss housing issues, create goals, and maintain their housing. Eligible individuals are also offered supportive services provided though Behavioral Health or a contracted provider. The supportive services may include, but are not limited to mental health assessments, linkage to mental health/physical health/substance use disorder providers, outreach, crisis intervention, forensic support, training and teaching on life skills, transportation, and supports for landlords or contractors who are collaborating with El Dorado County to provide housing. This also may include funds to purchase housing units to provide permanent supportive housing to seriously mentally ill homeless individuals.

CSS Project Outcome Measures:

The State has not yet identified standardized outcomes or indicators for CSS programs. When the State provides those standards, they will be incorporated into the MHSA Plan and Annual Updates as if there were originally included because those standards will be a mandated reporting requirement.

Service Level Indicators and Outcome Tools:

Standard service level indicators and outcome tools utilized by the Behavioral Health Division and its contracted providers are:

- Adults:
    - Levels of Care Utilization System (LOCUS) for adults
    - Adult Needs and Strengths Assessment (ANSA)
- Children and Adolescents:
    - Child and Adolescent Levels of care Utilization System (CALOCUS)
    - California Child and Adolescent Needs and Strengths (CANS-50)
    - Pediatric Symptom Checklist 35 (PSC-35) for children

General Program Information

As a result of AB 1299 (2016), when a child is placed out of county, their Medi-Cal benefits will become the responsibility of the host county (where the child is living) rather than the county of origin (where the Child Welfare Case is active) through “presumptive transfer”. Under presumptive transfer, the cost of Specialty Mental Health Services for children placed in El Dorado County will become the responsibility of El Dorado County, unless presumptive transfer is waived by the county of origin. Therefore, funding for this project reflects potential impacts as a result of Presumptive Transfer.

Full Service Partnership (FSP) Programs

FSP programs improve the quality and intensity of Specialty Mental Health Services for the most seriously ill and gravely disabled individuals that are experiencing negative outcomes associated with incarceration, homelessness, and prolonged suffering.

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

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

FSPs require a "whatever it takes" approach to the provision of services, meaning finding the methods and means to engage a client, determine his or her needs for recovery, and create collaborative services and support to meet those needs. FSP teams may utilize non-traditional interventions, treatments, and supportive services tailored to each client's specific needs and strengths to aid in their recovery. Additionally, it is critical to provide both mental health and non-mental health services and supports. In addition to mental health services and supports, MHSA funds will be used to access non-mental health resources identified within the treatment plan that are needed by the client to successfully fulfill their individualized treatment plan, including but not limited to: medication and medication support; housing-related costs (such as security deposits, rent/mortgage payments, household establishment furniture and/or supplies, toiletries); moving expenses; child-care costs; educational expenses (such as tutoring, parenting courses, school-based services and supports, after-school services and supports); transportation assistance; emergency expenses; food; clothing; cost of health care treatments (including medical and dental expenses); cost of treatment of co-occurring conditions such as substance use disorders; gift cards; social activity costs (including recreational costs); client incentives (such as outreach and engagement fees or stipends and meals or snacks for clients); and other expenses that the FSP team considers necessary to support a client's treatment plan goals, objectives and/or interventions. Further, pursuant to the "Investment in Mental Health Wellness Act of 2013," as outlined in the MHSA (revised January 2019) and pursuant to California Code of Regulations, Title 9, Section 3620, FSP also may include family respite care to "help families to sustain caregiver health and well-being."

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

Children's FSP Project

The Children's FSP Project serves all eligible children. All children, including children in foster care who are eligible for services as a result of the *Katie A v. Bonta* State Settlement (now referred to as

"Pathways to Wellbeing"), will continue to be served under this project. Additionally, children who are involved with multiple providers of services, in need of intensive mental health services, are at a risk for out-of-home placement and/or at risk for a higher level of care are eligible for this program. This includes children in any residential living situation (including but not limited to home, foster care, kingap, etc.), and children placed in Short-Term Residential Treatment Programs (STRTP). Services available under this program also include, but are not limited to, Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Crisis Residential Services.

The County has identified wraparound principles and services as the foundation for the Children's FSP project. Wraparound principles include family and individual voice, team-based decision making, and use of natural supports, collaboration, community-based service, cultural competence, individualized plans, strength-based interventions, persistence, and outcome-based strategies.

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

Children's FSP Project Goals:

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

Children's FSP Outcome Measures:

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

Estimated Number of Individuals to be served: 130

Estimated Cost per person: $26,923

Providers: New Morning Youth and Family Services (West Slope), Sierra Child and Family Services (West Slope and South Lake Tahoe), Stanford Youth Solutions (West Slope and South Lake Tahoe), Summitview Child and Family Services (West Slope), Tahoe Youth and Family Services (South Lake Tahoe), and CASA El Dorado.

Transitional Age Youth (TAY) FSP Project

The TAY FSP provides services to meet the unique needs of TAY (through age 24) and encourage continued participation in mental health services. Individuals participating in this project would be eligible for the type and extent of activities and supportive services identified in the Children and Youth FSP project, or the Adult and Older Adult FSP, dependent upon the individual's age.

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

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

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

TAY FSP Project Goals:

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

TAY FSP Outcome Measures:

- Measurement 1 – Key Event Tracking (KET) – As changes occur in a client's status related to housing, employment, education, entry or exit from a psychiatric hospital, emergency department, or jail/juvenile hall.

- Measurement 2 – Number of clients graduating from Specialty Mental Health Services.
- Measurement 3 – Education attendance.
- Measurement 4 – Number of days of homelessness/housing stability.
- Measurement 5 – Continued engagement in mental health.
- Measurement 6 – Results of CALOCUS/LOCUS, CANS-50/ANSA, and PSC-35, as age appropriate.

Estimated Number of Individuals to be served: 12

Estimated Cost per person: $29,167

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

Adult and Older Adult FSP Projects

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

Intensive Case Management (ICM)

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

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

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

Transitions Treatment Program (TTP)

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

Adult and Older Adult FSP Project Goals:

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

Adult and Older Adult FSP Outcome Measures:

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

Estimated Number of Adult Individuals to be served: 250

Estimated Cost per person: $25,600

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

FSP Forensic Services

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

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

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

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

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

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

FSP Forensic Services Project Goals:

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

FSP Forensic Services Outcome Measures:

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

Estimated Number of Individuals to be served: 20

Estimated Cost per person: $26,250

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

General System Development Program

The General System Development Programs are projects that include the Wellness and Recovery Projects and the Community Transition and Support Team.

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

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

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

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

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

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

The Wellness Centers are located on the Western Slope and in South Lake Tahoe. Costs included under the Adult Wellness Centers project include, but are not limited to, staff and staff overhead, the purchase of training materials, books, project evaluation, activity supplies, gift cards for clients and/or Peer Leaders, field trip costs (e.g., entrance fees, admission ticket fees, rental fees, food, beverages, transportation), office and household supplies, cleaning supplies, computers and peripheral equipment and supplies, equipment, furniture. Staff time includes activity preparation. Additionally, food items are purchased to provide Wellness Center participants with healthy food choices and education regarding food preparation. Other support may be provided to the participants in the form of, but not limited to, transportation or transportation costs (e.g., bus passes/script, County vehicles), toiletries, and laundry. Replacement of Wellness Center items (e.g., equipment or furniture) is also included.

Additional components of this project include:

Consumer Leadership Academy

The Wellness Centers also incorporate the Consumer Leadership Academy, which provides educational opportunities to inform and empower consumers to become more involved in meaningful participation in the Wellness Centers and the community. The Academy includes peer-training, peer supportive skills training, job skills training, and training related to consumer leadership in the community. Graduates of the Academy provide mentoring to other consumers in the Academy and they assist the MHSA Team with providing presentations in the community. A meaningful role in the community may serve to be one of the most effective preventative measures to relapse to illness. Additionally, Behavioral Health Division staff support is provided.

Behavioral Health continues to seek a contracted provider to provide additional education and training for mental health consumers who may or may not be a Consumer Leadership Academy graduate. Services provided by the contracted provider may include, but not be limited to: Advertising for peers; reviewing and interviewing applicants; developing a training and education plan; providing supervision, locating sites for Peers to apply for employment or volunteer opportunities; reporting on activities; and establishing a method to provide payment for participant time investment.

Stipends for Peer Leaders

For many mental health consumers, a meaningful role in the community may be one of the most effective preventative measures to relapse to illness. Mental Health consumers who complete Behavioral Health's Consumer Leadership Academy offered through the Wellness Centers often provide educational opportunities to inform and empower other mental health consumers to become more involved in meaningful participation in the Wellness Centers and the community. The Consumer Leadership Academy includes peer-training, peer supportive skills training, job skills training, and training related to consumer leadership in the community. Peer leaders also accompany the MHSA Team on Community Program Planning Process meetings, where they share their lived experiences, their role within the Peer Leadership Academy, and how services have impacted their quality of life.

