



Jenkinson Lake, Pollock Pines, CA

**EL DORADO COUNTY
MENTAL HEALTH SERVICES ACT (MHSA)
PLAN AMENDMENT
FISCAL YEARS 2023/24**

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Plan Amendment Regulations

The MHSA Plan Amendment is differentiated from the traditional MHSA Annual Update process through the California Code of Regulations, Title 9, § 3350 - *Amendment of MHSA Performance Contract*⁷.

The MHSA Plan Amendment includes only Projects being added or updated. Upon approval Amended Projects will be included in the FY 2024-25 MHSA Annual Update.

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

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 Partnerships⁸.

New or modified CSS Projects:

- Crisis Residential Treatment (CRT) Project: Expanded description and addition of sub-program to provide stepdown services to clients prior to entering the CRT. No Fiscal Year 23/24 Cost Increase

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%)⁹ 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:

- Project Access Community Outreach Initiative: This project addresses the limitations of office-based intake systems and documented challenges of engaging clients experiencing

⁷ [California Code of Regulations, Title 9, Division 1, Chapter 14, Article 3, § 3350](#)

⁸ 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.

⁹ 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.



greater barriers to access through the current system. 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. Fiscal Year 23/24 Allocation of \$250,000. Fiscal Year 24/25 and 25/26 Allocation of \$500,000 per year.

- Community-Based Outreach and Linkage Project: This Project has been modified to address mandated State requirements set forth in Behavioral Health Information Notice (BHIN) 23-025 requiring all counties to implement 24/7 Medi-Cal Community-Based Mobile Crisis Intervention Services. No Fiscal Year 23/24 Cost Increase. FY 24/25 and 25/26 increase of an additional \$400,000 per year.
- Community Stigma Reduction Project: This project, previously called Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual or Allied (LGBTQIA) Community Education Project has been expanded in order to better serve a wider array of disenfranchised community members. No Fiscal Year 23/24 Cost Increase.

Publication of the MHSA FY 2023/24 MHSA Plan Amendment

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

Behavioral Health Commission Meeting: The Draft MHSA Plan Amendment was presented to the Behavioral Health Commission at their regular meeting on November 15, 2023.

Draft MHSA Plan Amendment Comment Period: The Draft MHSA Plan Amendment was posted on the MHSA web page (www.edcgov.us/mhsa) on November 15, 2023, for a 30-day Public Comment Period. Emails were sent on November 15, 2023, to the MHSA email distribution list, the Behavioral Health Commission members, the Chief Administrative Office (CAO), the Board of Supervisors' offices, and HHS staff, advising recipients that the Draft MHSA Plan Amendment was posted and available for public comment for 30 days. On November 15, 2023, a press release was distributed to the Tahoe Daily Tribune, Mountain Democrat, Georgetown Gazette, South Tahoe Now, The Windfall, Life Newspapers, El Dorado Hills Telegraph, and The Clipper. The press release also posted on the El Dorado County's webpage (Press Release section), Health and Human Services Agency webpage and Facebook page. The Draft MHSA Plan Amendment Public Comment Period ended at 5:00 p.m. on December 15, 2023.

Substantive Comments: Substantive comments received during the Public Comment Period have been included in the final MHSA Plan Amendment, along with an analysis and response to those comments.

El Dorado County Board of Supervisors: The draft MHSA Plan Amendment was presented to the El Dorado County Board of Supervisors for adoption on February 27, 2024. 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 MHSA Plan Amendment, a copy of the Amendment will be provided to the MHSOAC and the DHCS, as required by the MHSA.



Substantive Comments

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

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

30-day Public Comment – November 15 to December 15, 2023

General Comment	
Comment	MHSA Analysis/ Response
Several Comments related to the PEI Student Wellness Center Project were received.	Within this FY 23/24 Plan Amendment funding increases for this project are not being considered. Submitters were asked to resubmit comments in relation to the FY 24/25 Annual Update Public Comment Period.
<p>This year marks the first time in my memory that the MHSA plan has been amended in the middle of the year. It seems like a rather rare opportunity to make changes, and I am writing today to give comments about what I believe should be added to these amendments.</p> <p>With the implementation of CalAIM, many discussions occurred between community-based organizations and HHSA about how to meet the needs of the community. One concern was that providers needed to have enough dollars in SMHS / FSP contracts to meet the growing needs of the community, and the expanded access to services with changes in eligibility requirements. Providers were very concerned the contract NTE limits being proposed would not be sufficient to meet growth. There was broad agreement that contracts would need to be monitored, both for rate and NTE sufficiency, and that in December or January all parties would meet and assess where we are and any changes that might be needed.</p>	Behavioral Health Division staff and Health and Human Services Agency Fiscal Staff have analyzed FY 23/24 year to date spending associated with the five (5) agreements for services which fall within the Children’s Full Service Partnership (FSP) Project. As of December 2023 fiscal data gives no indication of a need for increase to the project allocation. Consideration of individual contract allocations will continue to be evaluated thought the remainder of the fiscal year. FY 24/25 project allocations will continue to be evaluated as part of the FY 24/25 Annual Update.
I feel quite strongly that any public comments received during this 30 day period should be thoroughly reviewed and discussed by the Behavioral Health Commission. The timing of the comment period	The Behavioral Health Division (BHD) staff presented this Plan Amendment to the Behavioral Health Commission (BHC) on November 15, 2023. Regulation does not



