Supporting You On Your Path
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Mono County Behavioral Health

Mental Health Services Act (MHSA)

FY 2022-2023 Annual Update

Mid-Year Revision with New Innovation Plan

Posted for Public Comment September 16, 2022

Including the following Supplemental Reports:
Prevention and Early Intervention Evaluation Report
(Aggregated Data)
Annual Innovative Project Reports

WELLNESS • RECOVERY • RESILIENCE

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EXECUTIVE SUMMARY

Welcome! Our Mental Health Services Act (MHSA) Annual Update is here to provide you, our community members, with information about the incredible programming that Mono County Behavioral Health (MCBH) is able to provide thanks to our MHSA funding.

The MHSA is a one percent tax on millionaires in California and funds programs in five different categories: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CF/TN). Through each of these categories, MCBH is able to meet different community needs that are identified as part of our Community Program Planning Process.

MCBH is proud to present its fiscal year 2022-2023 Annual Update, which provides a progress report of MHSA activities for the 2021-2022 fiscal year and an overview of current or proposed MHSA programs planned and/or underway for the 2022-2023 fiscal year. This report will also provide you with specific data and information about our PEI and our Innovation programs.

A note about COVID-19, staffing, and racial equity:

Spring 2020 brought many changes for MCBH and our communities. In response to the COVID-19 pandemic, MCBH made a number of quick pivots in its MHSA programs, staffing, and ways of delivering services. While some programs and activities have returned to their "pre-COVID normal," others have not. For example, as of February 2022, MCBH was still providing the majority of its clinical services via telehealth. For many clients, this change in service delivery had a positive effect – allowing them to attend sessions without traveling or facing the stigma associated with walking into a County facility. In other cases, individuals (especially youth) didn't have a private place to talk or missed the connection gained from face-to-face contact. Despite going through the stressors of the pandemic themselves, MCBH staff have done a remarkable job of linking clients to community resources and providing quality services and programs.

Finally, in these divided times, MCBH has prioritized justice, equity, diversity, and inclusion within its department, including the creation of a Racial Equity Committee, participation in implicit bias trainings, and the integration of a set of core values designed to promote a more equitable team. Thank you for taking the time to read our plan, and we hope that you provide us with feedback on our work!

Resumen Ejecutivo

¡Bienvenidos! Nuestro Actualización Anual de la Ley de Servicios de Salud Mental (MHSA) está aquí para brindarles a ustedes, los miembros de nuestra comunidad, información sobre la increíble programación que Mono County Behavioral Health (MCBH) puede brindar gracias a nuestros fondos de MHSA.

El MHSA es un impuesto del uno por ciento sobre los millonarios en California y financia programas en cinco categorías diferentes: Servicios y Apoyos Comunitarios (CSS), Prevención e Intervención Temprana (PEI), Innovación (INN), Educación y Capacitación Laboral (WET) y Capital Instalaciones y Necesidades Tecnológicas (CF / TN). A través de cada una de estas categorías, MCBH puede satisfacer diferentes necesidades de la comunidad que se identifican como parte de nuestro proceso de Planificación del Programa Comunitario.

Especialmente después de un año tan desafiante, MCBH se enorgullece de presentar su Plan Trienal 2020-2023 combinado y la Actualización Anual 2022-2023, que proporciona un informe de progreso de las actividades de la MHSA para el Año Fiscal 2021-2022 y una descripción general de las actividades actuales o propuestas. Programas MHSA planificados y / o en curso para los Años Fiscales 2022-2023. Este informe también le proporcionará datos e información específicos sobre nuestro PEI y nuestros programas de Innovación.

Una nota sobre COVID-19, personal y equidad racial:

La primavera de 2020 trajo muchos cambios para MCBH y nuestras comunidades. En respuesta a la pandemia de COVID-19, MCBH realizó una serie de cambios rápidos en sus programas, personal y formas de brindar servicios de la MHSA. Si bien algunos programas y actividades han vuelto a su "normalidad anterior a COVID", otros no. Por ejemplo, en febrero de 2022, MCBH aún brindaba la mayoría de sus servicios clínicos a través de telesalud. Para muchos clientes, este cambio en la prestación de servicios tuvo un efecto positivo, ya que les permitió asistir a las sesiones sin viajar ni enfrentar el estigma asociado con ingresar a una instalación del condado. En otros casos, las personas (especialmente los jóvenes) no tenían un lugar privado para hablar o se perdían de la conexión que se obtenía del contacto cara a cara. A pesar de pasar por los factores estresantes de la pandemia, el personal de MCBH ha hecho un trabajo notable al vincular a los clientes con los recursos de la comunidad y brindar servicios y programas de calidad.

Finalmente, en estos tiempos divididos, MCBH ha priorizado la justicia, la equidad, la diversidad y la inclusión dentro de su departamento, incluida la creación de un Comité de Equidad Racial, la participación en capacitaciones sobre prejuicios implícitos y la integración de un conjunto de valores fundamentales diseñados para promover un equipo más equitativo. ¡Gracias por tomarse el tiempo de leer nuestro plan y esperamos que nos brinde comentarios sobre nuestro trabajo!