Community Wellness Center / Integrated Service Center

In response to community input over the past two years, the Behavioral Health Division continues to explore the option of a Community Wellness Center, or an integrated Behavioral Health and Community Wellness Center. If/when an appropriate site and/or provider is identified, funds from this program will be utilized to support the ongoing operations costs of the Community Wellness Center or integrated Center, including, but not limited to, the same activities and expenditures identified for the Wellness Centers located on the West Slope and in South Lake Tahoe. Community Wellness Center operations may be contracted to a provider identified in compliance with the County's Procurement Policy. Costs

for the facilities will also be allocated from the Integrated Community-based Wellness Center Project under Capital Facilities and Technology Needs (CFTN).

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

Wellness and Recovery Services/TAY Engagement Project

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

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

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

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

Wellness and Recovery Services/TAY Engagement Project Goals:

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

Wellness and Recovery Services/TAY Engagement Outcome Measures:

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

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

Community Transition and Support Team Project

The Community Transition and Support Team (CTST) Project collaborates with clients in developing a treatment plan to assist the clients with meeting their individualized goals for their transition to community-based providers. This may include, but is not limited to, rehabilitation groups providing clients with transportation and mobility training, therapeutic groups, assisting clients with finding volunteer and/or job opportunities and helping them to become more confident about navigating their communities.

Clients who continue services with Behavioral Health solely to maintain the medication support services *will not* be funded by MHSA.

Community Transition and Support Team Project Goals:

- Assist clients who no longer meet the criteria for SMHS to successfully transition from SMHS provided through the County to mental health services provided in the community, through providers such as primary care, community-based organizations, or other behavioral health providers.

Community Transition and Support Team Outcome Measures:

- Number of clients who graduate from SMHS
- Number of clients who are linked with community-based services
- Number of clients who return to SMHS

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

Outreach and Engagement Programs

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

Access Services Project

The Access Services Project engages individuals with a serious mental illness in Specialty Mental Health Services and assists in continued engagement in services by addressing barriers to service. Mental health professionals, in concert with peer counselors when possible, will provide outreach and engagement services for individuals with serious mental illness who are homeless, in the jails, receiving primary care services, and who require outreach to their homes in order to reach the at-risk population. Outreach and engagement services for current Behavioral Health clines will also be included to help them continue engagement in services. Individuals who contact Behavioral Health for services may not meet the criteria for "Specialty Mental Health Services". However, when an individual contacts the

HHSA for mental health services, they are initially presumed to have a severe mental illness, and as such, triage calls may be funded under this project.

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

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

Projects for Transition from Homelessness (PATH)

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

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

Access Services Project Goals:

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

Access Services Outcome Measures:

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

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

Student Wellness Centers and Mental Health Supports Project

The Student Wellness Centers and Mental Health Supports Project is a two-year pilot project that was implemented in October 2019.

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

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

The schools initially identified to participate in the project include El Dorado High School, Ponderosa High School, Independence High School, Oak Ridge High School, and Union Mine High School. This project may expand to include other high schools in El Dorado County.

Student Wellness Centers and Mental Health Supports Project Goals:

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

Student Wellness Centers and Mental Health Supports Outcome Measures:

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

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

Assisted Outpatient Treatment (AOT) Project

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

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

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

Funds for this program are utilized only for evaluation of AOT referrals and the initial engagement of activities in response to an AOT referral. Once an individual is engaged in Specialty Mental Health Services, either voluntarily or through a petition to the court, they are provided with FSP-level services and will receive those services through the FSP program.

AOT Project Goals:

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

AOT Project Outcome Measures:

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

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

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

Genetic Testing Project

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

Genetic Testing Project Goals:

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

Genetic Testing Outcome Measures:

- Measurement 1 – The number of clients who receive genetic testing.
- Measurement 2 – To the extent possible to measure, the number of clients who had medications adjusted after receiving the outcome of the genetic testing.

Provider: Assurex Health, Inc. and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

MHSA Permanent Supportive Housing Projects

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

Innovation (INN)

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

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

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

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

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

AB 114 reallocation reversion funds may be utilized to support this component.

Existing Innovation Projects

Community-based Engagement and Support Services

The Community-based Engagement and Support Services (more commonly referred to as "Community Hubs") was approved by the Behavioral Health Commission on May 25, 2016 and approved by the El Dorado County Board of Supervisors on June 13, 2016. The MHSOAC approved the initial project for a duration of four-years and funding of $2,760,021. The project was implemented on September 19, 2016 with direct client services beginning on May 1, 2017.

After the program approval by the MHSOAC in 2016, the project was scheduled to end September 2020. During the FY 2018/19 and FY 2019/20 MHSA Community Program Planning Process, MHSA learned that the community and stakeholders supported modifying the original Community Hubs project to address emergent challenges in staffing, technology, and analytics/reporting.

The Behavioral Health Commission supported modifying the Community Hubs project at both its June 4, 2018 and its June 12, 2019 meetings. The County's Board of Supervisors approved the modification at both its June 26, 2018 and June 25, 2019 meetings.

The MHSOAC initially placed the modification on its "Consent Calendar" for January 23, 2020. However, in order to more fully examine the project and modification request, the MHSOAC requested placing the item on their February 27, 2020 agenda.

At the February 27, 2020 MHSOAC meeting, the MHSOAC approved the Community Hubs modification. The project will end June 30, 2021 and the funding is increased by $250,000 for a total project budget of $3,010,021.

The project was approved to provide additional time and funding to more fully examine the learning objectives, in the context of additional staffing to provide the services, input the data, and analyze the results. The modification also replaces tablets that rely on spotty Wi-Fi connections with laptops that include software that does not require a Wi-Fi connection for operation. The modification also includes integrating the Public Health data into Patagonia Health, Inc., proprietary electronic medical record software used by Public Health. Migration to this software will increase the ability to provide case management services to clients, provide health-related referrals through the electronic medical records application, and develop reports needed to further evaluate the program.

Community Hubs Learning Objectives:

- Learning Objective #1 – Does providing services at the library reduce stigma?
- Learning Objective #2 – Does increasing access to prevention and early intervention reduce long-term mental health costs?
- Learning Objective #3 – Does improving coordination and integration of physical and behavioral health services increase the number of clients accessing mental health services?
- Learning Objective #4 – Does case management by a Public Health Nurse increase client screening and treatment for mental health services?
- Learning Objective #5 – Does a trauma-informed approach assist in reaching the hardest to serve mental health clients?
- Learning Objective #6 – Can Community Hubs be sustained through local planning and leveraging of resources?

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

Throughout the FY 2018/19 and FY 2019/20 MHSA Community Program Planning Process meetings, the community and stakeholders consistently identify that older adults comprise a majority of El Dorado County's population. It also was noted that individuals sometimes choose to live in El Dorado County in order to enjoy a rural life – a life where one is not "bothered" by their neighbors, commercialism, or government. This sentiment was echoed in a 2013 MHSA Older Adults survey wherein 66.25% of the respondents indicated that they did not want to bother others, 50.63% cited lack of private transportation, and 36.88% stated that the stigma associated with mental health is one of the reasons they do not seek treatment. Consequently, El Dorado County residents "age in place," and as they age,

they remain physically or geographically isolated form support systems, including mental health supports. However, community members also pointed out that older adults *will* participate in the County's home-delivered and congregate meal programs. Through the CPPP, it was suggested that perhaps older adults who participate in the Senior Nutrition Program would be more willing to engage in services, including mental health services, if given access and linkage to the services. Thus, this Innovation project was proposed and supported throughout both the FY 2018/19 and FY 2019/20 CPPP.

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

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

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

The MHSOAC approved this project on January 23, 2020. Implementation will begin during FY 2021/22, and the total project funding duration is two (2) years.

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

- Learning Objective #1 – Will using a mobile approach to reach geographically isolated seniors who participate in the Senior Nutrition Program, increase access to services?
- Learning Objective #2 - Will older adults who are already participating in a government program be more likely to engage in mental health services?
- Learning Objective #3 – After an initial screening, will older adults continue to participate in services?
- Learning Objective #4 – Is using the gatekeeper model and effective way to identify older adults potentially in need of services?
- Learning Objective #5 – Will using a mobile approach destigmatize mental health services?

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

MHSOAC Collaborative Projects

In spring of 2019, the MHSOAC approved multi-county opportunities for Collaborative Innovation Projects. Two of the projects, "allcove: A One-Stop Shop for Integrated Mental Health Support" and "Innovations to Reduce Criminal Justice Involvement of People with Mental Health Needs," address needs identified during the CPPP.

While Behavioral Health attempted to complete the extensive MHSOAC Innovation Template for the "allcove" project, staff resources were limited and this project is being placed on hold to revisit in the future once the State's participation (either directly or through a contracted entity) is fully developed.

The "Innovations to Reduce Criminal Justice Involvement of People with Mental Health Needs" project will also be revisited in the future once the State's program and participation is fully developed.

