



Emerald Bay, Lake Tahoe

**EL DORADO COUNTY
MENTAL HEALTH SERVICES ACT (MHSA)
ANNUAL UPDATE
FISCAL YEAR 2022/23**

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Table of Contents

MHSA County Fiscal Accountability Certification	iii
MHSA County Compliance Certification	iv
Message from the Behavioral Health Director	v
Executive Summary	1
History of MHSA.....	1
Substantial Changes in this FY 2022/23 Update	1
Impact as a Result of the Public Health Emergency/Coronavirus Pandemic	2
Legislative, Regulatory, and Other MHSA Changes.....	3
El Dorado County Snapshot and Demographics	4
Snapshot.....	4
Demographics.....	5
Community Program Planning Process (CPPP)	6
MHSA Stakeholder and Community Meetings	6
Stakeholder and Community Meeting Input.....	7
Summary of Survey Responses.....	8
Publication of the MHSA FY 2022/23 MHSA Annual Update	13
Substantive Comments	13
MHSA Projects	25
Contracted Providers	25
MHSA Expenditures	25
Community Services and Supports (CSS).....	26
General Program Information	28
Full Service Partnership (FSP) Programs	28
General System Development (GSD) Program	31
Outreach and Engagement Programs.....	33
MHSA Permanent Supportive Housing Projects.....	34
CSS Administration	34
Prevention and Early Intervention (PEI)	35
Prevention Programs	36
Early Intervention Programs.....	38
Stigma and Discrimination Reduction Programs	40
Outreach for Increasing Recognition of Early Signs of Mental Illness Program	41



Access and Linkage to Treatment Programs	43
Suicide Prevention and Stigma Reduction Programs.....	44
PEI Administration	44
Innovation (INN).....	45
Existing Innovation Projects	45
INN Administration	48
Workforce Education and Training (WET)	49
Impact as a Result of the Public Health Emergency/Coronavirus Pandemic	49
WET Coordinator	49
Workforce Development Project.....	49
Statewide WET Planning and Community Needs Assessment	50
WET Administration	50
Capital Facilities and Technology Needs (CFTN)	51
Impact as a Result of the Public Health Emergency/Coronavirus Pandemic	51
Electronic Health Record Project.....	51
Telehealth Project (includes Video Conferencing and Technology to Reduce Barriers to Service)	51
Integrated Community-based Wellness Center Project	52
The Behavioral Health Continuum Infrastructure Program (BHCIP)	52
CFTN Administration	52
FY 2022/23 Budget, Expenditure Plan, and Reversion Reallocation Expenditure Plan.....	53
MHSA Funding	53
Annual Revenues	53
Fund Balances	53
Prudent Reserve.....	53
Reversion.....	55
Transfer of Funds Between Components.....	55
Community Program Planning Process Budget	55
El Dorado County Budget Philosophy	56
Anticipated Revenues and Expenditures by Component	57
MHSA Component Budgets	59
Reversion Reallocation Expenditure Plan.....	65

Appendix A: CPPP Flyers, Meeting Agendas, Press Releases, and Surveys



MHSA County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: _____

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

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

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

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

Local Mental Health Director (PRINT)

Signature Date

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

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

County Auditor Controller / City Financial Officer (PRINT)

Signature Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)



MHSA County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: _____

- Three-Year Program and Expenditure Plan
 Annual Update

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

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

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

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

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

Local Mental Health Director (PRINT)

Signature

Date





EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY

Behavioral Health Division

Message from the Behavioral Health Director

We are pleased to share El Dorado County's Fiscal Year 2022/23 Mental Health Services Act (MHSA) Annual Update (Update). This Update is a reflection of community and stakeholder input on services that reflect the MHSA core values.

Throughout the year, impacts of the Public Health Emergency due to the Coronavirus pandemic have continued to ebb. Surges and outbreaks have come and gone and as the county and the state provide guidance for reopening, staff have diligently adapted to changes in policy and regulation.

Planning for the Fiscal Year 22/23 Update began in the midst of Caldor Fire, during which numerous staff were displaced from their homes for several weeks. County staff and contracted providers found creative ways to work from unexpected remote locations, ensuring that services continued uninterrupted. Behavioral Health did what was necessary to support clients and community members impacted by this catastrophic event. In December 2021, our county had to overcome yet another severe weather event, a winter storm in the Sierra Nevada Mountains, which left much of the community without power for days and challenged the Behavioral Health System of Care to creatively adapt and continue to address the needs of our beneficiaries.

The need for mental health services has increased over the course of the last two years, largely due to the impact of the Coronavirus pandemic. This need is rising during a time that our Behavioral Health System is experiencing a critical staffing shortage, which is not unique to El Dorado County. Efforts have begun at the county, state and national level to address this crisis.

The Behavioral Health Department is dedicated to providing high quality prevention, early intervention, and treatment services to address the needs of the El Dorado County residents. We are invested in continuing to expand and strengthen the system of care together with our partners in our community. Throughout this effort we are grateful for your interest in our services and programs, your feedback on the value of these services and programs, and your identification of any gaps in services.

Thank you for your participation in community meetings; sharing your input via emails, surveys, and conversations with the MHSA staff; and for taking the time to read this Update.

Sincerely,

Nicole Ebrahimi-Nuyken, LMFT
Behavioral Health Director
El Dorado County Health and Human Services Agency



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Executive Summary

History of MHSA

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

This Update provides 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.

The most recent instructions issued by the Mental Health Services Oversight and Accountability Commission (MHSAOAC) were issued for Fiscal Year (FY) 2014/15 through FY 2016/17. MHSA Plans are written for three-year (3-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 Update in the current three-year cycle.

Substantial Changes in this FY 2022/23 Update

The purpose of this Update is to review the Three-Year MHSA Program and Expenditure Plan and FY 2021/22 Annual Update for modifications, and to evaluate the preceding years' projects under the MHSA Three-Year Program and Expenditure Plan. With volatility in MHSA revenues this Update reflects very minor modifications to the Three-Year Plan and FY 21/22 Annual Update. Component modifications are as follows:

- Community Services and Supports (CSS):
 - *Children's FSP Project*: True-up (increase) in budget to more closely reflect anticipated expenditures.
 - *Transitions Treatment Program (TTP) Project*: Change in provider.
 - *Crisis Residential Treatment (CRT) Project*: A combinations of non-MHSA funding will be used to build, buy or lease a property for a CRT in El Dorado County. MHSA funding has been added to provide services for the acute care treatment facility.
 - *Mental Health Student Services Act (MHSSA)*: Grant funded partnership between El Dorado County Office of Education (EDCOE) and El Dorado County Behavioral health as a fiscal intermediary. No MHSA funds used.
- Prevention and Early Intervention (PEI):
 - *Friendly Visitors Project*: Eliminated due to lack of provider. Will be reassessed for FY 23/26 Three Year Plan.
 - *Senior Link*: Request for Proposal (RFP) expected in FY 22/23. True-up (increase) in budget to more closely reflect anticipated expenditures.
 - *Primary Project*: Increased budget to allow additional school district to provide services.
 - *National Suicide Prevention Lifeline Project*: True-up (increase) in budget to more closely reflect anticipated expenditures.
 - *Prevention Wraparound Services: Juvenile Services Project*: True-up (decrease) in budget to more closely reflect anticipated expenditures.
 - *Student Wellness Centers – Middle School Project*: Annual allotment increased in response to delayed implementation.
 - *Statewide PEI Projects*: True-up (increase) in budget to more closely reflect anticipated expenditures.



- *Community-based Outreach and Linkage Project*: Description adapted to allow for alternative staffing options.
- *Suicide Prevention and Stigma Reduction Project*: True-up (increase) in budget to more closely reflect anticipated expenditures.
- Innovation (INN):
 - *Partnership between Senior Nutrition and Behavioral Health to Reach Home-bound Older Adults Project*: The project was delayed due to nationwide behavioral health staffing shortage.
- Workforce Education and Training (WET):
 - *Workforce Development Project*: Funds added to pay for current Behavioral Health Clinical Staff license and examination fees as an additional retention and recruitment effort in response to the nationwide behavioral health staffing shortage crisis.
- Capital Facilities and Technology (CFTN):
 - *Electronic Health Record Project*: Staffing costs have been added at 2.1 Full Time Equivalent (FTE).
 - *Housing Consultant*: Added to support staff to increase supportive housing options in El Dorado County.

Impact as a Result of the Public Health Emergency/Coronavirus Pandemic

With the Public Health Emergency associated with the Coronavirus pandemic, PEI providers recognized the importance of continuing to provide services. The PEI providers adapted to changing circumstances and regulations, and if necessary, transitioned to a new and innovative service model. In some instances, the demand for services increased. In others, the type of service requested changed as a result of the Public Health Emergency. While not an exhaustive list, the following are a few of the service changes and demand for services as a result of the Public Health Emergency:

- ❖ The Senior Peer Counseling project began offering “One-Time” counseling appointments offered to older adults to address anxiety, isolation, and distress experienced by older adults due to shelter-in-place orders. Senior Peer Counseling also began providing regular services to new and ongoing clients via Telehealth online, phone and outdoor venue counseling sessions to accommodate the pandemic health risks of in person sessions indoors. There was no break in the continuum of services.
- ❖ The Children 0-5 and Their Families project increased services provided via telehealth. The Contractor noted an increase in client anxiety, depression, post-traumatic stress, child abuse, domestic violence, substance use disorders, couples’ conflicts, and obsessive compulsive disorders.
- ❖ The Latino Outreach project in South Lake Tahoe noted an increase in parents’ reaching out for both counseling and services to address other social determinants of health.
- ❖ The Veterans Outreach project continued to do outreach to connect Veterans and/or their families to needed mental health supports to minimize prolonged suffering and suicidal ideation. Outreach efforts were challenging due to closure of “walk-in” options of several Veteran service providers.
- ❖ Big Brothers Big Sisters’ “Mentoring for Youth” project began “connecting matches virtually, through drive-by visits, telephone calls, and pen pal letters.



Further examination and explanation of the impact of the Public Health Emergency can be found, in the different project descriptions and in the FY 2020/21 Outcomes Report. Throughout the Public Health Emergency, PEI providers remained dedicated to providing services to our community.

CSS providers also recognized the importance to continue to provide services despite these new challenges. Services delivery adaptations were implemented, and when necessary, staff transitioned to new and innovative service models, including the expansion of telehealth.

It should be noted that the El Dorado County Behavioral Health operated Adult Wellness Centers had to be closed temporarily for short periods due to a Coronavirus outbreak. During these closure times, bagged lunches were provided to participants and some meetings and groups transitioned to a virtually format.

Impact as a result of the Caldor Fire

The Caldor Fire was a large wildfire that burned well over 200,000 acres in the El Dorado National Forest and surrounding areas of the Sierra Nevada in El Dorado County, as well as Amador and Alpine Counties. It started on August 14, 2021 and was not fully contained until October 21, 2021. The town of South Lake Tahoe was evacuated between August 31, 2021 and September 7, 2021 and forced its 22,500 residents to find shelter in other communities. In the end, over 1,000 buildings were destroyed (mostly homes) and thousands of people were displaced.

The Behavioral Health Division and our contracted service providers were significantly impacted as well. Staff and their families were amongst the evacuees and during the height of the fire, air quality in the county reached extreme unhealthy levels. However, services to clients continued and evolved as necessary under the circumstances. County staff kept in contact with clients to be sure they were safe and had everything they needed (such as medications) including assisting in evacuation efforts on the west slope and Tahoe basin. Staff also volunteered in other areas where help was needed, including Animal Services and evacuation centers. Likewise, our providers stepped in to care for their clients wherever needed. Recovery from this disaster will take years and will continue to be part of Behavioral Health's efforts going forward.

Legislative, Regulatory, and Other MHSAs Changes

Assembly Bill (AB) 638 (2021): This bill amends the MHSAs by authorizing Prevention and Early Intervention services to provided, prevention and early intervention strategies that address mental health needs, substance misuse or substance use disorders, or needs relating to co-occurring mental health and substance use services.

CalAIM: California Advancing and Innovating Medi-Cal (CalAIM) is a sweeping initiative of the California Department of Healthcare Services to reform the Medi-Cal program and, in turn, improve the quality of life and health outcomes of Medi-Cal members. CalAIM will implement broad delivery system, program and payment reform across the Medi-Cal system, building upon the successful outcomes of various pilots. DHCS received approval on December 29, 2021 for the CalAIM demonstration and waiver, effective through December 31, 2026. Implementation will take place over the next five or more years in a series of steps. Initiatives already underway include updated criteria for access to Specialty Mental Health Services and streamlining of behavioral health documentation.

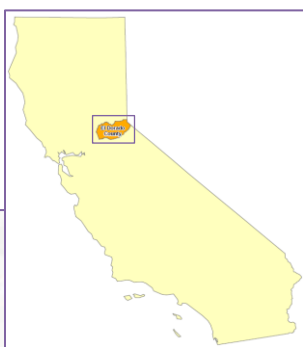


El Dorado County Snapshot and Demographics

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 193,327¹. 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, 2020, per the California Department of Finance (DOF). The DOF estimated a 1.0% increase in total population as of January 1, 2021.

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

Demographics

Please refer to the FY 2020/21-2022/23 Three-Year Program and Expenditure Plan for details regarding El Dorado County’s demographics. While the population is estimated to have increased slightly (by 1,843 residents), there has not been a significant shift in County demographics since the Three-Year Program and Expenditure Plan was published.

Community Program Planning Process (CPPP)

MHSA Stakeholder and Community Meetings

Stakeholders and the general public were invited to participate in MHSA planning opportunities and provide initial comment to contribute to the development of the County's Fiscal Year 2022/23 Annual Update. Due to the Public Health Emergency related to the Coronavirus pandemic, most meetings were held virtually or on an individual basis. Participation remained low, but better than the previous years of COVID restrictions. The MHSA Project Team attributes low attendance to any number of factors, including, but not limited to:

- Webinar/Zoom fatigue (lack of interest due to oversaturation of webinar offerings or due to exhaustion from assisting children with distance learning via technology);
- Not familiar with technology to access virtual meetings;
- Poor internet connections to access virtual meetings (this is an issue in some of the more remote, rural areas of El Dorado County);
- Lack of personal technology devices or lack of public places such as libraries to access public technology devices or Wi-Fi;
- Meeting times conflicted with children's distance learning schedule; and
- Increased isolation due to the longevity of the Public Health Emergency.

The MHSA Project Team advertised the meetings by emailing notices and reminder notices to the MHSA Email Distribution list and posting the meetings on the County's HHS Facebook and community partner Facebook pages. The Team also reached out to the community by distributing a feedback survey. The survey was offered in both English and Spanish. For individuals who did not have online access, the MHSA Project Team offered paper surveys. The MHSA Project Team also accepted community feedback via email.

The MHSA email distribution list for communicating with stakeholders and other interested parties includes over 1,400 individuals, including:

- ❖ Adults and older adults with severe mental illness
- ❖ Families of children, adults and older adults with severe mental illness
- ❖ Providers of services
- ❖ Law enforcement agencies
- ❖ Education providers
- ❖ Social Services agencies
- ❖ Veterans and representatives of veteran organizations
- ❖ Providers of substance use disorder services
- ❖ Health care organizations
- ❖ Native Americans
- ❖ Latinos
- ❖ Other interested individuals



Stakeholder and Community Meetings

Date/ Time	Meeting	Number of Attendees
11/18/21, 11:00 a.m.	Foster and Kinship Group	3
12/7/21, 1:30 p.m.	El Dorado County Behavioral Health West Slope Wellness Center	27
12/9/21, 4:30 p.m.	Virtual Community Program and Planning Process	5
12/12/21, 12:00 p	Virtual stakeholder meeting with Laura Salinas, Lake Tahoe Community College Director of Equity & Student Wellness; Interim Promise Director	1
12/14/21, 1:30 p.m.	El Dorado County Behavioral Health South Lake Tahoe Wellness Center – CANCELLED DUE TO SNOW CLOSURE	n/a
12/15/21, 9:30 a.m.	Virtual Community Program Planning Process Meeting	3
12/20/21, 1:00 p.m.	Virtual Community Program Planning Process Meeting	4
1/4/22, 2:30 pm	In person stakeholder meeting with Barry Harwell of Sierra Child and Family Services	1

Agendas were reviewed at the beginning of each meeting and a PowerPoint presentation guided the conversation, including an overview training about MHSA and potential changes being considered in this Update.

Finally, a survey was created through SurveyMonkey®. The survey links were sent out to the MHSA email distribution list, included in the Facebooks posts, and provided at all community and stakeholder meetings. The survey was available in both English and Spanish.

The meeting flyer, agendas, and surveys are included Appendix A.

Stakeholder and Community Meeting Input

Through the CPPP, the MHSA project team heard recurring themes. Issues of primary concern included:

- ❖ Alternative therapy ideas
- ❖ Intersection between Mental Health and Corrections
- ❖ Eligibility (requests may conflict with State regulations)
- ❖ Employment challenges
- ❖ Additional mental health facilities
- ❖ Community training and information
- ❖ Peer support programs
- ❖ PERT adaptations
- ❖ Staff recruitment/retention need and ideas
- ❖ Requests and ideas for additional support services
- ❖ Requests for additional Transitional Houses and housing needs in general
- ❖ Transportation challenges for consumers
- ❖ Veteran services

Priority Populations identified are:

- ❖ Homeless/at Risk of Homelessness
- ❖ Persons with Mental Health Needs



- ❖ Transitional Age Youth (TAY) (ages 16- 25)
- ❖ School Age Children

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

Summary of Survey Responses

212 English version surveys were received

0 Spanish version surveys were received

What area(s) do you represent relative to mental health issues? (Check all that apply.)		
Answer Options	Response Percent	Response Count
Consumer	18.87%	40
Family of consumer	22.64%	48
Education provider	16.98%	36
Student	3.77%	8
General interest in mental health issues	25%	53
Parent of student	16.57%	35
Mental Health provider	15.57%	33
Social Services Agency	18.87%	40
Veteran organization	1.42%	3
Law enforcement	2.83%	6
Healthcare provider	4.72%	10
Substance Use Disorder provider	5.19%	11
Veteran	6.13%	13
Declined to State	2.36%	5
Answered Question	212	
Skipped Question	0	
Responses categories to "Other" question: Corrections/Probation, Foster/Resource Families, Government affiliated, Community Organization or Advocate.		

