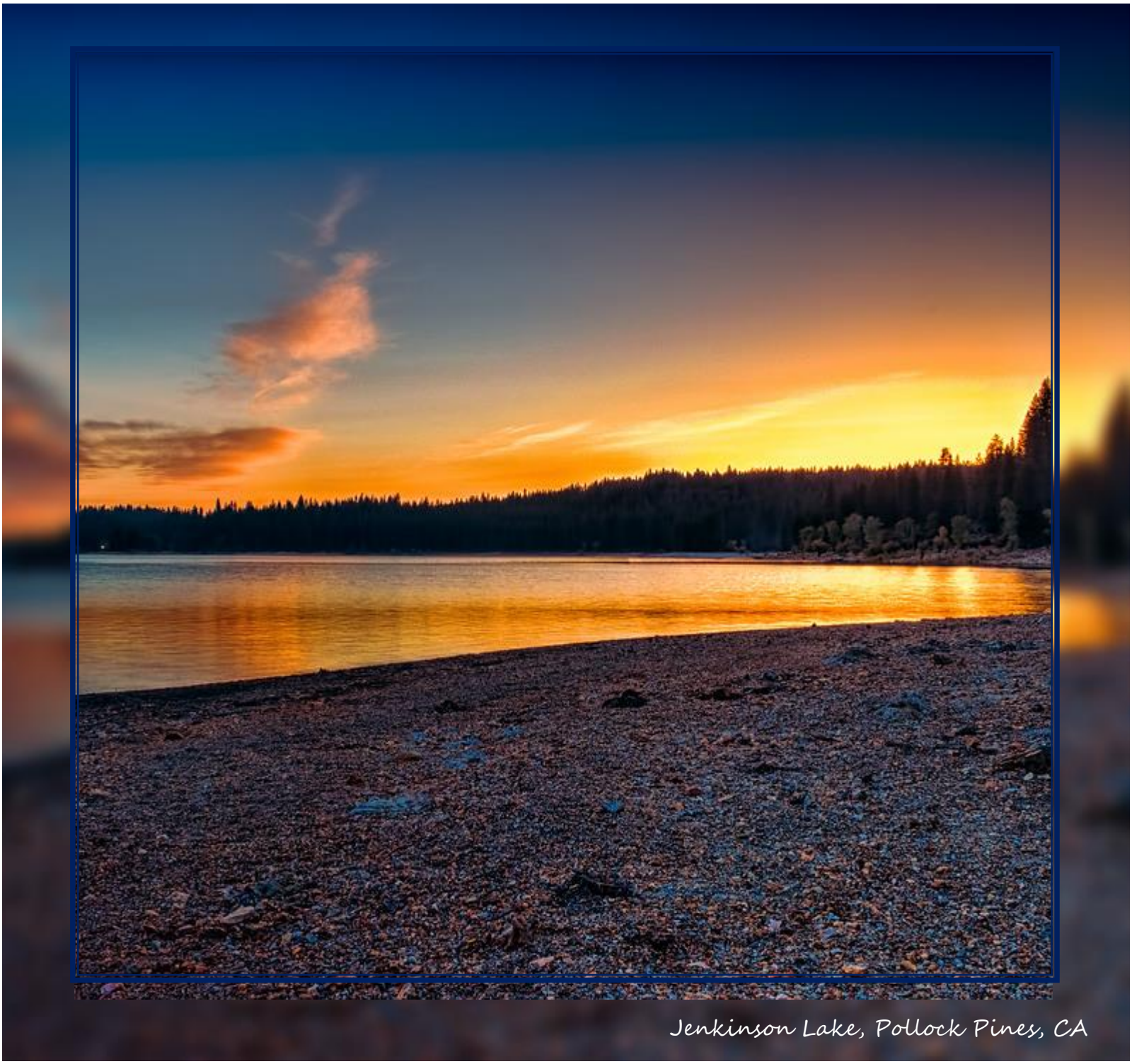

EL DORADO COUNTY

MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE

FISCAL YEARS 2025/26

Contents

MHSA County Fiscal Accountability Certification

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

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY 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

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

MHSA COUNTY COMPLIANCE CERTIFICATION

County: _____

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

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

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

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

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

_____ _____

Local Mental Health Director/Designee (PRINT) Signature Date

County:_____

Date:_____

Message from the Behavioral Health Director

The past two (2) years has been filled with system wide changes as the Behavioral Health Division (BHD) has navigated new and updated requirements under California Advancing and Innovating Medi-Cal (CalAIM). Looking back, it can be observed how the staff of the BHD and Health and Human Services Agency (HHSA) have continuously overcome the challenges presented by these changes to forge a new path forward; one in greater alignment with the state-wide behavioral health initiatives while at the same time capitalizing on areas to improve services to the community we serve. A multitude of additional changes continue to drive us forward including CARE Act, Providing Access and Transferring Health – Justice Involved (PATH JI) as well as the implementation of SB 43 which expands the Lanterman-Petris-Short Act regulations.

Through dedication to our community combined with ingenuity, we strive forward together with the common vision of *Transforming Lives and Improving Futures*. We are able to reflect on areas for improvement and take action to addressing those needs in the future. Once such area is the implementation of twenty-four/seven (24/7) Mobile Crisis Services throughout the whole of El Dorado County. This service demonstrates the valuable relationships that have been forged between partner agencies including law enforcement, local hospitals, and community based organizations as well as the dedicated emphasis throughout HHSA to embody the values of *integrity, respect, transparency, accountability*, and especially *collaboration*.

As we embark on our final year under the Mental Health Services Act (MHSA) before embarking on the Behavioral Health Services Act (BHSA), passed by voters in March 2024, we recognize the opportunity to reassess and re-envision how our systems can better serve our community and remain optimistic of how, we can rise to the mission of HHSA; *Unified in building a stronger, safer, and healthier community.*

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.

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 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.

Substantial Changes in this FY 2025/26 Annual Update compared to the FY 2024/25 Annual Update

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

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

   Eighty percent (80%) of MHSA funding must be used for community services and support projects and of that, the majority (i.e., fifty-one percent [51%]) of the funding shall be used on Full Service Partnerships[1].

   New or modified CSS Projects:

   - Mobile Crisis Project (formerly Community-based Outreach and Linkage Project) –This project has been moved from the PEI component to CSS Outreach and Engagement as a reflection of the more comprehensive services provided to current Behavioral Health Clients, Medi-Cal members and the El Dorado County community as a whole. This project is being increased in order to meet State mandated requirements as set forth in BHIN 23-025. An estimated 40% of project funding may be offset by Medi-Cal claiming for eligible mobile crisis contacts. Additionally, the project has also been renamed.

As a result of anticipated reduction in revenues (see page **43**, **Limitations and Challenges**

-) several CSS projects have been assessed for funding reductions.

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

- Peer Partner Project - Parent Partner – This project allocation has been reduced by $43,500 due to anticipated revenue reductions
- Court Appointed Special Advocates (CASA) - This project allocation has been reduced by $3,450 due to anticipated revenue reductions
- TAY FSP Project - This project allocation has been reduced by $75,000 due to anticipated revenue reductions and historical annual expenditures
- Adult and Older Adult FSP Project - This project allocation has been reduced by $1,000,000 due to anticipated revenue reductions and historical annual expenditures
- Wellness and Recovery Services/Adult Wellness Centers - This project allocation has been reduced by $313,000 due to anticipated revenue reductions and historical annual expenditures
- Access Services - This project allocation has been reduced by $225,000 due to anticipated revenue reductions and historical annual expenditures
- Assisted Outpatient Treatment (AOT) - This project allocation has been reduced by $14,000 due to anticipated revenue reductions and historical annual expenditures
- Lanterman-Petris-Short (LPS) Project - This project allocation has been reduced by $250,000 due to anticipated revenue reductions and historical annual expenditures
- Genetic Testing Project - This project allocation has been reduced by $25,000 due to anticipated revenue reductions and historical annual expenditures

- Wellness and Recovery Services/Adult Wellness Center Project – The Community Wellness Center/Integrated Service Center Program within this larger project is being removed due to the alternative CFTN project to promote service integration. See CFTN New and Removed projects for more details.
- Wellness and Recovery Services/TAY Engagement – This project FY 25/26 annual allocation has been increased by $200,000 to more accurately reflect offsetting Mental Health Block Grant (MHBG) expenditures reported under this project. No additional MHSA revenue has been allocated to this project.
- Crisis Residential Treatment (CRT) Project - This project allocation has been increased by $600,000 to meet needs identified through contracting process. Partial Medi-Cal offset is anticipated.

Removed CSS Projects:

- Recreation Therapy Project – This project is being removed due to the focus on mandated services. Recreational opportunities may still be accessible to FSP clients.

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

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

   New or Modified PEI Projects:

As a result of anticipated reduction in revenues (see page 43, Limitations and Challenges

-) several PEI projects have been assessed for funding reductions.
  - Latino Outreach - This project is being reduced by $60,000 due to anticipated revenue reductions
  - Primary Project – This project is being reduced by $90,500 due to anticipated revenue reductions and historical actual expenditures across its three independent providers.
  - Wennem Wadati: A Native Path to Healing Project - This project is being reduced by $17,250 due to anticipated revenue reductions
  - Clubhouse El Dorado Project - This project is being reduced by $45,000 due to anticipated revenue reductions
  - Older Adult Enrichment project - This project is being reduced by $60,000 due to anticipated revenue reductions
  - Children 0-5 and Their Families Project - This project is being reduced by $58,500 due to anticipated revenue reductions
  - Prevention Wraparound Services: Juvenile Services Project - This project is being reduced by $75,000 due to anticipated revenue reductions
  - Forensic Access and Engagement Project - This project is being reduced by $50,000 due to anticipated revenue reductions
  - Student Wellness Center Project - This project is being reduced by $267,120 due to anticipated revenue reductions
  - Mental Health First Aid, safeTALK and Other Community Education Projects – This project is being reduced by $85,000 after re-evaluating the implementation strategy through the Community Funding Assistance opportunity and assessment

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

of a lesser amount of funding required to accomplish the same or similar outcomes.

- Community Stigma Reduction Project - This project is being reduced by $15,000 due to anticipated revenue reductions
- Community Education Project - This project is being reduced by $150,000 due to anticipated revenue reductions and historical annual expenditures
- Peer Partner Project - Youth Advocate - This project is being reduced by $16,500 due to anticipated revenue reductions
- Mentoring for Youth Project - This project is being reduced by $14,400 due to anticipated revenue reductions
- Project Access - This project is being reduced by $200,000 due to anticipated revenue reductions
- Veterans Outreach Project - This project is being reduced by $25,875 due to anticipated revenue reductions

- Suicide Prevention and Stigma Reduction Project – This project is being reduced by $200,000 with limited activities funded by MHSA following the June 2025 expiration of the Youth Suicide Reporting and Crisis Response Pilot Program Grant Funding. In accordance with BHSA regulations, Suicide Prevention will be a function of Public Health with a percentage of MHSA revenue being distributed to the California Department of Public Health prior to distributions to Counties.
- Community-Based Outreach and Linkage Project/PERT (now Mobile Crisis Project) – This project has been moved to CSS Outreach and Engagement

Removed PEI Projects:

- Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project - This project is being removed due to underutilization.
- Bridge the Gap Project – This project is being removed due to duplication with Managed Care Plan/private insurance responsibility.
- National Suicide Prevention Line Project – This project is being removed because as of the implementation of the 988 Lifeline, this service is no longer funded at the County level.
- TimelyCare Project – This project is being removed because it has been assessed as duplicating services that may otherwise be supported by alternative funding sources such as managed care plans and/or private insurance.
- Statewide PEI Project – This optional project is being removed due to anticipated revenue reductions and emphasis on direct services.

3. **Innovation (INN):** Innovation projects are defined as projects that contribute to learning, which does not necessarily focus on providing a direct service. Innovation projects inform current and/or

future practices/approaches related to mental health and must be approved by the MHSOAC in addition to local approvals.

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

- *Following guidance provided by DHCS that "Counties will have flexibility to allocate their unspent Mental Health Services Act (MHSA) funds to the BHSA components (BHSS, Housing Interventions, FSP) at local discretion.", the BHD has stopped further development of proposed INN projects. Details for the use of unspent INN funding will be included in the FY 26-29 BHSA Integrated Plan.*

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

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

   New or modified WET Projects:

   - The Peer Support Specialist Certification Program was added to the Workforce Development Project in order to utilize MHSA funding to grow the Peer Certified workforce within our staff and community. Client supported certification remains under the CSS Wellness and Recovery Project.

   Removed WET Projects:

   - Statewide WET Planning and Community Needs Assessment has been removed due to no further State participation requirement

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

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

   New or modified CFTN Projects:

   - Electronic Health Record Project – This project is being expanded to include offline access software to be utilized by staff or providers while providing services in remote parts of El

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

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

Dorado County, including but not limited to during Mobile Crisis responses. The project allocation has been increased by $100,000 to accommodate additional costs for services.

- Service, Outreach, Access, and Response (SOAR) Project – This project has been added for the option to utilize up to $1 million as a County match for potential Behavioral Health Continuum Infrastructure Program (BHCIP) grant funding

Removed CFTN Projects:

- Integrated Community-based Wellness Center Project - This project has been removed due to re-evaluation of integrated services delivery with consideration of State BHCIP grant funding.
- CFTN Administration: Housing Consultant - This program has been removed and the CFTN Administration allocation reduced by $100,000. The use of a Housing Consultant may be re-evaluated under the FY 26-29 BHSA Integrated Plan.

Legislative, Regulatory, and Other MHSA Changes

In March 2024, California voters passed Proposition 1, a two-bill package including the Behavioral Health Services Act (BHSA) (Senate Bill 326) and the Behavioral Health Infrastructure Bond Act of 2024 (BHIBA) (Assembly Bill 531). The BHIBA portion is a $6.38 billion general obligation bond to develop an array of behavioral health treatment, residential care settings, and supportive housing to help provide appropriate care facilities for Californians experiencing mental health conditions and substance use disorders. DHCS was authorized to award up to $4.4 billion in BHIBA funds for BHCIP competitive grants. In addition, DHCS will enact changes resulting from Proposition 1 through the Behavioral Health Transformation (BHT) project, which aims to modernize the behavioral health delivery system, improve accountability, increase transparency, and expand capacity of behavioral health care facilities for California residents.

DHCS was authorized through 2021 legislation to establish the Behavioral Health Continuum Infrastructure Program (BHCIP) and award $2.2 billion to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health. DHCS has been releasing these funds through multiple grant rounds targeting various gaps in the state's behavioral health facility infrastructure.

SB 326

The bill will recast MHSA by renaming it the Behavioral Health Services Act (BHSA), expanding services to include treatment of substance use disorders, updating the county planning process, and increasing the number of services for which counties and the State can use MHSA funds. The bill revises the distribution of MHSA monies, including allocating up to $36,000,000 to the Department of Health Care Services (DHCS) for behavioral health workforce funding. This bill also authorizes DHCS to require counties to implement specific evidence-based practices.

In order for behavioral health services to be eligible for reimbursement pursuant to the federal Social Security Act, this bill requires counties to submit the claims for reimbursement to DHCS under specific circumstances. SB326 also requires counties to pursue reimbursement through a variety of channels and will authorize counties to report issues with managed care plans and other insurers to the Department of Managed Health Care or Department of Insurance.

MHSA established the Mental Health Services Oversight and Accountability Commission (MHSOAC), which adopts regulations for the various project types established by the act. SB326 renames MHSOAC the Behavioral Health Services Oversight and Accountability Commission, and changes both the composition and duties of the commission. Importantly, this bill also deletes the provisions relating to Innovation programs and instead require counties to establish housing intervention programs.

Under current law, public mental health services are provided through a performance contract between the State and county mental health departments. SB326 revises the contracting process, including authorizing the department to temporarily withhold funds or impose monetary sanctions on county behavioral health departments that are out of compliance with their performance contract.

This bill will take effect July 1, 2026 with several provisions applicable as early as January 1, 2025.

AB 531

This bill enacts the Behavioral Health Infrastructure Bond Act of 2024 which authorizes the issuance of bonds in the amount of $6,380,000,000 to finance loans or grants for the acquisition of capital assets for the conversion, rehabilitation, or new construction of permanent supportive housing for veterans and others who are homeless and meet specified criteria, and for grants for the Behavioral Health Continuum Infrastructure Program, as specified.

SB 43

The Lanterman-Petris-Short Act (LPS Act) provides for the involuntary commitment and treatment of a person who is a danger to themselves or others, or who is "gravely disabled". The LPS Act defines "gravely disabled" as either a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for food, clothing, or shelter; or has been found mentally incompetent. SB43 expands the definition of "gravely disabled" to also include conditions in which a person, as a result of a severe substance use disorder or chronic alcoholism, is unable to provide for their personal safety or necessary medical care, in addition to being unable to care for their basic needs.

On October 23, 2023, the El Dorado County Board of Supervisors approved Resolution 176-2023. The resolution deferred the implementation of SB43 until January 1, 2026, allowing for adequate time to identify the funding impacts, necessary treatment expansion, and increased staffing needs required to implement SB43.

