El Dorado County
Mental Health Services Act
Annual Update

Fiscal Year 2018-19

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH DIVISION
MENTAL HEALTH SERVICES ACT
(MHSA) PROGRAM

WELLNESS | RECOVERY | RESILIENCY

www.edcgov.us/mhsa

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MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: _____

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

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

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

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

_____ _____
Local Mental Health Director (PRINT) Signature Date

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

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

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

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

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: _____

☐ Three-Year Program and Expenditure Plan
☐ Annual Update

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

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

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

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

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

_____ _____

Local Mental Health Director (PRINT) Signature Date

Message from the Director

Thank you for taking time to read this report about Behavioral Health services in the County of El Dorado (EDC). This report will provide a summary of the projects and activities that have been made possible through the Mental Health Services Act (MHSA).

The goal of the MHSA is to transform the community behavioral health system in California. The EDC Health and Human Services Agency (HHSA) has been actively working towards that goal since the passage of MHSA in 2004. While there is still much to do, a significant amount of positive change has occurred.

Critical to the success of our MHSA services has been the participation and dedication of our staff, stakeholders, community partners and providers. Through collaborative efforts, we have developed a range of programs and services including those that support our clients and their families as well as education programs and resources that benefit our El Dorado County communities. We are committed to providing quality care and services for our residents and we remain attentive to assure that we exercise sound fiscal management so that MHSA dollars are spent in the most effective manner.

There have been several changes that impact the MHSA and participation from our partners is critical as we develop our MHSA plans for the coming years. I am confident in the continued success of our MHSA projects and look forward to the collaborative effort that will result in programs and services that most effectively serve our El Dorado County residents.

Best Regards,

Patricia Charles-Heathers, Ph.D., M.P.A.
Director of the County of El Dorado
Health and Human Services Agency

MHSA Background and Purpose of the Annual Update

Mental Health Services Act

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

The MHSA established five (5) components that address specific goals for priority populations and key community mental health needs. Prevention and Early Intervention (PEI) focuses on education, supports, early interventions, and a reduction in disparities for underserved groups seeking access to mental health services. Community Services and Supports (CSS) focuses on the development of recovery-oriented services for children, youth, adults, and older adults with serious mental illness. Included in CSS is permanent and supportive housing. The remaining components, Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN) serve to introduce new and creative ways of addressing community mental health needs, support the development of well trained, qualified and diverse workforce, and strengthen the foundation of the mental health system.

Under MHSA, counties must develop programs and services based on the following general standards:

- Community collaboration
- Cultural competence
- Client driven
- Family driven
- Wellness, recovery and resiliency focused
- Integrated service experiences for clients and their families

Purpose of the Annual Update

The purpose of this document, referenced as the "Annual Update," is to provide 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 programs.

MHSA Plan Requirements

The most recent instructions issued by the Mental Health Services Oversight and Accountability Commission (MHSOAC) were issued for Fiscal Year (FY) 2015-16. MHSA Plans are written for three-year durations, and plans are to be updated annually to allow for significant changes from the prior year's plan.

MHSA Legislative Changes

Effective October 2015, there are new regulations for the PEI and Innovation components. The 2015 regulations, as well as the pending proposed amendments to those new requirements, have been incorporated into this Annual Update.

AB 727 (2017)

As a result of AB 727 (2017) and in accordance with Welfare and Institutions Code (WIC) Section 5892(a)(5), counties may spend MHSA moneys on housing assistance. Previously, housing expenditures were limited to assisting clients in a Full Service Partnership program. However, MHSA funds for housing can now be incorporated into all Community Services and Supports (CSS) programs as well as Innovation programs.

AB 114 (MHSA Reversion)

Until the passage of Assembly Bill (AB) 114 (Chapter 38, Statutes of 2017) ("AB 114"), 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 and extended some time frames for counties with a population of less than 200,000 (which includes El Dorado County). CSS, PEI, and Innovation components, including interest earned on the MHSA funds, must now be spent within five fiscal years, including the fiscal year when the funding was made available. Funds subject to a ten year reversion cycle are CFTN and WET.

AB 114 also required the State to notify counties of the dollar amounts of the reallocated reversion funds, establish a process through which the counties could appeal the State's reallocations, and a develop a process for counties to identify how the AB 114 funds would be spent by June 30, 2020.

Reallocated Funds

The State's final reversion reallocations for El Dorado County were calculated by the California Department of Health Care Services (DHCS) as:

El Dorado	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	$ --					$ --
FY 2006-07	$ --			$ 13,732		$ 13,732
FY 2007-08	$ --	$ --			$ 354,617	$ 354,617
FY 2008-09	$ --	$ --	$ 395,176			$ 395,176
FY 2009-10	$ --	$ --	$ --			$ --
FY 2010-11	$ --	$ 579,150	$ 300,036			$ 879,186
FY 2011-12	$ --	$ 86,126	$ 201,890			$ 288,016
FY 2012-13	$ --	$ 329,457	$ 434,720			$ 764,177
FY 2013-14	$ --	$ 43,721	$ 245,703			$ 289,424
FY 2014-15	$ --	$ 396,686	$ 206,307			$ 602,993
Total	$ --	$ 1,435,140	$ 1,783,832	$ 13,732	$ 354,617	$ 3,587,321

AB 114 Expenditure Plan

Pursuant to the requirements of AB 114, Counties must develop an AB 114 Expenditure Plan, post it to the County's website, and submit it to the State and the MHSOAC by July 1, 2018. Reallocated PEI, WET and CFTN funds cannot be spent until approved by the Board of Supervisors. Use of reallocated INN must be approved by the Board of Supervisors as well as the MHSOAC.

The use of these AB 114 funds is discussed in further detail throughout this Annual Update under the appropriate component and detailed further in Appendix A.

Primary Fiscal Methodology for AB 114 Expenditures

In general, FY 18/19 Expenditures will be applied against revenues in the following order:

1. FY 16/17 Revenues
2. AB 114 Reallocated Reversion Funds
3. FY 17/18 Revenues
4. FY 18/19 Revenues

FY 19/20 Expenditures will be applied against revenues in the following order:

1. AB 114 Reversion
2. FY 17/18 Revenues
3. FY 18/19 Revenues
4. FY 19/20 Revenues

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

El Dorado County Snapshot / Demographics

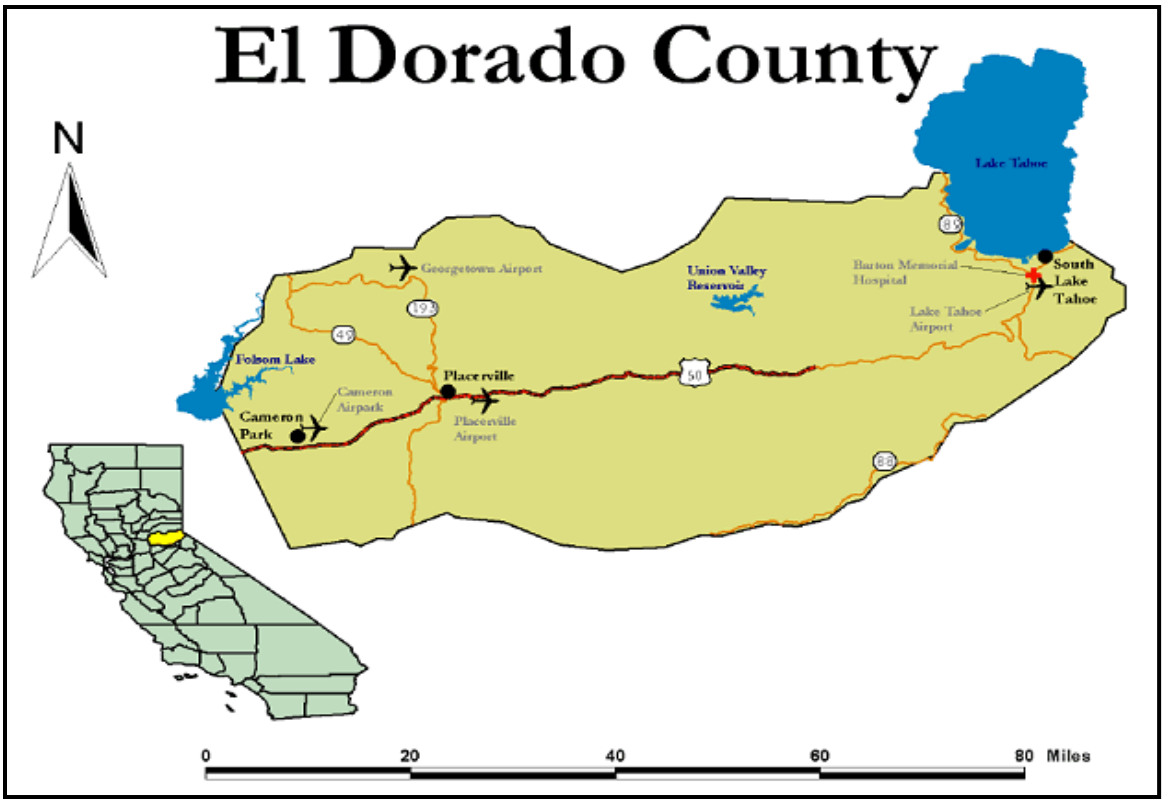
Snapshot

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

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

The population of El Dorado County is 186,428. 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).



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

County Demographics

Please refer to the FY 17/18 through 19/20 Three-Year Program and Expenditure report for details regarding the County's demographics. While the population is estimated to have increased slightly (by 851 residents), there has not been a significant shift in County demographics since the last MHSA Plan Update.

Community Planning Process

The general public and stakeholders were invited to participate in or host MHSA planning opportunities and provide initial comment to contribute to the development of the County's Annual Update.

More information about the Community Planning Process has been included at the end of this document. Any substantive comments that are received about the draft Annual Update during the comment period and public hearing process are summarized and included in this final Annual Update.

Input Received

Issues of primary concern include:

- Need for more services in the local communities and increased outreach efforts, including mobile outreach
- Need more after crisis care and more follow-up calls from clinicians and doctors following appointments
- Services for individuals with co-occurring mental illness and substance use disorders, including more local mental health and alcohol and drug providers, and the reduction on the impact to other community services as a result of individuals with co-occurring behaviors
- Peer-led Community Wellness Center
- Chronic homelessness and lack of affordable housing
- Need more transportation options so individuals can attend their appointments
- Access to mental health services, including children involved with Probation
- Lack of information available explaining what services are available and how to access services
- Inadequate funding for all services needed, particularly in light of all the new mandates for children's services

Priority populations identified are:

- Persons experiencing homelessness
- Children (including ages 0-5, school-aged and foster youth)
- Transitional Age Youth (including first episode psychosis)
- Older Adults
- Veterans
- Adults with Serious Mental Illness (including Co-Occurring Substance Abuse)
- Jail releases, clients on probation and youth involved with the Juvenile Justice System
- Person experiencing mental health crisis
- Hispanic or Latino individuals

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

Publication of the Draft Annual Update

HHSA provided notification of the draft Annual Update publication as follows:

- **Annual Update Comment Period:** The draft Annual Update was posted on the MHSA web page (www.edcgov.us./mhsa) on April 18, 2018 for a 30-day review period. Emails were sent on April 18, 2018 to the MHSA distribution list, the Behavioral Health Commission members, the Chief Administrative Office (CAO), the Board of Supervisors' offices, and HHSA staff, advising the public that the draft Annual Update was posted and available for public comment for 30 days. A press release was distributed on April 18, 2018, to the Tahoe Daily Tribune, Mountain Democrat, Georgetown Gazette, Sacramento Bee, Life Newspaper (Village Life) and El Dorado Hills Telegraph.

  On May 2, 2018, an additional document related to outcomes was posted to the County's MHSA web page, and the public comment period on the Annual Update was extended to June 3, 2018 at 5:00 p.m.

- **Annual Update Public Hearing:** The Behavioral Health Commission held a public hearing on the draft Annual Update on June 4, 2018, and the hearing was noticed on the Behavioral Health Commission's calendar and the MHSA web page.

- **El Dorado County Board of Supervisors:** After the public hearing, this Annual Update was presented to the El Dorado County Board of Supervisors for adoption on June 26, 2018. Notification of the date will be posted on the MHSA web page and will be included on the Board of Supervisors agenda.

- **California Mental Health Services Oversight and Accountability Commission (MHSOAC):** Within 30 days of the Board of Supervisors' approval of the Annual Update a copy of the Annual Update will be provided to the MHSOAC as required by the MHSA.

- **Innovation Programs:** 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, or other required action as directed by the MHSOAC, will be posted on the MHSA web page.

MHSA Programs

This Annual Update includes previously identified and newly developed projects. There may be a need to alter the direction of services based on funding or community demand, and this Annual Update allows for such flexibility.

There will be an additional Annual Update to the FY 2017-18 through FY 2019-20 MHSA Three Year Program and Expenditure Plan to allow for changes, if necessary. The programs for each of the five MHSA Components are identified below.

Contracted Providers

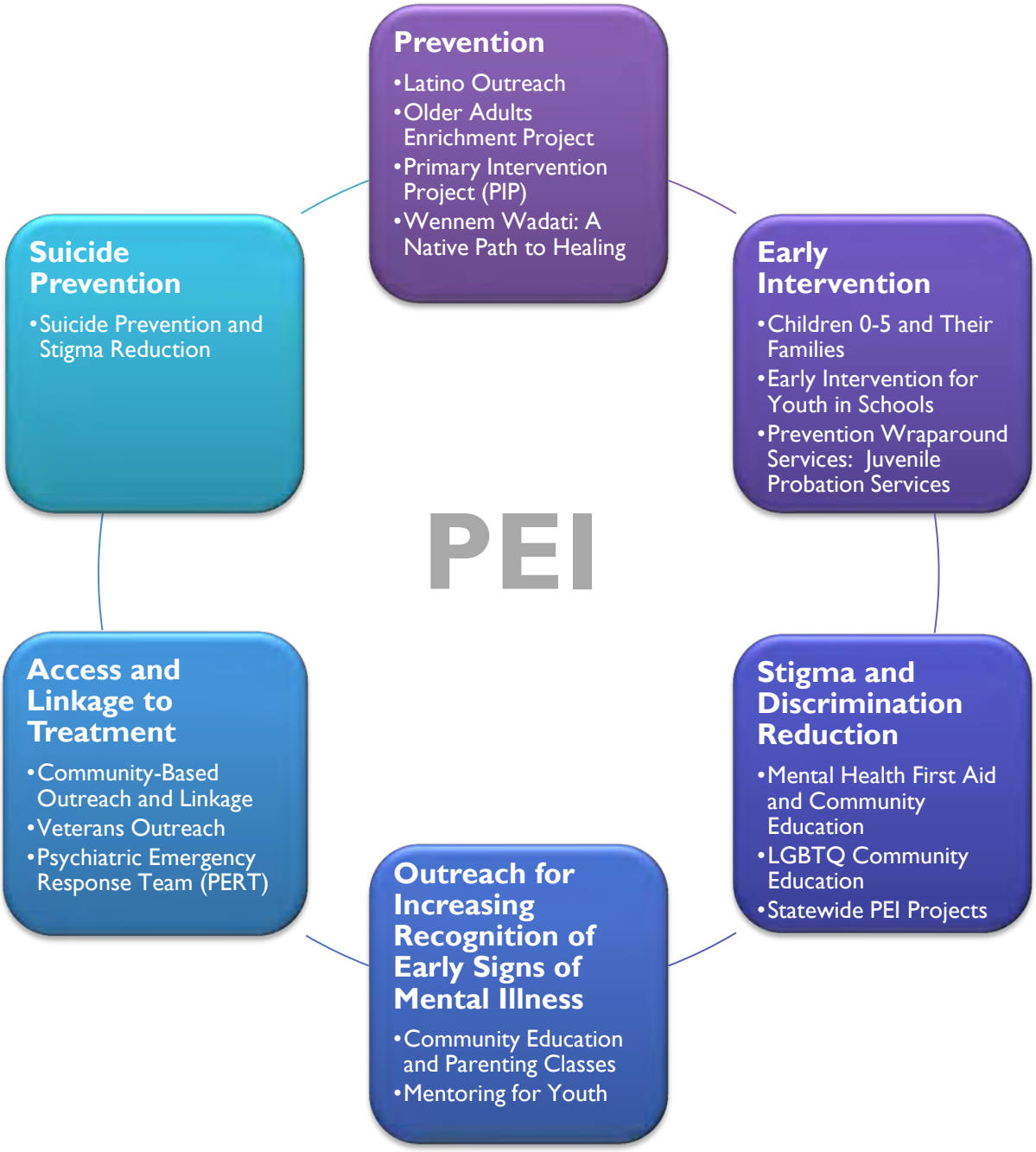
MHSA programs list the current provider(s). In the event a new provider is to be selected, providers will be selected in compliance with the Board of Supervisors Policy C-17, Procurement Policy, or the County may elect to implement the program directly. The current provider listed for each program/project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

MHSA Expenditures

Although the MHSA projects may indicate that there are no significant changes anticipated to a project in FY 18/19, there may still be a change in the budget for a program due to increased cost of services. In other instances, expenditures may increase due to an expanded scope of services identified for the project.

