Emerald Bay, Lake Tahoe

EL DORADO COUNTY

MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE

FISCAL YEAR 2021/22

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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)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

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 Behavioral Health Director

We are pleased to share El Dorado County's Fiscal Year 2021/22 Mental Health Services Act (MHSA) Annual Update (Update). This Update is a reflection of community and stakeholder input on services that reflect the MHSA core values.

When the El Dorado County MHSA Project Team presented the Fiscal Year 2020/21-2022/23 MHSA Three-Year Program and Expenditure Plan to the Board of Supervisors in June 2020, California was officially about two and a half months into the Public Health Emergency related to the Coronavirus pandemic. At the time, the full economic, mental, emotional, and physical impact of the Public Health Emergency was unknown. Now, over a year into the Public Health Emergency, Behavioral Health continues to be steadfast in providing services to our community. In the midst of uncertainty, our staff, many of whom are also impacted personally by the Public Health Emergency, step up with integrity and continue to serve the community.

While we are still continuing to realize the economic, mental, emotional, and physical impact of the Public Health Emergency, it is important to note that Behavioral Health has been closely monitoring the pulse of the community's needs. We also have been carefully tracking MHSA revenue and projected declines in revenue. We are hopeful that by being fiscally conservative, we will be able to sustain all projects in this Update, through at least Fiscal Year 2021/22. As the now-popular tagline reads, "We're in this together" and together we will come out stronger. We remain diligent and dedicated to our community and stakeholders.

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

Sincerely,

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

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Executive Summary

History of MHSA

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

This Update provides El Dorado County stakeholders with an overview of the direction of Behavioral Health services in El Dorado County, to report on existing MHSA projects and services, and to incorporate any changes in the MHSA funded programs.

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 is the first Update in the current three-year cycle.

Substantial Changes in this FY 2021/22 Update

The purpose of this Update is to review the Three-Year MHSA Program and Expenditure Plan for modifications, and to evaluate the first year of projects under the MHSA Three-Year Program and Expenditure Plan. With the potential decline in MHSA revenues in the third year of this three-year plan cycle, this Update reflects very minor modifications to the Three-Year Plan. Component modifications are as follows:

- Prevention and Early Intervention (PEI):
  - *Expressive Therapies Project, Primary Project (provided by Tahoe Youth and Family Services), Wennem Wadati: A Native Path to Healing Project:* True-ups (reductions) in budget to more closely reflect anticipated expenditures.
  - *Prevention Wraparound Services / Juvenile Justice Project:* True-up (reduction) in budget to more closely reflect anticipated expenditures and expanded to accept referrals for youth and families from Behavioral Health's Access Team.
  - *National Suicide Prevention Lifeline Project:* True-up (increase) in budget to more closely reflect anticipated expenditures.
  - *TimelyMD Project:* Lake Tahoe Community College will be implementing a telehealth solution called "TimelyMD". TimelyMD offers basic medical consultations at their "Bronze" level, but the "Silver" level includes mental health services. MHSA will be providing Lake Tahoe Community College with the necessary funding to increase their coverage from the Bronze to Silver level to allow students access to mental health telehealth services.
  - *Student Wellness Centers* – Middle School Project: A two-year pilot project to assist in early intervention by addressing the needs of pre-adolescent and adolescent youth who may be experiencing mental health concerns.
  - *Mental Health First Aid and safeTALK Projects:* To allow for a greater selection of community education projects related to Stigma and Discrimination Reduction, the name of this project have been changed to "Mental Health First Aid, safeTALK and Other Community Education Projects", and the description has been updated to allow alternate training options and providers.

- *LGBTQIA Project* – increase the budget to expand the project to include direct services and remove "Community Education" from the name of the project to reflect the broader spectrum of services.
- *Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project:* The mobility van was purchased in FY 2019/20, so costs for the ongoing maintenance and repairs of the van have been included in this project. There also is a budget true-up (reduction) to more closely reflect anticipated expenditures.
- *Community-based Outreach and Linkage Project:* El Dorado County Mental Health is partnering with other entities in South Lake Tahoe as part of the South Lake Tahoe Alternative Collaboration Services (STACS) program.
- *Suicide Prevention and Stigma Reduction Project:* The County's Strategic Suicide Prevention Plan is anticipated to be finalized in calendar year 2021 with implementation to follow. Increase in the budget for implementation.

- Community Services and Supports (CSS):
  - *Children's FSP Project:* Tahoe Youth and Family Services is no longer a provider for this project.
  - *Transitions Treatment Program (TTP) Project:* A Request for Proposal (RFP) for an in-county Adult Residential Facility will be released and a new provider(s) for this service selected.
  - *Student Wellness Centers and Mental Health Supports Project:* Although initially identified as a two-year pilot project, significant support and need for mental health supports for students have been identified and this project will continue in the FY 2021/22 Update.
  - *Genetic Testing Project:* True-up (reduction) in budget to more closely reflect anticipated expenditures.
- Innovation (INN):
  - *Partnership between Senior Nutrition and Behavioral Health to Reach Home-bound Older Adults Project:* The project was delayed due to the Coronavirus pandemic. Therefore, the community and stakeholders supported extending the project. The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved extending this project with implementation to begin September 2021 and the project will end September 30, 2023.
  - *Community-based Engagement and Support Services Project:* This project ends on 6/30/2021.
  - *Data Driven Recovery Project – Cohort 2 (MHSOAC Multi-county Collaborative):* This project is funded through the MHSOAC. El Dorado County will be participating in the project.
- Workforce Education and Training (WET):
  - No significant modifications are anticipated.
- Capital Facilities and Technology (CFTN):
  - *Electronic Health Record Project:* Licenses for the County's Electronic Health Record system (Avatar) will be purchased for contracted providers of Specialty Mental Health Services (SMHS).

Legislative, Regulatory, and Other MHSA Changes

Senate Bill (SB) 803 (2020): The "Peer Support Specialist Certification Act of 2020". This bill became effective on January 1, 2021. SB 803 establishes a statewide certification program for Peer Support Specialists and provides the structure needed to secure a federal match for Peer Support Services under Medi-Cal. The program defines the range of responsibilities and practice guidelines for Peer Support

Specialists, specifies required training and continuing education requirements, determines clinical supervision requirements and establishes a code of ethics and processes for revocation of certifications. The Department of Health Care Services (DHSC) will develop statewide requirements for counties to use in developing Peer Support certifications. These activities need to be completed by July 1, 2022.

Assembly Bill (AB) 2265 (2020): "The Mental Health Services Act: Use of Funds for Substance Use Disorder Treatment". This bill clarifies that MHSA funds are permitted to be used to fund treatment of individuals with co-occurring mental health and substance use disorders. In order to use MHSA funding for substance use disorder treatments, the county must comply with all applicable MHSA requirements when providing co-occurring substance use disorder treatment, including identifying the treatment of co-occurring disorders in their Three-Year MHSA Program and Expenditure Plans and Updates.

AB 1976 (2020): "Mental Health Services: Assisted Outpatient Treatment". Beginning July 1, 2021, this bill requires counties or groups of counties to implement an Assisted Outpatient Treatment (AOT) Program or take specific actions to opt out. For counties that opt in, counties must ensure that implementation will not result in a reduction of voluntary services for adults or children. The bill also makes the law permanent. Implementation is discussed in Department of Health Care Services Information Notice 20-075.

AB 465 (2020): "Mental Health Workers: Supervision". This bill requires any program permitting mental health professionals to respond to emergency mental health crisis calls in collaboration with law enforcement to ensure the mental health professionals participating in the program are supervised by a licensed mental health professional. The bill defines licensed mental health professional as LCSW, LPCC, LMFT, licensed psychologists, in addition to specified physicians and nurses.

California Department of Health Care Services (DHCS) Information Notice 20-040 "MHSA-related Flexibilities during the COVID-19 Public Health Emergency". This Information Notice provides guidance on AB 81 (2020), related to the following MHSA flexibilities:

- Extension to July 1, 2021 to submit the MHSA Three-Year Program and Expenditure Plan.
    - El Dorado's MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020/21 – 2022/23 was adopted by the Board of Supervisors on June 9, 2020. Therefore, El Dorado did not utilize this flexibility.
- Ability to transfer Prudent Reserve funds to Community Services and Supports (CSS) or Prevention and Early Intervention (PEI) components to meet local needs.
    - El Dorado did not need to use this flexibility because all CSS and PEI services were sustained at the funding levels identified in the adopted MHSA Three-Year Program and Expenditure Plan.
- Flexibility on CSS allocations between the Full Service Partnership, General System Development, and Outreach and Engagement Programs.
    - El Dorado did not need to use this flexibility because the CSS services were sustained at the funding levels identified in the adopted MHSA Three-Year Program and Expenditure Plan.
- Reversion extension – all funds set to revert on 7/1/2019 and 7/1/2020 are extended to revert on 7/1/2021.
    - El Dorado did not have any funds set to revert on 7/1/2019 or 7/1/2020.

DHCS Information Notice 20-056 "Peer Support Services". This Information Notice provides guidance on implementing SB 803 (2020), the "Peer Support Specialist Certification Act of 2020". While DHCS is seeking a federal waiver that would allow counties to bill peer services within Medi-Cal, this Information

Notice offers funding guidance to initiate or expand funding streams and offers suggestions on how to incorporate peer specialist support services within existing funding streams.

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 193,327[1]. 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).

[1] As of January 1, 2020, 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

Please refer to the FY 2020/21-2022/23 Three-Year Program and Expenditure Plan for details regarding El Dorado County's demographics. While the population is estimated to have increased slightly (by 1,479 residents), there has not been a significant shift in County demographics since the Three-Year Program and Expenditure Plan was published.

Community Program Planning Process (CPPP)

MHSA Stakeholder and Community Meetings

Stakeholders and the general public were invited to participate in MHSA planning opportunities and provide initial comment to contribute to the development of the County's Fiscal Year 2021/22 Annual Update. Due to the Public Health Emergency related to the Coronavirus pandemic, all meetings were held virtually or on an individual basis via the telephone. While the MHSA Project Team anticipated higher than historical attendance at the meetings due to the convenience of on-line meetings, participation was low. The MHSA Project Team attributes low attendance to any number of factors, including, but not limited to:

- Webinar/Zoom fatigue (lack of interest due to oversaturation of webinar offerings or due to exhaustion from assisting children with distance learning via technology);
- Not familiar with technology to access virtual meetings;
- Poor internet connections to access virtual meetings (this is an issue in some of the more remote, rural areas of El Dorado County);
- Lack of personal technology devices or lack of public places such as libraries to access public technology devices or Wi-Fi;
- Meeting times conflicted with children's distance learning schedule; and
- Increased isolation due to the longevity of the Public Health Emergency.

The MHSA Project Team advertised the meetings by emailing notices and reminder notices to the MHSA Email Distribution list and posting the meetings on the County's HHSA Facebook and community partner Facebook pages. The Team also reached out to the community by distributing a feedback survey. The survey was offered in both English and Spanish. For individuals who did not have online access, the MHSA Project Team offered paper surveys. The MHSA Project Team also accepted community feedback via email. It is interesting to note that compared to prior years, the MHSA Project Team received a greater number of emails and letters.

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

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

Stakeholder and Community Meetings

Date/ Time	Meeting	Number of Attendees
11/9/20, 5:00 p.m.	Virtual Community Program Planning Process Meeting	2
11/19/20, 10:00 a.m.	Foster and Kinship Group	6
11/23/20, 9:00 a.m.	Virtual Community Program and Planning Process	3
11/23/20, 9:00 a.m.	Community Member	1
11/30/20, 12:00 p.m.	Virtual Community Program Planning Process Meeting	3
12/1/20, 12:30 p.m.	Lake Tahoe Community College	1
2/8/21, 4:00 p.m.	Lake Tahoe Community College	3

Agendas were reviewed at the beginning of each meeting and a PowerPoint presentation guided the conversation. Additionally, a pre-recorded video interview with a mental health consumer was shared. The mental health consumer shared her lived experience, her experiences with receiving mental health services, and her perspective of why she continues to participate in mental health services.

