



El Dorado County



MENTAL HEALTH SERVICES ACT (MHSA)

FISCAL YEAR 2023/24 through 2025/26 THREE YEAR PROGRAM AND EXPENDITURE PLAN

Health and Human Services Agency, Behavioral Health Division

Presenters:

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Community Program Planning Process (CPPP)

- ✓ 29 Stakeholder Meetings and 10 Community Meetings were held between August 2022 and January 2023; 166 attendees
- ✓ Surveys: 143 responses
 - Press Releases/Social Media/Websites
 - Notices of the Community Meetings and Surveys were emailed to the MHSA distribution list, HHSA staff, Behavioral Health Commissioners and the Board of Supervisors
- ✓ Recurring Themes (Needs):
 - Housing and Homelessness, including the cost of housing
 - Availability of mental health services and access to services
 - Eligibility (requests may conflict with State regulations)
 - Youth mental health
 - Suicide prevention, especially for youth
- ✓ Notice of the Public Comment Period and Public Hearing were included in a Press Release in the Mountain Democrat and other news outlets, postings on Facebook, direct emails to the MHSA distribution list and notices on Behavioral Health's webpage.
- ✓ Draft MHSA Plan public comment period was posted on the Behavioral Health Division/MHSA webpage on March 7, 2023. Public Comment ended April 7, 2023 at 5 p.m.
- ✓ The Public Hearing and Behavioral Health Commission meeting to discuss the Draft MHSA Plan was held April 19, 2023

Legislative Changes

- ✓ **Assembly Bill (AB) 2242:** Existing law authorizes peace officers and certain other officials to force involuntary commitment and treatment of any person who, as a result of a mental health disorder, is a danger to others, or to themselves, or is gravely disabled, for 72-hour treatment and evaluation. This bill requires the State Department of Health Care Services to convene a stakeholder group of entities, including the County Behavioral Health Directors Association of California and the California Hospital Association, among others, to create a model care coordination plan to be followed when discharging those held under temporary holds or a conservatorship. This bill further establishes that Mental Health Services Act (MHSA) funds may be used to pay for costs incurred in these situations.
- ✓ **CalAIM:** California Advancing and Innovating Medi-Cal (CalAIM) is a sweeping initiative of the California Department of Healthcare Services to reform the Medi-Cal program and, in turn, improve the quality of life and health outcomes of Medi-Cal members. CalAIM will implement broad delivery system, program and payment reform across the Medi-Cal system, building upon the successful outcomes of various pilots. DHCS received approval on December 29, 2021 for the CalAIM demonstration and waiver, effective through December 31, 2026. Implementation will take place over the next five or more years in a series of steps. Initiatives already underway include updated criteria for access to Specialty Mental Health Services, streamlining of behavioral health documentation, enhanced care management, community supports and payment reform.

Community Services and Supports (CSS):

80% of total funding must be for CSS (in reality, it is 76% because 4% goes toward Innovation funding)

51% of the funding must be used for Full Service Partnership (FSP)

► Modified CSS Projects:

1. Budget Increases: Average 30% increase to most projects to account for cost of living increases and program expansion initiated by CalAIM.
2. FSP Forensic Services: El Dorado County must fully implement Care Court by December 1, 2024 as required in SB 1338.
3. Peer Leadership Academy: Previously called Consumer Leadership Academy, this project has a new name and description to better align with the CalMHSA Peer Support Specialist Certification and expansion of peer services throughout the county system of care.
4. Student Wellness Centers and Mental Health Supports Project: This project was found to best align with PEI goals and outcome measures and was absorbed by the existing PEI Student Wellness Center Project.

Community Services and Supports (CSS):

80% of total funding must be for CSS (in reality, it is 76% because 4% goes toward Innovation funding)

51% of the funding must be used for Full Service Partnership (FSP)

► New CSS Projects:

1. Recreation Therapy Project: Added to expand service delivery options for current CSS clients.
2. Lanterman-Petris-Short (LPS) Project: AB 2242 added the requirement for care coordination under the LPS Act and provided the option for MHSA funding to support services defined within the act.

► Discontinued CSS Projects:

1. Community Transition and Support Team (CTST) Project: This project was removed because the services described were best suited under other existing projects (FSP, Wellness and Recovery).

Prevention and Early Intervention (PEI):

20% of total funding must be for PEI (in reality, it is 19% because 1% goes toward Innovation funding)

51% of the funding must benefit individuals 25 years old or younger

► Modified PEI Projects:

1. Budget Increases: Average 15% increase to most projects to account for cost of living increases and program expansion due to increased need for mild/moderate services.
2. Older Adult Enrichment Project: This project was restructured to better integrate services under one project after recognizing the duplication of efforts when the project was previously described as three independent programs (Senior Peer Counseling, Friendly Visitors, Senior Link).
3. Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project: A sub-program, County Emergency Support, was added to this project in order to more definitively provide MHSA funded goods or services in times when there is a federal, state or local emergency declaration.
4. Student Wellness Centers Project: This project has been expanded to include services provided at local High Schools, which was previously provided by the CSS Student Wellness Centers and Mental Health Supports Project. It was recognized that the goals and outcome measures provided by this project better align with PEI. In addition, the need was recognized to align all Student Wellness Centers under one project for better continuity of services between grade levels.