Where do you live?		
Answer Options	Percent Response	Response Count
Placerville Area (Diamond Springs, El Dorado, Placerville, Pleasant Valley)	28.3%	60
Tahoe Basin (Meyers, South Lake Tahoe, Tahoma)	11.79%	25
West County (Cameron Park, El Dorado Hills, Rescue, Shingle Springs)	25.94%	55
Mid County (Camino, Cedar Grove, Echo Lake, Pollock Pines, Kyburz, Pacific House, Riverton)	12.74%	27
North County (Coloma, Cool, Lotus, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill)	9.43%	20
South County (Fair Play, Grizzly Flats, Mt. Aukum, Somerset)	0.94%	2
Out of the county, but I work in El Dorado County	8.49%	1
Answered Question	212	
Skipped Question	0	

What is your race? (choose only one)		
Answer Options	Response Percent	Response Count
White	76.42%	162
Latino/Hispanic	10.6%	5
American Indian or Alaskan Native	2.83%	6
Native Hawaiian of Pacific Islander	1.42%	3
Black or African American	1.42%	3
Asian	0.94%	2
Multiracial	6.13%	13
Decline to state	8.49%	18
Other	0%	0
Answered Question	212	
Skipped Question	0	
Responses to "Other" question: N/A		

What is your ethnicity? (choose only one)		
Answer Options	Response Percent	Response Count
Hispanic or Latino	13.21%	28
Non-Hispanic or Non-Latino	73.58%	156
Declined to State	10.38%	22
Answered Question	212	
Skipped Question	0	
Responses to "Other" question: (Note: Even though no responses recorded for "Other", the following comments were entered): Italian & German, Caucasian, Native American/Scottish, White with some Native American, Don't identify as Latino but grandmother was.		

What is your age?		
Answer Options	Percent Response	Percent Count
0-15 years	0.47%	1
16-24 years	2.36%	5
25-59 years	71.70%	152
60+ years	22.17%	47
Answered Question	212	
Skipped Question	0	

What is your military affiliation? (choose all that apply)							
	Active Duty	Reservist	Veteran	Does not apply	Decline to State	Answered Question	Skipped
Service Member	0	0	5% 1	91% 182	4% 8	200	12
Parent of Service Member	1.57% 3	0	3.66% 7	91.10% 174	3.66% 7	191	21

Child of Service Member	2.03% 4	1.02% 2	21.32% 42	74.11% 146	3.55% 7	197	15
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What is your gender identity?		
Answer Options	Percent Response	Percent Count
Female	76.42%	162
Male	16.98%	36
Genderqueer/gender nonconforming	0.47%	1
Declined to State	5.19%	11
Different Identity (please state):	0.94%	2
Answered Question	212	
Skipped Question	0	
Response to "Different identity": Gender fluid, Femme		

Gender Identity (for those who selected Male or Female on the previous question)		
Answer Options	Percent Response	Percent Count
Cisgender (gender identity aligns with sex assigned at birth)	98.91%	182
Transgender (gender identity differs from sex assigned at birth)	1.09%	2
Answered Question	184	
Skipped Question	28	

The Department of Health Care Services (DHCS) defines seven (7) negative outcomes of untreated mental illness. In your opinion, what are the most negative outcomes in El Dorado County? (select 3)		
Answer Options	Percent Response	Percent Count
Prolonged Suffering	49.52%	104
School Failure or Dropout	25.24%	53
Removal of children from their homes	19.52%	41
Incarceration	32.86%	69
Unemployment	32.86%	69
Suicide	41.43%	87
Homelessness	73.33%	154
Answered Question	210	
Skipped Question	2	

In your opinion, what groups of people are in the greatest need of additional support by the current MHSA projects in El Dorado County? (Select 3)		
Answer Options	Percent Response	Percent Count
Children 0-5	10%	21
School Age Children	29.52%	62

TAY (ages 16- 25)	37.14%	78
Adults	21.43%	45
Older Adults (ages 60+)	13.33%	28
LGBTQIA	11.90%	25
Parents / Family Members	22.86%	48
Justice- Involved on Probation or Parole	12.86%	27
Homeless/At Risk of Homelessness	55.24%	116
BICOP (black, Indigenous and people of color)	9.52%	20
Persons with Mental Health Needs (Consumers)	53.81%	113
Other	3.81%	8
Answered Question	210	
Skipped Question	2	
Responses to “Other” question: Distressed mothers post-partum		

What concerns do you continue to have, or have started to experience since the declaration of the Public Health Emergency due to the Coronavirus? (Note: All concerns cannot necessarily be addressed with MHSA programs.)		
Answer Options	Percent Response	Percent Count
Financial Stress	46.70	92
Mental Health Stress	69.04%	136
Childcare Challenges	23.86%	47
Isolation	48.73%	96
Distance Learning Stress	25.89%	51
Physical Health Stress	18.27%	36
Substance Use	30.46%	60
Education Challenges	25.38%	50
Other	12.18%	24
Answered Question	197	
Skipped Question	15	
Responses to “Other” question: Homelessness, Lack of compassion in government and non profit agencies, Mental Health Needs, We are less likely to socialize, daily stressors, self neglect, division of community, political discourse, extreme government overreach, disregard for mandates/no enforcement, lack of motivation, access to mental health providers/healthcare		

What areas do you continue to be impacted by the Caldor Fire as El Dorado County continues its recovery efforts?		
Answer Options	Percent Response	Percent Count
Finding Housing	41.62%	82
Mental Health issues	35.03%	69
Job assistance	6.09%	12
Financial Impact	35.03%	69
Navigating State and Federal Support	20.81%	41
Other	31.47%	62

Answered Question	197
Skipped Question	15
Responses to “Other” question: Education for displaced students, supporting the families we work with, collective trauma from Caldor and pandemic for youth, domestic violence and community disengagement, mental health needs, waiting for back ordered materials, affordable housing and inflation, housing and securing affordable fire insurance, concern about next year’s fires, anxiety over what is next, providing services to meet families/individual’s unique needs, prolonged smoke exposure, navigating insurance claim	

To what extent do the following barriers create challenges for individuals and family member(s) with mental health issues to access mental health services?				
	Very Challenging	Somewhat Challenging	No Added Challenge	Total
Appointment availability	47.85% 89	39.78% 74	12.37% 23	186
Services not in my community	54.50% 103	32.28% 61	13.23% 25	189
Safety concerns	28.96% 53	42.62% 78	28.42% 52	183
Transportation	53.23% 99	29.57% 55	17.20% 32	186
Slow Response Time	52.97% 98	34.59% 67	12.43% 23	185
Resources (e.g. financial)	51.87% 97	35.83% 67	12.40% 23	187
Stigma around mental health illness in their community	46.56% 88	37.57% 71	15.87% 30	189
Communication between providers	40.00% 74	44.86% 83	15.14% 28	185
Embarrassed to ask for help	44.97% 85	39.68% 75	15.34% 29	189
Did not want help	43.92% 83	35.98% 68	20.11% 38	189
Legal concerns	21.43% 39	50.00% 91	28.57% 52	182
Level of services did not match needs	51.35% 95	37.84% 70	10.81% 20	185
No Insurance	40.86% 76	36.56% 68	22.58% 42	186
Services not culturally appropriate (e.g. not in my language)	26.92% 49	27.47% 50	45.60% 83	182
Provider changes	39.01% 71	40.66% 74	20.33% 37	182
Answered Question				194
Skipped Question				18

Publication of the MHSA FY 2022/23 MHSA Annual Update

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

Draft Update Comment Period: The draft Update was posted on the MHSA web page (www.edcgov.us/mhsa) on June 13, 2022, for a 30-day Public Comment Period. Emails were sent on June 14, 2022, to the MHSA email distribution list, the Behavioral Health Commission members, the Chief Administrative Office (CAO), the Board of Supervisors' offices, and HHSA staff, advising recipients that the draft Update was posted and available for public comment for 30 days. On June 13, 2022, a press release was distributed to the Tahoe Daily Tribune, Mountain Democrat, Georgetown Gazette, South Tahoe Now, The Windfall, Life Newspapers, El Dorado Hills Telegraph, and The Clipper. The press release also posted on the El Dorado County's webpage (Press Release section), Health and Human Services Agency webpage and Facebook page, and the El Dorado County Senior Services Facebook page. The draft Update Public Comment Period will end at 5:00 p.m. on July 12, 2022.

Draft Update Public Hearing: The Behavioral Health Commission held a Public Hearing on the draft Update on July 20, 2022, and the hearing was noticed on the Behavioral Health Commission's calendar and the MHSA web page. Notice of the Public Hearing was sent electronically to individuals on the MHSA email distribution list and to individuals who subscribe to Behavioral Health information through a government internet subscription service (GovDelivery.com). Due to continuing guidance in regard to the Coronavirus Pandemic, the Public Hearing was held in a hybrid format with Behavioral Health Commissioners and public participation both remotely via Zoom and in person at the Board of Supervisors meeting room at 330 Fair Lane, Placerville, CA 95667 and Mental Health Office, 1900 Lake Tahoe Blvd., Suite 103, South Lake Tahoe, CA.

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

Behavioral Health Commission Recommendation: Recommendations from the Behavioral Health Commission have been addressed in the final Update.

El Dorado County Board of Supervisors: After the Public Hearing, this Update will be presented to the El Dorado County Board of Supervisors for adoption on August 23, 2022. Notification of the date will be posted on the MHSA web page and included on the Board of Supervisors Agenda.

California Mental Health Services Oversight and Accountability Commission (MHSOAC) and California Department of Health Care Services (DHCS): Within 30 days of Board of Supervisors' adoption of the Update, a copy of the Update will be provided to the MHSOAC and the DHCS, as required by the MHSA.

Innovation Projects: This Update does not contain any new Innovation projects requiring approval of the MHSOAC.

Substantive Comments

Substantive comments received during the Public Comment Period and the Public Hearing, and the analysis and responses to those comments, are summarized below, and comments received from individual Behavioral Health Commissioners are below the Public Comment / Public Hearing comments. Comments on other non-MHSA Behavioral Health Division projects or general topics of discussion that are outside the scope of this Plan are 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 CPPP.

General Comment	
Comment	MHSA Analysis/ Response
I read the MHSA Annual Update draft and would like to have added to the report under Impact as a Result of the Public Health Emergency/Coronavirus Pandemic: Senior Peer Counseling also began providing regular services to new and ongoing clients via Telehealth online, phone and outdoor venue counseling sessions to accommodate the pandemic health risks of in person sessions indoors. There was no break in the continuum of services.	This additional detail has been added.
Performance Improvement Need: Decrease waiting time for services for MH and Substance abuse tx {treatment}	Please see the External Quality Review (EQR) report included with the FY 20/21 Outcomes Report
Need to prepare for opening of Nav Ctr and Shelter for homeless folks where on-site MH services will be needed this Fall.	The Health and Human Services Agency (HHS) is currently exploring how staff can partner with the contracted provider (Volunteers of America). This includes possible co-location of staff.
I would like to see some indicator of an emphasis on continuity of care in your reports and on your website. Include your slide (from one of your presentations) about the movement from the highest level of care to lower levels as stabilization and recovery occur. Or insert a flow chart that shows the path of processes from first contact to movement through the system in accessing care. Include in the flowchart what happens if recovery is not developing — and what are the options for responding?	Comment falls outside of the scope of this MHSA Update but has been provided to EDC Behavioral Health staff. SUD services reports that their website includes this type of information. Please also refer to the EQR report included in the FY 20/21 Outcomes Report.

Comment	MHSA Analysis/ Response
<p>Families need to know how to access services for their loved ones. As a support group facilitator, I am concerned that I may not know how to advise families when I hear stories detailing lack of response, neglect, or careless response to their calls for help. I hear families describing frightening behaviors of their loved ones; they feel unsafe, and they don't know how to get help. They claim they call and they are left to their own devices, or their loved one is criminalized. What does it mean that family members are experiencing this and they don't know what to do? Why is the process of accessing the appropriate services for each type of situation so unclear? I hope we (NAMI and DBH) can collaborate to get the information clearer for the different types of situations families encounter and need help with.</p>	<p>Regulations require County mental health services to be voluntary unless court ordered; see Assisted Outpatient Treatment (AOT) page 34. El Dorado County Sheriff as well as Placerville and South Lake Tahoe Police Departments can be called for wellness checks. PERT or Crisis Residential Team (CIT) services can be requested through dispatchers.</p> <p>Behavioral Health staff continues to explore ways to best clarify access.</p>
<p>Access for behavioral health services continues to be an issue per the survey. Perhaps it should be explored what are the public expectations/perceptions of what access to services actually is? Is it timely responses to inquiries? Ease of appointments? Clear understanding of qualifying factors for services? Specific treatments/programs/supports that are available, clearly described and how they will be provided and for how long? Role/involvement of families in the process of treatment? So much of the search for and access for services for Behavioral Health are simply not understood by those who begin the search for services. It does not seem that the EDC Behavioral Website is as helpful as it could be. The MHSA survey does not give those who respond adequate ability to specify their experiences or needs. For those who do not qualify for Specialty Mental health services at the time, need information and referrals on where to go and what is available in the area. Chances are they will be back in the future seeking county services.</p>	<p>CalAIM has changed the requirements for Specialty Mental Health Services. Behavioral Health staff have recently begun accepting and referring clients based on these new regulations.</p> <p>Please also see the External Quality Review (EQR) report included with the FY 20/21 Outcomes Report.</p>
<p>Historically, plans were adopted by the Board of Supervisors and sent to the State by June 30 of each year. Obviously, this update is late. Did the State grant flexibilities to get it adopted past June 30? If so, I did not see that documented in this update.</p>	<p>The State has not formally granted an extension. We have been in communication with State representatives as of June 2022 who are aware of our intended timeline for Board approval on August 16. The FY 23-26 MHSA Three Year Plan is expected to meet the June 30 deadline.</p>

Comment	MHSA Analysis/ Response
<p>Since the update will not be adopted by the Board until after the Public Hearing in August, does that mean services will cease to be provided until adopted? Even though contracts may be in place, it appears that the Board has not approved continuation of those contracts until the new update is adopted.</p>	<p>No impact to current service is expected due to this delay. The FY 20-23 MHSA Three Year Plan and subsequent FY 21/22 MHSA Annual Update remain the MHSA guidance until the FY22/23 MHSA Annual Update is approved.</p>
<p>I noticed there were no Spanish surveys returned and only 5 Latinos responded. How did you engage the Latino community?</p>	<p>A Press Release in both English and Spanish including Community Program Planning Process (CPPP) meetings and survey information was provided to contract providers, including those providing services for the Latino Outreach project on the west slope and in South Lake Tahoe. We also provided the Press Release to a representative from Univision. Respondents who selected Latino/Hispanic on the <i>What is your race?</i> question was found to be in proportion to County wide demographics.</p>
<p>I think it is great that mental health helped to apply for the Student Mental Health Services Act and the Behavioral Health Infrastructure Program. But if no MHSA Funds are being used, I don't think those plans should be mentioned in this MHSA update. I see the relevance to mental health, I do not see the relevance to the MHSA funds or projects.</p>	<p>MHSA is being used as a fiscal intermediary for the Mental Health Student Services Act (MHSSA) and the Behavioral Health Continuum Infrastructure Program (BHCIP) projects because of the implications for future associated funding that may impact MHSA with potential funding matches or other project options.</p>
<p>While El Dorado County provided support services for employees impacted by the Caldor Fire, the community of Grizzly Flats has been overlooked by the county for mental health disaster recovery services by delegating services through non-profits. These are inadequate.</p>	<p>El Dorado County allocated a 1 FTE Mental Health Worker for Caldor Fire support. Hiring for that position has been impacted by the nationwide mental health staffing crisis. Once the position is filled, the employee will be calling survivors to assess for eligibility of County Behavioral Health services, per regulation and provide referrals for those who do not meet eligibility criteria.</p>
<p>How do we get funds for the much needed mental health of our youth in our community. A Balanced Life in South Lake Tahoe already figured out a program that works synchronistic with the school counselors to provide long term therapy to mild to moderate students, how can we get funding to continue to provide this?</p>	<p>New program proposals can be sent for consideration in future MHSA plans. Please contact MHSA@edcgov.us for more information.</p>

Community Services and Supports (CSS) Comments	
Comment	MHSA Analysis/ Response
<p>I am very glad to see the Crisis Residential Treatment included in this report. I believe this is one of the most critical gaps in our system — the fact that for many who are hospitalized or jailed during a crisis, returning home (or returning to homelessness) is not a viable option. Crisis Residential Treatment is done in other locations and serves as a bridge back into the community, where an individual can stabilize on perhaps a new medication regime and work out the side effects kinks until the right mix is reached. Please consider reaching out to Marshall Medical and Housing El Dorado, as they have an interest in seeing this happen and they have properties that might be appropriate</p>	<p>The CRT physical facility is being funded through another source and is outside of the scope of this MHSA Update. HHS and the Behavioral Health Division are currently working with community partners and will post a Request for Proposal (RFP) for a service provider (funded through MHSA) after the facility details are confirmed.</p>
<p>I am interested in learning more about the Consumer Leadership Academy - this looks new and like a very good thing. What will be the roles of “Consumer Leaders” or Peer Mentors? Now that NAMI has trained Peer Support Group facilitators, how can we help? What role does the DBH Wellness Center play? What gaps are there that need to be filled?</p>	<p>Behavioral Health staff are interested in partnering with NAMI to develop robust and sustainable opportunities.</p>
<p>I want to see a Clubhouse included in the next MHSA three year plan. A clubhouse can fill an enormous gap for people with serious mental illness who are stabilizing and need social contact to reduce isolation and help them start achieving their goals (social, educational, vocational, recreational, financial). Since FSP is an individualized program, a clubhouse would provide resources and social support for those individuals to achieve their goals.</p>	<p>With the FY23-26 MHSA Three Year Plan, a facility following the Clubhouse model will be considered as an additional resource within the El Dorado County continuum of care.</p> <p>Currently, our Wellness Centers, located in Diamond Springs and South Lake Tahoe provide resources and activities, some of which are peer lead or facilitated by peers with staff support.</p>