<p>during the month of December, a month the BHC does not meet, could mean the BHC will not be able to hear any of the comments in time to make recommendations.</p>	<p>require this action and does not require a formal Public Hearing as a part of a MHSA Plan Amendment process, however, BHD staff recognize the value of input from the BHC and the opportunity for public discussion and transparency. Following the 30-day Public Comment Period, BHD staff will utilize the feedback provided to develop the final FY 23/24 MHSA Plan Amendment to be presented to the Board of Supervisors.</p>
<p>The key to El Dorado County's Suicide Prevention Strategic Plan having a significant impact is a full-time Suicide Prevention Coordinator. If we do not currently have adequate funding for this position, I suggest we get that covered - and the position filled - as a top priority.</p>	<p>Within this FY 23/24 Plan Amendment adaptations to this project are not being considered. Submitters are asked to resubmit comments in relation to the FY 24/25 Annual Update Public Comment Period.</p> <p>El Dorado County Health and Human Services staff are actively using alternative funding sources for additional Suicide Prevention initiatives not detailed in the current MHSA Three Year Plan.</p>
<p>I have been hearing rumors that Marshall Hospital is closing down their Mental Health/Psychiatry departments and will be referring people to Community Health. If this rumor is true I also hope that HHSA is aware of this and including it in any future planning.</p>	<p>HHSA Behavioral Health is aware that current Psychiatrists have given notice from their positions at Marshall Medical Center and that clients are receiving care coordination support for ongoing care options.</p> <p>At this time there is no confirmed information as to the long term plans around this change.</p>
<p>Funding that supports LGBTQIA Stigma Reduction expansion should not be directed to measures that promote or accommodate sexual transitioning for school age children, preferred pronouns or drag queen performances for an audience of minors.</p>	<p>This project has been updated to the Community Stigma Reduction Project in order to more broadly serve disenfranchised groups and individuals within El Dorado County. This may include but is not limited to members of the lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or allied communities as well as diverse ethnicities and sub-cultures within our County.</p> <p>The selected Provider's responsibility within the scope of this project is to connect with community members that have been hard to engage in mental health treatment and provide a warm hand off referral to the most</p>



	appropriate community resource for addressing their individual mental health needs. No funds within this project are allowed to be used for anything related to gender reassignment or other non-mental health related services.
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Several comments were received regarding projects not included in this FY 23/24 MHSA Plan Amendment. Submitters were asked to resubmit comments as part of the FY 24/25 MHSA Annual Update 30-Day Public Comment Period anticipated in January 2024.



Community Services and Supports (CSS)

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

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

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

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

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

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

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



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

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



General System Development Program

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

The General System Development Projects are designed to provide Behavioral Health services that may be needed on a shorter-term basis, which will support individuals to access family, community-based and/or coping skill supports for managing their mental illness upon graduation. The Vision of the El Dorado County 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.

Crisis Residential Treatment (CRT) Project

Behavioral Health will be using a combination of funding including American Rescue Plan Act (ARPA) and non-MHSA funds to build, buy or lease a building for a Crisis Residential Treatment (CRT) Facility in El Dorado County. CRTs are designed to serve individuals who are experiencing acute psychiatric crisis and whose functioning is moderately impaired for a short duration.

CRTs are short-term residential treatment programs that operate in a structured home-like setting twenty-four hours a day, seven days a week. Eligible consumers may be served through the CRT for up to 30 days. These programs embrace client centered activities that are culturally responsive. CRTs are designed for individuals, age 18 and up, who meet psychiatric inpatient admission criteria or are at risk of admission due to an acute psychiatric crisis but can instead be served appropriately and voluntarily in a community setting.

Beginning with an in-depth clinical assessment and development of an individual service plan, CRT staff work with consumers to identify achievable goals, including a crisis plan and a treatment plan. Once admitted, structured day and evening services are available seven days a week that include individual and group counseling, crisis intervention, planned activities that encourage socialization, pre-vocational and vocational counseling, consumer advocacy, medication evaluation and support, and linkages to resources that are available after leaving the program.

Family members are included in counseling and plan development. Services are voluntary, community-based, and alternative to acute psychiatric care. While the services are designed to resolve the immediate crisis, they also focus on improving functioning and coping skills and encouraging wellness, resiliency and



recovery to enable consumers to return to the least restrictive, most independent setting possible in as short a time as possible. Services are designed to be culturally responsive to the needs of the diverse community members seeking treatment.

MHSA funds will be used in the delivery of services after the facility is established.