Workforce Education and Training (WET)

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

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

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

AB 114 reallocation reversion funds may be utilized to support this component to the extent allowed by the MHSA.

WET Project Goals:

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

WET Outcome Measures:

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

WET Coordinator

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

Workforce Development Project

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

non-direct treatment (e.g., raising awareness of early signs of mental illness, compliance, governance, legal updates) available in the County.

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

High Fidelity Wraparound Training

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

Early Identification of Behavioral Health Concerns Training

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

Statewide WET Planning and Community Needs Assessment

Statewide WET Planning

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

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

Community Needs Assessments

In Fall 2018, Behavioral Health/MHSA completed a survey and participated in a focus group for Office of Statewide Health Planning and Development (OSHPD). The purpose of the survey and the focus group were to provide OSHPD with a WET Evaluation/Workforce Needs Assessment Survey for development of OHSPD's five-year (5) plan. Completion of the survey fulfilled the County's statutory requirement that the county submit a workforce needs assessment report. However, further evaluation of the local Workforce Needs may benefit the community should the Statewide Needs Assessment not provide a sufficient level of detail of the County's needs. This Community Needs Assessment may be completed

independently through MHSA, or in partnership with other community-based or healthcare related entities. County staff or a contracted provider selected incompliance with the County's Procurement Policy, may be utilized to complete the project.

Capital Facilities and Technology Needs (CFTN)

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

AB 114 reallocation reversion funds may be utilized to support this component.

Electronic Health Record Project

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

Funding from this project also may be utilized to provide integration with other mental health service providers and primary health care providers, either through license expansion for Behavioral Health's current electronic health record system, or through the use of add-on software. Add-on software allows for increased communication between entities to facilitate referrals, authorizations, invoicing, and client progress notes, amongst other benefits such as providing a better continuum of care for shared clients. Add-on software may include, but is not limited to CareConnect, CareManager, and OrderConnect.

Funding from this project also supports equipment purchases, renewal and product support, licenses, and maintenance necessary for County staff to perform their work from out-stationed work locations such as hospitals and medical clinics.

Additionally, this funding may be utilized for outcome measure/performance management software and/or other software and hardware in support of Behavioral Health.

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

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

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

Video conferencing similarly allows providers to communicate effectively via video for meetings, trainings, presentations or other topics important to the public mental health system. Behavioral Health regularly uses a video conference system to allow staff, the public, community partners, and Behavioral

Health Commissioners to participate in interactive video conferencing meetings and trainings. The equipment periodically needs maintenance, updates, and/or repairs and those needs are funded through the CFTN component.

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

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

Integrated Community-based Wellness Center Project

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

FY 2020/21 Budget, Expenditure Plan, and Reversion Reallocation Expenditure Plan

MHSA Funding

The revenue and expenditure data contained in this Plan is based upon the FY 2020/21 HHSA budget. Once the FY 2019/20 financials have been finalized, the MHSA budget may need to be adjusted to reflect the actual remaining fund balances and reversion use from FY 2019/20. Those adjustments are anticipated to be minimal and will not require a Plan amendment or Annual Update to accomplish.

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

Annual Revenues

MHSA revenues are based on a one percent (1%) tax on personal income in excess of $1,000,000 and the amount received by the County varies each month and year based upon the tax revenues received by the State. In FY 2019/20, El Dorado County's share of the statewide MHSA revenues is 0.394705%, however, this percentage is recalculated annually as described in Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice 19-043[8]. For budgeting purposes, revenues are calculated based on the FY 2019/20 allocation percentage.

Fund Balances

In addition to the FY 2019/20 revenues, the El Dorado County MHSA projects maintain fund balances accrued from previous fiscal years that may be accessed during the term of the Three Year Program and Expenditure Plan. There also are planned usages of fund balances. Fund balances may be adjusted due to changes in methodologies, such as at the direction of the State. Additionally, in the event of audit findings, recoupment of Medi-Cal funds, overpayments, or other actions that result in the County owing funds back to the State or federal government, CSS (or any other component to which the funds were initially paid) may experience a revenue offset.

Prudent Reserve

The County is required to maintain a Prudent Reserve of MHSA funding to provide MHSA services during years in which MHSA revenues fall below recent averages and in which the MHSA allocations are insufficient to continue to serve the same number of individuals as the County had been serving the previous fiscal year. The required amount of Prudent Reserve has varied since the inception of MHSA, however, the current requirement pursuant to SB 192 (2018) is that the Prudent Reserve may not exceed 33% of the average monthly amount allocated to the CSS component in the last five (5) years.

If the Prudent Reserve exceeds 33% of the average monthly amount allocated to the CSS component during the previous five (5) fiscal years, the County may transfer excess funds to the CSS component and the PEI component. The amount transferred into CSS and PEI shall be in proportion to the amount the

[8] https://www.dhcs.ca.gov/formsandpubs/Pages/2019-BH-Information-Notices.aspx

County transferred from the CSS component to the Prudent Reserve through FY 2019/20 and the PEI component to the Prudent Reserve in FY 2007/08. Funds transferred from Prudent Reserve to CSS and PEI are subject to reversion. The applicable reversion period for these funds begins in the fiscal year when the county transfers the funds from the Prudent Reserve to the CSS component or PEI component. Since El Dorado County is a small county, the funds are subject to a five-year (5) reversion period and any funds transferred in FY 2020/21 must be spent by FY 2024/25.

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

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

This Prudent Reserve calculation is slightly different from the Prudent Reserve calculation presented in the County's FY 2019/20 Annual Update because the State clarified the methodology for calculating maximum Prudent Reserve, resulting a change to the amount previously identified.

Reversion

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

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

This Plan includes a Reversion Expenditure Plan.

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

Transfer of Funds Between Components

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

Community Program Planning Process Budget

Pursuant to WIC §§ 5892(a) and 5892(c), in order to promote efficient implementation of the MHSA, counties shall use funds distributed from the Mental Health Services Fund for annual planning costs pursuant to WIC § 5848. The total of these costs shall not exceed five percent (5%) of the total of annual revenues received for the fund. The planning costs shall include funds for county mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process. These expenditures will be budgeted under the general MHSA Administration costs, but will be tracked separately for reporting purposes.

El Dorado County Budget Philosophy

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

Based on current projections, there are sufficient revenues and fund balance for all planned expenditures in FY 2020/21. However, in Years 2 and 3, there may appear to be a shortage of funding to implement the approved projects due to the budgeting methodology utilized, but it is anticipated that there will be sufficient fund balances to proceed through this entire Plan. In the event that revenues and fund balances fall short of expectations, expenditures will be adjusted as needed.

Anticipated Revenues and Expenditures by Component

FY 2020-21	PEI	CSS	INN	WET	CFTN	TOTAL
Available Funds:						
Prop 63 (MHSA) - New Funding	$(1,425,000)	$(5,700,000)	$(375,000)	--	--	$(7,500,000)
AB 114 Reversion Reallocation	--	--	$(987,046)	--	--	$(987,046)
Federal: PATH and MHBG	--	$(462,000)	--	--	--	$(462,000)
Medi-Cal	--	$(3,800,000)	--	--	--	$(3,800,000)
Private Insurance / Payors	--	$(7,500)	--	--	--	$(7,500)
Misc. Revenue	--	$(100,000)	--	--	--	$(100,000)
AB 109 / AOT (Community Corrections Partnership)	--	$(235,000)	--	--	--	$(235,000)
Interest	$(28,500)	$(114,000)	$(7,500)	--	--	$(150,000)
Transfer from CSS	--	$570,000	--	$(225,000)	$(345,000)	--
Transfer to CSS from Prudent Reserve	--	--	--	--	--	--
Starting Fund Balance	$(4,318,755)	$(7,217,348)	$(1,204,776)	$(115,561)	$(1,000,000)	$(13,856,440)
Total Available Funds Budgeted	**$(5,772,255)**	**$(17,065,848)**	**$(2,574,322)**	**$(340,561)**	**$(1,345,000)**	**$(27,097,986)**

FY 2020-21	PEI	CSS	INN	WET	CFTN	TOTAL
Expenditures:						
Budgeted Expenditures from AB 114 Reversion Reallocation	--	--	$987,046	--	--	$987,046
Budgeted Expenditures from Fund Balance and New Revenues	$3,343,900	$16,160,000	$828,274	$340,000	$1,345,000*	$22,017,174
Total Budgeted FY 2020-21 MHSA Plan Expenditures	**$3,418,900**	**$16,160,000**	**$1,815,320**	**$340,000**	**$1,345,000**	**$23,079,220**
Anticipated Fund Balance at Fiscal Year End[9]	$(2,353,355)	$(905,848)	$(759,002)	$(561)	--	$(4,018,766)
Community Program Planning Costs [pursuant to WIC § 5892(c)]	*Included in above expenditures, but not to exceed five percent (5%) of the total annual MHSA revenues ($7,500,000 * 5%):*					*$375,000*

*Although $1,000,000 has been budgeted for an Integrated Care Facility, it is anticipated that those funds may not be utilized in FY 2020/21.