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

The meeting flyer, agendas, and surveys are included 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 (high schools and colleges)
- Youth homelessness
- First Responder Mental Health First Aid
- Older adults need mobile counseling services
- Need more bilingual/bicultural therapists and community partners
- Need increased suicide prevention and education in the schools and in the community
- Need for a respite provider for families of youth with mental health needs
- Increased mental health needs as a result of the Coronavirus
- The Community Hubs project is vital for prevention and for providing linkage to other vital services related to social determinants of health, physical healthcare, and mental health

Priority Populations identified are:

- Children (including ages 0-5, school-aged children, and foster youth)
- Transitional Age Youth (TAY)
- Veterans
- Hispanic and Latino individuals

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

Summary of Survey Responses

130 English version surveys were received
38 Spanish version surveys were received

What area(s) do you represent relative to mental health issues? (Check all that apply.)		
Answer Options	**Response Percent**	**Response Count**
Consumer	30.3%	50
Family of consumer	23.6%	39
Education provider	9.7%	16
Student	1.2%	2
General interest in mental health issues	21.2%	35
Parent of student	9.7%	16
Mental Health provider	19.4%	32
Social Services Agency	31.5%	52
Veteran organization	1.2%	2
Law enforcement	3.0%	5
Healthcare provider	7.9%	13
Substance Use Disorder provider	4.8%	8
Veteran	3.6%	6
Answered Question	165	
Skipped Question	3	
Responses to "Other" question: NAMI volunteer, advocacy, Public Health Nurse, school board, soccer league board, Board member for Infant Parent Center, services of children 0-5 years old, volunteer with CASA and Tahoe Coalition for the Homeless, financial processing, expectant parent.		

What is your race? (choose only one)		
Answer Options	**Response Percent**	**Response Count**
White	58.9%	99
Latino/Hispanic	29.8%	50
American Indian or Alaskan Native	1.2%	2
Native Hawaiian of Pacific Islander	1.2%	2
Black or African American	0%	0
Asian	1.2%	2
Multiracial	1.8%	3
Decline to state	6.0%	10
Other	0%	0
Answered Question	168	
Skipped Question	0	
Responses to "Other" question: N/A		

What is your ethnicity? (choose only one)		
Answer Options	**Response Percent**	**Response Count**
African	0%	0
Asian Indian/South Asian	0%	0
Cambodian	0%	0
Chinese	0%	0
Filipino	0%	0
Japanese	0%	0
Eastern European	2.0%	3
European	34.2%	51
Korean	1.3%	2
Middle Eastern	0%	0
Vietnamese	0%	0
Multi-ethnic	17.4%	26
Declined to State	45.0%	67
Other	0%	0
Answered Question	149	
Skipped Question	19	
Responses to "Other" question: (Note: Even though no responses recorded for "Other", the following comments were entered): Mexicana, Mexicano, white Hispanic, Caucasian, American, Irish, Russian, and Portuguese.		

Where do you live?		
Answer Options	**Percent Response**	**Response Count**
Placerville Area (Diamond Springs, El Dorado, Placerville, Pleasant Valley)	36.9%	62
Tahoe Basin (Meyers, South Lake Tahoe, Tahoma)	10.1%	17
West County (Cameron Park, El Dorado Hills, Rescue, Shingle Springs)	20.8%	35
Mid County (Camino, Cedar Grove, Echo Lake, Pollock Pines, Kyburz, Pacific House, Riverton)	11.3%	19
North County (Coloma, Cool, Lotus, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill)	6.5%	11
South County (Fair Play, Grizzly Flats, Mt. Aukum, Somerset)	1.8%	3
Out of the county, but I work in El Dorado County	12.5%	21
Answered Question	168	
Skipped Question	0	

What is your age?		
Answer Options	**Percent Response**	**Percent Count**
0-15 years	0.6%	1
16-24 years	1.2%	2
25-59 years	81.0%	136
60+ years	17.2%	29
Answered Question	168	
Skipped Question	0	

What is your current gender identity (check all that apply)?		
Answer Options	**Percent Response**	**Percent Count**
Female	86.8%	145
Trans female/trans woman	0%	0
Male	10.2%	17
Trans male/trans man	0%	0
Genderqueer/gender non-conforming	0.6%	1
Declined to State	2.4%	4
Different Identity (please state):	0%	0
Answered Question	167	
Skipped Question	1	

What is your Veteran status? (choose only one)		
Answer Options	**Percent Response**	**Percent Count**
Veteran	2.4%	4
Not a Veteran	95.8%	160
Declined to State	1.8%	3
Answered Question	167	
Skipped Question	1	

In your opinion, what are the three (3) most common negative outcomes of untreated mental illness in El Dorado County? *(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.)*

	Prolonged Suffering		School Failure or Dropout		Removal of children from their homes		Incarceration		Un-employment		Suicide		Homelessness	
First Choice	38.9%	65	6.6%	11	6.0%	10	1.2%	2	5.4%	9	23.4%	39	18.6%	31
Second Choice	13.8%	23	12%	20	9.6%	16	18%	30	13.2%	22	12%	20	22.8%	38
Third Choice	12.6%	21	9.0%	15	13.2%	22	15%	25	17.4%	29	15%	25	18%	30
Answered Question	167													
Skipped Question	1													

In your opinion, are there any groups of people who you believe are not being adequately served by the current MHSA projects in El Dorado County? (Please select three choices). ***(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.)***

	Children 0-5		School-Age Children		TAY (ages 16-25)		Adults		Older Adults (ages 60+)		LGBTQIA		Parents/ Family Members	
First Choice	6.0%	10	7.6%	12	13.9%	22	4.4%	7	3.8%	6	3.2%	5	3.2%	5
Second Choice	3.2%	5	8.9%	14	7.6%	12	6.3%	10	7.0%	11	7.6%	12	7.0%	11
Third Choice	3.8%	6	8.9%	14	11.4%	18	8.2%	13	8.2%	13	13.3%	21	7.0%	11
	Justice-Involved on Probation or Parole		**Homeless/At Risk of Homelessness**		**BIPOC (Black, Indigenous and People of Color)**		**Persons with Mental Health Needs (Consumers)**							
First Choice	3.2%	5	20.3%	32	13.9%	22	17.1%	27						
Second Choice	7.6%	12	19%	30	9.4%	15	11.4%	18						
Third Choice	7.6%	12	10.8%	17	7.0%	11	10.1%	16						
Answered Question	158													
Skipped Question	10													

Responses to "Other" question: I don't have an opinion regarding the question because I am not familiar with the needs this group might have. I have been receiving comprehensive services through the Latino Outreach program.

What is your greatest concern since the declaration of the Public Health Emergency due to the Coronavirus?		
Answer Options	**Percent Response**	**Percent Count**
Financial Stress	18.5%	31
Mental Health Stress	37%%	62
Childcare	1.8%	3
Isolation	16.7%	28
Distance Learning Stress	17.9%	38
Physical Health Stress	3.0%	5
Other	0%	0
Answered Question		
Skipped Question		
Responses to "Other" question: (Note: Even though no responses recorded for "Other", the following comments were entered): Not everyone has internet access to participate in the remote programming; lack of money compared to people on services who are getting an overload of money coming in; care of elderly parents; coping skills to handle stress related to COVID challenges; all of the above; students being denied access to regular schooling, businesses being denied operating to keep employees employed, and keeping businesses from failing; the lack of resources available to help Behavioral Health so that they are able to help/support the consumers; risk of exposure to the heightened emotional state of the general population (e.g., road rage increased).		

Publication of the MHSA FY 2021/22 MHSA Annual Update

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

Draft Update Comment Period: The draft Update was posted on the MHSA web page (www.edcgov.us/mhsa) on April 17, 2021, for a 30-day Public Comment Period. Emails were sent on April 17, 2021, 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 Update was posted and available for public comment for 30 days. On April 20, 2021, a press release was distributed to the Tahoe Daily Tribune, Mountain Democrat, Georgetown Gazette, South Tahoe Now, The Windfall, Life Newspapers, El Dorado Hills Telegraph, and The Clipper. The press release also posted on the El Dorado County's webpage (Press Release section), Health and Human Services Agency webpage and Facebook page, and the El Dorado County Facebook page. The draft Update Public Comment Period ended at 5:00 p.m. on May 18, 2021.

Draft Update Public Hearing: The Behavioral Health Commission held a Public Hearing on the draft Update on May 19, 2021, 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 the social distancing requirements due to the Coronavirus pandemic, the Public Hearing was held virtually, through Zoom and all Behavioral Health Commissioners and public participation was handled remotely.

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

Behavioral Health Commission Recommendation: The Behavioral Health Commission did not make any formal recommendations via a motion, however input received from individual Commissioners is addressed in this final Update.

El Dorado County Board of Supervisors: After the Public Hearing, this Update was presented to the El Dorado County Board of Supervisors for adoption on June 22, 2021. Notification of the date was posted on the MHSA web page and included on the Board of Supervisors Agenda.

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

Innovation Projects: This Update 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, and comments received from individual Behavioral Health Commissioners are below the Public Comment / Public Hearing comments. Comments on other non-MHSA Behavioral Health Division projects or general topics of discussion that are outside the scope of this 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 Annual Update, references to the Update being a "draft" or projects being "proposed" have been changed to reflect their status after adoption of the Update. Other grammatical, typographical, and non-substantive wording and page numbering issues have been corrected.)

Comments received during the Public Comment and Public Hearing periods:

General Comments	
Comment	**MHSA Analysis/Response**
For law enforcement officers, even though there is Crisis Intervention Training available, it would be helpful to have a reference sheet that lists common signs and symptoms of individuals experiencing a mental health crisis. It also would be helpful to have more places to take those individuals rather than just the emergency department.	The County's Psychiatric Emergency Response Team (PERT) and the South Lake Tahoe Alternative Collaborative Services (STACS) teams are equipped to conduct field screenings, assessments, and write safety plans if necessary. These teams are able to assist officers with understanding what constitutes a mental health crisis and how to de-escalate the situation if necessary. It is noted that Crisis Intervention Training of officers should include a reference sheet that lists common signs and symptoms of a mental health crisis.

General Comments	
There is a need for more bicultural/bilingual therapists.	El Dorado County is a recipient of a regional grant from the Office of Statewide Health Planning and Development. The funds are focused on student loan repayment and staff retention for public mental health system employees. It is hopeful that through the grant, more bicultural/bilingual therapists will be encouraged to work in the public mental health system in El Dorado County.
El Dorado County's Psychiatric Health Facility has 11 beds, six of which are dedicated to veterans. There are 192,843 people in this County, which is one bed for every 38,568 people. The budget for facilities and programs needs to be increased especially with the rising need of mental health services.	The Psychiatric Health Facility (PHF) is not funded by MHSA funds. For clarification purposes only, the PHF has 16 beds, all of which are available regardless of veteran status.
There needs to be treatment before tragedy. Family and friend statements shall be considered when determining an involuntary hold. From the first psychotic break, treatment should consist of stabilization with medication. Involuntary treatment should continue until stabilization takes hold. While symptoms are diminishing, daily activities including hygiene, social skills, cognitive skills, and education about disease and medication management must be a part of therapy. Access to a clinician should be a priority in case medications need to be adjusted. Conservatorship needs to be pursued. Family members access therapy. Once the patient understands how to take care of their disease, they can be discharged to the next lower level of care.	We appreciate your comments and we wholeheartedly agree about the importance of medication adherence. However, MHSA services are voluntary. Specifically, The MHSA states that services MHSA programs are "client and family-driven, and culturally competent. They provide for an integrated service experience with community collaboration and a resiliency focus. *All services funded by MHSA must be designed for voluntary participation*" (Title 9 California Code of Regulations, Title 14, Section 3400).

