

# El Dorado County Mental Health Services Act (MHSA)

## Fiscal Year 2016-17 Plan Update



Health and Human Services Agency, Mental Health Division



**WELLNESS | RECOVERY | RESILIENCY**

## Message From the Director



Don Ashton, M.P.A.  
Director of the County of El Dorado  
Health and Human Services Agency

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 programs 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 programs and look forward to the collaborative effort that will result in programs and services that most effectively serve our El Dorado County residents.

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## **Reference Documents:**

### **FY 2016-17 MHSA Plan Update**

#### **Additional Attachments**

- Attachment A: Performance Outcomes
- Attachment B: FY 2016-17 MHSA Funding Summary and Expenditure Plan
- Attachment C: Community Planning Process
- Attachment D: Mental Health Services Act
- Attachment E: County Profile, Demographics and Need Assessments
- Attachment F: Initials Used in the MHSA Plan
- Attachment G: County Compliance and Fiscal Accountability Certification Forms
- Attachment H: FY 2015-16 MHSA Annual Update Instructions
- Attachment I: FY 2013-14 Revenue and Expenditure Report

### **Program and Project Descriptions**

FY 2016-17 Mental Health Services Act Programs and Projects

# MHSA Background and Purpose of Plan 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. The first component, 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. The second component, 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 Technology 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.

The MHSA specifies that counties must develop programs and services incorporating the following six 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 Plan Update**

This FY 2016-17 MHSA Plan Update is prepared to provide the public with information about the current status of MHSA in El Dorado County.

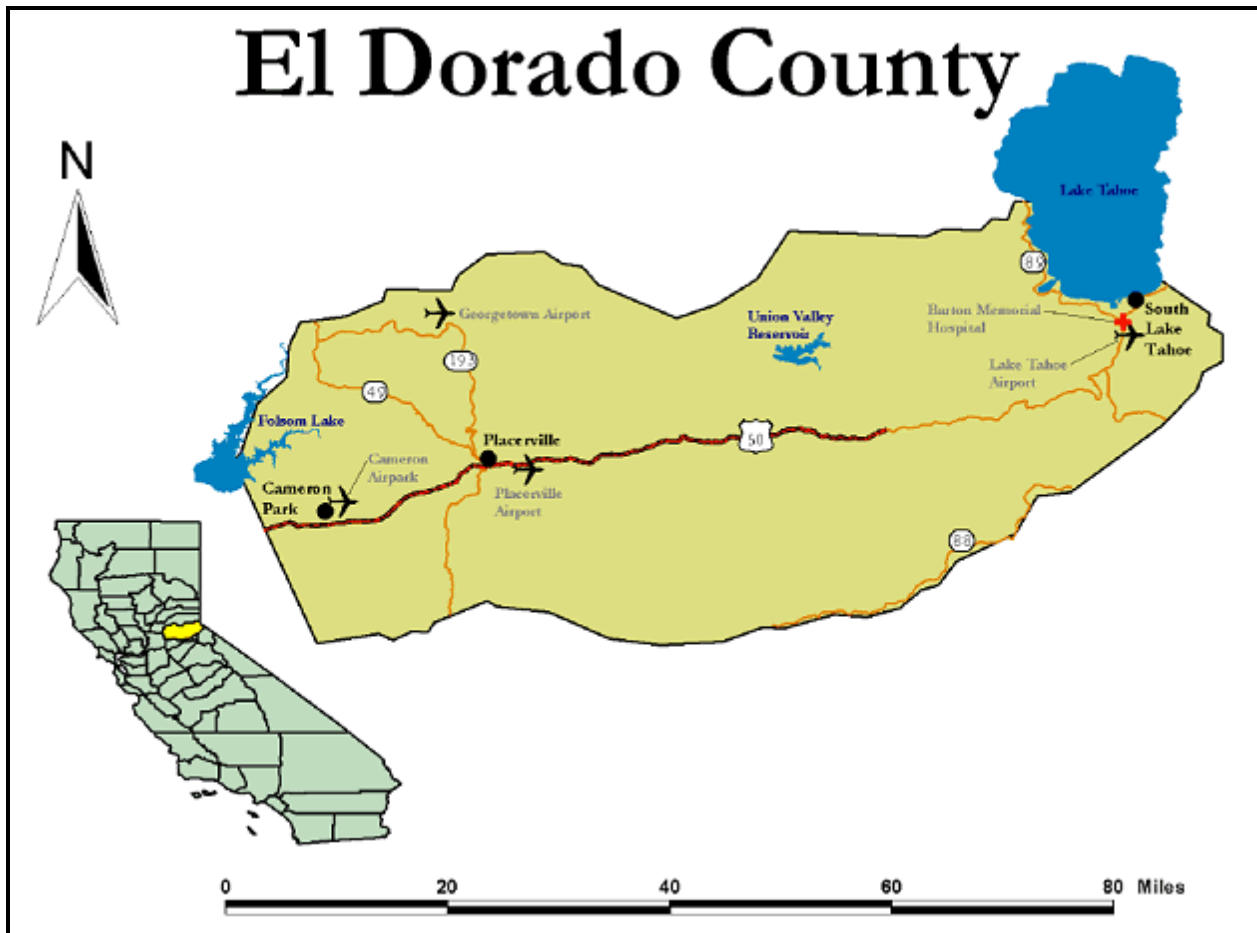
## **MHSA Legislative Changes and Plan Requirements**

The most recent instructions issued by the Mental Health Services Oversight and Accountability Commission (MHSOAC) were for the Fiscal Year (FY) 2015-16 MHSA Plan Update. MHSA Plans are written for three-year durations; however, plans are to be updated annually to allow for significant changes from the prior years' plan. The next MHSA Three-Year Plan will be completed for FY 2017-18 through FY 2019-20. The MHSOAC adopted new regulations for the PEI and Innovation components effective October 2015.

# 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. This landscape invites residents and tourists alike to enjoy outdoor recreation activities year-round.



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.

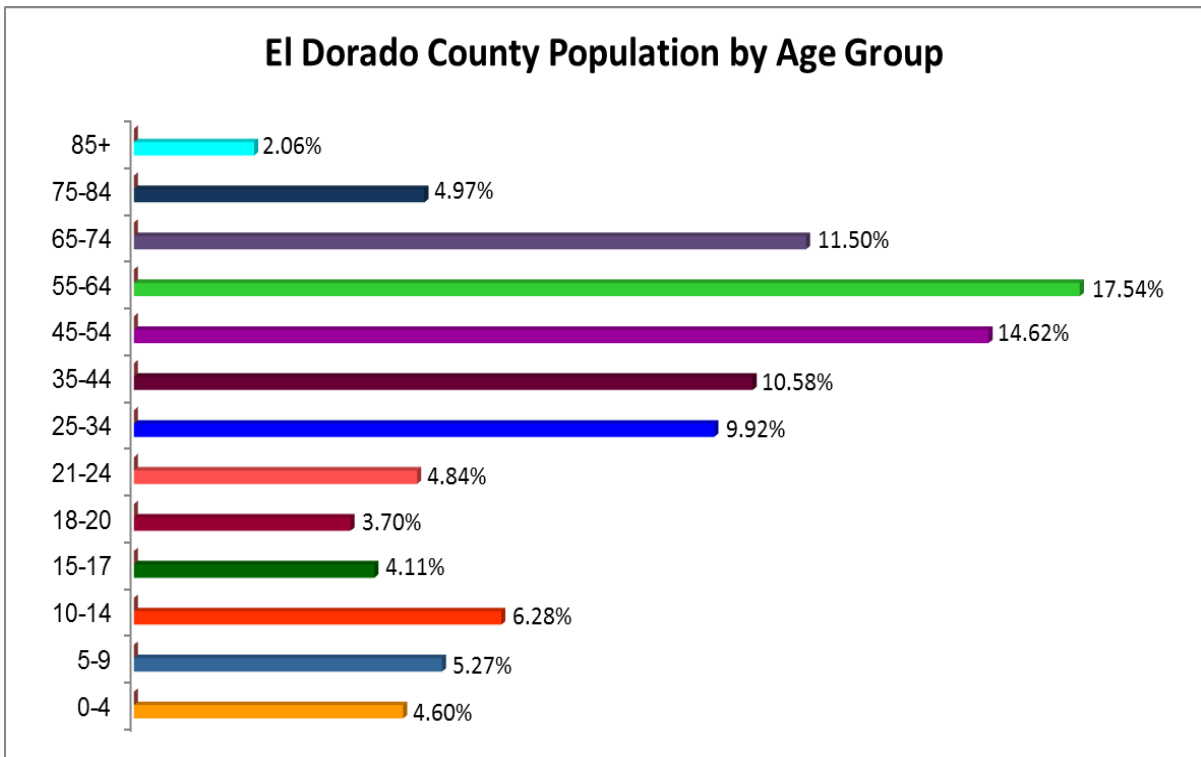
The current population of El Dorado County is 185,441. Approximately eighty percent of the county's population resides in unincorporated areas of the county. The rural nature of many

unincorporated areas of the county results in challenges to obtaining health service (e.g., transportation to services, outreach to residents, and public awareness relative to available services).

**County Demographics:**

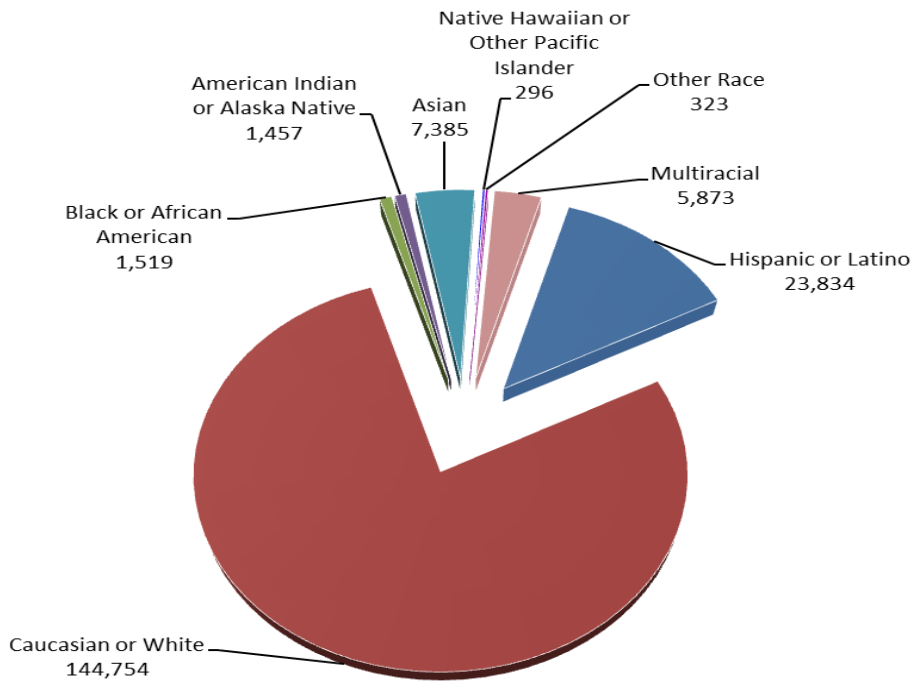
The following charts provide a summary of El Dorado County’s population information in the following categories:<sup>1</sup>

- Age Groups
- Race / Ethnicity
- Sex
- Residence by Region
- Languages Spoken at Home (population ages 5+)

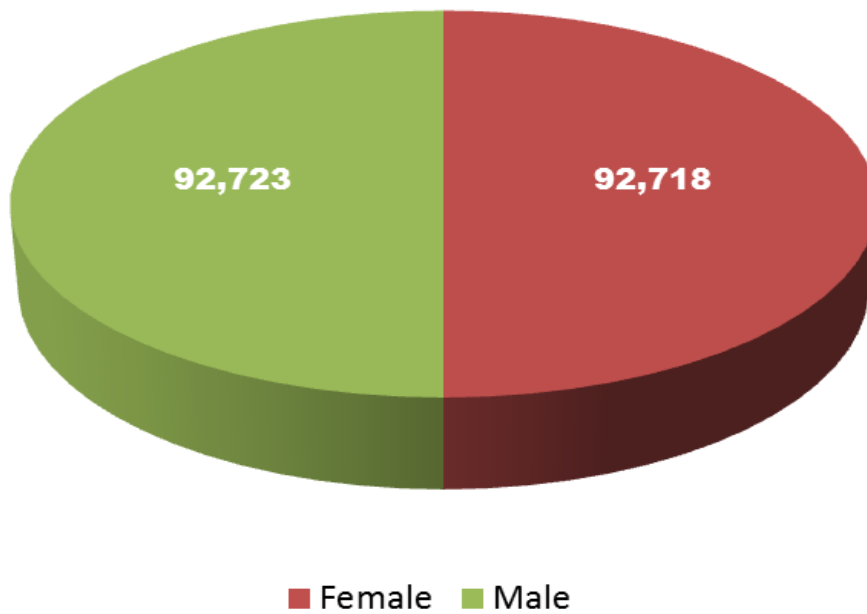


<sup>1</sup> Healthy Communities Institute. Community Dashboard. March 9, 2016. Retrieved from [www.welldorado.org](http://www.welldorado.org).