Comment	MHSA Analysis/ Response
<p>A common problem for those living with SMI and the families that support them is the episodic nature of the illnesses. This creates instability in treatment, living situations, education, work, and relationships. Continuity of Care is important for those living with these illnesses to provide adequate and responsive levels of care as needed. This county is very short of step down levels of care, both post hospitalization (Crisis Residential or Mental Health Recovery Centers) or pre-hospitalization (24 hr respite care) to avoid hospitalization. Permanent supportive housing is extremely limited requiring EDC to house those who need long term care out of county. I am hopeful with the increased funding some of this shortage can begin to be addressed and look forward to a CRT in our county. A few “Guest Houses” (Room and Board) as well as licensed Board and Care home are so needed and would reduce the number of folks experiencing homelessness.</p>	<p>County staff are actively pursuing opportunities for permanent supportive housing. We have proposed the addition of a housing consultant as part of the FY 22/23 MHSA Annual Update to strengthen and advance these efforts.</p>
<p>Specialty Mental Health services are specific and limited, but the transition from early onset, through mild to moderate is often a lengthy journey. Having wellness Centers in High Schools to address students experiencing anxiety and depression is a great idea that needs to be established utilizing MHSA Early Intervention funds. Should probably be available in some form at the Junior High level as well.</p>	<p>The Student Wellness Centers and Mental Health Supports Project was implemented at several county High Schools as a CSS program as part of the FY 20/23 MHSA Three Year Plan. A pilot program at Middle Schools was included in the FY 21/22 MHSA Update for which services have recently been contracted and implementation is set to start at the beginning of the 22/23 school year. Additionally the Primary Project offers evidence-based short term individual services for students in transitional kindergarten through third (3rd) grade.</p>
<p>Everyone needs something to do, somewhere to go, and someone to listen. Build a Clubhouse.</p>	<p>With the FY23-26 MHSA Three Year Plan, a facility following the Clubhouse model will be considered as an additional resource within the El Dorado County continuum of care.</p> <p>Currently, our Wellness Centers, located in Diamond Springs and South Lake Tahoe provide resources and activities, some of which are peer lead or facilitated by peers with staff support.</p>

Comment	MHSA Analysis/ Response
<p>The plan needs improvement in that additional mental health services are needed in the jail to break the cycle of recidivism and homelessness. Behavioral health does not offer post incarceration anger management support group that fulfills court orders. That this court requirement is being fulfilled on-line from the private sector does not give coping skills that an offender or abuser needs to not reoffend that a group can give.</p>	<p>Anger management courses are not within the scope of MHSA or Behavioral Health. The requirement extends beyond clients that are eligible for services. Current FSP clients may receive support with the cost of these courses if supported by their care plan.</p>
<p>Prevention and Early Intervention (PEI) Comments</p>	
Comment	MHSA Analysis/ Response
<p>We are proposing to continue using MHSA dollars to fund prevention wraparound and peer partner programs, ignoring the opportunity to use federal dollars (Medi-Cal) and the expanded ability under CalAIM to meet these needs. I have complained about this before - in fact - every year, and the BH Commission has been very vocal that they don't want to fund programs that don't serve the public. The last data on the prevention wraparound program use showed the program was not being used. We have no data (at least none that I can see) to show the use in 20-21. I have asked for it numerous times since last August, and without that information, it is hard for the public to really know if the program has become more successful. Will that data be available? Will there be any explanation of how it makes fiscal sense to ignore the possibility of drawing down federal funds?</p>	<p>The FY 20/21 Outcomes Report is now available. After reviewing the provide data and historical funding used, by the Prevention Wraparound Services: Juvenile Justice Project contract provider, we have decreased the allocation. (See Update page 39 for details). At time time, no changes to the Peer Partner Project are being considered.</p> <p>With the development of the FY23-26 MHSA Three Year Plan, these program along with other discretionary MHSA programs, will be re-evaluated in terms of funding and reporting requirements.</p> <p>As of July 1, Peer Support Specialist are billable under CalAIM. The County is currently exploring this opportunity.</p>

Comment	MHSA Analysis/ Response
<p>I am glad to see the Wellness Centers for school expanding to high schools. I would like to see a well-coordinated plan to include education for awareness of mental health conditions and what students can do if they recognize signs in themselves or others to get help. NAMI has a role to play here and I hope we can be included in collaboration between DBH and EDCOE.</p>	<p>The Student Wellness Centers and Mental Health Supports Project was implemented at several county High Schools as a CSS program as part of the FY 20/23 MHSA Three Year Plan. A pilot program at Middle Schools was included in the FY 21/22 MHSA Update for which services have recently been contracted and implementation is set to start at the beginning of the 22/23 school year.</p> <p>El Dorado County Behavioral Health has been awarded funding through the Mental Health Student Services Act (MHSSA) and will act as a fiscal intermediary working with El Dorado County Office of Education (EDCOE). The goal of MHSSA is to foster relationships between County Behavioral Health and Education Entities and to expand the mental health services provided at school sites.</p>
<p>Emergency Psychiatric Response Team (PERT) or other Mobile Access Team needs to be available 24/7 with availability for 24 hr respite care for those in distress. This is a basic need.</p>	<p>The County is actively exploring this option and will hold stakeholder meetings for public input. Meetings notification will be posted the Behavioral Health website as well as sent to the MHSA distribution list. If you would like to be added to the mailing list please email mhsa@edcgov.us.</p>
<p>I don't see The Healing Forest PEI project that was discussed at the community meeting. I also don't see the Outdoor Recreation Therapy (which seems similar to Healing Forest).</p>	<p>Healing Forest was presented during the Community Program Planning Process (CPPP) meetings to confirm public support. After gaining that support, further conversations occurred with the provider and it was decided that adding this project would be re-evaluated with the MHSA FY 23-26 Three Year Plan. Outdoor Recreation Therapy did not have an intended provider but it was also decided that consideration was most appropriate when developing the new Three Year Plan.</p>
<p>I am disappointed Senior Link still has not been implemented. I am glad Primary Project has been expanded.</p>	<p>A Request for Proposal (RFP) for the Senior Link Project will be submitted in fall 2022.</p>
<p>It would have been nice to have the Middle School project implemented with the horrific death of the youth in Camino, due to the DUI driver. I hope this project is a priority for implementation.</p>	<p>This projects contract was fully executed July 1, 2022.</p>
<p>I am glad the Suicide Prevention Strategic Plan is moving forward.</p>	<p>Thank you for your comment.</p>

Housing Comment	
Comment	MHSA Analysis/ Response
Supportive housing in our County for those with serious Mental illness	Housing options are currently being explored. We are also proposing a Housing Consultant as part of the MHSA FY 22/23 Annual Update to increase housing opportunities going into the MHSA FY 23-26 Three Year Plan.
Data/ Reporting Comment	
Comment	MHSA Analysis/ Response
A question was asked at a forum a few months ago regarding tracking the success of DBH interactions with clients over time. How do we measure treatment success? Relapse rate? Response to relapse? It seems to me that the MHSA plan should display such data in order to provide rationale for the plan components. Can this be done?	Program staff are exploring how to best provide evidence based outcome measures are currently being used (Locus/Calocus, CANs, ANSA) in future MHSA Outcomes Reports.
Where is the Outcomes report?	The FY 20/21 Outcomes Report was posted on Wednesday, July 13, 2022.
Where is the Hubs final report?	The Community HUBs Final Report is included in the Appendix of the FY 20/21 Outcomes Report.

Fiscal/Budget Comment	
Comment	MHSA Analysis/ Response
<p>We will be transferring \$780,000 from CSS to fund CFTN and WET projects. At last year's rollout, the entire BH Commission was opposed to this, and the amount that year was "only" \$700,000. This was never explained last year - why we would divert money from CSS to programs that MHSA no longer funds during the most challenging time any El Dorado County resident has ever faced. Will it be explained this year?</p>	<p>The \$75,000 transfer from CSS to WET has been reduced to \$48,679. The update amount is to ensure funding for existing projects as well as proposed additions, several of which are in direct response to the nationwide Mental Health staffing shortage and reducing its impacts on county Behavioral Health through retention and recruitment opportunities allowed by MHSA regulation and supported within the current Plan and Update.</p> <p>There are several different aspects being considered in the decision to transfer \$705,000 from CSS to CFTN in FY 22/23. One item is the FTE positions to support the technological infrastructure of Behavioral Health, including the Electronic Health Record (EHR) system. Another factor in this decision is that we are looking to the future. The amount of funding that can be transferred each year is limited to 20% of the five (5) year average. In response to homeless/at risk of homelessness being identified as the population needing the greatest additional support through our CPPP, we have begun to look at strategies for increasing supportive housing options within the county. One such strategy is the proposed addition of a housing consultant We want to ensure that the balance of funds available in CFTN does not limit permanent supportive housing opportunities that can be pursued in the FY 23-26 MHSA Three Year Plan.</p>

Comment	MHSA Analysis/ Response
<p>On page 44 {now page 45} of the plan, in the Existing Innovation Projects, there is a section referred to as, “Impact as a Result of the Public Health Emergency/Coronavirus Pandemic”. In this section, the Community Hubs are referred to as critical to the COVID response.</p> <p>The HUBs team members work hard to ensure that a child, family and individual’s basic needs are met so they can have the stability they need to address other mental health stressors. On page 11 of the report, the community indicated the top three concerns were mental health (69%), isolation (49%) and financial (47%). The Hub navigation system is designed to provide concrete support in times of need, assisting the community to address financial stressors and reducing isolation so they can begin to work on their mental health concerns.</p> <p>Accolades aside, there is not any funding tied to this project (page 53 {now page 62}). Given this acknowledgement, we would like to request funding to continue to support Community Hubs on an ongoing basis to provide much needed navigational support for our community in times of need.</p>	<p>When the HUBs Innovation project was ending Behavioral Health staff were not sure if there would be stable and sufficient PEI funding due the MHSA budget predictions from the State as we entered into the initial Public Health Emergency. At the time, the County Libraries were supported with funding to hire the HUBs Navigators and provide sustainability for the project.</p> <p>Consideration for MHSA funding to resume allocations will be considered for the FY23-26 MHSA Three Year Plan. This will allow us to assess for viability and sustainability.</p>
<p>I noticed there is a huge increase in funding this year. With the late adoption of the update, will contractors be able to fully expend funds? I am concerned some funds will be subject to reversion in future years. Prior Grand Jury reports have documented that funds were not expended due to delays in adoption and implementation of new projects.</p>	<p>Current contract providers have been able to continue service following the FY 20-23 MHSA Three Year Plan and subsequent FY 21/22 MHSA Annual Update until the FY 22/23 Annual Update is approved. Any proposed increases or decreases in provider funding will happen within the first quarter allowing ample time for providers to adjust programming as necessary. Limited new projects or providers are poised for rapid implementation within the first quarter.</p> <p>Excluding Innovation funds, El Dorado County has not had funds revert since FY 14/15. Please refer to Reversion timeframes on page 55.</p>

Comment	MHSA Analysis/ Response
<p>I appreciate the Crisis Residential Treatment plan, but historically, the County never found a building to "buy or lease" for the prior Innovation Project of a Community Wellness Center. I am not optimistic you will be able to buy or lease a building for this project. I also do not think the County will be able to build. And, can you use MHSA funds to build or buy a property?</p>	<p>The County recognizes the needs of a Crisis Residential Treatment (CRT) facility are different from those associated with the Wellness Center funding allocated under CFTN. Funding for buying/leasing the CRT facility is provided through a non-MHSA source. The MHSA funding allocation is for services provided when the facility is established. Because of this difference we do not see the challenges of securing the Wellness Center as a reason to prevent forward progress with the CRT project.</p>
<p>I would like to advocate to get funding to continue providing ongoing free longterm mental and behavioral health to Lake Tahoe Unified School District students who are mild to moderate. In a rural community with housing crisis we need to get creative to increase access. The students who have Medi-cal can get access through Sierra Child and Family Services, and the wealthier students who have supportive parents can get private pay therapy, but that leaves a majority of students in the middle not able to access mental and behavioral health.</p>	<p>CalAIM has expanded the eligibility for Specialty Mental Health Services especially for youth. The Mental Health Student Services Act (MHSAA) funding granted to El Dorado County Behavioral Health in partnership with El Dorado County Office of Education (EDCOE) will expand services to students.</p>

MHSA Projects

This MHSA Update includes previously approved and newly developed projects. Previously approved projects were included in prior MHSA Plans/Updates. There may be a need to alter the direction of services based on funding or community demand, and this MHSA Update allows for such flexibility.

The projects for each of the five (5) MHSA components are identified on the following pages.

Contracted Providers

The MHSA projects 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 MHSA 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 MHSA Update.

MHSA Expenditures

Although the MHSA projects may indicate a budgeted amount, there may still be a change in the budget for a program due to increased or decreased cost of services, or increased or decreased revenues. In other instances, expenditures may change due to any number of reasons, including but not limited to a change to the services identified for the project, project demand, or lack of provider(s).

Since MHSA funding is dependent upon personal income (a 1% tax on personal income above \$1,000,000), MHSA revenues may be lower than budgeted in the event of an economic downturn or other significant change in the infrastructure of California that impacts personal income. Should that occur, MHSA will first focus funding towards mandated services, and then discretionary services.

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

Additionally, Department of Mental Health Information Notice 10-01 (2010) indicates that counties can expand or reduce projects within 15% of the amount that was previously approved for the program (i.e., it can be 15% more or 15% less than the previously approved funding amount) without requiring the change to be approved through a CPPP.

Further, consistent with California Code of Regulations, Title 9, section 3300, subdivision (d), counties may use up to five percent (5%) of the MHSA Community Services and Supports allocation on the CPPP.

Community Services and Supports (CSS)

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

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

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

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

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

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

Further, Assembly Bill (AB) 2265 (2020), “The Mental Health Services Act: Use of Funds for Substance Use Disorder Treatment” clarifies that MHSAs are permitted to be used to fund treatment of individuals with co-occurring mental health and substance use disorders. In order to use MHSAs for substance use disorder treatments, the county must comply with all applicable MHSAs requirements when providing co-occurring substance use disorder treatment, including identifying the treatment of co-occurring disorders in their Three-Year MHSAs Program and Expenditure Plans and Updates.

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

CSS project structure, as categorized by CSS program:

Full Service Partnership (FSP)

- Children's FSP
- Transitional Age Youth (TAY) FSP
- Adult and Older Adult FSP
- FSP Forensic Services

General System Development

- Wellness and Recovery Services/Adult Wellness Center
- Wellness and Recovery Services/TAY Engagement
- Community Transition and Support Team
- Crisis Residential Treatment (CRT)

Outreach and Engagement

- Access Services
- Student Wellness Centers and Mental Health Supports
- Assisted Outpatient Treatment (AOT)
- Genetic Testing

Strategies to assist in the implementation of the CSS project include, but are not limited to:

- **Telehealth** – Telehealth allows clients to access SMHS 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, telehealth may serve as a means of engagement. The actual purchase and maintenance of the equipment will occur under the Capital Facilities and Technological Needs (CFTN) component, but ongoing services to individuals via telehealth will be provided through CSS.
- **Supportive Housing** – The Permanent Supportive Housing Project provides eligible individuals with affordable housing assistance, coupled with supportive services to help ensure successful client integration and engagement in their community. Residents are expected to pay a portion of their income toward rent and utilities, and for those in the County’s Transitions Treatment Program, participate in house meetings to assign chores, discuss housing issues, create goals, and maintain their housing. Eligible individuals are also offered supportive services provided through Behavioral Health or a contracted provider. The supportive services may include, but are not limited to mental health assessments, linkage to mental health/physical health/substance use disorder providers, outreach, crisis intervention, forensic support, training and teaching on life skills, transportation, and supports for landlords or contractors who are collaborating with El Dorado County to provide housing. This also may include funds to purchase housing units to provide permanent supportive housing to seriously mentally ill homeless individuals.

General Program Information

As a result of AB 1299 (2016), when a child is placed out of county, their Medi-Cal benefits will become the responsibility of the host county (where the child is living) rather than the county of origin (where the Child Welfare Case is active) through “presumptive transfer”. Under presumptive transfer, the cost of SMHS for children placed in El Dorado County will become the responsibility of El Dorado County, unless presumptive transfer is waived by the county of origin. Therefore, funding for this component reflects potential impacts as a result of Presumptive Transfer.

Full Service Partnership (FSP) Programs

Full Service Partnership (FSP) Programs improve the quality and intensity of SMHS for clients requiring a high level of treatment interventions and supportive services to reach their treatment goals.

The FSP Programs serve children, TAY, adults, and older adults. All FSP projects will utilize the following basic guidelines as appropriate to each age group. Individuals whose age would make them eligible to participate in more than one program (for example, a TAY and adult program) will be assigned to the program that best aligns with the individual’s treatment needs. Additionally, when individuals are engaged in SMHS through Assisted Outpatient Treatment (AOT), either voluntarily or as a result of a court petition, AOT-engaged clients will be served initially through the FSP programs.

