El Dorado County
Mental Health Services Act
Annual Update

Fiscal Year 2019-20

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

WELLNESS | RECOVERY | RESILIENCY

www.edcgov.us/mhsa

County of El Dorado

Minutes - Draft

Board of Supervisors

Board of Supervisors
Department
330 Fair Lane, Building A
Placerville, California
530-621-5390
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Sue Novasel, Chair, District V
Brian K. Veerkamp, First Vice Chair, District III
John Hidahl, Second Vice Chair, District I
Shiva Frentzen, District II
Lori Parlin, District IV

James S. Mitrisin, Clerk of the Board of Supervisors
Don Ashton, Chief Administrative Officer
David Livingston, County Counsel

Tuesday, June 25, 2019 | **9:00 AM** | **330 Fair Lane, Placerville, CA**

ADDENDUM

Item 39 - Health and Human Services Agency is recommending this matter be Continued off calendar.

Item 55 is hereby added to the Consent Calendar.

Item 56 is hereby added to Department Matters.

Item 57 is hereby added to Closed Session.

Vision Statement
Safe, healthy and vibrant communities, respecting our natural resources and historical heritage

This institution is an equal opportunity provider and employer.

44. 19-0936

Health and Human Services Agency (HHSA) recommending the Board:
1) Adopt the County's Mental Health Services Act (MHSA) Fiscal Year (FY) 2019-2020 Annual Update;
2) Approve the following Innovation projects to be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC): and
a) Community-Based Engagement and Support Services, more commonly referred to as "Community Hubs." This existing project was approved by the MHSOAC on August 25, 2016. HHSA is recommending proposed modifications to increase the project term by one (1) year (for up to $1,250,000 in FY 2020-2021) and to increase funding in FY 2019-2020 by up to $300,000;
b) The MHSOAC has contracted with Stanford University to provide technical assistance to counties for the implementation of the "allcove" project, which provides integrated mental health programs for youth to get early mental health care, primary care, early substance use treatment, and other services in support of youth mental health care;
c) Innovations to reduce Criminal Justice Involvement of People with Mental Health Needs, a data-driven project. The MHSOAC has already approved this Statewide project, and counties may join the collaborative project; and
d) Partnership between Senior Nutrition and Behavioral Health to reach home-bound older adults in need of mental health services (new proposal).
3) Authorize implementation of the MHSA FY 2019-2020 Annual Update through June 30, 2020, or until the FY 2020-2021 through FY 2022-2023 Three-Year Program and Expenditure Plan is adopted by the Board, whichever occurs later. (Est. Time 15 Min.)

FUNDING: State Mental Health Services Act 85%, Federal Grants 13%, AB 109 Realignment/State General Fund 1%, Miscellaneous/Fee-for-Service 1%.

A motion was made by Supervisor Veerkamp, seconded by Supervisor Frentzen to Approve this matter.

Yes: 5 - Veerkamp, Frentzen, Novasel, Hidahl and Parlin

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: El Dorado

☐ Three-Year Program and Expenditure Plan
☑ Annual Update

Local Mental Health Director	Program Lead
Name: Don Semon	Name: Ren Strong
Telephone Number: 530-621-6270	Telephone Number: 530-621-6321
E-mail: don.semon@edcgov.us	E-mail: ren.strong@edcgov.us
Local Mental Health Mailing Address: El Dorado County Health and Human Services Agency, Behavioral Health Div. 768 Pleasant Valley Road Diamond Springs, CA 95619	

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 June 25, 2019.

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.

Don Semon, Director
Local Mental Health Director (PRINT)

Signature

6-25-19
Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: El Dorado

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Don Semon	Name: Joe Harn, Auditor-Controller
Telephone Number: 530-621-6270	Telephone Number: 530-621-5487
E-mail: don.semon@edcgov.us	E-mail: joe.harn@edcgov.us
Local Mental Health Mailing Address: El Dorado County Health and Human Services Agency, Behavioral Health Division 768 Pleasant Valley Road Diamond Springs, CA 95619	

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.

Don Semon
Local Mental Health Director (PRINT)

Signature 6-25-19
Date

I hereby certify that for the fiscal year ended June 30, 2018, 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 3/18/19 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2018, 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.

Joe Harn, County Auditor-Controller
County Auditor Controller / City Financial Officer (PRINT)

Signature 6-26-19
Date

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

State of California
Health and Human Services Agency

Department of Health Care Services

MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: El Dorado

Fiscal Year: 2018-2019

Local Mental Health Director

Name: Don Semon

Telephone: (530) 621-6270

Email: don.semon@edcgov.us

I hereby certify[1] under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Don Semon
Local Mental Health Director (PRINT NAME)

Signature

4-4-19
Date

JCK

[1] Welfare and Institutions Code section 5892 (b)(2)

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 funded programs.

MHSA Plan and Annual Update Requirements

The most recent instructions issued by the Mental Health Services Oversight and Accountability Commission (MHSOAC) were issued for Fiscal Year (FY) 2014-15 through FY 2016-17. 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. This is the second, and final, Annual Update in the current three-year cycle.

Legislative, Regulatory and Other MHSA Changes

Senate Bill (SB) 192 (2018)

Governor Brown signed SB 192 in September 2018, with an effective date of January 1, 2019. This bill clarifies that the MHSA Prudent Reserve shall not exceed 33% of the average Community Services and Supports (CSS) revenues received in the preceding five (5) years. Counties have until June 30, 2020 to decrease Prudent Reserve funding levels.

Counties may transfer funds in excess of the 33% to the Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) components prior to the end of FY 2019-20. The amount transferred into the CSS component shall be in proportion to the amount the County transferred from the CSS component to the Prudent Reserve through FY 2018-19. The amount transferred into the PEI component shall be in proportion to the amount the County transferred from the PEI component through FY 2007-08. Transferred funds are subject to the five (5) year reversion requirement. The bill also requires the County to allocate interest earned to the component that earned the interest.

The County is required to certify that the Prudent Reserve is accurate. See Department of Health Care Services form 1819, marked, "Mental Health Services Act Prudent Reserve Assessment/Reassessment," located at the beginning of this Annual Update with the other required certifications.

SB 688 (2018)

This bill requires counties to adhere to uniform accounting standards and procedures that conform to the Generally Accepted Accounting Principles (GAAP) when accounting for receipts and expenditures of the MHSA funds in preparing reports, including the MHSA Annual Revenue and Expenditure Report (ARER), with the exception of expenditures and revenues related to the capital facilities and technology needs component. Counties shall report revenues and expenditures related to capital facilities and technology needs using the cash basis of accounting, which recognizes expenditures at the time payment is made.

SB 1004 (2018)

This bill requires the MHSOAC, on or before January 1, 2020, to establish priorities for the use of Prevention and Early Intervention (PEI) funds and to develop a statewide strategy for monitoring implementation of PEI services. The priorities must include, but are not limited to:

1. Childhood trauma prevention and early intervention;
2. Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan;
3. Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs;
4. Culturally competent and linguistically appropriate prevention and intervention; and
5. Strategies targeting the mental health needs of older adults.

SB 1004 (2018) also requires the MHSOAC to develop metrics for assessing the effectiveness of how PEI funds are used and the outcomes that are achieved. The bill also allows counties to include other priorities, as determined through the stakeholder process, either in place of, or in addition to, the established priorities.

El Dorado County's current PEI projects are reflective of local priorities, but further input from stakeholders will be sought once the MHSOAC releases guidance on the implementation of its priorities as to whether the focus should be on the MHSOAC's priorities and/or County priorities.

Regulatory Change

Effective July 1, 2018, there are new regulations for the PEI and Innovation components. These regulations have been incorporated into this Annual Update.

DHCS Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice 18-033

Information Notices provide program and fiscal implementation directives to counties that result from changes in laws, regulations, or other State processes.

Information Notice 18-033 clarifies reversion periods for counties based on population. For El Dorado County, with a population of less than 200,000, funds distributed to the Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Innovation (INN) components must be spent within five (5) fiscal years of receiving the funds. For all counties, the reversion period for Workforce Education Training (WET) and Capital Facilities and Technology (CFTN) remains at ten (10) fiscal years.

MHSUDS Information Notice 18-045

This Information Notice, issued October 2018, requires the expenditure information reported in the FY 2018-19 Annual revenue and Expenditures Report (ARER) also include the total MHSA funds spent on mental health services provided to Veterans for all programs and projects funded through the Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Innovation (INN) components combined.

Proposition 2 – No Place Like Home

California voters approved Proposition 2, the "No Place Like Home" funding. The purpose of the funds is to build or refurbish permanent supportive housing for those living with mental illness. Per the State's Legislative Analyst Office, the State will sell bonds, which will be repaid with interest over 30 years by using revenues from MHSA. No more than $140 million of MHSA funds can be used for No Place Like Home in any year. Given the current MHSA allocation to El Dorado County is 0.398903% of statewide MHSA revenues, its MHSA revenues could be reduced by approximately $500,000 per year. This could be offset by an increase to revenues being allocated to the County or by increased statewide MHSA revenues. However, the actual net impact cannot yet be calculated.

Each county is guaranteed a minimum $500,000, based upon the 2017 Point-in-Time Homeless Count. Counties must accept these funds by August 15, 2019 and expend the funds by August 15, 2023.

It is the intent of El Dorado County Health and Human Services Agency to pursue an acceptance of these funds to be utilized to the extent possible in partnership with MHSA programs and other local initiatives to serve the target population.

El Dorado County Snapshot / Demographics

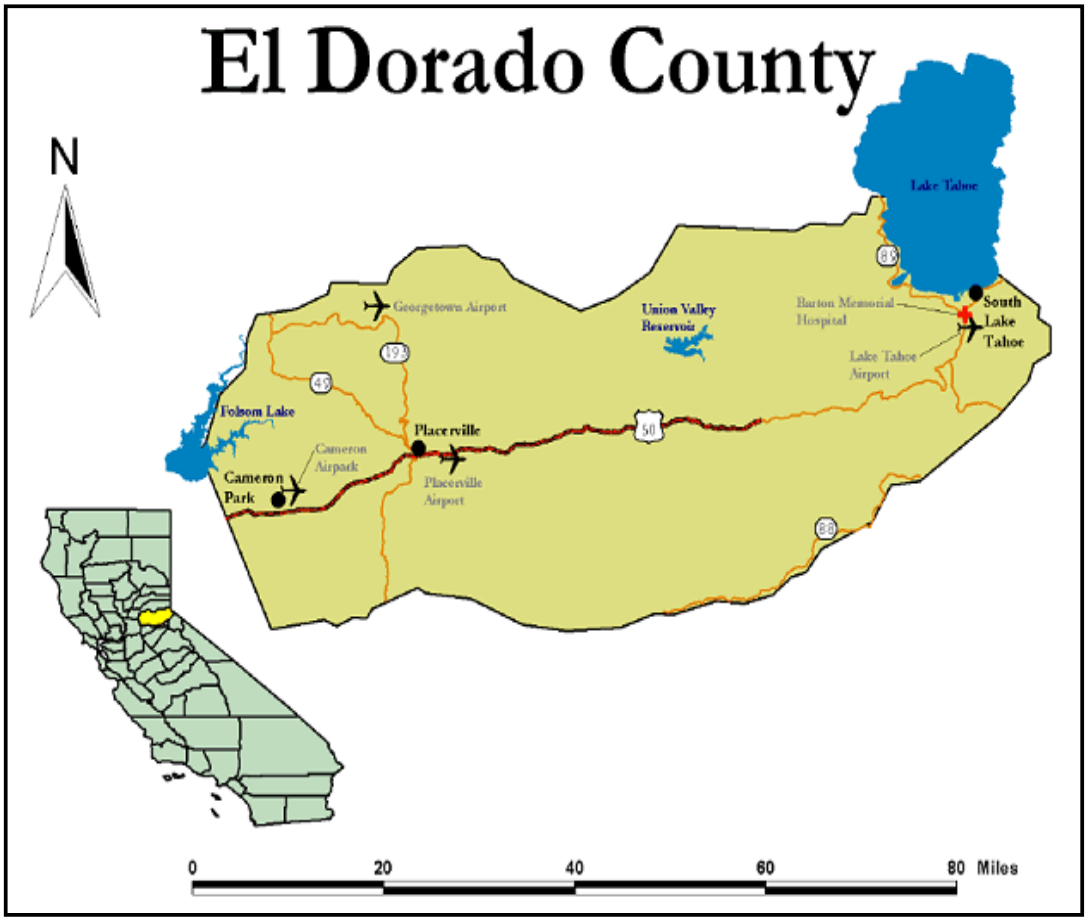
Snapshot

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 188,399.[1] 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).

[1] As of January 1, 2018, per the California Department of Finance.



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 2017-18 through 2019-20 Three-Year Program and Expenditure report for details regarding the County's demographics. While the population is estimated to have

increased slightly (by 1,971 residents), there has not been a significant shift in County demographics since the last MHSA Annual Update.

Community Program 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 Program Planning Process has been included at the end of this document. Any substantive comments that were received about the draft Annual Update during the comment period and public hearing process have been summarized and included in the 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 mental health clinicians in all middle and high schools;
- Need more after crisis care and more follow-up calls from clinicians and doctors following appointments;
- Need more psychiatrists or appointments for in-person 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;
- Chronic homelessness, lack of affordable housing, need more transitional housing for both men and women;
- Need more transportation options so individuals can attend their appointments;
- Need better education of the public regarding services available and how to access the services;
- Inadequate funding for all services needed; and
- Places for respite needed, both for family members and for mental health consumers to decompress.