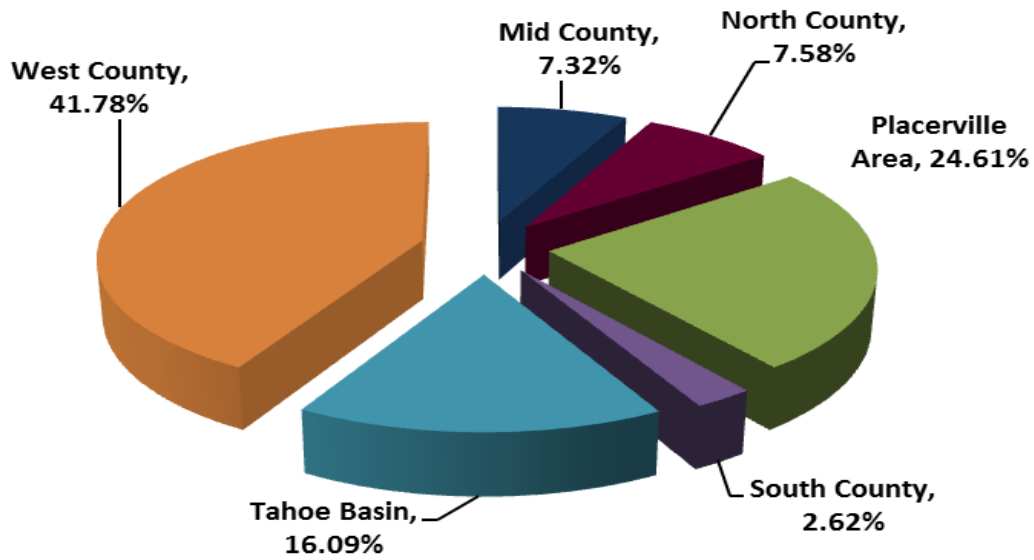
### El Dorado County Population by Race / Ethnicity



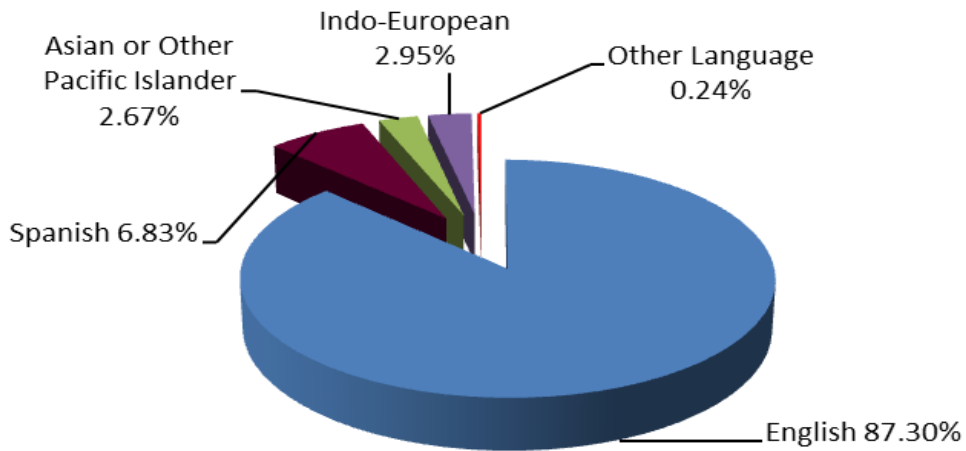
### El Dorado County Population by Sex



### El Dorado County Residence by Region



### El Dorado County Language Spoken at Home\*



\* For population ages 5+

See “FY 2016-17 MHSA Plan Additional Documents, Attachment E” for additional details on El Dorado County demographics.



# 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 FY 2016-17 MHSA Plan Update. The community meetings were held in October 2015. Meetings were hosted by NAMI El Dorado and the Diamond Springs and South Lake Tahoe Wellness Centers.

The MHSA project team maintains a MHSA email distribution list for individuals who have expressed an interest in MHSA activities. The distribution list of approximately 680 members includes:

- 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
- other interested individuals

A press release was issued on September 18, 2015 regarding the MHSA public meetings, 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. Additionally, the public was invited to provide input via SurveyMonkey®. The survey link was posted to the County's website and sent out via email to the MHSA distribution list. Hard copy surveys were also distributed and collected from a variety of agencies and contract providers. There were 28 attendees (27 unique participants) at the community planning meetings and the MHSA project team received 388 completed surveys (360 English and 28 Spanish). All input received was considered in the development of this Plan Update.

## **Input Received**

Issues of primary concern include:

- More funding for children's mental health services and school-based services
- Publish program outcomes data
- Improve the quality of mental health services
- Too many MHSA programs, need to reduce and consolidate services
- Increase mental health services for adults
- Increase outreach, engagement and early intervention
- More community collaboration
- More services for Transitional Age Youth (TAY)
- Increase General Fund contribution for mental health services

In response to the feedback received, this Plan Update includes more funding for children's, adults and TAY mental health services, more comprehensive published program outcomes, more community collaboration, and increased outreach, engagement and early intervention.

Priority populations were identified as:

- School-aged children
- Older adults
- LGBTQ individuals
- TAY individuals
- Jail releases and clients on probation
- Homeless

Additionally, participants in the Community Planning Process were asked to submit Innovation ideas and proposals.

Substantive comments received about the draft Plan Update during the comment period and public hearing process, and responses to those comments, have been included in Attachment C of the final Plan Update.

### **Notification of the Draft FY 2016-17 MHSA Plan**

HHSa provided notification of the Draft FY 2016-17 Plan publication as follows:

- **FY 2016-17 MHSA Plan 30-Day Comment Period:** The Draft FY 2016-17 MHSA Plan Update was posted on the County's website on April 21, 2016 for a 30-day review period. Emails were sent on April 21, 2016 to the MHSA distribution list, the Mental Health Commission members, the Chief Administrative Office (CAO), the Board of Supervisors' offices, and HHSa staff advising recipients that the Draft FY 2016-17 MHSA Plan Update was posted and available for public comment for 30 days. A press release was distributed on April 21, 2016, to the Tahoe Daily Tribune, Mountain Democrat, Georgetown Gazette, Sacramento Bee, Life Newspaper (Village Life) and El Dorado Hills Telegraph. The public comment period closed on May 23, 2016 at 12:00 Noon.
- **FY 2016-17 MHSA Plan Update Public Hearing:** The Mental Health Commission held a public hearing on the Draft FY 2016-17 MHSA Plan Update on May 25, 2016. The date and time of the meeting were noticed on the Mental Health Commission's calendar and the MHSA web page, and were sent out to individuals on the MHSA email distribution list.
- **El Dorado County Board of Supervisors:** After the Public hearing, it is anticipated that this Plan Update will be presented to the El Dorado County Board of Supervisors for adoption on June 13, 2016. Notification of the date was posted on the MHSA web page and was included on the Board of Supervisors agenda. After the El Dorado County Board of Supervisors adopts the FY 2016-17 MHSA Plan Update, all components of this plan will become effective with the exception of the Innovation Plans that must be approved by the State prior to becoming effective.

- California Mental Health Services Oversight and Accountability Commission (MHSOAC):** Within 30 days of the Board of Supervisors’ approval of the FY 2016-17 MHSA Plan, a copy of the Plan will be provided to the MHSOAC as required by the MHSA, and the Innovation Plans will be considered for approval by the MHSOAC.

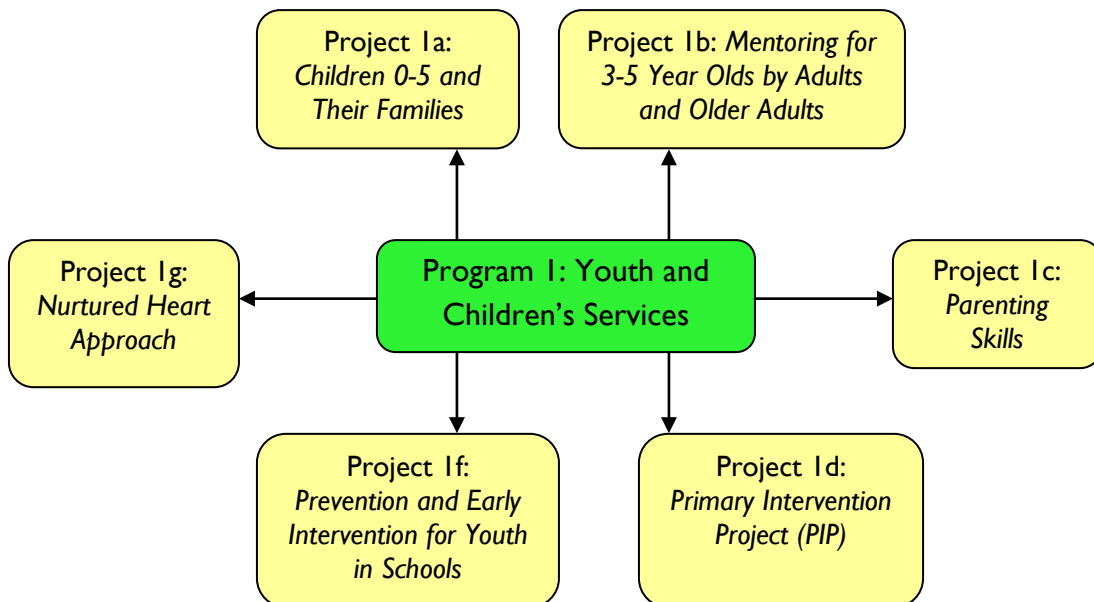
See “FY 2016-17 MHSA Plan Additional Documents, Attachment C” for additional details on the FY 2016-17 MHSA Community Planning Process.

## Current MHSA Projects

### PREVENTION AND EARLY INTERVENTION (PEI) PROJECTS

The MHSA Prevention and Early Intervention (PEI) component consists of programs intended to prevent serious mental illness / emotional disturbance by promoting mental health, reducing mental health risk factors and by intervening to address mental health problems in the early stages of the illness. This Plan Update includes PEI programs for youth and children, vulnerable adults, culturally-specific services (for Latino and Native American communities) and provides community education and community-based services.