According to the California Code of Regulations, Title 9, Section 3200.130, a FSP is “the collaborative relationship between the County and the client, and when appropriate, the client’s family and/or other natural supports, 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 the 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. In addition to mental health services and supports, MHSA funds will be used to access non-mental health resources identified within the treatment plan that are needed by the client to successfully fulfill their individualized treatment plan, including but not limited to: medication and medication support; housing-related costs (such as security deposits, rent/mortgage payments, household establishment furniture and/or supplies, toiletries); moving expenses; child-care costs; educational expenses (such as tutoring, parenting courses, school-based services and supports, after-school services and supports); transportation assistance; emergency expenses; food; clothing; cost of health care treatments (including medical and dental expenses); cost of treatment of co-occurring conditions such as substance use disorders; gift cards; social activity costs (including recreational costs); client incentives (such as outreach and engagement fees or stipends and meals or snacks for clients); and other expenses that the FSP team considers necessary to support a client’s treatment plan goals, objectives and/or interventions. Further, pursuant to the “Investment in Mental Health Wellness Act of 2013,” as outlined in the MHSA (revised January 2019) and pursuant to California Code of Regulations, Title 9, Section 3620, FSP also may include family respite care to “help families to sustain caregiver health and well-being.”

Within FSP (and also within General System Development), housing is of the utmost importance in maintaining stability during and after SMHS. Therefore, included within these projects is a housing specialist, who will be responsible for helping clients with their housing needs, regardless of which treatment program a client may be enrolled. This staff member will be shared between all FSP and General Service Delivery projects.

Children’s FSP Project

A 30% funding increase will be added to current Children’s FSP contracts in response to expansion of eligibility under Cal AIM.

Estimated Number of Individuals to be served: 200
Estimated Cost per person: \$17,500

Providers: Services will continue to be contracted out to New Morning Youth and Family Services (West Slope), Sierra Child and Family Services (West Slope and South Lake Tahoe), Stanford Youth Solutions (West Slope and South Lake Tahoe), Summitview Child and Family Services, Inc. (West Slope), New Horizons, and CASA El Dorado.

Transitional Age Youth (TAY) FSP Project

There are no significant changes anticipated to this project in FY 2022/23.

Estimated Number of Individuals to be served: 40

Estimated Cost per person: \$8,750

Providers: El Dorado County staff, Sierra Child and Family Services (West Slope), and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

Adult and Older Adult FSP Projects

Intensive Case Management (ICM)

There are no significant changes anticipated to this project in FY 2022/23.

Transitions Treatment Program (TTP)

There are no significant changes anticipated to this project in FY 2022/23 other than the change in provider for the Adult Residential Facility identified below.

Estimated Number of Adult Individuals to be served: 235

Estimated Cost per person: \$25,600

Estimated Number of Older Adult Individuals to be served: 15

Estimated Cost per person: \$25,600

Providers: El Dorado County staff, Compassion Pathways (for operation of an Adult Residential Facility), and/or other provider(s) who will be selected in compliance with the County's Procurement Policy

FSP Forensic Services

It is time intensive to recruit, hire, and train new personnel to implement this project. While Behavioral Health has been successful in recruiting, hiring, and training some personnel for this project, it is not yet fully staffed or functioning. Behavioral Health will continue implementing this project in FY 2022/23.

Estimated Number of Individuals to be served: 20

Estimated Cost per person: \$26,250

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

General System Development (GSD) Program

The General System Development (GSD) Programs are projects that include the Wellness and Recovery Projects and the Community Transition and Support Team.

The GSD Projects are designed to provide Behavioral Health services that may be needed to support individuals to access natural and/or community-based supports for managing their mental illness upon graduation. The Vision of the El Dorado County HHSA is "Transforming Lives and Improving Futures," and consistent with that vision, the Behavioral Health Division provides individuals who meet criteria for SMHS with client and family and other natural supports-driven services and supports to allow them to achieve their own vision of wellness, recovery, and resilience.

Effective January 1, 2018, MHA 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). MHA CSS funds may also be used for capitalized operating subsidies and capital funding to build or rehabilitate housing for people who are mentally ill and homeless, and/or people who are mentally ill and at risk of being homeless.

Within GSD (and also within FSP), housing is of the utmost importance in maintaining stability during and after SMHS. Therefore, included within these projects is a housing specialist, who will be responsible for helping clients with their housing needs, regardless of which treatment program a client may be enrolled. This staff member will be shared between all FSP and General Service Delivery projects.

Wellness and Recovery Services / Adult Wellness Center Project (includes the Outpatient SMHS)

The Adult Wellness Centers Project provides a welcoming location for individuals with severe mental illness, to receive mental health services. The Wellness Centers are located on the Western Slope and in South Lake Tahoe. Costs included under the Adult Wellness Centers project include, but are not limited to, staff and staff overhead, the purchase of training materials, books, project evaluations, activity supplies, gift cards for clients and/or Peer Leaders, field trip costs (e.g., entrance fees, admission ticket fees, rental fees, food, beverages, and transportation), office and household supplies, cleaning supplies, computers and peripheral equipment and supplies, equipment, and furniture. Staff time includes activity

preparation. Additionally, food items are purchased to provide Wellness Center participants with healthy food choices and education regarding food preparation. Other supports may be provided to the participants in the form of, but not limited to, transportation or transportation costs (e.g., bus passes/script, County vehicles), toiletries, and laundry. Replacement of Wellness Center items (e.g., equipment or furniture) is also included.

⋮ **Consumer Leadership Academy**

This project may be expanded to incorporate services provided outlined in SB 803 (2020) regarding Peer Support Specialist certifications. The legislation requires DHCS to develop statewide requirements for counties to use in developing Peer Support certifications by July 1, 2022. As the State defines the requirements, Behavioral Health will work to incorporate them into the Consumer Leadership Academy curriculum and other MHSA CSS projects.

⋮ **Stipends for Peer Leaders**

There are no significant changes anticipated to this project in FY 2021/22.

⋮ **Community Wellness Center / Integrated Service Center**

There are no significant changes anticipated to this project in FY 2022/23.

Wellness and Recovery Services/TAY Engagement Project

There are no significant changes anticipated to this project in FY 2022/23.

Community Transition and Support Team Project

This project includes the community-based SMHS provided through the Community Corrections Center. Additionally, if necessary due to low staffing levels, MH Clinic clients eligible for this project will continue to be served through the Wellness and Recovery Services / Adult Wellness Center Project.

There are no other significant changes anticipated to this project in FY 2022/23.

Crisis Residential Treatment (CRT) Project

Behavioral Health will be using a combination of funding including American Rescue Plan Act (ARPA) and non-MHSA funds to build, buy or lease a building for a Crisis Residential Treatment (CRT) Facility in El Dorado County. CRTs are designed to serve individuals who are experiencing acute psychiatric crisis and whose functioning is moderately impaired for a short duration. MHSA funds will be used in the delivery of services after the facility is established. A request for proposals (RFP) is scheduled to be released in calendar year 2022. Further development of project goals and outcome measures will be associated with the RFP process.

Crisis Residential Treatment Goals:

- Provide an opportunity to fill a gap in the El Dorado County system of care.
- Increase placement options for individuals stepping down from the Psychiatric Health Facility (PHF) or stepping up from a lower level of care.
- Allow for individuals to stay within this community

Crisis Residential Treatment Outcome Measures:

- Reduction of length of stay in the Emergency Department when awaiting placement
- Reduction in out-of-county inpatient hospitalization numbers
- Reduction in length of stay in a Mental Health Rehabilitation Center (MHRC) or Institution for Mental Disease (IMD)

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

Outreach and Engagement Programs

The Outreach and Engagement Programs are part of Behavioral Health's Community System of Care programming. The Community System of Care Programming is designed to provide outreach to and engagement services to individuals who meet medical necessity for SMHS and to support the Behavioral Health system of care.

Access Services Project

The Access Services Project engages individuals with a serious mental illness in SMHS and assists in continued engagement in services by addressing barriers to service. Mental health professionals, in concert with peer counselors when possible, will provide outreach and engagement services for individuals with serious mental illness who are homeless, in the jails, receiving primary care services, and require outreach to their homes in order to reach the at-risk population. Outreach and engagement services for current Behavioral Health clients will also be included to help them continue engagement in services if needed. Access Team activities may also include efforts to locate and re-engage individuals who are no longer participating in SMHS. All individuals who contact HHS for mental health services are initially presumed to have a severe mental illness, and as such, triage calls may be funded under this project. If it is determined that an individual requesting services does not meet criteria for SMHS, they will be referred to the appropriate provider(s), which also may include Prevention and Early Intervention project providers, to meet their treatment needs.

Staff costs for outreach and engagement activities under this project will be funded by MHSA, along with associated costs (e.g., vehicle costs, overhead cost). These funds may also be utilized for the costs of developing and printing materials utilized for outreach and engagement to include publication via local media.

Projects for Transition from Homelessness (PATH)

There are no significant changes anticipated to this project in FY 2022/23.

Student Wellness Centers and Mental Health Supports Project

The Student Wellness Centers and Mental Health Supports Project was initially a two-year pilot project scheduled to end June 30, 2021. Throughout the Community Program Planning Process, the community supported continuation of this project and the data reflects the project is reaching a significant number of students. The importance of reaching out and engaging students in a non-stigmatizing environment is crucial, especially given the increased mental health needs related to the Public Health Emergency resulting from the Coronavirus pandemic. The Student Wellness Centers provide students with opportunities to strengthen wellness and resiliency skills. As indicated in the MHSOAC's 2020 report, *Every*

Young Heart and Mind: Schools as Centers of Wellness, schools provide a place where students feel safe, valued, and respected, and have positive relationships with adults and other students.

The schools identified to participate in the project include El Dorado High School, Ponderosa High School, Independence High School, Oak Ridge High School, Union Mine High School, and Golden Sierra High School. This project may expand to include other schools in El Dorado County.

Assisted Outpatient Treatment (AOT) Project

There are no other significant changes anticipated to this project in FY 2022/23.

Genetic Testing Project

There are no other significant changes anticipated to this project in FY 2022/23.

Mental Health Student Services Act (MHSSA)

The Mental Health Student Services Act (MHSSA) funding is administered through the Mental Health Services Oversight and Accountability Commission (MHSOAC). El Dorado County Behavioral Health applied for these funds in collaboration with the El Dorado County Office of Education (EDCOE) in November of 2021 and was awarded \$4 Million to improve student access to mental health services. These funds are intended to establish protocols to screen students for any mental health service needs, add mental health educational curricula, support access to mental health treatment, and provide training to educational staff. No MHSO funding match is required.

MHSA Permanent Supportive Housing Projects

There are no significant changes anticipated to this project in FY 2022/23.

CSS Administration

County staff and/or contracted provider(s) will be utilized to perform administrative activities (e.g., contracting and accounting), program analysis, and quality assurance/improvement activities related to this Component.

Prevention and Early Intervention (PEI)

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

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

PEI project structure, as categorized by PEI program:

Prevention

- Latino Outreach
- Older Adult Enrichment Projects (Senior Peer Counseling, and Senior Link)
- Primary Project
- Wennem Wadati: A Native Path to Healing
- Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors

Early Intervention (includes Childhood Trauma Prevention and Early Intervention)

- Children 0-5 and Their Families
- Prevention Wraparound Services: Juvenile Services
- Forensic Access and Engagement
- Expressive Therapies
- National Suicide Prevention Lifeline
- TimelyMD
- Student Wellness Center in Middle School

Stigma and Discrimination Reduction

- Mental Health First Aid, safeTALK and Other Community Education Projects
- LGBTQIA Projects
- Statewide PEI Projects

Outreach for Increasing Recognition of Early Signs of Mental Illness

- Community Education and Parenting Classes
- Peer Partner Services
- Mentoring for Youth

Access and Linkage to Treatment

- Community-based Outreach and Linkage (Psychiatric Emergency Response Team/PERT)
- Veterans Outreach

Suicide Prevention (includes Suicide Prevention Programming that occurs across the lifespan)

- Suicide Prevention and Stigma Reduction

Prevention Programs

Prevention Programs are projects that are intended to prevent serious mental illness/severe 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. The goals of this program include reducing the negative outcomes that result from untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average, and, as applicable, their parents, caregivers, and other family members. Services may include relapse prevention for individuals in recovery from a serious mental illness and universal prevention.

“Risk factors for mental illness” means conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness. Risk factors include, but are not limited to, biological (including family history) and neurological, behavioral, social/economic, and environmental.

Reporting Requirements:

The following information, outcomes, and/or indicators are required for each Prevention project:

1. Unduplicated numbers of individuals served, including demographic data.
 - a. If a program served families, the County shall report the number of individual family members served.
2. The reduction of prolonged suffering that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning.

3. If known, the number of individuals with serious mental illness referred to treatment and the kind of treatment to which the individual was referred.
4. If known, the number of individuals who followed through on the referral and engaged in treatment.
 - a. If known, the average duration of untreated mental illness.
 - b. If known, the interval between the referral and participation in treatment.
5. Completion of Quarterly and Annual Reports.
6. Implementation challenges, successes, lessons learned, and relevant examples.
7. Any other outcomes or indicators identified for the specific project.

Latino Outreach Project

There are no significant changes anticipated to this project in FY 2022/23.

Older Adults Enrichment Projects (Senior Peer Counseling, Friendly Visitor, Senior Link)

The Older Adults Enrichment Projects are continuum of care programs designed to provide comprehensive services to meet the changing needs of older adults.

⋮ Senior Peer Counseling Project

There are no significant changes anticipated to this project in FY 2022/23.

⋮ Friendly Visitor Project

The contract provider overseeing Friendly Visitor stepped away from the project in October 2021. The program has been removed for the FY 22/23 Annual Update but will be re-evaluated for the FY 23/24-25/26 Three Year Plan.

⋮ Senior Link Project

This project has not yet been implemented due to continued limitations from the Coronavirus Panemic throughout FY 21/22. A request for proposals (RFP) is scheduled to be released in calendar year 2022. The budget for this project is being increased to \$100,000 from \$75,000.

Primary Project

No significant changes to Tahoe Youth and Family Services project are anticipated No significant changes to Black Oak Mine Union School District's project are anticipated.

Pioneer Union School District will begin implementing the Primary Project at Pioneer Elementary with the approval of this Update. The annual budget for FY 22/23 is \$50,000.

Wennem Wadati: A Native Path to Healing Project

There are no significant changes anticipated to this project in FY 2022/23.

Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project

The Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project is focused on providing goods and services that will aid in preventing serious mental illness/emotional disturbance by promoting mental health, reducing mental health risk factors, and by intervening to address mental health problems in the early stages of the illness. The Goods and Service to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project also may serve to reduce the negative outcomes that may result from untreated mental illness, including suicide, incarceration, school failure or drop-out, unemployment, prolonged suffering, homelessness, and removal of children from their homes.

Goods and services may include, but are not limited to, transportation assistance, motel/hotel/rent payments, payments for respite care, emergency food purchases, gift card purchases, vehicle maintenance and upgrades as related to a mobile office (van retrofitted to resemble an office), and resource materials.

Although the purchase of the mobile office van was included as a subproject of the Goods and Services project FY 20/21, the ongoing maintenance costs for the van have been rolled into the main project.

There are no significant changes anticipated to this project in FY 2022/23.

Early Intervention Programs

Early Intervention Programs are projects that provide treatment, services, and other interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness. Early Intervention Program services are time limited, but no more than 18 months unless the individual is identified as experiencing first onset on psychotic features, in which PEI services shall not exceed four (4) years (these individuals would be transferred to other Specialty Mental Health Services (SMHS) upon diagnosis of a serious mental illness or severe emotional disturbance). Early Intervention Program services may include services to parents, caregivers, and other family members of the person with early onset of mental illness, as applicable.

Reporting Requirements:

The following information, outcomes, and/or indicators are required for each Early Intervention project:

1. Unduplicated numbers of individuals served, including demographic data.
 - a. If a program served families, the County shall report the number of individual family members served.
2. The reduction of prolonged suffering that may result from untreated mental illness by measuring reduced symptoms and/or improved recovery, including mental, emotional, and relational functioning.

3. If known, the number of individuals with serious mental illness referred to treatment and the kind of treatment the individual was referred to.
4. If known, the number of individuals who followed through on the referral and engaged in treatment.
 - a. If known, the average duration of untreated mental illness.
 - b. If known, the interval between the referral and participation in treatment.
5. Completion of Quarterly and Annual Reports.
6. Implementation challenges, successes, lessons learned, and relevant examples.
7. Any other outcomes or indicators identified.

Children 0-5 and Their Families Project

There are no significant changes anticipated to this project in FY 2022/23.

Prevention Wraparound Services: Juvenile Services Project

Annual expenditures have continued to stay well below the budget allocation for this project. The budget for this project is reduced in FY 2022/23 to \$300,000 from \$400,000.

Forensic Access and Engagement Project

There are no significant changes anticipated to this project in FY 2022/23.

Expressive Therapies Project

There are no significant changes anticipated to this project in FY 2022/23.

National Suicide Prevention Lifeline Project)

There has been an increase in the overall percent of callers from El Dorado County. Therefore, the funds required to support the County's share of the costs has increased to \$20,697 annually from \$11,889.

TimelyMD Project

There are no significant changes anticipated to this project in FY 2022/23.

Student Wellness Center – Middle School

The Student Wellness center – Middle School project was not able to be fully executed within FY 21/22. Program implementation has begun as of July 1, 2022. Because of this delay, the full project amount of \$300,000 will be utilized in FY 22/32, an increase from the annual amount of \$150,000 identified in the FY 21/22 MHSA Annual Update.

Provider: Summitview Child and Family Services, and/or other provider(s) will be selected in compliance with the County's Procurement Policy.