Priority populations identified are:

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

Additionally, input received from stakeholders and community participants identified that having light food and beverages available outreach events is helpful to encourage attendance. Therefore, some administrative funds may be utilized for that purpose.

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 Annual Update. Other grammatical, typographical, and non-substantive wording issues have been corrected.
2.	*Comment:* It appears that the survey question, "What is your age" has an incorrect age range, identified as 25-29 years. Should it be 25-59 years?
	Response: Thank you for noting this clerical error. MHSA has corrected the age range.
3.	*Comment:* It would be helpful to have funds to pay for food at outreach events and at your planning meetings. More people might attend.
	Response: This comment has been incorporated into the final Annual Update, and will be further considered for the FY 20/21 MHSA Three-Year Program and Expenditure Plan.

4.	*Comment:* A pretrial diversion program needs to be implemented to provide mental health disorder evaluation, treatment, rehabilitation and recovery services.
	Response: MHSA is looking at ways to implement AB 1810 for nonviolent offenders. Additionally, a MHSOAC-approved Innovation project, relating to justice services is proposed in this Annual Update.
5.	*Comment:* Does HHSA conduct stakeholder meetings? Is there anything other than those meetings where MHSA goes out into the community?
	Response: The Community Program Planning Process (CPPP) meetings (stakeholder and community meetings) are conducted on an annual basis. The Fiscal Year 2019/20 MHSA Annual Update lists the locations and number of attendees at each meeting. For this Annual Update, there were nine (9) formal meetings held, with additional meetings at individual request and two (2) Community Open Houses. Throughout the year, the MHSA team may participate in other activities to engage the public. For example, at the HHSA Open Houses, which were held on both slopes of the County, MHSA spoke with approximately 250 individuals regarding MHSA services. Additionally, on a quarterly basis, a MHSA team member attends the resource fair at Probation for individuals involved in the justice system. The team also participates in other collaboratives and attends meetings with non-profits, community organizations, and individuals.
6.	*Comment:* The county will benefit from championing genetics not just trauma. Both matter, but championing trauma alone is archaic thinking. Neuroscience has demonstrated that genetics is the predominant factor of the development of mental health issues including serious mental illness. Genetics matter: Of those diagnosed with these mental illnesses here is the percentage that had another relative in their family tree with the same diagnosis (could be parent, sibling, cousin, great grandparent, etc.) Schizophrenia 75%, Bipolar 80%, ADHD 75-90%, Addiction 50%+, MDD 40%, PTSD 35%. (Note: The citation for the source of the above cited percentages was not provided.)
	Response: Genetic testing has been funded for Full Service Partnership (FSP) clients. This Annual Update includes a Genetic Testing project to expand availability to non-FSP clients.
7.	*Comment:* There needs to be better local access to Veteran's Court services. The range of services to Veterans countywide should be expanded and initiated, including services emphasizing peer support, locally based Veteran's services, suicide prevention, and homelessness.
	Response: The Prevention and Early Intervention (PEI) Veteran's Outreach program offers a range of access and linkage services for our Veterans. The services include, but are not limited to, mental health referrals, substance use disorder treatment services, housing assistance, food and gas gift cards, transportation assistance to medical appointments, etc. The MHSA Annual Update also includes housing assistance and housing supports through the Community Services and Supports (CSS) component. Veterans, (as well as non-Veterans who are County of El Dorado Behavioral Health clients), who receive services through CSS projects, including General System Development services, Adult Full Service Partnership services, and Wellness and Recovery services programs, may be eligible for this assistance.

Fiscal / Budget	
8.	*Comment:* The PEI budget totals $2,980,075, not $2,730,075.
	Response: Thank you for noting this clerical error. The PEI budget and the "Anticipated Revenues and Expenditures by Component" chart have been updated accordingly.
9.	*Comment:* The funding for the Community Hubs appears to be over-estimated with regards to the current MHSA expenditures for the Hubs.
	Response: Upon further review of the budget, MHSA identified that the initial amount of $1,450,000 is not required and the amount will be reduced to an amount up to $1,250,000. This includes a contract with El Dorado County Office of Education in the amount up to $289,148 for Fiscal Year 2019/20 and $321,885 for Fiscal Year 2020/21, for the provision of 2.5 FTE Family Engagement Specialists.
PEI – Community- Based Outreach and Linkage	
10.	*Comment:* Increase funding for the Psychiatric Emergency Response Team (PERT) or Crisis Intervention Team (CIT), or fund a forensic team composed of clinical specialists who coordinate efforts to provide mental health services, alcohol and drug treatment, and housing assistance to individuals with serious mental health issues who are on probation and at risk of re-offending and incarceration.
	Response: MHSA programs are developed based on public input, available funding, and data. At this time, PERT is funded only on the West Slope. However, MHSA will continue to evaluate expansion needs. Law enforcement agencies determine the required Crisis Intervention Training (CIT) for their employees. Therefore, this request for CIT is largely outside of the scope of MHSA. Behavioral Health continues to collaborate with other County departments and community-based organizations to maximize available resources for county residents and Medi-Cal beneficiaries.
11.	*Comment:* Improve crisis intervention services for juveniles and provide a full-range of family-focused, comprehensive, trauma-informed, data driven, and integrated mental health services to children, youth and their families who are at risk of involvement or currently involved in the Juvenile Justice system.
	Response: For Juveniles who are at risk of or are already involved in the Juvenile Justice system, the FY 18-19 MHSA Annual Update included a project called "Prevention Wraparound Services: Juvenile Services". This pilot project was launched in May 2019, and is 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 with the child welfare system and/or juvenile justice programs.
12.	*Comment:* Psychiatric Emergency Response Team (PERT) and Homeless Outreach Team (HOT) needed in South Lake Tahoe.
	Response: See response to Comment 10 regarding PERT. HOT is under the jurisdiction and funding of the El Dorado Sheriff's Office, and therefore is outside of the scope of MHSA. However, Behavioral Health regularly collaborates with the El Dorado County Sheriff's Office regarding the needs of individuals who may have a mental illness diagnosis.

PEI Project: Children 0-5 and Their Families	
13.	*Comment:* The Children 0-5 and Their Families project is increasing services countywide, to include providing more services for Spanish-speaking families.
	Response: MHSA appreciates the recognition of the need for increased services for Spanish-speaking families.
PEI Project: Suicide Prevention	
14.	*Comment:* Due to increasing demand in the Tahoe Basin, limited staffing, distance to the West Slope from Tahoe, and severe winter weather, Suicide Prevention Network has experienced challenges serving the West Slope. Additional funding would allow Suicide Prevention Network to have a West Slope dedicated staff to remedy the barriers and provide suicide prevention services on the West Slope.
	Response: MHSA recognizes that the winter weather dramatically impacted Suicide Prevention Network's ability to network and develop relationships with the schools on the Western Slope of the County. MHSA also recognizes that Suicide Prevention Network is strongly rooted in the Tahoe Region due in part to the fact that Suicide Prevention Network employees are a part of the Tahoe community. Therefore, MHSA will continue to explore funding to establish a part-time position on the Western Slope will bring these much-needed services to the Western part of the county.
CSS Project: TAY Engagement, Wellness and Recovery Services	
15.	*Comment:* Why is the "Pilot Project: Student Wellness Centers and Mental Health Supports at El Dorado Union High School District sites" under the "Wellness and Recovery Services Programs" when the budget appears to be under "Outreach and Engagement"?
	Response: Thank you for noting this clerical error. In the Final Annual Update, MHSA placed the "Pilot Project: Student Wellness Centers and Mental Health Supports at El Dorado Union High School District sites" in "Outreach and Engagement".
16.	*Comment:* El Dorado Union High School District (EDUHSD) Superintendent supports the Student Wellness Centers in the EDUHSD schools.
	Response: Throughout the Community Program Planning Process, community members and stakeholders identified a need for student wellness centers at the high schools, staffed at least 1 day per week by a licensed, waivered, or registered mental health professional. The Pilot Project will be implemented and collaboration with the schools, Behavioral Health, and the Community Hubs will continue. Additionally, the "allcove" Innovation project will be explored for additional collaboration.

17.	*Comment:* Integrating the Student Wellness Centers with the Hub model could extend the prevention, early intervention, continuum to a direct service model to test the referral system for children 14-18 years of age. This could be done by adding a Social Worker or LCSW to the Hub team. The school then becomes another access point, like the library. In addition, we could assess any duplication of efforts between the mental health assistant and the community health advocate. Should this model prove successful, we could extend the strategy to other age groups and districts.
	Response: MHSA envisions this project to be a collaborative and coordinated effort with community partners, including the Community Hubs.
Innovation Project: Senior Nutrition and Behavioral Health	
18.	*Comment:* Unlike the Community Hubs Innovation Project, the Senior Nutrition Project does not outline the research, learning goals, and evaluation.
	Response: Thank you for noting this clerical error. This information has been added.
19.	*Comment:* "Meals on Wheels" is a national company that provides home delivered meals in various parts of the country. El Dorado County's home delivered meal program is not a part of Meals on Wheels, and as such, this name is not used to describe the program.
	Response: MHSA intended the reference to "Meals on Wheels" in a generic sense, but in order to avoid confusion, MHSA corrected the reference to "Meals on Wheels" to "Senior Nutrition Program" and "Home-delivered Meal Program."
Innovation Project: Community Hubs	
20.	*Comment:* It is not clear if the expansion of the Community Hubs project is an expansion in terms of time or time and funding.
	Response: In order to implement the modifications and to allow time to continue learning from this project, which is the primary goal of Innovation, the proposal includes an extension of 1 year (extending from Sept. 19, 2020 to end Sept. 18, 2021), and increasing the funding by $300,000 in FY 19/20 and $1,250,000 in FY 20/21. The Hubs are a systems change model. There are multiple partners, who meet community members where they naturally congregate, whether that is the library or out in the community. It also is about developing a relationship so that if a mental health screening is indicated, the trust built into the relationship will encourage follow-through on a mental health referral. The proposed modifications will lead to better data gathering and reporting so we will have a better idea of the impact of the systems change, as well as an idea of the number of mental health referrals and how many individuals follow through on that referral. Twenty-three (23) letters of support of the Community Hubs were received from a variety of non-profits and schools. The letters are from organizations county-wide.

21.	*Comment:* The Community Hubs are a Public Health project. Public Health Nurses are doing their job and if MHSA is going to be put into the project, it should be in proportion to the number of mental health referrals.
	Response: Public Health funding for Public Health Nursing limits the scope of their services to a small portion of El Dorado County residents. The Hubs Innovation project was developed to improve collaboration between multiple entities and has allowed Public Health Nurses to expand the number and categories of individuals they can serve. A learning outcome is how many mental health referrals are received, but the hope is that the prevention and early intervention services provided by partner entities will remove or reduce the need for mental health services.
22.	*Comment:* Of the 98 mental health referrals this fiscal year, how many were referred to an infant psychiatrist or a child psychiatrist?
	Response: Due to data gathering challenges and staffing shortages, the type of mental health referrals is not currently captured. This is an area that can be considered if the Hub Innovation modification is approved.
23.	*Comment:* While the Hubs are supported, it is not clear that the Hubs will do anything to prevent Serious Mental Illness (SMI), as it is predominately genetic. SMI cannot be "prevented" per se, but environmental factors that can onset or exasperate are important to understand. To date I've not seen Hub staff facilitating such education or programmatic dialogue. (Note: The citation for the source of the above cited SMI is primarily genetic, is not identified.)
	Response: The intent of this Innovation project is not to prevent serious mental illness. The primary purpose is to promote interagency and community collaboration related to mental health services or supports or outcomes. The project also meets the MHSA general requirement of introducing a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention. One of the primary objectives of the Hubs is to provide collaboration in prevention and early intervention of mental illness. An outcome that is being looked at is the number of referrals to mental health providers. Pursuant to Title 9 California Code of Regulations (CCR), Section 3910, Innovative projects must do 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, 9 CCR states that Innovation also must meet one of the following general requirements: (1) Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention (2) Make a change to an existing mental health practice or approach, including but not limited, to application to a different population (3) Apply to the mental health system, a promising community-driven practice or approach that has been successful in non-mental health contexts or settings. An Innovative Project may affect any aspect of mental health practices or assess new or changed application of a promising approach to

	solve persistent mental health challenges, including but not limited to: (1) Administrative, governance, and organizational practices, processes, or procedures (2) advocacy (3) education and training for service providers, including nontraditional mental health practitioners (4) outreach, capacity building, and community development (5) system development (6) public education efforts (7) research (8) services and interventions, including prevention, early intervention, and treatment.
24.	*Comment*: I like the plan very much. I am especially happy to see continued and increased funding for the Community Hubs program, which is so needed to help prevent and intervene before kids become too damaged and develop severe mental health problems. I appreciate that they will also be collecting data on what they are seeing among our 18 and under population; data that can then be used to develop valuable programs for our children and youth later on. I think we need to have the patience and wherewithal to let this project move forward and keep it funded. It is so needed.
	Response: The initial Innovation approval of the Community Hubs includes a primary purpose of promoting interagency and community collaboration while introducing a new practice or approach to the overall mental health system, including prevention and early intervention. With regards to data collection, the proposed modifications include adding an analyst who would be able responsible for data collection, interpretation, and reporting. It also includes funding for additional software maintenance fees so that the Community Hubs data can be integrated into the Public Health Division's electronic medical record. The data will be used to make informed decisions.
Innovation Project: MHSOAC Collaborative Innovation Projects (allcove: A One-Stop Shop for Integrated Mental Health Support and Innovations to Reduce Criminal Justice Involvement of People with Mental Health Needs)	
25.	*Comment:* A May 8, 2019 memo released from the Mental Health Services Oversight and Accountability Commission further defines the "Innovations to Reduce Criminal Justice Involvement of People with Mental Health Needs" to be a data project that provides strategic guidance, support technical assistance in training, enhance evaluation to document impact, and disseminate information to create statewide systems improvement.
	Response: The Fiscal Year 2019/21 MHSA Annual Update has been updated to reflect further description of this collaborative project. Criminal Justice involvement and data collection to inform decision-making were themes throughout the Community Program Planning Process.