### Youth and Children’s Services Program and Projects:



**Project Ia: Children 0-5 and Their Families:**

The Infant Parent Center provides prevention, early intervention, access and linkage to treatment services to children age 0-5 and their families. A plan of care will be developed by service provider in concert with family and other community collaborators as appropriate to address the family’s specific needs and goals. Some activities include infant-parent psychotherapy, counseling, home visitation, parenting support, education and a variety of evidence based therapies.

The Infant Parent Center provided services to approximately 189 unduplicated individuals and families in FY 2014-15. The total expenditures were approximately \$229,475 with an approximate cost per participant of \$1,214.

In FY 2014-15 the Children 0-5 and Their Families project served:

Age Group	Number
0-15 (children/youth)	93
16-25 (transitional age youth)	12
26-59 (adult)	29
Ages 60+ (older adults)	0
Unknown or declined to state	55

Gender	Number
Female	122
Male	67

Region of Residence	Number
West County	49
Placerville area	92
North County	7
Mid County	23
South County	4
Tahoe Basin	0
Unknown or declined to state	14

Race / Ethnicity	Number
American Indian or Alaska Native	2
Asian	0
Black or African American	2
Caucasian or White	125
Hispanic or Latino	27
Native Hawaiian or Other Pacific Islander	0
Multiracial	16
Other Race or Ethnicity	2
Unknown or declined to state	15

Language	Number
English	162
Spanish	18
Other Language	0
Bilingual	9
Unknown or declined to state	0

**Project Ib: Mentoring for 3-5 Year Olds by Adults and Older Adults:**

Big Brothers Big Sisters recruits, screens and trains adults and older adults to mentor at-risk, unserved and underserved children at multiple county child development sites. This project will help reduce parental stress and increase parent-child interaction, as well as parent-teacher

interaction. The mentor will teach child coping mechanisms to deal with day-to-day stressors and any mental health symptoms.

The majority of the fiscal year was spent recruiting and successfully matching both “Bigs” and “Littles”. At the fiscal year end, 4 successful matches were made and more matches are anticipated in the current fiscal year, both on the West Slope and in South Lake Tahoe. The total expenditures for FY 2014-15 were approximately \$100,233.

In FY 2014-15 the Mentoring for 3-5 Year Olds by Adults and Older Adults project served:

Age Group	Number
0-15 (children/youth)	4
16-25 (transitional age youth)	0
26-59 (adult)	0
Ages 60+ (older adults)	0
Unknown or declined to state	0

Gender	Number
Female	1
Male	3

Region of Residence	Number
West County	0
Placerville area	4
North County	0
Mid County	0
South County	0
Tahoe Basin	0
Unknown or declined to state	0

Race / Ethnicity	Number
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Caucasian or White	2
Hispanic or Latino	2
Native Hawaiian or Other Pacific Islander	0
Multiracial	0
Other Race or Ethnicity	0
Unknown or declined to state	0

Language	Number
English	4
Spanish	0
Other Language	0
Bilingual	0
Unknown or declined to state	0

**Project 1c: Parenting Skills:**

New Morning Youth and Family Services offers parenting skills classes to promote emotional and social capability, and to reduce and treat behavioral and emotional problems in children ages two to twelve.

New Morning Youth and Family Services provided services to 42 unduplicated individuals in FY 2014-15. The total expenditures were approximately \$35,094 with an approximate cost per participant of \$836.

In FY 2014-15 the Parenting Skills project served:

Age Group	Number
0-15 (children/youth)	0
16-25 (transitional age youth)	2
26-59 (adult)	38
Ages 60+ (older adults)	2
Unknown or declined to state	0

Gender	Number
Female	35
Male	7

Region of Residence	Number
West County	4
Placerville area	5
North County	9
Mid County	15
South County	3
Tahoe Basin	6
Unknown or declined to state	0

Race / Ethnicity	Number
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Caucasian or White	16
Hispanic or Latino	23
Native Hawaiian or Other Pacific Islander	0
Multiracial	2
Other Race or Ethnicity	1
Unknown or declined to state	0

Language	Number
English	25
Spanish	17
Other Language	0
Bilingual	0
Unknown or declined to state	0

**Project Id: Primary Intervention Project (PIP):**

Black Oak Mine Unified School District, El Dorado Community Vision Coalition, and Tahoe Youth and Family Services provide screening to identify children experiencing classroom difficulties. The Primary Intervention Project (PIP) is an evidence-based practice that offers short-term individual, non-directive play services with a trained school aide to students in kindergarten through third grade who are at risk of developing emotional problems.

The PIP provided services to approximately 214 unduplicated individuals in FY 2014-15. The total expenditures were approximately \$184,755 with an approximate cost per participant of \$863.

In FY 2014-15 the PIP served:

Age Group	Number
0-15 (children/youth)	214
16-25 (transitional age youth)	0
26-59 (adult)	0
Ages 60+ (older adults)	0
Unknown or declined to state	0

Gender	Number
Female	85
Male	117
Unknown	12

Region of Residence	Number
West County	45
Placerville area	0
North County	63
Mid County	0
South County	0
Tahoe Basin	106
Unknown or declined to state	0

Race / Ethnicity	Number
American Indian or Alaska Native	7
Asian	9
Black or African American	4
Caucasian or White	127
Hispanic or Latino	56
Native Hawaiian or Other Pacific Islander	1
Multiracial	6
Other Race or Ethnicity	2
Unknown or declined to state	2

Language	Number
English	172
Spanish	32
Other Language	5
Bilingual	4
Unknown or declined to state	1

**Project If: Prevention and Early Intervention for Youth in Schools:**

As a result of a Request for Proposals, Minds Moving Forward was awarded the contract to provide professional and para-professional staff on school campuses to improve youth mental health and address social and familial variations and stressors. This project will provide services to middle and high school students incorporating activities such as outreach, referrals, groups, classes, individual and family therapeutic services and on-going case management.

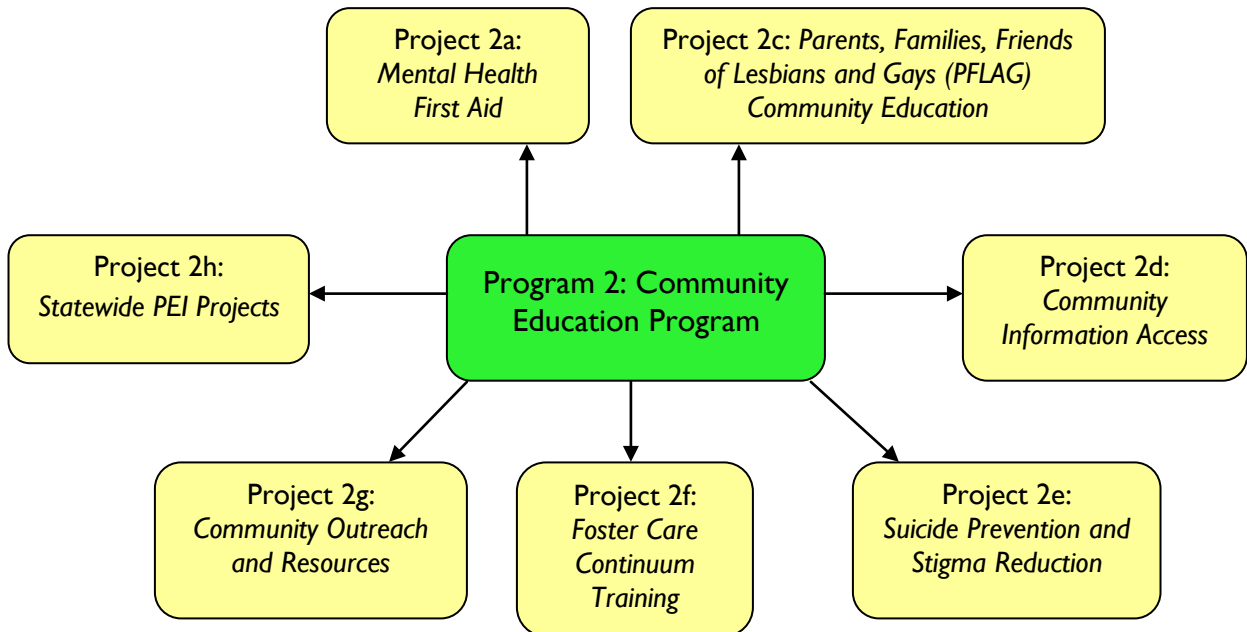
The contract is in development and outcomes for this project will be reported in the FY 2017-18 MHSA Plan.

**Project Ig: The Nurtured Heart Approach:**

Summitview Child and Family Services will provide training to parents and caregivers of children and youth with behavioral difficulties at school and/or at home. This program will offer training in The Nurtured Heart Approach®, a relationship-focused methodology originally developed for working with the most difficult children. It offers parent education and support which improves the caregiver-child relationship and the child/teens' behavior.

The contract was executed in January 2016. Outcomes for this project will be reported in the FY 2017-18 MHSA Plan.

## **Community Education Program and Projects:**



### **Project 2a: Mental Health First Aid:**

This evidence-based project introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and provides an overview of common treatments, using the curriculum developed by Mental Health First Aid USA. There are three programs available: Mental Health First Aid, which focuses on risk-factors and mental illness in adults, Youth Mental Health First Aid, which focuses on risk-factors and mental illness in youth ages 12 to 25, and a military-focused module for the adult program which focuses on the needs of active duty military personnel, veterans and their families.

The Mental Health First Aid project provided classes to approximately 249 unduplicated individuals in FY 2014-15 including high school students, law enforcement chaplains, foster parents, Marshall Medical staff, South Lake Tahoe community college members, faith and general community members). There were 4 youth classes, 12 adult classes and 1 veterans' class. The total expenditures were approximately \$42,691 with an approximate cost per participant of \$171.

### **Project 2c: Parents, Families, Friends of Lesbians and Gays (PFLAG) Community Education:**

This project supports differences, builds understanding through community involvement, and provides education to reduce shame and support to end discrimination.

No new materials were purchased in FY 2014-15 for the PFLAG project.



**Project 2d: Community Information Access:**

The Community Access Site (CAS) through Relias Learning provides a free, web-based community education and information resource center for consumers of mental health services, family members and community stakeholders. Stakeholder refers to a person, group or organization that affects or can be affected by an organization's actions. Included on this site is a comprehensive library of interactive online courses for use by both mental health professionals and the public.

**FREE Online Courses!**  
A FREE resource directory for El Dorado County  
<http://edcmhcas.training.reliaslearning.com/>

**General Topic Areas:**

- Mental Health
- Addiction & Recovery
- Peer Education
- Workforce Skills
- Issues of Older Adults
- Returning Veterans

Services are available Countywide via the internet. It is difficult to measure the outcomes of general public outreach activities due to their non-specific target population and methodology.

**Project 2e: Suicide Prevention and Stigma Reduction:**

As a result of a Request for Proposals, Tahoe Youth and Family Services was awarded the contract to provide outreach to all ages Countywide to reduce suicide, increase awareness and access to services, identify how and when to access mental health services, and reduce stigma.

The contract is in development and outcomes for this project will be reported in the FY 2017-18 MHSA Plan. Approximately \$927 was spent on training materials in support of this project in FY 2014-15.

**Project 2f: Foster Care Continuum Training:**

This project will improve the ability of foster parents, parents/guardians, foster family agency staff and County staff to identify mental health risk factors and to address negative behaviors early to improve placement stability of foster children and youth.

The Request for Proposals has not yet been published. Outcomes for this project will be reported in the FY 2017-18 MHSA Plan.