Prevention and Early Intervention (PEI)

The MHSA Prevention and Early Intervention (PEI) component includes projects intended to prevent serious mental illness / 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. PEI programs are structured in the following manner:



Prevention Programs

Latino Outreach

There are no significant changes anticipated to this project in FY 18/19.

Older Adults Enrichment Project

Senior Peer Counseling

There are no significant changes anticipated to this project in FY 18/19.

Friendly Visitor

It is anticipated that the Friendly Visitor program will be implemented through a sole-source procurement process in FY 18/19, and include costs for all aspects of the operation of the program including but not limited to supervision, training, materials, overhead, administration, and mileage. Likely contractors include Senior Peer Counseling and Barton Healthcare, or other provider(s) selected in compliance with the County's Procurement Policy.

Senior Link – NEW SUB-PROJECT

To develop a PEI continuum of care for older adults, the Senior Link program will be incorporated into the Older Adults Enrichment Project. While the services provided through Senior Peer Counseling and Friendly Visitor may reach many seniors, the scope of the services provided through those projects is limited. Therefore, the Senior Link program is designed to provide access, support, and linkage for older adults to a variety of community-based services with the goal of improving their mental health. Services may include but are not limited to collaboration with health care providers, advocacy, activities and outings, cultural and spiritual groups, and transportation and referral services.

It is anticipated that the Senior Link program will be implemented through a sole-source procurement process in FY 18/19. A potential contractor includes El Hogar, or other provider(s) selected in compliance with the County's Procurement Policy.

Project goals and outcome measures for the Senior Link program are consistent with the other Older Adults Enrichment Project outcome measures.

Primary Intervention Project (PIP)

Black Oak Mine Unified School District and Tahoe Youth and Family Services remain active providers of PIP. The third provider, El Dorado Hills Vision Coalition, closed its operations, so a Request for Proposal (RFP) was issued in February 2017. There were no responses to the RFP. Therefore, PIP will be limited to the service currently provided by Black Oak Mine Unified School District and Tahoe Youth and Family Services, and the budget for this project will be adjusted accordingly.

Wennem Wadati: A Native Path to Healing

There are no significant changes anticipated to this project in FY 18/19.

Early Intervention Programs

Children 0-5 and Their Families

There are no significant changes anticipated to this project in FY 18/19.

Early Intervention for Youth in Schools

There are no significant changes anticipated to this project in FY 18/19.

Prevention Wraparound Services: Juvenile Services – NEW PROJECT

The Prevention Wraparound Services: Juvenile Services project is a pilot program, designed to provide intensive services utilizing 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 High Fidelity Wraparound, using the standardized Wraparound process developed by the National Wraparound Initiative (NWI).

This program is designed to help youth avoid restrictive and expensive placements, including group home placement, psychiatric hospitalization, and youth detention. The Prevention Wraparound Services model is designed with the following objectives:

(1) Improve the array of services and supports available to children and families involved in the child welfare and juvenile probation systems,
(2) Engage families through a more individualized casework approach that emphasized family involvement,
(3) Increase child/youth safety without an over-reliance on out-of-home care,
(4) Improve permanency outcomes and timelines,
(5) Improve child and family well-being, and
(6) Prevent involvement in the juvenile justice system.

Youth referred for these services shall be identified through a collaborative assessment process. The target population includes youth with complex needs who are living with their families and are 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 months, however the needs of each participant will be considered on a case-by-case basis, and 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 successfully fulfill the individualized 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, and education expenses.

There are four phases of this program:

- Engagement between the youth, family and Wraparound team;
- Developing a plan of action;
- Implementation of the individualized treatment plan; and
- Transition to community resources.

This pilot program is designed to run for two years, and will be evaluated for continuation in the next MHSA Plan scheduled to be written for the three year period of FY 20-21 through FY 22-23.

Stigma and Discrimination Reduction Program

Mental Health First Aid and Community Education

This project with be expanded to allow for greater community education beyond Mental Health First Aid. Other training topics may be provided in a community education format, such as topic-specific and or demographic-specific education regarding mental health awareness and/or prevention activities. An example might be teaching Mental Health 101 to a Transitional Age Youth (TAY) group or safeTALK to a faith-based organization.

LGBTQ Community Education

There are no significant changes anticipated to this project in FY 18/19.

Statewide PEI Projects

There are no significant changes anticipated to this project in FY 18/19.

CalMHSA has requested that the funds dedicated to this program from El Dorado County be increased to $58,252.80 in FY 18/19, however the Annual Update includes the same expenditure level as FY 17/18.

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Community Education and Parenting Classes

Parenting Skills

There are no significant changes anticipated to this project in FY 18/19.

The Nurtured Heart Approach®

There are no significant changes anticipated to this project in FY 18/19.

Foster Care Continuum

Changes to this project in FY 18/19 are identified as:

Activities under this project will include the services of a Youth Peer Advocate, who is an individual with prior involvement in the Child Welfare System. The program will be designed to enhance service delivery, provide a continuum of care, and 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. To allow for the participation of the Youth Peer Advocate, the budget for this project will be increased.

The Foster Care Continuum project will be implemented through a sole-source procurement process with Stanford Youth Solutions in compliance with the County's Procurement Policy.

Mentoring for Youth

There are no significant changes anticipated to this project in FY 18/19.

Access and Linkage to Treatment Program

Community-Based Outreach and Linkage

There are no significant changes anticipated to this project in FY 18/19.

As identified in the current MHSA Plan, this project is designed to improve access and linkage to mental health services, including the use of mobile services to the extent possible. As a result of this identified community need, the Psychiatric Emergency Response Team (PERT) was formed under this project.

PERT is a collaboration between the El Dorado County Sheriff's Office and Behavioral Health. A Behavioral Health Clinician is partnered with a Crisis Intervention Trained Deputy to provide direct mobile crisis response services on the West Slope of the county. The PERT team carefully evaluates each situation, assesses the mental health status of each individual, and provides individualized interventions in the field, which may include, but are not limited to, safety planning, referral to community-based resources, and crisis intervention. The PERT team also provides follow-up contact to individuals formally in need of PERT or crisis intervention in an attempt to enhance the probability of stabilization and to reduce any barriers to accessing Behavioral Health Services.

Veterans Outreach

There are no significant changes anticipated to this project in FY 18/19.

Suicide Prevention Program

There will be a change in contractor for this project. Services will continue to be provided in the Tahoe Basin, and limited services will be added to the West Slope. Services will also be provided in at least one middle school and one high school in South Lake Tahoe, and at least three middle schools on the West Slope.

Change in Contracted Provider: Previously, this project was contracted to Tahoe Youth and Family Services, who subcontracted to Suicide Prevention Network. In FY 18/19, this project will be provided solely by Suicide Prevention Network and all contracting will be done in compliance with the County's Procurement Policy.

PEI Administration

There are no significant changes anticipated to this project in FY 18/19.

Community Services and Supports (CSS)

Community Services and Supports (CSS) projects provide direct services to adults and children who have a severe mental illness (adults) or serious emotional disturbance (children) who meet the criteria for receiving Specialty Mental Health Services as set forth in WIC Section 5600.3.

The majority of total CSS revenues must be spent on FSP services.

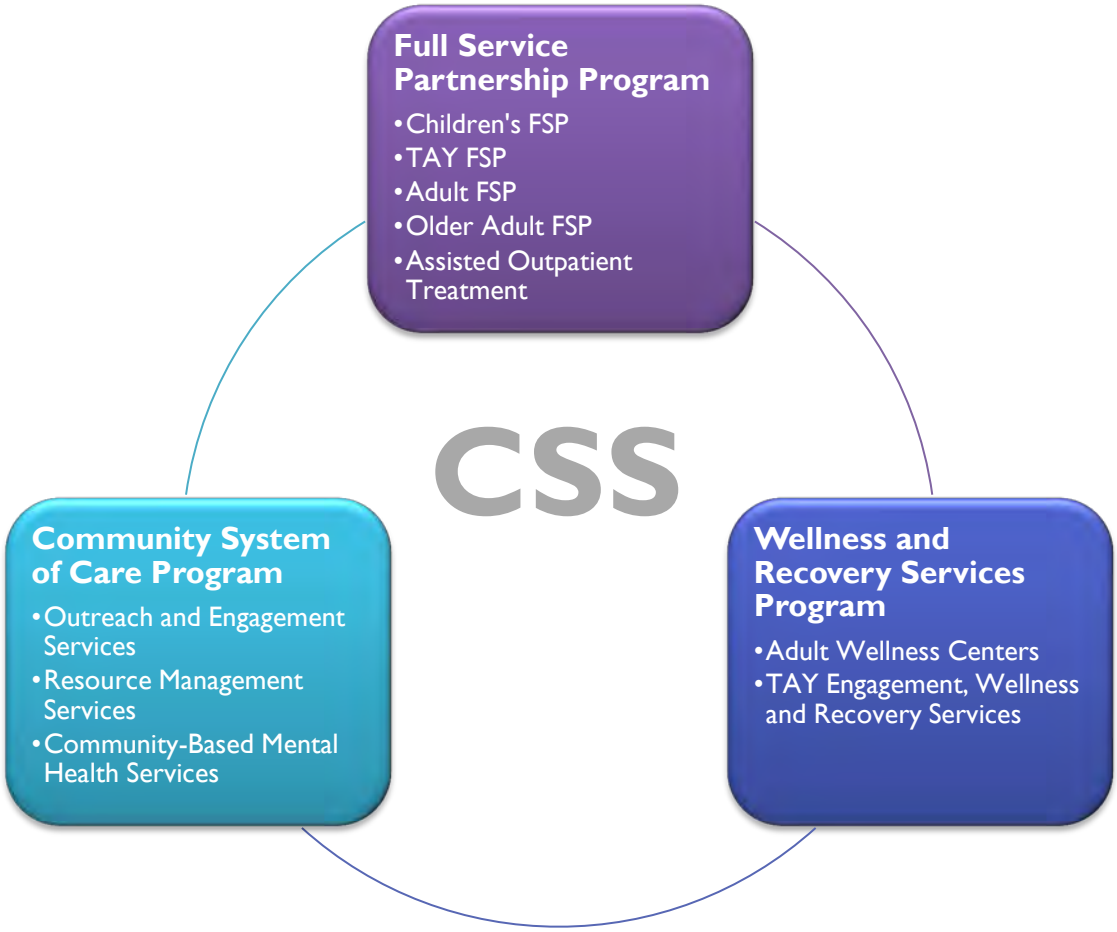
CSS projects fall into at least one of the following three funding categories:

- **Full Service Partnership (FSP)** – Funds to provide "whatever it takes" for eligible populations. Funding for the services and supports for Full Service Partnerships may include flexible funding to meet the goals of the individual services and supports plans.

- **General System Development (GSD)** – Funds to help Counties improve programs, services and supports for all clients and families to change their service delivery systems and build transformational programs and services. Pursuant to revisions to the Mental Health Services Act, housing assistance may now be offered to individuals enrolled in a GSD program.

- **Outreach and Engagement (OE)** – Funds for outreach and engagement of those populations that are currently receiving little or no Specialty Mental Health Services.

Any CSS funds that are identified during the fiscal year as being at risk of reversion at the end of the fiscal year shall be transferred to the County's MHSA Prudent Reserve if those funds will not be fully utilized by existing CSS programs during this fiscal year.



Telehealth

In support of the CSS programs, Behavioral Health will continue to explore potential locations for installation of telehealth equipment and use of the telehealth equipment for the provision of Specialty Mental Health Services. The actual purchase of the equipment will occur under the Capital Facilities and Technology Needs component, but ongoing services to individuals accessing services via telehealth will be provided through CSS.

Telehealth allows clients to access Specialty Mental Health Services from remote locations using a secure video conferencing network. For clients who are unable to travel to their provider's office or for clients who live in remote, rural areas, telehealth offers an alternative method to obtain needed services. Additionally, for clients who would benefit from services, but decline to engage in services due to the stigma associated with going to a County Behavioral Health building, those clients will benefit from the option of telemedicine. Telehealth has long been utilized in the Behavioral Health Division's South Lake Tahoe office.

Identified potential telehealth partners include the Marshall Divide Wellness Center and El Dorado County Veteran's Affairs.

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

Standard indicators and outcomes utilized by the Behavioral Health Division and its contracted providers are:

- Measurement 1: Levels of Care Utilization System (LOCUS) for adults; Child and Adolescent Levels of Care Utilization System (CALOCUS) for children and youth
- Measurement 2: Outcome measurement tools (e.g., Child and Adolescent Needs and Strengths (CANS); Adult Needs and Strengths Assessment (ANSA))

Full Service Partnership (FSP) Program

The FSP Program serves children, transitional age youth (TAY), adults and older adults. According to the California Code of Regulations (CCR), Title 9, Section 3200.130, a FSP is "the collaborative relationship between the County and the client, and when appropriate, the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals".

FSPs require a "whatever it takes" approach to provision of services, meaning finding the methods and means to engage a client, determine his or her needs for recovery, and create collaborative services and support to meet those needs. FSP teams may utilize non-traditional interventions, treatments, and supportive services tailored to each client's specific needs and strengths to aid in their recovery. Additionally, it is critical to provide both mental health and non-mental health services and supports as further described in the FY 2017/18 through FY 2019/20 MHSA Plan.

FSP Programs may also include genetic testing services to provide insight on drug response to certain psychiatric medications for more appropriate drug prescribing and dosing (pharmacogenomics testing).

Children's Full Service Partnership

Changes to this project in FY 18/19 are identified as:

The Children's Full Service Partnership serves all eligible children. All children, including children in foster care who are eligible for services as a result of the *Katie A. v. Bonta* State Settlement (now referred to as "Pathways to Well Being"), will continue to be served under this project.

Due to recent and ongoing changes in legislation related to AB 403 and AB 1299, services in this project will be aligned with the current and forthcoming requirements in the Continuum of Care Reform (CCR). When the State provides those requirements, they shall be incorporated

into the MHSA Plan and Annual Update as if they were originally included because those requirements will be mandated.