Innovation Project: Restoration of Competency in an Outpatient Setting	
26.	*Comment:* We contend that the lack of referrals to the Restoration of Competency (ROC) program is due to a lack of knowledge about this resource by those operating within the local criminal justice system. It is our suggestion that the program continue to be funded, but that greater outreach efforts be made to defense attorneys, court staff, and deputy district attorneys to help them better understand this available resource and encourage collaboration among criminal justice partners when there is potential competency question for a criminal defendant.
	Response: The ROC Innovation Project was approved as a two-year project, which ended April 3, 2019. In order to continue this project, funding would need to be transferred to another MHSA component (e.g., Prevention and Early Intervention or Community Services and Supports). If an individual is deemed by the Court to be appropriate for ROC, ROC services in the jail setting will continue to be provided as it has been as a traditional program.
WET Project: Workforce Development	
27.	*Comment:* I am wondering if we have specific training we assign new employees and reassign every so many years to existing employees?
	Response: The Annual Update includes additional software licenses for myLearningPointe. This will enable all staff to remain current on required trainings, such as HIPAA, Brown Act, Cultural Competency, and other clinical trainings.

Publication of the Draft and Final 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 19, 2019 for a 30-day review period. Emails were sent on April 19 , 2019 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 is anticipated to be distributed on April 22 2019, to the Tahoe Daily Tribune, Mountain Democrat, Georgetown Gazette, South Tahoe Now, The Windfall, Life Newspapers, Village Life, Cameron Park Life, and Folsom Telegraph. It also was scheduled to post on El Dorado County's web page (Press Release section), Health and Human Services Agency webpage and Facebook page, and the El Dorado County Facebook page.

- **Annual Update Public Hearing:** The Behavioral Health Commission held a public hearing on the draft Annual Update on May 22, 2019, and the hearing was noticed on the Behavioral Health Commission's calendar and the MHSA web page. It also was sent out to individuals on the MHSA email distribution list.

- **Behavioral Health Commission Recommendation:** The Behavioral Health Commission did not make a recommendation regarding the Annual Update at their May 22, 2019 meeting. The meeting was continued to June 12, 2019.

- **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 25, 2019. Notification of the date was posted on the MHSA web page and was included on the Board of Supervisors agenda.

- **California Mental Health Services Oversight and Accountability Commission (MHSOAC) and California Department of Health Care Services (DHCS):** Within 30 days of the Board of Supervisors' approval of the Annual Update a copy of the Annual Update will be provided to the MHSOAC and the DHCS, 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 by the entire MHSOAC or the Executive Director, as determined by the MHSOAC. In the event the Innovation program is heard at a MHSOAC meeting 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.

The programs for each of the five MHSA Components are identified on the following pages.

Contracted Providers

MHSA programs list the current provider(s). In the event a new provider is selected, which may occur at any time during the implementation period of this Annual Update, 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 period of this Annual Update.

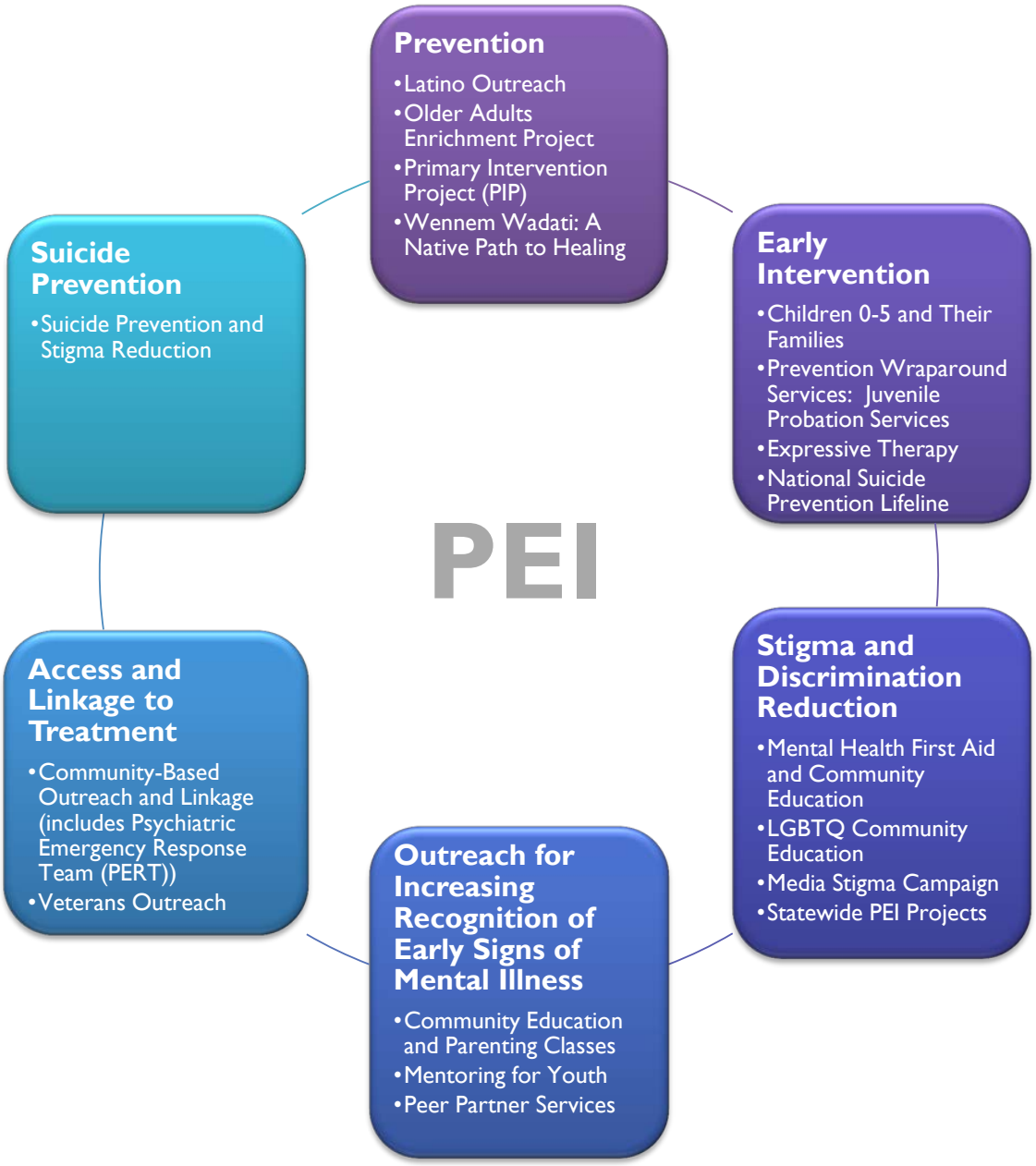
MHSA Expenditures

Although the MHSA projects may indicate that there are no significant changes anticipated to a project in FY 2019-20, there may still be a change in the budget for a program due to increased

or decreased cost of services. In other instances, expenditures may change due to a change to the 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

NOTE: AB 114 reallocated reversion funds and reallocated Prudent Reserve funds may be utilized to support PEI projects.

Latino Outreach

There are no significant changes anticipated to this project in FY 2019-20.

Older Adults Enrichment Project

Senior Peer Counseling

There are no significant changes anticipated to this project in FY 2019-20.

Friendly Visitor

Although there was support for implementing this project, there has not been a successful connection with any entity to implement this project. Therefore, this project will be deleted in the FY 2019-20 Annual Update and the funds re-allocated to Senior Link to maintain the funds in serving older adults.

Senior Link

Due to unanticipated delays in implementing this project, this will be a priority for implementation in FY 2019-20.

Additionally, as a compliment to this project, the County intends to purchase a van that will be designed and equipped to resemble a mobile office. While the van may be used for the Senior Link project, it also may be used for additional HHSA Older Adult programs, including, but not limited to, Senior Legal and Adult Protective Services. Use of the van will be to assist programs in preventing the negative consequences of untreated mental illness.

Further, if the County's "Partnership between Behavioral Health and Senior Nutrition Programs" Innovation Project is approved by the MHSOAC, the van also may be used for this project.

Primary Intervention Project (PIP)

There are no significant changes anticipated to this project in FY 2019-20.

Wennem Wadati: A Native Path to Healing

There are no significant changes anticipated to this project in FY 2019-20.

Early Intervention Programs

Children 0-5 and Their Families

There are no significant changes anticipated to this project in FY 2019-20. However, funding will be increased to allow for more services to be provided countywide, and will allow for increased services to Spanish-speaking individuals and families.

Early Intervention for Youth in Schools

There continues to be strong support for providing services to youth in El Dorado County. However, input regarding this project has consistently been that the focus is too limited and there is great need for mental health services within all high schools in the County from a licensed, registered, or waivered mental health provider. Therefore, this pilot project will end June 30, 2019 when the contract for this pilot program ends. Although the PEI survey reflected high support for services in schools, the disparity between the survey results and the community meeting input appears to lie in the fact that the PEI survey only included the project title (and not a description of the project). In the community meetings, the public sought clarification of project titles and expressed interest in having services in more high schools.

Therefore, as a reflection of community input, this project will not be renewed and instead a new project under Community Services and Supports (CSS) will be implemented to provide a licensed, waivered or registered health care professional and a mental health assistant on-site at five (5) high schools at least one day per week.

Prevention Wraparound Services: Juvenile Services

There are no significant changes anticipated to this project in FY 2019-20. The agreement for services for this project was executed recently with the selected service provider, Stanford Youth Solutions.

Expressive Therapies

This project was previously identified as an Innovation program. However upon further research, it was determined that the program would better align under the PEI component than Innovation. This was due to similar art therapy programs having been implemented to assist individuals with their mental health needs, although not necessarily focusing on the needs of foster parents. Rather than potentially lose this program if it was determined by the State to not meet Innovation criteria, it has been moved to a PEI program where there is greater latitude in the types of programs that can be implemented.

This project will use different expressive therapies as a therapeutic modality to help parents who are experiencing grief due to the separation of an adopted or foster child. Expressive therapies could include, but is not limited to, dance, art, journaling, and music. Unresolved grief due to the removal of an adopted or foster child can lead to negative mental health consequences. Therefore, in addition to an instructor familiar with various art forms, this project also will be complimented by a therapist or other mental health professionals who

would be able to guide conversations or help individuals who unexpectedly are confronted with unresolved grief.

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

National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is a 24/7, toll-free, confidential hotline available to anyone in distress (1-800-273-8255). Calls from the national number are routed to regional call centers. Historically, Yolo County has fully funded the call center services for the region that includes El Dorado County. However, in FY 2017-18, approximately three percent (3%) of the calls originated from an El Dorado County resident. Due to the cost of the program, the regional counties have been asked to pay for the service to their county based on the actual call volume originating from their county during the previous fiscal year.

CalMHSA will administer the funds for the hotline and provide counties with outcome reports based on PEI regulations. The services will continue to be provided through Yolo County.

Stigma and Discrimination Reduction Program

Mental Health First Aid and Community Education

This project will be expanded to allow for the provision of childcare, if available, while participants are attending the class. The purpose of adding the option of childcare is to remove barriers to caregivers in attending the eight-hour training.

LGBTQ Community Education

There are no significant changes anticipated to this project in FY 2019-20. However, funding has been added to this program to allow for County staff to provide training.

Media Stigma Campaign

This project is intended to educate the community on a variety of topics, which may include subjects such as suicide by opioid overdose, older adult concerns, TAY engagement, LGBTQ suicide prevention, mental health screenings, elder abuse, etc. The method of transmitting the campaign may be via any media, including, but not limited to, flyers, movie theater videos, online campaigns, bus stop advertising, and radio advertising.

El Dorado County staff or other provider(s), which will be selected in compliance with the County's Procurement Policy, will complete work on this project.

Statewide PEI Projects

There are no significant changes anticipated to this project in FY 2019-20.

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Community Education and Parenting Classes

Parenting Skills

In addition to the Parenting Skills classes currently offered by New Morning Youth and Family Services (contracted provider), this project will be expanded to offer parenting classes provided by Child Welfare Services (CWS). It is anticipated that the parenting classes will be an ongoing (rolling) curriculum, which will allow new participants to join the class at any time. El Dorado County staff or other provider(s), which will be selected in compliance with the County's Procurement Policy, will provide services for the ongoing curriculum.

The Nurtured Heart Approach®

This project will continue through FY 2019-20. In order to reach the more geographically isolated areas of the County, this program is available county-wide. There is no change to the budget for this project.

Foster Care Continuum

To more appropriately describe the services provided, this project has been renamed "Peer Partner Services."

Peer Partners are individuals who have prior personal participation within Child Welfare Services (CWS). The Peer Partners offer their own personal experiences and advocacy skills to support youth and families involved with CWS. This program is designed to enhance service delivery, provide a continuum of care, and share organizational knowledge and resources with the common goal of engaging and supporting youth and families; promoting placement stability; and the safety and well-being of at-risk children and youth. The youth advocate services are funded under this PEI project. Outreach for increasing recognition of the early signs of mental illness is central to this project. The complementary "parent partner" services are funded under Community Services and Supports (CSS)/Full Service Partnership.