AB 1051

Previously under 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.

This bill requires, in the case of placement of foster children in short-term residential therapeutic programs, community treatment facilities, or group homes, or in the case of admission of foster children to children's crisis residential programs, the presumptive transfer provisions would apply only if certain circumstances exist. These circumstances would include (1) that the case plan for the foster child specifies that the child will transition to a less restrictive placement in the same county as the facility in which the child has been placed, or (2) that the placing agency determines, as specified, that the child will be negatively impacted if responsibility for providing or arranging for specialty mental health services is not transferred to the same county as the facility in which the child has been placed. The bill imposes various notification and documentation requirements on the placing agency.

El Dorado County Snapshot and Demographics

Snapshot

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

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

The population of El Dorado County as of April 2024 is 192,704[5]. Approximately eighty percent of the county's population resides in unincorporated areas of the county. The rural nature of many unincorporated areas of the county results in challenges to obtaining health service (e.g., transportation, outreach to residents, and public awareness relative to available services).

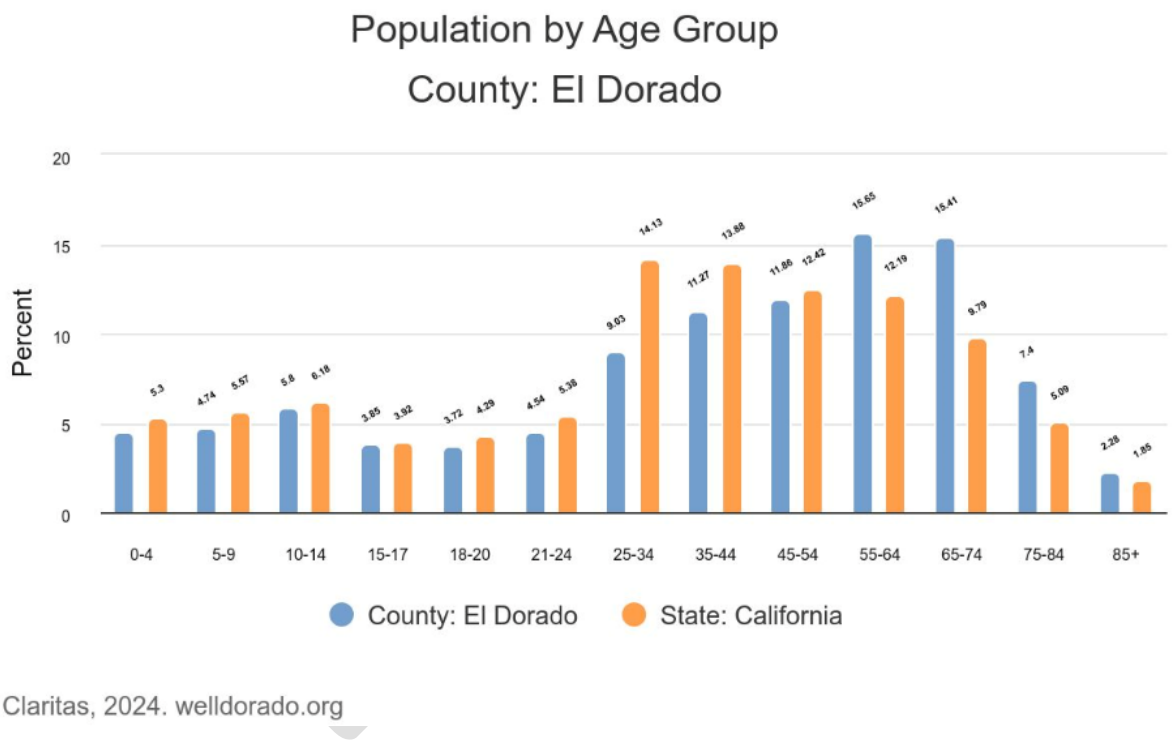
[5] As of April 2024, per welldorado.org

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

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

Demographics

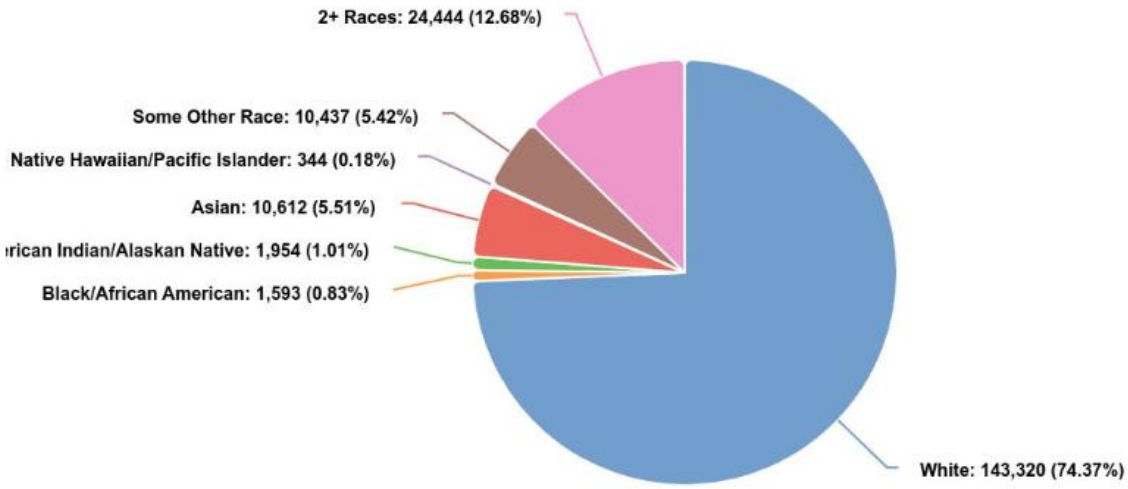
The following charts provide a summary of El Dorado County's population information in these categories, as obtained from WellDorado.org:[6]



Claritas, 2024. welldorado.org

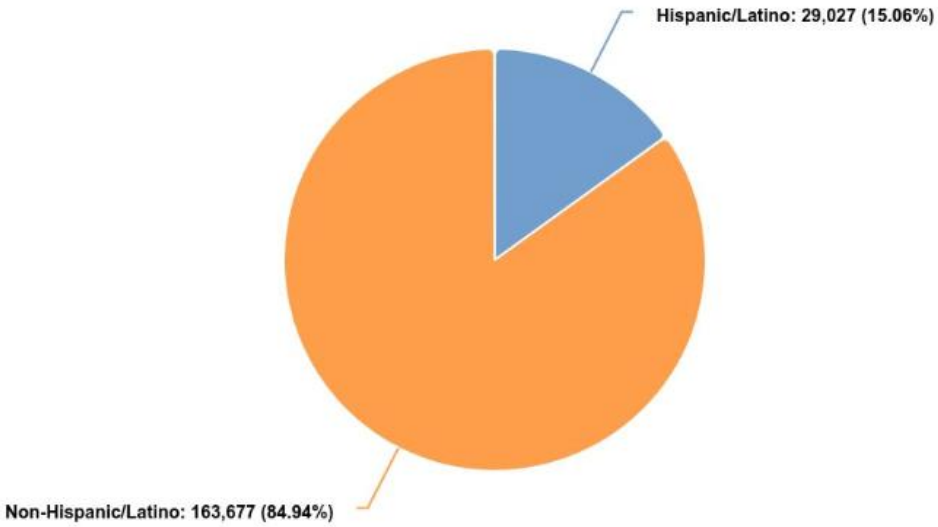
[6] Healthy Communities Institute, Community Dashboard, April 2024. Retrieved from www.welldorado.org.

Population by Race
County: El Dorado



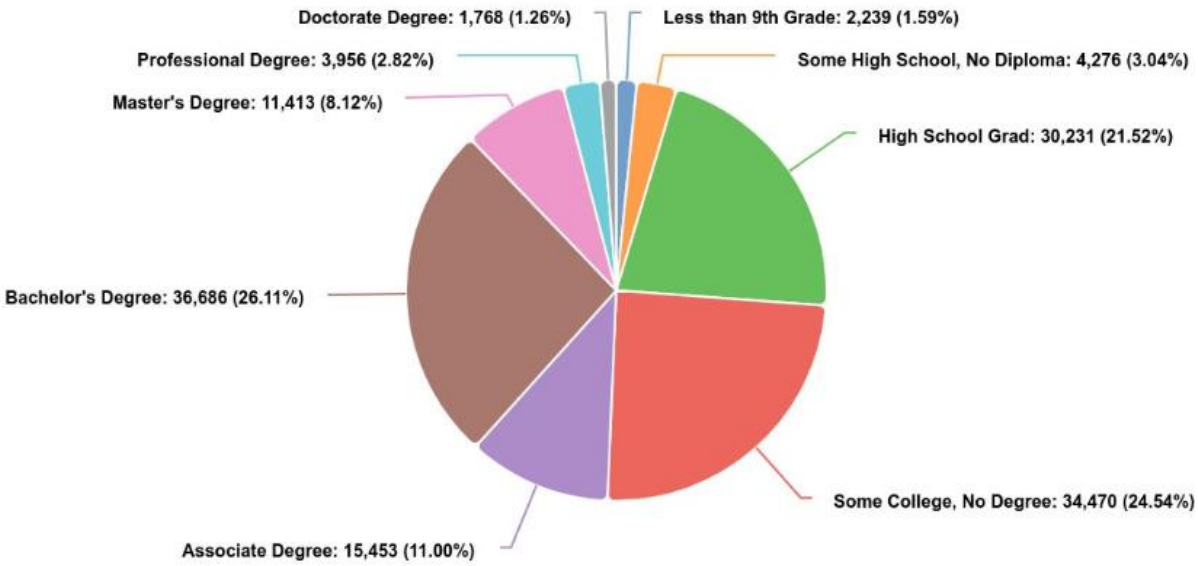
Claritas, 2024. welldorado.org

Population by Ethnicity
County: El Dorado



Claritas, 2024. welldorado.org

Population 25+ by Educational Attainment
County: El Dorado



Claritas, 2024. welldorado.org

Community Program Planning Process (CPPP)

MHSA Stakeholder and Community Meetings

Stakeholders and the general public were invited to participate in MHSA planning opportunities and provide initial comment to contribute to the development of the County's Fiscal Year 2025-26 MHSA Annual Update. Stakeholder meetings were first held with current and prospective providers to identify opportunities for adaptation and expansion of existing MHSA Projects and possible additions to the El Dorado County system of care. Public meetings were then held to train and solicit feedback from community members. Topics included:

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

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

The MHSA Project Team advertised the meetings through a public notice, emailing notices, 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.

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

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

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

Stakeholder and Community Meetings

Date/ Time	Meeting	Number of Attendees
7/22/24 at 9:00 am	MHSA Provider Conference	21
7/25/24 at 1:00 pm	Behavioral Health Staff MHSA Training and Discussion	64
8/21/24 at 9:00 am	MHSA Community Meeting – Hosted virtually by Behavioral Health Division Staff	0
8/27/24 at 12:00 pm	MHSA Community Meeting – Hosted virtually by Behavioral Health Division Staff	1
9/4/24 at 11:00 am	MHSA Community Meeting – Hosted in person by Tahoe Youth and Family Services	13
9/5/24 at 3:00 pm	MHSA Community Meeting – Hosted virtually by Behavioral Health Division Staff	1
9/11/24 at 8:30 am	Spanish spoken MHSA Community Meeting – Hosted in person by South Lake Tahoe Family Resource Center	12
9/30/24 at 9:00 am	MHSA Community Meeting – Hosted virtually by Behavioral Health Division Staff	0
10/9/24 at 10:00 am	MHSA Community Meeting – Hosted in person by Summitview Child and Family Services	1
10/10/24 at 11:00 am	MHSA Stakeholder Meeting – Infant Parent Center	1
10/18/24 at 10:00 am	MHSA Community Meeting – Hosted in person by Summitview Child and Family Services	17
10/22/24 at 5:00 pm	MHSA Community Meeting – Hosted virtually by Behavioral Health Division Staff	0
10/24/24 at 10:30 am	MHSA Community Meeting – Hosted in person by El Dorado County Office of Education (EDCOE) Mental Health and Wellness	25
10/29/24 at 11:30 am	MHSA Stakeholder Meeting – Older Adult Enrichment Project Staff	3

Stakeholder and Community Meeting Input

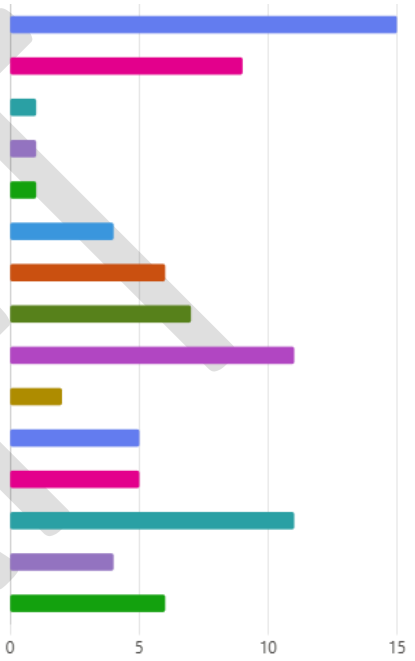
Through the CPPP, the MHSA project team heard recurring themes. Issues of primary concern included:

- Housing and Homelessness, including the cost of housing
- Availability of mental health services and access to services
- Youth mental health

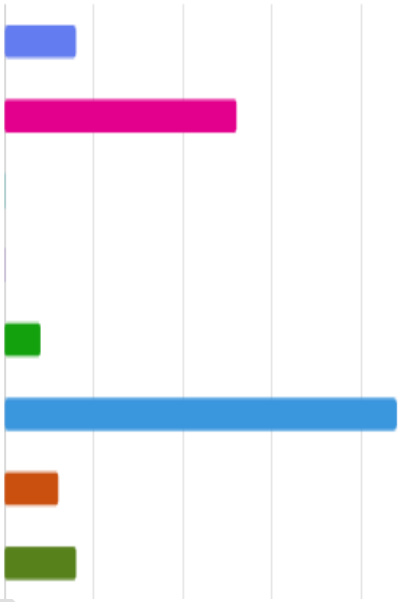
Summary of Survey Responses

48 English version surveys were received
0 Spanish version surveys were received

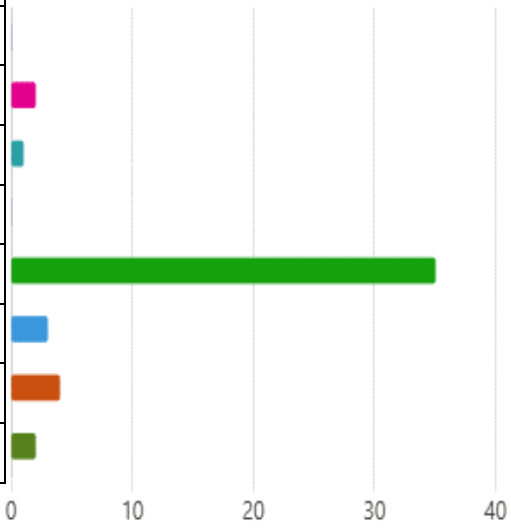
What area(s) do you represent relative to mental health issues? (Check all that apply.)		
Answer Options	**Response Percent**	**Response Count**
Consumer	17.05%	15
Family of Consumer	10.23%	9
Veteran	1.14%	1
Veteran Organization	1.14%	1
Law Enforcement	1.14%	1
Student	4.55%	4
Parent of Student	6.82%	6
Education Provider	7.95%	7
Mental Health Provider	12.5%	11
Healthcare Provider	2.27%	2
Substance Use Disorder Provider	5.68%	5
Social Services Agency	5.68%	5
General Interest in Mental Health Issues	12.5%	11
Declined to State	4.55%	4
Other	6.82%	6



Answered Question	47
Skipped Question	1
"Other" Responses: NAMI, Drug and Alcohol (Recovering), SP.	

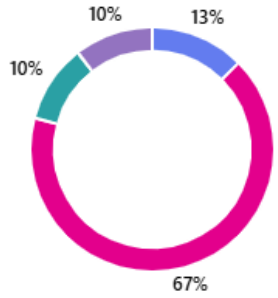
Where do you live?			
Answer Options	**Response Percent**	**Response Count**	
West County (Cameron Park, El Dorado Hills, Rescue, Shingle Springs)	8.33%	4	
Placerville Area (Diamond Springs, El Dorado, Placerville, Pleasant Valley)	27.08%	13	
North County (Coloma, Cool, Lotus, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill)	0%	0	
South County (Fair Play, Grizzly Flats, Mt. Aukum, Somerset)	0%	0	
Mid County (Camino, Cedar Grove, Echo Lake, Pollock Pines, Kyburz, Pacific House, Riverton)	4.17%	2	
Tahoe Basin (Meyers, South Lake Tahoe, Tahoma)	45.83%	22	
Out of the county, but I work in El Dorado County	6.25%	3	
Decline to state	8.33%	4	
Answered Question			48
Skipped Question			0

What is your race? (choose only one)		
Answer Options	**Response Percent**	**Response Count**
American Indian or Alaskan Native	0%	0
Asian	4.26%	2
Black or African American	2.12%	1
Native Hawaiian of Pacific Islander	0%	0
White	74.48%	35
Multiracial	6.38%	3
Decline to state	8.51%	4
Other	4.26%	2



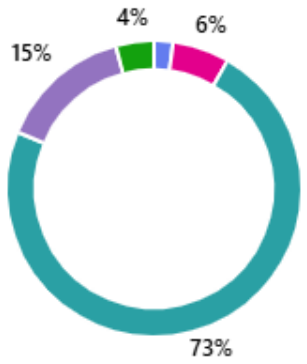
Answered Question	47
Skipped Question	1
"Other" Responses: Native American, Hispanic.	