Homelessness Comments	
Comment	**MHSA Analysis/Response**
There are not enough shelters.	MHSA Prevention and Early Intervention (PEI) services are available to individuals who may be homeless and also have emerging mental health needs. 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. Health and Human Services and some community-based organizations continue to explore and pursue housing units for El Dorado County's homeless population.
I know a homeless kid at my middle school. It would be nice to offer bags with underwear and socks, hygiene bags, snacks, and a bucket with Tide Pods to wash clothes. They need to go to a school counselor for help too.	MHSA appreciates your insight and sensitivity to youth homelessness. If the youth is connected to services though Behavioral Health, such supports might be provided based on client needs and treatment program/goals.

Prevention and Early Intervention (PEI) Comments	
Comment	**MHSA Analysis/Response**
How do we get Mental Health First Aid Training (MHFA) and LGBTQIA Training and materials?	The MHSA Project Team will reach out to you to schedule the trainings and to provide training materials.
The Expressive Therapies Project is a needed program for parents and caregivers. I am glad they are offering it virtually.	Thank you for your comment.
There is a lot of isolation of residents in long-term care due to COVID-19 and it is having a serious effect on their physical and mental health. I believe that the stimulation achieved by the Expressive Therapies would be of help to relieve this isolation.	The Expressive Therapies project currently is only open to parents and kinship providers of foster and adoptive parents. Thank you for your feedback. Consideration will be given to expanding the scope in the FY 2022/23 Annual Update, if the budget permits.
First Responders experience a lot of second-hand trauma. As such, there should be therapy services provided for them.	There is a module for Mental Health First Aid (MHFA) for First Responders. While the County administers the MHFA courses for Youth, Adults, and Veterans, the MHSA Project Team is mindful that First Responders also need MHFA.

Prevention and Early Intervention (PEI) Comments	
It would be nice to have a mobile unit that could provide mobile counseling for older adults.	There are a couple of MHSA projects that focus specifically on older adults. The Friendly Visitor program provides check-in calls with older adults with the goal of preventing or overcoming physical and mental health risks associated with isolation and loneliness. The Senior Peer Counseling program provides free, confidential counseling to older adults. Due to the Public Health emergency related to the Coronavirus Pandemic, Friendly Visitor and Senior Peer Counseling services are primarily provided over the telephone or virtually. Prior to the Pandemic, the Senior Peer Counseling services were provided in community meeting locations or the older adult's home. Once implemented, the Senior Link project can provide access and linkage to services, including transportation to therapy sessions. The Partnership between Senior Nutrition and Behavioral Health to reach home-bound older adults in need of mental health services Innovation project will utilize a mobility van that is outfitted to resemble an office. A contracted service provider will provide mental health screenings and assessments in the private confines of the mobility van.
Lake Tahoe Community College students would greatly benefit from a 24/7 telecare service such as TimelyMD. Students in the Equity Program, Latinx, Veterans, Foster Youth, Homeless, and the mild-to-moderate mental health need students would benefit.	This Annual Update includes the TimelyMD Project. For more information, please see the "Early Intervention" programs under "Prevention and Early Intervention".

Prevention and Early Intervention (PEI) Comments	
I am very appreciative that the County has started the process of having a Strategic Suicide Prevention Plan. However, I am not convinced that four (4) hours per week is enough time to be effective at finishing the proposal, getting it approved, and implementing it within a reasonable time period in order to help people/save lives of those living in these unreasonable times. Over the years we have talked about a Suicide Prevention Coordinator and how our County should have one of those. I think the time is well overdue and that is should happen ASAP.	The MHSA Project Team appreciates that you have shared your knowledge by being an integral member of the Strategic Planning Workgroup. Your input is invaluable and we are grateful for your contributions. Development of the Strategic Suicide Prevention Plan was budgeted at four (4) hours per week on this project through Fiscal Year 2021, and the draft Strategic Suicide Prevention Plan was completed within that parameter. The budget for FY 2021/22 will be increased to $140,000/year for the Suicide Prevention and Stigma Reduction strategy to finalize and begin implementation. It is important to note that much of the key parts of the work outlined in the Strategic Plan, is already being accomplished through the Suicide Prevention and Stigma Reduction strategy. MHSA will continue to evaluate how to best implement the Suicide Prevention Strategic Plan.
Child Welfare Services and Probation are the referral sources for the Juvenile Justice WRAP Project. As a prevention and early intervention program, would families in the greater El Dorado County community also better benefit from being able to receive services before coming to the attention of Probation and Child Welfare Services? This access could decrease the potential for system involvement and/or a higher level of care and out-of-home placement.	The referral sources for this project have been expanded to include Behavioral Health's Access Team.

Community Services and Supports (CSS) Comments	
Comment	**MHSA Analysis/Response**
The Wellness Centers are a great idea, but my son still thinks there is a stigma associated with seeking mental health services at the high school.	Behavioral Health and contracted service providers report that it is perpetually difficult to engage Transitional Age Youth (TAY) in mental health services. The Wellness Centers has eased some of that stigma by providing a welcoming and safe space for youth to seek services and linkage to other services. The Wellness Centers also maintain a website for students and they push notifications of updates and events. With the Public Health Emergency related to the Coronavirus pandemic, Behavioral Health has noted an increase in youth participation in services via telehealth. It is anticipated that telehealth will continue to remain an option for accessing and receiving services.
The Student Wellness Centers have made an invaluable impact on the well-being of our community. In partnership with other community providers, Student Wellness Center staff work diligently to meet the increasing social-emotional needs of families in El Dorado County. We have been able to move from a reactionary to a prevention model of social-emotional support. The school-wide referral process has empowered staff to seek assistance for students and families who have historically fallen through the cracks. Community members are eager to continue and expand the Student Wellness Centers so that families have access 5 days a week at each school. Multiple similar comments were received.	While we certainly recognize and appreciate the need to have mental health professionals on each high school campus every day, unfortunately, there is not enough funding to accomplish that goal. However, as mentioned, the Student Wellness Centers do a fantastic job of partnering with other community providers, to help provide services to the students and families. MHSA is honored to provide some funding to provide services to students and their families.
Summitview Child and Family Services is not listed as a provider for the Children's FSP program, but it has been providing services to children through this project for many years.	Thank you for bringing this oversight to our attention. The provider list has been updated to include Summitview Child and Family Services.

Community Services and Supports (CSS) Comments	
There is no provider listed for the Adults and Older Adults FSP programs.	The Intensive Case Management Program and the Transitions Treatment Program are sub-programs of the Adult and Older Adult FSP Projects. The provider is listed in the Update under the "Transitions Treatment Program" description. ("*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. An RFP for a new Adult Residential Facility provider, or multiple providers, will be released.*")

Innovation (INN) Comments	
Comment	**MHSA Analysis/Response**
A navigator model at the Hubs would be great.	The Community-Based Engagement and Support Services (Community Hubs) Innovation project will end June 30, 2021. Innovation projects are limited to a maximum of five (5) years. As MHSA and the community continue to explore how the Community Hubs have evolved over time, and as we continue to evaluate what we have learned from this Innovation project, we have realized that there is an opportunity to transform the Community Hubs into a navigator model that connects everyone together, versus a service provider. There also is an opportunity to expand the ages of individuals served by this project (currently it is restricted to families with children and youth up to age 18). While there no longer is direct MHSA funding contributed to this re-envisioned project, MHSA is honored to have been a partner in the original model and the MHSA projects will continue to partner with the Community Hubs as service providers.

Innovation (INN) Comments	
The Hubs program provides concrete support in times of need. Since COVID-19 started, public health nurses have noted an increase in family stressors, isolation, need for counseling, PTSD, as well as referrals and linkage to community resources. The Hubs build trusting relationships, allowing clients to address physical and mental health and other social determinants of health. There needs to be continued funding for the Hubs program. Multiple similar comments were received.	See previous comments on Community Hubs.
Our son, 4, is usually in daycare as both parents work fulltime, but with the pandemic, we felt safer having him home with us as we telework. It has been a great reprieve and introduced us to lots of new activities each week to keep the children engaged. We are very lucky to have this program in our community. Multiple similar comments were received.	See previous comments on Community Hubs
The "Partnership Between Senior Nutrition and Behavioral Health" project is a good idea, but it should be expanded to include older adults who are in congregate living settings. As a result of COVID-19, there are detrimental effects of isolation for those living in congregate settings.	This project was initially suggested by the community in 2018 for consideration in the Fiscal Year 2019/20 MHSA Annual Update. The project went through three years of community meetings, Public Hearings, Board of Supervisor approvals, and ultimately State meetings that resulted in approval of the project. While your suggestions certainly deserve merit, this project was specifically approved to learn if older adults who are participating in the County meal programs, would be more likely to engage in mental health services. If, at the end of the project term, it is determined that the project is successful, consideration can be given to transfer this project to another MHSA component. At that time, consideration also can be given to expand the project to include a wider scope.

Fiscal/Budget Comments	
Comments	**MHSA Analysis/Response**
The percentages in the CSS Component Budget chart only add up to 99.5%.	Due to a rounding error in the budget spreadsheets, the percentage of the Community Services and Supports (CSS) Full Service Partnership (FSP) budget were off. The percentages have been corrected.

Behavioral Health Commissioner Comments from the Public Hearing:

Prevention and Early Intervention Comments	
Comment	**MHSA Analysis/Response**
The MHFA language is confusing as it relates to virtual training. Virtual training was available in 2020. Did Behavioral Health not send their trainers to that training until 2021?	The language has been clarified. Behavioral Health's certified trainers became virtual certified trainers in 2020. They began teaching virtual MHFA classes in 2021.
The LGBTQIA budget should be increased from $10,000 to $50,000. There are no support groups or services for adults.	The MHSA Project Team appreciates this comment and has determined that the LGBTQI budget can be increased from $10,000/year to $50,000/year.
There is no clinical basis to consider that making masks or story telling is helpful for alleviating grief. The program has low attendance. It should be cut.	This project is supported by an artist and a licensed clinician. The licensed clinician attends each session, therefore there is a clinical component to this project. The qualitative outcomes demonstrate value in continuing the project as attendees have been able to process grief through the projects and with interaction with the therapist. The quantitative data available with the FY 19/20 Outcomes indicate only five (5) months of operation; of which three (3) of those months were at the beginning of the Public Health Emergency related to the Coronavirus Pandemic.
The Suicide Prevention Strategic Plan budget should be increased from $100,000 to $150,000. There also need to be timelines for implementation.	As a reflection of this comment, the Suicide Prevention and Stigma Reduction budget has been increased from $100,000 to $140,000. With regards to implementation, the MHSA Project Team intends on beginning implementation in Fiscal Year 2021/22.
The Juvenile Justice project is under-utilized and the budget should be cut in half.	The MHSA Project Team has provided technical assistance to the contracted vendor. They are actively working to ensure that Child Welfare Services and Probation are aware of the available services. This is a *prevention* project. Many referrals have been determined to need a higher level of care, and therefore, are not appropriate for this project. The referral sources for this project have been expanded to include Behavioral Health's Access Team. The budget will be decreased from $550,000/year to $400,000/year.
The Student Wellness Centers should be	The MHSA project Team agrees that the

Prevention and Early Intervention Comments	
Comment	**MHSA Analysis/Response**
expanded to be offered at middle schools with a budget of $300,000.	Community Services and Supports (CSS) Wellness Centers pilot project has been successful. The MHSA Project Team also agrees that a PEI Wellness Center project is warranted. However, there are 12 middle schools and MHSA cannot fund this service at each site. With savings from PEI budgets as a result of a true-ups, MHSA will create a middle school pilot project for one school, with a budget of $150,000 annually for a period of two (2) years.