[9] CSS and PEI fund balance may change due to changes in calculation methodologies.

MHSA Component Budgets

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

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

Generally speaking, the following categories of projects are mandatory:

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

MHSA Component Budget – PEI

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

All funding for PEI programs is from MHSA. Should any AB 114 reversion funds be made available, those funds will be utilized prior to MHSA revenues.

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Prevention Program			
Latino Outreach Project (M)	$231,150	$231,150	$231,150
Older Adults Enrichment Projects (D)	$160,000	$160,000	$160,000
Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):			
Senior Peer Counseling Project	*34%*	*34%*	*34%*
Friendly Visitor Project	*19%*	*19%*	*19%*
Senior Link Project	*47%*	*47%*	*47%*
Primary Project (M)	$165,000	$165,000	$165,000
Wennem Wadati: A Native Path to Healing Project (M)	$125,750	$125,750	$125,750

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project (D)	$75,000	$75,000	$75,000
Early Intervention Program			
Children 0-5 and Their Families Project (M)	$300,000	$300,000	$300,000
Prevention Wraparound Services: Juvenile Services Project (M)	$550,000	$550,000	$550,000
Forensic Access and Engagement Project (D)	$385,000	$385,000	$385,000
Expressive Therapies Project (D)	$100,000	$100,000	$100,000
National Suicide Prevention Line Project (M)	$9,000	$9,000	$9,000
Stigma and Discrimination Reduction Program			
Mental Health First Aid and SafeTALK Projects (D)	$113,000	$113,000	$113,000
LGBTQIA Community Education Project (D)	$10,000	$10,000	$10,000
Statewide PEI Projects (M)	$60,000	$60,000	$60,000
Outreach for Increasing Recognition of Early Signs of Mental Illness Program			
Community Education and Parenting Classes Project (D)	$120,000	$120,000	$120,000
Peer Partner Project - Youth Advocate (M)	$95,000	$95,000	$95,000
Access and Linkage to Treatment Program			
Community-Based Outreach and Linkage Project/PERT (M)	$500,000	$500,000	$500,000
Veterans Outreach Project (D)	$150,000	$150,000	$150,000
Mentoring for Youth Project (D)	$75,000	$75,000	$75,000
Suicide Prevention Program			
Suicide Prevention and Stigma Reduction Project (D)	$70,000	$70,000	$70,000
Administrative Costs			
PEI Administrative Costs (M)	$125,000	$125,000	$125,000
Total Budget PEI Projects	**$3,418,900**	**$3,418,900**	**$3,418,900**

MHSA Component Budget – CSS

As previously discussed, of the total MHSA funding received by the County, a net 76% must be allocated to CSS per the MHSA. CSS funds received during and after FY 2017/18 must be expended within five (5) years or the funds are subject to reversion to the State. CSS funds received prior to FY 2017/18 must be expended within three (3) years or the funds are subject to reversion.

Changes in the FY 2020/21 budget reflect a true-up to anticipated expenditures based upon budgeted staffing levels and other client supports (e.g., housing-related costs, food for the Wellness Center, and non-mental health services and supports). No direct service CSS programs were intentionally reduced to allocate funding to other CSS programs.

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Full Service Partnership Projects			
Total FSP Projects	$10,775,000	$10,775,000	$10,775,000
Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):			
Children's FSP Project (M)	*32%*	*32%*	*32%*
TAY FSP Project (M)	*3%*	*3%*	*3%*
Adult and Older Adult FSP Project (M)	*59%*	*59%*	*59%*
FSP Forensic Services (M)	*5%*	*5%*	*5%*
General System Development			
Total General System Development Projects	$3,850,000	$3,850,000	$3,850,000
Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):			
Wellness and Recovery Services/Adult Wellness Centers (D)	*74%*	*74%*	*74%*
Wellness and Recovery Services/TAY Engagement (D)	*13%*	*13%*	*13%*
Community Transition and Support Team (D)	*13%*	*13%*	*13%*
Outreach and Engagement			
Access Services (M)	$1,000,000	$1,000,000	$1,000,000
Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):			
Access Services	96%	96%	96%
PATH	4%	4%	4%

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Student Wellness Centers and Mental Health Supports (D)	$260,000	TBD	TBD
Assisted Outpatient Treatment (M)	$25,000	$25,000	$25,000
Genetic Testing (D)	$100,000	$100,000	$100,000
Administrative Costs			
CSS Administrative Costs (M)	$150,000	$150,000	$150,000
Total Budget CSS Projects	$16,160,000	$15,900,000	$15,900,000
Percent of CSS Budget in FSP (per California Code of Regulations, Title 9, Section 3620(c), "The County shall direct the majority of its CSS to the FSP Service Category")	67%	68%	68%

MHSA Component Budget – INN

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

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Community-Based Engagement and Support Services Project ("Community Hubs") (D)	$1,360,320	N/A	N/A
Partnership Between Senior Nutrition and Behavioral Health (D)	$450,000	$450,000	N/A
MHSOAC: allcove: A One-Stop Shop for Integrated Youth Mental Health Support (D)	N/A	TBD	TBD
MHSOAC: Innovations to Reduce Criminal Justice Involvement of People with Mental Health Needs (D)	N/A	TBD	TBD
INN Administrative Costs (M)	$5,000	$5,000	$5,000
Total Budget INN Projects	$1,815,320	$455,000	$5,000

MHSA Component Budget – WET

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

CSS funds transferred to WET during and after FY 2017/18 are subject to a 10-year reversion period. Any unspent fund balances remaining at the end of FY 2020/21 will roll over as fund balance into FY 2021/22.

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
WET Coordinator Project (M)	$25,000	$25,000	$25,000
Workforce Development (D)	$100,000	$100,000	$100,000
Statewide WET Planning and Community Needs Assessment (M)	$105,000	$105,000	$105,000
OSHPD 5- Year Plan	$55,000	$55,000	$55,000
Community Needs Assessments	$50,000	$50,000	$50,000
WET Administrative Costs (M)	$5,000	$5,000	$5,000
Total Budget WET Projects	**$340,000**	**$340,000**	**$340,000**

MHSA Component Budget – CFTN

MHSA no longer provides funding for CFTN activities. The County has been operating this project through funds previously received and remaining as fund balance, as well as transfers from CSS. The budget includes the $500,000 transfer from CSS in FY 2017/18 and the $500,000 transfer from CSS in FY 2018/19.

Although it is unlikely that a suitable location will be identified in FY 2020/21 for the Integrated Community-based Wellness Center Project, the full amount of available funding has been budgeted in the event a location is identified.

Any unspent fund balances remaining at the end of FY 2020/21 will roll over as fund balance into FY 2021/22. CSS funds transferred during and after FY 2017/18 are subject to a 10-year reversion period.

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Electronic Health Record Project (M)	$250,000	TBD	TBD
Telehealth Project (D)	$75,000	TBD	TBD
Integrated Community-based Wellness Center Project (D)	$1,000,000	TBD	TBD

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
CFTN Administrative Costs (M)	$20,000	TBD	TBD
Total Budget CFTN Projects	**$1,345,000**	**TBD**	**TBD**

Reversion Reallocation Expenditure Plan

Assembly Bill (AB) 114 (Chapter 38, Statutes of 2017), which became effective on July 10, 2017, amended certain sections of WIC, related to the reversion of MHSA funds. In particular, AB 114 implemented provisions concerning funds subject to reversion as of July 1, 2017. Funds subject to reversion as of July 1, 2017, were deemed to have been reverted and reallocated to the county of origin for the purposes of which they were originally allocated.

DHCS MHSUDS Information Notice 18-033 outlines the reversion timeframes for each component (i.e., CSS, PEI, and INN funds must be spent within five (5) years of receiving them; WET and CFTN must be spent within 10 years of receiving them).

Additionally, INN projects approved by the MHSOAC prior to July 1, 2017, must spend all funds within three (3) fiscal years of receiving the funds (unless the originally approved INN project had a timeline of less than or greater than three (3) years). INN projects approved by the MHSOAC on or after July 1, 2017 have five (5) fiscal years to spend the funds. Pursuant to SB 70 (2019), INN projects that have been *approved by the MHSOAC* (including INN projects that budget use of AB 114 Reversion funding), the funding will not revert to the State as long as the funds are used within the timeframe in the MHSOAC-approved project.

Primary Fiscal Methodology for AB 114 Expenditures

Fiscal Year 2020/21 Expenditures will be applied against revenues in the following order:

1. AB 114 Reversion
2. FY 2017/18 Revenues
3. FY 2018/19 Revenues
4. FY 2019/20 Revenues
5. FY 2020/21 Revenues

Interest on MHSA funds will be utilized within the year it occurs.