What is your ethnicity? (choose only one)		
Answer Options	**Response Percent**	**Response Count**
Hispanic or Latino	12.5%	6
Non-Hispanic or Non-Latino	66.67%	32
Declined to State	10.42%	5
Other	10.42%	5

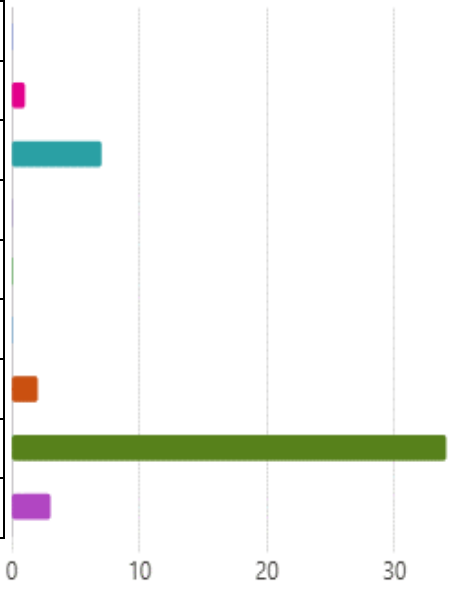


Answered Question	48
Skipped Question	0
"Other" Responses: Other.	

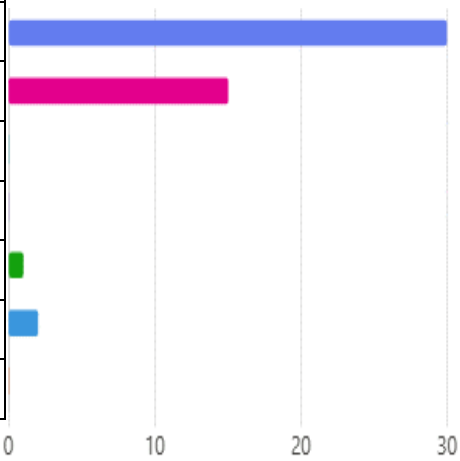
What is your age?		
Answer Options	**Response Percent**	**Response Count**
0-15 years	2.08%	1
16-24 years	6.25%	3
25-59 years	72.92%	35
60+ years	14.58%	7
Declined to state	4.17	2
Answered Question		48
Skipped Question		0



What is your military affiliation? (choose all that apply)		
Answer options	**Percent Response**	**Percent Count**
Service Member	0.00%	0
Parent of Service Member	2.13%	1
Child of Service Member	14.89%	7
Spouse of Service Member	0.00%	0
Active Duty	0.00%	0
Reservist	0.00%	0
Veteran	4.26%	2
Does not apply	72.34%	34
Decline to State	6.38%	3
Answered Question		47
Skipped		1



What is your gender identity?		
Answer Options	**Response Percent**	**Response Count**
Female	62.50%	30
Male	31.25%	15
Trans male/trans man	0.00%	0
Trans female/trans woman	0.00%	0
Genderqueer/gender non-conforming	2.08%	1
Declined to State	4.17%	2
Other	0.00%	0

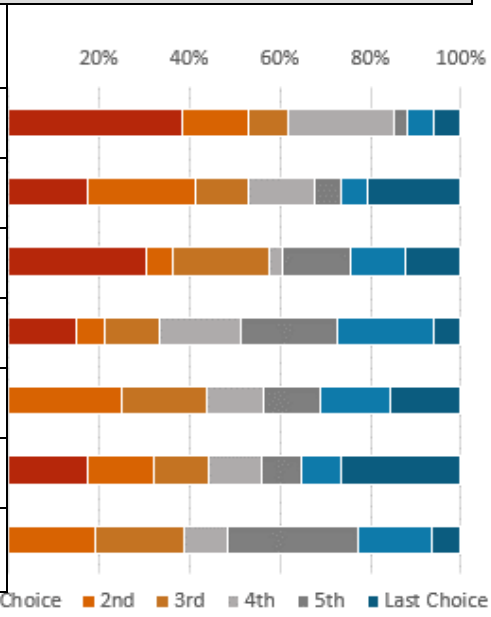


Answered Question	48
Skipped Question	0
"Other" Responses: (None)	

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

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

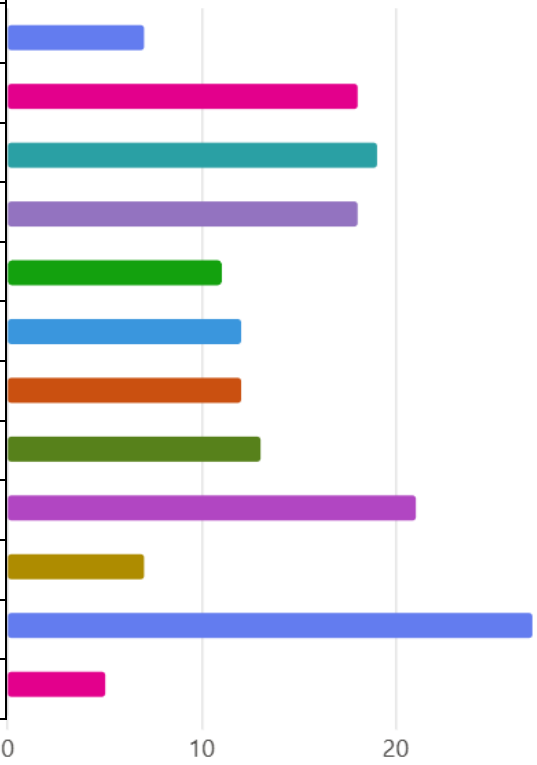
Rank	Outcome	First Choice	Last Choice
1	Prolonged suffering	33.33%	5%
2	Homelessness	15%	17.5%
3	Suicide	25%	10%
4	School failure or dropout	12.5%	5%
5	Incarceration	0%	12.5%
6	Unemployment	15%	22.5%
7	Removal of children from their homes	0%	5%



Answered Question	40
Skipped Question	8

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

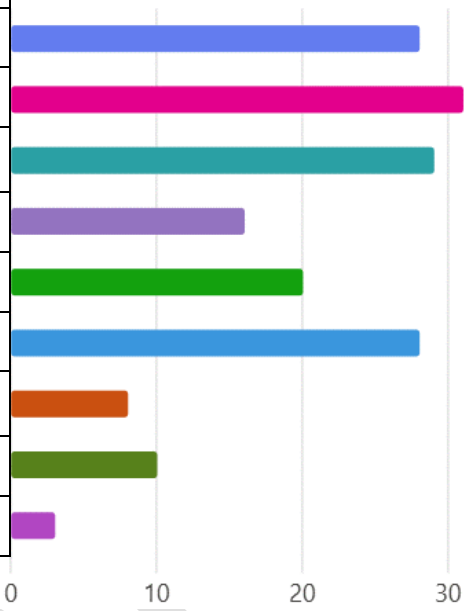
Answer Options	Response Percent	Response Count
Children 0-5	6.73%	7
School Age Children	10.47%	18
TAY (ages 16- 25)	12.21%	19
Adults	8.98%	18
Older Adults (ages 60+)	5.74%	11
LGBTQIA+	7.73%	12
Parents / Family Members	5.74%	12
Justice- Involved on Probation or Parole	8.23%	13
Homeless/At Risk of Homelessness	14.21%	21
BICOP (black, Indigenous and people of color)	4.74%	7
Persons with Mental Health Needs (Consumers)	13.97%	27
Other	1.25%	5



Answered Question	48
Skipped Question	0

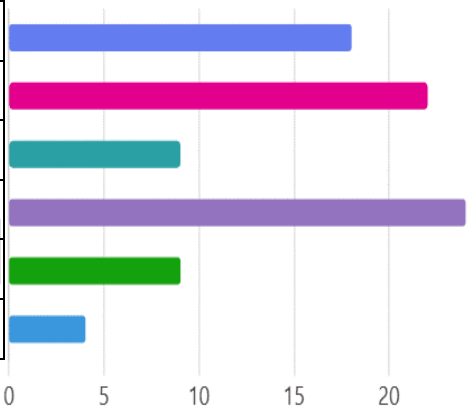
Responses to "Other": Adults with Severe Mental Illness, we ALL NEED more resources, 16-30.

What do you feel are the greatest contributing factors to Mental Health issues in El Dorado County?		
Answer Options	**Response Percent**	**Response Count**
Economic Stress	16%	28
Substance Abuse	18%	31
Lack of Access to Mental Health Services	17%	29
Social Isolation	9%	16
Family Issues	12%	20
Housing Instability	16%	28
Work and/or School Pressures	5%	8
Physical Health Issues	6%	10
Other	2%	3



Answered Question	47
Skipped Question	1
Responses to "Other": (None)	

What areas do you continue to be impacted by wildfires including recovery efforts? (Note: All concerns cannot necessarily be addressed with MHSA programs.)		
Answer Options	**Response Percent**	**Response Count**
Finding Housing	21%	18
Mental Health issues	26%	22
Job assistance	10%	9
Financial Impact	28%	24
Navigating State and Federal Support	10%	9
Other	5%	4



Answered Question	42
Skipped Question	6
Responses to "Other": (None)	

To what extent do the following barriers create challenges for individuals and family member(s) with mental health issues to access mental health services?				
Highlighted items are those where "Very Challenging" received the most responses	**Very Challenging**	**Somewhat Challenging**	**No Added Challenge**	**Total Respondents**
Appointment availability	21	18	5	44
Services not in my community	21	13	10	44
Safety concerns	11	19	14	44
Transportation	18	17	9	44
Slow Response Time	15	21	8	44
Resources (e.g. financial)	27	11	6	44
Stigma around mental health illness in their community	16	17	11	44
Communication between providers	13	28	4	45
Embarrassed to ask for help	15	20	10	45
Did not want help	8	26	10	44
Legal concerns	9	21	14	44
Level of services did not match needs	16	18	9	43
No Insurance	18	13	13	44
Services not culturally appropriate (e.g. not in my language)	8	14	22	44
Provider changes	17	21	6	44
Answered Question			45	
Skipped Question			3	

Do you support the following projects being REMOVED from this El Dorado County MHSA Update?			
Bridge The Gap Project – Due to duplication with responsibility of Managed Care Plans/Private insurance	**Yes**	**No**	**Unsure/More information needed**
	17.4%	21.7%	60.9%
Integrate Community-based Wellness Center Project – See next question for alternative project	**Yes**	**No**	**Unsure/More information needed**
	11.1%	26.7%	62.2%

Do you support the following projects being ADDED to this El Dorado County MHSA Update?			
Integrated Substance Use and Mental Health Treatment Campus – MHSA funding to pair with Behavioral Health Continuum Infrastructure Program grant opportunity. See BHCIP website for more details https://www.infrastructure.buildingcalhhs.com/	**Yes**	**No**	**Unsure/More information needed**
	67.4%	4.3%	28.3%

Do you support the following projects being ADJUSTED within this El Dorado County MHSA Update?			
Lanterman-Petris-Short (LPS) Project - Update to support SB 43 implementation in EDC on January 1, 2026	**Yes**	**No**	**Unsure/More information needed**
	23.9%	2.2%	73.9%
Crisis Residential Treatment (CRT) - Funding true-up to better reflect actual use after contract execution	**Yes**	**No**	**Unsure/More information needed**
	47.8%	2.2%	50%
Community-Based Outreach and Linkage Project/PERT - Funding true-up to better reflect actual use after anticipated contract execution and hiring of additional staff	**Yes**	**No**	**Unsure/More information needed**
	43.5%	6.5%	50%

Workforce Development Project - Added options to fund PEER Support Specialist certifications for county and current contract provider staff	**Yes**	**No**	**Unsure/More information needed**
	50%	2.2%	47.8%

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

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

Progressive Improvements for Valued Outpatient Treatment (PIVOT) - Collaborative project with several other counties to address Behavioral Health Transformation and preparations for the Behavioral Health Services Act by July 1, 2026	**Yes**	**No**	**Unsure/More information needed**
	40.9%	6.8%	52.3%

Publication of the MHSA FY 2025/26 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 MHSA Annual Update Comment Period: The Draft MHSA Annual Update was posted on the MHSA web page (www.edcgov.us/mhsa) on February 3, 2025, for a 30-day Public Comment Period. Emails were sent on February 3, 2025, 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 February 3, 2025, a public MHSA Announcement was posted on the Health and Human Services Agency webpage and Facebook page. The Draft MHSA Annual Update Public Comment Period ended at 5:00 p.m. on March 5, 2025.

Draft MHSA Annual Update Public Hearing: The Behavioral Health Commission held a Public Hearing on the Draft MHSA Annual Update on March 19, 2025, 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). The Public Hearing was held in a hybrid format with Behavioral Health Commissioners and public participation both remotely via Zoom and in person at the Board of Supervisors meeting room at 330 Fair Lane, Placerville, CA 95667 and Mental Health Office, 1900 Lake Tahoe Blvd., Suite 103, South Lake Tahoe, CA.

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

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

El Dorado County Board of Supervisors: After the Public Hearing, the draft Update will be presented to the El Dorado County Board of Supervisors for review on or around May 20, 2025. The final MHSA Annual Update will be brought to the Board of Supervisors for adoption on or around June 17, 2025. Notification of the date will be posted on the MHSA web page and included on the Board of Supervisors Agenda.

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

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

Substantive Comments

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

30-day Public Comment – February 3 to March 5, 2025

General Comment	
Comment	**MHSA Analysis/ Response**
On the listing of the PEI projects being modified on pages 10-11, the Latino Outreach Program is not listed but is being reduced by $60,000. The reduction is noted on page 115, the list of PEI projects with updated funding for FY 25-26.	Unintentional omission. Update made to page 10-11 to include Latino Outreach in the list of Substantial Changes.
We understand the challenging financial climate and appreciate your past support of the NAMI El Dorado Clubhouse. While we acknowledge the shift in how merit will be measured beyond the FY 2023-24 data, we want to reiterate the significant progress and impact we've made since opening in August 2024. Since opening our doors, the Clubhouse has become a vital resource for our community. Our membership has grown to over 100 individuals, with an average daily attendance of 15-20 members who spend an average of 5 hours per day with us. In just six months, we have served over 2,000 meals, directly addressing food insecurity within our membership. Beyond basic needs, the Clubhouse is actively combating social isolation, particularly during evenings and weekends. Our members have participated in 126 social activities in the past six months, fostering a sense of community and belonging. We are also proud to report that 12 members have secured employment, and over 32 members have completed resumes and participated in job interviews, demonstrating the Clubhouse's role in promoting economic self-sufficiency. The value the Clubhouse brings to our community is undeniable. These accomplishments underscore the critical need for continued, full funding as outlined in our contract. The demand for our services is growing rapidly, and we are already facing the need to expand our physical space to accommodate this growth. A funding reduction would severely impact our ability to serve our members and meet the increasing need in our community. We understand these are uncertain times, but it is precisely during these times that the support and	Funding allocation reductions drafted for this project are not as a result of data provided in the FY 23/24 Outcomes Report but rather adjustments made to all PEI project allocations in consideration of anticipated revenue reductions (See Limitations and Challenges). Data provided is consistent with quarterly reports submitted in FY 24/25 and will be reflected on FY 24/25 Outcomes Report. In order to maintain a baseline of services across the various demographics served by PEI projects, BHD chose to consider equitable reductions across all projects in lieu of complete termination of some projects. This allows the PEI component to collectively serve all community members through a diverse array of service delivery models.