**Project 2g: Community Outreach and Resources:**

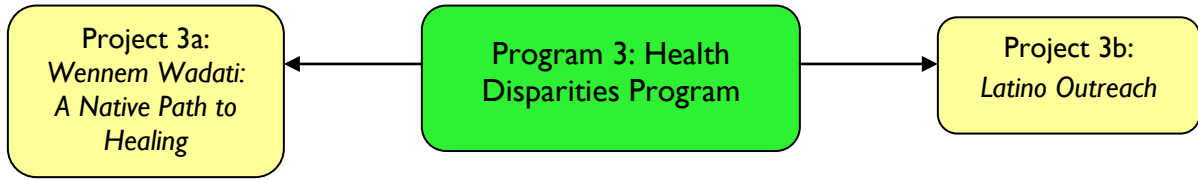
This project provides printed information related to mental health, services available, support available, reference materials and resources. The total expenditures for the Community Outreach and Resources project were approximately \$1,237 in FY 2014-15.

**Project 2h: Statewide PEI Projects:**

This project provides a mechanism at the Statewide level for counties to collectively address issues of suicide prevention, student mental health, and stigma and discrimination reduction.

Outcomes for this project will be reported in the FY 2017-18 MHSA Plan.

**Health Disparities Program and Projects:**



**Project 3a: Wennem Wadati: A Native Path to Healing:**

Foothill Indian Education Alliance provides culturally specific Native American services through use of Cultural Specialists, who are Native American community members, working in a professional capacity that access unique cultural contexts and characteristics through the use of traditional Native American healing approaches. The project employs various prevention strategies to address all age groups in the target population with the intent to maintain mental health well-being, improve wellness, and decrease health disparities experienced by the Native American community.

The Wennem Wadati: A Native Path to Healing project provided services to approximately 270 unduplicated individuals in FY 2014-15. The total expenditures were \$111,589 with an approximate cost per participant of \$413.

In FY 2014-15 the Wennem Wadati: A Native Path to Healing project served:

Age Group	Number
0-15 (children/youth)	121
16-25 (transitional age youth)	29
26-59 (adult)	87
Ages 60+ (older adults)	30
Unknown or declined to state	3

Gender	Number
Female	185
Male	79
Unknown	6

Region of Residence	Number
West County	35
Placerville area	165
North County	5
Mid County	29
South County	3
Tahoe Basin	1
Unknown or declined to state	32

Race / Ethnicity	Number
American Indian or Alaska Native	225
Asian	0
Black or African American	1
Caucasian or White	29
Hispanic or Latino	14
Native Hawaiian or Other Pacific Islander	1
Multiracial	0
Other Race or Ethnicity	0
Unknown or declined to state	0

Language	Number
English	262
Spanish	8
Other Language	0
Bilingual	0
Unknown or declined to state	0

### **Project 3b: Latino Outreach:**

New Morning Youth and Family Services and the South Lake Tahoe Family Resource Center provide Promotoras to address isolation in the Spanish-speaking or limited English-speaking Latino adult population and peer and family problems in the youth population as community issues resulting from unmet mental health needs by contributing to system of care designed to engage Latino families and provide greater access to culturally competent mental health services.

The Latino Outreach project provided services to approximately 838 unduplicated individuals and families in FY 2014-15. The total expenditures were approximately \$213,301 with an approximate cost per participant of \$255.

In FY 2014-15 the Latino Outreach project served:

<b>Age Group</b>	<b>Number</b>
0-15 (children/youth)	287
16-25 (transitional age youth)	127
26-59 (adult)	422
Ages 60+ (older adults)	2
Unknown or declined to state	0

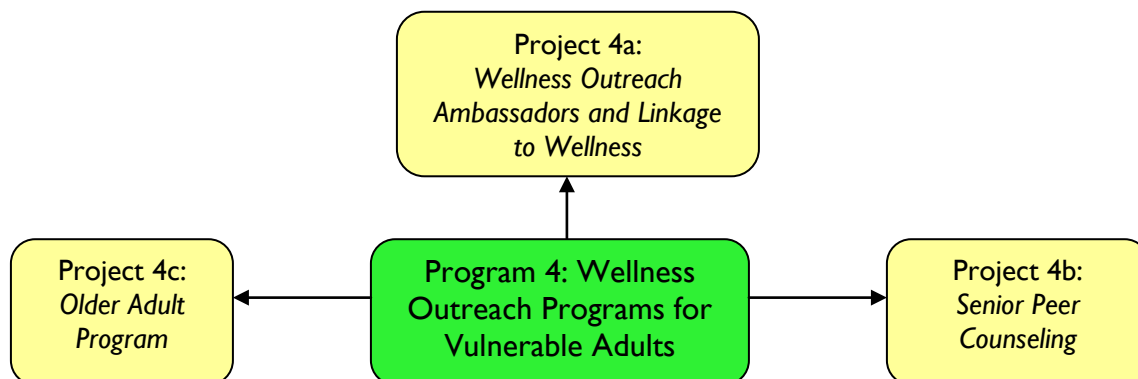
<b>Gender</b>	<b>Number</b>
Female	540
Male	298

<b>Region of Residence</b>	<b>Number</b>
West County	58
Placerville area	215
North County	28
Mid County	77
South County	10
Tahoe Basin	449
Unknown or declined to state	1

<b>Race / Ethnicity</b>	<b>Number</b>
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Caucasian or White	16
Hispanic or Latino	820
Native Hawaiian or Other Pacific Islander	0
Multiracial	2
Other Race or Ethnicity	0
Unknown or declined to state	0

<b>Language</b>	<b>Number</b>
English	163
Spanish	674
Other Language	1
Bilingual	0
Unknown or declined to state	0

## Wellness Outreach Programs for Vulnerable Adults:



### Project 4a: Wellness Outreach Ambassadors and Linkage to Wellness:

The partnership with the Wellness Center enables individuals who would traditionally not be eligible for mental health services to attend the Wellness Center and receive basic services and referrals. This project also allows family and friends who provide a support system to Wellness Center participants to attend activities at the Wellness Center to learn how to enhance their support roles.

There were approximately 649 visits by non-clients to the Wellness Centers in FY 2014-15; however, no MHSA funding was utilized for the Wellness Outreach Ambassadors and Linkage to Wellness project. This indicates that the visitors participated in Wellness Center activities, but may not have needed one-on-one services with mental health staff.

### Project 4b: Senior Peer Counseling:

Senior Peer Counseling provides free confidential individual counseling to adults age 55 and older. Senior Peer Counseling volunteers evaluate the needs of potential clients, frequently referring them or assisting them in making contact with other community services, including Mental Health evaluation and treatment.

The Senior Peer Counseling project provided services to approximately 31 unduplicated individuals in FY 2014-15. The total expenditures were approximately \$25,351 with an approximate cost per participant of \$818.

In FY 2014-15 the Senior Peer Counseling project served:

Age Group	Number
0-15 (children/youth)	0
16-25 (transitional age youth)	0
26-59 (adult)	4
Ages 60+ (older adults)	27
Unknown or declined to state	0

Gender	Number
Female	26
Male	5

Region of Residence	Number
West County	7
Placerville area	14
North County	1
Mid County	7
South County	2
Tahoe Basin	0
Unknown or declined to state	0

Race / Ethnicity	Number
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Caucasian or White	31
Hispanic or Latino	0
Native Hawaiian or Other Pacific Islander	0
Multiracial	0
Other Race or Ethnicity	0
Unknown or declined to state	0

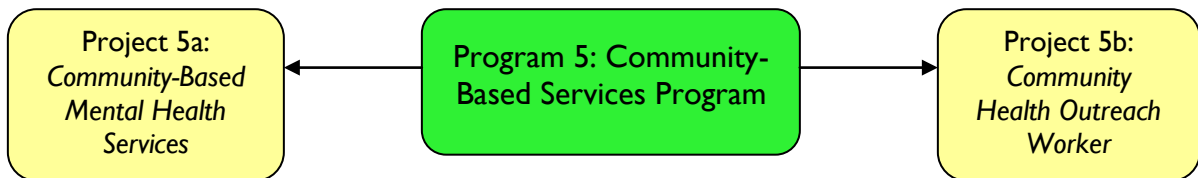
Language	Number
English	31
Spanish	0
Other Language	0
Bilingual	0
Unknown or declined to state	0

**Project 4c: Older Adult Program:**

This project focuses on depression among older adults, the community issues of isolation and the inability to manage independence that result from unmet mental health needs. The goal is to reduce institutionalization or out of home placement.

The Request for Proposals has not yet been published. Outcomes for this project will be reported in the FY 2017-18 MHSA Plan.

**Community-Based Services Program and Projects:**



**Project 5a: Community-Based Mental Health Services:**

This project provides mental health prevention and early intervention services in local communities. Mental Health clinical staff will visit various locations in the County and

participate in and coordinate with multi-disciplinary teams and community-based organizations to receive referrals.

The total expenditures for the Community-Based Mental Health Services project were approximately \$2,516 in FY 2014-15.

**Project 5b: Community Health Outreach Worker:**

This project will provide a point of contact for general mental health information coordination and community resources. The Community Mental Health Coordinator would work closely with primary care providers, hospitals, Public Health Nurses, community-based organizations, caring friends and family, and individuals in need of services to determine the appropriate referrals for individuals and families, and to work closely with those individuals and families in establishing services.

The Request for Proposals has not yet been published. Outcomes for this project will be reported in the FY 2017-18 MHSA Plan.

**PEI Administration:**

Expenditures for PEI Administration in FY 2014-15 were approximately \$41,676 for County staff to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this program.

## **COMMUNITY SERVICES AND SUPPORTS (CSS) PROJECTS**

Community Services and Supports (CSS) projects provide direct services to adults and children who have a severe mental illness or serious emotional disturbance. Under the Community Services and Supports component of the MHSA, counties can request three different kinds of funding to make changes and expand their mental health services and supports. Funding is available to support:

- Outreach and Engagement Activities - to reach out to people who may need mental health treatment but are not currently receiving services or are underserved.
- General System Development Programs - to improve mental health services and supports for people who receive mental health services.
- Full Service Partnership (FSP) Programs - to provide all of the mental health services and supports a person wants and needs to reach his or her goals and the majority of the CSS funding must be spent in FSP.

El Dorado County, MHSA CSS funding supports an array of mental health services for children and adults (projects may be listed more than once if applicable to more than one category):

### **Outreach & Engagement Activities**

- Wellness Centers
- Transitional Age Youth Engagement, Wellness and Recovery Services
- Outreach and Engagement Services
- Community-Based Mental Health Services

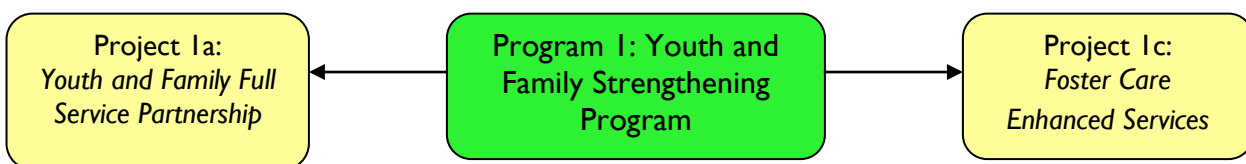
### **General Systems Development**

- Wellness Centers
- Transitional Age Youth Engagement, Wellness and Recovery Services
- Community-Based Mental Health Services
- Resource Management Services

### **Full Service Partnerships**

- Youth and Family Full Service Partnership
- Foster Care Enhanced Services
- Adult Full Service Partnerships
- Assisted Outpatient Treatment
- Transitional Age Youth Engagement, Wellness and Recovery Services

## Youth and Family Strengthening Program and Projects:



### **Project Ia: Youth and Family Full Service Partnership:**

Services in this project are aimed at helping El Dorado County youth avoid more restrictive and expensive placements, including group home placement, hospitalization and incarceration. A FSP project provides an individualized approach to meeting needs for mental health and support services to children/youth and their families who are at risk of foster care placement, or who are already in foster care, to prevent placement in a higher level of care facility. The intent of this project is to support children/youth, their caretakers, and the community by keeping children/youth healthy and safe at home, in school and out of trouble. The County has identified wraparound principles and services as the Youth and Family FSP project. Wraparound principles include family and individual voice, team-based decision making, and use of natural supports, collaboration, community-based service, cultural competence, individualized plans, strength-based interventions, persistence and outcome-based strategies. Wellness concepts for family and children/youth are embedded in the Youth and Family FSP project. Client and family strengths are defined from the initial conversation with the family and drive the determination of intervention strategies.