Innovation Comments	
Comment	**MHSA Analysis/Response**
The Senior Nutrition budget should be cut from $450,000/year to $225,000/year.	This project has received wide support throughout three (3) years of community and stakeholder meetings, Public Comment periods, Public Hearings, Behavioral Health Commissioner support, and two years of Board of Supervisor and Mental Health Oversight and Accountability Commission approvals. A Request for Proposals (RFP) for a contracted service provider will be released and implementation will begin.

Capital Facilities and Technology Needs Comments	
Comment	**MHSA Analysis/Response**
I am concerned that there is a pending $700,000 transfer from Community Services and Supports when there is a $1 million transfer just sitting in Capital Facilities and Technology Needs, not being used. There should not be a transfer.	The Community Services and Supports transfer is $650,000 ($550,000 to support the Electronic Health Record and $75,000 to support telehealth). The $1 million transfer is to fund an integrated community wellness center, once a suitable site is identified. Behavioral Health and MHSA continue to search for a site as our needs have outgrown our current space.

Fiscal/Budget Comments	
Comment	**MHSA Analysis/Response**
The Fund Balances should be reduced and used to pay for services.	While it may appear that there is a large, unused Fund Balance, those balances are maintained for encumbered projects.

Fiscal/Budget Comments	
	Additionally, as MHSA revenues are projected to be lower in Fiscal Year 2022/23 due to the economic impact of the Coronavirus, the MHSA Project Team will maintain fund balances to cover projects should revenue decline and Prudent Reserve is not sufficient to maintain the projects.

MHSA Projects

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

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. Further, if the Public Health Emergency continues into Fiscal Year 2021/22, this Update may be modified according to provisions outlined in statute, Information Notices, or other guidance provided by the State. Any such modifications will be clarified in the Fiscal Year 2022/23 Update.

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

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

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 (2018) 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. As of publication of this Update, the MHSOAC has not established priorities in addition to those specifically enumerated in Welfare and Institutions Code (WIC) section 5840.7(a).

Impact as a Result of the Public Health Emergency/Coronavirus Pandemic

With the Public Health Emergency associated with the Coronavirus pandemic, PEI providers recognized the importance of continuing to provide services. The PEI providers did their best to adapt, and if necessary, transition to a new and innovative service models. In some instances, the demand for services increased. In other cases, the type of service requested changed as a result of the Public Health Emergency. While not an exhaustive list, the following are a few of the service changes and demand for services as a result of the Public Health Emergency:

- The Senior Peer Counseling project began offering "One-Time" counseling appointments offered to older adults to address anxiety, isolation, and distress experienced by older adults due to shelter-in-place orders.
- The Children 0-5 and Their Families project provided increased services via telehealth. The Contractor noted an increase in client anxiety, depression, post-traumatic stress, child abuse, domestic violence, substance use disorders, couples' conflicts, and obsessive compulsive disorders.
- The Latino Outreach project in South Lake Tahoe noted an increase in parents' reaching out for both counseling and services to address other social determinants of health.
- The Veterans Outreach project continued to do outreach to connect Veterans and/or their families to needed mental health supports to minimize prolonged suffering and suicidal ideation. Outreach efforts were challenging due to closure of "walk-in" options of several Veteran service providers.
- Big Brothers Big Sisters' "Mentoring for Youth" project began connecting matches virtually, through drive-by visits, telephone calls, and pen pal letters.

Further examination and explanation of the impact of the Public Health Emergency is included, when needed, in the project description and in the FY 2019/20 Outcomes. Throughout the Public Health Emergency, PEI providers remained dedicated to providing services to our community.

PEI project structure, as categorized by PEI program:

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
- TimelyMD
- Student Wellness Center in Middle School

Stigma and Discrimination Reduction

- Mental Health First Aid, safeTALK and Other Community Education Projects
- LGBTQIA Projects
- Statewide PEI Projects

Outreach for Increasing Recognition of Early Signs of Mental Illness

- Community Education and Parenting Classes
- Peer Partner Services
- Mentoring for Youth

Access and Linkage to Treatment

- Community-based Outreach and Linkage (Psychiatric Emergency Response Team/PERT)
- Veterans Outreach

Suicide Prevention (includes Suicide Prevention Programming that occurs across the lifespan)

- Suicide Prevention and Stigma Reduction

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

There are no significant changes anticipated to this project in FY 2021/22.

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

There are no significant changes anticipated to this project in FY 2021/22.

Friendly Visitor Project

There are no significant changes anticipated to this project in FY 2021/22.

Senior Link Project

There are no significant changes anticipated to this project in FY 2021/22. A request for proposals (RFP) is scheduled to be released in calendar year 2021.

Primary Project

Due to challenges associated with the Public Health Emergency and differing school district policies regarding in-person, on-campus activities, Tahoe Youth and Family Services has not been able to provide services at full capacity. Additionally, the annual budgeted funds have not been fully utilized for several years. Therefore, the annual budget for this project is reduced in FY 2021/22 to $40,000. The budget, project activities, and outcomes will be closely monitored throughout FY 2021/22 to determine if further adjustments are warranted.

No significant changes to Black Oak Mine Union School District's project are anticipated because this school district returned to partial and full on-campus activities.

Wennem Wadati: A Native Path to Healing Project

Due to challenges associated with the Public Health Emergency and differing school district policies regarding in-person, on campus activities, Foothill Indian Education Alliance has not been able to provide services at full capacity. Additionally, the annual budgeted funds have not been fully utilized for several years. Therefore, the budget for this project is reduced in FY 2021/22 to $100,000. The budget, project activities, and outcomes will be closely monitored throughout FY 2021/22 to determine if further adjustments are warranted.

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 Service 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.

Goods and services may include, but are not limited to, transportation assistance, motel/hotel/rent payments, payments for respite care, 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.

Although the purchase of the mobile office van was included as a subproject of the Goods and Services project last year, the ongoing maintenance costs for the van have been rolled into the main project.

The budget for this project is reduced in FY 2021/22 to $50,000. The budget will be closely monitored throughout FY 2021/22 to determine if further adjustments are warranted.

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 (SMHS) 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

There are no significant changes anticipated to this project in FY 2021/22.

Prevention Wraparound Services: Juvenile Services Project

Due to challenges associated with the Public Health Emergency and decreased referrals from Child Welfare Services and Probation, this project scope and budget are being modified. The target population remains youth and families at risk of involvement with or involved in the child welfare and/or juvenile justice systems. It is being expanded to provide prevention services for youth and families identified by Behavioral Health's Access Team staff. It is anticipated that these referrals will prevent entry into the child welfare and/or juvenile justice systems. The budget for this project is reduced in FY 2021/22 to $400,000. The budget, project activities, and outcomes will be closely monitored throughout FY 2021/22 to determine if further adjustments are warranted.

Forensic Access and Engagement Project

It is time intensive to recruit, hire, and train new personnel to implement this project. While Behavioral Health has been successful in recruiting, hiring, and training some personnel for this project, the project has not yet reached its full capacity, although referrals to the Forensic programs (which encompass both the CSS and PEI projects) began in Fall 2020. Behavioral Health will continue implementing this project in FY 2021/22.

Expressive Therapies Project

Due to challenges associated with the Public Health Emergency and limits on in-person meetings, virtual programming began in late Fall 2020. Participation was impacted due to limited internet availability, an

inability to post event flyers at places of business and schools frequented by parents and guardians, and a lack of childcare resources (either a childcare provider or in-person schooling that afforded a parent time to participate while their child(ren) were being supervised by someone other than the parent or guardian). Based on anticipated usage, the budget for this project will be reduced to $75,000 annually, and the budget, project activities, and outcomes will be closely monitored throughout FY 2021/22.

National Suicide Prevention Lifeline Project

There has been an increase in the overall percent of callers from El Dorado County. Therefore, the funds required to support the County's share of the costs has increased to $11,889 annually from $9,000.

TimelyMD Project

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

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

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

- Measurement 1 – Number of scheduled counseling visits and the average visit length.
- Measurement 2 – Number of psychiatry visits and the average visit length.
- Measurement3 – Breakdown by gender for the scheduled counseling visits and the psychiatry visits.

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

Student Wellness Center – Middle School

The Student Wellness Center – Middle School project is a two-year pilot project. The selected school must have the infrastructure available to provide a dedicated Student Wellness Center space and the selected contract provider must staff the Wellness Center 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. The project assists in early intervention by addressing the needs of pre-adolescent and adolescent youth who may be experiencing mental health concerns.

The school site for the pilot project will be selected in collaboration with the El Dorado County Office of Education. Accessing multiple funding streams for the project will be explored, and should there be adequate additional funding available from other sources, this pilot project may be expanded to additional school sites with the MHSA portion of the funding not to exceed the budgeted amount.

Student Wellness Center – Middle School Project Goals:

- Provide a dedicated Student Wellness Center. 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 mental health screenings, and assessments, if necessary.
- Provide outreach and linkage to community resources.
- Provide customized training with input from middle school staff, faculty, students, and parents.

Student Wellness Center – Middle School 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 student contacts
- Measurement 2 – Number of student mental health screenings performed
- Measurement 3 – Number of referrals to a mild-to-moderate mental health provider
- Measurement 4 – Number of referrals to County Behavioral Health
- Measurement 5 – 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.
- Measurement 6 – The number of training/education opportunities provided, along with the target population, number of attendees, and the training/education topic.

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

Stigma and Discrimination Reduction Programs

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

Reporting Requirements:

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

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

Mental Health First Aid, safeTALK and Other Community Education Projects

With the Public Health Emergency, Mental Health First Aid USA transitioned to a virtual training format. In order to offer the classes virtually, certified trainers are required to attend Mental Health First Aid USA's virtual training to become a "MHFA Virtual Trainer". Behavioral Health's certified trainers attended the virtual certification training and started offering virtual MHFA classes in January 2021.

safeTALK did not offer virtual training sessions. Rather, the company who owns the safeTALK program, offered a virtual "LivingWorks Start" program. This is a 90-minute online course that teaches trainees to recognize when someone is thinking about suicide and connect them with help and support. MHSA did not receive any requests for the LivingWorks Start program.

To allow for greater access to community education programs to help reduce the stigma and discrimination associated with mental illness, other training programs will be allowed to be offered through this program. Services may be provided by county staff and/or by contracted providers selected in conformity with County procurements procedures.

Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual or Allied (LGBTQIA) Projects

This project's budget is being increased to $50,000/year in FY 2021/22 and the project scope is expanded to allow for direct services, including but not limited to support groups for adults and youth. A Request for Proposals (RFP) will be released to solicit a provider to administer the project.

LGBTQIA Projects Goals are amended to add:

- Provide outreach, education, stigma reduction, and engagement to reduce isolation and provide support to the LGBTQIA community.

LGBTQIA Projects Outcome Measures are amended to add:

- Measurement 3 – Number of people participating in services.
- Measurement 4 – Clients' self-reported changes in mental health indicators from pre/post scales and client questionnaires.

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

Statewide PEI Projects

There are no significant changes anticipated to this project in FY 2021/22.

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

There are no significant changes anticipated to this project in FY 2021/22.

Peer Partner Project

There are no significant changes anticipated to this project in FY 2021/22.

Mentoring for Youth Project

There are no significant changes anticipated to this project in FY 2021/22.

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 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 in establishing services.

Psychiatric Emergency Response Team (PERT) Project

Through this project's funding, Behavioral Health staff (both Mental Health and Substance Use Disorder Services) will partner with law enforcement, other first responders, medical providers, community-based organizations, and schools in the South Lake Tahoe area through the South Lake Tahoe Alternative Collaboration Services (STACS) program.

There are no other significant changes anticipated to this project in FY 2021/22.

Veterans Outreach Project

There are no significant changes anticipated to this project in FY 2021/22.