stability provided by the Clubhouse are most crucial. We urge you to reconsider the proposed funding cut and maintain our current funding level. We are confident that the Clubhouse will continue to deliver impactful results for our members and the El Dorado community.	
We are in receipt of El Dorado County's drafted proposed reductions in discretionary programs, including PEI which will directly impact young students in our community due to uncertainty with the MHSA/BHSA funding. The proposed reduction in our Student Wellness Center Project of 124k will dramatically limit the access for students to mental health services at a time when the needs are extremely high and many still go unmet. Since beginning Wellness Centers years ago, there has been a steady increase in numbers served. I cannot imagine the systemic effects should this reduction hold. A large reduction in this revenue will likely force dropping of current cases along with significant reduction in meeting the needs of the referrals. Relationships with the staff and students have formed, and the Wellness Centers have become a built-in community within the school grounds, one that normalizes seeking help while reducing the negative stigma associated with mental health needs. The positive impact of this prevention and early intervention funding has allowed teachers greater flexibility and resources to address learning challenges and utilize effective teamwork to address the social, emotional and behavioral needs of students, let alone those with significant trauma. School personnel also benefit each year from training and resources. From Back to School Night to Open House and over the course of the school breaks, there is built in security by the presence of our mental health staff assisting the districts via daily work with students and their families. To improve mental health outcomes for students, there must continue to be therapeutic resources readily available without barriers and in an environment that promotes health, safety and welfare,	Drafted funding reductions to the Student Wellness Center Project are a reflection of alternative funding becoming available through the Children and Youth Behavioral Health Initiative (CYBHI) over the next few years. CYBHI provides opportunities for Local Education Agencies (LEAs) to directly bill Medi-Cal and private insurance companies for services provided on school campuses to students requiring mild to moderate behavioral health care, such as at the Student Wellness Centers. Providers for this project utilizing this opportunity, where available, allows for additional Private, State and Federal funds to be brought into El Dorado County, maximizing our collective county funding resources. BHD recognizes that CYBHI is a staggered roll out with a single school in the first Cohort, projected to begin billing late FY 24/25. Three (3) additional schools are in Cohort 2 and two (2) in Cohort 3 with billing projected to begin in FY 25/26. BHD is interested in discussions with the El Dorado County Office of Education (EDCOE) to maximize Specialty Mental Health Services (SMHS) delivered to eligible students on school sites, funded by the Children's FSP Project. SMHS at schools sites and CYBHI align with the State's direction to ensure that services are funded by the designated responsible party, whether it is BHD as the Mental Health Plan (MHP) serving Children with severe emotional disturbance, Managed Care Plans (MCPs) serving Medi-Cal eligible children with mild to moderate mental health needs, or private insurance companies serving non-Medi-Cal eligible individuals.

while being easily accessible in a comfortable and welcoming environment. Reducing funding will increase lengthy wait time for therapeutic services by external providers, and the community will be forced into rolling back the advances we have seen via our Wellness Centers. Furthermore, lack of services, barriers to service and limited continuity of care will undoubtedly result in suicide rates increasing in addition to substance abuse and school absences. With hundreds of youth referred each year to Summitview on 14 elementary and middle school campuses, we urge all to take a detailed look at the data and consider a draft proposal with far less damaging results.	BHD will continue to progressively reduce MHSA and future BHSA funding to Student Wellness Centers as alternative sustainable funding becomes available.
The loss of funding for our Primary Intervention Program (PIP) will have a devastating impact on our youngest and most vulnerable students. This program provides critical early intervention for TK-3rd grade students, helping them develop essential social and emotional skills in a structured, supportive environment. Through one-on-one sessions, our instructional assistant builds trust with students, teaching them how to manage emotions, navigate friendships, and develop resilience. These skills are foundational for their future success in school and beyond. Without this program, many children who struggle with self-regulation and peer interactions will lose access to the early support they need, potentially leading to greater challenges in later years. At a time when student mental health needs are rising, cutting this program creates additional challenges and leaves our youngest learners without a valuable resource. We urge you to reconsider this funding cut and prioritize the well-being of our children in the Pioneer Union School District; Somerset, CA.	The Primary Project includes three (3) independent providers throughout El Dorado County. Drafted funding reductions are a combination adjustments made to all PEI project allocations in consideration of anticipated revenue reductions (See Limitations and Challenges) as well as year-to-date utilization of funding by individual providers. BHD is continuing to assess actual revenues received and actual expenditures through FY 24/25 and may update funding allocations ahead of anticipated June 2025 Board of Supervisors approval.

Public Hearing – March 19,2025

The recorded public hearing can be viewed online at https://eldorado.granicus.com/player/clip/2329?view_id=2&redirect=true

General Comment	
Comment	**MHSA Analysis/ Response**
In discharge planning, as often as possible, involve family. As often as possible utilize the Level of Care (LOCUS) tool to assess the needs of the person being discharged to connect them with the appropriate level of care.	Client's being discharged from a Psychiatric Health Facility or other inpatient hospital setting are subject to model care coordination, as outlined in DHCS issued Behavioral Health Information Notice 24-039. There is always a focus on involving family and other natural supports, so long as there are appropriate Releases of Information on file and the client is willing to involve them. The LOCUS tool has become a licensed tool and is no longer available for free use. EDCBH is in process of developing a new level of care tool that will inform our treatment teams. EDCBH utilizes the DHCS issued Transition of Care Tool when discharging clients from outpatient services in order to provide linkage to lower levels of care provided by our Managed Care Plans.
Since you have Wellness and Recovery Centers/Adult Wellness Centers characterized under Community Services and Support (CSS). I would like to request that the clubhouse be also considered as a CSS project. The activities are similar between the clubhouse and Wellness. And I think clubhouse is a community service and I think it can be shifted from PEI or at least a portion of its support can be shifted from PEI to community support to be able to access the funds and not have a cut to our contract. Thank you.	With consideration of the State Mental Health Plan (MHP) mandate to serve Adults with Severe Mental Illness and Children with Severe Emotional Disturbance, specifically Medi-cal beneficiaries. We must maximize offsetting revenue sources to ensure we can accomplish this with the funding available in the CSS Component. While staff recognize the clear overlap, to consider CSS funding we would want NAMI's Clubhouse to become Medi-Cal site certified. This is not a realistic undertaking in the remaining time of MHSA. The BHD will continue to monitor actual revenues and expenditures throughout the remainder of this MHSA Plan and adapt where funding and other constraints allow.

Comment is about CPPP regarding the Bridge the Gap project. This is a project that is subject to be removed. Referencing page 11 "This project is being removed due to duplication with Managed Care Plan/private insurance responsibility". This is a project that Sierra was awarded through the Request for Qualifications (RFQ) process in 2023. Since 2023, there has not been much change to insurance responsibility. On page 32 there was a question out to the "Do you support the following projects being REMOVED from this El Dorado County MHSA Update?" (Yes 17.4% No 21.7% Unsure/More information needed 60.9%). The County does not have enough clinicians, so when the Student Wellness Centers are trying to navigate students to services in the community, there are not enough clinicians. The goal in this plan that was never able to be implemented because a contract was never produced. The goal was to serve these kids and lighten the load on the Student Wellness Centers who are not there for more sessions but rather triage. But if there are no clinicians in the community then there are nowhere to send them. 61% of respondents said they needed more information. More people support keeping the program than getting rid of it. I want to point this out and feel that the question is a little misleading.	Per RFQ 23-952-052 for MHSA PEI Services "Response and selection of a submittal will not necessarily result in the award of a contract with the County. The act of opening a submittal and selecting a Respondent does not constitute awarding of a contract. Contract award is by action of the Purchasing Agent or Board of Supervisors and is not in force until fully executed." The goals of the Bridge the Gap project were developed to serve all EDC youth and were not intended to be a function of, or solely referred to by Student Wellness Centers. The goals of the project included in the FY 23-26 Three Year Plan are: • Provide short term counseling services. • Reduce the length of time between initial contact and assessment and long-term care. • Decrease the number of youth referred to higher levels of care. • Increase the number of youth served by long term counseling services. • Decrease need for Psychiatric Emergency Services (PES) for youth. After this project was included in the FY 23-26 Plan and discussions began with the selected provider, the State of California put heavier emphasis on ensuring that individuals were served by the responsible party. These entities, have a contractual requirement to provide these services to clients who fall within their state defined responsibility. Similar to the BHD as the Mental Health Plan, Insurance providers have obligations to network adequacy as defined by the Department of Health Care services. Counties were directed to no longer duplicate these efforts in order for the State to more completely hold the responsible party accountable and provide assistance in improving network adequacy through the Behavioral Health Transformation collection of initiatives. In the BHSA FY 26-29 Integrated Plan, additional projects that duplicate efforts of an alternative responsible party will be adapted or eliminated. Bridge the Gap was eliminated ahead of the next plan since it was never fully implemented. Progress on this contract was stopped at the program level and never submitted for further contract processing. BHD staff will explore alternative survey strategies in the future to promote inform public participation.

MHSA funding of our Student Wellness Centers has been an incredibly successful funding source so far. Student Wellness Centers are doing a lot of work in our middle school and high school campuses. With no cuts to Student Wellness Center funding we still wouldn't be close to meeting the need we have. In the proposed Update, there is a thirty percent cut to Student Wellness Centers funding. This cut is based largely on the idea that the state has an initiative, the Children and Youth Behavioral Health Initiative (CYBHI) fee schedule, that will allow schools and school link providers to charge commercial and medical insurance companies for mental health services provided at schools. We're very excited for it. We think it will be a game changer, but we know it won't be a game changer next year. To date only a minimal amount (figures presented could not be reasonably verified) has been billed across the state and zero dollars in El Dorado County. So the cut is money that we're not going to be able to recuperate. Those are staff at one of the centers that currently aren't meeting the need that really won't be able to meet the need next year. So what I'd like to advocate for is, rather than even matching the rest of the cuts in PEI at fifteen percent. That Wellness Center funding stays, at least even where it is this year, giving us a bridge year to implement the fee schedule.	Per the FY 23/24 Annual Revenue and Expenditure Report (ARER), PEI services for youth in FY 23-24 were 64.38% of PEI allocated funds. Other projects serving youth either in whole or in part include Latino Outreach, Primary Intervention Project, Wennem Wadati, Children 0-5 and Their Families, Prevention Wraparound Services: Juvenile Services, Community Stigma Reduction Project, Peer Partner Project - Youth Advocate, and Mentoring for Youth. The BHD recognizes the value of all of these projects in serving youth in various ways, meeting unique demographic needs. The Student Wellness Center project remains the highest funded PEI project in the FY 25/26 Update by nearly $200,000. The proposed funding reduction is not a reflection of the value of the Student Wellness Centers currently in operation throughout the County but rather a constraint of the anticipated substantial funding reduction. The BHD will continue to monitor CYBHI activity as well as actual revenues and expenditures throughout the remainder of this MHSA Plan and adapt where funding and other constraints allow.

Bringing attention to the importance of the Older Adult Enrichment Project existing budget, funded through MHSA and to request that you please take deep consideration of this essential, completely free and lifesaving work that we provide our seniors of El Dorado County. Our senior population is rapidly growing. These community members depend on our services to provide early intervention and prevention of mental health issues. We have constantly proven to be essential and a very effective program, preventing our peers from developing severe and persistent mental health issues that interfere with daily functioning. If we do not continue to have the funding to provide these services, we will see a continued increase in failure to thrive, loss of quality of life and all ultimately costing the county significantly more money, providing higher levels of care. In addition to unique prevention and early intervention, we are planning to expand our programs to include additional supportive groups, enrichment activities and outings which reduce isolation, loneliness, depression and anxiety. Our program provides the high quality preventative, emotional and mental health care that our seniors not only require, but deserve. We ask that you please consider this when making final budget adjustments moving forward.	The BHD recognizes the value of these services for our older adult population. The reduction in funding is a product of anticipated revenue reductions and has no basis in the value of the service provided. In order to maintain a baseline of services across the various demographics served by PEI projects, BHD chose to consider equitable reductions across all projects in lieu of complete termination of some projects. This allows the PEI component to collectively serve all community members through a diverse array of service delivery models. The BHD will continue to monitor actual revenues and expenditures throughout the remainder of this MHSA Plan and adapt where funding and other constraints allow.
Throughout the plan there was there was several mentions of the housing coordinator and if I'm not mistaken it was stated that the housing coordinator position was going to be cut. If BHSA has shifted emphasis to housing and we have issues with discharge planning, who's going to organize housing and with funds coming to the county for development of supportive housing, how are we not having housing coordinator?	The FY 25/26 Update removes the option for a Housing Consultant under Capital Facilities and Technological Needs (CFTN). This consultant was intended to be an individual with real estate experience who would support the Behavioral Health Division with housing development or acquisition projects. With the development of the HHSA Housing and Homelessness Division, BH now has an internal partner to consider these opportunities at an Agency and County-wide level. Under CSS funding, housing services continue to be provided at a client specific level including but not limited to housing navigation, rent and other housing related costs, emergency shelter support and housing supportive services to assist clients in maintaining housing.

Behavioral Health Commission – March 19,2025

General Comment	
Comment	**MHSA Analysis/ Response**
No Substantive Commissioner comments were provided.	

MHSA Projects

This MHSA Annual 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 Update allows for such flexibility.

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

Limitations and Challenges

Staffing Shortage

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

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

With staffing shortages continuing throughout FY 24/25, EDC Behavioral Health has prioritized mandated services and other state and federal requirements and has assessed prioritization of other projects in this plan based on the benefit to the greater community, capacity of staff and providers, and processing timelines for pending solicitations and contracts.

Anticipated Revenue Reduction

According to state analysis and another independent analysis, El Dorado County MHSA revenues are projected at $3,500,000 to $4,000,000 less than FY 24/25 revenues. The aim of the Behavioral Health Division has been to carry over a fund balance proportional to the anticipated expenditures of the following year. This strategy has allowed for community impacts of revenue swings to be minimized. Ahead of BHSA, consideration has also been taken for how unused MHSA revenue may be redistributed into new BSHA Components. With this consideration, a number of projects have been evaluated for funding reductions or project removal with the aim of lessening the full force of such substantial funding reductions. With a greater number of offsetting revenue sources and a larger number of mandated services, the CSS component funding is anticipated to experience a smaller reduction when compared to PEI. Until recently, with the implementation of the 24/7 Medi-Cal Mobile Crisis benefit, PEI projects were 100% funded by MHSA revenue and therefore will be more substantially impacted.

Contracted Providers

The MHSA projects list the provider(s) with current contracts, those awaiting final execution or those exempt from competitive process under Policy C-17. In the event a new provider is selected, which may occur at any time during the implementation period of this MHSA Update, providers will be selected in

compliance with the Board of Supervisors Policy C-17, or the County may elect to implement the program directly. The current provider listed for each program/project is subject to change during the implementation period of this MHSA Update.

In September 2022 the El Dorado County Board of Supervisors adopted an updated Procurement Policy (C-17) effective October 20, 2022. Under the previous Policy C-17 contracts that had already gone through a competitive process, or were otherwise exempt, were able to be renewed with the same vendor for the same or similar scope of work. One action derived from this new policy is that all new and renewing service contracts in excess of one hundred thousand dollars ($100,000) must go through a competitive procurement process with few exemptions.

MHSA Expenditures

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

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

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

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

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

Year 1 $75,000
Year 2 $80,000
Year 3 $85,000
As a new project, this funding will be allowed as follows:
Year 1 and Year 2 $155,000 (with Year 1 not-to-exceed $75,000)
Year 3 $85,000

Any project subject to these rolling project budgets will be eligible to utilize Year 1 funds that were not expended in Year 1 during Year 2 of operations.
Additionally, Department of Mental Health Information Notice 10-01 (2010) indicates that counties can expand or reduce projects within 15% of the amount that was previously approved for the program (i.e., it can be 15% more or 15% less than the previously approved funding amount) without requiring the change to be approved through a CPPP.

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

Community Services and Supports (CSS)

The CSS component consists of projects that provide direct service to children with serious emotional disturbance and adults who have severe mental illness, and who meet criteria to receive Specialty Mental Health Services (SMHS) as established by WIC § 14184.402.

Additionally, effective January 1, 2020, 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 are to be culturally informed and include individualized client/family-driven mental health services and supports plans which emphasize recovery and resiliency, and which offer integrated service experiences for clients and their families. Funding for FSP services and supports may include non-mental health supportive services ("flexible funding") if needed to meet the goals of the individual services and supports plan. All FSP funds are considered on a case-by-case basis and utilization of non-mental health supportive goods and services follows BHD policy and California Code of Regulations, Title 9, Section 3620.
- **General System Development (GSD)** –GSD funding is intended to help counties improve their service delivery and build transformational programs. Under GSD, El Dorado County offers Wellness and Recovery Services Programs . Additionally, housing assistance may be offered to individuals enrolled in a GSD program. and can include rental assistance; security deposits, utility deposits or other move-in cost assistance; utility payments; and moving costs assistance.
- **Outreach and Engagement (OE)** –OE funding serves those currently receiving little to no SMHS, and may include locating individuals who have dropped out of SMHS. In efforts to reach underserved populations, OE efforts may involve collaboration with community-based organizations, faith-based agencies, tribal organizations, health clinics, schools, law enforcement agencies, Veteran groups, organizations serving the incarcerated or unhoused, and other groups or individuals who work with underserved populations. Funds may be used for food, clothing, and shelter for the purposes of engaging underserved individuals.

Additionally, HHSA sometimes receives time-limited grants that align with MHSA programs and for which MHSA funds may be used to provide a mandated match. Current grants have been identified in this Plan, however, HHSA may receive additional grant funds throughout the duration of this Update. 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. If necessary to meet client treatment goals, BHD may utilize multiple projects in order to enhance service access and delivery, including offering services to individuals who may have justice involvement.

Further, Assembly Bill (AB) 2265 (2020), clarified that MHSA funds are permitted to be used to substance use disorder (SUD) treatment for individuals with co-occurring disorders. To use MHSA funding for SUD treatment, the county must comply with all applicable MHSA requirements, including identifying the treatment of co-occurring disorders in their Three-Year MHSA Program and Expenditure Plans and Updates.