The Youth and Family Full Service Partnership project provided services to approximately 50 unduplicated individuals in FY 2014-15. The total expenditures were approximately \$378,895 with an approximate cost per participant of \$7,578.



In FY 2014-15 the Youth and Family Full Service Partnership project served:

Age Group	Number
0-15 (children/youth)	40
16-25 (transitional age youth)	10
26-59 (adult)	0
Ages 60+ (older adults)	0
Unknown or declined to state	0

Gender	Number
Female	22
Male	28

Region of Residence	Number
West County	9
Placerville area	20
North County	4
Mid County	7
South County	2
Tahoe Basin	8
Out of County	0
Unknown or declined to state	9

Race / Ethnicity	Number
American Indian or Alaska Native	3
Asian	0
Black or African American	1
Caucasian or White	38
Native Hawaiian or Other Pacific Islander	0
Other Race or Ethnicity	8
Unknown or declined to state	0
<i>Ethnicity:</i>	
Mexican/Mexican American	4
Puerto Rican	0
Other Hispanic/Latino	1
Not Hispanic	43
Unknown or declined to state	2

Language	Number
English	50
Spanish	0
Other Language	0
Bilingual	Unknown
Unknown or declined to state	0

**Project 1c: Foster Care Enhanced Services:**

This project provides assessment and Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) for qualifying members of the target population through the development of a treatment plan that provides for the full spectrum of community services that may be needed so that the client can achieve the identified goals. This project is designed to provide mandated mental health and supportive services resulting from the *Katie A. vs. Bonta* class action settlement agreement. Child Welfare Services will provide Mental Health with requests for assessment for the children/youth potentially eligible for these services. The services and supports required under this program may involve family members and other support systems, including care providers and extended family members, to provide not only the child with the tools for recovery and resiliency, but also assist those around the child with tools for a healthy support system. The services to be provided are to be designed to meet the mental health needs of the child/youth as developed in coordination with the child/youth and family.

The Foster Care Enhanced Services project provided services to approximately 73 unduplicated individuals in FY 2014-15. The total expenditures were approximately \$607,694 with an approximate cost per participant of \$8,325.

In FY 2014-15 the Foster Care Enhanced Services project served:

Age Group	Number
0-15 (children/youth)	60
16-25 (transitional age youth)	13
26-59 (adult)	0
Ages 60+ (older adults)	0
Unknown or declined to state	0

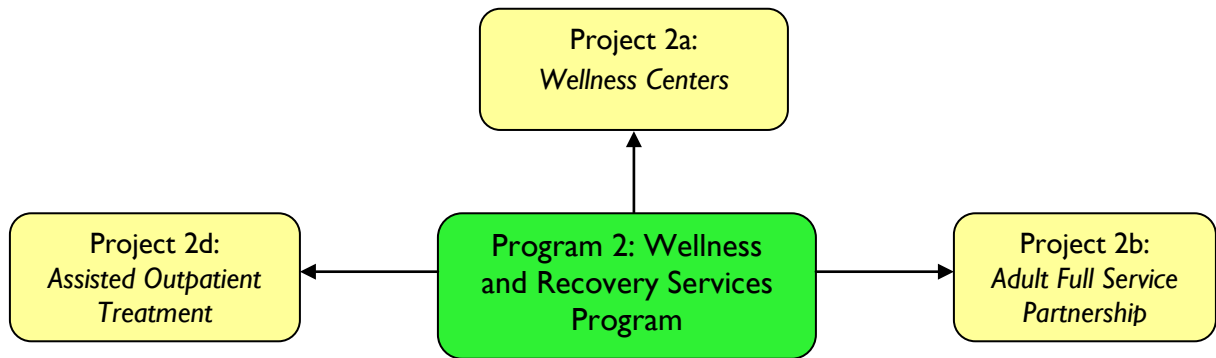
Gender	Number
Female	31
Male	42

Region of Residence	Number
West County	11
Placerville area	23
North County	2
Mid County	10
South County	1
Tahoe Basin	21
Out of County	5
Unknown or declined to state	0

Race / Ethnicity	Number
American Indian or Alaska Native	3
Asian	0
Black or African American	1
Caucasian or White	58
Native Hawaiian or Other Pacific Islander	1
Other Race or Ethnicity	8
Unknown or declined to state	2
<i>Ethnicity:</i>	
Mexican/Mexican American	2
Puerto Rican	0
Other Hispanic/Latino	4
Not Hispanic	58
Unknown or declined to state	9

Language	Number
English	69
Spanish	1
Other Language	0
Bilingual	Unknown
Unknown or declined to state	3

## **Wellness and Recovery Services Program and Projects:**



### **Project 2a: Wellness Centers:**

This project provides a welcoming location for individuals with severe mental illness to receive mental health services. The Wellness Centers provide a welcoming setting, away from the stigma and discrimination so often associated with mental illness, where participants can receive mental health services, life skills training, community integration experience, support groups, health care information, and social interaction and relationship building, frequently missing from the lives of those who have been diagnosed with a serious mental illness. The Wellness Centers strive to provide both inside and outside spaces for clients that are healthy, engaging and tranquil. Activities within the Wellness Centers include individual meetings between Mental Health staff and participants regarding the participant's mental health and support needs, referrals to community-based resources, independent living skill building, groups/classes that focus on self-healing, resiliency and recovery.

The Wellness Centers project received approximately 10,050 visits in FY 2014-15 in Diamond Springs and South Lake Tahoe. This number includes both clients and non-clients. The total expenditures were approximately \$2,331,867 with an approximate cost per participant visit of \$232. There were approximately 518 unduplicated clients who had an open Wellness Center episode in Avatar in FY 2014-15.

In FY 2014-15 the Wellness Centers project served:

Age Group	Number
0-15 (children/youth)	2 <sup>2</sup>
16-25 (transitional age youth)	44
26-59 (adult)	421
Ages 60+ (older adults)	51
Unknown or declined to state	0

Gender	Number
Female	279
Male	239

Region of Residence	Number
West County	70
Placerville area	176
North County	21
Mid County	54
South County	16
Tahoe Basin	160
Out of County	20
Unknown or declined to state	1

Race / Ethnicity	Number
American Indian or Alaska Native	5
Asian	4
Black or African American	5
Caucasian or White	460
Native Hawaiian or Other Pacific Islander	4
Other Race or Ethnicity	37
Unknown or declined to state	3
<i>Ethnicity:</i>	
Mexican/Mexican American	15
Puerto Rican	3
Other Hispanic/Latino	36
Not Hispanic	431
Unknown or declined to state	33

Language	Number
English	500
Spanish	10
Other Language	4
Bilingual	Unknown
Unknown or declined to state	4

**Project 2b: Adult Full Service Partnership:**

The Adult Full Service Partnership (FSP) 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. FSPs emphasize services that are client and family-driven, accessible, individualized, tailored to a client’s “readiness for change”, delivered in a culturally competent manner, and have a focus on wellness, outcomes and accountability. 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.

The Adult FSP project provided services to approximately 133 unduplicated individuals in FY 2014-15. The total expenditures were approximately \$3,210,260 with an approximate cost per participant of \$24,137. It is important to note that the costs for this project include the Adult Residential Facility (ARF) and the Intensive Case Management (ICM) team, which bring individuals who have been placed in a locked facility out of county back to El Dorado County for continued treatment. These clients require a high level of staff support and the client to clinician ratio is low.

<sup>2</sup> Error in episode assignment which has been resolved.

In FY 2014-15 the Adult Full Service Partnership project served:

Age Group	Number
0-15 (children/youth)	1 <sup>3</sup>
16-25 (transitional age youth)	20
26-59 (adult)	101
Ages 60+ (older adults)	11
Unknown or declined to state	0

Gender	Number
Female	57
Male	76

Region of Residence	Number
West County	10
Placerville area	60
North County	1
Mid County	9
South County	0
Tahoe Basin	45
Unknown or declined to state	8

Race / Ethnicity	Number
American Indian or Alaska Native	1
Asian	3
Black or African American	2
Caucasian or White	114
Native Hawaiian or Other Pacific Islander	1
Other Race or Ethnicity	11
Unknown or declined to state	1
<i>Ethnicity:</i>	
Mexican/Mexican American	3
Puerto Rican	0
Other Hispanic/Latino	7
Not Hispanic	119
Unknown or declined to State	4

Language	Number
English	130
Spanish	0
Other Language	0
Bilingual	Unknown
Unknown or declined to state	3

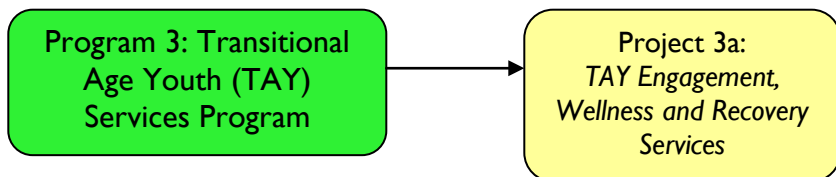
**Project 2d: Assisted Outpatient Treatment:**

The Assisted Outpatient Treatment project provides for limited term, court-ordered outpatient mental health treatment for those individuals meeting the criteria set forth by the law.

A Request for Proposals (RFP) for this project was issued, but no responses were received. The MHD is exploring other options to implement this project, including but not limited to sole source contract(s) and/or provision of the project by MHD staff. Outcomes for this project will be reported in the FY 2017-18 MHSA Plan.

<sup>3</sup> Error in episode assignment which has been resolved.

**Transitional Age Youth (TAY) Services Program and Projects:**



**Project 3a: TAY Engagement, Wellness and Recovery Services:**

This project provides services to meet the unique needs of transitional age youth (TAY) and encourage continued participation in mental health services. This project is designed to meet the full range of services required by this population including, but not limited to, supports such as education/employment, housing, transportation and financial assistance. Beyond focusing on the mental health needs of the youth, it is important to recognize the interdependence between all aspects of a youth’s life on their mental wellness. Youth who were in the child welfare and/or juvenile justice systems may be unprepared or underprepared for adult life, which may be further complicated by their mental health issues. Clinicians working with the youth will focus on issues related to fostering emerging independence, supporting youth-developed goals, and helping the youth live up to their individual potential -- all supporting the goals of recovery and resiliency in the youth. Youth will be empowered to take responsibility for themselves and for their future, including continued participation in mental health services, but they will be supported in their development journey through this project.

The TAY Engagement, Wellness and Recovery Services project provided services to approximately 84 unduplicated individuals in FY 2014-15. The total expenditures were approximately \$101,242 with an approximate cost per participant of \$1,205.