Mentoring for Youth

There are no significant changes anticipated to this project in FY 2019-20.

Access and Linkage to Treatment Program

Community-Based Outreach and Linkage

There are no significant changes anticipated to this project in FY 2019-20.

Veterans Outreach

There are no significant changes anticipated to this project in FY 2019-20.

Suicide Prevention Program

There are no significant changes anticipated to this project in FY 2019-20. However, funding has been increased for this program to allow for increased services to the West Slope, if sufficient supports are identified.

PEI Administration

There are no significant changes anticipated to this project in FY 2019-20.

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.

Pursuant to California Code of Regulations, Title 9, Section 3620(c), "the County shall direct the majority of its Community Services and Supports funds to the Full Service Partnership Service category." Therefore, the majority of total CSS revenue must be spent on FSP services. El Dorado County dedicates at least 51% of its CSS allocation to FSP services and supports.

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 non-mental health supportive services and goods ("flexible funding") to meet the goals of the individual services and supports plans. Examples of non-mental health supportive services and goods may include, but are not limited to, transportation costs, client incentives (such as outreach and engagement activity fees or stipends and meals or snacks for clients), gift cards, social activity costs (including recreational costs), housing-related costs (such as security deposits, household establishment supplies, toiletries), education expenses (such as tutoring, parenting courses, school-based services and supports, after-school services and supports), respite services for caregivers and family members, clothing, treatment for co-occurring substance use disorders, residential substance use disorder treatment programs, and medical or dental expenses. All FSP funds are considered on a case-by-case basis and utilization of non-mental health supportive goods and services shall follow Behavioral Health's policy and procedures, as well as California Code of Regulations, Title 9, Section 3620, Full Service Partnership Service Category.

- **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 also is offered to

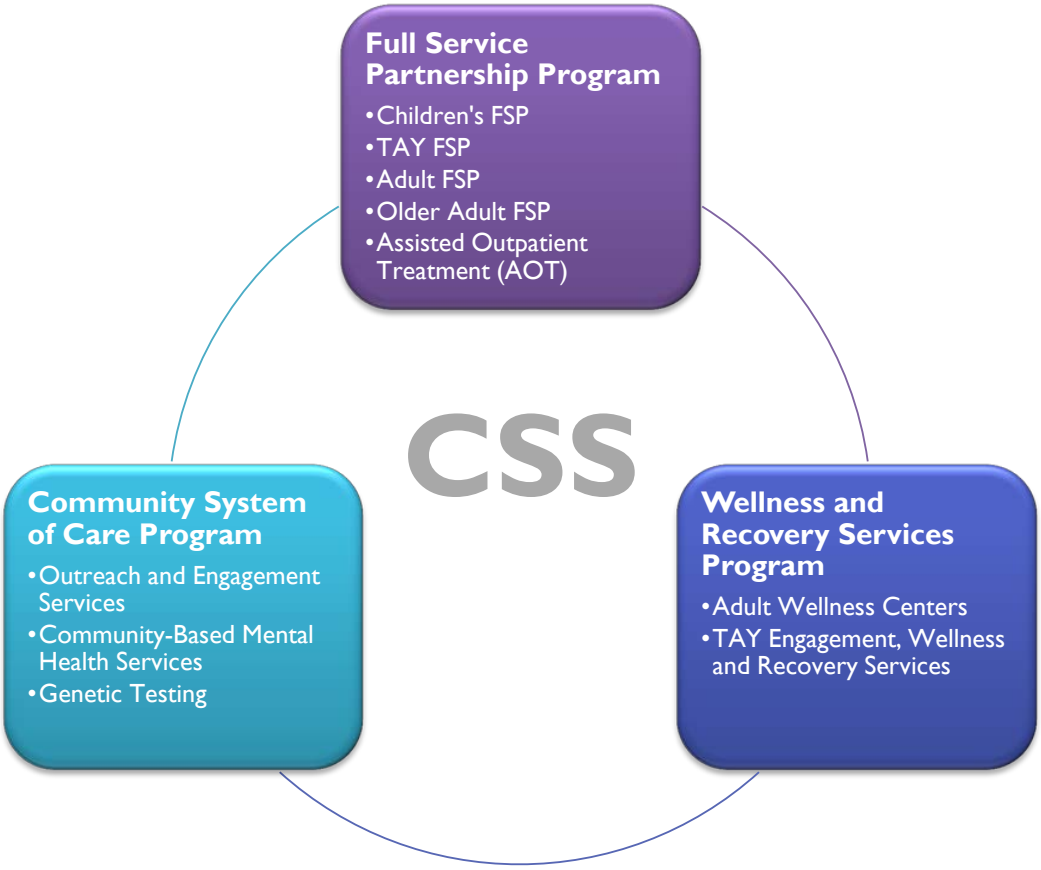
individuals enrolled in a GSD program. Housing assistance may include rental assistance; security deposits, utility deposits, or other move-in cost assistance; utility payments; and moving cost assistance.

Periodically, Health and Human Services Agency (HHSA) receives time-limited grants for various projects targeting homeless or soon-to-be homeless individuals with mental illness. The Homeless Mentally Ill Outreach and Treatment (HMIOT) Program is one such example. Funds received for these grants will be used for the purposes identified in the grant application, which may include, but are not limited to, security deposit assistance, rent or mortgage assistance, transportation, motel stays, and utility assistance.

Throughout the duration of the MHSA Three-Year Program and Expenditure Plan and this Fiscal Year 2019-20 Annual Update, HHSA may receive additional grant funds.

- **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 may be transferred from CSS if those funds will not be fully utilized by existing CSS programs during this fiscal year. Funds may be transferred to the County's MHSA Prudent Reserve, Capital Facilities and Technology (CFTN), or Workforce Education and Training (WET) to the extent allowed.



In FY 2019-20, $200,000 will be transferred from CSS to WET for ongoing training needs and $500,000 will be transferred from CSS to CFTN in further support of an Integrated Care Facility (formerly referred to as the Community Wellness Center").

Telehealth

In support of the CSS programs, Behavioral Health continues 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 and maintenance of the equipment will occur under the Capital Facilities and Technology Needs (CFTN) 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.

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 service level indicators and outcome tools 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, and under the introduction to CSS in this FY 2019-20 Annual Update.

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). To ensure that all Mental Health clients, not just FSP clients, are able to benefit from this technology, a new program has been established in this Annual Update specifically for genetic testing.

Pursuant to the "Investment in Mental Health Wellness Act of 2013," as outlined in the MHSA Act (revised January 2019) and pursuant to California Code of Regulations, Title 9, Section 3620, FSP also may include family respite care to "help families and to sustain caregiver health and well-being".

Children's Full Service Partnership

Changes to this project in FY 2019-20 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. Additionally, children who are in need of intensive mental health services, are at risk for out-of-home placement and/or are at risk for a higher level of care are eligible for this program. This includes Short-term Residential Treatment Programs (STRTP), Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Crisis Residential Services.

Estimated Number of Individuals to be served:	150
Estimated Cost per person:	$18,667

Transitional Age Youth (TAY) Full Service Partnership

Changes to this project in FY 2019-20 are identified as:

TAY, up to 21 years of age, may be eligible for Short-term Residential Treatment Programs (STRTP), Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Crisis Residential Services. However, individuals may be served through this program through age 24.

In preparing the Outcome Measures, it was determined that Measurement 2, Achieving goals identified in the client plan, cannot be determined without reviewing each treatment plan. Therefore, Outcome Measurement 2 is being replaced with "Number of Clients Graduating from Specialty Mental Health Services," which can be determined from the Electronic Health Record.

Estimated Number of Individuals to be served:	20
Estimated Cost per person:	$25,000

Adult Full Service Partnership

There are no significant changes anticipated to this project in FY 2019-20.

However, in preparing the Outcome Measures, it was determined that Measurement 2, Achieving goals identified in the client plan, cannot be determined without reviewing each treatment plan. Therefore, Outcome Measurement 2 is being replaced with "Number of Clients Graduating from Specialty Mental Health Services," which can be determined from the Electronic Health Record.

Estimated Number of Individuals to be served:	175
Estimated Cost per person:	$30,857

Older Adult Full Service Partnership

There are no significant changes anticipated to this project in FY 2019-20. However, individuals eligible for this program may be served through the Adult FSP program, and the funds dedicated in this project for older adults may be transferred to the Adult FSP program to allow older adults to be fully served.

Estimated Number of Individuals to be served:	10
Estimated Cost per person:	$30,000

Assisted Outpatient Treatment (AOT)

On October 30, 2018, the El Dorado County Board of Supervisors adopted Resolution 227-2018, which authorized continuation of the AOT program until terminated.

Funds for this program are utilized only for evaluation of AOT referrals and the initial engagement activities in response to an AOT referred. Once an individual is engaged in Specialty Mental Health Services, either voluntarily or through a petition to the court, they are provided with FSP-level services and will receive those services through the FSP program.

Estimated Number of Individuals to be served (AOT Referral Evaluation and Engagement Activities only):	12
Estimated Cost per person:	$2,905

The new Outcome Measures for this program are:

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

Outcome measures relating to how well a client does while engaged in services are reported through the Adult or Older Adult FSP programs.

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). To ensure that all Mental Health clients, not just Wellness and Recovery clients, are able to benefit from this technology, a new program has been established in this Annual Update specifically for genetic testing.

Wellness Centers (which include Outpatient Specialty Mental Health Services)

The El Dorado County Wellness Centers continue to provide a welcoming location for individuals with severe mental illness to receive outpatient Specialty Mental Health Services. The Wellness Center is a gathering place where clients 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.

There are no significant changes anticipated to this project in FY 2019-20 with the exception of the following:

The Behavioral Health Division continues to explore the option of a Community Wellness Center, or an integrated Behavioral Health and Community Wellness Center. In furtherance of this, a Request for Proposal for a community-based wellness center and provision of outpatient

Specialty Mental Health Services has been released. If/when an appropriate site and/or provider is identified, funds from this program will be utilized to support the ongoing operations costs of the Community Wellness Center or integrated 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.

In preparing the Outcome Measures, it was determined that Measurement 2, Attainment of individualized goals, cannot be determined without reviewing each treatment plan. Therefore, Measurement 2 will be replaced with "Number of Clients Graduating from Specialty Mental Health Services", which can be determined from the Electronic Health Record.

TAY Engagement, Wellness and Recovery Services

There are no significant changes anticipated to this project in FY 2019-20.

However, when the previous single TAY program was split between TAY FSP and TAY Wellness, the outcome measures for the TAY Wellness program were not updated. The previously identified outcome measures have been replaced with:

- Measurement 1: Number of participants
- Measurement 2: Number of Clients Graduating from Specialty Mental Health Services

Community Transition and Support Team

Historically, Behavioral Health Division clinical staff who maintained the Medication Maintenance caseload, worked with individuals whose only services were case management and visits with one of Behavioral Health's psychiatrists. The original goal of this team was to transition individuals to their Primary Care Provider or another community-based provider. MHSA did not fund this program due to the original intent and nature of the team.

However, the Medication Maintenance Team has evolved to greater mental health clinician involvement with the clients, with a focus on wellness and recovery and community integration. These services been renamed to the Community Transition and Support Team (CTST). The CTST collaborates with clients in developing a treatment plan to assist the clients with meeting their individualized goals for their transition to community-based providers. This may include, but is not limited to, rehabilitation groups providing clients with transportation and mobility training, therapeutic groups, assisting clients with finding volunteer and/or job opportunities and helping them to become more confident about navigating their communities.

Clients who continue services with Behavioral Health solely to maintain their medication support services will *not* be funded by MHSA.

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

Outcome Measurement 3 will be deleted since Measurement 2 (Length of time from request for service to determination of eligibility for Specialty Mental Health Services) and Measurement 3 (Timely processing of requests for services) result in the same measurement.

Additionally a Pilot Project for implementing student wellness centers and mental health supports at El Dorado Union High School District sites will be added.

Pilot Project: Student Wellness Centers and Mental Health Supports at El Dorado Union High School District sites

In collaboration with school district psychological and nursing staff and other community-based organizations, Student Wellness Centers at the high schools will be developed and staffed one day per week by a licensed, waivered or registered mental health professional (for example, an Associate Social Worker or Licensed Clinical Social Worker) and a mental health assistant. Services may include crisis support, brief mental health assessments, outreach and engagement of students, linkage to community services, classroom activities emphasizing self-care and mental health awareness, collaboration with parents, and training for parents and district staff. Training may include trauma-informed care and crisis intervention, and Mental Health First Aid. The training will be provided during program breaks such as holidays and during the summer months. Training will be essential to the success of this program, as school faculty will be better equipped to recognize potential referrals to the Student Wellness Center.

The schools identified to participate in the project include El Dorado High School, Ponderosa High School, Independence High School, Oak Ridge High School, and Union Mine High School.

As a pilot project, this project is estimated to run for two years to allow adequate time to gather data and evaluate the project's outcomes.

Resource Management Services

This project is being deleted because the services provided through this project are more accurately reflected as functions funded through the CSS Administrative costs.

Genetic Testing

Certain genetic tests can assist Medication Support Staff to determine which medications are most likely to benefit a client, without the need for an extended trial and error process.