State Notification of AB 114 Reallocated Funds

On October 31, 2019, DHCS provided El Dorado County with a document outlining funds subject to reversion. Funds returned to the County pursuant to AB 114 were required to be utilized by June 30, 2020. However, SB 79 (2019) authorized AB 114 Innovation funds to be applied to Innovation projects that were approved by the MHSOAC by June 30, 2020, rather than requiring the funds to actually be utilized by June 30, 2020.

El Dorado County utilized all remaining AB 114 Reallocated Funds in PEI, WET and CFTN (there were no CSS reallocated funds). The only component for which AB 114 reversion funds remain available are the MHSOAC-approved Innovation Projects.

Community Program Planning Process and AB 114 Reversion Reallocation

As part of the Community Program Planning Process (CPPP), stakeholders and the community were invited to comment, contribute, and discuss project and program proposals to address the AB 114 Reversion Reallocation. Stakeholders included adults and older adults with severe mental illness; families of children, adults, and older adults with severe mental illness; providers of services; law enforcement agencies; education; social services agencies; veterans; representatives from veterans organizations; providers of alcohol and drug services; health care organizations; and other important interests.

Innovation Reversion Reallocation Expenditure Plan

Innovation AB 114 Reversion Reallocation funds will be spent using the General Expenditure Methodology identified in this Plan on the projects identified in the Plan.

Appendix A:
CPPP Flyers, Meeting Agendas, Press Releases, and Surveys

Appendix A includes the Community Program Planning Process (CPPP) flyers, meeting agendas, press releases, and surveys.

MHSA
EL DORADO

Reunión de partes interesadas del proceso de planificación del programa comunitario

El Programa de ley de Servicios de Salud Mental del Condado de El Dorado busca su contribución para el desarrollo del nuevo plan de gastos para los siguientes 3 años.

Los invitamos que comparta sus ideas de los programas de Salud Mental del Conado de El Dorado!

Acompáñenos!

Octubre 8, 2019 a las 1:00 PM

South Lake Tahoe Family Resource Center

3501 Spruce Ave., #B

South Lake Tahoe, CA

Para mas information comuníquese con:

EL DORADO COUNTY BEHAVIORAL HEALTH
768 PLEASANT VALLEY RD., SUITE 201. DIAMOND SPRINGS, CA 95619
PHONE: (530) 621-6340 EMAIL: www.edcgov.us/mhsa

MHSA
EL DORADO

Community Program Planning Process
Stakeholder Meeting

El Dorado County's Mental Health Services Act (MHSA) program is seeking your input to develop the new 3-Year MHSA Three-Year Program and Expenditure Plan.

We invite you to share your feedback on mental health programs in El Dorado County!

Please join us!

November 13, 2019 at 5:00 PM

Foothill Indian Education Alliance, Inc.

100 Forni Rd., #100, Placerville, CA

For more information, please contact:

EL DORADO COUNTY BEHAVIORAL HEALTH
768 PLEASANT VALLEY RD., SUITE 201. DIAMOND SPRINGS. CA 95619
PHONE: (530) 62[illegible]-6340 EMAIL: www.edcgov.us/mhsa

MHSA
EL DORADO

Community Program Planning Process
Stakeholder Meeting

El Dorado County's Mental Health Services Act (MHSA) program is seeking your input to develop the new 3-Year MHSA Three-Year Program and Expenditure Plan.

We invite you to share your feedback on mental health programs in El Dorado County!

Please join us at one of our upcoming meetings:

11/7/19 at 1:00 PM
Placerville Library
345 Fair Ln.
Placerville, CA

OR

11/18/19 at 10:00 AM
El Dorado Hills CSD
Norm Rowlett Pavilion
1021 Harvard Way
El Dorado Hills, CA

For more information, please contact:

EL DORADO COUNTY BEHAVIORAL HEALTH
768 PLEASANT VALLEY RD. SUITE 201, DIAMOND SPRINGS, CA 95619
PHONE: (530) 621-6340 EMAIL: mhsa@edcgov.us

MHSA
EL DORADO

Community Program Planning Process
Stakeholder / Student Survey Event

El Dorado County's Mental Health Services Act (MHSA) program is seeking your input to develop the new 3-Year MHSA Three-Year Program and Expenditure Plan.

We invite you to share your feedback on mental health programs in El Dorado County!

11/20/19 at 11:00 AM

South Lake Tahoe Community College

Aspen Room

One College Drive, South Lake Tahoe, CA

For more information, please contact:

EL DORADO COUNTY BEHAVIORAL HEALTH
768 PLEASANT VALLEY RD., SUITE 201, DIAMOND SPRINGS, CA 95619
PHONE: (530) 621-6340 EMAIL: mhsa@edcgov.us

MHSA
EL DORADO

Community Program Planning Process
PEI Provider Stakeholder Meeting

Join the El Dorado Mental Health Services Act (MHSA) team at a special meeting for Prevention and Early Intervention (PEI) contracted providers to discuss and chart the future of PEI mental health services in the upcoming Fiscal Year 2020-2023 MHSA Plan.

November 21, 2019

10:00am - 12:00pm

El Dorado County Behavioral Health
768 Pleasant Valley Rd., Diamond Springs CA

For more information, please contact:

EL DORADO COUNTY BEHAVIORAL HEALTH
768 PLEASANT VALLEY RD., SUITE 201, DIAMOND SPRINGS, CA 95619
PHONE: (530) 621-6340 EMAIL: mhsa@edcgov.us

Mental Health Services Act (MHSA)
Fiscal Year 2020/21 – 2022/23 Program and Expenditure Plan
Community Meeting
Oct. 8, 2019 – South Lake Tahoe Wellness Center

Agenda:

1. Welcome and Introductions
2. MHSA Overview
    a. MHSA Plans/Annual Updates
    b. Components (Prevention and Early Intervention/PEI; Community Services and Supports/CSS; Innovation/INN; Workforce Education and Training/WET; Capital Facilities and Technology/CFTN
3. How has the Wellness Center impacted your life?
4. Input on other projects or needed projects
5. Survey

    Consumer/Family Member Survey:
    https://www.surveymonkey.com/r/MHSA2020Consumer
    Provider Survey: https://www.surveymonkey.com/r/MHSA2020Provider

MHSA email: mhsa@edcgov.us

Mental Health Services Act (MHSA)
Fiscal Year 2020/21 – 2022/23 Program and Expenditure Plan
Community Meeting
Oct. 8, 2019 – South Lake Tahoe Family Resource Center

Agenda:

1. Welcome and Introductions
2. MHSA Overview
    a. MHSA Plans/Annual Updates – history
    b. Components (Prevention and Early Intervention/PEI; Community Services and Supports/CSS; Innovation/INN; Workforce Education and Training/WET; Capital Facilities and Technology/CFTN
    c. Budget
3. Latino Outreach Program (PEI) – designed to engage Latino families and provide greater access to culturally competent mental health services.
    a. Promotora services – outreach, engagement, screening, integrated service linkage, interpretation services, and peer/family support
        i. SLT FRC in South Lake Tahoe ($135,150/year)
4. Input on other projects or needed projects
5. Survey

    Consumer/Family Member Survey:
    https://www.surveymonkey.com/r/MHSA2020Consumer
    Provider Survey: https://www.surveymonkey.com/r/MHSA2020Provider

MHSA email: mhsa@edcgov.us

Mental Health Services Act (MHSA)
Fiscal Year 2020/21 – 2022/23 Program and Expenditure Plan
Community Meeting
Oct. 17, 2019 – Senior Peer Counselors

Agenda:

1. Welcome and Introductions
2. MHSA Overview
    a. MHSA Plans/Annual Updates
    b. Components (Prevention and Early Intervention/PEI, Community Services and Supports/CSS, Innovation/INN, Workforce Education and Training/WET; Capital Facilities and Technology/CFTN
3. Senior Peer Counseling Project
4. Input on other projects or needed projects
    a. Proposal for Friendly Visitor and Primary Project expansion to transitional kindergarten (currently K-3 grade)
5. Survey

MHSA email: mhsa@edcgov.us

Mental Health Services Act (MHSA)
Fiscal Year 2020/21 – 2022/23 Program and Expenditure Plan
Community Meeting – Consumers/Peers
Nov. 4, 2019 – West Slope Wellness Center

Agenda:

1. Welcome and Introductions
2. MHSA Overview
    a. MHSA Plans/Annual Updates
    b. Components (Prevention and Early Intervention/PEI, Community Services and Supports/CSS, Innovation/INN, Workforce Education and Training/WET; Capital Facilities and Technology/CFTN
3. Survey

MHSA email: mhsa@edcgov.us

Mental Health Services Act (MHSA)
Fiscal Year 2020/21 – 2022/23 Program and Expenditure Plan
Community Meeting
Nov. 4, 2019 – Family & Student Support Team (FASST) – Garden Valley