Prevention and Early Intervention (PEI):

► Modified PEI Projects:

5. Mental Health First Aid and SafeTALK Projects: Project expanded to include an annual trainer course administered by EDC Behavioral Health and an option for a Community Funding Assistance Program.
6. Community Education Project: This project was restructured in order to maintain the specificity of the Parenting Classes description, now as a separate program, while allowing expansion of additional community education opportunities. Within this restructure the Whole Family Wellness Pilot Program was added as a collaborative effort with Shingle Springs Health and Wellness, providing educational opportunities for family members of clients receiving Mental Health or Substance Use services.
7. Community-based Outreach and Linkage Project: A sub-program was added to allow for the expansion of mobile crisis services currently receiving alternative funding for infrastructure development.
8. Suicide Prevention and Stigma Reduction Project: This project was expanded to better align with the El Dorado County Suicide Prevention Strategic Plan. This project also includes an opportunity for Community Funding Assistance.

Prevention and Early Intervention (PEI):

20% of total funding must be for PEI (in reality, it is 19% because 1% goes toward Innovation funding)

51% of the funding must benefit individuals 25 years old or younger

► New PEI Projects:

1. Clubhouse El Dorado Project: This project was added after direct stakeholder input was provided.
2. Bridge the Gap Project: Added to address the current delays in service for mild to moderate youth.

► Discontinued PEI Projects:

1. Expressive Therapies Project: This project was removed as it was unable to resume operation after the public health emergency caused by the coronavirus.

Innovation (INN):

5% of total funding must be for INN

- ▶ **New INN Projects** The following projects are being proposed through this MHSA Plan :
 1. Nature Therapy for Youth Project
 2. In-Clinic Certified Therapeutic Recreation Specialist Project
 3. Crisis Now Multi-County Collaborative
 4. Early Psychosis Learning Healthcare Network
 5. Psychiatric Advance Directives
- ▶ **Discontinued INN Projects:**
 1. None
- ▶ **Modified INN Projects:**
 1. “Partnership between Senior Nutrition and Behavioral Health to Reach Home-bound Older Adults in Need of Mental Health Services” project - The MHSOAC approved this Innovation project on January 23, 2020. This project has not been implemented due to impacts from the nationwide mental health staffing shortage crisis. It is scheduled to end on September 30, 2023. There is no change in funding.

Workforce Education and Training (WET):

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

► New WET Projects:

1. Recruitment and Retention Project: This is a new project developed to address workforce shortages. This project includes the opportunity for Behavioral Health staff license and certification reimbursement previously listed under the Workforce Development Project as well as Hiring Incentives and Educational Funding.

► Discontinued WET Projects:

1. None

► Modified WET projects:

1. Workforce Development Project: This project was expanded to include an annual provider conference.

Capital Facilities and Technology (CFTN):

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

► New CFTN Projects:

1. County-wide Clinic Project: This is a new project added to address the geographical challenges of providing services in El Dorado County.

► Discontinued CFTN Projects:

1. None

► Modified CFTN projects:

1. None

Revenue

FY 2023-24	PEI	CSS	INN	WET	CFTN	TOTAL
Available Funds:						
Prop 63 (MHSA) - New Funding	\$8,559,056	\$2,092,312	\$550,608	\$0	\$0	\$11,201,976
Funding from other Sources	\$7,964,369	\$25,000	\$15,000	\$275,300	\$455,000	\$8,734,669
Estimated Starting Fund Balance	\$4,351,632	\$3,462,764	\$3,151,982	(\$81,381)	\$695,705	\$11,580,702
Total Available Funds Budgeted	\$20,875,057	\$5,580,076	\$3,717,590	\$193,919	\$1,150,705	\$31,517,347

Expenditures

FY 2023-24	PEI	CSS	INN	WET	CFTN	TOTAL
Expenditures:						
Budgeted Expenditures from Fund Balance and New Revenues	(\$24,549,000)	(\$5,986,900)	(\$770,000)	(\$410,000)	(\$2,310,000)	(\$34,025,900)
Budgeted Fund Balance at Fiscal Year End	(\$3,673,943)	(\$406,824)	\$2,947,590	(\$216,081)	(\$1,159,295)	(\$2,508,553)
Average Actual Expenditures	44%	62%	30%	50%	15%	
Anticipated Fund Balance at Fiscal Year End	\$10,073,497	\$1,868,198	\$3,486,590	(\$11,081)	\$804,205	\$16,221,409

Next Steps

► Final revisions

1. County staff will utilize discussion, feedback and any required changes made by the Board of Supervisors to complete the final MHSA FY 2023/24-2025/26 Three Year Program and Expenditure Plan

► Board of Supervisors to consider the final MHSA Plan during their regularly scheduled meeting on June 20, 2023, resulting in:

- Adoption of the MHSA Plan as written;
- Adoption of the MHSA Plan with revisions; or
- Decline to adopt the MHSA Plan

► Once the MHSA Plan is adopted:

1. The County Auditor and Behavioral Health Director sign the Plan Certification forms;
2. Behavioral Health completes administrative requirements, begins implementation, and prepares for next annual planning process



QUESTIONS?