Through a non-invasive test (usually a cheek swab), a client can learn which medications they are more likely to benefit from and which medications may not result in positive outcomes. While the genetic testing does not dictate the single, specific medication that would most benefit a client, it does provide extensive information that can assist a client and their medication provider to identify appropriate medications.

A genetic testing services provider(s) will be selected in compliance with the County's Procurement Policy, and this will be implemented in Fiscal Year 19-20. One likely provider is GeneSight®.

Program Goals:

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

Outcome Measures:

- Measurement 1: The number of clients who receive genetic testing.

Housing Projects

There are no significant changes anticipated to this project in FY 2019-20. All remaining housing funds were allocated to the California Housing Finance Agency (CalHFA) in 2010 for support of the MHSA Housing projects.

The "No Place Like Home" funds authorized by California Proposition 2 in 2018 will be accessed by the County, but outside the direct scope of MHSA. However, Behavioral Health will be a collaborative partner with No Place Like Home.

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.

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 an 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."

Further, Information Notice 18-033 stated that counties with a population of less than 200,000 must spend funds distributed to the county for the CSS, PEI and Innovation components, including interest earned and allocated to those components, within five fiscal years of receiving the funds.

Existing Innovation Programs

Restoration of Competency in an Outpatient Setting

This project has been in operation since April 4, 2017, and was initially approved as a 2-year project. Therefore, funding for this project ended April 3, 2019. The outcomes for this project will be discussed in the "Annual Innovative Project Report." This program received only three referrals during the two-year period. In the event that individuals are deemed by the court to be appropriate for outpatient Restoration of Competency, those clients will be served through a CSS program, at a level which meets the clinical needs of the client (e.g., Wellness Centers, FSP or Community-Based Engagement and Support Services).

The evaluation of this Innovation program could not occur in time for publication of this Annual Update and will be published as a standalone document within six months of April 3, 2019.

Community-Based Engagement and Support Services - Existing Project and Proposed Expansion

The Community-Based Engagement and Support Services program, more commonly known as "Community Hubs", has been in operation since September 2016, which has allowed the service providers to identify both challenges and successes.

This Innovation program was initially intended to end in September 2020, however the MHSA team held Stakeholder and Community Program Planning Process to discuss what has been learned from the program. It was determined that there is significant support for this program, but there is a need to modify the program to allow for accurate learning. Following

implementation and with ongoing administration of the Community Hubs, MHSA and the service partners have identified some programmatic challenges, which, if addressed, would enable continued learning, and if not addressed could negatively impact the County's ability to fully analyze the learning objectives from this Innovation program.

Therefore, the community has supported requesting a modification of the project, which includes a one-year term extension and additional funding.

If approved by the MHSOAC, this program will be modified to address some of the challenges learned through initial implementation and the program will be expanded to address unanticipated and unmet program goals.

Modification of this project is intended to address the following challenges:

Challenge: Resource Infrastructure

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. The function of data collection has largely been place upon the individual Public Health Nurses and Public Health Nurse Supervisor, taking valuable time away from program operations and staffing supervision. Assigning data input and interpretation to one individual with higher level analytical skills would increase the reliability of the data. The analyst also could build charting templates, which would further aid in capturing and reporting consistent data.

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.

Additionally, the community requested that the Community Hubs be open in the evenings, and that staff expand their area of reach to more places where individuals naturally meet. To accommodate these requests, full-time staff would need to hired.

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 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 mental health needs and issues, as well as other focuses of the Community Hubs program which is funded through various organizations such as First 5 El Dorado and Public Health. 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: Technology

As identified in the FY 2016-17 and 2017-18 Innovation outcomes reports, 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.

Challenge: Other Costs of Doing Business

There is a continued need to provide funding for other costs related to doing business. Such costs include, but are not limited to, increases in staff wages and benefits, office supplies, printing costs, telephones, mileage, professional development/training costs, etc.

Research on Community Hub Services

The Community Hubs project promotes integration of successful service delivery models in the early childhood, health, and community building systems to provide a local continuum of care for pregnant women, families, and children birth through eighteen, including increasing access to mental health services. Key elements of the Community Hubs include:

Community-Based Access: The Oregon Model relies on a partnership of schools and primary care clinics to complete assessments to ensure school readiness for children. El Dorado County's model is similar with regards to community collaboration, but unlike the Oregon Model, El Dorado County's project establishes "hubs" – a one-stop-shop type of approach. Community Hubs are located in the libraries in each of the five (5) supervisorial districts in El Dorado County. Since the Community Hubs program was implemented, service locations have expanded beyond the libraries and now include places such as apartment complexes, schools, and community events. By offering assessments and services at places where individuals and families naturally gather, we are able to provide an array of services while reducing the stigma associated with seeking mental health services.

Outreach to Isolated Communities: The Community Hubs engage pregnant women, families, and children, primarily age birth through 18, in isolated regions of the county using the Community Health Works Model. Community Health Advocates (CHAs) assist community members to increase access to care by using best public health practices in performing a variety of community outreach and education functions. As a trusted community partner, CHAs can offer linguistic and cultural translation; provide linkage and access to services; and develop relationships in a community setting, including communities in geographically isolated areas of the County. The CHAs act as a liaison between the community and the Public Health Department for improved service delivery.

Continuum of Care: The Community Hub partners develop trusted relationships to assist community members in assessing and developing an individualized plan, and in case management. Each Community Hub partner plays a vital role in the continuum of care, with the Public Health Nurses focusing on populations at risk needing interventions to address the prevention or amelioration of high risk conditions, whether it is chronic illness or mental health needs. The Public Health Nurses use a trauma-informed approach to provide services including, but not limited to, case management; health screenings; mental health screenings; and alcohol and drug screenings.

Community Assessments: Ongoing, local assessments promote continuous quality improvement in service delivery by engaging community members in determining successful implementation.

This project is seeking a modification of the previously approved Innovation program to address challenges that have been a barrier to learning.

Learning Goals/Project Aims

The initial question was, "will a library-based access point for services, different than the multi-access point of the Oregon Learning Model, facilitated by a Public Health Nurse using trauma-informed approach, be successful in the rural areas of the County?" This Innovation project has been operational for about two years. Despite the staffing and infrastructure challenges previously discussed, anecdotal reports and some data analysis conclude that individuals are willing to access services in the libraries, however the impact to mental health services is not yet fully understood.

There also is an increase in interagency collaboration. With multiple funding partners, employees are able to build relationships with other community agencies. Consequently, there is a sharing of knowledge and resources. Additionally, visitors to the Community Hubs receive a soft handoff to other programs and services, thus helping to ensure that the visitors receive the services and support needed.

With limited data availability due to a short period of implementation as well as staffing and infrastructure challenges previously discussed, we propose that addressing these challenges will enable this project to have stability and will have a greater positive impact in increasing access to mental health services by underserved groups.

Additional questions from the original Community Hubs project:

- Does providing services at the library reduce stigma?
- Does increasing access to prevention and early intervention reduce long-term mental health costs?
- Does improving coordination and integration of physical and behavioral health services increase the number of clients accessing mental health services?
- Does case management by a Public Health Nurse increase client screening and treatment for mental health services?
- Does a trauma-informed approach assist in reaching the hardest to serve mental health clients?
- Can Community Hubs be sustained through local planning and leveraging of resources?

Due to the multiple community partners and the fact that the Community Hubs are geographically spread throughout El Dorado County, these goals were prioritized to examine both the effectiveness and the sustainability of this project.

The learning goals directly relate to the unique aspect of providing mental and physical health services in a "one-stop shop" community setting where individuals and families naturally congregate.

Evaluation or Learning Plan

Client level data will be collected via Community Health Advocates and Public Health Nurses. The number of clients served will be recorded, type and amount of screenings performed, specialty health referrals made and to whom, as well as the number of clients who accessed these services.

Program level data will be gathered by funding partner First 5. As previously mentioned, this data will be gathered through the Family Strengthening Protective Factors Parent Survey.

Community level reporting will be facilitated in partnership with El Dorado Community Foundation to better understand local needs and inform strategy implementation. Hub communities will be convened on a regular basis to better understand service impact, access and barriers to services. This will include weekly team meetings to better coordinate care and services at each of the Community Hubs. Additionally, members from each of the collaborating agencies will meet on a monthly basis to strategize quality improvement changes, if necessary, based on successes and challenges identified at the team meetings. This qualitative data will be combined with county quantitative data to provide a better understanding of community need and provide a continuous quality improvement process. These data profiles will guide program implementation.

Learning objective #1
Does providing services at the library reduce stigma? The following indicators will be measured:

- Tracking referrals received and client contacts.
- Linkage by type and source (e.g., mental health/dental/physical health/insurance/community resources).
- Referrals made (e.g., mental health services, primary care physicians, dental providers, insurance, developmental services, other Public Health Nurse programs, and other community-based resource).

Learning objective #2
Does increasing access to prevention and early intervention reduce long-term mental health costs? The following indicators will be measured:

- The Family Strengthening Protective Factors Survey will be used to assess an adult's resilience by measuring isolation, education, developmental understanding, and support. It also will measure the impact of services on wellness for children birth through five, and their parents/guardians.
- The project also will investigate, to the extent possible, if there is a reduction in the prolonged suffering that may result from untreated mental illness by measuring reduced symptoms and/or improved mental, emotional, and relational functioning, as reported on client satisfaction or other surveys.

Learning objective #3
Does improving coordination and integration of physical and behavioral health services increase the number of clients accessing mental health services?

- Tracking referrals received and client contacts.
- Linkage by type and source (e.g., mental health/dental/physical health).
- Referrals made (e.g., mental health services, primary care physicians, dental providers, etc.)

Learning objective #4
Does case management by a Public Health Nurse increase client screening and treatment for mental health services?

- Public Health Nurses administer a variety of screening tools, including screening for postpartum depression and ACEs.

Learning objective #5
Does a trauma-informed approach assist in reaching the hardest to serve mental health clients?

- Tracking of referrals received and client contacts, including data gathering relative to clients being unserved or underserved.

Learning objective #6
Can Community Hubs be sustained through local planning and leveraging of resources?

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. The funding partners to this program are continually examining how to sustain this project in the long-term. At the conclusion of the Innovation funding period, MHSA would consider transferring funding to the Prevention and Early Intervention component.

MHSOAC Collaborative Innovation Projects

The MHSOAC has approved and is supporting six multi-county opportunities for Collaborative Innovation Projects. The MHSOAC has approved counties to join these existing Collaborative Innovation Projects pursuant to a memo issued by the MHSOAC on March 20, 2019. Two of these projects address needs identified during the CPPP:

- *allcove: A One-Stop Shop for Integrated Youth Mental Health Support*: Supporting the needs of youth.
- *Innovations to Reduce Criminal Justice Involvement of People with Mental Health Needs*: Jail diversion programs and reduction in criminal justice involvement.

To the extent that resources are available to participate, it is the intention of El Dorado County to engage in these projects. The MHSOAC and/or its contracted entities will provide technical assistance to counties who are participating in these projects.

allcove: A One-Stop Shop for Integrated Youth Mental Health Support

Per the March 20, 2019 MHSOAC memo:

> Research suggests half of all mental illnesses start by age 14, yet the public mental health system in California has not developed a strategy to provide young people the early intervention support they need. To address this challenge, Santa Clara County is working to expand its continuum of early identification and intervention by creating community based integrated youth mental health programs for young people that are based on the successful "headspace" model from Australia and the Foundry Program in British Colombia. These international programs have developed successful community access points for young people and their families to get early mental health care, primary care, early substance use treatment, supported education/employment, and peer support all in one

youth friendly center. In 2015, the Stanford Psychiatry Center for Youth Mental Health and Wellbeing (the Center) with the Robert Wood Johnson Foundation and "headspace" Australia completed an initial feasibility study to consider bringing this model to the US.

Based on this study, Santa Clara County, in partnership with the Center, is utilizing MHSA Innovation funds to open the first two US integrated youth mental health programs. These new sites, named allcove (after a year-long design process with a county youth advisory group), will fill the early intervention gap between school mental health and early psychosis services in creating community based early intervention sites which will appeal to young people to come in for integrated health care.

Innovations to Reduce Criminal Justice Involvement of People with Mental Health Needs

Per the March 20, 2019 MHSOAC memo:

> The Commission highlighted the increasing number of people found to be incompetent to stand trial due to an unmet mental health need in its criminal justice and mental health report adopted in November 2017. The Commission emphasized in its report the role of diversion to reduce the number of people with mental health needs facing criminal charges, specifically those found incompetent to stand trial awaiting Department of State Hospitals services.

Per the May 8, 2019 MHSOAC memo:

> Data is a critical tool in decision-making and service delivery, but its power is not always effectively harnessed to improve outcomes. Often housed in fragmented data systems, administrative and legal barriers may prevent exploring mental health and criminal justice data to gain a better understanding of the drivers of incarceration of people with mental health needs in our community. The Commission is working to provide strategic guidance, support technical assistance and training, enhance evaluation to document impact, and disseminate information to create statewide systems improvement.