In FY 2014-15 the TAY Engagement, Wellness and Recovery Services project served:

Age Group	Number
0-15 (children/youth)	7
16-25 (transitional age youth)	77
26-59 (adult)	0
Ages 60+ (older adults)	0
Unknown or declined to state	0

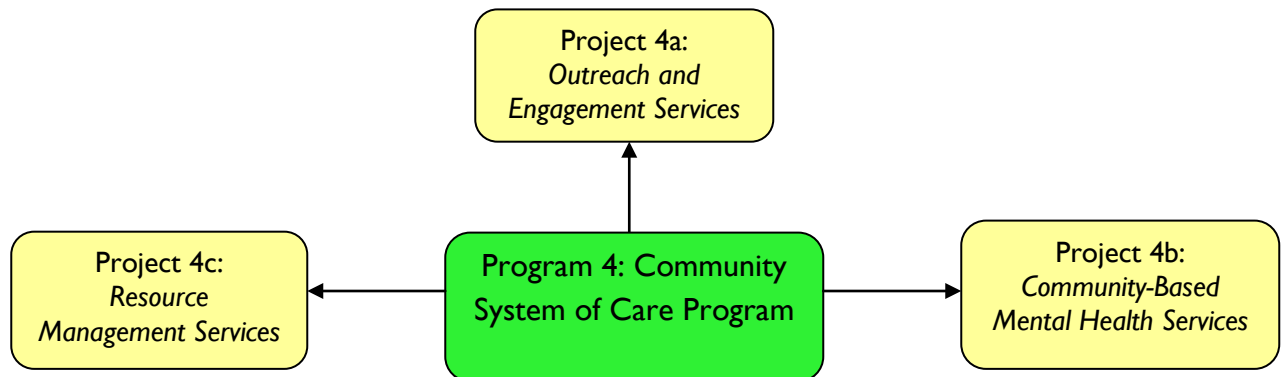
Gender	Number
Female	47
Male	37

Region of Residence	Number
West County	13
Placerville area	15
North County	1
Mid County	6
South County	1
Tahoe Basin	48
Unknown or declined to state	0

Race / Ethnicity	Number
American Indian or Alaska Native	2
Asian	1
Black or African American	1
Caucasian or White	60
Native Hawaiian or Other Pacific Islander	17
Other Race or Ethnicity	2
Unknown or declined to state	
<i>Ethnicity:</i>	15
Mexican/Mexican American	1
Puerto Rican	9
Other Hispanic/Latino	53
Not Hispanic	6
Unknown or declined to State	2

Language	Number
English	81
Spanish	2
Other Language	0
Bilingual	Unknown
Unknown or declined to state	1

**Community System of Care Program and Projects:**



**Project 4a: Outreach and Engagement Services:**

This project engages individuals with a serious mental illness in mental health services and to continue to keep clients engaged in services by addressing barriers to service. Mental health professionals, in concert with peer counselors when possible, will provide outreach and

engagement services for individuals with serious mental illness who are homeless, in the jails, receiving primary care services, and who require outreach to their homes in order to reach the at-risk population.

The Outreach and Engagement Services project provided services to approximately 1,852 unduplicated individuals in FY 2014-15. The total expenditures were approximately \$769,498 with an approximate cost per participant of \$415. Additional services are provided to individuals through this project with services including general inquiry calls that did not result in a request for services, outreach and engagement in the community and at the hospitals, and worker of the day functions. These additional services are not captured within the Request for Services data. There were an additional 390 general inquiry calls in FY 2014-15, and the MHD is working on a method to adequately capture worker of the day interactions and other activities.

In FY 2014-15 the Outreach and Engagement Services project served:

Age Group	Number
0-15 (children/youth)	578
16-25 (transitional age youth)	322
26-59 (adult)	856
Ages 60+ (older adults)	96
Unknown or declined to state	0

Gender	Number
Female	1,010
Male	842

Region of Residence	Number
West County	311
Placerville area	568
North County	107
Mid County	185
South County	51
Tahoe Basin	545
Unknown or declined to state	67

Race / Ethnicity	Number
American Indian or Alaska Native	37
Asian	16
Black or African American	38
Caucasian or White	1,533
Native Hawaiian or Other Pacific Islander	13
Other Race or Ethnicity	158
Unknown or declined to state	57
<i>Ethnicity:</i>	
Mexican/Mexican American	151
Puerto Rican	7
Other Hispanic/Latino	106
Not Hispanic	1,423
Unknown or declined to state	165

Language	Number
English	1,728
Spanish	63
Other Language	12
Bilingual	Unknown
Unknown or declined to state	49



**Project 4b: Community-Based Mental Health Services:**

This project provides assessments and specialty mental health services in local communities. Clinical staff will visit local communities to provide mental health services to clients. Staff will provide assessments and, for individuals meeting the criteria for specialty mental health services, deliver mental health services in local communities throughout El Dorado County. Groups/classes may also be provided in local communities, provided there is adequate demand for the minimum number of attendees.

The Community-Based Mental Health Services project provided services to approximately 67 unduplicated individuals in FY 2014-15. The total expenditures were approximately \$165,528 with an approximate cost per participant of \$2,471.

In FY 2014-15 the Community-Based Mental Health Services project served:

Age Group	Number
0-15 (children/youth)	0
16-25 (transitional age youth)	11
26-59 (adult)	54
Ages 60+ (older adults)	2
Unknown or declined to state	0

Gender	Number
Female	14
Male	53

Region of Residence	Number
West County	17
Placerville area	30
North County	4
Mid County	11
South County	2
Tahoe Basin	1
Unknown or declined to state	2

Race / Ethnicity	Number
American Indian or Alaska Native	1
Asian	0
Black or African American	3
Caucasian or White	56
Native Hawaiian or Other Pacific Islander	0
Other Race or Ethnicity	3
Unknown or declined to state	4
<i>Ethnicity:</i>	
Mexican/Mexican American	2
Puerto Rican	0
Other Hispanic/Latino	1
Not Hispanic	57
Unknown or declined to state	7

Language	Number
English	61
Spanish	0
Other Language	1
Bilingual	Unknown
Unknown or declined to state	5

**Project 4c: Resource Management Services:**

This project develops key community relationships, provides program evaluation and quality improvement oversight for the MHSA programs, and improves access and service delivery. Developing key relationships and building access to resources includes identifying resources for clients and their families including, but not limited to, health care, housing, vocational, educational, benefits, and substance abuse treatment; dissemination of the information; and ongoing resource coordination and management. Program evaluation and quality improvement

oversight includes researching, developing, administering, scoring, analyzing and reporting activities related to program evaluation, utilization, outcome measures, quality improvement, and data management.

The total expenditures in FY 2014-15 were approximately \$20,228.

### **Housing Projects**

Consumers, family members and service providers in El Dorado County have consistently identified housing needs of the seriously mentally ill as a priority. The MHSA Housing Program provides funding for the development, acquisition, construction and/or rehabilitation of permanent supportive housing for persons with serious mental illness and their families who are homeless or at risk of homelessness. The housing program offers consumers housing and supportive services that will enable them to live more independently in our communities.

#### **Program 1: West Slope – Trailside Terrace, Shingle Springs**

MHSA Housing funds were utilized to provide for five units in Shingle Springs targeting households that are eligible for services under the Full Service Partnership project. All units are occupied and the MHD maintains a waiting list.

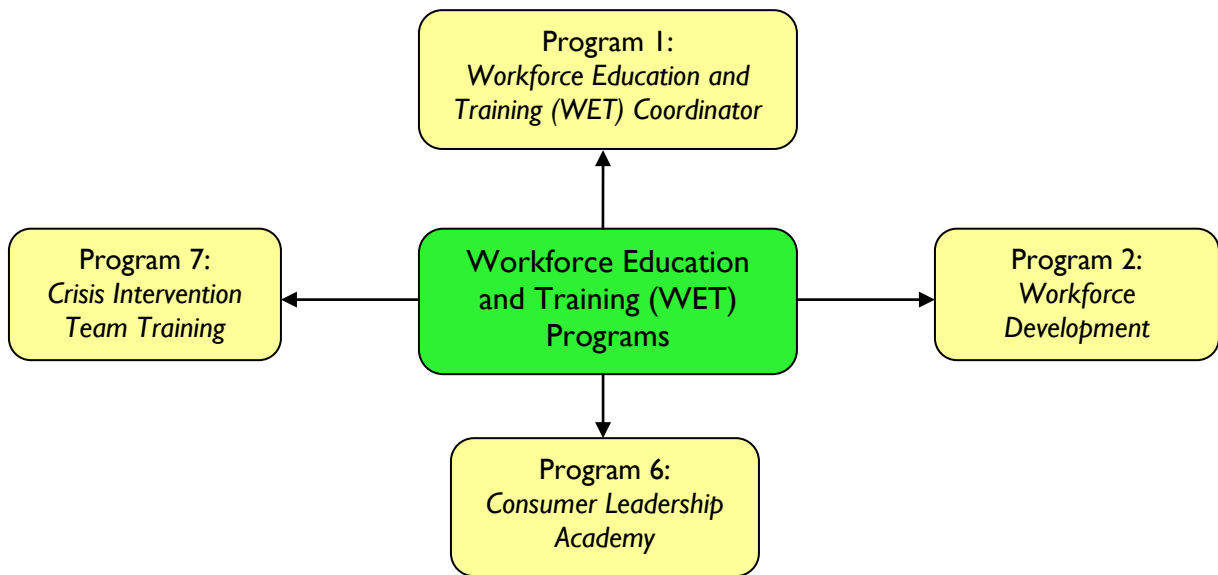
#### **Program 2: East Slope – The Aspens at South Lake, South Lake Tahoe**

MHSA Housing funds were utilized to provide for six units in South Lake Tahoe targeting households that are eligible for services under the Full Service Partnership project. All units are occupied and the MHD maintains a waiting list.

#### **Program 3: Local Housing Assistance**

These CSS-Housing funds must be utilized to provide housing assistance to those with a serious mental illness who are homeless or soon-to-be-homeless, and include costs such as rental assistance, security deposits, utility deposits, other move-in costs, and/or moving costs.

## WORKFORCE EDUCATION AND TRAINING (WET) PROGRAMS



### **Program 1: Workforce Education and Training (WET) Coordinator**

This program, required by the MHSa, coordinates WET programs and activities and serves as the liaison to the State. Total expenditures for the WET Coordinator in FY 2014-15 were approximately \$8,767.

### **Program 2: Workforce Development**

This program includes education and training programs and activities for prospective and current public mental health system employees, contractors and volunteers. Total expenditures for the Workforce Development program in FY 2014-15 were approximately \$39,068.

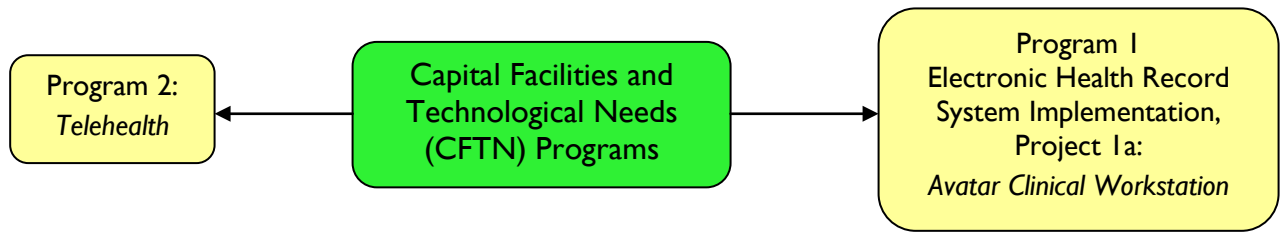
### **Program 6: Consumer Leadership Academy**

This program provides educational opportunities to inform and empower consumers to become involved in meaningful participation in the broader community. The academy includes peer-training, peer supportive skills training, job skill training, and training related to consumer leadership in the community. Total expenditures for the Consumer Leadership Academy program in FY 2014-15 were approximately \$320, which is for program supports only. Staff time is charged to CSS.

### **Program 7: Crisis Intervention Team Training**

This program provides crisis intervention training workshops for law enforcement and other first responders to provide increased knowledge of available community resources, tools and skills to manage and de-escalate crisis situations. No MHSa funding was utilized for Crisis Intervention Team Training in FY 2014-15.

## CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN) PROGRAMS



### **Program I Electronic Health Record System Implementation, Project Ia: Avatar Clinical Workstation**

The implementation of the County's Electronic Health Record system, Avatar Clinical Workstation, enables Mental Health staff to safely and securely access a client's medical record. The use of electronic mental health records enhances communication between treating health care professionals, thus promoting coordination of mental and physical health care needs.

Total expenditures for the Avatar Clinical Workstation Project in FY 2014-15 were approximately \$55,684.

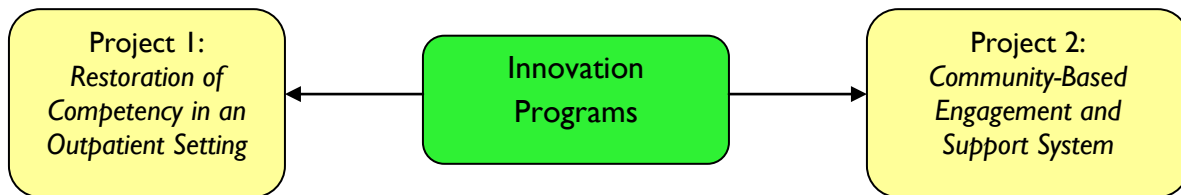
### **Program 2: Telehealth**

This project provides for the expansion of psychiatric services to clients who are either unable to travel or who live in remote areas of the County and utilize video conferencing to further the public mental health system within El Dorado County.

Total expenditures for the Telehealth program in FY 2014-15 were approximately \$25,702.

## INNOVATION (INN) PROJECTS

The following two Innovation projects are included for approval and implementation in this Plan Update:



A complete description of these projects is included in the FY 2016-17 MHSAs Programs and Projects document.

### **Project 1: Restoration of Competency in an Outpatient Setting**

The goal of this project is to provide Restoration of Competency in an Outpatient Setting to individuals living in their community, seeing their Mental Health Professionals, and having the support of their family and community, as well as to reduce recidivism.

The current practice for Restoration of Competency is to have individuals wait in jail until an inpatient bed is available. El Dorado County Health and Human Services Agency, Mental Health Division is responsible for Restoration of Competency for individuals charged with a misdemeanor. The County is currently using a facility that is located far from the County and results in Misdemeanants who are found to be incompetent to stand trial losing connection to natural supports in the community.

There are no local facilities that provide this service. El Dorado County is experiencing:

- An increase in the number of individuals who are found incompetent to stand trial due primarily to a culture shift in our judicial system.
- Higher acuity clients in our community.
- An increase in resistance to treatment since implementation of AB109 and Prop 47.
- While individuals are waiting for a bed, they remain in jail but are forced into isolation 23 hours a day because they are not labeled “incarcerated” and are therefore not able to be with the general population.
- Lack of beds at facilities that perform Restoration of Competency, leading to individuals having to wait several months (in isolation for 23 hours a day) for a bed to become available.
- High placement costs for individuals who need Restoration of Competency services.
- Current information indicates a quicker rate of restoration from an inpatient setting than is anticipated from outpatient restoration, but the data does not take into account the wait time in jails prior to admission to an inpatient program.

The Restoration of Competency in an Outpatient Setting will provide necessary services in a community setting. The Misdemeanant will receive a full Mental Health assessment to determine his/her mental health service needs, Alcohol and Drug Program service needs, family

and community supports, medication compliance, and family/friend supportive housing. If appropriate housing has been identified and medication compliance has been determined, and it has been determined that it is safe for the Misdemeanant to be in an outpatient setting, the Misdemeanant will be approved for participation in the Restoration of Competency in an Outpatient Setting program. Misdemeanants will have an opportunity to receive Restoration of Competency services and Specialty Mental Health Services from County Mental Health. These services include, but are not limited to, the assignment of a Mental Health Clinician and a Mental Health Worker trained in Restoration of Competency, Psychiatric services as indicated, and Wellness Center Staff to provide Wellness Activities in a social setting. Wellness Activities may include, but are not limited to, managing emotions, exercise group, conversation skills, healthy pleasures for sober living, smoking cessation, self-care, life skills, and mindfulness skills. Participating individuals will have the opportunity to attend the Mental Health Division's Wellness Center activities that are available Monday through Friday from 1pm to 4pm and include natural supports, such as family and friends, in the treatment process. If an individual loses housing and is no longer medication compliant, or otherwise unsafe to maintain in an outpatient setting, they may be appropriately hospitalized (i.e., through the 5150 process) or returned to jail for the Restoration of Competency services provided in the jail setting, or to wait for an available inpatient Restoration of Competency bed.

### **Project 2: Community-Based Engagement and Support System**

The goal of this project is to increase physical and mental health care access for families, pregnant women, and children ages birth through 18 years resulting in reduced high risk pregnancy, family violence, substance abuse, and mental health issues including perinatal mood and anxiety disorders.

According to the Maternal, Child and Adolescent (MCAH) Health Needs Assessment and Action Plan, El Dorado County is experiencing:

- High rate of mood disorder hospitalizations in 15 to 24 year-olds due to lack of early identification of mental health issues, provider screening, and resource identification.
- High rate of mood disorder hospitalizations in pregnant women due to lack of early identification of mental health issues, provider screening, and resource identification.
- High rate of substance use hospitalizations in 15 to 24 year-olds due to mental health issues, social isolation, inadequate problem solving skills, poor self-esteem, limited knowledge on the effects of substance use, and where or how to obtain assistance for their behavioral health issues.
- High rate of substance abuse hospitalizations in pregnant women due to mental health issues, social isolation, inadequate problem solving skills, poor self-esteem, and limited knowledge on the effects of substance use during pregnancy.
- Low rate of early prenatal care entry in females delivering a live birth due to substance abuse and mental health issues.
- High rate of domestic violence calls in the county due to lack of education, early identification of problem behaviors, and resource identification.

Our project will help to build resilience in families and communities by utilizing a trauma-informed approach to: socially connect parents in each community with a special focus on

those who live in isolated communities, provide information and support as to how to achieve optimal health and build healthy relationships, conduct parenting classes which include information on child development, provide education on and linkage to community resources, empower parents to raise happy and healthy children, and provide information on how to manage stress appropriately.

Community Hubs will leverage the best practices in early childhood, health and community building to inform systems change and increase access to health care, social services and mental health services for pregnant women and families, including children birth through 18 years of age. This systems change will offer a local point of access for services and outreach to isolated families in surrounding communities. Hubs will be established at libraries located in the five supervisorial districts within El Dorado County. The Hubs will offer health prevention activities including support groups, educational classes and engagement opportunities for the purposes of building resiliency within the community. Community Health Advocates (CHAs) will be assigned to each Hub, charged with engaging isolated pregnant women, families and children birth through eighteen, assisting them in health navigation that may include insurance, medical homes and accessing services. Using a trauma-informed approach, Public Health Nurses (PHNs) will provide case management, health screening, and assist clients in accessing services to meet individualized needs, including referrals to contracted mental health partners.

Community Hubs bring collaborative partners together in leveraging resources supporting the healthy development of children and families in our county. This systematic approach integrates core mental health prevention strategies including:

- Engage parents in health and mental health screening tools to identify significant mental health problems early.
- Offer support groups and educational classes promoting healthy relationships between children, parents and caregivers.
- Utilize a trauma informed care approach engaging parents who have suffered adverse childhood experiences and reduce the likelihood of those experiences for their children.
- Build resilience in families to understand their mental health needs and build the skills to regulate, adapt and self-identify supports.
- Support children's mental health in the context of their family, home and community.

Collaborative partners in this systems change include El Dorado County Health and Human Services (HHSA), First 5 El Dorado Commission, the El Dorado County Library, the El Dorado County Office of Education, and the El Dorado Community Foundation.

# Expenditure Plan and FY 2016-17 Budget

## **MHSA Funding**

The revenue and expenditure data contained in this Plan is based upon the FY 2016-17 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 Plan Update or rolled into the FY 2016-17 fund balance to be utilized on projects identified in the FY 2017-18 Plan. 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 or projected County 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 2016-17 revenues, the El Dorado County MHSA programs maintain fund balances accrued from previous fiscal years that may be accessed during the term of this Plan. There is a planned usage of fund balances for each component.

## **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.

## **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. CSS, PEI and INN funds will revert to the State if they are not utilized within three years. WET and CFTN funds that are not fully expended within ten years from the year of allocation will revert to the State.



**FY 2016-17 Budgeted Revenues and Expenditures by Component**

	<b>CSS</b>	<b>PEI</b>	<b>WET</b>	<b>INN</b>	<b>CFTN</b>	<b>CSS Housing</b>	<b>TOTAL</b>
Prop 63	\$6,286,202	\$1,571,551		\$413,566			<b>\$8,271,319</b>
Federal: PATH and MHBG	\$372,590						<b>\$372,590</b>
Medi-Cal	\$2,643,310						<b>\$2,643,310</b>
Private Insurance	\$3,400						<b>\$3,400</b>
Private Payors	\$5,000						<b>\$5,000</b>
Misc. Revenue (rental reimbursements)	\$134,400						<b>\$134,400</b>
AB 109 / AOT (Community Corrections Partnership)	\$153,844						<b>\$153,844</b>
Fund Balance	\$4,195,049	\$1,928,936	\$52,163	\$1,364,701	\$250,022	\$11,858	<b>\$7,802,729</b>
<b>Total Revenues Budgeted</b>	<b>\$13,793,795</b>	<b>\$3,500,487</b>	<b>\$52,163</b>	<b>\$1,778,267</b>	<b>\$250,022</b>	<b>\$11,858</b>	<b>\$19,386,592</b>
<b>FY 2016-17 MHS Plan Expenditures</b>							
FY 2016-17 MHS Plan Expenditures	\$10,742,986	\$1,688,900	\$52,163	\$1,021,000	\$235,186	\$11,858	<b>\$13,752,093</b>
<b>Estimated Fund Balance 7/1/17</b>							
<i>Estimated Fund Balance 7/1/17</i>	<b>\$3,050,809</b>	<b>\$1,811,587</b>	<b>\$0</b>	<b>\$757,267</b>	<b>\$14,836</b>	<b>\$0</b>	<b>\$5,634,499</b>

## MHSA Component Funding

### PEI Budget

Of the total MHSA funding received by the County, a net 19% must be allocated to PEI per the MHSA. PEI funds must be expended within three years or the funds are subject to reversion to the State. It is not anticipated that any PEI funding will revert to the State in FY 2016-17.

### SIGNIFICANT PEI BUDGET CHANGES:

Based upon the feedback received from the FY 2016-17 Community Planning Process and the demand for services for children, this MHSA Plan Update increases the budgets for both Project 1a and Project 1d. These projects have consistently utilized their funding, have had excellent outcomes, and have demonstrated need and capacity to provide more services. Other projects have been adjusted based on MHD staffing costs.