Stigma and Discrimination Reduction Programs

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

Reporting Requirements:

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

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

Mental Health First Aid, safeTALK and Other Community Education Projects

With the Public Health Emergency, Mental Health First Aid USA transitioned to a virtual training format. In order to offer the classes virtually, certified trainers are required to attend Mental Health First Aid USA's virtual training to become a "MHFA Virtual Trainer". Behavioral Health's certified trainers attended the virtual certification training and started offering virtual MHFA classes in January 2021. In person classes resumed in June, 2021, however cancellations and adaptations to scheduled classes were required due to the Caldor Fire and as guidance surrounding Covid-19 changed throughout the implementation period. By the end of fiscal year 21/22 class requests from community groups has started to increase. An additional vendor will be needed to meet the anticipated interest level over the next year. A request for proposals (RFP) is scheduled to be released in calendar year 2022.

safeTALK did not offer virtual training sessions. Rather, the company who owns the safeTALK program, offered a virtual "LivingWorks Start" program. This is a 90-minute online course that teaches trainees to recognize when someone is thinking about suicide and connect them with help and support. MHSA did not receive any requests for the LivingWorks Start program.

To allow for greater access to community education programs to help reduce the stigma and discrimination associated with mental illness, other training programs will be allowed to be offered through this program. Services may be provided by county staff and/or by contracted providers selected in conformity with County procurements procedures.

Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual or Allied (LGBTQIA) Projects

There are no significant changes anticipated to this project in FY 2022/23. A Request for Proposals (RFP) is scheduled to be released in calendar year 2022

Statewide PEI Projects

Funds required to support the County's share of the costs has increased to \$65,000 annually from \$60,000.

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Outreach for Increasing Recognition of Early Signs of Mental Illness Programs are projects that provide outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.

"Outreach" may include a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

"Potential responders" include, but are not limited to, families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, emergency medical service providers, people who provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling

mental illness, provide support, and/or refer individuals who need treatment or other mental health services.

Services may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.

Reporting Requirements:

The following information, outcomes and/or indicators are required for each Outreach for Increasing Recognition of Early Signs of Mental Illness Program:

1. Unduplicated numbers of individuals served, including demographic data.
2. The number of potential responders engaged.
3. The setting(s) in which the potential responders were engaged.
 - a. Settings providing opportunities to identify early signs of mental illness include, but are not limited to, family resource centers, senior centers, schools, cultural organizations, churches, faith-based organizations, primary health care, recreation centers, libraries, public transit facilities, support groups, law enforcement departments, residences, shelters, and clinics.
4. The type(s) of potential responders engaged in each setting (e.g., nurses, principles, parents).
5. If known, the number of individuals with serious mental illness referred to treatment and the kind of treatment the individual was referred to.
6. If known, the number of individuals who followed through on the referral and engaged in treatment.
 - a. If known, the average duration of untreated mental illness.
 - b. If known, the interval between the referral and participation in treatment.
7. Completion of Quarterly and Annual Reports.
8. Implementation challenges, successes, lessons learned, and relevant examples.
9. Any other outcomes and indicators identified.

Community Education and Parenting Classes Project

There are no significant changes anticipated to this project in FY 2022/23.

Peer Partner Project

There are no significant changes anticipated to this project in FY 2022/23.

Mentoring for Youth Project

There are no significant changes anticipated to this project in FY 2022/23.

Access and Linkage to Treatment Programs

Access and Linkage to Treatment Programs are projects that include activities to connect children, adults, and older adults with mental illness, as early in the onset of these conditions as practical, to medically necessary care and treatment.

Reporting Requirements:

The following information, outcomes, and/or indicators are required for each Access and Linkage to Treatment Program:

1. Unduplicated numbers of individuals served, including demographic data.
2. If known, the number of individuals with serious mental illness referred to treatment referrals and the kind of treatment to which the individual was referred to.
3. If known, the number of individuals who followed through on the referral and engaged in treatment.
 - a. If known, the average duration of untreated mental illness.
 - b. If known, the interval between the referral and participation in treatment.
4. Completion of Quarterly and Annual Reports.
5. Implementation challenges, successes, lessons learned, and relevant examples.
6. Any other outcomes or indicators identified.

Community-based Outreach and Linkage Project

The Community-based Outreach and Linkage Project is an access and linkage to treatment program in which County staff and/or contracted providers work closely with primary care providers, hospitals, Public Health Nurses, community-based organizations, law enforcement, caring friends and family, and individuals in need of services to determine the appropriate referrals for individuals and families, and to work closely with those individuals in establishing services.

⋮ Psychiatric Emergency Response Team (PERT) Project

This project description is being adapted to allow response teams to be comprised of a Mental Health Clinician and law enforcement, two Mental Health Clinicians or a Mental Health Clinician and a Substance Use Disorder (SUDs) staff member.

In April of 2021, El Dorado County Behavioral Health entered into a Memorandum of Understanding with the South Lake Tahoe Police Department (SLTPD) for the South Lake Tahoe Alternative Collaborative Services (STACS) pilot program. STACS is intended to provide mobile crisis services to the city of South Lake Tahoe. A Mental Health Clinician is available to partner with the SLTPD for up to 4 hours a week.

During calendar year 2022, El Dorado County Behavioral Health is able to utilize a Care Crisis Mobile Unit (CCMU) grant to engage stakeholders in a planning and review process of existing mobile crisis services to identify service gaps. An Action Plan will be submitted to DHCS upon completion of this project. If

additional CCMU grant funding becomes available, mobile crisis services maybe expanded including the Tahoe Basin.

Veterans Outreach Project

There are no significant changes anticipated to this project in FY 2022/23.

Suicide Prevention and Stigma Reduction Programs

The Suicide Prevention and Stigma Reduction Program provides education and supportive services regarding suicide prevention. Per the PEI Regulations, effective July 1, 2018, the Suicide Prevention and Stigma Reduction Program is an optional project. This project was supported during the CPPP.

Reporting Requirements:

The following information, outcomes, and/or indicators are required for the Suicide Prevention and Stigma Reduction project:

1. Use a validated method to measure changes in attitudes, knowledge, and/or behavior related to mental illness.
2. Use a validated method to measure changes in attitudes, knowledge, and/or behavior related to seeking mental health services.
3. Completion of Quarterly and Annual Reports.
4. Implementation challenges, successes, lessons learned, and relevant examples.
5. Any other outcomes identified.

Suicide Prevention and Stigma Reduction Project

The County has developed a “Strategic Suicide Prevention Plan”, which was approved by the Behavioral Health Commission at its regular meeting on May 18, 2022. The plan will be submitted to the Board of Supervisors for review and approval on July 19, 2022

The Strategic Suicide Prevention Plan will be implemented utilizing MHSAs funds, to the extent those funds are available, and potentially via community partnerships and/or grant funding that may become available in the County. Services may be provided by county staff and/or by contracted providers selected in compliance with the County’s Procurement Policy and goods to support this project may be purchased by providers. To assist with the implementation of the Strategic Suicide Prevention Plan, this strategy’s budget is being increased to \$231,000.

PEI Administration

County staff and/or contracted provider(s) will be utilized to perform administrative activities (e.g., contracting and accounting), program analysis, and quality assurance/improvement activities related to this Component.

Innovation (INN)

The Innovation component consists of projects that are designed to contribute 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.

Innovation projects also 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.

AB 114 reallocation reversion funds may be utilized to support this component.

Existing Innovation Projects

Impact as a Result of the Public Health Emergency/Coronavirus Pandemic

After the Public Health Emergency as a result of the Coronavirus pandemic, the Community Hubs Innovation project experienced an increase in requests for linkage and basic support needs. The Hub teams transitioned from in-person meetings to virtual meetings with an increased focus on the impact on mental health on teens due to social distancing, as well as Coronavirus education for local service providers and childcare provider sites. Hub teams also provided outreach, linkage, referrals, and drive-through events to provide families with basic needs items such as food, diapers, and cleaning supplies. Other areas of support included assistance with filling out unemployment applications, public assistance applications, and housing/apartment rental applications. Support groups transitioned to virtual platforms. Public Health Nurses continued providing diagnostic screenings and referrals to mental health providers.

Partnership between Senior Nutrition and Behavioral Health to Reach Home-bound Older Adults in Need of Mental Health Services Project:

The MHSOAC approved this project on January 23, 2020. It was anticipated that implementation would begin during FY 2020/21. Unfortunately, due to the extenuating circumstances presented by the Public Health Emergency resulting from the Coronavirus pandemic, this project was not implemented.

On March 2, 2021, the MHSOAC Project Team submitted an extension request to the MHSOAC. On March 10, 2021, the MHSOAC granted the extension request. The approval letter is included in the Update.

Over the course of the pandemic, the need for behavioral health services has increased steadily while at the same time clinical staff have left the profession at a higher rate than ever before. This is being experienced by public, non-profit and private sector entities nationwide and has led to a critical staffing shortage of which El Dorado County is not immune. With numerous vacancies some of which going on over a year unable to be filled, the County has focused its staff from both the West Slope and South Lake Tahoe on required, essential and currently operating programming. As a result, the Partnership between Senior Nutrition and Behavioral Health Project was not implemented in FY 21/22.

Currently efforts are being made at the County, State and Federal level to address this behavioral health staffing crisis. Long term options to address this are being enacted at the State and Federal levels including expanding opportunities for tuition assistance for college bound individuals intending to enter the Behavioral Health field of study, while short term options like adapting recruitment and retention efforts have already taken place at the County level. If the effects are successful in the final year of this Innovation Project, and the County Behavioral Health staff vacancy rate falls to a reasonable threshold, steps will be taken to assess the viability of implementing this project. The previously developed goals and outcome measures will be evaluated at that time to ensure they can be addressed through the remaining time of the project.



LYNNE ASHBECK

Chair

MARA MADRIGAL-WEISS

Vice Chair

TOBY EWING

Executive Director

March 10, 2021

Nicole Ebrahimi-Nuyken
Behavioral Health Director
3057 Briw Road Suite B
Placerville, CA 95667

Dear Ms. Ebrahimi-Nuyken,

Thank you for your notification dated March 2, 2021, for the time extension of two years for El Dorado County's Partnership Between Senior Nutrition and Behavioral Health to Reach Home-bound Older Adults in Need of Mental Health Services which was approved by the Commission on January 23, 2020 for \$900,000 over two years.

Per your letter, you have informed us that the start date for this project was anticipated to be July 2020 however you were not able to start at that time, due to the need to get all the virtual trainings completed. You also indicated that no Innovations dollars have been spent on this project to date.

With this time extension of two years, the new anticipated start date as indicated in your notification will be September 2021 and therefore the end date for this project will be September 30, 2023. This will constitute a total length of time for this innovation of four years.

On behalf of the Commission, I would like to thank you for all the work you do in your community.

If you have additional questions or need further assistance, feel free to contact me sharmil.shah@mhsoc.ca.gov or your county liaison Cynthia Burt at cynthia.burt@mhsoc.ca.gov.

Sincerely,

Sharmil Shah, Psy.D
Chief-Program Operations

Copy: Heather Longo, MHSA Coordinator



MHSOAC: allcove: A One-Stop Shop for Integrated Youth Mental Health Support (D)

No further action has been taken to evaluate this project due to the Public Health Emergency resulting from the Coronavirus pandemic.

MHSOAC: Innovations to Reduce Criminal Justice Involvement of People with Mental Health Needs (D)

The County is awaiting further information about the status of this MHSOAC-sponsored project. It is believed that this project has been impacted by the Public Health Emergency resulting from the Coronavirus pandemic.

Data Driven Recovery Project – Cohort 2 (MHSOAC Multi-county Collaborative)

The County is awaiting further information about the status of this MHSOAC-sponsored project.

INN Administration

County staff and/or contracted provider(s) will be utilized to perform administrative activities (e.g., contracting and accounting), program analysis, and quality assurance/improvement activities related to this Component.

Workforce Education and Training (WET)

The Workforce Education and Training (WET) component 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.

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

New MHSA funds are not allocated to WET component, however there is continued support for well-trained 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 the “FY 2022/23 Budget” section for more details.

AB 114 reallocation reversion funds may be utilized to support this component to the extent allowed by the MHSA.

Impact as a Result of the Public Health Emergency/Coronavirus Pandemic

As a result of the Public Health Emergency resulting from the Coronavirus pandemic, all in-person trainings were cancelled. MHSA continued to offer virtual trainings including, but not limited to topics related to telehealth, depression and isolation, cultural competency, trauma-informed care, and racial inequity.

WET Coordinator

There are no significant changes anticipated to this project in FY 2022/23.

Workforce Development Project

During CPPP meetings County staff proposed increasing the Workforce Development Project budget in order to cover the cost for current County Behavioral Health staff licenses, certifications, examinations and associated costs required for their positions. This is one of several items to adapt recruitment and retention initiatives in response to the nationwide behavioral health staffing shortage crisis. This was supported community members through the CPPP meetings. To support this the budget for this project is being increased to \$165,000 from \$150,000.

Statewide WET Planning and Community Needs Assessment

‡ Statewide WET Planning

In Fall 2019, Office of Statewide Health Planning and Development (OSHPD) began holding workgroups to further define the program descriptions for covered activities as provided for in the FY 2020-2025 WET Plan, which includes collecting baseline workforce data, evaluation and monitoring measures. Counties, defined by region, are required to commit a one-third match to OSHPD's \$65 million funding in the California State Budget. In FY 2020/21, it was estimated that El Dorado's match was \$55,000. After the FY 2020/21 – 2022/23 MHSAs Three-Year Program and Expenditure Plan was adopted by the Board of Supervisors, El Dorado learned that the match is \$59,579. During the Community Program Planning Process for the FY 2021/22 Update, the community and stakeholders supported the additional \$4,579 match in WET funds. If there is any change in the amount required, it will not require a MHSAs Update or Plan amendment, provided the new amount is not more than 15% of the amount identified in this Update. This Update allows for flexibility, including shifting funds from CSS to WET, as the details are determined.

After meeting with the community and stakeholders, it also was determined that El Dorado County supported using the OSHPD grant to fund loan repayments and for staff retention activities:

- ❖ Loan repayment: Provides educational loan repayment assistance to public mental health system professionals that the local jurisdiction identifies as high priority in the region.
- ❖ Staff retention: The aim of retention strategies is for counties to promote developing and instituting systemic changes and opportunities that increase the likelihood that staff will remain in the public mental health system workforce.

In 2021, the grant funding and implementation began being managed by the California Department of Health Care Access and Information (HCAI). The contract for this project is in progress.

‡ Community Needs Assessments

There are no significant changes anticipated to this project in FY 2022/23.

WET Administration

County staff and/or contracted provider(s) will be utilized to perform administrative activities (e.g., contracting and accounting), program analysis, and quality assurance/improvement activities related to this Component.

Capital Facilities and Technology Needs (CFTN)

Capital Facilities and Technology Needs (CFTN) are items necessary to support the development of an integrated infrastructure and improve the quality and coordination of care. CFTN funds should produce long-term impacts with lasting benefits that move the mental health system toward the goals of wellness, recovery, resiliency, cultural competence, prevention/early intervention, and expansion of opportunities for accessible community-based services for clients and their families. The funds shall be used in ways to promote a reduction in disparities to underserved groups. These efforts include development of a technological infrastructure for the mental health system to facilitate the highest quality, cost-effective services and supports for clients and their families.

Impact as a Result of the Public Health Emergency/Coronavirus Pandemic

Behavioral Health continued to provide services to existing clients and new clients throughout the duration of the Public Health Emergency. While the mode of providing those services expanded in some cases to greater use of telehealth, core services and service delivery continued.

Electronic Health Record Project

This project may include funds to install devices to aid powering Electronic Health Record (EHR) devices when there is a power outage and increase access to telehealth services, for both providers and consumers, such as, but not limited to, the purchase of handheld devices or kiosks.

Staff will continue to provide direct support for this project. Three of the ongoing projects that will continue into the 2022-23 fiscal year are:

- The conversion to AvatarNX (the next generation version of the current myAvatar system);
- Implementation of the State's "274 Expansion" project, which uses a standard method of reporting provider data to the State; and
- Implementation of the 21st Century Cures Act, requiring interoperability (the ability to connect medical records electronically between providers), addressing information blocking (actions required to prevent unnecessary blocking of access to records), and patient electronic access to medical records.

Each of these projects require a high amount of resource investment into CFTN, including the need for funding for technology purchases and staffing. Staffing costs have been added at 2.1 Full Time Equivalent (FTE) that were not previously included in this project's funding allotment. The budget for this project is being increased to \$950,000 from \$550,000.

Telehealth Project (includes Video Conferencing and Technology to Reduce Barriers to Service)

There are no significant changes anticipated to this project in FY 2022/23.

Integrated Community-based Wellness Center Project

There are no significant changes anticipated to this project in FY 2022/23.

The Behavioral Health Continuum Infrastructure Program (BHCIP)

County staff received a Behavioral Health Continuum Infrastructure planning grant in 2022. The planning period ends December 2022. Staff have applied for the BHCIP implementation grant. If awarded, staff will pursue the identified plan. This grant does not require any MHSAs match and no MHSAs funds will be encumbered in FY 22/23.

CFTN Administration

County staff and/or contracted provider(s) will be utilized to perform administrative activities (e.g., contracting and accounting), program analysis, and quality assurance/improvement activities related to this Component.

⋮ Housing Consultant

The Housing Consultant will support County staff to expand Permanent Supportive Housing options within El Dorado County, develop projects to support the unhoused population as it relates to MHSAs as well as assist with other Behavioral Health Division real-estate related needs. This may also include seeking out and applying for additional funding opportunities related to housing. To support this, the funding for this category is being increased to \$125,000 from \$25,000. Provider(s) will be selected in compliance with the County's Procurement Policy.

FY 2022/23 Budget, Expenditure Plan, and Reversion Reallocation Expenditure Plan

MHSA Funding

The revenue and expenditure data contained in this Update is based upon the FY 2022/23 HSA budget. Any adjustments that may be needed as a result of the FY 2020/21 Annual Revenue and Expenditure Report (ARER) or other reconciliations or audits are anticipated to be minimal and will not require an Update to accomplish.

In the event that actual revenues are higher than anticipated, the additional funding may be utilized to support the projects identified in this Update up to 15% above the identified expenditures or rolled into the fund balance to be utilized on projects identified in the Update. In the event that 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.