Innovation Projects Initially Proposed in FY 2018-19

There were five new innovation programs approved by the Board of Supervisors in the the FY 2018-19 Annual Update. After approval of the FY 2018-19 Annual Update, the County was advised by the MHSOAC that the County was required to utilize the MHSOAC's new Innovation template before the projects would be considered for approval. The MHSA Team transferred the previously locally-approved Innovation projects into the new template and added the extensive new information required. However in doing so, there was insufficient time to take the Innovation projects back to the public. Therefore, the five proposed Innovation projects have been allocated as follows:

Project	Status
Community-Based Engagement and Support Services - Modification	Move forward in the FY 2019-20 Annual Update
Partnership between Senior Nutrition and Behavioral Health to reach home bound older adults in need of mental health services.	Move forward in the FY 2019-20 Annual Update
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"	Revisit for the FY 2020-21 MHSA Three Year Program Expenditure Plan
Post-Jail Re-Entry Supportive Housing	Revisit for the FY 2020-21 MHSA Three Year Program Expenditure Plan
Art Therapy as a therapeutic modality to help parents who are experiencing grief due to the loss of an adopted or foster child.	Moved to PEI in the FY 2019-20 Annual Update as "Expressive Therapy"

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

This project will answer the question, "Will using a mobile approach to reach home-bound and geographically isolated older adults (an underserved population) who participate in the Senior Nutrition Program (a home-delivered meals and a congregate meal site program) increase access and linkage to services?"

Through the Community Program Planning Process (CPPP), community members and stakeholders consistently mentioned the fact that older adults comprise a majority of El Dorado County's population. It also was noted that individuals sometimes choose to live in El Dorado County in order to enjoy a rural life - a life where one is not "bothered" by their neighbors, commercialism, or government. This sentiment was echoed in a County of El Dorado MHSA Older Adults survey in 2013, wherein 66.25% of the respondents indicated that they did not want to bother others, 50.63% cited lack of private transportation, and 36.88% stated that the stigma associated with mental health is one of the reasons they do not seek treatment. Consequently, El Dorado County residents "age in place," and as they age, they remain physically or geographically isolated from support systems, including mental health supports. However, community members also pointed out that older adults *will* participate in the County's home-delivered and congregate meal programs. Through the CPPP, it was suggested that perhaps older adults who participate in the Senior Nutrition Program would be more willing to engage in services, including mental health services, if given access and linkage to the services.

In researching the older adult population in El Dorado County, MHSA discovered that as of January 2018, there are 41,258 older adults (aged 65 and older) living in El Dorado County. This represents 22.13% of the total El Dorado County population. Statewide, there are 6,305,025 older adults aged 65 and older, which represents 15.89% of the population. From 2010 to 2017, the population in El Dorado County grew by 2.5%. The majority of El Dorado County citizens (82.8%) reside outside of the incorporated cities of Placerville and South Lake Tahoe.

MHSA also discovered that an average of 1,917 unduplicated individuals participated in the County's Senior Nutrition Program in Fiscal Year 2017/18. Of this, 804 are unduplicated home-delivered meal participants and 1,113 are unduplicated congregate meal site participants. (Additionally, for the older adults who participate in the congregate meal program, they are not required to register for meals, so there may be additional older adults who attend the congregate meal sites.)

In examining El Dorado County's population, older adults represent almost a quarter of the County's population. As "empty nesters," older adults remain in El Dorado County. Likewise, as families retire from other counties and move to El Dorado County, the older adult population in El Dorado County is expected to continue to increase. The question then becomes, "will using a mobile approach to reach home-bound and geographically isolated older adults (an underserved population) who participates in the Senior Nutrition Program (a home-delivered meal and congregate meal site program) increase access and linkage to services?"

Following questions and suggestions formulated during the CPPP, County Behavioral Health began to evaluate the possibility of using an interagency collaborative approach (partnering with the County's Senior Nutrition Program) to reach home-bound and geographically-isolated older adults who may be in need of mental health treatment or linkage to other community resources.

Research on Interagency collaboration between Home-delivered Meals and Behavioral Health

Although home-delivered meal 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 or congregate meal program.

This project is unique in that it specifically addresses underserved, home-bound and geographically isolated seniors, who are already participating in the home-delivered and congregate meal site meal programs. Those individuals are familiar with reaching out to and receiving services from a government entity for assistance. However, due to being home-bound, or living in geographically isolated areas with little, if any, transportation availability, these older adults likely would not participate in mental health services. Additionally, due to the stigma of accessing mental health services and the high moral value older adults attribute to not wanting to "bother others with my problems," particularly the home-delivered meal program participants likely would not access additional programs and services, unless presented the opportunity to participate in a non-threatening, trusting environment. The project also permits transportation, if required, to enable immediate engagement and linkage to services.

Implementation Method

To address the above issues, the County will contract with an experienced service provider who will use a dedicated van that will be set up in an office-like configuration to allow confidential screenings and assessments. (The van *will not* be purchased using Innovation funds.) The van will be staffed with professionals who are familiar with the unique needs of older adults, as well as knowledgeable about mental health issues and social determinants of health that affect older adults. The service provider also will have familiarity with the existing community service availability within the county.

The van will be utilized for travel to outlying areas of the county, in collaboration with the Senior Nutrition Home-delivered Meal Program and the congregate meal sites, to provide connection, assessment, case management, linkage and referral, and other identified services for home-bound older adults. Referrals for services may be made to local primary care providers, County Public Health, County Behavioral Health, County Senior Legal Services, and community-based resources such as primary care physicians and dentists. Once an older adult is identified to possibly benefit from linkage to services, the Contractor will coordinate and transport the older adult to services. Case management for older adults engaged in this program would be ongoing for the duration identified in the treatment planning. For older adults who are identified as individuals who would potentially benefit from this program, but they decline services, the Senior Nutrition Home-delivered Meal Program and congregate site volunteers will be able to continue engage with and to observe the older adults.

Overall management of this program will be contracted to a community provider, who will be selected in accordance with the County's Procurement Policy.

Learning Goals/Project Aims and Evaluation

The Learning objectives are as follows:

1. *Will using a mobile approach to reach geographically isolated seniors who participate in the Senior Nutrition Program, increase access to services, including mental health services?*

   This approach will be measured by tracking the number of individuals contacted versus the number of individuals who agree to a screening or assessment, versus the number of individuals who agree to engage in services, versus the number of individuals who attended at least one service since agreeing to engage.

   This approach also will be measured by tracking the number of referrals for linkage to services outside to and outside of mental health services.

   Finally, this approach will be measured by tracking the number of individuals who use the transportation service to attend appointments.

   In FY 17/18, there were 1,585 outpatient Specialty Mental Health Services episodes. Of those, only 7.5% were age 60 and over (119 episodes). There were 98 unique individuals age 60 and over in the total episodes open in FY 17/18, representing 8% of the total number of individuals engaged in services. Of

those, 27 individuals were conserved and placed out of the county. And of the 1,248 clients for whom a request for service was opened, only 66 (5.3%) were age 60 and over.

2. *Will older adults who are already participating in a government program be more likely to engage in mental health services?*

   This approach will be measured by comparing the number of individuals who agree to engage in services and attend at least one service since agreeing to engage versus the number of older adults who engage in mental health services through other referral sources.

   Although the County has this information in its Electronic Health Record, the information is not yet available as a report.

3. *After an initial screening, will older adults continue to participate in services?*

   This approach will be measured by comparing the number of individuals who agree to engage in services, versus the number of individuals who attend at least one service since agreeing to engage in services.

   Older adult engagement in services will be compared to engagement by other age ranges during the same period.

4. *Is using the gatekeeper model an effective way to identify older adults potentially in need of services?*

   This approach will be measured by identifying the number of individuals referred by the gatekeeper, to the service provider.

   As identified above, of the 1,248 clients for whom a request for service was opened, only 66 (5.3%) were age 60 and over.

5. *Will using a mobile approach destigmatize mental health services?*

   This approach will be measured by the number of individuals who agree to a screening or assessment, and by comparing their attitude toward mental health treatment before engaging in services compared to after engaging in services.

   When participants in the Senior Nutrition program were surveyed in 2013, there were 162 responses. 36.88% stated that the stigma associated with mental health is one of the reasons they do not seek treatment.

Impediment	**# of Responses**	**% of Responses**
Not wanting to bother others	106	66.25%
Lack of private transportation	81	50.63%

Cost of services	79	49.38%
Not knowing where to start	77	48.13%
Physical health limitation	70	43.75%
Stigma associated with mental health/illness	59	36.88%
Lack of or insufficient public transportation	51	31.88%
Cost of transportation	50	31.25%
Travel distance to services from home	40	25.00%
Concern friends or family may find out	26	16.25%
Lack of trust in service provider	25	15.63%
Inconvenient appointment times	22	13.75%
Cultural differences	5	3.13%
Language differences	2	1.25%

The same survey will be distributed again with this Innovation project to gauge pre- and post-engagement beliefs.

Additional data points may be collected based upon general number of contacts made and demographics, as well as future identified data points that would aid in project evaluation (i.e., future stakeholder input may identify additional data points that would aid in evaluation).

The data gathered from these learning questions will inform MHSA if this project answers the question, "Will using a mobile approach to reach geographically isolated seniors who participate in the Senior Nutrition Home-Delivered Meal Program increase access and linkage to services?" The data gathered from the learning objectives also will determine if this project is successful at making a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

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".

The County identified "Reversion" as the funding source for this potential Innovation Project. However, Reversion funds have to be expended by June 30, 2020. Therefore, due to the requirement for use of the new Innovation template, it is not feasible to implement a project of this magnitude within the resulting time constraint. MHSA staff have completed the research and have held community planning meetings on this project, but will save the information for a future Innovation project.

III. Post-Jail Re-Entry Supportive Housing

The County identified "Reversion" as the funding source for this potential Innovation Project. However, Reversion funds have to be expended by June 30, 2020. Therefore, due to the requirement for use of the new Innovation template, it is not feasible to implement a project of this magnitude within the resulting time constraint. MHSA staff have completed the research

and have held community planning meetings on this project, but will save the information for a future Innovation project.

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

Upon further review of this proposal, the County determined to fund this project through Prevention and Early Intervention (PEI). The project name under PEI is "Expressive Therapy".

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.

In FY 2019-20, $200,000 will be transferred from CSS to WET for ongoing training needs.

Workforce Education and Training (WET) Coordinator

There are no significant changes anticipated to this project in FY 2019-20.

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

Workforce Development

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.

There is continued support for well-trained public mental health staff. Therefore, to ensure continued availability of trainings for the public mental health system, funds shall be transferred from CSS to WET annually on an "as-needed" basis to cover the costs of trainings scheduled for each fiscal year. Please see the "Expenditure Plan and FY 2019-20 Budget" section for more details.

In addition to trainings to support the public mental health system, additional areas of focus have been identified for this project in FY 2019-20:

Additional Software Licenses for Professional Development

Licensed clinicians are required to maintain professional competency through continuing education courses and all Mental Health staff are required to participate in ongoing professional trainings. The number of software licenses needs to be increased to allow for licensed, waivered and registered health care professionals within the Adult System of Care to maintain professional development.

Building a Trauma-Informed Workforce

"Building a Trauma-Informed Workforce and Organizations" was identified as a needed WET project during the CPPP. The Diagnostic and Statistical Manual of Mental Disorders (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.

Interpreter Training

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.

Office of Statewide Health Planning and Development (OSHPD)

El Dorado County participated in a focus group and completed a survey for Office of Statewide Health Planning and Development (OSHPD)'s 2020-2025 MHSA Workforce Education and Training Five-Year Plan. The Five-Year Plan informs the Legislature and policymakers about current and future public mental health system workforce needs. Participating in these activities fulfils the County's obligation pursuant to Welfare and Institutions Code 5820(b). MHSA will continue to participate in these activities, as required.

Community Needs Assessment

Upon availability of staff time, MHSA will complete a Community Needs Assessment, partner with other organizations performing Community Needs Assessments, or will contract out for this service. If this service is contracted out, a provider will be selected in compliance with the County's Procurement Policy.

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 (EHR) FY 2019-20

EHR Expansion

In FY 2017-18, the number of licenses for the County's EHR (Avatar) was expanded to allow direct entry by one of the contracted providers for Children's Services (Sierra Child and Family Services). This has proven to be a very positive expansion not only for client care, but also for utilization review of charts and fiscal reporting. Therefore, the number of licenses for the EHR will again be expanded to allow a second contracted Children's Services provider (Summitview Child and Family Services) to enter directly into the County's EHR.

Behavioral Health continues to pursue add-on software which 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, including but not limited to CareConnect, CareManager, and OrderConnect.

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 may be utilized to support this project.

Direct Client Interface

This project focused on providing clients with appointment reminders via text messages. This service also may include two-way text messaging. Additional features may become available through software that allows for these appointment reminders, potentially leading to a client portal.

The provider(s) will be selected in compliance with the County's Procurement Policy.

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

Telehealth

Telehealth equipment, equipment upgrades, implementation fees, and ongoing monthly service fees will continue to be funded through CFTN.

Changes to this project in FY 2019-20 are identified as:

Behavioral Health is pursuing system upgrades that will allow Behavioral Health to connect with clients who live in the more remote, rural areas of the county. The installation costs, equipment costs, and the ongoing monthly costs will be budgeted and funded under the Capital

Facility and Technology Needs component. The actual services provided via telehealth will be funded through CSS.

Currently, Behavioral Health is working towards upgrades to Pioneer Park in Somerset to facilitate telehealth services for South County residents. These upgrades will allow Behavioral Health to connect with the clients who live in this more remote, rural area. The one-time installation costs, one-time equipment costs, and the ongoing monthly costs will be budgeted and funded under the Capital Facility and Technology Needs component. The services provided via telehealth will be funded through CSS. Additionally, Behavioral Health continues to work towards securing these same types of services in the West County and North County area.

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

Maintenance and Upgrades to Video Conferencing Systems within Behavioral Health

Behavioral Health regularly uses a video conference system to allow staff, the public, community partners, and Behavioral Health Commissioners to participate in interactive video conferencing meetings and trainings. The equipment periodically needs maintenance, updates and/or repairs and those needs are funded through the CFTN component.