It is important to note that AB 1299 implements "presumptive transfer". This means that 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 the cost for Specialty Mental Health Services for children placed in El Dorado County will become the responsibility of El Dorado County, unless presumptive transfer is waived by the county of origin.

As a result of CCR, and especially presumptive transfer, funding for this project will be increased as the financial impact to the County may increase as children's Medi-Cal is transferred to El Dorado County (as the host county) from the children's county of origin.

Transitional Age Youth (TAY) Full Service Partnership

There are no significant changes anticipated to this project in FY 18/19.

Adult Full Service Partnership

There are no significant changes anticipated to this project in FY 18/19.

The Adult Full Service Partnership project 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. Non-medical health services and supports encompasses funding for food, clothing, and housing, which may include but is not limited to rent subsidies, house payments, residential substance use disorder treatment programs, and transitional/temporary housing; and treatment for co-occurring substance use disorders. 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.

Older Adult Full Service Partnership

There are no significant changes anticipated to this project in FY 18/19, except as noted.

The current MHSA Plan identifies El Dorado County Health and Human Services Agency, Behavioral Health Division as the provider for this program. The Behavioral Health Division may elect to contract these services through a procurement process in compliance with the County's Procurement Policy.

Assisted Outpatient Treatment (AOT)

There are no significant changes anticipated to this project in FY 18/19, except as noted.

The majority of the funding for this AOT program is being transferred to FSP programs for the following reasons:

1) Low level of AOT referrals, requiring little staff time to process the referrals.

2) The initial referral review, investigation, and engagement processes (including filing an AOT petition if required) has utilized very little AOT funding (approximately $4,900 in FY 16/17 and $3,900 in the first two quarters of FY 17/18).

3) Provision of AOT services once a client is engaged with Behavioral Health via AOT is provided through the FSP programs. Therefore, the majority of AOT funds are being reallocated to TAY, Adult and Older Adult FSP programs for provision of FSP services to AOT clients.

Wellness and Recovery Services Program

The Wellness and Recovery Services Program is designed to provide Behavioral Health services that may be needed on a shorter-term basis, which will support individuals to access natural and/or community-based supports for managing their mental illness upon graduation.

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

Wellness and Recovery Services Programs may also include genetic testing services to provide insight on drug response to certain psychiatric medications for more appropriate drug prescribing and dosing (pharmacogenomics testing).

Wellness Centers

Changes to this project in FY 18/19 are identified as:

As a result of the Community Planning Process, this project is being shifted from "Adult Wellness Centers" to "Wellness Centers" that serve not only adults but also TAY.

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. Collaboration with other disciplines, community-based organizations, Public Health, NAMI, consumers, and volunteers allows enhanced services to be provided to participants, including their family members and peer support.

The Wellness Centers include opportunities for peers to be in leadership roles and feasibility of a stipend program for Peer Leaders continues to be explored.

Specialty Mental Health Services provided through the Wellness Centers will shift to a "brief model of care" treatment model. All new Behavioral Health clients will participate in a two session "Orientation" to services, after which they will pursue their treatment goals via identified tracts of service based upon individualized treatment needs. Clients will begin services with the goal of graduation in mind, and focus on learning skills to meet their treatment goals. Behavioral Health services will continue to remain available to clients while they meet criteria for Specialty Mental Health Services, so there is no pre-determined length of service.

TAY Engagement, Wellness and Recovery Services

Changes to this project in FY 18/19 are identified as:

TAY clients age 18 and over may fully participate and receive the benefits from activities and services provided through the Wellness Centers. TAY clients under age 18 may participate and receive the benefits from TAY-specific activities and services provided through the Wellness Centers.

Community System of Care Program

The Community System of Care Program is designed to provide outreach to and engage services to individuals who may meet medical necessity for Specialty Mental Health Services and to support the Behavioral Health system of care.

Outreach and Engagement Services

There are no significant changes anticipated to this project in FY 18/19.

Resource Management Services

There are no significant changes anticipated to this project in FY 18/19.

Community-Based Mental Health Services

Changes to this project in FY 18/19 are identified as:

The Behavioral Health Division continues to explore the option of a Community Wellness Center. If/when an appropriate site is identified, funds from this program will be utilized to support the ongoing operations costs of the Community Wellness Center, including but not limited to the purchase of training materials, books, project evaluation, activity supplies, 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, and furniture, as well as staff time and overhead. Staff time includes activity preparation. Additionally, food items will be 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 script/passes), toiletries, and laundry. Replacement and repair of Wellness Center items (e.g., equipment, furniture) are also included.

Community Wellness Center operations may be contracted to a provider identified in compliance with the County's Procurement Policy.

Housing Projects

There are no significant changes anticipated to this project in FY 18/19. All remaining housing funds were allocated to the California Housing Finance Agency (CalHFA) in 2010 for support of the MHSA Housing projects.

Innovation (INN)

An Innovation project is defined as one that contributes 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. The MHSOAC approved new regulations for INN effective October 1, 2015, and there are pending proposed amendments to the regulations. Both existing requirements and the proposed amendments outline the following general requirements:

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

Further, Innovation projects 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

A significant amount of AB 114 reversion reallocation is within the Innovation component. AB 114 reversion reallocations must be expended by June 30, 2020. Pursuant to State guidance issued through DHCS Mental Health and Substance Use Disorder Services Information Notice 17-059, "a county may expend reallocated funds for an already approved program/project or use the reallocated funds to expand and already approved program/project provided the program is in the same component as the component for which the funds were originally allocated to the county."

Therefore, the County is expanding one of its current Innovation programs to address challenges and unanticipated program needs, and introducing new Innovation programs.

Existing Innovation Programs

Restoration of Competency in an Outpatient Setting

This project has been in operation since April 4, 2017, and demand for this program has been much lower than anticipated. Therefore, some of the funding allocated to this program will be redistributed to other Innovation programs in the manner consistent with State requirements for modifying an approved Innovation program. Otherwise, the established program operations remain unchanged.

Community-Based Engagement and Support Services

The Community-Based Engagement and Support Services program, more commonly known as "Community Hubs", has been well received in El Dorado County and the concept of "hubs" has caught on quickly. This project has been in operation since September 2016, which has allowed the service providers to identify both challenges and successes. This program will be modified to address some of the challenges learned through initial implementation and expand the program to address unanticipated and unmet, yet related, program needs.

Challenge: Unstable/Inconsistent Staffing

One of the first challenges faced by this program has been inconsistent staffing. The Public Health Nurse allocations associated with this program are limited-term allocations, meaning staff's services with the County are shorter term in duration. Recruiting, interviewing, hiring, and training public health nurses is time-intensive. However, candidates who accept the offer of employment, continue to search for more permanent employment and resign from the limited-term Public Health Nurse position in favor of a permanent position. Thus the cycle of recruiting, interviewing, hiring, and training is again initiated. Additionally, because the position is a limited-term allocation, it is difficult to attract and recruit qualified individuals. Hiring and retaining qualified individuals is extremely time consuming and challenging.

Restructuring the staffing allocation and budget to accommodate converting permanent status, and/or changing the allocation for future recruitments to full-time should alleviate some of the staffing turn-over, and result in a consistent workforce that is knowledgeable of local resources, practices and clients. Having consistent Public Health Nurses available to the community is vital to the mental health of the unserved and underserved members of our community.

Additionally, there is a need for a full-time supervising public health nurse to provide program oversight and supervision of the public health nurses. The current allocation is .20 FTE. This allocation is not adequate to perform all the functions of this role, as well as to oversee the outcome reporting required for this program.

Due to the extensive outcome reporting responsibilities for both MHSA and the community partner grants, it is necessary to hire a Senior Department Analyst or Department Analyst to manage this function.

Once established and if shown to be successful, long-term sustainability of the Public Health Nurses and Analyst will be funded through other existing funding, grants, and funding partnerships. It is also anticipated that a natural attrition rate will occur.

Challenge: Continued Family Engagement

This Annual Update includes a 2.5 FTE Family Specialist allocation. The Family Specialist positions would be co-located with the El Dorado County Office of Education. Family Specialists work with parents, guardians, families, and community agencies to support practices and approaches which meet the developmental needs of children age birth to 18 years old. The Family Support Specialists collaborate with Community Hub partner agencies, including the Public Health Nurses, for the purpose of increasing ongoing family engagement and awareness of childhood health, development, and literacy for families who are isolated or unserved.

Family engagement programming may include support groups, parenting classes, play groups or workshops for the purpose of increasing family knowledge of parenting and child development or to address local needs and issues. Family Specialists will consult with families via phone and/or home visits to provide appropriate referrals for the purpose of supporting families and increasing connections with families, schools and community.

To support the staffing needs of the Family Specialists, this Annual Update also includes a 0.10 FTE supervising Quality Improvement and Family Support Coordinator. This supervising position provides monthly observation of the Family Specialists and review of programming strategy and performance as it relates to Family Engagement.

Once established and if shown to be successful, long-term sustainability of the Family Specialists and Family Support Coordinator positions will be dependent upon partnerships with schools, Probation, Grants, Child Abuse Prevention funds, and other not yet identified funding streams.

Challenge: Negative Impact on other Public Health Funding

An unanticipated outcomes of this Innovation program was to negatively impact Maternal, Child and Adolescent Health (MCAH) funding due to the insertion of MHSA funding into the Public Health Nursing budget. Matching revenues from MCAH decreased and put future funding for MCAH activities at risk due to what appears to be underutilization of the allocation. The HHSA Finance Team has been working on this issue to identify how the funding for the Public Health Nurses should have been allocated and the budget for this program is not anticipated to increase due to this issue.

One of the positive outcomes of this identified challenge is that the partnering agencies have been creative with looking at how funding between their programs and potential funding from other sources can be coordinated to maximize benefits to the community and avoid duplication of efforts.

Challenge: Technology

As identified in the FY 16/17 Innovation outcomes report, technology has been a challenge for this program. Several factors have contributed to this issue, including lack of strong wireless signals in areas of the County, vast amount of data that is required to be collected for the numerous funding sources, and use of a separate, and very manual, record keeping system.

Health and Human Services, Public Health Division currently uses proprietary software called "Patagonia Health, Inc." (Patagonia) to maintain patient electronic medical records (EMR) and practice management with Patagonia's secure network. However, client information from the Public Health Nurses for the Community Hubs is captured through a separate process. Integrating the Community Hubs Public Health data into Patagonia will increase the ability to provide case management services to clients, provide health-related referrals through the EMR, reduce the amount of double entry that is needed, and develop reports to provide the needed data to further evaluate the program. As a result of the increased use of Patagonia's software, there is an additional maintenance cost.

New Innovation Programs

I. Partnership between Senior Nutrition and Behavioral Health to reach home bound older adults in need of mental health services.

Innovative Component And Learning Objective

Providing isolated older adults who rely on the Senior Nutrition Home Delivered Meals program with access and linkage to mental health services. This innovation project will answer the question of "Will using a mobile approach to reach isolated older adults who participate in Senior Nutrition Home Delivered Meals program increase access to mental health services?"

Although "Meals on Wheels" programs are common throughout the country, MHSA was unable to identify any programs that provide mental health outreach and linkage to isolated older adults in collaboration with a home delivered meal program.

This program proposes to increase access to mental health services to underserved groups and promote interagency and community collaboration related to mental health services or supports or outcome.

Implementation Method

Using a dedicated van, travel to outlying areas of the county in collaboration with the Senior Nutrition program to provide connection, assessment, case management and other identified services for home bound older adults.

Concern for the mental health of older, home bound adults has been identified throughout El Dorado County. Home bound older adults may not have the ability to seek services independently or be able to engage in services due to isolation and lack of transportation.

El Dorado County is a rural county with many isolated areas. Mental health services are primarily available in a few key populated areas (El Dorado Hills, Cameron Park, Shingle Springs, Placerville, Diamond Springs, and South Lake Tahoe). This leaves a vast area of the county without mental health providers. Another challenge is that there are very few mental health Medicare providers in the county. Old adults seeking mental health services must often travel out of county to have their needs addressed.

The County has tried several approaches to engage older adults in mental health services, but those efforts have larely been unsuccessful or had limited success.

Case management for older adults engaged in this program would be ongoing for the duration identified in the treatment planning. Referrals for services may be made to local primary care providers, Senior Peer Counseling, Friendly Visitor, Public Health, Behavioral Health, and other community-based resources.

Behavioral Health will purchase a van that will be retrofitted with a table and benches to be used to accommodate older adults in a "consultation" type setting. The van will be staffed by qualified individuals who are familiar with the unique needs of older adults, mental health issues, and service availability in El Dorado County. Once an older adult is identified to possibly

benefit from linkage to services, the Contractor may provide services directly, as well as coordinate and transport the older adult to services.

Overall management of this program will be contracted to a community provider.

II. Supportive Transitional Housing, modeled after Child Welfare Services "Transitional Housing Placement Program" (THPP) and "Transitional Housing Program Plus" (THP+) model, with Peer Leaders serving in the capacity of a "house manager".

Innovative Component And Learning Objective

The goal of this project is to provide supportive transitional housing with opportunities for peer leaders to gain employability skills.

This program relates to participating in a housing program designed to stabilize a person's living situation while also providing supportive services on-site and introduce a new application to the mental health system that has been successful in a non-mental health context.

Implementation Method

Housing in El Dorado County is scarce and affordable housing is even more limited. Like THPP and THP+ models in Child Welfare Services, this transitional housing model will provide supportive and ancillary services necessary to help mental health clients to move toward independent living.

This project also is unique in that it provides leadership opportunities for peers in a "house manager" role. In exchange for mentoring other clients and serving as the "house manager," the peer leaders would be able to live in the house with either reduced rent or live rent-free. This will allow the peer leader to save money to move into permanent housing.

Treatment plans for all individuals in the home(s) will be developed by Behavioral Health Clinicians, including peer leaders. The treatment plan will identify required supportive services and client goals, with the ultimate goals of the client moving into permanent housing.

Overall management of this program will be contracted to a community provider.

This project will require the County to purchase or lease a house(s) of sufficient size to support 6 residents.

III. Post-Jail Re-Entry Supportive Housing

Innovative Component And Learning Objective

The goal of this project is to provide supportive transitional and/or permanent supportive housing for individuals post-jail release who have a mental health need.

This program relates to participating in a housing program designed to stabilize a person's living situation while also providing supportive services on site, increasing access to mental health services to underserved groups, and promote interagency and community collaboration related to mental health services or supports or outcome.

Service Need

One of the post jail, re-entry challenges is the inability of individuals to obtain proper mental health services and the difficulty in locating affordable transitional housing to help with succesful reintegration into the community. In partnership with El Dorado County Probation, the goal of this project is to provide supportive transitional housing.

It is anticipated that with supportive transitional housing upon jail release, this project will reduce incarceration recidivism, increase access to services, and increase access to services by underserved groups. This program will promote interagency collaboration and will make a change to an existing mental health practice or approach.

One of the greatest challenges in El Dorado County for individuals upon being released from jail is obtaining affordable housing. Research has shown that individuals with unstable or no housing are less likely to engage in Behavioral Health services. Once stable housing is obtained, the same individuals no longer have to worry about their ongoing housing challenges and turn their focus to addressing the Behavioral Health needs.

El Dorado County has tried several models to address this issue. However, the lack of affordable housing in a major impediment. Through AB 109 and Proposition 47 realigned funding, the County has implemented a Community Corrections Partnership to address the special needs of post-jail release clients with mental health needs. However, lack of available housing has been a challenge to assisting qualified individuals with obtaining stable housing, leaving them to return to old habits and acquaintences for support.

Similarly, the Behavioral Health Division through its Adult FSP programs have worked with the target population. However, the FSP program is designed to assist individuals returning to the community from a higher level of care that was needed as a result of their mental illness, or to keep individuals from being placed in a higher level of care; it is not designed to address potential criminogenic needs of the target population.