Agenda:

1. Welcome and Introductions
2. MHSA Overview
    a. MHSA Plans/Annual Updates - history
    b. Components (Prevention and Early Intervention/PEI, Community Services and Supports/CSS, Innovation/INN, Workforce Education and Training/WET; Capital Facilities and Technology/CFTN
3. Input on other projects or needed projects
4. Survey - Provider survey online link: https://www.surveymonkey.com/r/MHSA2020Provider

    Link can be shared and forwarded

MHSA email: mhsa@edcgov.us

Mental Health Services Act (MHSA)
Fiscal Year 2020/21 – 2022/23 Program and Expenditure Plan
Community Meeting
Nov. 7, 2019 – Placerville Library

Agenda:

1. Welcome and Introductions
2. Agenda review and "Spotlight" handouts
3. Guest Speakers with lived experience
4. MHSA Overview
    a. MHSA Plans/Annual Updates - history
    b. Components (Prevention and Early Intervention/PEI, Community Services and Supports/CSS, Innovation/INN, Workforce Education and Training/WET; Capital Facilities and Technology/CFTN
5. Input on other projects or needed projects, combining projects
6. Survey

    Consumer/Family Member Survey:
    https://www.surveymonkey.com/r/MHSA2020Consumer
    Provider Survey: https://www.surveymonkey.com/r/MHSA2020Provider

MHSA email: mhsa@edcgov.us

Mental Health Services Act (MHSA)
Fiscal Year 2020/21 – 2022/23 Program and Expenditure Plan
Community Meeting
Nov. 18, 2019 – Norm Rowlett Pavilion, El Dorado Hills

Agenda:

1. Welcome and Introductions
2. Special guests with lived experience
3. MHSA Overview
    a. MHSA Plans/Annual Updates – history
    b. Budget
    c. Components (Prevention and Early Intervention/PEI, Community Services and Supports/CSS, Innovation/INN, Workforce Education and Training/WET; Capital Facilities and Technology/CFTN)
4. Input on other projects or needed projects
5. Survey

    Consumer/Family Member Survey:
    https://www.surveymonkey.com/r/MHSA2020Consumer
    Provider Survey: https://www.surveymonkey.com/r/MHSA2020Provider

MHSA email: mhsa@edcgov.us

Mental Health Services Act (MHSA)
Fiscal Year 2020/21 – 2022/23 Program and Expenditure Plan
Community Meeting
Nov. 20, 2019 – Lake Tahoe Community College

Agenda:

1. Welcome and Introductions
2. MHSA Overview
    a. MHSA Plans/Annual Updates – history
    b. Budget
    c. Components (Prevention and Early Intervention/PEI, Community Services and Supports/CSS, Innovation/INN, Workforce Education and Training/WET; Capital Facilities and Technology/CFTN)
3. Input on other projects or needed projects
4. Survey

    Consumer/Family Member Survey:
    https://www.surveymonkey.com/r/MHSA2020Consumer

MHSA email: mhsa@edcgov.us

Mental Health Services Act (MHSA)
Fiscal Year 2020/21 – 2022/23 Program and Expenditure Plan
PEI Provider Community Meeting
Nov. 21, 2019 – Diamond Springs

Agenda:

1. Welcome and Introductions
2. MHSA Overview
    a. MHSA Plans/Annual Updates – history
    b. Budget
    c. Components (Prevention and Early Intervention/PEI, Community Services and Supports/CSS, Innovation/INN, Workforce Education and Training/WET; Capital Facilities and Technology/CFTN)
3. Input on projects, combining projects, deleting projects, new projects
4. Survey

    Consumer/Family Member Survey:
    https://www.surveymonkey.com/r/MHSA2020Consumer
    Provider Survey: https://www.surveymonkey.com/r/MHSA2020Provider

MHSA email: mhsa@edcgov.us

Commission on Aging
January 16, 2020

1. Intro
2. MHSA – Prop 63, enacted 2005
    a. 3-year cycle, where we are now
    b. Tree – Guiding values
    c. Budget
    d. Components
3. CPPP
    a. 1300 surveys
        i. 58 Provider
        ii. 66 consumer
    b. 18 CPPP meetings county-wide
        i. 80 attendees
    c. FB –
        i. Students and MH at schools
        ii. Suicide prevention education
        iii. Housing and affordable housing
        iv. PIP program expand to TK
        v. Friendly Visitor
4. Draft Plan
    a. PEI –
        i. Expand to PIP to TK
        ii. Add Friendly Visitor
        iii. Expand PERT to 2 clinicians
    b. CSS
        i. Contract out with entity that will help with assisting with finding and maintaining permanent supportive housing

ii. Create a “search team” that will help find individuals who have dropped out of MH services.
iii. Stipends for peer leaders
iv. Expand funding for Student Wellness Centers, to include Golden Sierra HS

5. Innovation Update
    a. HUBS modification at 1/23 MHSOAC on consent
    b. Partnership between Senior Nutrition and BH: Approved under delegated signature authority (Tues), but don’t have confirmation
6. Timeline
    a. September – January – CPPP
    b. Jan – March
        i. Analyze CPPP, draft new Plan
    c. March – April – Public Comment
    d. April 22 – Public Hearing at BHC
    e. June 9 – present to BOS

Mental Health Services Act (MHSA)
Fiscal Year 2020/21 – 2022/23 Program and Expenditure Plan
Community Meeting
Jan. 29, 2020 – Foster and Kinship Group

Agenda:

1. Welcome and Introductions
2. MHSA Overview
    a. MHSA Plans/Annual Updates – history
    b. Components (Prevention and Early Intervention/PEI, Community Services and Supports/CSS, Innovation/INN, Workforce Education and Training/WET; Capital Facilities and Technology/CFTN)
3. Discussion of Expressive Therapies PEI project specifically for foster parents, adoptive parents, and caregivers of children who are not their own children

    Consumer/Family Member Survey:
    https://www.surveymonkey.com/r/MHSA2020Consumer
    Provider Survey: https://www.surveymonkey.com/r/MHSA2020Provider

MHSA email: mhsa@edcgov.us

Mental Health Services Act (MHSA)
Fiscal Year 2020/21 – 2022/23 Program and Expenditure Plan
Community Meeting
February 6, 2020 – Resource Family Support Meeting (Placerville)

Agenda:

1. Welcome and Introductions
2. MHSA Overview
    a. MHSA Plans/Annual Updates – history
    b. Budget
    c. Components (Prevention and Early Intervention/PEI, Community Services and Supports/CSS, Innovation/INN, Workforce Education and Training/WET; Capital Facilities and Technology/CFTN)
3. Implementation of the Expressive Therapies PEI project for foster parents, adoptive parents, and caregivers of children who are not their own children

MHSA email: mhsa@edcgov.us

Mountain Democrat

PLACERVILLE, CALIFORNIA

News News

Mental Health seeks community input for Prop. 63 funds

By News release

El Dorado County is in the process of gathering community input for the next three-year Mental Health Services Act Program and Expenditure Plan.

In 2004 California voters approved Proposition 63, the Mental Health Services Act (MHSA). Prop. 63 places a 1-percent tax on personal incomes over $1 million. The state then distributes funds to the counties. The services provided under MHSA are consumer and family-driven, recovery-oriented, accessible, culturally competent and they offer integrated service experiences for consumers and their families.

Community service providers can fill out an online survey at surveymonkey.com/r/MHSA2020Provider.

Consumers/family members are asked to complete a separate online survey at surveymonkey.com/r/MHSA2020Consumer.

Those who are both community service providers and a consumers/family members are free to complete both surveys.

The MHSA Team welcomes residents to attend one of its upcoming community program planning meetings:

- Nov. 7 at 1 p.m. at the Placerville library, 345 Fair Lane in Placerville
- Nov. 18 at 10 a.m. at the El Dorado Hills Community Services District's Norm Rowlett Pavilion, 1021 Harvard Way, El Dorado Hills

Survey responses must be submitted by Nov. 30.

Mental Health Services Act (MHSA): Charting the Future in Mental Health Services

Consumer and Family Survey

What area(s) do you represent relative to mental health issues? (Check all that apply)

- ☐ Consumer
- ☐ Family of consumer
- ☐ Veteran
- ☐ Veteran organization
- ☐ Law enforcement
- ☐ Student
- ☐ Parent of student
- ☐ Education provider
- ☐ Mental health provider
- ☐ Healthcare provider
- ☐ AOD provider
- ☐ Social Services Agency
- ☐ General interest in mental health issues
- ☐ Other (please specify):

Where do you live?