Integrated Care Facility **(formerly known as "Community Wellness Center")**

The purpose of this project is to locate a practical and suitable location for operation of what was previously called a Community Wellness Center. However, given the planned integrated nature of the Community Wellness Center, this project's name has been changed to more accurately reflect the nature of the facility and services to be provided.

In FY 2017-18, the Behavioral Health Division transferred $500,000 from CSS to CFTN, as authorized via WIC Section 5892(b). An additional $500,000 will be transferred to CFTN from CSS to further support the development of an Integrated Care Facility.

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

Expenditure Plan and FY 2019-20 Budget

MHSA Funding

The revenue and expenditure data contained in this Annual Update is based upon the FY 2019-20 HHSA budget and expenditures as of March 31, 2019. Once the FY 2018-19 financials have been finalized, the MHSA budget may need to be adjusted to reflect the actual remaining fund balances and reversion use from FY 2018-19. Those adjustments are anticipated to be minimal.

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 2019-20 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. Further adjustments to the budget may be necessary due to changing revenues and/or actual or projected expenditures.

Annual MHSA 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. In FY 2018-19, El Dorado County's share of the statewide MHSA revenues is 0.398903%, however this percentage is recalculated annually as described in Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice 18-038.[2]

Fund Balances

In addition to the FY 2019-20 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 required amount of Prudent Reserve has varied since the inception of MHSA, however the current requirement pursuant to SB 192 (2018) is that the Prudent Reserve may not exceed 33% of the average amount allocated to the CSS component in FY 2013-14, 2014-15, 2015-16, 2016-17, and 2017-18.

The County must decrease the amount of money that exceeds 33% of the Prudent Reserve by June 30, 2020. The County may transfer excess funds to the CSS component and the PEI components prior to the end of FY 2019-20. The amount transferred into CSS and PEI shall be in proportion to the amount the County transferred from the CSS component to the Prudent Reserve through FY 2018-19 and the PEI component to the Prudent Reserve in 2007-08. Funds

[2] https://www.dhcs.ca.gov/formsandpubs/Pages/2018_MHSUDS_Information_Notices.aspx.

transferred from Prudent Reserve to CSS and PEI are subject to reversion. The applicable reversion period for these funds begins in the fiscal year when the county transferred the funds from the Prudent Reserve to the CSS component or PEI component. Since El Dorado County is a small county, the funds are subject to a five-year reversion period and must be spent by FY 23-24.

County of El Dorado's Prudent Reserve Calculation:

Prudent Reserve Calculation (76% of all distributions from the Mental Health Services Fund/MHSF)	
MHSA CSS Revenue Received by Fiscal Year:	Amount
FY13-14	$ 3,767,002
FY14-15	$ 5,248,320
FY15-16*	$ 4,452,755
FY16-17*	$ 5,578,608
FY17-18*	$ 6,116,659
Total	**$ 25,163,344**
Average of Prior 5 Years	$ 5,032,669
Maximum Allowable Prudent Reserve Percent (33%)	$ 1,660,781
Current balance of Prudent Reserve:[3]	$ 2,098,284
Adjustment - Funds to transfer to CSS:	$ (437,503)

*Revenue is based on the State's Apportionment Payment Report. CSS is 76% of the total.

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, and may not exceed the maximum allowable Prudent Reserve.

[3] In calculating the amount of Prudent Reserve required to be reallocated, it was discovered that an additional $200,000 had inadvertently been transferred into the Prudent Reserve. This transfer did not negatively impact any MHSA program. As part of the implementation of this MHSA Annual Update, those funds will be returned to CSS, along with additional Prudent Reserve funds pursuant to the requirements of SB 192 (2018).

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.

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.

Anticipated Revenues and Expenditures by Component

FY 2019-20	PEI	CSS	INN	WET	CFTN	TOTAL
Prop 63 (MHSA) - New Funding	$1,488,150	$5,952,601	$391,619	$0	$0	$7,832,370
AB 114 Reversion Reallocation	$1,200,000	$0	$1,500,000	$0	$340,000	$3,040,000
Federal: PATH and MHBG	$0	$473,339	$0	$0	$0	$473,339
Medi-Cal	$0	$2,305,182	$0	$0	$0	$2,305,182
Private Insurance	$0	8,500	$0	$0	$0	8,500
Private Payors	$0	25,000	$0	$0	$0	25,000
Misc. Revenue	$0	$343,354	$0	$0	$0	$343,354
AB 109 / AOT (Community Corrections Partnership)	$0	$157,523	$0	$0	$0	$157,523
Transfer from CSS	N/A	($700,000)	N/A	$200,000	$500,000	$0
Transfer to CSS from Prudent Reserve	N/A	$437,503	N/A	N/A	N/A	$437,503
Starting Fund Balance	$2,815,812	$7,018,234	$1,500,000	$0	$500,000	$11,834,046
Total Revenues Budgeted	$5,503,962	$16,021,236	$3,391,619	$200,000	$1,340,000	$26,456,817
Budgeted Expenditures from AB 114 Reversion Reallocation*	$1,200,000	$0	$1,500,000	$0	$340,000	$3,040,000
Budgeted Expenditures from Fund Balance and New Revenues*	$1,780,075	$13,624,862	$1,215,000	$130,000	$1,000,000	$17,749,937
Total Budgeted FY 2019-20 MHSA Plan Expenditures	$2,980,075	$13,624,862	$2,715,000	$130,000	$1,340,000	$20,789,937
Anticipated Fund Balance at Fiscal Year End	$2,523,887	$2,396,374	$676,619	$70,000	$0*	$5,666,880

*Although $1,000,000 has been budgeted for an Integrated Care Facility, it is anticipated that those funds may be not utilized in FY 2019-20.

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 2017-18 must be expended within five years or the funds are subject to reversion to the State. PEI funds received prior to FY 2017-18 must be expended within three years or the funds are subject to reversion. Any unspent fund balances that are not marked "AB 114 Reversion Reallocation" funds received prior to FY 2017-18 will roll over as fund balance into FY 2020-21.

All funding for PEI programs is from MHSA, leveraged through collaboration.

Program	FY 2017-18 MHSA Plan Budget	FY 2018-19 MHSA Update Budget	FY 2019-20 MHSA Update Budget
Prevention Program			
Latino Outreach Project	$231,150	$231,150	$231,150
Older Adults Enrichment Project	$150,000	$150,000	$250,000
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	$300,000
Early Intervention for Youth in Schools Project (pilot project contract ends 6/30/19)	$150,000	$150,000	--
Prevention Wraparound Services: Juvenile Services	--	$550,000	$550,000
Expressive Therapy	--	--	$100,000
National Suicide Prevention Line	--	--	$8,175
Stigma and Discrimination Reduction Program			
Mental Health First Aid Project	$120,000	$120,000	$120,000
LGBTQ Community Education Project	$5,000	$5,000	$10,000
Stigma Media Campaign	--	--	$50,000
Statewide PEI Projects	$38,000	$55,000	$60,000
Outreach for Increasing Recognition of Early Signs of Mental Illness Program			
Community Education and Parenting Classes Project	$150,000	$165,000	$265,000
Mentoring for Youth Project	$75,000	$75,000	$75,000

Program	FY 2017-18 MHSA Plan Budget	FY 2018-19 MHSA Update Budget	FY 2019-20 MHSA Update Budget
Access and Linkage to Treatment Program			
Community-Based Outreach and Linkage Project	$300,000	$300,000	$375,000
Veterans Outreach	$150,000	$150,000	$150,000
Suicide Prevention Program			
Suicide Prevention and Stigma Reduction Project	$30,000	$40,000	$60,000
Administrative Costs			
Administrative Costs - MHSA Team	$82,000	$82,000	$85,000
Total Budget PEI Projects	**$2,131,900**	**$2,613,900**	**$2,980,075**
Actual Expenditures (from ARER)	$1,275,365	TBD based on actuals	TBD based on actuals

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 2017-18 must be expended within five years or the funds are subject to reversion to the State. CSS funds received prior to FY 2017-18 must be expended within three years or the funds are subject to reversion. Any unspent fund balances that are not marked "AB 114 Reversion Reallocation" funds received prior to FY 2017-18 will roll over as fund balance into FY 2020-21.

Changes in the FY 2019-20 budget reflect a true-up to anticipated expenditures based upon budgeted staffing levels and other client supports (e.g., housing, food for the Wellness Center). No direct service CSS programs were intentionally reduced to allocate funding to other CSS programs.

Program	FY 2017-18 MHSA Plan Budget	FY 2018-19 MHSA Update Budget	FY 2019-20 MHSA Update Budget
Full Service Partnership Projects			
Children's FSP Project	$1,800,000	$2,000,000	$2,800,000
TAY FSP Project	$250,000	$400,000	$500,000
Adult FSP Project	$4,675,000	$5,500,000	$5,400,000
Older Adult FSP Project	$100,000	$200,000	$300,000
Assisted Outpatient Treatment	$200,000	$40,000	$34,862

Program	FY 2017-18 MHSA Plan Budget	FY 2018-19 MHSA Update Budget	FY 2019-20 MHSA Update Budget
Wellness and Recovery Services Projects			
Adult Wellness Centers Project	$2,300,000	$2,700,000	$2,600,000
TAY Engagement, Wellness and Recovery Services Project	$350,000	$600,000	$415,000
Community System of Care Projects			
Outreach and Engagement Services Project	$800,000	$850,000	$1,000,000
Resource Management Services Project	$115,000	$65,000	--
Community-Based Mental Health Services Project	$260,000	$325,000	$325,000
Genetic Testing	--	--	$100,000
Administrative Costs			
Administrative Costs - MHSA Team	$210,000	$175,000	$150,000
Total Budget CSS Projects	**$11,060,000**	**$12,855,000**	**$13,624,862**
Actual Expenditures (from ARER)	$9,204,835	TBD based on actuals	TBD based on actuals
Percent of CSS budget in FSP (per CCR Title 9, Section 3620(c), "The County shall direct the majority of its CSS to the FSP Service Category")	**61.7%**	**63.0%**	**66.1%**

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 2017-18 MHSA Plan Budget	FY 2018-19 MHSA Update Budget	FY 2019-20 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	$1,250,000
Senior Nutrition Partnership	--	$450,000	$450,000
MHSOAC: allcove: A One-Stop Shop for Integrated Youth Mental Health Support	--	--	$500,000

Program	FY 2017-18 MHSA Plan Budget	FY 2018-19 MHSA Update Budget	FY 2019-20 MHSA Update Budget
MHSOAC: Innovations to Reduce Criminal Justice Involvement of People with Mental Health Needs	--	--	$500,000
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	$15,000
Total Budget INN Projects	**$891,951**	**$2,530,000**	**$2,715,000**
Actual Expenditures (from ARER)	$452,167	TBD based on actuals	TBD based on actuals

WET

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

CSS funds transferred to WET during and after FY 2017-18 are subject to a 10-year reversion period. Any unspent fund balances remaining at the end of FY 2019-20 will roll over as fund balance into FY 2020-21.

Program	FY 2017-18 MHSA Plan Budget	FY 2018-19 MHSA Update Budget	FY 2019-20 MHSA Update Budget
WET Coordinator Project	$30,000	$30,000	$30,000
Workforce Development Project	$77,392	$20,000	$85,000
Administrative Costs - MHSA Team	$1,000	$1,000	$5,000
Total Budget WET Projects	**$108,392**	**$51,055**	**$130,000**
Actual Expenditures (from ARER)	$68,269	TBD based on actuals	TBD based on actuals

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, as well as transfers from CSS. The budget includes the $500,000 transfer from CSS in FY 2017-18.

Any unspent fund balances remaining at the end of FY 2019-20 will roll over as fund balance into FY 20-21. It is anticipated that all AB 114 Reversion Reallocation funds will be fully expended by the end of FY 2018-19, but should any remain as of July 1, 2019, those funds will be utilized first in FY 2019-20. CSS funds transferred during and after FY 2017-18 are subject to a 10-year reversion period.

Program	FY 2017-18 MHSA Plan Budget	FY 2018-19 MHSA Update Budget	FY 2019-20 MHSA Update Budget
Electronic Health Record System Implementation – Avatar Clinical Workstation Project	$248,407	$252,617	$225,000
Telehealth Project	$50,000	$100,000	$110,000
Community Wellness Center	$500,000	$500,000	$1,000,000
Administrative Costs - MHSA Team	$1,000	$2,000	$5,000
Total Budget CFTN Projects	**$799,407**	**$854,617**	**$1,340,000**[4]
Actual Expenditures (from ARER)	$107,601	TBD based on actuals	TBD based on actuals

[4] Although $1,000,000 has been budgeted for an Integrated Care Facility, it is anticipated that those funds may be not utilized in FY 2019-20.