Additionally, the FSP program requires individuals to refrain from using alcohol and other substances while participating in the program. However, the target population needs a program that is more in line with "Housing First," an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.

A further challenge in serving this population is that Probation and the Behavioral Health Division may have differing treatment goals identified for the participants. Probation is justice focused and Behavioral Health is treatment focused, which often leaves the client in a difficult situation of meeting Probation and Court identified goals, while addressing symptoms of their mental illness. This can place the client in a challenging situation.

This new program will seek to address the challenges identified through other attempts to serve the target population by developing a new program for individuals released from jail and in need of mental health services. It will provide supportive and ancillary services necessary to help post-jail release mental health clients move toward independent living through a program similar to THPP and THP+, where participants will increase their independence at an

individualized rate as they gain resiliency and stabilization of their mental health and other needs.

Implementation Method

The program will be designed as a cross between THPP/THP+ and FSP, addressing the individualized needs of each participant through a "whatever it takes" model. There will also be in close collaboration between Probation, Mental Health and Substance Use Disorder programs.

Housing units may be purchased and/or leased, and/or housing supports may otherwise be provided through this program. Overall management of this program will be contracted to a community provider(s).

Participants will be assigned a case manager to assist them in obtaining the needed mental health services, and will work closely with the participant to address not only their mental health needs, but also criminogenic needs.

IV. Art Therapy as a therapeutic modality to help parents who are experiencing grief due to the loss of an adopted or foster child.

Innovative Component And Learning Objective

Unresolved grief related to the loss (e.g., removal from home, death) of an adopted or foster child can lead to negative mental health consequences and loss of foster homes within the county. Art therapy may be a therapeutic modality to help adoptive and foster parents deal with grief.

It is anticipated that this project will increase adoptive and foster parent access to mental health services through dealing with grief via therapeutic art. Art as a therapeutic modality may be complimented by presenting other mental health services to participants.

This program will introduce a new mental health program or approach to dealing with grief associated with the loss of an adopted or foster child.

Implementation Method

El Dorado County's Child Welfare Services Resource Family Approval and Foster Care Licensing Unit offers formal and informal support to resource families as they travel through their journey of being adoptive and foster parents. However, when there is a loss of an adoptive or foster child, parents often do not openly express that grief. Studies show that unresolved grief can lead to anger, resentment, fear, pain, and burnout for famiies because the grief emotion can be overwhelming. The unresolved grief is strongly connected to secondary trauma, which is emotional duress from an individual hearing firsthand trauma experiences of another. While there are support groups specifically geared for adoptive and foster children, MHSA was unable to locate a therapeutic art model to help parents cope with grief at the loss of an adopted or foster child.

Overall management of this program will be contracted to a community provider.

Proposals that Did Not Meet Criteria for Innovation

Most submitted proposals were determined to not be "innovative" because a Google search resulted in identification of the same or similar programs underway elsewhere in a mental health context, the primary purpose of the proposal was not to address one of the four purposes allowed under Innovation, and/or the answer to the question was known to be yes – doing X to address Y will accomplish the stated purpose.

Proposal	Project/ Question Related to Mental Health?	Addresses At Least One Innovation Purpose?	New or Modified Practice / Approach?	Will Practice Accomplish Goal?	Innovation Funding Feasible?
1. Shower/laundry trailer that partners with community agencies and goes to warming/cooling centers	No	No	No	N/A	No
2. A mental health urgent care clinic	Yes	Yes	No	Unknown	No
3. Behavioral Health/social work type educational training in high school for high school and college credit with the goal of increasing and retaining a local mental health workforce	Yes	No	No	Unknown	Yes
4. Permanent supportive housing with peers as managers	Yes	Yes	No	Yes	No
5. Community paramedicine providing mental health services on ambulances or responding concurrently	Yes	Yes	No	Yes	Limited
6. Innovation at the community wellness center	Not specific enough	Not specific enough	Not specific enough	Not specific enough	Not specific enough
7. Have a clinician in the jail do mental health assessments at booking	Yes	Yes	No	Unknown	Limited

Proposal	Project/ Question Related to Mental Health?	Addresses At Least One Innovation Purpose?	New or Modified Practice / Approach?	Will Practice Accomplish Goal?	Innovation Funding Feasible?
8. Training EDC Correctional officers in crisis intervention training (Memphis Model)	Yes	Yes	No	Likely	Limited
9. Create an in lieu of custody program that deals with co-occurring disorders	Yes	Yes	No	Likely	Limited
10. Expand the number of people in Behavioral Health Court	Yes	Yes	No	Likely	Limited
11. Equine therapy	Yes	Unknown	No	Unknown	Yes
12. Mind, body health class	Yes	Unknown	No	Unknown	Yes
13. Create an alliance with members of HHSA programs and community business partners to explore trauma-informed practices	Yes	Yes	No	Unknown	Yes
14. Host experiential resilience-building fair	Yes	Potentially	No	Unknown	Unknown
15. Create a mobile exhibit to let people experience ways to build resilience	Yes	Potentially	No	Unknown	Limited
16. Outdoor therapeutic experiences for at-risk youth	Yes	Yes	No	Unknown	Limited
17. Middle school support groups to deal with bullying	Yes	No	No	Unknown	Limited
18. Build provider awareness of LGBTQ with training or tip sheet for those who serve LGBTQ clients	Yes	Not specific enough	No	Unknown	Yes
19. Pilot program targeting children ages 2-8, educating caregivers/parents about neuro-reorganization	Yes	Potentially	No	Yes	Yes

Proposal	Project/ Question Related to Mental Health?	Addresses At Least One Innovation Purpose?	New or Modified Practice / Approach?	Will Practice Accomplish Goal?	Innovation Funding Feasible?
20. Enhance crisis intervention training by having a mental health clinician riding with an officer on mental health-related calls.	Yes	Yes	No	Yes	Limited
21. Partner with Master Gardeners to teach clients how to grow food and care for plants; then clients cook food in a restaurant or sell food at a farmer's market.	Not specific enough	No	No	Not specific enough	Yes
22. Partner with Senior Nutrition to learn how to cook and perform food service duties at the Senior Centers.	Not specific enough	No	No	Not specific enough	Yes
23. Art therapy – clients paint art murals on a building or other structure	Yes	No	No	Not specific enough	Yes
24. Mental health clients organize fundraisers for community projects	Not specific enough	No	No	Not specific enough	Yes
25. Mental health clients work or volunteer in Apple Hill orchards, selling their personal items	Not specific enough	No	No	Not specific enough	Yes
26. Laughter as medicine	Yes	Potentially	No	Not specific enough	Yes
27. Housing first models	Not specific enough	Yes	No	Likely	No

Workforce Education and Training (WET)

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

Workforce Education and Training (WET) Coordinator

There are no significant changes anticipated to this project in FY 18/19.

AB 114 reallocated reversion funds will be utilized to support this project.

Workforce Development

Changes to this project in FY 18/19 are identified as:

During the Community Planning Process, "Building a Trauma-Informed Workforce and Organizations" was identified as a needed WET project. The DSM-IV-TR defines trauma in part as extreme stress that overwhelms a person's capacity to cope. Therefore, to be more effective in creating systems of care that are able to respond to and effectively understand trauma, an emphasis on trauma-informed workforce and organizations is necessary.

Trauma-informed organizations can create a safe and secure environment by increasing the awareness, knowledge, and skills of the workforce to create a safe, trusting and healing environment.

Input received from the Latino Outreach Work Group identified the need for standardized, comprehensive, and professional interpreter training to develop a countywide process for training individuals who provide interpreter services for clients in El Dorado County.

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

To ensure continued availability of trainings for the public mental health system, a minimum of $30,000 annually shall be transferred from CSS to WET on an "as-needed" basis to cover the costs of trainings scheduled for each fiscal year. However, the amount of funding transfer may be up to $60,000 in any single fiscal year, if needed.

AB 114 reallocated reversion funds will be utilized to support this project.

Project Goals

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

Outcome Measures for all Wet projects

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

Capital Facilities and Technology Needs (CFTN)

"Capital Facilities and Technology Needs" are items necessary to support the development of an integrated infrastructure and improve the quality and coordination of care.

Electronic Health Record System Implementation

There are no significant changes anticipated to this project in FY 18/19, except as noted.

Integration with other mental health service providers and/or other health care providers, either through license expansion for the BHD's current electronic health record system, or through the use of add-on software. Add-on software allows for increased communications 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.

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

AB 114 reallocated reversion funds will be utilized to support this project.

Telehealth

Changes to this project in FY 18/19 are identified as:

Telehealth increases access to Specialty Mental Health Services, reduces stigma associated with mental illness, and promotes interagency collaboration. However, access to telehealth is currently limited to larger facilities within the county and an ongoing need exists for telehealth equipment for outlying locations and rural areas of the County. Additionally, telehealth equipment would be equally beneficial in the more populous areas of the county where there are unserved and underserved groups, who may be hesitant to engage in mental health services or be unaware of how to access mental health services.

AB 114 reallocated reversion funds will be utilized to support this project.

Community Wellness Center

In FY 2017-18, the Behavioral Health Division transferred $500,000 from CSS to CFTN, as authorized via WIC Section 5892(b). While the County actively sought a practical and suitable location for operation of a Community Wellness Center, due to a lack of viable properties, the

County was unsuccessful in identifying a feasible location in the first three quarters of FY 18/19. The Behavioral Health Division will continue to explore options for a Community Wellness Center, but may consider reallocating these funds within CTFN in subsequent MHSA Plans and/or Annual Updates.

AB 114 reallocated reversion funds may be utilized to support this project, if needed.

Expenditure Plan and FY 2018-19 Budget

MHSA Funding
The revenue and expenditure data contained in this Plan is based upon the FY 2018-19 HHSA budget. In the event the actual revenues are higher than anticipated, the additional funding may be utilized to support the projects identified in this Annual Update up to 15% above the identified expenditures or rolled into the fund balance to be utilized on projects identified in the FY 2018-19 Annual Update. In the event the 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.

Based on current projections, there are sufficient revenues and fund balance for all planned expenditures for the next three fiscal years. Further adjustments to the budget may be necessary due to changing revenues and/or actual or projected expenditures.

Annual Revenues
MHSA funds 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 each year based upon the tax revenues received by the State.

Fund Balances
In addition to the FY 2018-19 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 Plan and Annual Update. There are planned usages of fund balance.

Prudent Reserve
The County is required to maintain a Prudent Reserve of MHSA funding to provide MHSA services during years in which MHSA revenues fall below recent averages and in which the MHSA allocations are insufficient to continue to serve the same number of individuals as the County had been serving in the previous fiscal year. The balance of the County's Prudent Reserve is $1,898,284.

Any CSS funds that are identified during the fiscal year as being at risk of reversion at the end of the fiscal year shall be transferred to the County's MHSA Prudent Reserve.

Reversion
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. Effective July 1, 2017, CSS, PEI and INN funds will revert to the State if they are not utilized within five years. WET and CFTN funds that are not fully expended within ten years from the year of allocation will revert to the State.

As previously discussed, El Dorado County has included its AB 114 Reversion Reallocation Expenditure Plan as Appendix A.

Transfer of Funds Between Components

WIC Section 5892(b) allows counties to use a portion of their CSS funds for WET, CFTN, and 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 years.

El Dorado County Budget Philosophy

El Dorado County is a fiscally conservative county. This means that 100% of the expenditures are budgeted, even though the Behavioral Health Division historically comes in under budget in expenditures. For example, the staffing vacancy rate is approximately 7-8%, and therefore staffing and benefits are regularly under budget estimates. Another item that is out of the control of the Behavioral Health Division is the number of requests for services each year and the number of individuals hospitalized in an out-of-county psychiatric hospital. Annually, there may be fluctuation in the numbers of clients served, which results in the budgeted expenditures not matching the actual expenditures.

Budgeted Revenues and Expenditures by Component

FY 18/19	CSS	PEI	WET	INN	CFTN	TOTAL
Prop 63 (MHSA) - New Funding	$5,764,078	$1,441,019	$0	$379,216	$0	$7,584,313
AB 114 Reversion Reallocation	$0	$1,435,140	$13,732	$1,783,832	$354,617	$3,587,321
Federal: PATH and MHBG	$373,008	$0	$0	$0	$0	$373,008
Medi-Cal	$3,632,845	$0	$0	$0	$0	$3,632,845
Private Insurance	$3,400	$0	$0	$0	$0	$3,400
Private Payors	$5,000	$0	$0	$0	$0	$5,000
Misc. Revenue	$214,968	$0	$0	$0	$0	$214,968
AB 109 / AOT (Community Corrections Partnership)	$182,523	$0	$0	$0	$0	$182,523
Transfer from CSS	($30,000)	$0	$30,000	$0	$0	$0
Fund Balance	$7,445,745	$1,058,006	$14,323	$384,502	$500,000	$9,402,576
Total Revenues Budgeted	**$17,591,567**	**$3,934,165**	**$58,055**	**$2,547,550**	**$854,617**	**$24,985,954**
Budgeted Expenditures from AB 114 Reversion Reallocation*	$0	($1,543,835)	($13,732)	($1,577,525)	($354,617)	($3,489,709)
Budgeted Expenditures from Fund Balance and New Revenues*	($12,855,000)	($1,070,065)	($37,323)	($952,475)	($500,000)	($15,414,863)
Total Budgeted FY 2018-19 MHSA Plan Expenditures*	**($12,855,000)**	**($2,613,900)**	**($51,055)**	**($2,530,000)**	**($854,617)**	**($18,904,572)**
Estimated Fund Balance 7/1/19	$4,736,567	$1,320,265	$7,000	$17,550	$0	$6,081,382
Estimated Revenues FY 19/20	$10,085,822	$1,441,019	$60,000	$379,216	$0	$11,966,057
Estimated Expenditures FY 19/20	($13,280,000)	($2,613,900)	All remaining AB 114 funding and new revenues	All remaining AB 114 funding and partial new revenues	All remaining AB 114 funding	($15,893,900) plus all remaining AB 114 funding
Estimated Fund Balance 7/1/20	$1,542,389	$147,384	$0	$300,000	$0	$1,989,773

*As previously referenced, El Dorado County is a fiscally conservative County. The MHSA Plan and Annual Update reflect higher budgeted (allowable) expenditures to ensure that AB 114 funding can be fully utilized. This chart has been created with anticipated expenditures as if all funds budgeted are spent in FY 18-19. Historically, this has not been the case, and any unspent funds will roll into FY 19-20 and be budgeted for expenditures in FY 19-20. The need for this unusual approach is due to the two year timeframe in which to fully expend all funds subject to AB 114 reversion reallocation and the uncertainty as to when the MHSOAC may approve the Innovation Plan.

MHSA Component Budget

PEI

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 17-18 must be expended within five years or the funds are subject to reversion to the State. PEI funds received prior to FY 17-18 must be expended within three years or the funds are subject to reversion. All funding for PEI programs is from MHSA, leveraged through collaboration.

Any unspent fund balances and AB 114 Reversion Reallocation funds remaining at the end of FY 18-19 will roll over as fund balance into FY 19-20.