⋮ Inpatient Steppedown Program

Acute psychiatric hospitals and acute inpatient psychiatric units in medical hospitals should only be used for individuals in the most acute phase of their psychiatric crisis and should be considered more of a last treatment resort rather than a first option. Inpatient Hospital Care and Psychiatric Health Facility (PHF) services are often twice the cost of those in a CRT facility. As such, this project may fund opportunities for assessment and services to clients in inpatient settings 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: 70
Estimated Cost Per Person: \$15,000

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



Prevention and Early Intervention (PEI)

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

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

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

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

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

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

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



- Timely Care Project, Prevention Wraparound Services: Juvenile Services and the Peer Partner projects. It is estimated that 19% of El Dorado's PEI funding is allocated to this priority.*
4. Culturally competent and linguistically appropriate prevention and early intervention as defined in Section 5840.6(g). *El Dorado County meets this priority by including the Latino Outreach Program, the Wennem Wadati project, Whole Family Wellness Project and the Community Stigma Reduction project. Additionally, the Primary Intervention Project in South Lake Tahoe is heavily accessed and utilized by Latino students. It is estimated that 16% of El Dorado's PEI funding is allocated to this priority. These projects were supported throughout the CPPP.*
 5. Strategies targeting the mental health needs of older adults as defined in Section 5840.6(h). *El Dorado County meets this priority by including the Older Adult Enrichment. It is estimated that 5% of El Dorado's PEI funding is allocated to this priority. These projects were supported throughout the CPPP. (This priority also will be met through the County's Partnership between Senior Nutrition and Behavioral Health Innovation project.)*
 6. Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis. *El Dorado County meets this priority by including the Children 0-5 Project, Student Wellness Center Projects and the Community-based Outreach and Linkage Project (includes Psychiatric Emergency Response Team (PERT)). Further, the Older Adult Enrichment Projects may identify mental health symptoms and disorders. It is estimated that 29% of El Dorado's PEI funding is allocated to this priority. These projects were supported throughout the CPPP. (This priority also is met through the County's Community-based Engagement and Support Services/Community Hubs Innovation project and will be met through the County's Partnership between Senior Nutrition and Behavioral Health Innovation project.)*

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

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

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

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

Reporting Requirements:

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

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

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 Outcome Measures:

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

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

Estimated Number of Individuals to be Served: 200

Estimated Cost Per Person: \$500

Provider: New Morning Youth and Family Services 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 are 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

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

Community-based Outreach and Linkage Project

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

Community-based Outreach and Linkage Project Goals:

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

Community-based Outreach and Linkage Outcome Measures:

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

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



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

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

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

MHSA funds Behavioral Health Clinician(s) and one Sheriff Deputy position. In order to meet emerging mandates related to El Dorado County providing 24 hour per day, 7 day per week mobile crisis services these resources will be expanded and serve as the cornerstone for the integrated mobile crisis team.

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:

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

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

‡ **Mobile Crisis Unit:**

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 2024, mobile crisis teams developed around the existing successes of the PERT Project, will begin deploying. These Mobile Crisis Teams collaborate with law enforcement to provide crisis-related outreach and engagement, as well as respond to 911 requests regarding possible psychiatric or emotional crisis in the community. The Mobile Crisis Teams 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 Mobile Crisis Teams 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 PERT Project partnership that has 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

Estimated Number of Individuals to be Served: 500

Estimated Cost Per Person: \$1,750

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

MHSA Component Budgets

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

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

Generally speaking, the following categories of projects are mandatory:

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



MHSA Component Budget – CSS

Program	FY 2023/24 MHSA Plan Amendment Budget	FY 2024/25 MHSA Update Budget	FY 2025/26 MHSA Update Budget
General System Development			
Total General System Development Projects	\$6,013,000	\$6,413,000	\$6,413,000
<i>Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):</i>			
<i>Wellness and Recovery Services/Adult Wellness Centers (D)</i>	68.40%	64.14%	64.14%
<i>Wellness and Recovery Services/TAY Engagement (D)</i>	6.65%	6.24%	6.24%
<i>Community Transition and Support Team (D)</i>	7.48%	7.02%	7.02%
<i>Crisis Residential Treatment (CRT) (D)</i>	16.63%	21.83%	21.83%
<i>Recreation Therapy Project (D)</i>	0.83%	0.78%	0.78%
Total Budget CSS Projects	\$24,549,000	\$25,381,400	\$25,935,700
Percent of CSS Budget in FSP (per California Code of Regulations, Title 9, Section 3620(c), "The County shall direct the majority of its CSS to the FSP Service Category")	67%	67%	67%

MHSA Component Budget – PEI

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

Program	FY 2023/24 MHSA Plan Amendment Budget	FY 2024/25 MHSA Update Budget	FY 2025/26 MHSA Update Budget
Stigma and Discrimination Reduction Program			
Community Stigma Reduction Project	\$100,000	\$100,000	\$100,000
Access and Linkage to Treatment Program			
Community-Based Outreach and Linkage Project/PERT (M)	\$1,000,000	\$1,400,000	\$1,400,000
Project Access Community Outreach Initiative	\$250,000	\$500,000	\$500,000
Administrative Costs			
Total Budget PEI Projects	\$6,394,900	\$7,044,900	\$7,044,900