- ☐ **West County** (Cameron Park, El Dorado Hills, Rescue, Shingle Springs)
- ☐ **Placerville Area** (Diamond Springs, El Dorado, Placerville, Pleasant Valley)
- ☐ **North County** (Coloma, Cool, Lotus, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill)
- ☐ **South County** (Fair Play, Grizzly Flats, Mt. Aukum, Somerset)
- ☐ **Mid County** (Camino, Cedar Grove, Echo Lake, Pollock Pines, Kyburz, Pacific House, Riverton)
- ☐ **Tahoe Basin** (Meyers, South Lake Tahoe, Tahoma)
- ☐ **Out of the County**, but I work in El Dorado County

What is your race / ethnicity?

☐ American Indian or Alaska Native ☐ Black or African American ☐ Latino/Hispanic
☐ Native Hawaiian or Pacific Islander ☐ Asian ☐ White ☐ Other:

What is your age? ☐ 0-15 years ☐ 16-24 years ☐ 25-59 years ☐ 60+ years

What is your current gender identity (check all that apply)?

☐ Female ☐ Male ☐ Trans male/trans man
☐ Trans female/ trans woman ☐ Genderqueer/gender non-conforming ☐ Different identity (please state):

In thinking about your or your loved one's experience <u>in getting access to</u> mental health services through County of El Dorado's Mental Health (does not include substance use disorder services – alcohol and drug treatment services), how true are the following statements?

Obtaining Services	Not at all true	A little bit true	Mostly true	Very true	Don't know or N/A
I or my loved one know who to call for mental health services.					
I or my loved one know where to go for mental health services.					
I have used the County's Behavioral Health website for information about who to call, where to go, or programs offered.					
Please explain or elaborate on your answers above:					

PLEASE TURN THE PAGE FOR MORE QUESTIONS

In thinking about your or your loved one's experience in receiving mental health services through County of El Dorado's Mental Health (does not include substance use disorder services – alcohol and drug treatment services), how true are the following statements?

Receiving Services	Not at all true	A little bit true	Mostly true	Very true	Don't know or N/A
I believe the mental health services I or my loved one receive are helpful.					
When receiving mental health services, I or my loved one feel safe and supported and I feel respected by the mental health team.					
I or my loved one was able to provide input on treatment modalities and goals.					
I or my loved one has received services funded by Mental Health Services Act (MHSA) funding.					
Services are available in the language I or my loved one want to use.					
Services are sensitive to my or my loved one's culture or ethnicity.					
Please explain or elaborate on your answers above:					

Based on your experience in receiving mental health services, what are the greatest strengths of El Dorado County's mental health system. Please select up to three (3) strengths.

	#1 (greatest strength)	#2 (second greatest strength)	#3 (third greatest strength)	Unknown
Ease of calling and requesting an appointment.				
Ease of attending appointments.				
The quality of the services.				
The quality of the mental health provider.				
Services are driven by consumers and their families.				
Crisis services are available 24/7.				
Other:				

PLEASE TURN THE PAGE FOR MORE QUESTIONS

Based on your experience in receiving mental health services, what are the greatest needs locally for mental health services (community, provider medical center, County Mental Health, etc.)? Please select up to three (3) needs.

	#1 (greatest weakness)	#2 (second greatest weakness)	#3 (third greatest weakness)	Unknown
Services are difficult to access (e.g., difficult to get appointments, inconvenient hours and location).				
More services are needed.				
The quality of the services need to be improved.				
Services and referrals are not right for consumer needs.				
Please explain your #1 choice in more detail:				
Other:				

As a whole, please rate MHSA-funded programs serving the following:

Service	Excellent	Good	Neutral	Fair	Poor	Unknown
Children 0-5 years old						
Youth 6-12 years old						
Teens 13-17 years old						
Teens 18-25 years old						
Adults 26-59 years old						
Older Adults 60+						
Latinos						
Native Americans						
Veterans						
LGBTQ						
Homeless						
Justice-involvement						
Those with serious mental illness						
Individuals at risk for mental illness						
Crisis response services provided by Behavioral Health or the Psychiatric Emergency Response Team (PERT)						
Wellness Center						
Suicide Prevention						

PLEASE TURN THE PAGE FOR MORE QUESTIONS

In thinking about how familiar you are with the following MHSA-funded Prevention and Early Intervention services, please rate how important each services is to improving overall mental health.

Prevention and Early Intervention (PEI) Service	Very Important	Somewhat Important	Neutral	Not important	Unknown
Latino Outreach					
Senior Peer Counseling					
Primary Intervention Project (nondirective play therapy for K-3rd grade)					
Wennem Wadati: A Native Path to Healing					
Children 0-5 and Their Families					
Prevention Wraparound Services: Juvenile Services					
Mental Health First Aid and Community Education					
Community Education and Parenting Classes					
Mentoring for Youth					
Psychiatric Emergency Response Team (PERT)					
Veterans Outreach					
Suicide Prevention Program					
Do you have an idea for a new prevention program?					

If you would like to be added to our MHSA email distribution list, please provide your contact information below:

Name:
Mailing Address:
Email Address:

Thank you for your feedback!

Please return survey to:

El Dorado County HHSA, ATTN: MHSA Team, 768 Pleasant Valley Road, Suite 201, Diamond Springs, CA 95619

or MHSA@edcgov.us

MHSA EL DORADO

Ley de Servicios de Salud Mental (MHSA, por sus siglas en inglés): Trazando el Futuro en los Servicios de Salud Mental

Encuesta de consumidores y familias

¿Qué área(s) representa en relación con los problemas de salud mental? (Marque todas las opciones que correspondan)

- ☐ Consumidor
- ☐ Familia del consumidor
- ☐ Veterano
- ☐ Organización de veteranos
- ☐ Organismo de seguridad
- ☐ Estudiante
- ☐ Padre/madre de estudiante
- ☐ Proveedor de educación
- ☐ Proveedor de salud mental
- ☐ Proveedor sanitario
- ☐ Proveedor de AOD
- ☐ Agencia de servicios sociales
- ☐ Interés general en temas de salud mental
- ☐ Otro (especifique):

¿Dónde vive?

- ☐ **Oeste del Condado** (Cameron Park, El Dorado Hills, Rescue, Shingle Springs)
- ☐ **Área de Placerville** (Diamond Springs, El Dorado, Placerville, Pleasant Valley)
- ☐ **Norte del Condado** (Coloma, Cool, Lotus, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill)
- ☐ **Sur del Condado** (Fair Play, Grizzly Flats, Mt. Aukum, Somerset)
- ☐ **Centro del Condado** (Camino, Cedar Grove, Echo Lake, Pollock Pines, Kyburz, Pacific House, Riverton)
- ☐ **Cuenca de Tahoe** (Meyers, South Lake Tahoe, Tahoma)
- ☐ **Fuera del condado**, pero yo trabajo en el condado de El Dorado

¿Cuál es su raza / grupo étnico? ☐ Indio Americano o Nativo de Alaska ☐ Negro o Afroamericano ☐ Latino/Hispano ☐ Nativo de Hawái o de las Islas del Pacífico ☐ Asiático ☐ Blanco ☐ Otro:

¿Qué edad tiene? ☐ 0 a 15 años ☐ 16 a 24 años ☐ 25 a 59 años ☐ Mayor de 60 años

¿Cuál es su identidad de género actual (marque todas las que correspondan)?

- ☐ Femenino
- ☐ Trans femenino / Mujer trans
- ☐ Masculino
- ☐ Género no binario / Inconformidad de género
- ☐ Trans masculino/Hombre trans
- ☐ Identidad diferente (por favor, indique):

Al pensar en su experiencia o en la de su ser querido <u>para obtener acceso a</u> los servicios de salud mental a través de la Salud Mental del Condado de El Dorado (no incluye los servicios de trastorno por uso de sustancias: servicios de tratamiento por alcohol y drogas), ¿qué tan ciertas son las siguientes declaraciones?

Obtener servicios	No es cierto en absoluto	Un poco cierto	Bastante cierto	Muy cierto	No sé o no aplica
Yo o mi ser querido sabemos a quién **llamar** para recibir servicios de salud mental.					
Yo o mi ser querido sabemos a **dónde ir** para recibir servicios de salud mental.					
He utilizado el sitio web de Salud Conductual del Condado para obtener información sobre a quién llamar, a dónde ir o los programas que se ofrecen.					
Por favor, explique o amplíe sus respuestas anteriores:					

DÉ LA VUELTA A LA PÁGINA PARA VER MÁS PREGUNTAS

Al pensar en su experiencia o en la de su ser querido para recibir servicios de salud mental a través de la Salud Mental del Condado de El Dorado (no incluye los servicios de trastorno por uso de sustancias: servicios de tratamiento por alcohol y drogas), ¿qué tan ciertas son las siguientes declaraciones?