Program	FY 17-18 MHSA Plan Budget	FY 18-19 MHSA Update Budget	FY 19-20 MHSA Update Budget
Prevention Program			
Latino Outreach Project	$231,150	$231,150	$231,150
Older Adults Enrichment Project	$150,000	$150,000	$150,000
Primary Intervention Project (PIP)	$275,000	$165,000	$165,000
Wennem Wadati: A Native Path to Healing Project	$125,750	$125,750	$125,750
Early Intervention Program			
Children 0-5 and Their Families Project	$250,000	$250,000	$250,000
Early Intervention for Youth in Schools Project	$150,000	$150,000	$150,000
Prevention Wraparound Services: Juvenile Services	--	$550,000	$550,000
Stigma and Discrimination Reduction Program			
Mental Health First Aid Project	$120,000	$120,000	$120,000
LGBTQ Community Education Project	$5,000	$5,000	$5,000
Statewide PEI Projects	$38,000	$55,000	$55,000
Outreach for Increasing Recognition of Early Signs of Mental Illness Program			
Community Education and Parenting Classes Project	$150,000	$165,000	$165,000
Mentoring for Youth Project	$75,000	$75,000	$75,000
Access and Linkage to Treatment Program			
Community-Based Outreach and Linkage Project	$300,000	$300,000	$300,000
Veterans Outreach	$150,000	$150,000	$150,000

Program	FY 17-18 MHSA Plan Budget	FY 18-19 MHSA Update Budget	FY 19-20 MHSA Update Budget
Suicide Prevention Program			
Suicide Prevention and Stigma Reduction Project	$30,000	$40,000	$40,000
Administrative Costs			
Administrative Costs - MHSA Team	$82,000	$82,000	$82,000
Total Budget PEI Projects	**$2,131,900**	**$2,613,900**	**$2,613,900**

CSS

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 17-18 must be expended within five years or the funds are subject to reversion to the State. CSS funds received prior to FY 17-18 must be expended within three years or the funds are subject to reversion.

Program	FY 17-18 MHSA Plan Budget	FY 18-19 MHSA Update Budget	FY 19-20 MHSA Update Budget
Full Service Partnership Projects			
Children's FSP Project	$1,800,000	$2,000,000	$1,800,000
TAY FSP Project	$250,000	$400,000	$400,000
Adult FSP Project	$4,675,000	$5,500,000	$5,500,000
Older Adult FSP Project	$100,000	$200,000	$200,000
Assisted Outpatient Treatment	$200,000	$40,000	$40,000
Wellness and Recovery Services Projects			
Adult Wellness Centers Project	$2,300,000	$2,700,000	$2,700,000
TAY Engagement, Wellness and Recovery Services Project	$350,000	$600,000	$600,000
Community System of Care Projects			
Outreach and Engagement Services Project	$800,000	$850,000	$850,000
Resource Management Services Project	$115,000	$65,000	$65,000
Community-Based Mental Health Services Project	$260,000	$325,000	$325,000
Administrative Costs			
Administrative Costs - MHSA Team	$210,000	$175,000	$150,000
Total Budget CSS Projects	**$11,060,000**	**$12,855,000**	**$12,830,000**

WET

MHSA no longer provides funding for WET activities. The County has been operating this project through funds previously received and remaining as a fund balance. The entire remaining WET fund balance (reversion reallocation) has been budgeted in FY 2018-19. Once WET funds are completely expended, WET projects will continue to be funded by transferring CSS funds to this component as may be needed. A potential transfer of $30,000 from CSS to WET has been budgeted for use on an "as needed" basis in this fiscal year, and will likely be needed in subsequent fiscal years at a similar or higher level, which will be addressed in the FY19-20 MHSA Annual Update.

Any unspent fund balances and AB 114 Reversion Reallocation funds remaining at the end of FY 18-19 will roll over as fund balance into FY 19-20.

Program	FY 17-18 MHSA Plan Budget	FY 18-19 MHSA Update Budget	FY 19-20 MHSA Update Budget
WET Coordinator Project	$30,000	$30,000	$30,000
Workforce Development Project	$77,392	$20,000	$20,000
Administrative Costs - MHSA Team	$1,000	$1,000	$1,000
Total Budget WET Projects	**$108,392**	**$51,055**	**$51,000**

CFTN

MHSA no longer provides funding for CFTN activities. The County has been operating this project through funds previously received and remaining as a fund balance. The entire remaining CFTN fund balance from reversion reallocation has been budgeted in FY 2018-19, as has the $500,000 transfer from CSS in FY 17-18.

It is anticipated that there may be a need for a small ($2,000) transfer of funds from CSS to CFTN in FY 19-20 to provide administrative support for this program.

Any unspent fund balances and AB 114 Reversion Reallocation funds remaining at the end of FY 18-19 will roll over as fund balance into FY 19-20.

Program	FY 17-18 MHSA Plan Budget	FY 18-19 MHSA Update Budget	FY 19-20 MHSA Update Budget
Electronic Health Record System Implementation – Avatar Clinical Workstation Project	$248,407	$252,617	$0
Telehealth Project	$50,000	$100,000	$0
Community Wellness Center	$500,000	$500,000	$500,000
Administrative Costs - MHSA Team	$1,000	$2,000	$4,000
Total Budget CFTN Projects	**$799,407**	**$854,617**	**$504,000**

Innovation

Of the total MHSA funding received by the County for CSS and PEI, five percent (5%) of the funding is allocated to Innovation. The majority of the available Innovation is a result of the reversion reallocation, which must be fully expended by June 30, 2020.

Program	FY 17-18 MHSA Plan Budget	FY 18-19 and FY 19-20 MHSA Update Budget
Restoration of Competency in an Outpatient Setting Project	$216,576	$125,000
Community-Based Engagement and Support Services Project	$672,375	$950,000
Senior Nutrition Partnership		$450,000
Peer Leadership Housing		$450,000
Post-Jail Re-Entry		$450,000
Art Therapy for Grief		$100,000
Administrative Costs - MHSA Team	$3,000	$5,000
Total Budget INN Projects	**$891,951**	**$2,530,000**

Community Planning Process (CPP)

Public Awareness

The MHSA project team maintains a MHSA email distribution list for communicating with stakeholders and other interested parties. The distribution list includes over 600 individuals, including:

- adults and seniors with severe mental illness;
- families of children, adults, and seniors with severe mental illness;
- providers of services;
- law enforcement agencies;
- education;
- social services agencies;
- veterans and representatives from veterans organizations;
- providers of alcohol and drug services;
- health care organizations; and
- other interested individuals.

After reviewing previous years' methods for obtaining community input, this year's Community Planning Process utilized a targeted approach:

- **Community Meetings**: A press release was issued on November 1, 2017 regarding the MHSA public meetings. It was distributed to local media contacts and newspapers, posted on the County's web page, and sent out via email to the MHSA distribution list. Flyers were posted and distributed at various locations. Community meetings were held November 2017 through January 2018 at a variety of locations county-wide, both during the day and at night. The MHSA Team presented information about the Community Planning Process during meetings hosted by the South Lake Tahoe Community Mental and Behavioral Health Cooperative, the Drug Free Divide, the Commission on Aging, the West Slope Behavioral Health Division Wellness Center Peer Leaders, Veterans groups, NAMI El Dorado, Foster Family Support Group, Latino Outreach Meetings, and the Adverse Childhood Experiences Study (ACE Study) Collaborative. There were 170 attendees at the community planning meetings. Participants in the Community Planning Process also were asked to submit Innovation ideas and proposals.

- **Survey**: A copy of the survey can be found in the Community Planning Process section at the end of this document. The public was invited to provide input via SurveyMonkey® or through traditional hard-copy paper. The survey link was posted to the MHSA web page and sent out via email to the MHSA distribution list. Hard copy surveys were distributed and collected from a variety of agencies and contract providers. The MHSA team received 333 completed surveys (223 online via SurveyMonkey® and 110 paper surveys).

- **Focused Interviews/Meetings**: The MHSA team conducted several focus group interviews for input related to Veterans, Latinos and Peers.

All information received was considered in the development of this Annual Update.

Community Planning Process Meetings

Date / Time	Group Host / Location	City	Number of Attendees
11/2/2017 9:00 AM	South Lake Tahoe Mental Health Cooperative - Aspen Room at Lake Tahoe Community College	South Lake Tahoe	18
11/2/2017 1:30 PM	South Lake Tahoe NAMI Aspen Room at Lake Tahoe Community College	South Lake Tahoe	9
11/7/2017 9:00 AM	Military Family Support Group and El Dorado County Veterans 130 Placerville Drive	Placerville	3
11/7/2017 6:00 PM	NAMI El Dorado Western Slope El Dorado County Bldg. A, Conference Room C	Placerville	10
11/14/17 1:30 PM	El Dorado Hills Library 7455 Silva Valley Pkwy	El Dorado Hills	2
11/15/2017 8:00 AM	ACEs Collaborative Health and Human Services Agency - Sierra Room	Placerville	54
11/15/17 9:30 AM	Latino Outreach Health and Human Services Agency – Administrative Training Room	Placerville	7
11/21/2017 6:00 PM	Green Valley Church 3500 Missouri Flat Road	Placerville	1
11/28/2017 11:00 AM	Foster Family Support Group Cameron Park Library, 2500 Country Club Drive	Cameron Park	4
11/28/2017 5:00 PM	Drug-Free Divide 6540 Wentworth Springs Road	Georgetown	2
1/4/2018 12:00 PM	Consumer Peer Leadership Academy Health and Human Services Wellness Center	Diamond Springs	12
1/10/2018 1:30 PM	Latino Outreach Health and Human Services – Victory Mine Administrative Conference Room	Diamond Springs	9
1/18/2018 9:30 AM	Commission on Aging 1021 Harvard Way	El Dorado Hills	12
1/29/2018 5:30 PM	NAMI El Dorado Hills Raley's Conference Room 3935 Park Drive	El Dorado Hills	10

Summary of Community Survey Responses

What area(s) do you represent relative to mental health issues? (Check all that apply.)		
Answer Options	**Response Percent**	**Response Count**
AOD Provider	1.50%	5
Veteran Organization	2.40%	8
Veteran	4.20%	14
Law Enforcement	4.80%	16
Student	5.71%	19
Other (See "Responses to other question")	10.21%	34
Healthcare Provider	11.41%	38
Education Provider	11.71%	39
Mental Health Provider	12.91%	43
Parent of Student	13.21%	44
Consumer	14.71%	49
General Interest in Mental Health Issues	24.02%	80
Social Services Agency	26.13%	87
Answered Question	333	
Skipped Question	0	
Responses to "Other" question: Green Valley Church, community church, volunteer (3 responses), Veteran Commission, NAMI, outreach and marketing, NAMI Peer to Peer instructor, group home staff, friend of consumer, none (4 responses), focus on senior issues, WNC College of Neuroscience/Nursing, music therapy, management, healthcare worker, County staff (6 responses), Search and Rescue, conservator, court, CASA, media-outreach, retired school administrator and Family Resource Center Board Member, counselor.		

Where do you live?		
Answer Options	**Response Percent**	**Response Count**
South County (Fair Play, Grizzly Flats, Mt. Aukum, Somerset)	0.90%	3
North County (Coloma, Cool, Lotus, Garden Valley, Greenwood, Kelsey, Lotus, Pilot Hill)	5.41%	18
Mid County (Camino, Cedar Grove, Echo Lake, Pollock Pines, Kyburz, Pacific House, Riverton)	11.71%	39
Out of the County, but I work in El Dorado County	13.81%	46
Tahoe Basin (Meyers, South Lake Tahoe, Tahoma)	15.62%	52
West County (Cameron Park, El Dorado Hills, Rescue, Shingle Springs)	18.92%	63
Placerville Area (Diamond Springs, El Dorado, Placerville, Pleasant Valley)	33.63%	112
Answered Question	333	
Skipped Question	0	

What is your race/ethnicity?		
Answer Options	**Response Percent**	**Response Count**
Black or African American	0.60%	2
Native Hawaiian or Pacific Islander	1.51%	5
Other (See "Responses to other question")	1.81%	6
Asian	2.11%	7
American Indian or Alaska Native	3.32%	11
Decline to state	6.95%	23
Latino/Hispanic	11.48%	38
White	77.34%	256
Answered Question	331	
Skipped Question	2	
Responses to "Other" question: Human, Mexican, Irish German Jewish, Mutt, Filipino, Romani		

What is your age?		
Answer Options	**Response Percent**	**Response Count**
0-15 years	0.00%	0
16-24 years	1.50%	5
25-59	68.77%	229
60+ years	29.73%	99
Answered Question	333	
Skipped Question	0	

What is your gender?		
Answer Options	**Response Percent**	**Response Count**
Male	22.52%	75
Female	77.48%	258
Other	0.00%	0
Answered Question	333	
Skipped Question	0	

In your opinion, what are the three (3) most common negative outcomes of untreated mental illness in El Dorado County?		
Answer Options	**Response Percent**	**Response Count**
Removal of children from their homes	18.92%	63
School failure or dropout	27.33%	91
Suicide	36.34%	121
Unemployment	39.64%	132
Incarceration	42.94%	143
Prolonged suffering	59.46%	198
Homelessness	66.67%	222
Answered Question	333	
Skipped Question	0	

In your opinion, what are the six (6) biggest gaps or needs in mental health-related services in our County?		
Answer Options	**Response Percent**	**Response Count**
Alcohol and drug/substance use disorder services	35.74%	119
More services for homeless individuals	30.03%	100
More mild-to-moderate mental health providers	29.13%	97
Transportation to/from services	28.83%	96
After crisis care	24.62%	82
More services for children	24.32%	81
Housing	24.02%	80
More services/supports for families	23.72%	79
More services available outside of business hours (M-F, 8-5)	22.82%	76
More information about accessing mental health services	21.92%	73
Early detection of mental illness	21.92%	73
More services in schools	21.02%	70
More services for adults	17.42%	58
Co-occurring disorder services	17.12%	57
More services to address trauma	16.82%	56
More mental health services in Jails/Juvenile Hall/Juvenile Treatment Center	16.82%	56
Services in local communities	16.22%	54
More services for transitional age youth (TAY)	15.62%	52
Mobile treatment/crisis services	14.41%	48
More services for military veterans and their families	13.21%	44
More services for older adults	12.31%	41
More services to address domestic violence	12.31%	41
Stigma and discrimination reduction	12.01%	40
Stress management	11.71%	39
Other (See "Responses to other question")	11.71%	39
Support groups/treatment groups	11.41%	38
Suicide prevention	9.91%	33
More in-home services	8.71%	29

In your opinion, what are the six (6) biggest gaps or needs in mental health-related services in our County?		
Answer Options	**Response Percent**	**Response Count**
Law enforcement training	7.51%	25
Anti-bullying	7.51%	25
More consumer involvement in services (peers)	6.61%	22
Culturally competent services	5.11%	17
More first episode of psychosis (FEP) services	5.11%	17
More services for LGBTQ community	4.80%	16
Job coaching	4.80%	16
More services for racial/ethnic groups	4.20%	14
More Behavioral Health Court services	3.90%	13
Legal Services	3.60%	12
More Mental Health First Aid classes	3.30%	11
More services from Probation	1.20%	4
Answered Question	333	
Skipped Question	0	

Responses to "Other" question: More services 14-18 youths; parent and support groups; support after parents pass away; bilingual Latino; Hispanics; greater access to services; greater access to services with less wait time for services; this should be an ongoing collaboration affecting every service provider in the county; individuals who have a mental health diagnosis and are covered by Medicare and Medi-Cal regardless of age are not seen by County Mental Health because of Medicare coverage, thus leaving an extensive gap in mental health services for this population; prevention services in childhood and community strengthening activities; better education of all school professionals in understanding and recognizing children with mental health needs; services and information material geared toward the Spanish speaking population; more services in schools for substance use; more affordable mild-to-moderate mental health providers; once an individual receives crisis services they should immediately start in therapy; more services to help school staff understand the difference between behavioral issues and mental health; free legal services to help individuals clear their criminal record; law enforcement ability to keep dangerous mental health persons safe and away from their home so the mental health person cannot traumatize the family; educate physicians to not prescribe or limit prescription medications; difficulties in accessing services, especially with long wait times; working in collaboration with service providers; all services are lacking; placement options; education about domestic violence in high schools and addressing PTSD affects more than veterans, law enforcement, and emergency personnel; more psychiatric services and individual counseling available to individuals with moderate to severe mental health and substance use problems; alcohol and drug/substance use disorder services for adolescents; transportation; after hours and crisis care; more services in jail and juvenile hall; TBS to be incorporated into services; providers and resources working together instead of in silos; mental health services for children in school; alternative innovative and holistic approaches such as gyms, workout equipment, rock climbing, yoga, mindfulness and meditation; psychiatric facility housing and holds; coordination of efforts with law enforcement; substance use/opioids as an outcome of untreated mental health disorders; additional crisis workers; primary intervention program for kids in elementary school through fifth grade; and lack of mental health services.