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 County is developing a "Strategic Suicide Prevention Plan", which is anticipated to be finalized in calendar year 2021. The Strategic Suicide Prevention Plan will be implemented utilizing MHSA funds, to the extent those funds are available, and potentially via community partnerships and/or grant funding that may become available in the County. Services may be provided by county staff and/or by contracted providers selected in compliance with the County's Procurement Policy and goods to support this project may be purchased by providers. To assist with the implementation of the Strategic Suicide Prevention Plan, this strategy's budget is being increased to $140,000.

There are no other significant changes anticipated to this project in FY 2021/22.

PEI Administration

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

Community Services and Supports (CSS)

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

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

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

- **Full Service Partnership (FSP)** – This service embraces the "whatever it takes" model for eligible populations. The services shall be culturally 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 helps counties change their service delivery systems and build transformational programs and services. El Dorado County offers Wellness and Recovery Services Programs under GSD. Pursuant to revisions to the MHSA, housing assistance can be offered to individuals enrolled in a GSD program. Housing assistance may include rental assistance; security deposits, utility deposits or other move-in cost assistance; utility payments; and moving costs assistance.

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

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

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

Further, Assembly Bill (AB) 2265 (2020), "The Mental Health Services Act: Use of Funds for Substance Use Disorder Treatment" clarifies that MHSA funds are permitted to be used to fund treatment of individuals with co-occurring mental health and substance use disorders. In order to use MHSA funding for substance use disorder treatments, the county must comply with all applicable MHSA requirements when providing co-occurring substance use disorder treatment, including identifying the treatment of co-occurring disorders in their Three-Year MHSA Program and Expenditure Plans and Updates.

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

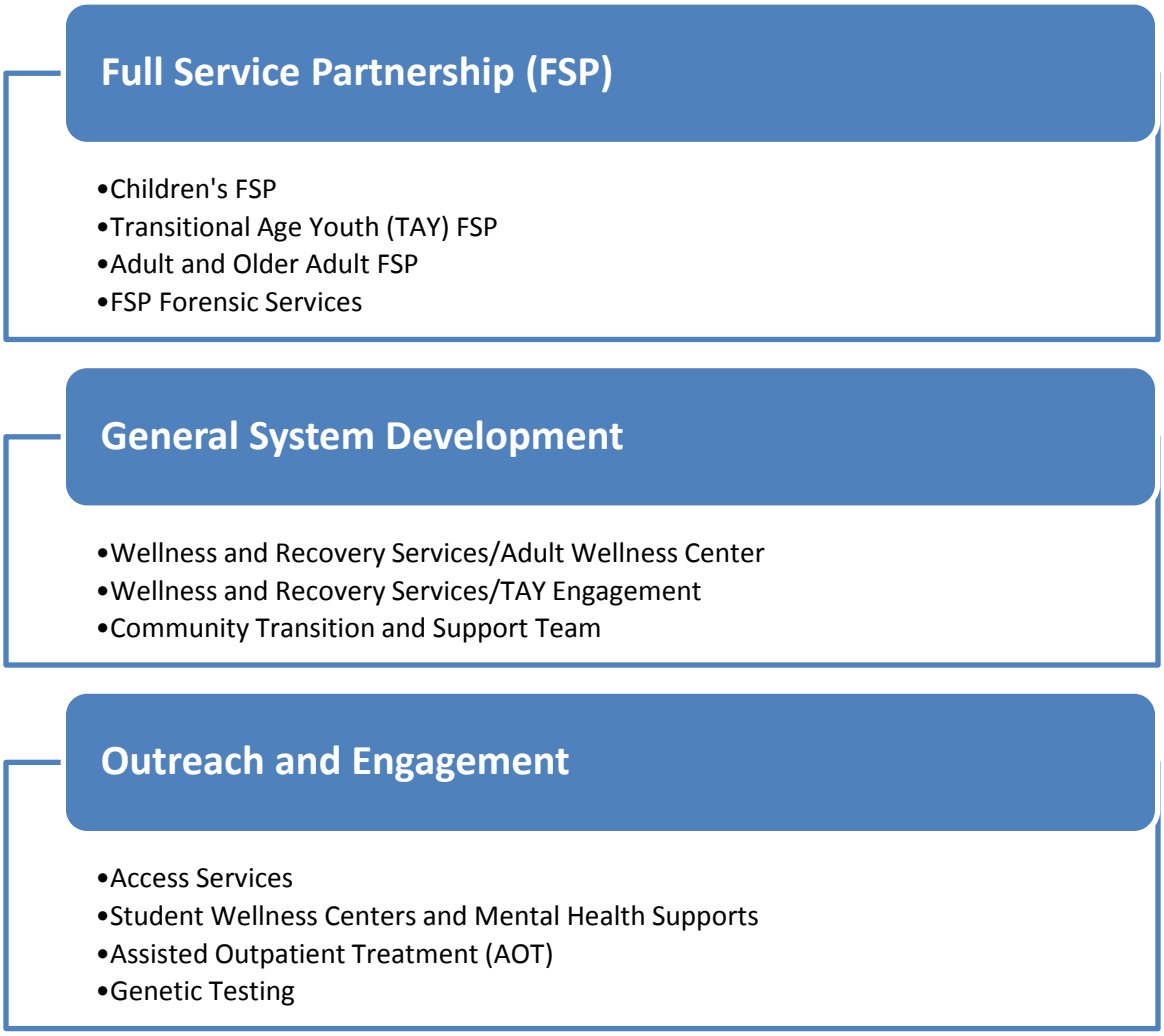
Impact as a Result of the Public Health Emergency/Coronavirus Pandemic

With the Public Health Emergency associated with the Coronavirus pandemic, CSS providers recognized the importance of continuing to provide services. The CSS providers adapted, and when necessary, transitioned to new and innovative service models, including the expansion of telehealth.

Additionally, for portions of time during the Public Health Emergency, the Adult Wellness Centers were closed. However, bagged lunches were provided to participants and some meetings and groups transitioned to meeting virtually.

Further explanation of the impact of the Public Health Emergency is included in the FY 2019/20 Outcomes. Throughout the Public Health Emergency, CSS providers remained dedicated to providing services to our community.

CSS project structure, as categorized by CSS program:



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

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

- **Supportive Housing** – The Permanent Supportive Housing Project provides eligible individuals with affordable housing assistance, coupled with supportive services to help ensure successful client integration and engagement in their community. Residents are expected to pay a portion of their income toward rent and utilities, and for those in the County's Transitions Treatment Program, participate in house meetings to assign chores, discuss housing issues, create goals, and maintain their housing. Eligible individuals are also offered supportive services provided 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.

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 SMHS for children placed in El Dorado County will become the responsibility of El Dorado County, unless presumptive transfer is waived by the county of origin. Therefore, funding for this component reflects potential impacts as a result of Presumptive Transfer.

Full Service Partnership (FSP) Programs

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

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

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

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

There are no significant changes anticipated to this project in FY 2021/22 other than the one provider change identified below.

Estimated Number of Individuals to be served: 200

Estimated Cost per person: $17,500

Providers: Services will continue to be contracted out to New Morning Youth and Family Services (West Slope), Sierra Child and Family Services (West Slope and South Lake Tahoe), Stanford Youth Solutions (West Slope and South Lake Tahoe), Summitview Child and Family Services, Inc. (West Slope), New Horizons, and CASA El Dorado. However, after careful analysis, it was determined that Children's FSP services would no longer be contracted out to Tahoe Youth and Family Services.

Transitional Age Youth (TAY) FSP Project

There are no significant changes anticipated to this project in FY 2021/22.

Estimated Number of Individuals to be served: 40

Estimated Cost per person: $8,750

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

Adult and Older Adult FSP Projects

Intensive Case Management (ICM)

There are no significant changes anticipated to this project in FY 2021/22.

Transitions Treatment Program (TTP)

There are no significant changes anticipated to this project in FY 2021/22 other than the anticipated change in provider for the Adult Residential Facility identified below.

Estimated Number of Adult Individuals to be served: 235

Estimated Cost per person: $25,600

Estimated Number of Older Adult Individuals to be served: 15

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. An RFP for a new Adult Residential Facility provider, or multiple providers, will be released.

FSP Forensic Services

It is time intensive to recruit, hire, and train new personnel to implement this project. While Behavioral Health has been successful in recruiting, hiring, and training some personnel for this project, it is not yet fully staffed or functioning. Behavioral Health will continue implementing this project in FY 2021/22.

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 (GSD) Program

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

The GSD Projects are designed to provide Behavioral Health services that may be needed to 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 SMHS with client and family and other natural supports-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 GSD 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 GSD (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 SMHS)

The Adult Wellness Centers Project provides a welcoming location for individuals with severe mental illness, to receive mental health services. 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 evaluations, activity supplies, gift cards for clients and/or Peer Leaders, field trip costs (e.g., entrance fees, admission ticket fees, rental fees, food, beverages, and transportation), office and household supplies, cleaning supplies, computers and peripheral equipment and supplies, equipment, and 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 supports 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.

Consumer Leadership Academy

This project may be expanded to incorporate services provided outlined in SB 803 (2020) regarding Peer Support Specialist certifications. The legislation requires DHCS to develop statewide requirements for counties to use in developing Peer Support certifications by July 1, 2022. As the State defines the requirements, Behavioral Health will work to incorporate them into the Consumer Leadership Academy curriculum and other MHSA CSS projects.

- **Stipends for Peer Leaders**

There are no significant changes anticipated to this project in FY 2021/22.

- **Community Wellness Center / Integrated Service Center**

There are no significant changes anticipated to this project in FY 2021/22.

Wellness and Recovery Services/TAY Engagement Project

There are no significant changes anticipated to this project in FY 2021/22.

Community Transition and Support Team Project

This project includes the community-based SMHS provided through the Community Corrections Center. Additionally, if necessary due to low staffing levels, MH Clinic clients eligible for this project will continue to be served through the Wellness and Recovery Services / Adult Wellness Center Project.

There are no other significant changes anticipated to this project in FY 2021/22.

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 SMHS 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 require outreach to their homes in order to reach the at-risk population. Outreach and engagement services for current Behavioral Health clients will also be included to help them continue engagement in services if needed. Access Team activities may also include efforts to locate and re-engage individuals who are no longer participating in SMHS. All individuals who contact HHSA for mental health services are initially presumed to have a severe mental illness, and as such, triage calls may be funded under this project. If it is determined that an individual requesting services does not meet criteria for SMHS, they will be referred to the appropriate provider(s), which also may include Prevention and Early Intervention project providers, to meet their treatment needs.

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)

There are no significant changes anticipated to this project in FY 2021/22.

Student Wellness Centers and Mental Health Supports Project

The Student Wellness Centers and Mental Health Supports Project was initially a two-year pilot project scheduled to end June 30, 2021. Throughout the Community Program Planning Process, the community supported continuation of this project and the data reflects the project is reaching a significant number of students. The importance of reaching out and engaging students in a non-stigmatizing environment is crucial, especially given the increased mental health needs related to the Public Health Emergency resulting from the Coronavirus pandemic. The Student Wellness Centers provide students with opportunities to strengthen wellness and resiliency skills. As indicated in the MHSOAC's 2020 report, *Every Young Heart and Mind: Schools as Centers of Wellness*, schools provide a place where students feel safe, valued, and respected, and have positive relationships with adults and other students.

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

Assisted Outpatient Treatment (AOT) Project

Mental Health will implement a Training and Education Plan that may increase the staff time dedicated to this project, and therefore potentially increase the cost of this project.

There are no other significant changes anticipated to this project in FY 2021/22.

Genetic Testing Project

During the contracting process in FY 2019-20, it was determined that under most circumstances the cost of the GeneSight® test is covered by Medi-Cal, therefore the budget for this project has been lowered to $50,000 to allow non-Medi-Cal clients the opportunity to receive a GeneSight® test, if prescribed.