Additionally, it is important to note that all budgeted funds are not expected to be utilized each fiscal year. MHSA requires that, absent a specific State “flexibility” such as those issued under the public health emergency, projects and potential expenditures must be identified in the MHSA Plan / Annual Update. The County budgets all potential expenditures, therefore sufficient funds to implement each identified project are included in the Annual Update. However, not all identified funds will be spent each year, and the budget actually anticipates that some funds budgeted in FY 2021/22 will not be spent and will be available as the starting Fund Balance for budgeting in FY 2022/23.

Annual Revenues

MHSA revenues 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 year based upon the tax revenues received by the State. In FY 2021/22, El Dorado County’s share of the statewide MHSA revenues is 0.402717%, 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 21-057². For budgeting purposes, revenues are calculated based on the FY 2020/21 allocation percentage and total annual MHSA revenues have been estimated at \$8,000,000.

Fund Balances

In addition to the FY 2022/23 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 Program and Expenditure Plan and Update. There also are planned usages of fund balances. Fund balances may be adjusted due to changes in methodologies, such as at the direction of the State. Additionally, in the event of audit findings, recoupment of Medi-Cal funds, overpayments, or other actions that result in the County owing funds back to the State or federal government, CSS (or any other component to which the funds were initially paid) may experience a revenue offset.

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 the previous fiscal year. The required amount of Prudent Reserve has varied since the inception of MHSA,

²https://www.dhcs.ca.gov/Documents/CSD_YV/BHIN/BHIN-21-057.pdf

however, the current requirement pursuant to SB 192 (2018) is that the Prudent Reserve may not exceed 33% of the average monthly amount allocated to the CSS component in the last five (5) years.

If the Prudent Reserve exceeds 33% of the average monthly amount allocated to the CSS component during the previous five (5) fiscal years, the County may transfer excess funds to the CSS component and the PEI component. 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 2020/21 and the PEI component to the Prudent Reserve in FY 2007/08. Funds 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 transfers 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 (5) reversion period and any funds transferred in FY 2022/23 must be spent by FY 2026/27.

Additionally, as discussed in the “Legislative, Regulatory, and other MHSA Changes” section of this Update, DHCS Information Notice 20-040 provided new guidance to counties who need to transfer funds from Prudent Reserve to PEI or CSS.

Pursuant to DHCS MHSUDS Notice 19-037, El Dorado County’s Maximum Prudent Reserve for Fiscal Year 2018/19 that were transferred into CSS in FY 2019/20 are reflected below. The County is required to update and certify the Prudent Reserve amount once every five (5) years. As certified by the State on June 27, 2019, the County’s CSS Five-Year Average is \$5,016,372 with a maximum allowable Prudent Reserve of \$1,655,402.

Prudent Reserve (76% of all distributions from the Mental Health Services Fund/MHSF)	Calculation
MHSA CSS Revenue Received by Fiscal Year:	Amount
FY 2013-14	\$ 3,767,002
FY 2014-15	\$ 5,248,320
FY 2015-16	\$ 4,438,958
FY 2016-17	\$ 5,601,813
FY 2017-18	\$ 6,025,767
Total	\$ 25,081,860
Average of Prior 5 Years	\$ 5,016,372
Maximum Allowable Prudent Reserve Percent (33%)	\$ 1,655,402
Current balance of Prudent Reserve:	\$ 2,098,284
Adjustment - Funds to transfer to CSS in FY 2019/20:	\$ 442,882

Reversion

Until the passage of AB 114 (2017), 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).

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.

This Update includes a Reversion Expenditure Plan.

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

Transfer of Funds Between Components

WIC § 5892(b) allows counties to use a portion of their CSS funds for WET, CFTN, and/or 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 (5) years and may not exceed the maximum allowable Prudent Reserve.

Community Program Planning Process Budget

Pursuant to WIC §§ 5892(a) and 5892(c), in order to promote efficient implementation of the MHSA, counties shall use funds distributed from the Mental Health Services Fund for annual planning costs pursuant to WIC § 5848. The total of these costs shall not exceed five percent (5%) of the total of annual revenues received for the fund. The planning costs shall include funds for county mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process. These expenditures will be budgeted under the general MHSA Administration costs but will be tracked separately for reporting purposes. Additionally, while WIC § 5848 permits five percent (5%) of the total annual revenues received for the fund to be used for annual planning costs, El Dorado only accesses CSS funding due to the conflicting statute that mandates all funding for INN must be pre-approved by the MHSOAC. If the State issues updated guidelines, El Dorado will update its process to conform to the guidelines. If adjustments are required, a Plan or Update amendment will not be necessary and the adjustment will be explained in the successive Plan or Update.

El Dorado County Budget Philosophy

El Dorado County is a fiscally conservative county and 100% of the potential expenditures are budgeted, even though the Behavioral Health Division historically comes in under budget in expenditures.

Based on current projections, there are sufficient revenues and fund balance for all planned expenditures in FY 2021/22. However, in year three of the Fiscal Year 2020/21-2022/23 MHSA Program and Expenditure Plan, there may appear to be a shortage of funding to implement the approved projects due to the budgeting methodology utilized. However, in the event that revenues and fund balances fall short of expectations, expenditures will be adjusted as needed.

Anticipated Revenues and Expenditures by Component

FY 2022-23	PEI	CSS	INN	WET	CFTN	TOTAL
Available Funds:						
Prop 63 (MHSA) - New Funding	(\$2,374,178)	(\$9,584,736)	(\$624,784)	--	--	(\$12,583,698)
AB 114 Reversion Reallocation	--	--	--	--	--	--
Federal: PATH and MHBG	--	(\$901,930)	--	--	--	(\$901,930)
Medi-Cal	--	(\$5,476,752)	--	--	--	(\$5,476,752)
Private Insurance / Payors	--	(\$6,600)	--	--	--	(\$6,600)
Misc. Revenue	--	(\$85,000)	--	--	--	(\$85,000)
AB 109 / AOT (Community Corrections Partnership)	--	(\$207,633)	--	--	--	(\$207,633)
Interest	(\$14,000)	(\$18,000)	(\$8,000)	(\$300)	(\$3,300)	(\$43,600)
Transfer from CSS	--	\$753,679	--	(\$48,679)	(\$705,000)	--
Transfer to CSS from Prudent Reserve	--	--	--	--	--	--
Estimated Starting Fund Balance ³	(\$4,179,984)	(\$5,640,003)	(\$2,760,790)	(\$265,600)	(\$1,344,936)	(\$14,191,313)
Total Available Funds Budgeted	(\$6,568,162)	(\$22,122,975)	(\$3,393,574)	(\$314,579)	(\$2,053,236)	(\$34,452,526)

³ Due to several factors, including the actual FY 2021/22 expenditures, the timing of Medi-Cal reimbursements (received approximately two years after costs incurred) and State audits (the most recent MHSA audit was FY 11/12), the Starting Fund Balance may change.

FY 2022-23	PEI	CSS	INN	WET	CFTN	TOTAL
Expenditures:						
Budgeted Expenditures from AB 114 Reversion Reallocation	--	--	--	--	--	--
Budgeted Expenditures from Fund Balance and New Revenues	\$3,658,247	\$18,680,000	\$470,000	\$314,579	\$2,150,000	\$25,272,129
Total Budgeted FY 2022-23 MHSA Plan Expenditures	\$3,758,150	\$18,680,000	\$470,000	\$314,579	\$2,050,000	\$25,272,129
Budgeted Fund Balance at Fiscal Year End	(\$2,810,612)	(\$2,460,654)	(\$2,923,574)	\$0	\$96,764	(\$8,224,397)
<i>Community Program Planning Costs [pursuant to WIC § 5892(c)]</i>	<i>Included in above expenditures, but not to exceed five percent (5%) of the CSS revenues (\$ * 5%):</i>					<i>\$88,023</i>

MHSA Component Budgets

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

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

Generally speaking, the following categories of projects are mandatory:

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

MHSA Component Budget – CSS

As previously discussed, 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 (5) years or the funds are subject to reversion to the State. CSS funds received prior to FY 2017/18 had to be expended within three (3) years or the funds were subject to reversion.

Changes in the FY 2022/23 budget reflect a true-up to anticipated expenditures based upon budgeted staffing levels and other client supports (e.g., housing-related costs, food for the Wellness Center, and non-mental health services and supports), as well as historical spending. No direct service CSS programs were intentionally reduced to allocate funding to other CSS programs.

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Full Service Partnership Projects			
Total FSP Projects	\$10,775,000	\$11,145,000	\$11,520,000
<i>Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):</i>			
Children's FSP Project (M)	32.8%	31.4%	34.7%
CASA	0.2%	0.2%	0.2%
TAY FSP Project (M)	3%	3%	3.5%
Adult and Older Adult FSP Project (M)	59%	57.4%	52.1%
FSP Forensic Services (M)	5%	8%	9.5%

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
General System Development			
Total General System Development Projects	\$3,850,000	\$4,550,000	\$5,500,000
<i>Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):</i>			
Wellness and Recovery Services/Adult Wellness Centers (D)	74%	73%	67.3%
Wellness and Recovery Services/TAY Engagement (D)	13%	11%	7.3%
Community Transition and Support Team (D)	13%	16%	8.2%
Crisis Residential Treatment (CRT) Facility(D)	N/A	N/A	18.2%
Outreach and Engagement			
Access Services (M)	\$1,000,000	\$1,100,000	\$1,100,000
<i>Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):</i>			
Access Services	96%	97%	97%
PATH	4%	3%	3%
Student Wellness Centers and Mental Health Supports (D)	\$260,000	\$260,000	\$260,000
Assisted Outpatient Treatment (M)	\$25,000	\$50,000	\$50,000
Genetic Testing (D)	\$100,000	\$50,000	\$50,000
Administrative Costs			
CSS Administrative Costs (M)	\$150,000	\$150,000	\$150,000
Total Budget CSS Projects	\$16,180,000	\$17,305,000	\$18,680,000
Percent of CSS Budget in FSP (per California Code of Regulations, Title 9, Section 3620(c), "The County shall direct the majority of its CSS to the FSP Service Category")	64%	64%	62%

The following transfer of CSS funds are identified as a reduction in revenues in the “Anticipated Revenues and Expenditures by Component” table above and are not included in the total budgeted expenditures:

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Transfer to WET	\$245,000	\$50,000	Up to \$48,679 ⁵
Transfer to CFTN	\$345,000	Up to \$650,000	Up to \$705,000 ⁵
Total	\$590,000	Up to \$700,000	Up to \$753,679⁵

MHSA Component Budget – PEI

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

Changes in the FY 2022/23 budget reflect a true-up to anticipated expenditures, as well as historical spending. No direct service PEI programs were intentionally reduced to allocate funding to other PEI programs.

All funding for PEI programs is from MHSA.

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Prevention Program			
Latino Outreach Project (M)	\$231,150	\$231,150	\$231,150
Older Adults Enrichment Projects (D)	\$160,000	\$160,000	\$155,000
<i>Approximate Percent Budgeted per Project (total expenditures may float between these projects in any percentage):</i>			
Senior Peer Counseling Project	34%	34%	35%
Friendly Visitor Project	19%	19%	0%
Senior Link Project	47%	47%	65%
Primary Project (M)	\$165,000	\$128,000	\$178,000
Wennem Wadati: A Native Path to Healing Project (M)	\$125,750	\$100,000	\$100,000
Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project (D)	\$75,000	\$50,000	\$50,000

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Early Intervention Program			
Children 0-5 and Their Families Project (M)	\$300,000	\$300,000	\$300,000
Prevention Wraparound Services: Juvenile Services Project (M)	\$550,000	\$400,000	\$300,000
Forensic Access and Engagement Project (D)	\$385,000	\$385,000	\$385,000
Expressive Therapies Project (D)	\$100,000	\$75,000	\$75,000
National Suicide Prevention Line Project (M)	\$9,000	\$11,889	\$20,697
TimelyMD Project	N/A	\$40,000	\$40,000
Student Wellness Center – Middle School (D)	N/A	\$150,000	\$300,000
Stigma and Discrimination Reduction Program			
Mental Health First Aid, safeTALK and Other Community Education Projects (D)	\$113,000	\$113,000	\$113,000
LGBTQIA Community Education Project (D)	\$10,000	\$50,000	\$50,000
Statewide PEI Projects (M)	\$60,000	\$60,000	\$65,000
Outreach for Increasing Recognition of Early Signs of Mental Illness Program			
Community Education and Parenting Classes Project (D)	\$120,000	\$120,000	\$120,000
Peer Partner Project - Youth Advocate (M)	\$95,000	\$95,000	\$95,000
Mentoring for Youth Project (D)	\$75,000	\$75,000	\$75,000
Access and Linkage to Treatment Program			
Community-Based Outreach and Linkage Project/PERT (M)	\$500,000	\$500,000	\$500,000
Veterans Outreach Project (D)	\$150,000	\$150,000	\$150,000
Suicide Prevention Program			
Suicide Prevention and Stigma Reduction Project (D)	\$70,000	\$140,000	\$231,000
Administrative Costs			
PEI Administrative Costs (M)	\$125,000	\$125,000	\$125,000
Total Budget PEI Projects	\$3,418,900	\$3,459,039	\$3,658,247

MHSA Component Budget – INN

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

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Community-Based Engagement and Support Services Project (“Community Hubs”) (D)	\$1,360,320	N/A	N/A
Partnership Between Senior Nutrition and Behavioral Health (D) ⁶	\$450,000	\$450,000	\$450,000
MHSOAC: allcove: A One-Stop Shop for Integrated Youth Mental Health Support (D)	N/A	N/A	N/A
MHSOAC: Innovations to Reduce Criminal Justice Involvement of People with Mental Health Needs (D)	N/A	N/A	N/A
Data Driven Recovery Project – Cohort 2 (MHSOAC Multi-county Collaborative)	N/A	\$0	\$0
INN Administrative Costs (M)	\$5,000	\$20,000	\$20,000
Total Budget INN Projects	\$1,815,320	\$470,000	\$470,000

⁶ The Partnership Between Senior Nutrition and Behavioral Health was not implemented on the timeline anticipated due to the MHSOAC approval in January 2020 and the Public Health Emergency resulting from the Coronavirus pandemic.

MHSA Component Budget – 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 2021/22 will roll over as fund balance into FY 2022/23.

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
WET Coordinator Project (M)	\$25,000	\$35,000	\$35,000
Workforce Development (D)	\$100,000	\$150,000	\$165,000
<i>Staff License and Examination Costs</i>	n/a	n/a	\$15,000
Statewide WET Planning and Community Needs Assessment (M)	\$105,000	\$109,579	\$109,579
<i>OSHPD 5- Year Plan</i>	\$55,000	\$59,579	\$59,579
<i>Community Needs Assessments</i>	\$50,000	\$50,000	\$50,000
WET Administrative Costs (M)	\$5,000	\$5,000	\$5,000
Total Budget WET Projects	\$235,000	\$299,579	\$314,579

MHSA Component Budget – CFTN

MHSA no longer provides funding for CFTN activities. The County has been operating this project through funds previously received and remaining as fund balance, as well as transfers from CSS. The budget includes the \$500,000 transfer from CSS in FY 2017/18 and the \$500,000 transfer from CSS in FY 2018/19.

Although it is unlikely that a suitable location will be identified in FY 2022/23 for the Integrated Community-based Wellness Center Project, the full amount of available funding has been budgeted in the event a location is identified.

Any unspent fund balances remaining at the end of FY 2021/22 will roll over as fund balance into FY 2022/23. CSS funds transferred during and after FY 2017/18 are subject to a 10-year reversion period.

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
Electronic Health Record Project (M)	\$250,000	\$550,000	\$950,000
Telehealth Project (D)	\$75,000	\$75,000	\$75,000
Integrated Community-based Wellness Center Project (D)	\$1,000,000	\$1,000,000	\$1,000,000

Program	FY 2020/21 MHSA Plan Budget	FY 2021/22 MHSA Update Budget	FY 2022/23 MHSA Update Budget
CFTN Administrative Costs (M)	\$20,000	\$25,000	\$125,000
Total Budget CFTN Projects	\$1,345,000	\$1,650,000	\$2,150,000

Reversion Reallocation Expenditure Plan

Assembly Bill (AB) 114 (Chapter 38, Statutes of 2017), which became effective on July 10, 2017, amended certain sections of WIC, 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, were deemed to have been reverted and reallocated to the county of origin for the purposes of which they were originally allocated.

DHCS MHSUDS Information Notice 18-033 outlines the reversion timeframes for each component (i.e., CSS, PEI, and INN funds must be spent within five (5) years of receiving them; WET and CFTN must be spent within 10 years of receiving them).

Additionally, INN projects approved by the MHSOAC prior to July 1, 2017, must spend all funds within three (3) fiscal years of receiving the funds (unless the originally approved INN project had a timeline of less than or greater than three (3) years). INN projects approved by the MHSOAC on or after July 1, 2017 have five (5) fiscal years to spend the funds. Pursuant to SB 70 (2019), INN projects that have been *approved by the MHSOAC* (including INN projects that budget use of AB 114 Reversion funding), the funding will not revert to the State as long as the funds are used within the timeframe in the MHSOAC-approved project.

Primary Fiscal Methodology for AB 114 Expenditures

Fiscal Year 2022/23 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
5. FY 2020/21 Revenues
6. FY 2021/22 Revenues
7. FY 2022/23 Revenues

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

State Notification of AB 114 Reallocated Funds

On August 3, 2020, DHCS provided El Dorado County with a document outlining funds subject to reversion. Funds returned to the County pursuant to AB 114 were required to be utilized by June 30, 2020. However, SB 79 (2019) authorized AB 114 Innovation funds to be applied to Innovation projects that were approved by the MHSOAC by June 30, 2020, rather than requiring the funds to actually be utilized by June 30, 2020. Additionally, AB 81 (2020) extended the reversion date to July 1, 2021. The DHCS August 3, 2020 letter indicates that El Dorado has no funds reverting.