Substantive Comments/Recommendations

Substantive comments received during the comment period and public hearing process, responses to those comments, and a description of any substantive changes made to the MHSA Plan are summarized below. Comments on other Behavioral Health Division programs or general topics of discussion are outside the scope of this Plan and therefore not addressed below.

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

General	
1.	*Note:* Throughout the document, references to the Annual Update being a "draft" or projects being "proposed" have been changed to reflect their status after adoption of the Plan Update. Other grammatical, typographical, and non-substantive wording issues have been corrected.
2.	*Comment:* Multiple comments submitted to the El Dorado County Board of Supervisors, in response to the Mental Health Commission Annual Report, requesting MHSA services for inmates while incarcerated, including treatment for substance use disorders, telehealth psychiatric services, and the provision of health insurance.
	Response: With the exception of pre-release planning, MHSA funds cannot be used for care of persons who are in an institutional (involuntary) setting, including but not limited to jails, prisons, and inpatient units.
3.	*Comment:* Fund a proper Behavioral Health Court. It has now been three (3) years since we brought the idea up along with suggestions including a Behavioral Health Court assessment in South Lake Tahoe by the Behavioral Health Commission.
	Response: This comment is outside the scope of MHSA.
4.	*Comment:* Comment received related to services at the Psychiatric Health Facility (PHF) in El Dorado County.
	Response: This comment is outside the scope of MHSA.
5.	*Comment:* Has the County pursued becoming a Medicare provider?
	Response: This comment is outside the scope of MHSA.
6.	*Comment:* Identify Veterans as soon as they are arrested and jailed.
	Response: As noted above, with the exception of pre-release planning, MHSA funds cannot be used for care of persons who are in an institutional (involuntary) setting, including but not limited to jails, prisons, and inpatient units. However, there is a Veteran Outreach program included under the Prevention and Early Intervention component.

7.	*Comment:* Lack of identified funding of services and new programs for homeless individuals that have mental illness.
	Response: The PEI Veterans Outreach and Linkage to Services project specifically targets the homeless population. Additionally, services under the Community Services and Supports (CSS) Outreach and Engagement Program include the Projects for Assistance in Transition from Homelessness (PATH) grant, which is specifically designed to include, minimally, outreach and case management for individuals who are homeless and have a mental illness or co-occurring mental illness/substance use disorder. Additionally, the proposed Innovation projects of "Supportive Transitional Housing" and "Post-Jail Re-Entry Supportive Housing" also propose to assist with housing. With a change in the MHSA regulations, housing assistance may now be provided to individuals who receive services from CSS projects, including General System Development services, Adult Full Service Partnership services, and Wellness and Recovery Services programs, which is to prevent an individual from becoming homeless. Additionally, the MHSA Team continues to work closely with the HHSA representative for "El Dorado Opportunity Knocks", a collaboration of local agencies, resources, and citizens working to eliminate homelessness in El Dorado County.
8.	*Comment:* Get the 211 phone line up and running as soon as possible.
	Response: This project is not funded through MHSA.
9.	*Comment:* Create an easy to use resource guide or phone app that everyone can use to figure out what services they qualify for and connect them seamlessly to the appropriate individual. This may require a 24-hour hotline.
	Response: This type of resource is currently being evaluated by the Health and Human Services Agency, and could be included under the Prevention and Early Intervention (PEI) Community Outreach and Linkage program if it is determined viable and sufficient funding is available. However, it may be difficult to have an app that determines eligibility due to the nature of and requirements for determining medical necessity for Specialty Mental Health Services. The Behavioral Health Division already maintains a 24 hour telephone number and the 211 system is anticipated to be available 24 hours per day. Additionally, the County websites (www.edcgov.us), the Behavioral Health websites (https://www.edcgov.us/Government/MentalHealth), and the C-4 Yourself website (https://c4yourself.com/c4yourself/index.jsp) provide information and resources.
10.	*Comment:* I would like to see the Homeless Outreach Team (HOT) come speak to the Behavioral Health Commission. I also would like to see appropriate data on this team's progress added to the Behavioral Health Division Monthly Report.
	Response: This request is outside the scope of MHSA. HOT is under the jurisdiction and funding of the El Dorado Sheriff's Office. Topics for inclusion in the monthly Behavioral Health Commission report are determined by the Behavioral Health Commission, not MHSA.
11.	*Comment:* Why isn't El Dorado County using standard CA 5150 forms? Be willing to go with an alternative jail vendor, a competitor to California Forensic Medical Group (CFMG).
	Response: This comment is unrelated to MHSA.

Fiscal / Budget	
12.	*Comment:* The total CSS expenditures on the "Budgeted Revenues and Expenditures by Component" table do not match the expenditures noted in the subsequent CSS budget.
	Response: Thank you for this correction. The "Budgeted Revenues and Expenditures by Component" table has been updated accordingly.
13.	*Comment:* Concern for unspent fund balance.
	Response: MHSA revenues and expenditures are continually monitored and the budget adjusted annually through the MHSA Plan/Annual Update to address any budget concerns. MHSA is working to spend down the current fund balances through the implementation of programs, however it is prudent to maintain some fund balance to provide adequate funding for programs in years when revenues do not meet expectations.
14.	*Comment:* Fund the Stepping Up Initiative and report the metrics in the monthly Behavioral Health Commission report.
	Response: Funding for the Stepping Up Initiative is outside of MHSA. Topics for inclusion in the monthly Behavioral Health Commission report are determined by the Behavioral Health Commission, not MHSA.
Outcome Measures	
15.	*Comment:* It is difficult to make decisions with a lack of outcomes.
	Response: The MHSA Team continues to work on improving the reporting of outcome measures but faces some technological challenges in obtaining the necessary data. Additionally, the Prevention and Early Intervention (PEI) and Innovation regulations require reporting data that is difficult to capture, such as "duration of untreated mental illness."
16.	*Comment:* Outcomes in the Community Services and Supports (CSS) section states that outcomes come from reporting that is entered into ITWS, a database maintained by the State but Behavioral Health has not been successful in obtaining the necessary data. It also states that the process for gathering information is being standardized and data will be provided once it is available for the Wellness and Recovery Services Program.
	Response: Data is being captured in ITWS and the Electronic Health Record, however reporting from those systems is complex and the MHSA Team continues to work with data specialists to obtain the information.
17.	*Comment:* Outcome Measures were not attached to the MHSA Annual Update when it was released on April 18, 2018.
	Response: The initial MHSA Annual Update draft was published for the 30-day comment period on April 18, 2018. On April 20, 2018, the Fiscal Year (FY) 2016-17 PEI and Innovation Outcomes were published. Due to technical difficulties, the remainder of the FY 2016-17 Outcomes were published on May 2, 2018. At that time, the MHSA Annual Update draft was re-published with a revised public comment period extended to June 3, 2018. A press release stating the same also was released.

18.	*Comment:* Outcome measures and indicators for Community Services and Supports (CSS) program should be developed by El Dorado County MHSA administrators and applied to programs even though the State of California has yet to identify them.
	Response: Each Community Services and Supports (CSS) program has identified outcome measures. The public is welcome to suggest additional outcome measures for those programs.
19.	*Comment:* While it is true that New Morning by oversight failed to complete the year-end report (it was completed upon notification and thus you do have it), it is disingenuous for the report to state you had no data. New Morning uploaded all reports on services on a monthly basis to your department. The data was readily available to MHSA for accurate end-of-year reporting. The year-end report that we provide is only a paper compilation of the data that is reported on-time.
	Response: Pursuant to contractual language, vendors are required to provide Prevention and Early Intervention monthly reports, as well as fiscal year-end reports. When drafting the MHSA Annual Update Outcomes, the information was not available at the time the report was published. MHSA will work with the vendor to ensure compliance with the contract and will provide technical assistance if necessary.
Reversion	
20.	*Comment:* AB 114 reversion fund concerns regarding how they are being integrated into current and new PEI and Innovation projects.
	Response: As noted in the Reversion Reallocation Plan, at the time of the stakeholder meetings, the County proceeded with the Community Planning Process with the assumption that all funds reflected in the County's Fund Balance would be available as MHSA expenditures in Fiscal Year 2018-19. As a result of this inclusive Community Planning Process, the MHSA Team was afforded the opportunity to consider a wide range of programs to address the unmet or undermet mental health needs in El Dorado County and spend the funds subject to the reversion reallocation.
PEI – General	
21.	*Comment:* Consider partnering with the schools to operate a "Positive Behavioral Interventions and Supports" (PBIS) program.
	Response: This comment will be noted for next year's MHSA Annual Update.
22.	*Comment:* For next year, we need more Prevention and Early Intervention (PEI) projects to reach individuals who are at risk of developing a serious mental illness (SMI).
	Response: PEI projects are intended to prevent a mental illness or emotional disturbance from becoming severe and disabling 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. As such, the PEI programs are by nature designed to reach various populations who may be at risk of developing a mental illness.

PEI – Community- Based Outreach and Linkage	
23.	*Comment:* Comment submitted to the El Dorado County Board of Supervisors, in response to the Mental Health Commission Annual Report, requesting more Crisis Intervention Team Training (CIT) for law enforcement because the Psychiatric Emergency Response Team (PERT) is only available on the West Slope on Tuesdays, Wednesdays, and Thursdays.
	Response: There is no direct link between the number of law enforcement officers trained in CIT and the PERT schedule. Ultimately law enforcement agencies determine the required training for their employees and therefore this request is largely outside the scope of MHSA. Additionally, PERT is available on the West Slope Tuesdays through Fridays from 11:00 a.m. to 9:00 p.m. at this time.
24.	*Comment:* I would like to see PERT expanded as quickly as possible to 24/7 coverage and to include South Lake Tahoe.
	Response: The current Psychiatric Emergency Response Team (PERT) schedule reflects the peak days and times crisis services are needed. In South Lake Tahoe, the Behavioral Health Division staff is available to respond to the crisis line 24/7 and smart phones have been acquired for use by the PERT and Psychiatric Emergency Services teams to interact with law enforcement via a secure video app. Behavioral Health will continue to monitor outcomes and assess expansion if warranted.
25.	*Comment:* Expand Psychiatric Emergency Response Team (PERT) to South Lake Tahoe but only after measurable results are attained. Publish the metrics in the monthly Behavioral Health Division report that is shared in the monthly Behavioral Health Commission meetings. Make the planned metrics available so the public can provide early feedback about the metrics planned.
	Response: See comment 24 above regarding PERT schedule. Data relative to PERT is already included in the monthly Behavioral Health Division report.

PEI – Older Adults Enrichment Project	
26.	*Comment:* It is not feasible to assume that all services have to be funded and provided by county agencies. When designating a specific department or division, i.e., Behavioral Health Division, it makes sense to develop a resource list of all types of community providers who have the skills and expertise to serve the designated client/families outside of county government departments. Perhaps the County's Procurement Policy could be reviewed for a wider dissemination county-wide.
	Response: MHSA is not designed to be the entire mental health system, and collaborative relationships with other County departments and community-based organizations are key to ensuring a healthy community. The Health and Human Services Agency works closely with community-based organizations to identify potential resources for individuals. The development of the 211 system within El Dorado County (which is outside the scope of MHSA) will increase the available information about resources. Additionally, the County websites (www.edcgov.us), the Behavioral Health websites (https://www.edcgov.us/Government/MentalHealth), and the C-4 Yourself website (https://c4yourself.com/c4yourself/index.jsp) provide information and resources. The content of the County's Procurement Policy is beyond the scope of MHSA.
PEI Project: Prevention Wraparound Services – Juvenile Services	
27.	*Comment:* Great idea to connect with services earlier. How can we promote access to this program?
	Response: It is anticipated that promotion of this program will originate through the Health and Human Services Agency Children's System of Care and Probation. However, additional outreach needs will be determined based upon program demand.
PEI Project: Children 0-5 and Their Families	
28.	*Comment:* Many comments were received regarding the importance of the work performed under this program as implemented by Infant Parent Center.
	Response: This program remains in the MHSA Plan.
PEI Project: Foster Care Continuum	
29.	*Comment:* Youth Peer Advocates – will this service be available to ALL foster youth or only those who are connected to a certain Foster Family Agency?
	Response: This project will be available to all foster youth involved in Child Welfare Services.
PEI Project: Suicide Prevention	
30.	*Comment:* Tribal Health has 17 new suicide prevention trainers and would be interested in providing services to the community.
	Response: The budget for this project has been determined for Fiscal Year 2018-2019. However, this request will be noted for next year's MHSA Annual Update.

31.	*Comment:* California's most rural region has the highest suicide rate. Suicide rates in California increase with age. Men over 70 have a suicide rate eight times that of women. The report discusses services at schools throughout the county but does not address suicide issues with older adults in the county. El Dorado County is one of the fastest growing counties in California with residents 65+ and an even faster growing population of over 80 years old.
	Response: Suicide ideation and completed suicides in all age groups are concerning. The MHSA Plan includes a local PEI Suicide Prevention program to raise awareness about suicide prevention for all age groups. Additionally, PEI includes funding for a Statewide PEI program that includes a Statewide suicide prevention program. Further, MHSA Statewide funds have been designated to the Mental Health Services Oversight and Accountability Commission (MHSOAC) to develop a Statewide suicide prevention plan that reduces completed suicides and suicide attempts, and improves outcomes for suicide attempt survivors and their families.
CSS Program Structure	
32.	*Comment:* Dual diagnosis among older adults is a growing public health problem. This issue should be addressed for older adults in the plan.
	Response: Under the Wellness and Recovery Services Program, as well as other MHSA Community Services and Supports (CSS) programs serving adults and older adults, services may include those to address co-occurring disorders. Mental Health staff work closely with Alcohol and Drug Programs staff to ensure clients with dual diagnosis needs are receiving appropriate services.
CSS Project: TAY Engagement, Wellness and Recovery Services	
33.	*Comment:* Expanding the Wellness Center programs to TAY clients is great.
	Response: Behavioral Health continues to explore other activities to increase services for TAY.
CSS Project: Assisted Outpatient Treatment	
34.	*Comment:* Assisted Outpatient Treatment (AOT) is not being implemented the way it should be. Why can't AOT be used as a step-down from jail release or conservatorship?
	Response: AOT eligibility requirements are very specific. Individuals stepping down from a conservatorship or being released from jail do not necessarily meet the strict AOT eligibility criteria. Additionally, lack of a high number of petitions filed with the court does not indicate the program is not being implemented. When offered AOT, individuals often agree voluntarily to engage in Specialty Mental Health Services. Once an individual voluntarily consents to enter into Mental Health treatment services, an AOT petition is not filed with the Court unless the individual fails to continue with services and the individual otherwise meets AOT criteria.