MHSA Permanent Supportive Housing Projects

There are no significant changes anticipated to this project in FY 2021/22.

CSS Administration

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

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") formally began operation on September 19, 2016. Since Innovation projects cannot be longer than five (5) years in duration, the project will end June 30, 2021. The FY 2019/20 outcomes for this project will be discussed in the accompanying "MHSA Outcomes" document. The Final Innovation Report will be included with the FY 2020/21 MHSA Outcomes document.

As required under the MHSA and WIC § 5830(d), if an Innovative project is proven to be successful and a county chooses to continue it, the project shall transition to another category (component) of funding as appropriate.

Throughout the Community Program Planning Process, the community and stakeholders supported continuation of the project. Individuals support the project because it continues to provide concrete support in times of need and it is an upstream prevention model. In order to financially sustain the project, First 5, El Dorado County Office of Education (EDCOE), the El Dorado County Library, and El

Dorado County Health and Human Services (HHSA) explored ways to transition the model with available funding.

In what is being called "Hubs 2.0," services will transition to more of a "navigator" model. In this model, the service population will expand from just serving families with children from birth to age 18, to now include older adults, veterans, and those experiencing homelessness. Using a team approach, which will increase the Hubs reach with multiple agencies, there will be two Navigators located at the library in each Supervisor District. Additionally, there will be one countywide Hub Coordinator. The approach will focus on a comprehensive referral and navigation system, resulting in an increase in access to services.

In this re-imagined model, there also is potential for co-location of HHSA employees to offer a wide array of services through drop-in hours at the Library and continued collaboration between the Hubs and other MHSA CSS and PEI programs. Services may include, but not be limited to, Community Services, Health Services, Social Services, Behavioral Health Services, legal services, etc. Additionally, there is a vision to expand outreach to the schools, integrate with Marshal Care Coordinator for vulnerable population case management, and continue with food distributions.

The MHSA Project Team has valued our partnerships in this Innovation Project. As is the objective of Innovation, we used the opportunity to test a new approach and to promote interagency collaboration related to mental health services, supports, or outcomes. As we continue to evaluate the project, we will continue to learn from our experiences.

Impact as a Result of the Public Health Emergency/Coronavirus Pandemic

After the Public Health Emergency as a result of the Coronavirus pandemic, the Community Hubs Innovation project experienced an increase in requests for linkage and basic support needs. The Hub teams transitioned from in-person meetings to virtual meetings with an increased focus on the impact on mental health on teens due to social distancing, as well as Coronavirus education for local service providers and childcare provider sites. Hub teams also provided outreach, linkage, referrals, and drive-through events to provide families with basic needs items such as food, diapers, and cleaning supplies. Other areas of support included assistance with filling out unemployment applications, public assistance applications, and housing/apartment rental applications. Support groups transitioned to virtual platforms. Public Health Nurses continued providing diagnostic screenings and referrals to mental health providers.

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

The MHSOAC approved this project on January 23, 2020. It was anticipated that implementation would begin during FY 2020/21. Unfortunately, due to the extenuating circumstances presented by the Public Health Emergency resulting from the Coronavirus pandemic, this project has not been implemented.

On March 2, 2021, the MHSA Project Team submitted an extension request to the MHSOAC. On March 10, 2021, the MHSOAC granted the extension request. The approval letter is included in the Update.

As of the writing of this Update, the full impact of the Public Health Emergency has yet to be realized. At this time, we *do* know that older adults are even more isolated with the shelter-at-home orders and the recommendations to avoid public spaces. Unfortunately, our implementing partners *also* have been impacted by the Public Health Emergency. A component of this project includes having a contracted service provider available at the dine-in congregate meal sites to conduct mental health screenings and assessments. However, the Senior Nutrition congregate meal sites have been closed for dine-in meals.

The home-delivered meal program is still operational during the Public Health Emergency, but there are safety protocols in place that prevent face-to-face interaction for any length of time.

Further, the mobility van, which was retrofitted to resemble a mobile office, can offer six feet of social distancing (as recommended by the California Public Health Department to mitigate transmission of the virus). However, in light of the Coronavirus pandemic, with the suggested prevention measure of conducting interactions in outdoor space, the mobility van offers a less-than-ideal confined space to conduct screenings and assessments.

Additionally, as outlined in the original Innovation proposal, the Senior Nutrition Meal driver volunteers would be provided with the opportunity to attend Mental Health First Aid training to better understand and recognize potential mental health needs. With the Public Health Emergency, the Mental Health First Aid certified trainers had to attend a special training to become "virtual Mental Health First Aid certified trainers". Additionally, with the increased demands on staff as a result of the Public Health Emergency, Mental Health First Aid certified trainer staff had to balance virtual training with the competing priorities of maintaining their regular workload and the unforeseen consequences in their personal lives as a result of the Public Health Emergency.

Due to these contributing factors, it was not possible to begin work on this project as originally anticipated and it is necessary to extend the project. Throughout the Community Program Planning Process meetings in the fall of 2020, the community and stakeholders supported an extension of time.

The County requested to extend the project for two years, with implementation anticipated to begin September 2021. With the extension, the project will end September 30, 2023. From the date of implementation, the total Innovation project time would be three years, eight months, well under the five (5) year maximum Innovation limit. The budget will remain the same.

Further, the target audience, primary purpose, and learning objectives will not change. The target audience remains older adults who participate in the County's congregate or home-delivered meal programs. The primary purpose is to increase access to mental health services to underserved groups. The learning objectives are as follows:

- Learning Objective #1 – Will using a mobile approach to reach geographically isolated older adults 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 an effective way to identify older adults potentially in need of services?
- Learning Objective #5 – Will using a mobile approach destigmatize mental health services?

Based upon the outcomes of the Learning Objectives, the County will decide whether to continue with this Innovation project or whether to only maintain portions of the project. It is anticipated that most of the participants will benefit from some level of service, whether it is prevention and early intervention mental health services or access and linkage to other community health providers. If this project demonstrates value in sustaining the program, it will be converted to an Outreach and Engagement

program under CSS or a PEI program, depending upon what the collected data reveals about older adult eligibility for serious mental illness and their engagement in Specialty Mental Health Services (SMHS). Direct services to participants may be provided through CSS Older Adult programs and/or Early Intervention projects, as appropriate based on individual client needs.

Mental Health Services
Oversight & Accountability Commission

STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

LYNNE ASHBECK
Chair
MARA MADRIGAL-WEISS
Vice Chair
TOBY EWING
Executive Director

March 10, 2021

Nicole Ebrahimi-Nuyken
Behavioral Health Director
3057 Briw Road Suite B
Placerville, CA 95667

Dear Ms. Ebrahimi-Nuyken,

Thank you for your notification dated March 2, 2021, for the time extension of two years for El Dorado County's Partnership Between Senior Nutrition and Behavioral Health to Reach Home-bound Older Adults in Need of Mental Health Services which was approved by the Commission on January 23, 2020 for $900,000 over two years.

Per your letter, you have informed us that the start date for this project was anticipated to be July 2020 however you were not able to start at that time, due to the need to get all the virtual trainings completed. You also indicated that no Innovations dollars have been spent on this project to date.

With this time extension of two years, the new anticipated start date as indicated in your notification will be September 2021 and therefore the end date for this project will be September 30, 2023. This will constitute a total length of time for this innovation of four years.

On behalf of the Commission, I would like to thank you for all the work you do in your community.

If you have additional questions or need further assistance, feel free to contact me sharmil.shah@mhsoac.ca.gov or your county liaison Cynthia Burt at cynthia.burt@mhsoac.ca.gov.

Sincerely,

Sharmil Shah, Psy.D
Chief-Program Operations

Copy: Heather Longo, MHSA Coordinator

MHSOAC: allcove: A One-Stop Shop for Integrated Youth Mental Health Support (D)

No further action has been taken to evaluate this project due to the Public Health Emergency resulting from the Coronavirus pandemic.

MHSOAC: Innovations to Reduce Criminal Justice Involvement of People with Mental Health Needs (D)

The County is awaiting further information about the status of this MHSOAC-sponsored project. It is believed that this project has been impacted by the Public Health Emergency resulting from the Coronavirus pandemic.

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

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

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

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

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

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

INN Administration

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

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 trainings.

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 2021/22 Budget" section for more details.

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

Impact as a Result of the Public Health Emergency/Coronavirus Pandemic

As a result of the Public Health Emergency resulting from the Coronavirus pandemic, all in-person trainings were cancelled. MHSA continued to offer virtual trainings including, but not limited to topics related to telehealth, depression and isolation, cultural competency, trauma-informed care, and racial inequity.

WET Coordinator

There are no significant changes anticipated to this project in FY 2021/22.

Workforce Development Project

There are no significant changes anticipated to this project in FY 2021/22.

Statewide WET Planning and Community Needs Assessment

⋮ Statewide WET Planning

In Fall 2019, Office of Statewide Health Planning and Development (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, are required to commit a one-third match to OSHPD's $65 million funding in the California State Budget. In FY 2020/21, it was estimated that El Dorado's match was $55,000.

After the FY 2020/21 – 2022/23 MHSA Three-Year Program and Expenditure Plan was adopted by the Board of Supervisors, El Dorado learned that the match is $59,579. During the Community Program Planning Process for the FY 2021/22 Update, the community and stakeholders supported the additional $4,579 match in WET funds. If there is any change in the amount required, it will not require a MHSA Update or Plan amendment, provided the new amount is not more than 15% of the amount identified in this Update. This Update allows for flexibility, including shifting funds from CSS to WET, as the details are determined.

After meeting with the community and stakeholders, it also was determined that El Dorado County supported using the OSHPD grant to fund loan repayments and for staff retention activities:

- Loan repayment: Provides educational loan repayment assistance to public mental health system professionals that the local jurisdiction identifies as high priority in the region.
- Staff retention: The aim of retention strategies is for counties to promote developing and instituting systemic changes and opportunities that increase the likelihood that staff will remain in the public mental health system workforce.

Community Needs Assessments

There are no significant changes anticipated to this project in FY 2021/22.

WET Administration

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

Capital Facilities and Technology Needs (CFTN)

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

Impact as a Result of the Public Health Emergency/Coronavirus Pandemic

Behavioral Health continued to provide services to existing clients and new clients throughout the duration of the Public Health Emergency. While the mode of providing those services expanded in some cases to greater use of telehealth, core services and service delivery continued.

Electronic Health Record Project

This project may include funds to install devices to aid powering Electronic Health Record (EHR) devices when there is a power outage and increase access to telehealth services, for both providers and consumers, such as, but not limited to, the purchase of handheld devices or kiosks.

This project will also be expanded to increase the number of EHR licenses to allow direct entry into the County's EHR by the contracted Children's Service providers. Currently, Sierra Child and Family Services has licenses and this has proved to be a very positive expansion not only for client care, but also for utilization review of charts and fiscal reporting.

Additionally, staff will continue to provide direct support for this project. There are several mandatory technology-related projects that will be implemented in FY 2021/22, including but not limited to:

- the conversion to AvatarNX (the next generation version of the current myAvatar system);
- implementation of the State's "274 Expansion" project, which uses a standard method of reporting provider data to the State; and
- implementation of the 21st Century Cures Act, requiring interoperability (the ability to connect medical records electronically between providers), addressing information blocking (actions required to prevent unnecessary blocking of access to records), and patient electronic access to medical records.

Each of these projects require a high amount of resource investment into CFTN, including the need for funding for technology purchases and staffing.

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

There are no significant changes anticipated to this project in FY 2021/22.

Integrated Community-based Wellness Center Project

There are no significant changes anticipated to this project in FY 2021/22.