El Dorado County utilized all remaining AB 114 Reallocated Funds in PEI, WET and CFTN (there were no CSS reallocated funds). The only component for which AB 114 reversion funds remain available are the MHSOAC-approved Innovation Projects, and the AB 114 reversion funds may be applied toward the Innovation projects that were approved by the MHSOAC.

Community Program Planning Process and AB 114 Reversion Reallocation

As part of the Community Program Planning Process (CPPP), stakeholders and the community were invited to comment, contribute, and discuss project and program proposals to address the AB 114 Reversion Reallocation, as well as utilization of reverted funds on existing projects. Stakeholders included adults and older adults with severe mental illness; families of children, adults, and older adults with severe mental illness; providers of services; law enforcement agencies; education; social services agencies; veterans; representatives from veterans' organizations; providers of alcohol and drug services; health care organizations; and other important interests.

Innovation Reversion Reallocation Expenditure Plan

Innovation AB 114 Reversion Reallocation funds will be spent using the General Expenditure Methodology identified in this Update on the projects identified in the FY 2020/21-2022/23 MHSOAC Three-Year Program and Expenditure Plan and this Update.

**Appendix A:
Community Program Planning Process (CPPP) Flyers,
Agenda for Meetings, Press Releases and Surveys**

Appendix A includes the Community Program Planning Process (CPPP) agenda, press releases and surveys.



**Mental Health Services Act (MHSA)
Proposition 63 known as the “millionaires tax”
was enacted into law January 1, 2005**

**MHSA
EL DORADO**

Prevention and Early Intervention (PEI)

- Programs provide prevention and early intervention with a focus on education and services for underserved populations to prevent a mental illness from becoming severe and disabling
- 19% of funds

Community Services and Supports (CSS)

- Programs focus on the development of recovery-oriented services for children, youth, adults and older adults with severe emotional disturbance (under age 18) and serious mental illness (age 18+)
- 76% of funds

Innovation (INN)

- The purpose of Innovation is to increase the access and quality of services, with a focus on learning and providing an opportunity to test new approaches that can inform current and future practices
- 5% of funds

Workforce Education and Training (WET)

- Programs and activities for prospective and current employees, contractors, volunteers and peer specialists to improve and build the capacity of the mental health workforce
- Funds transferred from CSS. Not to exceed 20% of funds (of the previous 5 year CSS average)

Capital Facilities and Technological Needs (CFTN)

- Provides support for items necessary to develop an integrated infrastructure and improve the quality and coordination of care
- Funds transferred from CSS. Not to exceed 20% of funds (of the previous 5 year CSS average)

For more information call (530) 621-6340, email mhsa@edcgov.us, or visit our website at <https://www.edcgov.us/mhsa>



Mental Health Services Act (MHSA)

Fiscal Year 2022/23 Annual Update

Virtual Community Meeting

Agenda:

1. Welcome and Introductions
 2. Overview of MHSA Guiding Principles and Practices
 - a. MHSA History
 - b. MHSA Plans/Annual Updates
 - c. MHSA Values
 3. MHSA Budget
 4. MHSA Project Overview
 5. MHSA Component Overview
 - a. Components
 - i. Prevention and Early Intervention/PEI
 - ii. Community Services and Supports/CSS
 - iii. Innovation/INN
 - iv. Workforce Education and Training/WET
 - v. Capital Facilities and Technology/CFTN)
 6. Current Project information
 7. MHSA Recommended Updates
 8. Community Input for current and proposed projects Survey
 - a. English: <https://www.surveymonkey.com/r/MHSA2020-21>
 - b. Spanish: <https://www.surveymonkey.com/r/MHSA2021-22Spanish>
- MHSA email: mhsa@edcgov.us

NEWS RELEASE



El Dorado County
HEALTH & HUMAN SERVICES AGENCY

For Immediate Release: Nov. 30, 2021

CONTACT:
Margaret Williams
(530) 642-7164

COMMUNITY INVITED TO PROVIDE INPUT ON MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FOR FISCAL YEAR 2022/23

(Placerville, CA) - The El Dorado County Health and Human Services Agency, Behavioral Health Division invites the public to provide input on the Fiscal Year 2022-23 Mental Health Services Act (MHSA) Annual Update. Community members can provide input by attending an upcoming community meeting or by submitting an online survey or an email. Currently scheduled meetings will be held virtually via zoom and can be accessed online through the links below or by calling 1-669-900-6833 and entering the Webinar ID and passcode.

Community meetings to receive input for the MHSA Annual Update are scheduled as follows:

- **Thursday, December 9, 2021**, at 4:30 p.m.
<https://tinyurl.com/MHSA-CPPP120921>
Webinar ID: 885 2614 6659
Passcode: 923169
- **Wednesday, December 15, 2021**, at 9:30 a.m.
<https://tinyurl.com/MHSA-CPPP121521>
Webinar ID: 898 0308 6964
Passcode: 267556
- **Monday, December 20, 2021**, at 1:00 p.m.
<https://tinyurl.com/MHSA-CPPP122021>
Webinar ID: 886 4449 7904
Passcode: 842870

California voters passed MHSA (Proposition 63) in November 2004; the law was enacted January 1, 2005. MHSA places a 1% tax on personal incomes over \$1,000,000. Counties receive funds through the State with the goal of transforming the public mental health system into one that is consumer friendly, recovery oriented, accessible, and culturally competent. For copies of the MHSA Plans, please visit:

https://www.edcgov.us/government/mentalhealth/mhsa/pages/mhsa_plans.aspx.

To provide input on the plan via online survey, go to <https://www.surveymonkey.com/r/MHSA22>. Additional input can also be submitted via email to MHSA@edcgov.us or via U.S. Mail to 768

Pleasant Valley Road, Suite 201, Diamond Springs, CA 95619. For more information regarding the MHSA or Community Program Planning Process, please contact Meredith Zanardi at (530) 621-6340.

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NEWS RELEASE



El Dorado County
HEALTH & HUMAN SERVICES AGENCY

For Immediate Release: Nov. 30, 2021

CONTACT:
Margaret Williams
(530) 642-7164

LA COMUNIDAD LO INVITÓ A DAR COMENTARIOS SOBRE LA ACTUALIZACIÓN ANUAL DE LA LEY DE SERVICIOS DE SALUD MENTAL PARA EL AÑO FISCAL 2022/23

(Placerville, CA) - La Agencia de Salud y Servicios Humanos División de Salud Conductual de El Dorado invita al público a dar comentarios sobre la actualización anual de la ley de servicios de salud mental para el año fiscal (MHSA) 2022-23. Los miembros de la comunidad pueden dar comentarios al asistir a la reunión que viene de la comunidad o al presentar una encuesta en línea o por correo electrónico. Las reuniones programadas actualmente serán virtuales por zoom y puede acceder a ellas en línea a través del enlace abajo o llamando al 1-669-900-6833 e ingresando la identificación de webinar y contraseña.

Las reuniones de la comunidad para recibir comentarios sobre la actualización anual de MHSA están programadas así:

- **Jueves 9 de diciembre de 2021 a las 4:30 p. m.**

<https://tinyurl.com/MHSA-CPPP120921>

Identificación de webinar: 885 2614 6659

Contraseña: 923169

- **Miércoles 15 de diciembre de 2021, a las 9:30 a. m.**

<https://tinyurl.com/MHSA-CPPP121521>

Identificación de webinar: 898 0308 6964

Contraseña: 267556

- **Lunes 20 de diciembre de 2021, a la 1:00 p. m.**

<https://tinyurl.com/MHSA-CPPP122021>

Identificación de webinar: 886 4449 7904

Contraseña: 842870

Los votantes de California aprobaron la MHSA (proposición 63) en noviembre de 2004, la ley se promulgó el 1 de enero de 2005. MHSA grava con 1 % de impuesto sobre ingresos personales

superiores a \$1,000,000. Los condados reciben fondos a través del estado con el objetivo de transformar el sistema público de salud mental para que sea con adaptado al consumidor, orientado a la recuperación, asequible y competente culturalmente. Para obtener copias de los Planes de MHSA, visite:

https://www.edcgov.us/government/mentalhealth/mhsa/pages/mhsa_plans.aspx.

Para dar comentarios sobre el plan por encuesta en línea, vaya a

<https://es.surveymonkey.com/r/MHSA22es>. Se pueden enviar comentarios adicionales por correo electrónico a MHSA@edcgov.us o por el correo de EE. UU. a 768 Pleasant Valley Road, Suite 201, Diamond Springs, CA 95619. Para obtener más información sobre MHSA o el proceso de planificación de programas de la comunidad, comuníquese con Meredith Zanardi al (530) 621-6340.

###



**El Dorado County
Mental Health
Services Act (MHSA)
and
Community Program
Planning Process (CPPP)
Training**

for the
**Fiscal Year 2022/2023
Annual Update**

**Health and Human Services Agency
Behavioral Health Division**

What is MHSA?

(Mental Health Services Act)

- Proposition 63 passed by California voters in 2004
- Imposes a 1% tax on personal income above \$1,000,000
- MHSA is designed to develop a public mental health system of care that provides:
 - A focus on wellness, recovery, and resiliency;
 - Cultural and linguistic competency;
 - Consumer and family-driven services, participation, and involvement;
 - Community collaboration and partnerships; and
 - An integrated service experience.

MHSA Three-Year Plan Cycle

Three years in duration:

- Year 1 – Three-Year Plan
- Year 2 – Annual Update
- Year 3 – Annual Update



Months	Activity
July - October 2021	Review prior Three-Year MHSA Plan; continue implementing projects in the Three-Year Plan; develop Community Program Planning Process for the Fiscal Year 2022/23 Annual Update
November/December 2021; January/February 2022	Community Program Planning Process - meet with stakeholders county-wide
February/March/April 2022	Draft Fiscal Year 2022/23 Annual Update and Fiscal Year 2020/21 Outcomes

MHSA Three-Year Plan Cycle

Three years in duration:

- Year 1 – Three-Year Plan
- Year 2 – Annual Update
- Year 3 – Annual Update



Months	Activity
April 2022	Draft Update published for public comments
May 2022	Public Hearing before the Behavioral Health Commission
June 2022	Proposed Update presented to the Board of Supervisors
July 2022	Implement Projects and begin planning for Fiscal Year 2023/26 Three-Year Plan



Mental Health Services Act (MHSA)
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MHSA
EL DORADO

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- Programs provide prevention and early intervention with a focus on education and services for underserved populations to prevent a mental illness from becoming severe and disabling
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- Programs focus on the development of recovery-oriented services for children, youth, adults and older adults with severe emotional disturbance (under age 18) and serious mental illness (age 18+)
- 76% of funds

Innovation (INN)

- The purpose of Innovation is to increase the access and quality of services, with a focus on learning and providing an opportunity to test new approaches that can inform current and future practices
- 5% of funds

Workforce Education and Training (WET)

- Programs and activities for prospective and current employees, contractors, volunteers and peer specialists to improve and build the capacity of the mental health workforce
- Funds transferred from CSS. Not to exceed 20% of funds (of the previous 5 year CSS average)

Capital Facilities and Technological Needs (CFTN)

- Provides support for items necessary to develop an integrated infrastructure and improve the quality and coordination of care
- Funds transferred from CSS. Not to exceed 20% of funds (of the previous 5 year CSS average)

FY 2021-2022 MHSA Revenues

	PEI	CSS	INN	WET	CFTN	TOTAL
Prop 63 (MHSA)	\$(1,615,000)	\$(6,460,000)	\$(425,000)	--	--	\$(8,500,000)
AB 114 Reversion	--	--	\$(470,000)	--	--	\$(470,000)
Federal: PATH and MHBG	--	\$(462,000)	--	--	--	\$(462,000)
Medi-Cal	--	\$(3,800,000)	--	--	--	\$(3,800,000)
Private Insurance / Payors	--	\$(6,000)	--	--	--	\$(6,000)
Misc. Revenue	--	\$(85,000)	--	--	--	\$(85,000)
AB 109 / AOT (Community Corrections Partnership)	--	\$(147,000)	--	--	--	\$(147,000)
Interest	\$(25,000)	(\$35,000)	\$(15,000)	\$(1,000)	\$(8,000)	\$(84,000)
Transfer from CSS	--	\$700,000	--	\$(50,000)	(\$650,000)	\$0
Fund Balance	\$(2,500,000)	\$(7,300,000)	\$(700,000)	\$(250,000)	\$(1,000,000)	\$(11,750,000)
Total Revenues Budgeted	\$(4,140,000)	\$(17,595,000)	\$(1,610,000)	\$(301,000)	\$(1,658,000)	\$(25,304,000)

FY 2021-2022 MHSA Expenditures

	PEI	CSS	INN	WET	CFTN	TOTAL
Budgeted Expenditures from AB 114 Reversion Reallocation	--	--	\$470,000	--	--	\$470,000
Budgeted Expenditures from Fund Balance and New Revenues	\$3,459,039	\$17,305,000	--	\$299,579	\$1,650,000*	\$22,713,618
Total Budgeted FY 2021-22 MHSA Plan Expenditures	\$3,459,039	\$17,305,000	\$470,000	\$299,579	\$1,650,000	\$23,183,618
Anticipated Fund Balance at Fiscal Year End	\$(680,961)	\$(290,000)	\$(1,140,000)	\$(1,421)	\$(8,000)	\$(2,120,382)
Community Program Planning Process Costs (WIC 5892(c))						\$323,000
	Included in the above expenditures, but not to exceed five percent (5%) of the CSS revenues					

Areas of Unmet or Underserved Needs

From the FY 2021/2022 MHSA Annual Update:

- Student mental health needs
- Youth homelessness
- First Responder Mental Health First Aid
- Older adults mental health needs
- Bilingual/bicultural therapists and community partners
- Increased suicide prevention
- Respite provider for families with children
- Impact of COVID-19 on mental health needs
- The importance of the Community Hubs project

Priority Populations

From the FY 2021/2022 MHSA Annual Update:

- Children (including ages 0-5, school-aged children, and foster youth)
- Transitional Age Youth (TAY)
- Veterans
- Hispanic and Latino individuals

Monitoring, Evaluation, Reporting

- Programs are monitored throughout the year by the Quality Assurance / Utilization Review Team and the MHSA Team
 - Program requirements
 - Compliance with data and reporting
 - Client outcomes
 - Contract compliance
- Final program evaluation is completed after the end of the fiscal year
- Program outcomes are reported annually with the Three-Year Plan / Annual Update

FY 2022/2023 Annual Update

MHSA Update Highlights

● Current Projects Updates

- *Mental Health Block Grant (MHBG)* funding has expanded as well as the age group for First Episode Psychosis (FEP)
- *Friendly Visitors* program currently on hold due to lack of provider
 - If the program continues to be supported by community input, a Request For Proposal (RFP) will be developed to find a new provider

MHSA Update Highlights

o Recommended updates

- o Psychiatric Emergency Response Team (PERT)
 - o Current: Sheriff and Behavioral Health (BH) Clinician pair to respond to calls.
 - o Proposed:
 - o BH Clinician and Substance Use Disorders (SUDs) staff paired as the response team
 - o Expand program description to include disaster response
 - o Crisis Residential Treatment (CRT) facility
 - o A non-locked facility to provide support and services to prevent individual from progressing to a higher level of care
 - o Provides more options for in-county placements (keep residents near their communities)
 - o Additional transition for individuals leaving a higher level of care (i.e. Psychiatric Health Facility)
 - o WET Funding for staff license and examination costs
 - o Mental Health Clinicians – Approximately 40 staff (\$120-\$250 per)
 - o Doctors & Nurses – Approximately 5 staff (\$150-\$1000 per)
- *Renewals every two years per staff.

MHSA Programming Ideas

- **Our Healing Forest**

- **SUMMARY:** Non-profit [501(c)(3), located in Camino, CA. Facilities and programs focused on supporting foster youth and resource families through nature connectedness activities, therapies and life skills education. The site is in the preliminary construction phase.
- **POPULATION:** Foster Youth and Resource Families
- **BENEFITS:** Connection to nature can have positive impacts on physical, mental and social aspects
- **FUNDING:** PEI

MHSA Programming Ideas

- **Outdoor Recreation Therapy and/or Nature Therapy**
 - **SUMMARY:** Programming that uses the natural resources around El Dorado County as tools for promoting mental health. Activities administered by Certified Therapeutic Recreation Specialist (CTRS)
 - **POPULATION:** Research would suggest either youth or veterans would be likely populations to benefit most from such a pilot programs
 - **BENEFITS:** Outdoor Recreation has been shown to decrease impacts of PTSD in veterans. Nature Therapy can be linked to improved attention, lower stress, better mood, reduced risk of psychiatric disorders and increased empathy and cooperation.
 - **FUNDING:** PEI, INN or CSS depending on the program structure
 - If supported a Request for Proposal (RFP) would be developed to identify a vendor

MHSA Programming Ideas

- **Peer Support Certification Program**

- **SUMMARY:** California MHSA (CalMHSA) developing a plan to include training, testing and certification of individuals with lived experiences (Peers) as a minimum qualification for individuals working in such a position within county behavioral health.
- **POPULATION:** Mental Health Consumers
- **BENEFITS:** Increased job opportunities, increase support networks
- **FUNDING:** WET and/or CSS

Next Steps

- Receive input from stakeholders
- Analyze input received
- Begin writing Draft Annual Update
- Acknowledge stakeholder input
 - Behavioral Health will provide follow up information regarding how your input has been addressed in the Draft Annual Update
- The *Draft Annual Update* will be posted for 30-day public comment period
- Public Hearing by the Behavioral Health Commission
- Final Annual Update, including substantive comments, will be sent to the Board of Supervisors for consideration, resulting in:
 - Adoption of the Update as written;
 - Adoption of the Update with revisions; or
 - Decline to adopt the Update

Next Steps (continued)

- After the MHSA Annual Update is adopted by the Board of Supervisors:
 - The County Auditor and Behavioral Health Director sign the Plan Certification forms
 - A copy of the Update is forwarded to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and to the California Department of Health Care Services (DHCS)
 - The Behavioral Health Division will begin implementation of the Annual Update
 - Behavioral Health will begin the Community Program Planning Process for the Fiscal Year 2023/26 Three-Year Plan.