Community Program Planning Process (CPPP) and Innovation Proposals Community Meetings

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 1,100 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 Program Planning Process and Innovation Proposals Community Meetings utilized a targeted approach:

- **Community Meetings**: A press release was issued on December 17, 2018 regarding the MHSA public meetings. It was distributed to local media contacts and newspapers, posted on the County's web page and Health and Human Services Agency's Facebook page, and sent out via email to the MHSA distribution list. Flyers were posted and distributed at various locations, as well as to individuals on the MHSA distribution list. Community meetings were held August 2018 through January 2019 at a variety of locations county-wide, both during the day and at night. The MHSA Team presented information about the CPPP and the Innovation Proposals during meetings hosted by National Alliance on Mental Illness (NAMI), Commission on Aging (COA), Foster and Kinship Support Group, Behavioral Health Wellness Centers, and with Behavioral Health Wellness Center Peer Leaders. The team also hosted meetings at libraries on both slopes, and provided several individual meetings with interested parties. There were 121 attendees at these community meetings. MHSA also participated in Health and Human Services Agency's Community Open Houses in South Lake Tahoe and in Diamond Springs. Approximately 250 community members stopped by the MHSA booth. MHSA staff was available to review MHSA programs and proposals, and answer questions.
- **Survey**: 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, the Health and Human Services Agency Facebook page, and sent out via email to the MHSA distribution list. Hard copies were distributed and collected from a variety of agencies and contract

providers. The MHSA team received 302 completed surveys (185 online via SurveyMonkey® and 117 paper surveys, which included 29 Spanish responses).

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

Community Program Planning Process and Innovation Proposal Meetings

Date / Time	Group Host / Location	City	Number of Attendees
08/29/18 10:00 AM	Gold Trail School District parent volunteers 768 Pleasant Valley Road	Diamond Springs	2
09/06/18 10:00 AM	PEI Proposals 768 Pleasant Valley Road	Diamond Springs	1
09/12/18 12:00 PM	South Lake Tahoe Community Open House 1900 Lake Tahoe Blvd.	South Lake Tahoe	Approx. 50
09/21/18 12:00 PM	West Slope Community Open House 6435 Capitol Ave.	Diamond Springs, CA	Approx. 200
12/04/18 7:00 PM	NAMI El Dorado Western Slope 360 Fair Lane, Bldg., A, Conference Room C	Placerville	18
01/07/19 1:00 PM	Placerville Library 345 Fair Lane	Placerville	12
01/14/19 10:00 AM	South Lake Tahoe Library 1000 Rufus Allen Blvd.	South Lake Tahoe	1
01/14/19 1:30 PM	Behavioral Health Wellness Center 1900 Lake Tahoe Blvd.	South Lake Tahoe	9
01/16/19 10:30 AM	Foster Care/Resource Families 3057 Briw Road	Placerville	10
01/17/19 9:30 AM	Commission on Aging 1021 Harvard Way	El Dorado Hills	38
01/22/19 11:00 AM	El Dorado Hills Library 7455 Silva Valley Pkwy	El Dorado Hills	4
01/28/19 11:00 AM	Behavioral Health Wellness Center/Peer Leaders 769 Pleasant Valley Road	Diamond Springs	14
01/30/19 10:15 AM	Foster and Kinship Support Group 2954 Schnell School Road	Placerville	12

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**
Consumer	27.15%	82
Social Services Agency	25.16%	76
General Interest in Mental Health Issues	19.53%	59
Mental Health Provider	18.54%	56
Education Provider	16.88%	51
Family of Consumer	15.23%	46
Other (See responses to "other" question)	13.92%	38
Parent of Student	11.25%	34
Healthcare Provider	6.62%	20
Veteran	4.40%	12
AOD provider	4.40%	12
Veteran Organization	4.03%	11
Student	3.97%	12
Law enforcement	2.56%	7
Answered Question	302	
Skipped Question	0	
Responses to "Other" question: Guardian; Community Hubs; church; funder; Only Kindness; I worked for MMC 24 years/employee/patient; NAMI Volunteer; cultural mental health; peer leader; former Behavioral Health employee; Senior Center Placerville; employer/administrator for mental health providers; school district K-12; NAMI El Dorado County; Volunteer for Windows to My Soul/equine therapy non-profit; advocacy for youth with mental health issues; work for HHSA; local early childhood teacher; faith-based community; native culture provider; prevention activity provider; prevention program provider; previous provider of Cultural Sensitive under Prop 63; mental health aide/driver; County of El Dorado Veterans Service Officer; attorney who represents consumers or their families; after-school enrichment provider; Public Health; CASA and Homeless Coalition; RN community volunteer; homeless; former parent of student diagnosed with ADD/widow of husband with diagnosis of dementia/health educator; grantor; dual diagnosed clients.		

What is your race/ethnicity?		
Answer Options	**Response Percent**	**Response Count**
White	64.98%	206
Latino/Hispanic	14.19%	45
American Indian or Alaska Native	6.94%	22
Decline to state	5.67%	18
Native Hawaiian or Pacific Islander	2.83%	9
Black or African American	2.20%	7
Other (see responses to "other" question)	1.89%	6
Asian	0.63%	2
Answered Question (some respondents selected more than one answer)	300	
Skipped Question	2	
Responses to "Other" question: Mixed race; American; White/Asian; Never been/didn't know you met; I'm not a color/if so, then it should read black, brown, red, yellow, white; German/Irish/Mexican/Spanish		

Where do you live?		
Answer Options	**Response Percent**	**Response Count**
Placerville Area (Diamond Springs, El Dorado, Placerville, Pleasant Valley)	35.88%	108
West County (Cameron Park, El Dorado Hills, Rescue, Shingle Springs)	22.59%	68
Out of the County, but I work in El Dorado County	12.95%	39
Tahoe Basin (Meyers, South Lake Tahoe, Tahoma)	12.62%	38
Mid County (Camino, Cedar Grove, Echo Lake, Pollock Pines, Kyburz, Pacific House, Riverton)	11.96%	36
North County (Coloma, Cool, Lotus, Garden Valley, Greenwood, Kelsey, Lotus, Pilot Hill)	2.99%	9
South County (Fair Play, Grizzly Flats, Mt. Aukum, Somerset)	0.99%	3
Answered Question	301	
Skipped Question	1	

What is your age?		
Answer Options	**Response Percent**	**Response Count**
0-15 years	.33%	1
16-24 years	1.32%	4
25-59 years	70.43%	212
60+ years	27.90%	84
Answered Question	301	
Skipped Question	1	

What is your gender?		
Answer Options	**Response Percent**	**Response Count**
Male	18.54%	56
Female	79.47%	240
Other	0.99%	3
Answered Question	299	
Skipped Question	3	

Are you aware of any of the following Prevention and Early Intervention (PEI) projects supported by Behavioral Health and Mental Health Services Act (MHSA)?		
Answer Options	**Response Percent**	**Response Count**
Mental Health First Aid and Community Education	52.57%	143
Parenting Skills Classes	46.69%	127
Senior Peer Counseling	40.07%	109
Early Intervention for Youth in Schools (youth mental health outreach, referrals, groups, and classes provided to Charter Community School, Oak Ridge High School, and Ponderosa High School)	39.33%	107
Psychiatric Emergency Response Team (PERT)	38.23%	104
Children 0-5 and their families	33.82%	92
LGBTQ Community Education	33.08%	90
Veterans Outreach	31.61%	86
Latino Outreach	30.88%	84
Statewide Prevention and Early Intervention Projects (suicide prevention campaigns, educational materials, etc.)	30.14%	82
Foster Care Continuum	26.83%	73
Stigma and Discrimination reduction	24.63%	67
Mentoring Youth	20.22%	55
Nurtured Heart Approach class	18.75%	51
Primary Intervention Project (non-directive play for students in Kindergarten through 3rd grade)	16.54%	45
Wennem Wadati: Native Path to Healing (mental health services and traditional cultural teachings to the Native American community)	14.70%	40
Answered Question	272	
Skipped Question	30	

In your opinion, of the current PEI projects, rank the top three (3) most important projects.		
Answer Options	**Response Percent**	**Response Count**
Early Intervention for Youth in Schools	33.33%	84
Psychiatric Emergency Response Team (PERT)	31.34%	79
Parenting Skills Classes	22.62%	57
Answered Question	252	
Skipped Question	50	

To help us more fully engage the community, please share with us where you get information about community events:		
Answer Options	**Response Percent**	**Response Count**
Emails	63.29%	169
Facebook	40.07%	107
Other (see responses to "other" question)	29.58%	79
Flyers posted in schools or colleges	28.08%	75
Flyers posted in cafes, restaurants, coffee shops	25.84%	69
Flyers posted at the libraries	20.97%	56
Flyers posted in churches	14.98%	40
Radio	13.85%	37
Flyers posted in grocery stores	13.48%	36
Instagram	9.36%	25
Twitter	5.99%	16
Sierra Community Action Television	3.74%	10
Answered Question	267	
Skipped Question	35	
Responses to "Other" question: Lilliput; ACEs Collaborative; school offices and teachers; Wellness Center; yahoo.com; friends/neighbors/school/research/health care; Lake Tahoe TV; Mental Health office; hard to find; mental health provider Google search; employer notices on bulletin boards; newspapers; internet; county websites; Senior Center Placerville; word of mouth; First 5; caregiver meetings; community contacts; NAMI; homeless people in the community; press releases; Foothill Indian Education Alliance Center; direct mail; Mental Health Oversight and Accountability (MHSOAC); local Veteran Affairs office; principal meetings; and ACCEL.		

What encourages you to attend community meetings? (check all that apply)		
Answer Options	**Response Percent**	**Response Count**
Topics that I am interested in	87.45%	230
Guest speakers	47.91%	126
Seeing that my input makes a difference	46.77%	123
Refreshments	12.55%	33
Mileage or travel reimbursement	3.04%	8
Answered Question	263	
Skipped Question	39	

Other comments: Support of others going through the same issues; close to my home; early time; make it easy to volunteer and you'll get more buy-in and help; desperation; location and times; my work; I would attend if you would represent more teen causes/Golden Sierra High School; training opportunities; learning to upgrade my skills and help my community; support from the group and leader; we stopped going to various county meetings because our input was falling on deaf ears. Behavioral Health Court for example is still dismal; no one is communicating the changes we recommended 2+ years ago; networking; keeping updated with services offered that might benefit my community and learning new tools that helps me to better serve the Latino community; learning how to support young children; things that make action and support easy and do-able for the untrained lay person; keeping El Dorado County rural; being sent a direct invite with big writing stating "everyone is welcome"; to be a voice in our many communities that are in need of services; need more clients form the community at the planning meetings; keep abreast of community intervention; moral support; I have a program in development for middle-high school students that incorporates physiology, aging, human growth, and development and risk behaviors; and to be able to be a part of something that makes a positive difference.

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, 2020. This Information Notice supersedes all previous reversion policies in Information Notices developed by the former Department of Mental Health and DHCS.

On August 1, 2018, DHCS published MHSUDS Information Notice 18-033. The purpose of this Information Notice is to implement Welfare and Institutions Code (WIC) Section 5892(h) and 5899.1(a). The Information Notice outlines that a county's failure to submit Annual Revenue and Expenditure Reports (ARER) by December 31 following the close of a fiscal year, will result in the State Controller's Office withholding 25 percent of that county's monthly allocation from the Mental Health Services Fund until the county submits the overdue ARER. This Information Notice also outlines that counties with a population of less than 200,000 must spend CSS, PEI, and INN funds within five fiscal years of receiving the funds. Additionally, a county with a population of less than 200,000 may transfer CSS funds to CFTN, WET, and Prudent Reserve within five fiscal years of receiving the funds. All transfers to CFTN and WET are irrevocable. Finally, the notice outlines reversion calculation methodologies.

INN projects approved by the MHSOAC prior to July 1, 2017, must spend the funds within three fiscal years of receiving the funds (unless the originally approved INN project had a timeline of less than or greater than three years). INN projects approved by the MHSAOC on or after July 1, 2017 have five fiscal years to spend the funds.

For a more detailed discussion on the reversion notification and expenditure plan, please see the FY 2018-19 MHSA Annual Update.

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

State Notification of AB 114 Reallocated Funds

The Department of Health Care Services (DHCS) released the report *Mental Health Services Act Funds Amounts Subject to Reversion Before July 1, 2017*, dated October 1, 2018, which identified funds that would be subject to reversion if not utilized by June 30, 2020. The total amounts subject to reversion are:

El Dorado	CSS	PEI	INN	WET	CFTN	Total
Total	$ 0	$ 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.

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 2019-20 MHSA Annual Update, with the full Expenditure Plan captured in this Appendix.

Primary Fiscal Methodology for AB 114 Expenditures

General Expenditure Methodology

FY 2019-20 Expenditures will be applied against revenues in the following order:

1. AB 114 Reversion
2. FY 2017-18 Revenues
3. FY 2018-19 Revenues
4. FY 2019-20 Revenues

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

Community Program Planning Process and Innovation Proposals – Stakeholder and Community Participation

As part of the Annual Update Community Program Planning Process and Innovation Proposals planning meetings, stakeholders and the community 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.

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 2019-20 MHSA Annual Update posted for a 30-day public comment period on April 19, 2019. 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 2019-20 MHSA Annual Update, which is anticipated to be taken to the County of El Dorado Board of Supervisors on June 25, 2019 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 the following new PEI programs: Implementation of an Older Adult project previously identified in the FY 2018-19 Annual Update, the addition of an Expressive Therapy project and a Stigma Media Campaign project, adding an optional childcare component to Mental Health First Aid, and adding a parenting classes to be taught by Child Welfare Services workers.

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 may be transferred from CSS if those funds will not be fully utilized by existing CSS programs during this fiscal year. Funds may be transferred to the County's MHSA Prudent Reserve, Capital Facilities and Technology (CFTN), or Workforce Education and Training (WET) to the extent allowed.

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.

Please see the FY 2019-20 Annual Update for discussion about the Innovation projects.

WET AB 114 Reversion Reallocation Expenditure Plan

WET AB 114 Reversion Reallocation funds were utilized in FY 2018-19. However, should any reversion funds remain as of July 1, 2019, they 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.