Any CSS funds 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 that 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).

CSS project structure, as categorized by CSS program:

Strategies to assist in the implementation of CSS projects includes, but is not limited to:

- **Telehealth** – Telehealth allows clients to access SMHS using a secure video conferencing network. For clients who are unable to travel to their provider's office or for clients who live in very remote areas, telehealth offers an alternative method to obtain needed services. Telehealth may also serve as a means of engagement, for clients who decline to engage in services due to the stigma of going to a County Behavioral Health building.. The purchase and maintenance of the telehealth equipment will occur under the Capital Facilities and Technological Needs (CFTN) component, but ongoing telehealth services will be provided through CSS.
- **Supportive Housing** – The Permanent Supportive Housing Project provides eligible individuals with affordable housing coupled with the supportive services necessary to ensure successful integration with the community. Residents are expected to pay a portion of their income toward rent and utilities, and if participating in the County's Transitions Treatment Program, to engage in house meetings to assign chores and discuss housing issues. Eligible individuals are also offered supportive services provided though BHD or a contracted provider. Supportive services may include, but are not limited to, outreach, crisis intervention, mental health assessment, linkage to mental health/physical health/substance use disorder providers, forensic support, life skills training, and transportation, as well as support for local property owners or contractors who are collaborating with BHD to provide housing. This also includes funds to purchase housing units to provide permanent supportive housing to unhoused adults with serious mental illness.

Full Service Partnership (FSP) Programs

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

Each FSP Project serves a specific population, including children, transitional age youth (TAY), adults, and older adults. All FSP projects utilize the same basic guidelines, as appropriate for each age group. Individuals whose age make them eligible to participate in more than one program (for example, a 19 year old could be served by TAY FSP or the Adult FSP) will be assigned to the program that best aligns with their needs. Additionally, individuals engaged in SMHS through the Assisted Outpatient Treatment (AOT) project, either voluntarily or as a result of a court petition, will initially be served through the FSP programs. FSP services are provided in the language of the clients' choice.

According to the California Code of Regulations, Title 9, Section 3200.130, FSP is "the collaborative relationship between the County and the client, and when appropriate, the client's family and 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."

FSP follows a "whatever it takes" approach to the provision of services, meaning finding the methods and means to engage a client, determine their needs for recovery, and create collaborative services and support to meet those needs. FSP teams may utilize non-traditional interventions, treatments, and supportive services tailored to each client's specific needs and strengths to aid in their recovery. Additionally, it is critical to provide both mental health and non-mental health services and supports. In addition to mental health services and supports, MHSA funds will be used to access non-mental health resources identified within the treatment plan/problem list that are needed by the client to successfully fulfill their individualized treatment plan/problem list, including but not limited to: medication and medication support; housing-related costs (such as security deposits, rent/mortgage payments,

household establishment furniture and/or supplies, toiletries); moving expenses; child-care costs; educational expenses (such as tutoring, parenting courses, school-based services and supports, after-school services and supports); transportation assistance; emergency expenses; food; clothing; cost of health care treatments (including medical and dental expenses); cost of treatment of co-occurring conditions such as substance use disorders; gift cards; social activity costs (including recreational costs); client incentives (such as outreach and engagement fees or stipends and meals or snacks for clients); bereavement costs (such as travel cost or funeral expenses) and other expenses that the FSP team considers necessary to support a client's treatment plan goals, objectives and/or interventions. Further, pursuant to the "Investment in Mental Health Wellness Act of 2013," as outlined in the MHSA (revised January 2019) and pursuant to California Code of Regulations, Title 9, Section 3620, FSP also may include family respite care to "help families to sustain caregiver health and well-being."

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

Children's FSP Project

The Children's FSP Project serves all eligible children under the age of twenty-one (21). All children, including children in foster care who are eligible for services as a result of the *Katie A v. Bonta* State Settlement (now referred to as "Pathways to Wellbeing"), will continue to be served under this project. Additionally, children who are involved with multiple providers of services, in need of intensive mental health services, are at a risk for out-of-home placement and/or at risk for a higher level of care are eligible for this program. This includes children in any residential living situation (including but not limited to home, foster care, kingap, etc.), and children placed in Short-Term Residential Treatment Programs (STRTP). Services available under this program also include, but are not limited to, Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Crisis Residential Services.

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

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

Presumptive Transfer

As a result of AB 1051 (2022), when a child is placed out of county, their Medi-Cal benefits no longer becomes the responsibility of the host county (where the child is living) rather than the county of origin (where the Child Welfare Case is active). Under new presumptive transfer regulations, the cost of SMHS for children placed out of El Dorado County remain the responsibility of El Dorado County inclusive of any Agreements for Service with host counties or service providers. Therefore, funding for this component reflects potential impacts as a result of Presumptive Transfer.

Families First Prevention Services Act (FFPSA)

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

Children's FSP Project Goals:

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

Children's FSP Outcome Measures:

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

Estimated Number of Individuals to be Served: 500

Estimated Cost Per Person: $10,500

Children's FSP Project Budget

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

Transitional Age Youth (TAY) FSP Project

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

This project is designed to meet the full range of services required by this population including, but not limited to, assistance with developing independent living skills, which also help to stabilize their mental health needs and build resiliency including, but not limited to: financial literacy, nutrition and healthy food choices, grocery shopping, meal preparation, child care and children needs, education and career

development, obtaining medical, dental, vision, and mental health care, access to community resources, self-care, home care (e.g., laundry, cleaning), drug and alcohol abuse awareness and prevention, and safe sex and reproductive health information.

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

First Episode Psychosis (FEP)

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

TAY FSP Project Goals:

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

TAY FSP Outcome Measures:

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

Estimated Number of Individuals to be Served: 60

Estimated Cost Per Person: $8,750

TAY FSP Project Budget

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

Adult and Older Adult FSP Projects

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

Intensive Case Management (ICM)

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

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

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

Transitions Treatment Program (TTP)

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

Adult and Older Adult FSP Project Goals:

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

Adult and Older Adult FSP Outcome Measures:

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

Estimated Number of Individuals to be Served: 250

Estimated Cost Per Person: $25,600

Adult and Older Adult FSP Project Budget

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

FSP Unhoused Individuals Project

The Mental Health Services Act specifically authorizes Counties to support unhoused individuals as reiterated in the March 23, 2020 "MHSA Fact Sheet for Homelessness"[7]. Many experiencing homelessness have high rates of chronic and co-occurring health conditions, mental health needs and substance use disorders. Individuals who are unhoused may also be dealing with trauma, and children experiencing homelessness are at higher risk for emotional and behavioral problems. In order to more effectively meet the growing community needs of unhoused individuals struggling with Serious Mental Illness, expanded and specialized Full Service Partnership programming will be incorporated into El Dorado County's integrated HHSA Housing and Homelessness Service structures. These integrated clinical staff will afford clients a greater level of access through their synchronistic work alongside the multi-disciplinary housing and homelessness team, more effectively meeting the complex needs of this vulnerable population.

Members of the FSP Unhoused Individuals Project team will work alongside the HHSA Housing and Homeless Services staff as members of a single unit, providing responsive and mobile client centered service delivery and linkage to resources to meet the needs of these community members. In addition to standard FSP services detailed above, this project will fund outreach, linkage, and ongoing service delivery as appropriate in a holistic model focused on ending individual cycles of trauma and homelessness in the community.

Unhoused Individuals FSP Project Goals:

- Increased engagement and service delivery to unhoused individuals experiencing mental health or substance use disorders.
- Services are provided to vulnerable populations throughout the community.
- Reduction of at risk behaviors.

[7] https://www.dhcs.ca.gov/Documents/CSD_KS/MHSA%20Main%20Page/FACTSHEET-MHSA-HOMELESSNESS.pdf

- Increase coordination and linkage to housing and other supportive resources.

Unhoused Individuals FSP Outcome Measures:

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

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

Estimated Number of Individuals to be Served: 20

Estimated Cost Per Person: $32,500

Unhoused Individuals FSP Project Budget

FSP Forensic Services Project

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

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

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

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

- Involvement in the criminal justice system.

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

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

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

CARE Act

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

The bill required Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne and San Francisco Counties to implement the plan by Oct. 1, 2023. The County of El Dorado, was required to begin the plan no later than Dec. 1, 2024 along with the other 34 remaining counties in the state.

Update: *Through collaborative efforts with courts, jails, probation and other county partners, the BHD was able to meet all requirements including development of required documents, policies and procedures by the required deadline. CARE Act is now operational in El Dorado County and collaboration continues with partners to promote smooth implementation and service delivery.*

FSP Forensic Services Project Goals:

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

FSP Forensic Services Outcome Measures:

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

Estimated Number of Individuals to be Served: 50

Estimated Cost Per Person: $28,600

FSP Forensic Services Project Budget

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

General System Development Program

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

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

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

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

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

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

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

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

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

Additional components of this project include:

Peer Leadership Academy and Peer Support Specialists

In 2020, California passed SB 803 which makes certified Peer Support Specialists (PSS) eligible for Medi-Cal reimbursement. Since then, PSS jobs have been steadily increasing in both county and community behavioral health settings. BHD has begun developing job opportunities for certified Peer Support Specialists, including working closely with community providers to increase the number t job opportunities available throughout the county.

The Wellness Centers' Peer Leadership Academy provides educational opportunities to empower consumers to cultivate meaningful participation in the Wellness Center and the broader community. A meaningful role within an individual's the community can be one of the most effective preventative measures against relapse. The Peer Leadership Academy provides job-skills training, leadership training and peer support training, and graduates of the Academy may provide mentoring to fellow consumers or assist BHD staff in providing information and services throughout the community. The Peer Leadership Academy may be used as a method to identify BHD consumers that are ready to pursue the Medi-Cal PSS Certification.

BHD consumers interested in obtaining the Medi-Cal PSS Certification will be provided personal and financial support throughout the process. This may include, but is not limited to, the application, the eighty (80) hour core competency training and certification exam. Participants may also choose to pursue the optional specialization trainings as part of their certification. With this project, BHD also seeks to support in-county providers who wish to become an approved training entity with CalMHSA. Contracted providers may be selected in accordance with the Board of Supervisors' C-17 Policy to provide Peer Support Specialist services throughout the BHD system of care described in this MHSA Plan.

Wellness and Recovery Services/Adult Wellness Center Project Goals:

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

Wellness and Recovery Services/ Adult Wellness Center Outcome Measures:

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

Estimated Number of Individuals to be Served: 500

Estimated Cost Per Person: $8,000

Wellness and Recovery Services/Adult Wellness Center Project Budget

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

Wellness and Recovery Services/TAY Engagement Project

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

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

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

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

Wellness and Recovery Services/TAY Engagement Project Goals:

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

Wellness and Recovery Services/TAY Engagement Outcome Measures:

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

Estimated Number of Individuals to be Served: 50

Estimated Cost Per Person: $8,000

Wellness and Recovery Services/TAY Engagement Project Budget

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

Crisis Residential Treatment (CRT) Project

The Behavioral Health Division will use a combination of funding, such as American Rescue Plan Act (ARPA) and non-MHSA funds to contract for Crisis Residential Treatment (CRT) services in El Dorado County. CRT facilities are designed to serve individuals experiencing acute psychiatric symptoms and whose functioning is moderately impaired on a temporary basis.

CRT facilities are short-term, inpatient treatment programs that operate in a structured, home-like setting twenty-four (24) hours a day, seven (7) days a week. Eligible clients who meet inpatient admission criteria, or are at risk of admission to an inpatient hospital due to an acute psychiatric crisis, but can instead be served appropriately and voluntarily in a community setting, may receive CRT services for up to thirty (30) days.

Facility staff will conduct an in-depth clinical assessment and develop an Individual Service Plan for each client. They work with consumers to identify achievable goals, and collaborate with them in the development of both a Crisis Plan and a Treatment Plan. The CRT program features culturally-responsive, client-centered activities, and once admitted, structured day and evening services are available to the consumer seven (7) days a week. Services may include individual and group counseling, crisis intervention, socialization activities, pre-vocational and vocational counseling, consumer advocacy, medication evaluation and support, and linkages to community resources.

Family members are included in counseling and plan development. CRT services are voluntary, community-based, and serve as an alternative to acute psychiatric care. While services are designed to resolve the immediate crisis, they also focus on improving adaptive functioning and coping skills. The CRT program encourages wellness, resiliency and recovery, with the intention of enabling consumers to return to the least restrictive setting possible, as quickly as possible.

MHSA funds will fund CRT services after the facility has been established.

Update*: In FY 24/25, a single provider meeting CRT criteria was identified within El Dorado County. As of the writing of this project, contract development is in its final stages with contract execution anticipated in early 2025. This project allocation has been increase to meet needs identified through contracting process.*

Inpatient Stepdown Program

Acute Psychiatric Hospitals should only be used for individuals in the most acute phase of their psychiatric crisis, and should be considered a treatment option of last resort. Inpatient hospital services are often twice the cost of a CRT facility, and as such, the Inpatient Step Down Program will fund opportunities for assessment and step-down services for clients currently in an inpatient hospital setting, for the specific purpose of transitioning to a lower level of care.

Crisis Residential Treatment Goals:

- Provide an opportunity to fill a gap in the El Dorado County system of care.
- Increase placement options for individuals stepping down from the Psychiatric Health Facility (PHF) or stepping up from a lower level of care.
- Allow for individuals to stay within this community.
- Provide crisis stabilization, promote recovery, and optimize community functioning through short term, effective mental health services and supports.
- Decrease utilization of hospital emergency departments, the Psychiatric Health Facility (PHF), and private psychiatric facilities, as well as decreasing incarceration

Crisis Residential Treatment Outcome Measures:

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

Estimated Number of Individuals to be Served: 80

Estimated Cost Per Person: $25,000

Crisis Residential Treatment Project Budget

Providers: Compassion Pathways Behavioral Health LLC and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

Outreach and Engagement Programs

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

Access Services Project

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

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

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

Projects for Transition from Homelessness (PATH)

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

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

El Dorado County Navigation Center

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

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

Access Services Project Goals:

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

Access Services Outcome Measures:

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

Estimated Number of Individuals to be Served: 2,000

Estimated Cost Per Person: $550

Access Services Project Budget

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

Assisted Outpatient Treatment (AOT) Project

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

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

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

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

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

AOT Project Goals:

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

AOT Project Outcome Measures:

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

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

Estimated Number of Individuals to be Served: 15

Estimated Cost Per Person: $4,000

AOT Project Budget

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

Lanterman-Petris-Short (LPS) Project

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

A referral by the PHF or courts may be made for an LPS evaluation, at which time the County Behavioral Health Medical Director and a LPS Mental Health Clinician. Behavioral Health staff conduct a thorough review of records, interview family members and the individual and conclude with a recommendation to

pursue a LPS Conservatorship for one year. A hearing is held by a Public Hearing Officer whereby a Patients' Rights Advocate serves to protect the client's best interest and ensure they are provided the opportunity for the lowest level of care necessary for the success of their health. After the hearing, the final determination of conservatorship is made.

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

***Update**: At their regular meeting on July 25, 2023, the Board of Supervisors adopted Resolution 114-2023 designating dual responsibility to HHSA Behavioral Health and HHSA Public Guardian to perform LPS conservatorship investigations. On September 12, 2023 they adopted Resolution 138-2023 authorizing an additional Deputy Public Guardian staffing allocation to administer these services. On December 5, 2023 the Board of Supervisors adopted Resolution 176-2023 to defer implementation of Senate Bill (SB) 43, which expands the definition of "gravely disabled person," under the Lanterman-Petris-Short Act, to include persons with substance abuse as well as currently included mental health disorders, from January 1, 2024, until January 1, 2026. Based on project spending to-date, no additional MHSA funding under this project is anticipated to meet expanded needs as of January 1, 2026*

Lanterman-Petris-Short (LPS) Project Goals:

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

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

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

Estimated Number of Individuals to be Served: 50

Estimated Cost Per Person: 10,000

LPS Project Budget

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

Mobile Crisis Project (Formerly Community-based Outreach and Linkage Project)

The Mobile Crisis Project is an Outreach and Engagement program working closely with primary care providers, hospitals, Public Health Nurses, community-based organizations, law enforcement, caring friends and family, and individuals in need of services to determine the appropriate referrals for

individuals and families, and to work closely with those individuals and families in establishing services. Resource identification may include, but not be limited to, identifying service providers, support groups, housing options, and providing transportation.

This project provides Mobile Crisis services twenty-four hours, seven days a week across El Dorado County through a collaborative system of County staff and Contracted provider(s). Services provided are in accordance with the Medi-Cal Mobile Crisis benefit requirements but are provided to all residents regardless of insurance type.

Mobile Crisis Project Goals:

- Mitigate any immediate risk of danger to self or others
- Determine a short-term strategy for restoring stability
- Provide follow-up services including access and linkage to treatment.