And now...

We want to hear from you!

- Please tell us what you think about:
 - *What are the unmet or underserved mental health needs in El Dorado County*
 - *Mental health policy in El Dorado County*
 - *MHSA program planning*
 - *MHSA program implementation*
 - *Program monitoring, evaluation and reporting*
 - *Quality improvement*
 - *Funds budgeted to MHSA programs*

Our contact information is on the next slide.

**Input due
January 15, 2022**

CONTACT US

- Email: MHSA@edcgov.us
- US Mail: MHPA Team
El Dorado County Behavioral Health
768 Pleasant Valley Road, Suite 201
Diamond Springs, CA 95619
- Online Survey:
 - English: <https://www.surveymonkey.com/r/MHSA22>
 - Spanish: <https://es.surveymonkey.com/r/MHSA22es>
- For MHPA updates and links to our Press Release, visit <https://edcgov.us/MentalHealth>



Mental Health Services Act (MHSA) Community Program Planning Process (CPPP) Survey -
Fiscal Year 2022/23

Thank you for taking our survey. Your feedback is important!

California voters passed Proposition 63, the Mental Health Services Act (MHSA), in November 2004 and the MHSA was enacted into law January 1, 2005. The MHSA places a one percent (1%) sales tax on personal incomes in excess of \$1,000,000. The funds are distributed to counties throughout the State.

El Dorado County's Behavioral Health Division needs your feedback about mental health services to develop the Fiscal Year 2022/23 MHSA Annual Update.

You may also email a completed survey to MHSA@edcgov.us

or you may mail a completed survey to:

**El Dorado County Behavioral Health
Attn: MHSA Team
768 Pleasant Valley Rd, Suite 201
Diamond Springs, CA 95619**

Thank you for helping to keep El Dorado resilient!



Mental Health Services Act (MHSA) Community Program Planning Process (CPPP) Survey -
Fiscal Year 2022/23

Questions one (1) through seven (7) are demographic questions that allow us to assess what populations we are reaching and receiving feedback from. This information supports our ongoing efforts as we continue this year's Community Program Planning Process (CPPP) to better identify what additional community groups we need to connect with to better understand the needs of the

County as a whole.

* 1. What area(s) do you represent relative to mental health issues? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Education Provider |
| <input type="checkbox"/> Family of Consumer | <input type="checkbox"/> Mental Health Provider |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Healthcare Provider |
| <input type="checkbox"/> Veteran Organization | <input type="checkbox"/> Substance Use Disorder Provider |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Social Services Agency |
| <input type="checkbox"/> Student | <input type="checkbox"/> General Interest in Mental Health Issues |
| <input type="checkbox"/> Parent of Student | <input type="checkbox"/> Declined to state |
| <input type="checkbox"/> Other (please specify) | |

* 2. Where do you live? (choose only one)

- | | |
|---|---|
| <input type="radio"/> West County (Cameron Park, El Dorado Hills, Rescue, Shingle Springs) | <input type="radio"/> Mid County (Camino, Cedar Grove, Echo Lake, Pollock Pines, Kyburz, Pacific House, Riverton) |
| <input type="radio"/> Placerville Area (Diamond Springs, El Dorado, Placerville, Pleasant Valley) | <input type="radio"/> Tahoe Basin (Meyers, South Lake Tahoe, Tahoma) |
| <input type="radio"/> North County (Coloma, Cool, Lotus, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill) | <input type="radio"/> Out of County, but I work in El Dorado County |
| <input type="radio"/> South County (Fair Play, Grizzly Flats, Mt. Aukum, Somerset) | <input type="radio"/> Declined to state |

* 3. What is your race? (choose only one)

- | | |
|---|---|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> White |
| <input type="radio"/> Asian | <input type="radio"/> Multiracial |
| <input type="radio"/> Black or African American | <input type="radio"/> Declined to state |
| <input type="radio"/> Native Hawaiian or other Pacific Islander | |
| <input type="radio"/> Other race (please specify) | |

* 4. What is your ethnicity? (choose only one)

- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Declined to state
- Other (please specify)

* 5. What is your age? (choose only one)

- 0-15 Years
- 16-24 Years
- 25-59 Years
- 60+ Years
- Declined to state

* 6. What is your military affiliation? (choose all that apply)

	Active Duty	Reservist	Veteran	Does not apply	Decline to State
Service Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent of Service Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child of Service Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 7. What is your gender identity?

- Female
- Male
- Genderqueer/gender nonconforming
- Declined to state
- Different identity (please state)



8. Gender Identity

- Cisgender (gender identity aligns with sex assigned at birth)
- Transgender (gender identity differs from sex assigned at birth)



Mental Health Services Act (MHSA) Community Program Planning Process (CPPP) Survey - Fiscal Year 2022/23

* 9. The Department of Health Care Services (DHCS) defines seven (7) negative outcomes of untreated mental illness.

In your opinion, what are the most negative outcomes in El Dorado County? (select 3)

- Prolonged suffering
- School failure or dropout
- Removal of children from their homes
- Incarceration
- Unemployment
- Suicide
- Homelessness

* 10. In your opinion, what groups of people are in the greatest need of additional support by the current MHSA projects in El Dorado County? (Select 3)

- | | |
|--|--|
| <input type="checkbox"/> Children 0-5 | <input type="checkbox"/> Parents / Family Members |
| <input type="checkbox"/> School Age Children | <input type="checkbox"/> Justice- Involved on Probation or Parole |
| <input type="checkbox"/> TAY (ages 16- 25) | <input type="checkbox"/> Homeless/At Risk of Homelessness |
| <input type="checkbox"/> Adults | <input type="checkbox"/> BICOP (black, Indigenous and people of color) |
| <input type="checkbox"/> Older Adults (ages 60+) | <input type="checkbox"/> Persons with Mental Health Needs (Consumers) |
| <input type="checkbox"/> LGBTQIA | <input type="checkbox"/> Other |



Mental Health Services Act (MHSA) Community Program Planning Process (CPPP) Survey -
Fiscal Year 2022/23

11. What other groups, not previously mentioned, do you recognize are in need of support in El Dorado County through MHSA funds?



Mental Health Services Act (MHSA) Community Program Planning Process (CPPP) Survey -
Fiscal Year 2022/23

* 12. What concerns do you continue to have, or have started to experience since the declaration of the Public Health Emergency due to the Coronavirus? (Note: All concerns cannot necessarily be addressed with MHSA programs.)

- | | |
|---|---|
| <input type="checkbox"/> Financial Stress | <input type="checkbox"/> Distance Learning Issues |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Physical Health Issues |
| <input type="checkbox"/> Childcare Challenges | <input type="checkbox"/> Substance Use |
| <input type="checkbox"/> Isolation | <input type="checkbox"/> Education Challenges |
| <input type="checkbox"/> Other (please specify) | |

* 13. What areas do you continue to be impacted by the Caldor Fire as El Dorado County continues its recovery efforts?

Finding Housing

Financial Impact

Mental Health issues

Navigating State and Federal Support

Job assistance

Other (please specify)

14. To what extent do the following barriers create challenges for individuals and family member(s) with mental health issues to access mental health services?

	Very Challenging	Somewhat Challenging	No added challenge
Appointment availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication between providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Embarrassed to ask for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did not want help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of services did not match needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provider changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources (e.g. financial)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services not in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services not culturally appropriate (e.g. not in my language)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stigma around mental health illness in their community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slow response time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other barriers not previously mentioned

15. MHSA funds INNOVATIVE SERVICES to improve and transform our county mental health system. The goal of the Innovations program is to contribute to learning and improving our system in three ways: (a) introduce new mental health practices & approaches that have never been done before, (b) make a change to an existing mental health service, and (c) introduce a new community-driven approach that has been successful in a non-mental health setting.

Please list innovative ideas which help improve mental health services.

16. What other information would you like to provide to support our final annual update to the FY 20-23 MHSA Three-Year Plan.



Encuesta sobre el Proceso de planificación de programas comunitarios (CPPP) de la Mental Health Services Act (Ley de servicios de salud me

Gracias por responder a nuestra encuesta. ¡Sus comentarios son importantes!

Los votantes de California aprobaron la Proposición 63, la Mental Health Services Act (MHSA), en noviembre de 2004 y la MHSA se convirtió en ley el 1 de enero de 2005. La MHSA establece un impuesto sobre las ventas del uno por ciento (1%) sobre los ingresos personales que superen los \$1,000,000. Los fondos se distribuyen a los condados de todo el estado.

La División de Salud Conductual del condado de El Dorado (Dorado County's Behavioral Health Division) necesita sus comentarios sobre los servicios de salud mental para hacer la actualización anual de la MHSA del año fiscal 2022/23.

También puede enviar una encuesta completa por email a MHSA@edcgov.us o puede enviar por correo una encuesta completa a:

El Dorado County Behavioral Health Attn: MHSA Team

768 Pleasant Valley Rd, Suite 201 Diamond Springs, CA 95619

¡Gracias por ayudar a mantener fuerte a El Dorado!



Encuesta sobre el Proceso de planificación de programas comunitarios (CPPP) de la Mental Health Services Act (Ley de servicios de salud me

Las preguntas uno (1) a la siete (7) son preguntas demográficas que nos permiten evaluar a qué poblaciones estamos llegando y de las que estamos recibiendo comentarios. Esta información respalda nuestros esfuerzos continuos a medida que continuamos el Proceso de planificación de programas comunitarios (Community Program Planning Process, CPPP) de este año para identificar mejor con qué otros grupos de la comunidad necesitamos conectarnos para comprender mejor las necesidades del condado en su conjunto.

* 1. ¿Qué áreas representa usted en los problemas de salud mental? (Marque todas las opciones que correspondan)

- | | |
|--|---|
| <input type="checkbox"/> Consumidor | <input type="checkbox"/> Proveedor de educación |
| <input type="checkbox"/> Familia de consumidor | <input type="checkbox"/> Proveedor de salud mental |
| <input type="checkbox"/> Veterano | <input type="checkbox"/> Proveedor de atención médica |
| <input type="checkbox"/> Organización de veteranos | <input type="checkbox"/> Proveedor de servicios para trastornos por consumo de sustancias |
| <input type="checkbox"/> Cumplimiento de la ley | <input type="checkbox"/> Agencia de servicios sociales |
| <input type="checkbox"/> Estudiante | <input type="checkbox"/> Interés general en cuestiones de salud mental |
| <input type="checkbox"/> Padre de estudiante | <input type="checkbox"/> Se niega a responder |
| <input type="checkbox"/> Otra (especifique) | |

* 2. ¿Dónde vive? (elija solo una opción)

- | | |
|--|--|
| <input type="radio"/> Oeste del condado (Cameron Park, El Dorado Hills, Rescue, Shingle Springs) | <input type="radio"/> Condado medio (Camino, Cedar Grove, Echo Lake, Pollock Pines, Kyburz, Pacific House, Riverton) |
| <input type="radio"/> Área de Placerville (Diamond Springs, El Dorado, Placerville, Pleasant Valley) | <input type="radio"/> Cuenca de Tahoe (Meyers, South Lake Tahoe, Tahoma) |
| <input type="radio"/> Norte del condado (Coloma, Cool, Lotus, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill) | <input type="radio"/> Fuera del condado, pero trabajo en el condado de El Dorado |
| <input type="radio"/> Sur del condado (Fair Play, Grizzly Flats, Mt. Aukum, Somerset) | <input type="radio"/> Se niega a responder |

* 3. ¿Cuál es su raza? (elija solo una opción)

- | | |
|--|--|
| <input type="radio"/> Nativa americana o nativa de Alaska | <input type="radio"/> Blanca |
| <input type="radio"/> Asiática | <input type="radio"/> Multirracial |
| <input type="radio"/> Negra o afroamericana | <input type="radio"/> Se niega a responder |
| <input type="radio"/> Nativa de Hawái u otra isla del Pacífico | |
| <input type="radio"/> Otra raza (especifique) | |

* 4. ¿Cuál es su origen étnico? (elija solo una opción)

- Hispano o latino
- No hispano ni latino
- Se niega a responder
- Otro (especifique)

* 5. ¿Qué edad tiene? (elija solo una opción)

- 0-15 años
- 16-24 años
- 25-59 años
- 60+ años
- Se niega a responder

* 6. ¿Cuál es su afiliación militar? (elija todas las opciones que correspondan)

	Servicio activo	Reservista	Veterano	No se aplica	Se niega a responder
Miembro en servicio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Padre de un miembro en servicio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hijo de miembro en servicio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 7. ¿Cuál es su identidad de género?

- Femenino
- Masculino
- Genderqueer/género no conforme
- Se niega a responder
- Identidad diferente (indique)



Encuesta sobre el Proceso de planificación de programas comunitarios (CPPP) de la Mental Health Services Act (Ley de servicios de salud me

8. Identidad de género

- Cisgénero (la identidad de género coincide con el sexo asignado al nacer)
- Transgénero (la identidad de género difiere del sexo asignado al nacer)



Encuesta sobre el Proceso de planificación de programas comunitarios (CPPP) de la Mental Health Services Act (Ley de servicios de salud me

* 9. El Departamento de Servicios de Atención Médica (Department of Health Care Services, DHCS) define siete (7) resultados negativos de enfermedades mentales no tratadas.

En su opinión, ¿cuáles son los resultados más negativos en el condado de El Dorado? (elija 3)

- Sufrimiento prolongado
- Fracaso escolar o deserción escolar
- Remoción de niños de sus casas
- Encarcelamiento
- Desempleo
- Suicidio
- Falta de vivienda

* 10. En su opinión, ¿qué grupos de personas tienen mayor necesidad de apoyo adicional de los proyectos actuales de la MHSA en el condado de El Dorado? (Elija 3)

- | | |
|---|--|
| <input type="checkbox"/> Niños de 0 a 5 años | <input type="checkbox"/> Padres/familiares |
| <input type="checkbox"/> Niños en edad escolar | <input type="checkbox"/> Justicia - Involucrado en libertad condicional o bajo palabra |
| <input type="checkbox"/> Jóvenes en edad de transición (TAY), de 16 a 25 años | <input type="checkbox"/> Personas sin vivienda/en riesgo de quedarse sin vivienda |
| <input type="checkbox"/> Adultos | <input type="checkbox"/> Personas negras, indígenas y de color (BIPOC) |
| <input type="checkbox"/> Adultos mayores (mayores de 60 años) | <input type="checkbox"/> Personas con necesidades de salud mental (consumidores) |
| <input type="checkbox"/> LGBTQIA | <input type="checkbox"/> Otros |



Encuesta sobre el Proceso de planificación de programas comunitarios (CPPP) de la Mental Health Services Act (Ley de servicios de salud me

11. ¿Qué otros grupos, no mencionados antes, reconoce que necesitan apoyo en el condado de El Dorado mediante fondos de la MHSA?



Encuesta sobre el Proceso de planificación de programas comunitarios (CPPP) de la Mental Health Services Act (Ley de servicios de salud me

* 12. ¿Qué preocupaciones sigue teniendo, o empezó a tener, desde la declaración de Emergencia de Salud Pública por el coronavirus? (Nota: Todas las preocupaciones no pueden tratarse necesariamente con los programas de la MHSA).

- | | |
|---|---|
| <input type="checkbox"/> Estrés financiero | <input type="checkbox"/> Problemas de aprendizaje a distancia |
| <input type="checkbox"/> Problemas de salud mental | <input type="checkbox"/> Problemas de salud física |
| <input type="checkbox"/> Retos del cuidado infantil | <input type="checkbox"/> Consumo de sustancias |
| <input type="checkbox"/> Aislamiento | <input type="checkbox"/> Retos de educación |
| <input type="checkbox"/> Otras (especifique) | |

* 13. ¿Qué áreas continúan siendo afectadas por el incendio de Caldor mientras el condado de El Dorado continúa con sus esfuerzos de recuperación?

- | | |
|--|---|
| <input type="checkbox"/> Encontrar vivienda | <input type="checkbox"/> Impacto financiero |
| <input type="checkbox"/> Problemas de salud mental | <input type="checkbox"/> Navegando por el apoyo estatal y federal |
| <input type="checkbox"/> Asistencia con el trabajo | |
| <input type="checkbox"/> Otras (especifique) | |

14. ¿En qué medida las siguientes barreras crean retos para que las personas y los familiares con problemas de salud mental accedan a los servicios de salud mental?

	Very Challenging	Somewhat Challenging	No added challenge
Disponibilidad de citas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comunicación entre proveedores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sentirse avergonzado por pedir ayuda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No quería ayuda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preocupaciones legales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El nivel de servicios no se correspondía con las necesidades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No tener seguro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cambios de proveedores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recursos (p. ej., financieros)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preocupaciones por la seguridad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Los servicios no están en mi comunidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios que no son culturalmente apropiados (p. ej., no están en mi idioma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Estigma alrededor de las enfermedades mentales en su comunidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tiempo de respuesta lento	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transporte	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Otras barreras no mencionadas antes

15. La MHSA financia SERVICIOS INNOVADORES para mejorar y transformar el sistema de salud mental de nuestro condado. El objetivo del programa Innovations (Innovaciones) es contribuir al aprendizaje y la mejora de nuestro sistema de tres maneras: (a) introducir nuevas prácticas y enfoques de salud mental que nunca se han hecho antes, (b) cambiar un servicio de salud mental actual, y (c) introducir un nuevo enfoque impulsado por la comunidad que haya tenido éxito en un entorno no asociado a la salud mental.

Indique ideas innovadoras que ayuden a mejorar los servicios de salud mental.

16. ¿Qué otra información le gustaría dar para respaldar nuestra actualización anual final del plan de tres años de la MHSA para el año fiscal 20-23?