### PEI Budget

Program/Project	FY 15-16 MHSA Plan Budget	FY 16-17 MHSA Plan Budget	FY 17-18 MHSA Plan Budget	FY 18-19 MHSA Plan Budget
<b>Program I: Youth and Children's Services</b>				
Project 1a: Children 0-5 and Their Families				
<i>Provider: Infant-Parent Center</i>	\$125,000	\$175,000	\$175,000	\$175,000
Project 1b: Mentoring for 3-5 Year Olds				
<i>Provider: Big Brothers Big Sisters - West Slope</i>	\$50,000	\$50,000	\$50,000	\$50,000
<i>Provider: Big Brothers Big Sisters - South Lake Tahoe</i>	\$25,000	\$25,000	\$25,000	\$25,000
Project 1c: Parenting Skills				
<i>Provider: New Morning Youth and Family Services</i>	\$50,000	\$50,000	\$50,000	\$50,000

<b>Program/Project</b>	<b>FY 15-16 MHSA Plan Budget</b>	<b>FY 16-17 MHSA Plan Budget</b>	<b>FY 17-18 MHSA Plan Budget</b>	<b>FY 18-19 MHSA Plan Budget</b>
Project Id: Primary Intervention Project (PIP)				
Provider: Black Oak Unified School District	\$212,700 (for all three providers)	\$88,000	\$88,000	\$88,000
Provider: El Dorado Community Vision Coalition		\$90,000	\$90,000	\$90,000
Provider: Tahoe Youth & Family Services		\$97,000	\$97,000	\$97,000
Project If: Prevention and Early Intervention for Youth in Schools				
Provider: Minds Moving Forward	\$150,000	\$150,000	\$150,000	\$150,000
Project Ig: Nurtured Heart Approach				
Provider: Summitview Child & Family Services	\$19,500	\$19,500	TBD	TBD
<b>Program 2: Community Education Project</b>				
Project 2a: Mental Health First Aid				
Provider: Mental Health Division	\$100,000	\$117,000	\$117,000	\$117,000
Project 2c: Parents, Families, Friends of Lesbians and Gays (PFLAG) Community Education				
Provider: Mental Health Division	\$5,000	\$5,000	\$5,000	\$5,000
Project 2d: Community Information Access				
Provider: Relias Learning	\$16,000	\$16,000	\$16,000	\$16,000
Project 2e: Suicide Prevention and Stigma Reduction				
Provider: Tahoe Youth & Family Services	\$30,000	\$30,000	\$30,000	\$30,000
Project 2f: Foster Care Continuum Training				
Provider: To Be Determined via a Request for Proposal	\$50,000	\$50,000	\$50,000	\$50,000
Project 2g: Community Outreach and Resources				
Provider: Mental Health Division	\$31,125	\$15,000	\$15,000	\$15,000
Project 2h: Statewide PEI Projects				
Provider: CalMHSA	\$9,471	\$9,500	\$9,500	\$9,500

<b>Program/Project</b>	<b>FY 15-16 MHSA Plan Budget</b>	<b>FY 16-17 MHSA Plan Budget</b>	<b>FY 17-18 MHSA Plan Budget</b>	<b>FY 18-19 MHSA Plan Budget</b>
<b>Program 3: Health Disparities Program</b>				
Project 3a: Wennem Wadati - A Native Path to Healing				
Provider: Foothill Indian Education Alliance	\$125,725	\$125,750	\$125,750	\$125,750
Project 3b: Latino Outreach				
Provider: New Morning Youth and Family Services	\$231,128 (for both providers)	\$96,000	\$96,000	\$96,000
Provider: South Lake Tahoe Family Resource Center		\$135,150	\$135,150	\$135,150
<b>Program 4: Wellness Outreach Program for Vulnerable Adults</b>				
Project 4a: Wellness Outreach Ambassadors and Linkage to Wellness				
Provider: Mental Health Division	\$50,000	\$40,000	\$40,000	\$40,000
Project 4b: Senior Peer Counseling				
Provider: Senior Peer Counseling /Fiscal Agent EDCA Lifeskills	\$65,000 (includes rollover from prior year)	\$55,000	\$55,000	\$55,000
Project 4c: Older Adult Program				
Provider: To Be Determined via a Request for Proposal	\$85,000	\$90,000	\$90,000	\$90,000
<b>Program 5: Community-Based Services</b>				
Project 5a: Community-Based Mental Health Services				
Provider: Mental Health Division	\$10,000	\$10,000	\$10,000	\$10,000
Project 5b: Community Health Outreach Worker				
Provider: To Be Determined via a Request for Proposal	\$50,000	\$50,000	\$50,000	\$50,000
<b>Administrative Costs</b>				
MHSA Team	\$250,000	\$100,000	\$100,000	\$100,000
<b>Total Budget PEI Programs</b>	<b>\$1,865,649</b>	<b>\$1,688,900</b>	<b>\$1,669,400</b>	<b>\$1,669,400</b>

## CSS Budget

Of the total MHPA funding received by the County, a net 76% must be allocated to CSS per the MHPA. CSS funds must be expended within three years or the funds are subject to reversion to the State. It is not anticipated that any CSS funding will revert to the State in FY 2016-17.

### SIGNIFICANT CSS BUDGET CHANGES:

Based upon the feedback received from the FY 2016-17 Community Planning Process and the demand for services for children and TAY, this MHPA Plan Update increases the budgets for Project 1a: Youth and Family Full Service Partnership, Project 1c: Foster Care Enhanced Services, and Project 3a: TAY Engagement, Wellness and Recovery Services. There is also an increase in the budget for Project 2b: Adult Full Service Partnership based on prior year demand for services. Other projects have been adjusted based on prior year-end expenditures and MHPD staffing costs.

## CSS Budget

Program/Project	FY 15-16 MHPA Plan Budget	FY 16-17 MHPA Plan Budget	FY 17-18 MHPA Plan Budget	FY 18-19 MHPA Plan Budget
<b>Program I: Youth and Family Strengthening Program</b>				
Project 1a: Youth and Family Full Service Partnership				
Provider: New Morning Youth & Family Services	\$375,000 (split between Sierra Child & Family and Summitview Child & Family)	\$23,958	\$23,958	\$23,958
Provider: Remi Vista		\$23,958	\$23,958	\$23,958
Provider: Sierra Child & Family Services		\$335,417	\$335,417	\$335,417
Provider: Stanford Youth Solutions		\$75,000	\$75,000	\$75,000
Provider: Summitview Child & Family Services		\$167,708	\$167,708	\$167,708
Provider: Tahoe Youth & Family Services		\$23,959	\$23,959	\$23,959
Project 1c: Foster Care Enhanced Services				
Provider: New Morning Youth & Family Services	\$755,700 (split between Sierra Child & Family and Summitview	\$24,793	\$24,793	\$24,793
Provider: Remi Vista		\$24,793	\$24,793	\$24,793
Provider: Sierra Child & Family Services		\$595,040	\$595,040	\$595,040

<b>Program/Project</b>	<b>FY 15-16 MHSA Plan Budget</b>	<b>FY 16-17 MHSA Plan Budget</b>	<b>FY 17-18 MHSA Plan Budget</b>	<b>FY 18-19 MHSA Plan Budget</b>
<i>Provider: Stanford Youth Solutions</i>	<i>Child &amp; Family)</i>	\$75,000	\$75,000	\$75,000
<i>Provider: Summitview Child &amp; Family Services</i>		\$446,280	\$446,280	\$446,280
<i>Provider: Tahoe Youth &amp; Family Services</i>		\$24,793	\$24,793	\$24,793
<i>Provider: CASA El Dorado</i>		\$20,000	\$20,000	\$20,000
<b>Program 2: Wellness and Recovery Services</b>				
Project 2a: Wellness Centers	\$2,500,000	\$2,045,874	\$2,045,874	\$2,045,874
Project 2b: Adult Full Service Partnership				
<i>Provider: Mental Health Division</i>	\$4,050,000 <i>(includes MHD and ARF)</i>	\$3,854,536	\$3,854,536	\$3,854,536
<i>Provider - Adult Residential Facility: Summitview Child &amp; Family Services</i>		\$711,724	\$711,724	\$711,724
Project 2d: Assisted Outpatient Treatment	\$100,000	\$200,000	\$200,000	\$200,000
<b>Program 3: Transitional Age Youth (TAY) Services</b>				
Project 3a: TAY Engagement, Wellness and Recovery Services	\$464,498	\$714,707	\$714,707	\$714,707
<b>Program 4: Community System of Care</b>				
Project 4a: Outreach and Engagement Services	\$803,543	\$802,578	\$802,578	\$802,578
Project 4b: Community-Based Mental Health Services (Partner program to PEI Community-Based Mental Health Services)	\$206,840	\$230,761	\$230,761	\$230,761
Project 4c: Resource Management Services	\$75,000	\$107,000	\$107,000	\$107,000
<b>Administrative Costs</b>				
MHSA Team	\$245,000	\$215,107	\$215,107	\$215,107
<b>Total Budget CSS Programs</b>	<b>\$9,575,581</b>	<b>\$10,742,986</b>	<b>\$10,742,986</b>	<b>\$10,742,986</b>

## WET Budget

MHSA no longer provides funding for WET activities. The County has been operating this program through funds previously received and remaining as a fund balance. WET funds that are not expended are subject to reversion after FY 2017-18. The remaining WET fund balance has been budgeted for FY 2016-17. Any unspent funds from FY 2016-17, if any, will be budgeted in FY 2017-18. It is not anticipated that El Dorado County will transfer CSS funds to the WET component in the future.

## WET Budget

Program/Project	FY 15-16 MHSA Plan Budget	FY 16-17 MHSA Plan Budget	FY 17-18 MHSA Plan Budget	FY 18-19 MHSA Plan Budget
Program 1: Workforce Education and Training (WET) Coordinator <i>Provider: Mental Health Division</i>	\$11,000	\$21,300	TBD	TBD
Program 2: Workforce Development <i>Providers: Various</i>	\$40,000	\$12,000	TBD	TBD
Program 6: Consumer Leadership Academy <i>Provider: Mental Health Division</i>	\$1,000	\$1,000	TBD	TBD
Program 7: Crisis Intervention Team Training <i>Provider: To Be Determined by Law Enforcement Agency</i>	\$10,000	\$10,000	TBD	TBD
Administrative Costs - MHSA Team	\$16,000	\$7,863	TBD	TBD
<b>Total Budget WET Programs</b>	<b>\$78,000</b>	<b>\$52,163</b>	<b>\$TBD</b>	<b>\$TBD</b>

## CFTN Budget

MHSA no longer provides funding for CFTN activities. The County has been operating this program through funds previously received and remaining as a fund balance. CFTN funds that are not expended are subject to reversion after FY 2017-18. The remaining CFTN fund balance has been budgeted for FY 2016-17. Any unspent funds from FY 2016-17, if any, will be budgeted in FY 2017-18. It is not anticipated that El Dorado County will transfer CSS funds to the CFTN component in the future.

## CFTN Budget

Program/Project	FY 15-16 MHSA Plan Budget	FY 16-17 MHSA Plan Budget	FY 17-18 MHSA Plan Budget	FY 18-19 MHSA Plan Budget
<b>Program 1: Electronic Health Record System Implementation</b>				
Project 1a: Avatar Clinical Workstation Provider: Netsmart (for Avatar) TBD for Other Software	\$150,686	\$213,186	\$14,836	TBD
Program 2: Telehealth (Provider: TBD As Needed)	\$10,000	\$20,000	TBD	TBD
Administrative Costs - MHSA Team	\$5,000	\$2,000	TBD	TBD
<b>Total Budget CFTN Programs</b>	<b>\$165,686</b>	<b>\$235,186</b>	<b>\$14,836</b>	<b>\$TBD</b>



## INN Budget

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

### Innovation (INN) Budget

<b>Program/Project</b>	<b>FY 15-16 MHSA Plan Budget</b>	<b>FY 16-17 MHSA Plan Budget</b>	<b>FY 17-18 MHSA Plan Budget</b>	<b>FY 18-19 MHSA Plan Budget</b>
Project 1: Restoration of Competency in an Outpatient Setting	<i>n/a</i>	\$355,000	\$373,000	<i>n/a</i>
Project 2: Community-Based Engagement and Support System	<i>n/a</i>	\$641,000	\$673,000	\$706,000
Administrative Costs - MHSA Team	<i>n/a</i>	\$25,000	\$25,000	\$25,000
<b>Total Budget INN Programs</b>	<b><i>n/a</i></b>	<b>\$1,021,000</b>	<b>\$1,071,000</b>	<b>\$731,000</b>