Mobile Crisis Project Outcome Measures:

- Number of complete mobile crisis responses in the field including first encounter and follow up within 72 hours
- Number of mobile crisis encounters resolved while onsite

Psychiatric Emergency Response Team (PERT) Project

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

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

PERT Project Goals:

- Raise awareness about mental health issues and community services available.
- Improve community mental health and wellness as a result of community-based PERT services.
- Community members will have increased community-based access to and linkage with medically necessary care and treatment.
- Provide mobile crisis as a resource to individuals requiring Behavioral Health emergency response.

PERT Outcome Measures:

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

Mobile Crisis Team

El Dorado County is responsible to provide 24 hour per day, 7 day per week mobile response to community Behavioral Health crises and has been developing strategies and resources for this capacity through a state Crisis Care Mobile Unit (CCMU) infrastructure grant. Starting in early 2025, Mobile Crisis Teams (MCTs) developed around the existing successes of the PERT Project, began deploying. These MCTs collaborate with law enforcement to provide crisis-related outreach and engagement, as well as respond to 911 and 988 requests regarding possible psychiatric or emotional crisis in the community. The MCTs operate with the goal of reducing the use of involuntary psychiatric hospitalization by providing consultation, crisis assessment, and engagement of the individual in need. They seek alternative treatment resources, when appropriate, including referrals to voluntary psychiatric services as available. The MCTs are composed of formally trained counselors and peer specialists that partner together on calls and connect with individuals in crisis on both a therapeutic and personal level. Peer specialists may also provide follow up calls to consumers after a crisis to assist in providing resources and support with follow through and engagement with services. This program will seamlessly integrate with the existing partnerships that have been established with law enforcement both in South Lake Tahoe and on the western slope of El Dorado County.

Mobile Crisis Unit Goals:

- Respond in a timely manner to crisis calls that include persons with mental health and/or substance use crisis needs.
- Coordinate with law enforcement partner agencies to meet community needs, and when appropriate reduce the amount of time law enforcement spends at the crisis.
- Respond in partnership with law enforcement, or when appropriate without law enforcement, to meet community crisis needs.
- Provide follow up services after a crisis to ensure that individuals are receiving necessary services.
- Provide supportive services to family members during the crisis, and as possible following the crisis response.

Mobile Crisis Unit Outcome Measures:

- Number of persons who receive a response from the mobile crisis unit.
- Number of individuals who receive a follow up service.
- Number of persons who are linked to ongoing services that receive a response from the mobile crisis unit.
- Number of family members who receive support from mobile crisis as a follow up service.
- Number of persons with a crisis who do not have another crisis within six months.
- Number of PERT/Mobile Crisis responses with law enforcement and number where a non-tandem response was made.

***Update**: This project has been updated and expanded to meet requirements set forth in BHIN 23-025. As a result of this new requirement this project has also been moved from the PEI component to CSS Outreach and Engagement as a reflection of the more comprehensive services provided to current Behavioral Health Clients, Medi-Cal members and the El Dorado County community as a whole.*

Estimated Number of Individuals to be Served: 500

Estimated Cost Per Person: $5,000

Community-based Outreach and Linkage Project Budget

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

Genetic Testing Project

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

Genetic Testing Project Goals:

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

Genetic Testing Outcome Measures:

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

Estimated Number of Individuals to be Served: 10

Estimated Cost Per Person: $2,500

Genetic Testing Project Budget

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

MHSA Permanent Supportive Housing Projects

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

Behavioral Health Bridge Housing Program

Early in 2023 the State announced the development of the Behavioral Health Bridge Housing (BHBH) Program which included nearly one billion dollars in non-competitive grants for counties to build supporting housing infrastructure and provide housing assistance for individuals experiencing homelessness or at risk of homelessness who have a serious behavioral health condition, including mental illness or substance use disorders. On December 12, 2023, the Board of Supervisors accepted the grant award of $3,339,411 and approved the funding-in agreement to receive these funds through June, 30, 2027.Through collaboration with the HHSA Housing and Homelessness division, these BHBH funds will complement the housing assistance opportunities already integrated into other MHSA projects.

CSS Administration

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

Prevention and Early Intervention (PEI)

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

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

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

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

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

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

1. Childhood trauma prevention and early intervention as defined in WIC § 5840.6(d) to deal with the early origins of mental health needs. *El Dorado County meets this priority by including the Children 0-5 Project, the Primary Project, the Parenting Classes program. It is estimated that 18% of El Dorado's PEI funding is allocated to this priority.*
2. Early psychosis and mood disorder detection and intervention as defined in WIC § 5840.6(e), and mood disorder and suicide prevention programming that occurs across the lifespan. *El Dorado County meets this priority by including the Suicide Prevention and Stigma Reduction Project, Wennem Wadati, Children 0-5 and Their Families, and the Student Wellness Center Projects. Additionally, through the County's Community Services and Supports component, there is funding from the Mental Health Block Grant for First Episode Psychosis treatment. It is estimated that 35% of El Dorado's PEI funding is allocated to this priority.*
3. Youth outreach and engagement strategies as defined in Section 5840.6(f) that target secondary school and transition age youth, with a priority on partnership with college mental health programs. *El Dorado County meets this priority through the Student Wellness Center Projects, Prevention Wraparound Services: Juvenile Services and the Peer Partner projects. It is estimated that 19% of El Dorado's PEI funding is allocated to this priority.*
4. Culturally competent and linguistically appropriate prevention and early intervention as defined in Section 5840.6(g). *El Dorado County meets this priority by including the Latino Outreach*

Program, the Wennem Wadati project, Whole Family Wellness Project and Community Stigma Reduction Project. Additionally, the Primary Project in South Lake Tahoe is heavily accessed and utilized by Latino students. It is estimated that 16% of El Dorado's PEI funding is allocated to this priority.

5. Strategies targeting the mental health needs of older adults as defined in Section 5840.6(h). *El Dorado County meets this priority by including the Older Adult Enrichment Project. It is estimated that 5% of El Dorado's PEI funding is allocated to this priority.*
6. Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis. *El Dorado County meets this priority by including the Children 0-5 Project, Student Wellness Center Projects and the Community-based Outreach and Linkage Project (includes Psychiatric Emergency Response Team (PERT) and Crisis Care Mobile Units (CCMU)). Further, the Older Adult Enrichment Projects may identify mental health symptoms and disorders. It is estimated that 29% of El Dorado's PEI funding is allocated to this priority.*

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

PEI project structure, as categorized by PEI program[8]:

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

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

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

Access and Linkage to Treatment Programs

- Project Access
- Veterans Outreach Project

Suicide Prevention and Stigma Reduction Programs

- Suicide Prevention and Stigma Reduction Project

Prevention Programs

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

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

Reporting Requirements:

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

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

Latino Outreach Project

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

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

Latino Outreach Project Goals:

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

Latino Outreach Outcome Measures:

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

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

Estimated Number of Individuals to be Served: 400

Estimated Cost Per Person: $1,000

Latino Outreach Project Budget

Update: *Due to anticipated revenue reductions this project allocation is being reduced.*

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

Primary Project

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

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

Primary Project Goals:

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

Primary Project Outcome Measures:

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

- Measurement 1 - Administer standardized rating scale in accordance with Primary Project Standards to students at the time student is selected to enter the program and again when the student exits the program (contracted vendor will be responsible for procuring use of the standardized tool).

Estimated Number of Individuals to be Served: 200

Estimated Cost Per Person: $1,225

Primary Project Budget

Update: *Due to anticipated revenue reductions this project allocation is being reduced and not all provider contracts may continue.*

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

Wennem Wadati: A Native Path to Healing Project

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

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

Cultural Specialist who will be available via answering service to respond, by telephone or in person, to situations where Native American students are experiencing a mental health crisis.

Wennem Wadati Project Goals:

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

Wennem Wadati Outcome Measures:

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

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

Estimated Number of Individuals to be Served: 280

Estimated Cost Per Person: $322

Wennem Wadati Project Budget

Update: *Due to anticipated revenue reductions this project allocation is being reduced.*

Provider: Foothill Indian Education Alliance.

Clubhouse El Dorado Project

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

Clubhouse El Dorado follows the Clubhouse International model and standards. Members have equal access to all Clubhouse programs and may choose their level of participation with no differentiation based on diagnosis or level of function. Clubhouses are built upon the belief that every member has the potential

to sufficiently recover from the effects of mental illness to lead a personally satisfying life as an integrated member of society. Clubhouses are communities of people who are dedicated to one another's success, no matter how long it takes or how difficult it is.

Clubhouse El Dorado Project Goals:

- Engage community members with a history of mental illness.
- Increase the number of members employed outside of the clubhouse.
- Decrease the number of members who experience relapse.
- Decreasing hospitalizations, incarcerations, homelessness, recidivism.
- Increasing pursuit of education.
- Improving overall well-being.
- Provide respite and support for primary caregivers of members.
- Increase/maintain independent living.
- Reducing isolation.

Clubhouse El Dorado Outcome Measures:

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

Estimated Number of Individuals to be Served: 150

Estimated Cost Per Person: $2,000

Clubhouse El Dorado Project Budget

Update: *Due to anticipated revenue reductions this project allocation is being reduced.*

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

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

Update: This project will be terminated upon Board of Supervisors approval of the FY 25/26 MHSA Annual Update due to underutilization.

Early Intervention Programs

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

Reporting Requirements:

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

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

Older Adults Enrichment Project

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

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

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

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

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

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

Older Adult Enrichment Project Goals:

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

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

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

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

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

Estimated Number of Individuals to be Served: 200

Estimated Cost Per Person: $2000

Older Adult Enrichment Project Budget

Update: *Due to anticipated revenue reductions this project allocation is being reduced.*

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

Children 0-5 and Their Families Project

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

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

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

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

Children 0 – 5 and Their Families Project Goals:

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

Children 0 – 5 and Their Families Outcome Measures:

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

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

Estimated Number of Individuals to be Served: 230

Estimated Cost Per Person: $1,700

Children 0-5 and their Families Project Budget

Update: *Due to anticipated revenue reductions this project allocation is being reduced.*

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

Prevention Wraparound Services: Juvenile Services Project

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

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

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

Prevention Wraparound Services: Juvenile Services Project Goals:

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

- Prevent involvement in the juvenile justice system.

Prevention Wraparound Services: Juvenile Services Project Outcome Measures:

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

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

Estimated Number of Individuals to be Served: 50

Estimated Cost Per Person: $6,900

Prevention Wraparound Project Budget

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

Forensic Access and Engagement Project

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

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

Community Corrections Partnership (CCP)

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

In El Dorado County, the Community Correction Center (CCC) was established as a partnership between Probation, Mental Health, Substance Use Disorders Services (SUDs), Public Health, Community Services and EDC Office of Education to serve individuals qualified to receive these services. The population served

by the CCC funded by AB 109 and those served by the Forensic Access and Engagement Project are closely linked. As such CCC activities may impact how MHSA funding is best used to support justice involved individuals eligible for services within this project.

Forensic Access and Engagement Project Goals:

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

Forensic Access and Engagement Outcome Measures

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

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

Estimated Number of Individuals to be Served: 150

Estimated Cost Per Person: $1,000

Forensic Access and Engagement Project Budget

Update: *Due to anticipated revenue reductions this project allocation is being reduced.*

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

National Suicide Prevention Lifeline Project

Update: *This project is being removed because as of the implementation of the 988 Lifeline, this service is no longer funded at the County level.*

TimelyCare Project

Update: *This project is being removed because it has been assessed as duplicating services that may otherwise be supported by alternative funding sources such as managed care plans and/or private insurance*.

Student Wellness Centers Project

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

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

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

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

Mental Health Student Services Act

The Mental Health Student Services Act (MHSSA) established a collaborative, competitive grant program for the purposes of establishing mental health partnerships between a county's Behavioral Health Departments and school districts, charter schools, and the county office of education. In 2022, EDCOE in partnership with El Dorado County Behavioral Health was awarded five million dollars ($5,000,000) for the development and implementation of a system wide plan to more effectively administer mental health services throughout the EDCOE schools. Additionally, in 2024, EDCOE in partnership with El Dorado County Behavioral Health was awarded one million, one hundred ninety-five thousand and two hundred dollars ($1,195,200) for the development of Universal Screening program in collaboration with Local Education Agency's and sustainability through a Quality Improvement and Sustainability Coordinator. El Dorado County Behavioral Health serves as a fiscal intermediary for the awarded funds. The plan developed by EDCOE in partnership with El Dorado County Behavioral Health and other community partners receives no MHSA funds through the administration of this MHSA Plan.

Children and Youth Behavioral Health Initiative (CYBHI)

The Children and Youth Behavioral Health Initiative (CYBHI) is a five-year, more than $4 billion initiative that is transforming the way California supports children, youth and families.

Built on a foundation of equity and accessibility, the CYBHI works to reimagine a more integrated, youth-centered system that meets the needs of all young people, particularly those who face the greatest systemic barriers to wellness. The initiative's goal is to enable California kids to find support for their mental health and substance use needs where, when and in the way they need it most - such as schools, college campuses and other learning environments – to provide access to mental health and substance use services and supports.

The State-wide CYBHI initiative receives no MHSA funds through the administration of this MHSA Plan but rather provides relevant context in consideration of Student Wellness Center Project funding.

Student Wellness Centers Project Goals:

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

Student Wellness Centers Outcome Measures:

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

Estimated Number of Individuals to be Served: 1,500

Estimated Cost Per Person: $500

Student Wellness Centers Project Budget

Update: *Due to anticipated revenue reductions this project allocation is being reduced.*

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

Stigma and Discrimination Reduction Programs

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

Reporting Requirements:

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

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

Mental Health First Aid and SafeTALK Projects

The Mental Health First Aid (MHFA) Project and safeTALK projects are evidence-based and introduce participants to risk factors and warning signs of mental health problems and suicide. It also introduces and builds understanding of their impact and provides an overview of common treatments.

MHFA uses the curriculum developed by The National Council for Mental Wellbeing, and includes several programs, including: MHFA, which focuses on risk-factors and mental illness in adults (available in English and Spanish); Youth MHFA, which focuses on risk-factors and mental illness in youth ages 12 to 25; and a military-focused module which focuses on the needs of active duty military personnel, veterans, and their families. There also are modules for those who work with older adults and one for universities. A module for those who work with high school students has also been developed. Topics covered in the session include:

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

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

The safeTALK project is an evidence-based training developed by LivingWorks. This four-hour training equips people to be more alert to someone thinking of suicide and better able to connect them with further help. Workshops can be arranged and tailored to meet the needs of education & youth, the workplace, faith leaders, military & veterans and first responders. The safeTALK training includes:

- Trainer presentation, facilitated discussion, and skills practice.
- Videos that illustrate what happens when signs of suicide are overlooked, and how you can contribute to safe outcomes when these signs are heard and addressed.
- Opportunities to further explore organizational applications of the training.
- A community resource person on hand at the workshop to support your safety and comfort.

Instructor Development

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

Community Funding Assistance

This project will support Community Funding Assistance opportunities which will provide funding to individuals seeking to become Mental Health First Aid or SafeTALK providers in El Dorado County or current providers seeking to expand service delivery throughout the county. A formal application and award process was developed and initiated in FY 24/25 to be released annually with the potential of multiple funding rounds per year. Award recipients may receive up to $5,000. The number of award recipients may vary.

***Update**: Development of an application and funding process for the Community Funding Assistance program within the Mental Health First Aid and SafeTALK Projects was finalized in 2024. Application announcement for Round 1 funding took place in September 2024, with funding available to awarded applicants prior to the end of FY 24/25. FY 25/26 application announcement is anticipated around April 2025 for distribution of funds by July 1, 2025.*

Mental Health First Aid Project Goals:

- Raise personal awareness about mental health, including increasing personal recognition of mental health risk factors.
- Community members use the knowledge gained in the trainings to assist those who may be having a mental health crisis until appropriate professional assistance is available.

- Opens dialogue regarding mental health, risk factors, resource referrals, and suicide prevention.
- Work towards stigma and discrimination reduction in our communities and networks.

Mental Health First Aid Outcome Measures:

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

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

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

SafeTALK Project Goals:

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

SafeTALK Outcome Measures:

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

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

Estimated Number of Individuals to be Served: 300

Estimated Cost Per Person: $300

Mental Health First Aid and SafeTALK Project Budget

Update: *Due to anticipated revenue reductions this project allocation is being reduced.*

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

Community Stigma Reduction Project

The Community Stigma Reduction Project is a stigma and discrimination reduction project that supports differences, and builds an understanding through community involvement, to reduce shame and support ending discrimination. This project provides an opportunity for dialogue about sexual orientation and gender identity and acts to promote a community that is healthy and respectful of human differences.

This project promotes resources and supportive services in the community and with community mental health providers through the use of culturally responsive outreach events and materials.

Community Stigma and Reduction Project Goals:

- Reduction of stigma and discrimination associated with being culturally diverse.
- Education, in the form of presentations/discussions to the general public regarding cultural responsiveness.