35.	*Comment:* Can a Request for Proposals (RFP) be re-done for Assisted Outpatient Treatment (AOT) and can we allocate more to AOT in case an RFP is released?
	Response: A RFP was issued for AOT, but it was a failed RFP as there were no respondents. Current data does not support a need for a contracted vendor to provide Assisted Outpatient Treatment (AOT) services. MHSA will keep this comment in mind should the need arise in the future.
36.	*Comment:* If funds are being re-allocated to Full Service Partnership services, is there a provision for reallocating funds to Assisted Outpatient Treatment (AOT) if necessary?
	Response: MHSA budgeted more for AOT than historical use suggests may be needed. In the event that more funding is needed in AOT, the MHSA budget may be adjusted at the next Annual Update.
37.	*Comment:* Concerns for reduction in funding for Assisted Outpatient Treatment (AOT) and the lack of utilization of the program and informing the community of AOT's available services.
	Response: When AOT was initially established, it was anticipated that once clients were engaged in services, either voluntarily or through the filing of an AOT petition, they would be served directly through the AOT program. And funds were budgeted in that manner. However, as clients began engaging in services through an AOT intervention, it was determined to be more effective to have those clients join in the appropriate service program based on their needs, usually a FSP program. Therefore, funds previously allocated to AOT for direct services were re-allocated to the programs through which individuals engaged in AOT are actually being provided services (e.g., Adult FSP). Leaving funds that will not be spent in the AOT program places those funds at serious risk of reversion. The funds that do remain in AOT are sufficient to provide the necessary engagement services for AOT referrals. In FY 16-17, 15 clients were served, which means the number of individuals who were referred to AOT and for whom follow-up work was performed to determine if the individual met criteria for AOT and/or engage the individual in Specialty Mental Health Services. When an individual becomes engaged in Specialty Mental Health Services, their services are provided through the appropriate outpatient team (e.g., Adult FSP). Implementation of AOT involved coordination with multiple County Departments and the development of policies and procedures. Mental Health clinicians, community partners, and the justice system are aware of Assisted Outpatient Treatment. Additionally, the County's Behavioral Health webpage has information about AOT: https://www.edcgov.us/Government/MentalHealth#Adult and the AOT referral form is available on the County's Behavioral Health website: https://www.edcgov.us/Government/MentalHealth/forms/Documents/AOT%20Referral%20Form.pdf. Behavioral Health will continue to provide information to the public regarding the AOT program.

38.	*Comment:* Do we know why the Assisted Outpatient Treatment (AOT) referral numbers are so low? Are referrals increasing now that Psychiatric Emergency Response Team (PERT) is in place?
	Response: Fifteen AOT referrals had been processed. When services are offered to clients, they often elect to participate in voluntary services (offering voluntary services is a requirement of AOT), therefore an AOT peitition is not filed. When an AOT petition is required to be filed, that is just an additional method of engaging individuals in services. However, when an individual engages voluntarily in services, that is a successful engagement via AOT. When AOT was originally under consideration, it was estimated that only 8-12 individuals known to Behavioral Health at that time would potentially qualify for AOT referrals. The actual number of AOT referrals has exceeded anticipated referrals.
CSS Project: Housing	
39.	*Comment:* We need resources so that we can help those who are not yet homeless but are at risk of becoming homeless. Let's collaborate on a grant from HUD and MHSA money.
	Response: Housing in general, and affordable housing for lower incomes in particular, is scarce in El Dorado County. The Mental Health Services Act was revised by the State effective January 1, 2018, to allow housing assistance to clients who meet the criteria for Specialty Mental Health Services and are enrolled in a MHSA-funded program. Therefore this MHSA Annual Update includes housing assistance in GSD and FSP programs. Additionally, some PEI programs directly address homelessness (e.g., Veterans Outreach). The larger issue of homelessness and housing is being addressed via a County-wide effort through "El Dorado Opportunity Knocks", a collaboration of local agencies, resources, and citizens working to eliminate homelessness in El Dorado County. The MHSA Team continues to work closely with the HHSA representative for "El Dorado Opportunity Knocks" to determine how MHSA funding may be able to further assist with and collaborate on the issue of homelessness and mental illness in the County.
40.	*Comment:* Perhaps we could also combine MHSA funds for a new Wellness Center with HUD funds (we could apply for), so that we could create an innovative project encompassing a Wellness Center with various kinds of housing (e.g., supportive, transitional, senior, veterans, etc.).
	Response: HHSA continues to explore all funding options for the Community Wellness Center and housing.

Innovation: General	
41.	*Comment:* I would like to know clearly what the criteria are; that the MHSA committee meet with those who are making proposals to discuss how to tailor the ideas to fit the criteria and to gain accurate information to come to informed choices; that the proposals be discussed and vetted by the Mental Health Commission as well (not just reported out to the Mental Health Commission), that the people who took the time and effort to make a proposal would be notified of the results (either way) in advance of the public hearing it.
	Response: Thank you for your recommendation and the comment will be considered as the next Community Planning Process is developed.
42.	*Comment:* It would be wonderful if the process in generating and screening innovation ideas could be more collaborative, such as workgroup sessions. I would like to see a table published of the ideas and their disposition. This could serve as a running list of ideas for reference during each MHSA cycle. It would also be helpful if the State kept a database that could be queried so that one could easily determine if an idea had already been done before. I suggest forming a subcommittee of the Behavioral Health Commission and MHSA staff to lead this process increasing transparency and comprehensiveness in the entire process.
	Response: Regarding Innovation workgroups, this comment will be noted for next year's MHSA Annual Update. Please see the section entitled "Community Planning Process" regarding the public meetings and opportunities available to stakeholders and members of the public to discuss MHSA programs and proposals. Regarding the table of Innovation ideas and their disposition, this information was discussed at a Behavioral Health Commission meeting, but has been added to the MHSA Annual Update for ease of reference. Regarding the suggestion that the State maintain a database of Innovation Plans, this is outside the scope of El Dorado County MHSA. However, NAMI California maintains a document with all current MHSA programs statewide. Regarding forming an Innovation proposal Behavioral Health Commission subcommittee, this request is outside the scope of MHSA. The Behavioral Health Commission determines its subcommittees.

Innovation Project: Senior Nutrition and Behavioral Health	
43.	*Comment:* Although El Dorado County funded programs such as Senior Peer Counseling and Friendly Visitor reach a portion of older adult residents, there are additional resources available in the county by establishing informal and formal community partnerships. The model as proposed is in use by Elder Options, Inc., both from the Placerville and the South Lake Tahoe offices working with El Dorado County HHS, both acute hospitals, skilled nursing facilities, assisted living facilities, and other community/regional agencies serving older adults in El Dorado County with the use of credentialed care managers i.e., social workers, RNs, gerontologists.
	Response: The proposed Innovation project is specifically designed to connect with isolated seniors via a partnership between the Senior Nutrition Home-Delivered Meals program and Behavioral Health, especially when the individuals are not already linked with services. While the primary focus of this Innovation Program relates to linking isolated older adults with Mental Health services, the project also allows for linkage to other services that may be needed to help address whole-person needs. It is not the intent of this program to provide all services or replace services being provided, but rather assist isolated older adults in accessing services and providing a linkage mechanism to resources in the County.
44.	*Comment:* I'm encouraged to see this program proposes to increase access and "promote interagency and community collaboration related to mental health services." We look forward to being a part of this process. All types of organizations (public, private, non-profit) serving this population in the discussion, planning, and implementation could expand existing, planned, and future services in our County. These other organizations (Elder Options included), are ready and willing to be included in the discussions and are confident we may be able to contribute to the solution.
	Response: The Behavioral Health Division is excited to move forward with this program and develop strong collaborations to benefit the isolated older adults in our County.
45.	*Comment:* "A potential contractor includes El Hogar…" Example is a Sacramento County resource. When implementing this program, potential local contractors should be contacted to submit a proposal.
	Response: The Annual Update states that "A potential contractor includes El Hogar, *or other provider(s)* selected in compliance with the County's Procurement Policy."
46.	*Comment:* I would like to see this project expanded by trying to reach seniors beyond the Meals on Wheels program. For example, there are seniors who are coming to the senior center who are homeless, or home insecure, and who are financially insecure as well. Perhaps there could be an outreach effort through the senior centers themselves because not everyone with mental health issues is homebound and part of the Meals on Wheels program.
	Response: The innovative component to this project specifically targets isolated seniors who participate in the Senior Nutrition Home Delivered Meals program. However, the Older Adults Enrichment PEI program may assist older adults who are not receiving home delivered meals.

Innovation Project: Community Hubs	
47.	*Comment:* Concerns about the challenges regarding the Community-Based Engagement and Support Services as mentioned on pages 21 and 22 of the FY 2018-19 Plan Update.
	Response: The purpose of Innovation is to learn. Pages 21 and 22 provide some of the lessons learned thus far with this program. To address the lessons learned, MHSA will modify the project as noted in the Annual Update. The Behavioral Health Division will continue to monitor this project for outcomes and performance, and to garner additional learning experiences.
48.	*Comment:* I am happy to see more money put into the Community Hubs as prevention is THE most cost effective way to solve the mental health crisis – i.e., preventing, or intervening early before mental health issues start/grow. I would like to see appropriate data tracked and added to the Behavioral Health Commission monthly report. Perhaps it would be helpful to have a quarterly update from the leads on the Hubs as well.
	Response: Topics for inclusion in the monthly Behavioral Health Commission report are determined by the Behavioral Health Commission, not MHSA. The Behavioral Health Commission may request updates from the Community Hub leads, as was the case with the update provided at the May 23, 2018 Behavioral Health Commission meeting. All projects, including the Community Hubs, have outcome measures to which the contractor must report. However, this Innovation program was not designed to provide formal monthly reports and doing so would result in significant increases to the administrative costs associated with this program. Innovation regulations include reporting requirements and this program is designed to comply with those requirements.
49.	*Comment:* Are we measuring Hub activity? Some seem pretty slow to take off. Are we tracking mental health related treatment per Hub? Can this data be included in the monthly reporting given to the Behavioral Health Commission?
	Response: All projects, including the Community Hubs, have outcome measures to which the contractor must report. Please see response to Comment 49, above, and the Annual Innovation Program and Evaluation Report, Appendix B to the "El Dorado County Mental Health Services Act Outcomes" report for "FY 2016-17 Year End Results". Related to Hub activity, there was a tremendous amount of set-up and infrastructure that had to be built upon before the Community Hubs could become fully operational. These activities could not be performed prior to the Innovation program being approved. The Community Hubs refer individuals of all ages with whom they interact to Behavioral Health, as appropriate, after performing a basic evaluation of individual need (they do not provide direct behavioral health treatment services). Referrals also may be made to providers of mild-to-moderate mental health services, substance use disorder treatment, physical healthcare providers, and other community supports to address the whole-person needs. Regarding the monthly Behavioral Health Division Report, please see response to Comment 49, above.

50.	*Comment:* I understand that the Hubs generate Mental Health referrals. Data so far has shown minimal mental health services referrals were generated in Fiscal Year 2017-18 for an estimated cost of $13,000 per referral. Together, Mental Health and Developmental Services referrals account for 7% of the referrals.
	Response: Please see response to comments 49 and 50, above. The Hubs also provide a prevention component, so as a result of those efforts individuals may be diverted from mental health referrals. As noted above, the primary purpose of an Innovation program is to learn, and as more data becomes available the Behavioral Health Division, as well as the other supporters of this program, will develop a greater understanding of the service needs of individuals in our community, including those potentially in need of mental health services.
Innovation Project: Supportive Transitional Housing	
51.	*Comment:* We need more permanent supportive housing throughout the County. Let's look at creating a mini housing project like they have in Sweden – e.g., an apartment complex filled with residents of all ages and income levels. They young are housed at the top level apartments because they can walk up the stairs. The seniors are housed on the bottom level and there is also a daycare facility on the first floor. All services would be under one roof, including a wellness center, a community garden, a community kitchen, etc.
	Response: The goals of the proposed Supportive Transitional Housing project are to provide supportive transitional housing with opportunities for peer leaders to gain employability skills. Because the Swedish model has already been successfully implemented, it is unlikely that model would be considered an innovative program, however thank you for your suggestion.
52.	*Comment:* Adding a permanent supportive housing component in which Peer Leaders can serve as House Managers is wonderful. Because the County has expanded the square footage of granny flats to as much as 1,600 square feet (depending on lot size, etc.), it may be possible to come up with creative solutions to providing this supportive housing by offering to add a granny unit to an existing private homeowner's lot in exchange for a multi-year lease to the County/subcontractor for supportive housing. We could be innovative by creating a community-wide partnership to construct perhaps 2 to 4, 1600 square foot granny units, leveraging partners such as Habitat for Humanity, Home Depot, volunteers from local churches, etc.
	Response: These suggestions will be considered as the Innovation Plan is implemented.
Innovation Project: Art Therapy	
53.	*Comment:* Clarify that "loss" with regards to expressed or non-expressed grief in this project is not due to death. Rather it is loss with regards to parents committing to foster or adopt a child but then the child is reunified with family or a relative is identified to foster or adopt the child. There also are grief and loss issues when families are confronted with the reality of not being able to meet the needs of the child, so the child is moved into a different placement.
	Response: MHSA clarified "loss" in this project.

54.	*Comment:* The new proposed Innovation Art Therapy Program be disqualified because it is not specific to the seriously mentally ill.
	Response: Innovation projects are designed to learn something, which is not limited to providing Specialty Mental Health Services. Rather, an "Innovative Project" is defined in the Innovation Regulations as a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports. An Innovative Project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solve persistent mental health challenges, including but not limited to, administrative, governance, and organizational practices, processes, or procedures; advocacy; education and training for services providers, including nontraditional mental health practitioners; outreach, capacity building, and community development; system development; public education efforts; research; services and interventions, including prevention, early intervention, and treatment. (California Code of Regulations, Title 9, Section 3910)
55.	*Comment:* Can we expand this to ANY caregiver providing full-time care to a minor child? I'm thinking of the many informal caregivers in our community.
	Response: The unique population for this program was foster/kinship parents. However, this comment will be considered for program modification.
56.	*Comment:* I do not believe clients in this program will meet serious mental illness criteria.
	Response: Please see response to comment 55 above. Innovation projects are not limited to the provision of Specialty Mental Health Services
Innovation Project: Post-Jail Re-Entry Supportive Housing	
57.	*Comment:* 1-Please prepare inmates for release prior to exiting jail so that they can be up and running when they exit jail. They should apply for all services they qualify for in advance so that other organizations can help them immediately upon release. 2-Please release inmates during the day and if possible during the work week (Monday through Thursday). It would really help those of us who provide them with services. 3-Please create some sort of diagram/guide to services that inmates could qualify for upon release. Give these to inmates as well as their families. 4-Line up mentors for ex-inmates (e.g., church groups, AA, NAMI, etc.) so they have go-to people once released.
	Response: 1-Pre-release planning will be a component of the Post-Jail Re-Entry Supportive Housing project. This pre-release planning may include coordination of services post-release for individuals with a mental illness. MHSA funds *cannot* be used for care of persons (i.e., treatment services) while they are in an institutional (involuntary) setting, including but not limited to jails, prisons, and inpatient units. 2-Day and time of inmate release from jail is outside of the scope of MHSA. 3-Overall management of this project will be contracted out. Therefore, this suggestion will be noted for inclusion in the contractor's scope of services. 4-Overall management of this project will be contracted out. Therefore, this suggestion will be noted for inclusion in the contractor's scope of services.