CFTN Administration

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

FY 2021/22 Budget, Expenditure Plan, and Reversion Reallocation Expenditure Plan

MHSA Funding

The revenue and expenditure data contained in this Update is based upon the FY 2021/22 HHSA budget. Any adjustments that may be needed as a result of the FY 2019/20 Annual Revenue and Expenditure Report (ARER) or other reconciliations or audits are anticipated to be minimal and will not require an Update to accomplish.

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

Additionally, it is important to note that all budgeted funds are not expected to be utilized each fiscal year. MHSA requires that, absent a specific State "flexibility" such as those issued under the public health emergency, projects and potential expenditures must be identified in the MHSA Plan / Annual Update. The County budgets all potential expenditures, therefore sufficient funds to implement each identified project are included in the Annual Update. However, not all identified funds will be spent each year, and the budget actually anticipates that some funds budgeted in FY 2021/22 will not be spent and will be available as the starting Fund Balance for budgeting in FY 2022/23.

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 2020/21, El Dorado County's share of the statewide MHSA revenues is 0.395803%, 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 20-038[2]. For budgeting purposes, revenues are calculated based on the FY 2020/21 allocation percentage and total annual MHSA revenues have been estimated at $8,000,000.

Fund Balances

In addition to the FY 2020/21 revenues, the El Dorado County MHSA projects maintain fund balances accrued from previous fiscal years that may be accessed during the term of the Three-Year Program and Expenditure Plan and Update. There also are planned usages of fund balances. Fund balances may be adjusted due to changes in methodologies, such as at the direction of the State. Additionally, in the event of audit findings, recoupment of Medi-Cal funds, overpayments, or other actions that result in the County owing funds back to the State or federal government, CSS (or any other component to which the funds were initially paid) may experience a revenue offset.

Prudent Reserve

The County is required to maintain a Prudent Reserve of MHSA funding to provide MHSA services during years in which MHSA revenues fall below recent averages and in which the MHSA allocations are

[2] https://www.dhcs.ca.gov/formsandpubs/Pages/2020-BH-Information-Notices.aspx

insufficient to continue to serve the same number of individuals as the County had been serving the previous fiscal year. The required amount of Prudent Reserve has varied since the inception of MHSA, however, the current requirement pursuant to SB 192 (2018) is that the Prudent Reserve may not exceed 33% of the average monthly amount allocated to the CSS component in the last five (5) years.

If the Prudent Reserve exceeds 33% of the average monthly amount allocated to the CSS component during the previous five (5) fiscal years, the County may transfer excess funds to the CSS component and the PEI component. The amount transferred into CSS and PEI shall be in proportion to the amount the County transferred from the CSS component to the Prudent Reserve through FY 2020/21 and the PEI component to the Prudent Reserve in FY 2007/08. Funds transferred from Prudent Reserve to CSS and PEI are subject to reversion. The applicable reversion period for these funds begins in the fiscal year when the county transfers the funds from the Prudent Reserve to the CSS component or PEI component. Since El Dorado County is a small county, the funds are subject to a five-year (5) reversion period and any funds transferred in FY 2021/22 must be spent by FY 2025/26.

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

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

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

Reversion

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

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

This Update includes a Reversion Expenditure Plan.

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

Transfer of Funds Between Components

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

Community Program Planning Process Budget

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

El Dorado County Budget Philosophy

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

Based on current projections, there are sufficient revenues and fund balance for all planned expenditures in FY 2021/22. However, in year three of the Fiscal Year 2020/21-2022/23 MHSA Program

and Expenditure Plan, there may appear to be a shortage of funding to implement the approved projects due to the budgeting methodology utilized. However, in the event that revenues and fund balances fall short of expectations, expenditures will be adjusted as needed.

Anticipated Revenues and Expenditures by Component

FY 2021-22	PEI	CSS	INN	WET	CFTN	TOTAL
Available Funds:						
Prop 63 (MHSA) - New Funding	$(1,615,000)	$(6,460,000)	$(425,000)	--	--	$(8,500,000)
AB 114 Reversion Reallocation	--	--	$(470,000)	--	--	$(470,000)
Federal: PATH and MHBG	--	$(462,000)	--	--	--	$(462,000)
Medi-Cal	--	$(3,800,000)	--	--	--	$(3,800,000)
Private Insurance / Payors	--	$(6,000)	--	--	--	$(6,000)
Misc. Revenue	--	$(85,000)	--	--	--	$(85,000)
AB 109 / AOT (Community Corrections Partnership)	--	$(147,000)	--	--	--	$(147,000)
Interest	$(25,000)	$(35,000)	$(15,000)	$(1,000)	$(8,000)	$(84,000)
Transfer from CSS	--	$700,000	--	$(50,000)	$(650,000)	--
Transfer to CSS from Prudent Reserve	--	--	--	--	--	--
Estimated Starting Fund Balance[3]	$(2,500,000)	$(7,300,000)	$(700,000)	$(250,000)	$(1,000,000)	$(11,750,000)
Total Available Funds Budgeted	**$(4,140,000)**	**$(17,595,000)**	**$(1,610,000)**	**$(301,000)**	**$(1,658,000)**	**$(25,304,000)**

[3] Due to several factors, including the actual FY 2020/21 expenditures, the timing of Medi-Cal reimbursements (received approximately two years after costs incurred) and State audits (the most recent MHSA audit was FY 11/12), the Starting Fund Balance may change.

FY 2021-22	PEI	CSS	INN	WET	CFTN	TOTAL
Expenditures:						
Budgeted Expenditures from AB 114 Reversion Reallocation	--	--	$470,000	--	--	$470,000
Budgeted Expenditures from Fund Balance and New Revenues	$3,459,039	$17,305,000[4]	--	$299,579	$1,650,000*	$22,713,618
Total Budgeted FY 2021-22 MHSA Plan Expenditures	**$3,459,039**	**$17,305,000[4]**	**$470,000**	**$299,579**	**$1,650,000***	**$23,183,618**
Budgeted Fund Balance at Fiscal Year End	$(680,961)	$(290,000)	$(1,140,000)	$(1,421)	$(8,000)	$(2,120,382)
Community Program Planning Costs [pursuant to WIC § 5892(c)]				*Included in above expenditures, but not to exceed five percent (5%) of the CSS revenues ($ * 5%):*		*$323,000*

*Although $1,000,000 has been budgeted for an Integrated Care Facility, it is anticipated that those funds may not be utilized in FY 2021/22.

[4] Excludes transfer of CSS funds to WET and CFTN, which are identified on the previous page.

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 (service 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 strategy (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.

Changes in the FY 2021/22 budget reflect a true-up to anticipated expenditures, as well as historical spending. No direct service PEI programs were intentionally reduced to allocate funding to other PEI programs.

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%*

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Primary Project (M)	$165,000	$128,000	$128,000
Wennem Wadati: A Native Path to Healing Project (M)	$125,750	$100,000	$100,000
Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project (D)	$75,000	$50,000	$50,000
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	$400,000	$400,000
Forensic Access and Engagement Project (D)	$385,000	$385,000	$385,000
Expressive Therapies Project (D)	$100,000	$75,000	$75,000
National Suicide Prevention Line Project (M)	$9,000	$11,889	$11,889
TimelyMD Project	N/A	$40,000	$40,000
Student Wellness Center – Middle School (D)	N/A	$150,000	$150,000
Stigma and Discrimination Reduction Program			
Mental Health First Aid, safeTALK and Other Community Education Projects (D)	$113,000	$113,000	$113,000
LGBTQIA Community Education Project (D)	$10,000	$50,000	$50,000
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
Mentoring for Youth Project (D)	$75,000	$75,000	$75,000
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
Suicide Prevention Program			
Suicide Prevention and Stigma Reduction Project (D)	$70,000	$140,000	$140,000

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Administrative Costs			
PEI Administrative Costs (M)	$125,000	$125,000	$125,000
Total Budget PEI Projects	**$3,418,900**	**$3,459,039**	**$3,459,039**

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 had to be expended within three (3) years or the funds were subject to reversion.

Changes in the FY 2021/22 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), as well as historical spending. 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	$11,145,000	$11,145,000
Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):			
Children's FSP Project (M)	*32.8%*	*31.4%*	*31.4%*
CASA	*0.2%*	*0.2%*	*0.2%*
TAY FSP Project (M)	*3%*	*3%*	*3%*
Adult and Older Adult FSP Project (M)	*59%*	*57.4%*	*57.4%*
FSP Forensic Services (M)	*5%*	*8%*	*8%*

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
General System Development			
Total General System Development Projects	$3,850,000	$4,550,000	$4,550,000
Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):			
Wellness and Recovery Services/Adult Wellness Centers (D)	*74%*	*73%*	*73%*
Wellness and Recovery Services/TAY Engagement (D)	*13%*	*11%*	*11%*
Community Transition and Support Team (D)	*13%*	*16%*	*16%*
Outreach and Engagement			
Access Services (M)	$1,000,000	$1,100,000	$1,100,000
Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):			
Access Services	96%	97%	97%
PATH	4%	3%	3%
Student Wellness Centers and Mental Health Supports (D)	$260,000	$260,000	$260,000
Assisted Outpatient Treatment (M)	$25,000	$50,000	$50,000
Genetic Testing (D)	$100,000	$50,000	$50,000
Administrative Costs			
CSS Administrative Costs (M)	$150,000	$150,000	$150,000
Total Budget CSS Projects	$16,180,000	$17,305,000	$17,305,000
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")	64%	64%	64%

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

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Transfer to WET	$245,000	$50,000[5]	TBD
Transfer to CFTN	$345,000	Up to $650,000[5]	TBD
Total	**$590,000**	**Up to $700,000[5]**	**TBD**

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)[6]	~~$450,000~~	$450,000	$450,000
MHSOAC: allcove: A One-Stop Shop for Integrated Youth Mental Health Support (D)	N/A	N/A	TBD
MHSOAC: Innovations to Reduce Criminal Justice Involvement of People with Mental Health Needs (D)	N/A	N/A	TBD
Data Driven Recovery Project – Cohort 2 (MHSOAC Multi-county Collaborative)	N/A	$0	TBD
INN Administrative Costs (M)	$5,000	$20,000	$20,000
Total Budget INN Projects	$1,815,320	$470,000	$470,000

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.

[5] Funds will be transferred only as needed.

[6] The Partnership Between Senior Nutrition and Behavioral Health was not implemented on the timeline anticipated due to the MHSOAC approval in January 2020 and the Public Health Emergency resulting from the Coronavirus pandemic.

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 2021/22 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	$35,000	$35,000
Workforce Development (D)	$100,000	$150,000	$150,000
Statewide WET Planning and Community Needs Assessment (M)	$105,000	$109,579	$109,579
OSHPD 5- Year Plan	*$55,000*	*$59,579*	*$59,579*
Community Needs Assessments	*$50,000*	*$50,000*	*$50,000*
WET Administrative Costs (M)	$5,000	$5,000	$5,000
Total Budget WET Projects	**$235,000**	**$299,579**	**$299,579**

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 2021/22 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 2021/22 will roll over as fund balance into FY 2022/23. 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	$550,000	$550,000
Telehealth Project (D)	$75,000	$75,000	$75,000
Integrated Community-based Wellness Center Project (D)	$1,000,000	$1,000,000	$1,000,000
CFTN Administrative Costs (M)	$20,000	$25,000	$25,000
Total Budget CFTN Projects	**$1,345,000**	**$1,650,000**	**$1,650,000**

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 2021/22 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
6. FY 2021/22 Revenues

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

State Notification of AB 114 Reallocated Funds

On August 3, 2020, 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. Additionally, AB 81 (2020) extended the reversion date to July 1, 2021. The DHCS August 3, 2020 letter indicates that El Dorado has no funds reverting.

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, and the AB 114 reversion funds may be applied toward the Innovation projects that were approved by the MHSOAC.

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, as well as utilization of reverted funds on existing projects. 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 Update on the projects identified in the FY 2020/21-2022/23 MHSA Three-Year Program and Expenditure Plan and this Update.