Community Stigma and Reduction Measures:

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

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

Estimated Number of Individuals to be Served: 200

Estimated Cost Per Person: $500

Community Stigma Reduction Project Budget

Update: *Due to anticipated revenue reductions this project allocation is being reduced.*

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

Statewide PEI Projects

Update: *This optional project is being removed due to anticipated revenue reductions and emphasis on direct services.*

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

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

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

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

Reporting Requirements:

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

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

Community Education Project

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

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

Community Education Project Goals:

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

Community Education Project Outcome Measures:

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

Parenting Classes Program

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

Parenting Classes Project Goals:

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

Parenting Classes Outcome Measures:

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

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

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

Whole Family Wellness Program – Pilot Program

Update: *This program is being removed due to inability to implement timely. Available time remaining until 7/1/26 BHSA implementation does not provide adequate time for program start up, evaluation and adaptation of this pilot program.*

Estimated Number of Individuals to be Served: 120

Estimated Cost Per Person: $1000

Community Education Project Budget

***Update**: This project is being reduced due to re-evaluation of funding required to accomplish the same or similar outcomes.*

Peer Partner Project

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

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

Peer Partner Project Goals:

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

Peer Partner Outcome Measures:

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

Parent Partner Outcomes

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

Youth Advocate Outcomes Measures:

- Measurement 1 – A reduction in seven-day notices.
- Measurement 2 – An improvement in foster care placement stability.

- Measurement 3 – Behavior tracking shows a decrease in maladaptive behavior.
- Measurement 4 – Behavior tracking shows an increase in strengths.
- Measurement 5 – Increase in discharges to permanency.

Estimated Number of Individuals to be Served: 100

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

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

Parent Partner Budget

Youth Advocate Budget

Update: *Due to anticipated revenue reductions this project allocation is being reduced.*

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

Mentoring for Youth Project

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

Mentoring for Youth Project Goals:

- Determine if child or family has organically or environmentally induced mental illness concerns and develop a case plan for the child.
- Conduct parent workshops.
- Through skill building activities, mentors will develop coping mechanisms with the child.
- Through education and training, mentors will normalize mental health conditions, helping to reduce stigma.
- Mentors will reduce the effects of parental mental health issues affecting the child.
- Children will utilize the skills learned to increase social and emotional development, increase academic performance, and increase socialization skills in school and in public.

Mentoring for Youth Outcome Measures:

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

- Child Intake and case management – Contractor will assess child and family whenever possible, for program effectiveness.

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

Estimated Number of Individuals to be Served: 96

Estimated Cost Per Person: $1,000

Mentoring for Youth Project Budget

Update: *Due to anticipated revenue reductions this project allocation is being reduced.*

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

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.

Project Access Community Outreach Initiative

The Project Access Community Outreach initiative addresses existing documented challenges with service engagement and linkage for Behavioral Health, where El Dorado County experiences high levels of contacts where clients have only one service and are not successfully engaged into ongoing supportive treatment. The limitations of office-based intake is broadly experienced as challenging for community partners and potential Behavioral Health clients alike, and repeated requests have come in to take advantage of the opportunities presented by CalAIM related to lowering barriers to accessing treatment services. El Dorado County Behavioral Health is committed to improving this aspect of care and are seeking to expand engagement and linkage through additional responsive, mobile, community-wide points of contact.

Project Access will create dedicated community health engagement positions to link individuals with identified Behavioral Health and supportive service needs to the integrated service models provided by El Dorado Health and Human Services Agency. These community health engagement staff will actively engage throughout the community. Initial outreach, follow up, and warm handoff to the appropriate services to stabilize, support, and connect individuals to appropriate care will be delivered in a comprehensive, culturally responsive, holistic manner to ensure that critical needs are met.

Project Access Goals:

- Expand community outreach capacity for Behavioral Health system of care.
- Lower barriers to engagement and increase successful linkage for hard to engage clients.
- Serve as points of contact for identified areas of need, providing responsive service to the community.
- Provide initial contact and follow up care to encourage and support client engagement.

- Link individuals to resources available through the integrated Health and Human Services Agency, including public assistance, housing services, and other related resources.

Project Access Outcome Measures:

- Measurement 1 – Number of remote access services provided utilizing a mobile office or alternative access site.
- Measurement 2 – Number of persons who are linked to County Behavioral Health services.

Estimated Number of Individuals to be Served: 1,000

Estimated Cost Per Person: $500

Project Access Budget

Update*: This project is in the preliminary stages of implementation as the BHD evaluates use of staff during continued staffing shortages. Required Access Services continue to be implemented through the CSS Access Services Project. Due to anticipated revenue reductions this project allocation is being reduced.*

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

Veterans Outreach Project

The Veterans Outreach Project is aimed at helping Veterans and their immediate family members who may be in need of behavioral health services.

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

Veterans Outreach Project Goals:

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

Veterans Outreach Outcome Measures:

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

Estimated Number of Individuals to be Served: 125

Estimated Cost Per Person: $1,380

Veterans Outreach Project Budget

Update: *Due to anticipated revenue reductions this project allocation is being reduced.*

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

Suicide Prevention and Stigma Reduction Programs

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

Reporting Requirements:

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

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

Suicide Prevention and Stigma Reduction Project

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

Suicide Prevention Strategic Plan

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

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

***Update**: Prior to FY 23/24 a Request for Qualifications identified a single qualified vendor for this project. After initial conversations with the selected provider it was agreed that they would not be able to implement the full scope of this project. Alternative opportunities continue to be considered including how to address goals in this project with the onset of Youth Suicide Reporting and Crisis Response Pilot Program Grant Funding.*

Suicide Prevention Strategic Plan Goals:

- Reduce the five-year average number of deaths due to Suicide in El dorado county by twenty percent (20%) by 2027.
- Establish a suicide prevention infrastructure to advance and sustain suicide prevention efforts.
- Increase community awareness of suicide prevention and where to go for help or to learn more.
- Enhance early identification of suicide risk and connections to and between effective services and supports.
- Share positive messages of hope and recovery so that more people in need of support will reach out for help.
- Promote hope and healing for those who are impacted by a suicide loss or recovering after a suicide attempt.

Suicide Prevention Strategic Plan Outcome Measures:

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

Community Funding Assistance

Update: *The Community Funding Assistance Program has been removed due to anticipated revenue reductions this project allocation is being reduced.*

Suicide Prevention and Stigma Reduction Project Goals:

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

Suicide Prevention and Stigma Reduction Outcome Measures:

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

Estimated Number of Individuals to be Served: Indirect Services

Estimated Cost Per Person: N/A

Suicide Prevention and Stigma Reduction Project Budget

Update: *Due to anticipated revenue reductions this project allocation is being reduced, beginning the State organized transition to Suicide Prevention being a function of Public Health including re-direction of MHSA revenues at the State level. Youth Suicide Prevention Grant funding, previously acknowledged under this project ends 6/30/25. Limited use of MHSA funding under this project may be utilized.*

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

PEI Administration

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

Innovation (INN)

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

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

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

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

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

Update: *Following guidance provided by DHCS that "Counties will have flexibility to allocate their unspent Mental Health Services Act (MHSA) funds to the BHSA components (BHSS, Housing Interventions, FSP) at local discretion.", the BHD has stopped further development of proposed INN projects. Details for the use of unspent INN funding will be included in the FY 26-29 BHSA Integrated Plan.*

Workforce Education and Training (WET)

The Workforce Education and Training (WET) component provides funding for education and training projects that serve both current and prospective staff members of the public behavioral health system. The WET component seeks to address the shortage of behavioral health professionals by providing workforce development opportunities that aim to improve the competency of current staff, recruit new staff, and promote the employability of behavioral health consumers.

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

New MHSA funds are not allocated to the WET component, but rather transferred annually from the CSS component on an "as-needed" basis. Please see the FY 20242025/25 26 Budget, Expenditure Plan, and Reversion Reallocation Expenditure Plan section for more details.

WET Project Goals:

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

WET Outcome Measures:

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

WET Coordinator

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

Workforce Development Project

The Workforce Development project provides funding for training to be brought to the County, or for members of the public behavioral health system to attend training elsewhere. Trainings are designed to improve direct treatment services (e.g., DBT, Motivational Interviewing, trauma-informed approaches, other evidence-based, community-accepted, or promising practices models) as well as indirect treatment services (e.g., raising awareness of early signs of mental illness, compliance, governance, legal updates).

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

High Fidelity Wraparound Training

Wraparound principles include utilizing individualized plans, strength-based interventions and outcome-based strategies. The Wraparound model prioritizes the family voice, team-based decision making, the use of natural supports, collaboration and community-based services. Services, which are tailored to each client's needs and are designed to build upon their strengths, are "wrapped" around the client. This training will help ensure that the children and youth of El Dorado County receive the highest level of care.

Early Identification of Behavioral Health Concerns Training

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

Peer Support Specialist Certification Program

BHD staff and community partners interested in obtaining the Medi-Cal Peer Support Specialist (PSS) Certification may be provided financial support throughout the process. This may include costs associated with the application, the eighty (80) hour core competency training, and the certification exam. Participants may also choose to pursue the optional specialization trainings as part of their certification.

Annual Provider Conference

Since the summer of 2023, El Dorado County MHSA has hosted a provider conference as a kickoff to the upcoming CPPP cycle.

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

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

Conference registration costs may be considered as needed.

WET Coordinator Project Budget

Recruitment and Retention Project

The need for behavioral health services has increased steadily since the pandemic, while at the same time clinical staff have left the profession at a higher rate than ever before. This is being experienced by public, non-profit and private sector entities nationwide and has led to a critical staffing shortage of which El Dorado County is not immune. Long-term solutions addressing this issue are being enacted at the State

and Federal levels, including expanding opportunities for tuition assistance[10] for individuals intending to enter the Behavioral Health field. Short-term solutions, like increasing recruitment and retention efforts, are already taking place at the County level.

To address the numerous vacancies within the BHD, some of which have gone unfilled for over a year, the County has explored strategies to maintain and expand its current workforce. This includes offering hiring bonuses and relocation assistance, and taking on university practicum students. This project may include funding for additional marketing and advertising initiatives to promote county Behavioral Health employment opportunities.

Behavioral Health Staff License and Certification Reimbursement

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

Hiring Incentives

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

Educational Funding

County staff continue to explore opportunities for MHSA to provide education funding as allowable by WET Regulations[11]. Currently, no such opportunity is available through El Dorado County MHSA. However, if allowed within the Recruitment and Retention Project, MHSA funding may be used for loan assumption[12] or stipends[13].

Non-MHSA Funded Educational Assistance

An informational resource that includes opportunities for education assistance not funded by MHSA is available for County Behavioral Health staff.

Recruitment and Retention Project Budget

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

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

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

Title 9 CCR § 3851. Terms of Mental Health Loan Assumption

[13] 9 CCR § 3844.1 Stipends

Statewide WET Planning and Community Needs Assessment

Update: *This project is no longer applicable under this FY 25/26 Update. Individual opportunities for tuition reimbursement and other supports remain available through the Department of Health Care Access and Information (HCAI) but these are not administered by BHD.*

WET Administration

County staff and/or contracted provider(s) will be utilized to perform the administrative duties, program analysis, and quality assurance/improvement activities related to this component.

Capital Facilities and Technology Needs (CFTN)

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

Electronic Health Record Project

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

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

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

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

Update: *This project is being expanded to include offline access software to be utilized by staff or providers while providing services in remote parts of El Dorado County, including but not limited to during Mobile Crisis responses.*

Electronic Health Record Project Budget

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

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

The Telehealth Project provides for the expansion of mental health and psychiatric services to clients and providers in remote areas of the county, or are unable to travel, and utilize video conferencing to further

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

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

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

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

Telehealth Project Budget

Integrated Community-based Wellness Center Project

Update: *This project has been removed due to re-evaluation of integrated services delivery with consideration of State Behavioral Health Continuum Infrastructure Program (BHCIP) grant funding.*

Service, Outreach, Access, and Response Project

El Dorado County Health and Human Services Agency (HHSA) is currently planning to pursue an infrastructure expansion consisting of two components and is intended to provide improved management for complex mental health and substance abuse cases at a centralized, easily accessible location. This expansion is termed the Service, Outreach, Access, and Response (SOAR) Project.

The first component of this infrastructure expansion is comprised of modifications and renovations of an existing County owned site that will facilitate the relocation and expansion of HHSA's current psychiatric health facility (PHF). A PHF is a locked, inpatient psychiatric treatment facility that provides treatment to individuals who are detained due to danger to self, others, or grave disability. This secure facility is supportive to treatment needs for the most acute mental health clients in El Dorado County and works in close coordination with hospitals and law enforcement staff across the community (including the El Dorado Sheriff's Office and both Marshall and Barton Hospitals).

The second component of the SOAR project is to renovate the lower floor of the above-mentioned property to house County staff from Outpatient Mental Health, Veterans' Services, Self-Sufficiency, Substance Abuse, Public Guardian, and Protective Services. The co-location of these programs and the development of an integrated client intake team and process at a location that is on the county's public transportation route will improve equitable access to HHSA's programs by lowering access barriers that

currently exist due to HHSA's programs being housed at multiple locations across the West Slope area, some of which are inaccessible by public transit.

The Bond BCHIP Round 1 grant calls for a 10% match from the County, which is expected to be $2.4 million if the full amount of the Bond BHCIP Round 1 application is awarded. If HHSA's Bond BCHIP Round 1 grant application is selected for award, HHSA intends to provide its expected $2.4 million local matching requirement through braided funding with up to $1 million of budgeted MHSA funds as required to support match requirements based on awarded amount.

SOAR Project Budget

County-Wide Clinic Project

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

Considering the Community HUBS as existing resource centers already known throughout the community, Behavioral Health will develop a system for county staff and contracted providers to reserve space at any of the five (5) Community HUBs locations in order to provide mental health services described in this MHSA Plan or otherwise required of the county as the Medi-Cal Mental Health Plan. The five (5) Community HUBs locations are:

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

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

Mobile Office

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

To maximize utilization of the mobile office Behavioral Health seeks to develop a collaborative effort with El Dorado County Public Health, providing regular access and engagement opportunities by both Health and Human Services divisions at each of the five (5) Community HUBs locations. A schedule will be

developed and advertised to make known the dates and times when these services will be available at each location around the county.

County-Wide Clinic Goals:

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

County-Wide Clinic Outcome Measures:

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

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

County-Wide Clinic Project Budget

***Update**: Behavioral Health staff toured all EDC Library facilities to identify site improvements that would be required as part of this project implementation. As of the writing of this Annual Update, HHSA partners continue to collaborate on a cohesive plan for mobile services across multiple divisions.*

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

CFTN Administration

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

Housing Consultant

***Update**: This program of the CFTN Administration allocation has been removed. The use of a Housing Consultant may be re-evaluated under the FY 26-29 BHSA Integrated Plan.*

FY 2025/26 Budget, Expenditure Plan, and Reversion Reallocation Expenditure Plan

MHSA Funding

The revenue and expenditure data contained in this MHSA Annual Update is based upon the FY 2025/26 HHSA budget. Any adjustments that may be needed as a result of the FY 2023/24 Annual Revenue and Expenditure Report (ARER) or other reconciliations or audits are anticipated to be minimal and will not require an Update to accomplish.

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

Additionally, it is important to note that all budgeted funds are not expected to be utilized each fiscal year. MHSA requires that, absent a specific State "flexibility" such as those issued under the public health emergency, projects and potential expenditures must be identified in the MHSA Plan / Annual Update. The County budgets all potential expenditures, therefore sufficient funds to implement each identified project are included in the MHSA Plan. However, not all identified funds will be spent each year, and the budget actually anticipates that some funds budgeted in FY 2024/25 will not be spent and will be available as the starting Fund Balance for budgeting in FY 2025/26.

Annual Revenues

MHSA revenues are based on a one percent (1%) tax on personal income in excess of $1,000,000 and the amount received by the County varies each month and year based upon actual tax revenues received by the State. In FY 2024/25, El Dorado County's share of the statewide MHSA revenues is 0.398999%, 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 24-038[14]. For budgeting purposes, revenues are calculated based on the FY 2024/25 allocation percentage and total annual MHSA revenues have been estimated at $9,410,391.

Fund Balances

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

Prudent Reserve

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

[14] https://www.dhcs.ca.gov/Documents/CSD_BL/2024-BHIN/BHIN-24-038-MHSA-Allocation-Methodology-for-FY-2024-25.pdf

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 2025/26 must be spent by FY 2030/31.

Pursuant to DHCS BHIN 24-029[15], El Dorado County's Maximum Prudent Reserve for Fiscal Year 2023/24 that were transferred into CSS in FY 2024/25 are reflected below. The County is required to update and certify the Prudent Reserve amount once every five (5) years. As certified by the Behavioral Health Director and HHSA Fiscal Accounting division on October 3, 2024, the County's CSS Five-Year Average is $7,100,600.88 with a maximum allowable Prudent Reserve of $2,343,198.29.