Recibir servicios	No es cierto en absoluto	Un poco cierto	Bastante cierto	Muy cierto	No sé o no aplica
Creo que los servicios de salud mental que yo o mi ser querido recibimos son útiles.					
Cuando recibimos servicios de salud mental, yo o mi ser querido nos sentimos seguros y apoyados y me siento respetado por el equipo de salud mental.					
Yo o mi ser querido pudimos dar nuestra opinión acerca de las modalidades y los objetivos del tratamiento.					
Yo o mi ser querido hemos recibido servicios financiados por la Ley de Servicios de Salud Mental (MHSA, por sus siglas en inglés).					
Los servicios están disponibles en el idioma que yo o mi ser querido queremos usar.					
Los servicios tienen en cuenta mi cultura o etnia o la de mi ser querido.					
Por favor, explique o amplíe sus respuestas anteriores:					

Según su experiencia a la hora de recibir servicios de salud mental, ¿cuáles son las mayores fortalezas del sistema de salud mental del Condado de El Dorado? Seleccione hasta tres (3) puntos fuertes.

	N.º 1 (mayor fortaleza)	N.º 2 (segunda mayor fortaleza)	N.º 3 (tercera mayor fortaleza)	Desconocido
Facilidad para llamar y solicitar una cita.				
Facilidad para asistir a las citas.				
La calidad de los servicios.				
La calidad del proveedor de salud mental.				
Los servicios son impulsados por los consumidores y sus familias.				
Los servicios de crisis están disponibles 24/7.				
Otro:				

DÉ LA VUELTA A LA PÁGINA PARA VER MÁS PREGUNTAS

Según su experiencia a la hora de recibir servicios de salud mental, ¿cuáles son las mayores necesidades locales de servicios de salud mental (comunidad, centro médico del proveedor, Salud Mental del Condado, etc.)? Seleccione hasta tres (3) necesidades.

	N.º 1 (mayor debilidad)	N.º 2 (segunda mayor debilidad)	N.º 3 (tercera mayor debilidad)	Desconocido
Es difícil acceder a los servicios (por ejemplo, es difícil obtener citas, horarios y ubicación inconvenientes).				
Se necesitan más servicios.				
La calidad de los servicios tiene que mejorar.				
Los servicios y referencias no son adecuados para las necesidades del consumidor.				
Por favor explique su opción n.º 1 con más detalle:				
Otro:				

En general, califique los programas financiados por MHSA que atienden lo siguiente:

Servicio	Excelente	Bueno	Neutral	Aceptable	Malo	Desconocido
Niños de 0 a 5 años						
Jóvenes de 6 a 12 años						
Adolescentes de 13 a 17 años						
Adolescentes de 18 a 25 años						
Adultos de 26 a 59 años						
Adultos mayores de 60 años						
Latinos						
Nativos Americanos						
Veteranos						
LGBTQ						
Sin hogar						
Participación de la justicia						
Personas con enfermedades mentales graves						
Personas en riesgo de enfermedad mental						
Servicios de respuesta a crisis proporcionados por Salud Conductual o por el Equipo de Respuesta a Emergencias Psiquiátricas (PERT, por sus siglas en inglés)						
Centro de Bienestar						
Prevención del suicidio						

DÉ LA VUELTA A LA PÁGINA PARA VER MÁS PREGUNTAS

Al pensar en qué tan familiarizado está con los siguientes servicios de prevención e intervención temprana financiados por la MHSA, califique la importancia de cada servicio para mejorar la salud mental en general.

Servicio de Prevención e Intervención Temprana (PEI, por sus siglas en inglés)	Muy importante	Algo importante	Neutral	No es importante	Desconocido
Alcance a la Comunidad Latina					
Consejería entre pares para personas de la tercera edad					
Proyecto de Intervención Primaria (terapia de juego no directiva para grados K-3º)					
Wennem Wadati: Un Camino Nativo a la Curación					
Niños de 0 a 5 años y sus familias					
Servicios Integrales de Prevención: Servicios juveniles					
Primeros Auxilios de Salud Mental y Educación Comunitaria					
Educación Comunitaria y Clases para Padres					
Orientación para Jóvenes					
Equipo de Respuesta a Emergencias Psiquiátricas (PERT, por sus siglas en inglés)					
Alcance a Veteranos					
Programa de Prevención del Suicidio					
¿Tiene alguna idea para un nuevo programa de prevención?					

Si desea ser agregado a nuestra lista de distribución de correo electrónico de MHSA, proporcione su información de contacto a continuación:

Nombre:
Dirección postal:
Correo electrónico:

¡Gracias por sus comentarios!

Por favor, envíe la encuesta a:

El Dorado County HHSA, ATTN: MHSA Team, 768 Pleasant Valley Road, Suite 201, Diamond Springs, CA 95619

o a MHSA@edcgov.us

Mental Health Services Act: Charting the future in Mental Health Services

Provider Survey

What area(s) do you represent relative to mental health issues? (Check all that apply)

- ☐ Consumer
- ☐ Family of consumer
- ☐ Veteran
- ☐ Veteran organization
- ☐ Law enforcement
- ☐ Student
- ☐ Parent of student
- ☐ Education provider
- ☐ Mental health provider
- ☐ Healthcare provider
- ☐ AOD provider
- ☐ Social Services Agency
- ☐ General interest in mental health issues
- ☐ Other (please specify):

Where is your office?

- ☐ **West County** (Cameron Park, El Dorado Hills, Rescue, Shingle Springs)
- ☐ **Placerville Area** (Diamond Springs, El Dorado, Placerville, Pleasant Valley)
- ☐ **North County** (Coloma, Cool, Lotus, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill)
- ☐ **South County** (Fair Play, Grizzly Flats, Mt. Aukum, Somerset)
- ☐ **Mid County** (Camino, Cedar Grove, Echo Lake, Pollock Pines, Kyburz, Pacific House, Riverton)
- ☐ **Tahoe Basin** (Meyers, South Lake Tahoe, Tahoma)
- ☐ **Out of the County**, but I work in El Dorado County

For the person completing this survey, what is your race / ethnicity?

☐ American Indian or Alaska Native ☐ Black or African American ☐ Latino/Hispanic
☐ Native Hawaiian or Pacific Islander ☐ Asian ☐ White ☐ Other:

How long have you been in business? ☐ 0-3 years ☐ 4-5 years ☐ 6-10 years ☐ 1-14 years ☐ 15+ years

What is your current gender identity (check all that apply)?

☐ Female ☐ Male ☐ Trans male/trans man
☐ Trans female/ trans woman ☐ Genderqueer/gender non-conforming ☐ Different identity (please state):

In thinking about the services your organization provides, please rank the top three areas you feel your organization excels at or provides the best care in. Please only select the top three (3).

Strength	#1 (Greatest strength)	#2 (Second greatest strength)	#3 (Third greatest strength)
The services my organization provides are useful for the clients and/or their families.			
The services my organization provides focuses on the belief that our clients can get better.			
My organization works with the client, and when appropriate, their family, to make decisions about their services.			
My organization provides culturally competent services.			

Strength	#1 (Greatest strength)	#2 (Second greatest strength)	#3 (Third greatest strength)
My organization is able to connect clients and their families to other services in El Dorado County.			
My organization provides services needed by underserved/unserved community members.			

In thinking about the services your organization provides, please rank the top three areas for improvement. Please only select the top three (3).

Areas for Improvement	#1 (Needs the most improvement)	#2 (Needs some improvement)	#3 (Needs improvement)
The services my organization provides focuses on the belief that our clients can get better.			
My organization works with the client, and when appropriate, their family, to make decisions about their services.			
My organization provides culturally competent services.			
My organization is able to connect clients and their families to services in El Dorado County.			
My organization provides services needed by underserved/unserved community members.			
(If you are a current MHSA-contracted service provider): My organization is able to accurately collect data that is required for MHSA reporting purposes, as outlined in my contract with El Dorado County.			
My organization is able to provide training opportunities for community partners and the public.			

In thinking about how familiar you are with the following MHSA-funded Prevention and Early Intervention (PEI) services, please rate how important each services is to improving overall mental health.

Prevention and Early Intervention (PEI) Service	Very Important	Somewhat Important	Neutral	Not important	Unknown
Latino Outreach					
Senior Peer Counseling					
Primary Intervention Project					
Wennem Wadati: A Native Path to Healing					
Children 0-5 and Their Families					

Prevention and Early Intervention (PEI) Service	Very Important	Somewhat Important	Neutral	Not important	Unknown
Prevention Wraparound Services: Juvenile Services					
Mental Health First Aid and Community Education					
Community Education and Parenting Classes					
Mentoring for Youth					
Psychiatric Emergency Response Team (PERT)					
Veterans Outreach					
Suicide Prevention Program					
Do you have an idea for a new prevention program? Or an idea on how to combine projects to serve multiple individuals under one project?					

If you would like to be added to our MHSA email distribution list, please provide your contact information below:

Name:
Mailing Address:
Email Address:

Thank you for your feedback!

Please return survey to:

El Dorado County HHSA, ATTN: MHSA Team, 768 Pleasant Valley Road, Suite 201, Diamond Springs, CA 95619

or via email to MHSA@edcgov.us or via fax to (530) 663-8403

MHSA EL DORADO