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

Appendix A includes the Community Program Planning Process (CPPP) flyers, agenda, and surveys.

Resilient El Dorado

MHSA El Dorado Community Program Planning Process Stakeholder Meeting

El Dorado County's Mental Health Services Act (MHSA) program is seeking your input on the Fiscal Year 2021/22 Annual Update

For more information, please contact El Dorado County Behavioral Health

768 Pleasant Valley Rd., Suite 201, Diamond Springs, CA 95619

Phone: (530) 621-6340 Fax: (530) 663-8403

Email: mhsa@edcgov.us Web: www.edcgov.us/mhsa

We invite you to share your ideas at one of the following virtual meetings:

Monday, 11/9/20
5:00 pm – 7:00 pm

Link to Join Webinar:
https://zoom.us/j/93478543657?pwd=V1h6dnZYdExqbUxHd1ZVTXQvS085UT09

Or Call (669) 900-6833

Webinar ID: 934 7854 3657

Passcode: 023745

Thursday, 11/19/20
10:00 am – 12:00 pm

Link to Join Webinar:
https://zoom.us/j/95246484051?pwd=ZEdxZlV3Q2g1UVYwMzQ4bEJ6eHFVQT09

Or Call (669) 900-6833

Webinar ID: 952 4648 4051

Passcode: 281285

Monday, 11/30/20
12:00 pm – 2:00 pm

Link to Join Webinar:
https://zoom.us/j/97562307817?pwd=aUxnaU9sZVhub0ZDSm5HdkxBVmg4UT09

Or Call (669) 900-6833

Webinar ID: 975 6230 7817

Passcode: 323861

Mental Health Services Act (MHSA)

Fiscal Year 2021/22 Annual Update

Virtual Community Meeting

Agenda:

1. Welcome and Introductions
2. Overview of MHSA Guiding Principles and Practices
    a. MHSA History
    b. MHSA Plans/Annual Updates
    c. MHSA Values
3. Consumer Voice – video interview
4. MHSA Budget
5. MHSA Component Overview
    a. Components
        i. Prevention and Early Intervention/PEI
        ii. Community Services and Supports/CSS
        iii. Innovation/INN
        iv. Workforce Education and Training/WET
        v. Capital Facilities and Technology/CFTN)
6. Input on projects
7. Survey
    a. English: https://www.surveymonkey.com/r/MHSA2020-21
    b. Spanish: https://www.surveymonkey.com/r/MHSA2021-22Spanish

MHSA email: mhsa@edcgov.us

Mental Health Services Act (MHSA)
Community Program Planning Process (Fiscal Year 2021/22)
Resilient El Dorado

Thank you for taking our survey. Your feedback is important! This survey should take only 10 minutes to complete.

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%) sales tax on personal incomes in excess of $1,000,000. The funds are distributed to counties throughout the State.

El Dorado County's Behavioral Health Division needs your feedback about mental health services to develop the Fiscal Year 2021/22 MHSA Annual Update.

You may complete the survey online at the following link: https://www.surveymonkey.com/r/MHSA2020-21

You may also email a completed survey to MHSA@edcgov.us

or you may mail a completed survey to:

El Dorado County Behavioral Health
Attn: MHSA Team
768 Pleasant Valley Rd, Suite 201
Diamond Springs, CA 95619

Thank you for helping to keep El Dorado resilient!

1. 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
- [ ] Substance Use Disorder Provider
- [ ] Social Services Agency
- [ ] General Interest in Mental Health Issues

Other (please specify)

2. Where do you live? (choose only one)

- ( ) **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 County**, but I work in El Dorado County

3. What is your race? (choose only one)

- ○ American Indian or Alaskan Native
- ○ White
- ○ Latino/Hispanic
- ○ Black or African American
- ○ Multiracial
- ○ Native Hawaiian or other Pacific Islander
- ○ Declined to state
- ○ Asian

Other race (please specify):

4. What is your ethnicity? (choose only one)

- ○ African
- ○ Japanese
- ○ Vietnamese
- ○ Asian Indian/South Asian
- ○ Eastern European
- ○ Multi-ethnic
- ○ Cambodian
- ○ European
- ○ Declined to state
- ○ Chinese
- ○ Korean
- ○ Filipino
- ○ Middle Eastern

Other (please specify)

5. What is your age? (choose only one)

- ○ 0-15 Years
- ○ 25-59 Years
- ○ 16-24 Years
- ○ 60+ Years

6. What is your Veteran status? (choose only one)

- ○ Veteran
- ○ Not a Veteran
- ○ Declined to state

7. What is your current gender identity? (choose all that apply)

- ◯ Female
- ◯ Male
- ◯ Trans male/trans man
- ◯ Trans female/trans woman
- ◯ Genderqueer/gender non-conforming
- ◯ Declined to state

Different identity (please state)

8. In your opinion, what are the three (3) most common negative outcomes of untreated mental illness in El Dorado County?

	Prolonged suffering	School failure or dropout	Removal of children from their homes	Incarceration	Unemployment	Suicide	Homelessness
First Choice	◯	◯	◯	◯	◯	◯	◯
Second Choice	◯	◯	◯	◯	◯	◯	◯
Third Choice	◯	◯	◯	◯	◯	◯	◯

9. In your opinion, are there any groups of people who you believe are not being adequately served by the current MHSA projects in El Dorado County? (Please select three (3) choices)

	Children 0-5	School Age Children	TAY (ages 16-25)	Adults	Older Adults (ages 60+)	LGBTQIA	Parents / Family Members	Justice-Involved on Probation or Parole	Homeless/At Risk of Homelessness	BICOP (black, Indigenous and people of color)	Persons wit Mental Health Needs (Consumer
First Choice	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Second Choice	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Third Choice	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

Other (please specify)

10. **What is your greatest concern since the declaration of the Public Health Emergency due to the Coronavirus?**

(Note: All concerns cannot necessarily be addressed with MHSA programs.)

- ○ Financial Stress
- ○ Isolation
- ○ Mental Health Stress
- ○ Distance Learning Stress
- ○ Childcare
- ○ Physical Health Stress
- ○ Other (please specify)

11. **Please provide your email address if you would like to receive future communications about MHSA.**

Email Address

Thank you for your feedback to help keep El Dorado Resilient!

Mental Health Services Act (MHSA) Community Program Planning Process (Fiscal Year 2021/22) - Spanish

Ley de Servicios de Salud Mental (MHSA, por sus siglas en inglés)
Proceso de Planificación del Programa Comunitario (Año Fiscal 2021/22)

El Dorado Resiliente

Gracias por completar nuestra encuesta. Sus comentarios son importantes. Completar esta encuesta debería tomar solo 10 minutos.

Los votantes de California aprobaron la Propuesta 63, la Ley de Servicios de Salud Mental (MHSA, por sus siglas en inglés), en noviembre de 2004 y la MHSA se convirtió en ley el 1 de enero de 2005. La MHSA impone un impuesto sobre las ventas del uno por ciento (1%) sobre los ingresos personales que superen $1,000,000. Los fondos se distribuyen a los condados de todo el estado.

La División de Salud del Comportamiento del Condado de El Dorado necesita sus comentarios sobre los servicios de salud mental para desarrollar la Actualización Anual de la MHSA del Año Fiscal 2021/22.

Puede completar la encuesta en línea en el siguiente enlace: https://www.surveymonkey.com/r/MHSA2020-21

También puede enviar una encuesta completada por correo electrónico a MHSA@edcgov.us

o puede enviar una encuesta completada por correo a:

El Dorado County Behavioral Health Attn: MHSA Team
768 Pleasant Valley Rd, Suite 201 Diamond Springs, CA 95619

¡Gracias por ayudar a mantener a El Dorado resiliente!

1. ¿En que área se identifica en relación con los problemas de salud mental? (Marque todas las opciones que correspondan)

- [ ] Consumidor
- [ ] Estudiante
- [ ] Proveedores de atención para trastornos por uso de sustancias
- [ ] Familia del consumidor
- [ ] Padre/madre de estudiante
- [ ] Veterano
- [ ] Proveedor de educación
- [ ] Agencia de servicios sociales
- [ ] Organización de veteranos
- [ ] Proveedor de salud mental
- [ ] Interés general en temas de salud mental
- [ ] Fuerzas del orden
- [ ] Proveedor de atención médica

Otro (especificar)

2. ¿Dónde vive? (seleccione solo uno)

- ○ 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 trabajo en el Condado de El Dorado

3. ¿Cuál es su raza? (seleccione solo una)

- ○ Indígena americano o nativo de Alaska
- ○ Blanco
- ○ Latino/Hispano
- ○ Nativo de Hawái o de otra Isla del Pacífico
- ○ Negro o afroamericano
- ○ Multirracial
- ○ Asiático
- ○ No deseo responder

Otra raza (especifique):

4. ¿Cuál es su origen étnico? (seleccione solo uno)

- ○ Africano
- ○ Japonés
- ○ Vietnamita
- ○ Indio asiático/Sudasiático
- ○ Europeo del Este
- ○ Multiétnico
- ○ Camboyano
- ○ Europeo
- ○ No deseo responder
- ○ Chino
- ○ Coreano
- ○ Filipino
- ○ Oriente Medio

Otro (especificar)

5. ¿Qué edad tiene? (seleccione solo uno)

- ○ 0-15 años
- ○ 16-24 años
- ○ 25-59 años
- ○ 60 años o más

6. ¿Cuál es su estatus de veterano? (seleccione solo uno)

- ○ Veterano
- ○ No veterano
- ○ No deseo responder

7. ¿Cuál es su identidad de género actual? (elija todo lo que corresponda)

- ○ Mujer
- ○ Hombre
- ○ Trans masculino/Hombre trans
- ○ Trans femenina/Mujer trans
- ○ Género no binario/Inconformidad de género
- ○ No deseo responder

Identidad diferente (indicar)

8. En su opinión, ¿cuáles son los tres (3) resultados negativos más comunes de las enfermedades mentales no tratadas en el Condado de El Dorado?

	Sufrimiento prolongado	Fracaso o abandono escolar	Retirada de niños de sus hogares	Encarcelamiento	Desempleo	Suicidio	Personas sin hogar
Primera opción	○	○	○	○	○	○	○
Segunda opción	○	○	○	○	○	○	○
Tercera opción	○	○	○	○	○	○	○

9. En su opinión, ¿hay algún grupo de personas que crea que no está siendo atendido adecuadamente por los proyectos actuales de la MHSA en el Condado de El Dorado? (Seleccione tres (3) opciones)

	Niños de 0 a 5 años	Niños en edad escolar	Jóvenes en edad de transición (de 16 a 25 años)	Adultos	Adultos mayores (60 años o más)	LGBTQIA	Padres / Miembros de la familia	Justicia - Involucrado en libertad condicional o libertad vigilada	Sin hogar / En riesgo de quedarse sin hogar	BICOP (negro, indígena y personas de color)	Personas con necesidad de salud mental
Primera opción	○	○	○	○	○	○	○	○	○	○	○
Segunda opción	○	○	○	○	○	○	○	○	○	○	○
Tercera opción	○	○	○	○	○	○	○	○	○	○	○

Otro (especificar)

10. ¿Cuál es su mayor preocupación desde la declaración de Emergencia de Salud Pública por el Coronavirus? (Nota: es posible que los programas de la MHSA no puedan abordar todas las preocupaciones).

- ○ Estrés financiero
- ○ Estrés de salud mental
- ○ Cuidado infantil
- ○ Aislamiento
- ○ Estrés por el aprendizaje a distancia
- ○ Estrés por la salud física
- ○ Otro (especificar)

11. Si desea recibir información en el futuro sobre la MHSA, indique su dirección de correo electrónico. Dirección de correo electrónico:

12. ¡Gracias por sus comentarios para ayudar a mantener a El Dorado resiliente!