Prudent Reserve Calculation (76% of all distributions from the Mental Health Services Fund/MHSF)	
MHSA CSS Revenue Received by Fiscal Year:	Amount
FY 2018-19	$5,928,911
FY 2019-20	$5,482,745
FY 2020-21	$8,332,223
FY 2021-22	$9,548,377
FY 2022-23	$6,225,765.08
Total	**$35,494,485.50**
Average of Prior 5 Years	$7,100,600.88
Maximum Allowable Prudent Reserve Percent (33%)	$2,343,198.29
Minimum Allowable Prudent Reserve Percent (5%)[16]	$355,030.04

[15] BHIN 24-029 https://www.dhcs.ca.gov/Documents/CSD_BL/2024-BHIN/BHIN-24-029-Prudent-Reserve-Funding-Levels.pdf

[16] 9 CCR § 3420.30. Prudent Reserve Funding Levels.
https://govt.westlaw.com/calregs/Document/I4EBC07C34C6B11EC93A8000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)

Current balance of Prudent Reserve:	$1,655,402
FY 25/26 - 7% Prudent Reserve	$497,042.06
Adjustment - Funds to transfer from CSS prior to FY 25/26:	($1,158,359.94)

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 2025/26. However, in the event that revenues and fund balances fall short of expectations, expenditures will be adjusted as needed.

FY 2025-2026	CSS	PEI	INN	WET	CFTN	TOTAL
Available Funds:						
Prop 63 (MHSA) - New Funding	$7,151,897	$1,787,974	$470,520	$0	$0	$9,410,391
AB 114 Reversion Reallocation	$0	$0	$0	$0	$0	$0
Federal: PATH and MHBG	$473,941	$0	$0	$0	$0	$473,941
Medi-Cal	$10,619,498	$0	$0	$0	$0	$10,619,498
Realignment	$1,500,000	$0	$0	$0	$0	$1,500,000
Private Insurance / Payors	$31,584	$0	$0	$0	$0	$31,584
Misc. Revenue	$1,386,155	$0	$0	$0	$0	$1,386,155
AB 109 / AOT (Community Corrections Partnership)	$199,386	$0	$0	$0	$0	$199,386
Mental Health Student Services Act (MHSSA) (pass-through entity)	$0	$1,417,438	$0	$0	$0	$1,417,438
Interest	$202,000	$45,000	$46,000	$2,000	$5,000	$300,000
Transfer from CSS	($725,000)	$0	$0	$25,000	$700,000	$0
Transfer to CSS from Prudent Reserve	$0	$0	$0	$0	$0	$0
Estimated Starting Fund Balance	$6,788,802	$0	$4,626,315	$88,676	$2,233,670	$13,737,463
Total Available Funds Budgeted	**$27,628,263**	**$3,250,412**	**$5,142,835**	**$115,676**	**$2,938,670**	**$39,075,856**

FY 2025-26	CSS	PEI	INN	WET	CFTN	TOTAL
Expenditures:						
Budgeted Expenditures from Fund Balance and New Revenues	**($28,076,050)**	**($5,167,193)**	**$0**	**($300,000)**	**($2,310,000)**	**($35,853,243)**
Anticipated Reversion	**$0**	**$0**	**($562,415)**	**$0**	**$0**	**($562,415)**
Total Budgeted FY 2025-26 MHSA Plan Expenditures	**($28,076,050)**	**($5,167,193)**	**($562,415)**	**($300,000)**	**($2,310,000)**	**($36,415,658)**
Budgeted Fund Balance at Fiscal Year End	($447,787)	($1,916,781)	$4,580,420	($184,324)	$628,670	**$2,660,198**
Average Actual Expenditures	**46%**	**63%**	**n/a**	**22%**	**20%**	
Anticipated Fund Balance at Fiscal Year End	$14,713,280	($4,920)	$4,580,420	$49,676	$2,476,670	$21,815,127
Community Program Planning Costs [pursuant to WIC § 5892(c)]		*Included in above expenditures, but not to exceed five percent (5%) of the CSS revenues ($ * 5%):*				*$357,595*

*Due to elimination of INN Projects ahead of BHSA, component *Anticipated Fund balance at Fiscal Year End* is reflective of *Anticipated Starting Fund Balance* less *Anticipated Reversion.*

Average Actual Expenditure Percentage

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

MHSA Component Budgets

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

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

Generally speaking, the following categories of projects are mandatory:

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

MHSA Component Budget – CSS

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

Changes in the FY 2025/26 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).

Project	FY 2023/24 MHSA Plan Budget	FY 2024/25 MHSA Update Budget		FY 2025/26 MHSA Update Budget	
Full Service Partnership Projects					
Total FSP Projects	$16,497,000.00	$17,673,000		$17,151,050	
Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):					
Children's FSP Project (M)	*$6,810,000.00*	*$6,810,000.00*	*38.53%*	*$6,810,000.00*	*39.71%*
Peer Partner Project - Parent Partner (M)	*$234,000.00*	*$290,000.00*	*1.64%*	*$246,500.00*	*1.44%*
CASA	$23,000.00	$23,000.00	*0.13%*	*$19,550.00*	*0.11%*
TAY FSP Project (M)	$500,000.00	$500,000.00	*2.83%*	$425,000.00	*2.48%*
Adult and Older Adult FSP Project (M)	$7,500,000.00	$7,500,000.00	*42.44%*	$6,500,000.00	*37.90%*
FSP Unhoused Individuals Project	n/a	$650,000.00	*3.68%*	$750,000.00	*4.37%*
FSP Forensic Services (M)	$1,430,000.00	$1,900,000.00	*10.75%*	$2,400,000.00	*13.99%*

Project	FY 2023/24 MHSA Plan Budget	FY 2024/25 MHSA Update Budget		FY 2025/26 MHSA Update Budget	
General System Development					
Total General System Development Projects	$5,563,000.00	$5,963,000		$6,400,000	
Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):					
Wellness and Recovery Services/Adult Wellness Centers (D)	*$4,113,000.00*	*$4,113,000.00*	*68.975%*	*$3,800,000.00*	*59.375%*
Wellness and Recovery Services/TAY Engagement (D)	*$400,000.00*	*$400,000.00*	*6.708%*	*$600,000.00*	*9.375%*
Crisis Residential Treatment (CRT) (D)	$1,000,000.00	*$1,400,000.00*	*23.478%*	*$2,000,000.00*	*31.250%*
Recreation Therapy Project (D)	*$50,000.00*	*$50,000.00*	*0.839%*	*$0.00*	
Outreach and Engagement					
Access Services (M)	$1,275,000.00	$1,275,000		$1,050,000	
Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):					
Access Services (M)	*$96.08*	*$1,225,000.00*	*96%*	*$1,000,000.00*	*95%*
PATH (D)	*$0.04*	*$50,000.00*	*4%*	*$50,000.00*	*5%*
Assisted Outpatient Treatment (M)	$64,000.00	$64,000		$50,000	
Lanterman-Petris-Short (LPS) Project (D)	$500,000.00	$500,000		$250,000	
Mobile Crisis Project/PERT (M)	See PEI Access and Linkage	See PEI Access and Linkage		$3,000,000	
Genetic Testing (D)	$50,000.00	$50,000		$25,000	
Administrative Costs					
CSS Administrative Costs (M)	$150,000.00	$150,000		$150,000	
Total Budget CSS Projects	$24,099,000.00	$25,675,000		$28,076,050	
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")	68%	69%		61%	

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:

Project	FY 2023/24 MHSA Plan Budget	FY 2024/25 MHSA Update Budget	FY 2025/26 MHSA Update Budget
Transfer to WET	$375,000	n/a	$25,000
Transfer to CFTN	$350,000	$1,500,000	$700,000
Total	**$725,000**	**Up to$1,500,000**	**Up to $725,000**

MHSA Component Budget – PEI

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

Project	FY 2023/24 MHSA Plan Budget	FY 2024/25 MHSA Update Budget	FY 2025/26 MHSA Update Budget
Prevention Program			
Latino Outreach Project (M)	$400,000	$400,000	$340,000
Primary Project (M)	$253,000	$253,000	$162,500
Wennem Wadati: A Native Path to Healing Project (M)	$115,000	$115,000	$97,750
Clubhouse El Dorado Project (D)	$300,000	$300,000	$255,000
Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project (D)	$125,000	$125,000	$0
Early Intervention Program			
Older Adults Enrichment Projects (D)	$400,000	$400,000	$340,000
Children 0-5 and Their Families Project (M)	$390,000	$390,000	$331,500
Prevention Wraparound Services: Juvenile Services Project (M)	$500,000	$500,000	$425,000
Forensic Access and Engagement Project (D)	$150,000	$150,000	$100,000
National Suicide Prevention Line Project (M)	$40,000	$40,000	$0
TimelyCare Project	$40,000	$40,000	$0
Student Wellness Center Project(D)	$890,400	$890,400	$623,280
Mental Health Student Services Act (D)	NOTE: County MHSA does not fund this program		$1,417,438
Bridge the Gap Project	$200,000	$200,000	$0
Stigma and Discrimination Reduction Program			
Mental Health First Aid, safeTALK and Other Community Education Projects (D)	$160,000	$160,000	$75,000
Community Stigma Reduction Project (D)	$100,000	$100,000	$85,000
Statewide PEI Projects (M)	$60,000	$60,000	$0

Project	FY 2023/24 MHSA Plan Budget	FY 2024/25 MHSA Update Budget	FY 2025/26 MHSA Update Budget
Outreach for Increasing Recognition of Early Signs of Mental Illness Program			
Community Education Project (D)	$218,000	$218,000	$68,000
Peer Partner Project - Youth Advocate (M)	$110,000	$110,000	$93,500
Mentoring for Youth Project (D)	$96,000	$96,000	$81,600
Access and Linkage to Treatment Program			
Project Access	$250,000	$500,000	$300,000
Mobile Crisis Project (Formerly Community-Based Outreach and Linkage Project)/PERT (M)	$1,000,000.00	$1,400,000*	See CSS Outreach and Engagement
Veterans Outreach Project (D)	$172,500	$172,500	$146,625
Suicide Prevention Program			
Suicide Prevention and Stigma Reduction Project (D)	$300,000	$300,000	$100,00
Administrative Costs			
PEI Administrative Costs (M)	$125,000	$125,000	$125,000
Total Budget PEI Projects	**$6,394,900**	**$7,044,900**	**$5,167,193**

* FY 24/25 Annual Update **Total Budget PEI Projects** did not previously calculate an additional $400,000 for the Community-Based Outreach and Linkage Project approved in the FY 23/24 Plan Amendment. Numbers above reflect accurate totals.

MHSA Component Budget – INN

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

Program	FY 2023/24 MHSA Plan Budget	FY 2024/25 MHSA Update Budget	FY 2025/26 MHSA Update Budget
Partnership Between Senior Nutrition and Behavioral Health (D)	$450,000	N/A	N/A
Nature Therapy for Youth Project Phase I: Planning (D)	$150,000	N/A	N/A
Nature Therapy for Youth Project Phase II: Implementation (D)	N/A	$500,000	$0
In-Clinic Certified Therapeutic Recreation Specialist Phase I: Planning (D)	$150,000	N/A	N/A
In-Clinic Certified Therapeutic Recreation Specialist Phase II: Implementation (D)	N/A	$300,000	$0
Data Driven Recovery Project – Cohort 2 (MHSOAC Multi-county Collaborative) (D)	N/A	N/A	N/A
INN Administrative Costs (M)	$20,000	$20,000	$0
Total Budget INN Projects	$770,000	$820,000	$0

MHSA Component Budget – WET

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

CSS funds transferred to WET during and after FY 2017/18 are subject to a 10-year reversion period. Any unspent fund balances remaining at the end of FY 2025/26 will roll over as fund balance into FY 2026/27. Details for the use of unspent MHSA funds will be included in the BHSA FY 26-29 Integrated Plan.

Program	FY 2023/24 MHSA Plan Budget	FY 2024/25 MHSA Update Budget	FY 2025/26 MHSA Update Budget
WET Coordinator Project (M)	$35,000	$35,000	$35,000
Workforce Development (D)	$160,000	$160,000	$160,000
Recruitment and Retention Project (D)	$100,000	$100,000	$100,000
Statewide WET Planning and Community Needs Assessment (M)	$110,000	$110,000	$0
WET Administrative Costs (M)	$5,000	$5,000	$5,000
Total Budget WET Projects	**$410,000**	**$410,000**	**$300,000**

MHSA Component Budget – CFTN

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

CSS funds transferred to CFTN during and after FY 2017/18 are subject to a 10-year reversion period. Any unspent fund balances remaining at the end of FY 2025/26 will roll over as fund balance into FY 2026/27. Details for the use of unspent MHSA funds will be included in the BHSA FY 26-29 Integrated Plan.

Program	FY 2023/24 MHSA Plan Budget	FY 2024/25 MHSA Update Budget	FY 2025/26 MHSA Update Budget
Electronic Health Record Project (M)	$950,000	$950,000	$1,050,000
Telehealth Project (D)	$75,000	$75,000	$75,000
Integrated Community-based Wellness Center Project (D)	n/a	$1,500,000	$0
Service, Outreach, Access, and Response (SOAR) Project	n/a	n/a	$1,000,000
Community-wide Clinic Project (D)	$160,000	$160,000	$160,000
CFTN Administrative Costs (M)	$125,000	$125,000	$25,000
Total Budget CFTN Projects	**$1,310,000**	**$2,810,000**	**$2,310,000**

Appendix:

Glossary of Abbreviations

CPPP Meeting Agenda

CPPP MHSA Announcement

CPPP Training PowerPoint (English)

Proceso de Planificación de Programas Comunitarios (CPPP) (español)

CPPP Survey (English)

Encuesta en línea(español)

Public Comment MHSA Announcement

Substantive Comment Form

Glossary of Abbreviations

Initials	Definition
AB	Assembly Bill
AOT	Assisted Outpatient Treatment
ARF	Adult Residential Facility
ARPA	American Rescue Plan Act of 2021
B&C	Board and Care
BHBH	Behavioral Health Bridge Housing
BHCIP	Behavioral Health Continuum Infrastructure Program
BHD	Behavioral Health Division (formerly the Mental Health Division)
BHIN	Behavioral Health Information Notice
BHSA	Behavioral Health Services Act
CalAIM	California Advancing and Innovating Medi-Cal
CalMHSA	California Mental Health Services Authority
CANS	Child and Adolescent Needs and Strengths
CBT	Cognitive Behavior Therapy
CCC	Community Corrections Center
CCP	Community Corrections Partnership
CCR	California Code of Regulations
CFTN	Capital Facilities and Technology Needs
CIT	Crisis Intervention Team
CIT	Crisis Intervention Training
CPPP	Community Program Planning Process
CRRSAA	Coronavirus Response and Relief Supplemental Appropriations Act, 2021
CSS	Community Services and Supports
CWS	Child Welfare Services
DBT	Dialectical Behavior Therapy
DHCS	Department of Health Care Services (California)
ED	Emergency Department
EDC	El Dorado County
EDCOE	El Dorado County Office of Education
EDSO	El Dorado Sheriff's Office
EHR	Electronic Health Record
FEP	First Episode Psychosis
FFPSA	Families First Prevention Services Act
FSP	Full Service Partnership
FTE	Full-Time Equivalent
FY	Fiscal Year
HHSA	Health and Human Services Agency
Hubs	El Dorado County Community HUBs
ICM	Intensive Case Management
IHBS	Intensive Home-Based Services
IMD	Institution for Mental Disease (facility)
Katie A.	*Katie A. vs. Bonta* Lawsuit and/or resulting programs/services
LPS	Lanterman-Petris Short
MCP	Managed Care Plan
MH	Mental Health

MHBG	Mental Health Block Grant
MHRC	Mental Health Rehabilitation Center (facility)
MHSA	Mental Health Services Act
MHSOAC	Mental Health Oversight and Accountability Commission
MOU	Memorandum of Understanding
NTE	Not-to-Exceed
PATH	Projects for Assistance in Transition from Homelessness
PEI	Prevention and Early Intervention
PERT	Psychiatric Emergency Response Team
PES	Psychiatric Emergency Services
PHF	Psychiatric Health Facility
PSC-35	Pediatric Symptom Checklist
QI	Qualified Individual
RFP	Request for Proposal
RFQ	Request for Qualifications
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SLT	South Lake Tahoe
SMHS	Specialty Mental Health Services
STACS	South Tahoe Alternative Collaborative Services
STRTP	Short-Term Residential Therapeutic Program
SUD	Substance Use Disorders
SUDS	Substance Use Disorder Services
TAY	Transitional Age Youth
TBD	To Be Determined
WET	Workforce Education and Training
WS	West Slope

CPPP Meeting Agenda

Mental Health Services Act (MHSA)

Fiscal Year 2025-26 Annual Update

Community Meeting

Agenda:

1. Welcome and Introductions
2. Overview of MHSA Guiding Principles and Practices
    a. MHSA History
    b. MHSA Plans/Annual Updates
    c. MHSA Values
3. MHSA Component Overview
    a. Components
        i. Prevention and Early Intervention/PEI
        ii. Community Services and Supports/CSS
        iii. Innovation/INN
        iv. Workforce Education and Training/WET
        v. Capital Facilities and Technology/CFTN)
4. MHSA Budget
5. Behavioral Health Services Act Overview
6. CPPP Process Overview
7. Update Highlights
8. Community Input for current and proposed projects
9. Survey
    a. English and Spanish