58.	*Comment:* The word, "Transitional" in the title indicates that there will be housing to "transition to" as in permanent housing. What mechanism will MHSA put in place or what system will be tapped, to ensure linkage to permanent housing beyond this transitional project? Will it be solely up to the individual to locate, afford, and retain housing once they exit? Recommend implementing the same the same project as a "Rapid Rehousing Program" with supportive services. With Rapid Rehousing, the individual is placed in a unit that is permanent. They receive housing search assistance, landlord recruitment, security deposits, back utility assistance, up to 24 months of rent and case management. Another option is shared housing with the supportive services.
	Response: These suggestions and clarifications will be considered as the Innovation Plan continues to be established.
59.	*Comment:* I am thrilled to see a new Innovation project to help inmates post jail release with mental health and supportive housing needs. I think this is imperative. I would also like to see services provided to inmates while they are in jail so that they receive appropriate and timely mental health treatment and emotional/social training and support to make their re-entry into society easier.
	Response: Pre-release planning will be a component of the Post-Jail Re-Entry Supportive Housing project. This pre-release planning may include coordination of services post-release. MHSA funds cannot be used for care of persons (i.e., treatment services) while they are in an institutional (involuntary) setting, including but not limited to jails, prisons, and inpatient units.
60.	*Comment:* Agree on the definition across departments for recidivism; implement standard GAINS entry/exit processes in jail, etc.
	Response: These suggestions will be considered as the Innovation Plan continues to be established.
WET Project: Workforce Development	
61.	*Comment:* We need training for the new Behavioral Health Commission members.
	Response: This training type is already included under this program.
62.	*Comment:* Measure Crisis Intervention Training (CIT) stats (number of officers trained by slope and by department, including correction officers working in the jails). The idea of "CIT leads" covering all shifts was to essentially provide highly skilled deputies and officers for behavioral health including co-occurring calls. This would expedite treatment and de-escalate situations. The county needs to decide if its strategy is to continue the model of CIT "leads" that receive full Memphis-model training and have them available 7x24, then provide 20 hour training to the rest of law enforcement. Without a published strategy backed by data and rational thought, the public will continue to ask for every officer to be trained at the most expensive level of training.
	Response: CIT training is an allowable training under this program, but ultimately law enforcement agencies determine the required training for their employees and therefore this request is largely outside the scope of MHSA.

63.	*Comment:* I would like to see the Behavioral Health Commission track the Crisis Intervention Training (CIT) training of all our law enforcement officers (i.e. Sheriff, Placerville Police Department, Tahoe Police Department, California Highway Patrol, Corrections officers, Probation officers). I would like to see MHSA fund a goal of getting ALL officers the 32+ hour training.
	Response: Please see response to comment 63, above. Topics for inclusion in the monthly Behavioral Health Commission report are determined by the Behavioral Health Commission, not MHSA.
CFTN Project: Community Wellness Center	
64.	*Comment:* Was the Juvenile Hall site considered for the Community Wellness Center?
	Response: No, the Juvenile Hall was not considered for the Community Wellness Center. The County looked at the Juvenile Hall as a potential site for a Mental Health Rehabilitation Center (MHRC). One site identified as a potential location for the Community Wellness Center has been disregarded due to required extensive facility improvements. The County continues to search for other potential viable sites.
65.	*Comment:* Perhaps we could also combine MHSA funds for a new Wellness Center with HUD funds (we could apply for), so that we could create an innovative project encompassing a Wellness Center with various kinds of housing (e.g., supportive, transitional, senior, veterans, etc.)
	Response: HHSA is exploring all funding options for the Community Wellness Center and housing.
Reversion Reallocation Plan	
66.	*Comment:* Tot total anticipated expenditures for FY 2018-19 do not match the Annual Update "Budgeted Revenues and Expenditures by Component" table.
	Response: That is correct. The expenditures in the Reversion Reallocation Plan are <u>anticipated</u> expenditures, not budgeted expenditures. Despite the budgeted expenditures, actual MHSA expenditures have been lower than budgeted. El Dorado County is a fiscally conservative county and budgets the total maximum dollars that could be expended under each program. Historically, the actual expenditures have been lower than budgeted. To ensure that all reallocated reversion funds are spent, the "FY 2018-19 Anticipated Revenues and Expenditures by Component (AB 114 Table)" uses anticipated expenditures rather than budgeted expenditures.

APPENDIX A

AB 114 Reversion Reallocation Expenditure Plan

Background

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

On December 28, 2017, the California Department of Health Care Services (DHCS) Mental Health Substance Use Disorder Services (MHSUDS) published Information Notice 17-059. The purpose of the Information Notice was to inform counties of the process by which DHCS would use to determine the amount of unspent MHSA funds subject to reversion as of July 1, 2017, identify a County appeal process regarding the reversion determination, and the requirement that by July 1, 2018, counties must have a plan to expend the reallocated reverted funds by July 1, 2018. This Information Notice supersedes all previous reversion policies in Information Notices developed by the former Department of Mental Health and DHCS.

Reversion Period

Until the passage of AB 114, 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).

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

Funds Subject to Reversion Reallocation

AB 114 also required the State to notify counties of the dollar amounts of the reallocated reversion funds, establish a process through which the counties could appeal the State's reallocations, and a develop a process for counties to identify how the AB 114 funds would be spent by June 30, 2020.

State Notification of AB 114 Reallocated Funds

On January 5, 2018, the California Department of Health Care Services (DHCS) notified El Dorado County that the following funds would be once again available to the County for use pursuant to its AB 114 Expenditure Plan:

El Dorado	CSS	PEI	INN	Total
FY 2005-06	$ --			$ --
FY 2006-07	$ --			$ --
FY 2007-08	$ --	$ --		$ --
FY 2008-09	$ --	$ --	$ 395,176	$ 395,176
FY 2009-10	$ --	$ --	$ --	$ --
FY 2010-11	$ --	$ 579,150	$ 300,036	$ 879,186
FY 2011-12	$ --	$ 86,126	$ 201,890	$ 288,016
FY 2012-13	$ --	$ 329,457	$ 434,720	$ 764,177
FY 2013-14	$ --	$ 43,721	$ 245,703	$ 289,424
Total	$ --	$ 1,038,454	$ 1,577,525	$ 2,615.979

$ --	= No Funds Subject to Reversion
	= Funds Not Within Reversion Time Frames

County Appeal

The County appealed the reversion calculations. The County uses Generally Accepted Accounting Principles (GAAP) in all its fiscal activities, however the State denied the County's appeal and added additional reversion funds for FY 2014/15 in PEI and INN, and funds for WET and CFTN, to the final reversion reallocation.

Although the County continues to disagree with the State, there are no further rights to appeal and HHSA must keep separate records of MHSA expenditures that do not comply with GAAP to comply with the State's MHSA record keeping method.

The State's final reversion reallocations for El Dorado County are:

El Dorado	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	$ --					$ --
FY 2006-07	$ --			$ 13,732		$ 13,732

El Dorado	CSS	PEI	INN	WET	CFTN	Total
FY 2007-08	$ --	$ --			$ 354,617	$ 354,617
FY 2008-09	$ --	$ --	$ 395,176			$ 395,176
FY 2009-10	$ --	$ --	$ --			$ --
FY 2010-11	$ --	$ 579,150	$ 300,036			$ 879,186
FY 2011-12	$ --	$ 86,126	$ 201,890			$ 288,016
FY 2012-13	$ --	$ 329,457	$ 434,720			$ 764,177
FY 2013-14	$ --	$ 43,721	$ 245,703			$ 289,424
FY 2014-15	$ --	$ 396,686	$ 206,307			$ 602,993
Total	$ --	$ 1,435,140	$ 1,783,832	$ 13,732	$ 354,617	$ 2,615,979

AB 114 Expenditure Plan

Pursuant to the requirements of AB 114, Counties must develop an AB 114 Expenditure Plan, post it to the County's website, and submit it to the State and the MHSOAC by July 1, 2018. Reallocated PEI, WET and CFTN funds cannot be spent until approved by the Board of Supervisors. Use of reallocated INN must be approved by the Board of Supervisors as well as the MHSOAC.

Reallocated funds must be expended on the component for which they were originally allocated. A county may expend reallocated funds for an already approved program/project or use the reallocated funds to expand and already approved program/project provided the program/project is in the same component as the component for which the funds were originally allocated to the county, which must be in compliance with applicable MHSA statutes and regulations.

Use of these AB 114 funds is discussed throughout the FY 18-19 MHSA Annual Update, with the full Expenditure Plan captured in this Appendix.

Primary Fiscal Methodology for AB 114 Expenditures

General Expenditure Methodology

In general, FY 18/19 Expenditures will be applied against revenues in the following order:

1. FY 16/17 Revenues
2. AB 114 Reallocated Reversion Funds
3. FY 17/18 Revenues
4. FY 18/19 Revenues

FY 19/20 Expenditures will be applied against revenues in the following order:

1. AB 114 Reversion
2. FY 17/18 Revenues
3. FY 18/19 Revenues
4. FY 19/20 Revenues

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

FY 2018-19 Anticipated Revenues and Expenditures by Component (AB 114 Table)

This table differs from the Budgeted Revenues and Expenditures by Component table (MHSA Budget Table) because this table uses anticipated (rather than budgeted) expenditures for each component, whereas the MHSA Budget Table in the FY 18-19 Annual Update uses the budgeted expenditures.

The need for two separate tables is a result of the AB 114 funding having a very short period in which it can be used and the need to carefully monitor the anticipated expenditures throughout the year to ensure that all AB 114 funding is utilized by June 30, 2020.

	CSS	PEI	WET	INN	CFTN	TOTAL
Prop 63 (MHSA) - New Funding	$5,764,078	$1,441,019	$0	$379,216	$0	$7,584,313
AB 114 Reversion Reallocation	$0	$1,435,140	$13,732	$1,783,832	$354,617	$3,587,321
Federal: PATH and MHBG	$373,008	$0	$0	$0	$0	$373,008
Medi-Cal	$3,632,845	$0	$0	$0	$0	$3,632,845
Private Insurance	$3,400	$0	$0	$0	$0	$3,400
Private Payors	$5,000	$0	$0	$0	$0	$5,000
Misc. Revenue	$214,968	$0	$0	$0	$0	$214,968
AB 109 / AOT (Community Corrections Partnership)	$182,523	$0	$0	$0	$0	$182,523
Transfer from CSS	($30,000)	$0	$30,000	$0	$0	$0
Fund Balance	$7,445,745	$1,058,006	$14,323	$384,502	$500,000	$9,402,576
Total Revenues Budgeted	**$17,591,567**	**$3,934,165**	**$58,055**	**$2,547,550**	**$854,617**	**$24,985,954**
Anticipated Expenditures from AB 114 Reversion Reallocation*	$0	($1,435,140)	($13,732)	($800,000)	($200,000)	($2,448,872)
Anticipated Expenditures from Fund Balance and New Revenues*	($11,000,000)	($950,000)	($35,000)	$0	($5,000)	($11,990,000)
Total Anticipated FY 2018-19 MHSA Plan Expenditures*	($11,000,000)	($2,385,140)	($48,732)	($800,000)	($205,000)	($14,438,872)
Estimated Fund Balance 7/1/19	$6,591,567	$1,549,025	$9,323	$1,747,550	$649,617	$10,547,082
Estimated Revenues FY 19/20	$10,085,822	$1,441,019	$60,000	$379,216	$0	$11,966,057

	CSS	PEI	WET	INN	CFTN	TOTAL
Estimated Expenditures from AB 114 (2017) Reversion Reallocation*	$0	$0	$0	($983,832)	($154,617)	($1,138,449)
Estimated Expenditures from Fund Balance and New Revenues*	($11,000,000)	($2,389,250)	($35,000)	($150,000)	($495,000)	($14,069,250)
Estimated Fund Balance 7/1/20	$5,677,389	$596,684	$34,323	$992,934	$0	$7,301,330

*As previously referenced, El Dorado County is a fiscally conservative County. Although the MHSA Plan and Annual Update reflect higher budgeted (allowable) expenditures, this chart has been created with anticipated expenditures (rather than budgeted expenditures) projected from previous actual expenditures (which are historically lower than budgeted expenditures as discussed in the FY 17-18 through FY 19-20 MHSA Plan). This will provide the County with a closer estimate as to how much may actually be spent in MHSA, but it is not intended to limit the revenues or expenditures to less than those identified in the FY 18-19 Annual Update. The need for this unusual approach is due to the two year timeframe in which to fully expend all funds subject to AB 114 reversion reallocation. If these anticipated expenditures were not used, the County may underspend the funds subject to reversion reallocation.

Community Planning Process – Stakeholder Participation

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

At the time of the stakeholder meetings, the specific funds subject to reversion reallocation were not known, however the County proceeded with the Community Planning Process with the assumption that all funds reflected in the County's Fund Balance would be available as MHSA expenditures in FY 18/19. As a result of this inclusive Community Planning Process, the MHSA Team was afforded the opportunity to consider a wide range of programs to address the unmet or undermet mental health needs in El Dorado County.

Not only were stakeholders able to provide input on the front end of the Annual Update process, but all information related to the AB 114 Reversion Reallocation Expenditure Plan were included in the Draft FY 18/19 MHSA Annual Update posed for a 30-day public comment period on April 18, 2018. All substantive comments received during the 30-day public comment period the the subsequent Public Hearing will be considered in the development of the final FY 18/19 MHSA Annual Update, which is anticipated to be taken to the County of El Dorado Board of Supervisors on June 26, 2018 for approval and adoption.

PEI AB 114 Reversion Reallocation Expenditure Plan

PEI AB 114 Reversion Reallocation funds will be spent using the General Expenditure Methodology identified above on the programs identified in the Annual Update.

Historically, El Dorado County has not been able to fully utilize its PEI Revenues annually. To ensure that PEI AB 114 Reversion Reallocation funds are utilized, this Annual Update includes two new PEI programs designed to address the unmet needs of Older Adults and children/youth involved in the Child Welfare System and/or Juvenile Justice Systems. Additionally, the funding levels for some current PEI programs have been adjusted to more accurately reflect the spending trends of those programs and to account for changes to the program design identified in the Annual Update. There may be a need to alter the direction of services based on funding or community demand, and the Annual Update allows for such flexibility.

CSS AB 114 Reversion Reallocation Expenditure Plan

The State did not identify any CSS funds currently subject to reversion reallocation. However, any CSS funds that are identified during the fiscal year as being at risk of reversion at the end of the fiscal year shall be transferred to the County's MHSA Prudent Reserve if those funds will not be fully utilized by existing CSS programs during this fiscal year.

Innovation AB 114 Reversion Reallocation Expenditure Plan

Innovation AB 114 Reversion Reallocation funds will be spent using the General Expenditure Methodology identified above on the programs identified in the Annual Update.

To ensure that the AB 114 reversion Reallocation funds are fully expended in a timely manner and that further funds are not subject to reversion, the County is expanding one of its current Innovation programs to address challenges and unanticipated program needs, and introducing several new Innovation programs as described more fully in the Annual Update.

Restoration of Competency in an Outpatient Setting Project - ***Unchanged, but expenditures will be less than budgeted***

Community-Based Engagement and Support Services Project - ***Expanded***

Senior Nutrition Partnership - ***New***

Peer Leadership Housing - ***New***

Post-Jail Re-Entry - ***New***

Art Therapy for Grief - ***New***

Administrative Costs - MHSA Team ***- Adjusted to historical levels***

WET AB 114 Reversion Reallocation Expenditure Plan

WET AB 114 Reversion Reallocation funds will be spent using the General Expenditure Methodology identified above on the programs identified in the Annual Update.

CFTN AB 114 Reversion Reallocation Expenditure Plan

CFTN AB 114 Reversion Reallocation funds will be spent using the General Expenditure Methodology identified above on the programs identified in the Annual Update.