Si está leyendo este resumen en español y está interesado en obtener más información sobre nuestro plan, llame al 760-924-1740 para programar una cita para hablar con el personal de MHSA de habla hispana.

MHSA COUNTY FISCAL ACCOUNTABILITY & PROGRAM CERTIFICATIONS ANNUAL UPDATE FY 22-23 (ORIGINAL)

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: __Mono_____

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

Local Mental Health Director	County Auditor-Controller
Name: Robin K. Roberts Telephone Number: 760-924-1740 Email: rroberts@mono.ca.gov	Name: Janet Dutcher Telephone Number: 760-932-5494 Email: jdutcher@mono.ca.gov
Local Mental Health Mailing Address: Mono County Behavioral Health PO Box 2619 / 1290 Tavern Road Mammoth Lakes, CA 93546	

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 plan/update/revenue and expenditure report is true and correct to the best of my knowledge.

Robin K. Roberts — Robin Roberts (Feb 4, 2022 15:55 PST) — Feb 4, 2022

Local Mental Health Director (PRINT) | Signature | Date

I hereby certify that for the fiscal year ended June 30, 2020, 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, 2020. I further certify that for the fiscal year ended June 30, 2021, 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.

Janet Dutcher — Janet Dutcher — Feb 8, 2022

County Auditor Controller (PRINT) | Signature | Date

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

MHSA COUNTY PROGRAM CERTIFICATION

MHSA COUNTY PROGRAM CERTIFICATION[1]

County/City: __Mono_____ ☐ Three-Year Program and Expenditure Plan

X Annual Update

☐ Annual Revenue and Expenditure Report

Local Mental Health Director	**Program Lead**
Name: Robin K. Roberts Telephone Number: 760-924-1740 Email: rroberts@mono.ca.gov	Name: Amanda Greenberg Telephone Number: 760-924-1754 Email: agreenberg@mono.ca.gov
Local Mental Health Mailing Address: Mono County Behavioral Health PO Box 2619 / 1290 Tavern Road Mammoth Lakes, CA 93546	

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 and/or Annual Update, including stakeholder participation and nonsupplantation requirements.

The Three-Year Program and Expenditure Plan and/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 and/or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on June 14, 2022.

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 Three-Year Program and Expenditure Plan and/or Annual Update are true and correct.

_Robin K. Roberts_____ _____ _6/15/21_____

Local Mental Health Director (PRINT) Signature Date

MHSA COUNTY FISCAL ACCOUNTABILITY & PROGRAM CERTIFICATIONS ANNUAL UPDATE FY 22-23 (MID-YEAR)

**To be completed following BOS Review

BOARD OF SUPERVISORS APPROVAL (ORIGINAL)

To view the presentation and further information about this Annual Update by the Mono County Board of Supervisors on June 14, 2022, please visit the following link:

- https://www.monocounty.ca.gov/bos/page/board-supervisors-154

BOARD OF SUPERVISORS
COUNTY OF MONO
P.O. BOX 715, BRIDGEPORT, CA 93517

Scheereen Dedman
760-932-5538
sdedman@mono.ca.gov
Clerk of the Board

Queenie Barnard
760-932-5534
qbarnard@mono.ca.gov
Assistant Clerk of the Board

REGULAR MEETING of June 14, 2022

MINUTE ORDER
M22-120
Agenda Item 7C.

TO: Behavioral Health

SUBJECT: Mental Health Services Act FY 22-23 Annual Update

ACTION: (1) Received staff presentation on Annual Update; (2) reviewed and approved Annual Update.

Corless motion. Kreitz seconded.
Vote: 4 yes, 0 no,
M22-120

BOARD OF SUPERVISORS APPROVAL (MID-YEAR)

**To be completed following BOS Review

MONO COUNTY SNAPSHOT & CAPACITY OVERVIEW

Mono County is a frontier county, bordering the state of Nevada to the north and east and the Sierra Nevada Mountains to the west. Other than Mammoth Lakes, with a year-round population of 8,000, the remainder of the county consists of small communities ranging in population from less than 300 to about 1,200 people. The northern part of the county includes the small towns of Topaz, Walker, and Coleville. Bridgeport, the county seat, is 35 miles south of these three small communities. The central part of the county includes the communities of Lee Vining, June Lake, Crowley Lake, the Wheeler Crest communities, and Mammoth Lakes. In the southeast sector lie Benton and Chalfant.

According to 2020 Census statistics, the total population of Mono County is 14,444, a slight increase since the 2010 Census. Other than Mammoth Lakes, which has a year-round population of approximately 8,000, the remainder of the county consists of small communities ranging in population from less than 300 to about 1,200 people. To illustrate the vastness of the county, there are approximately 4.6 people per square mile.

The ethnic distribution of Mono County is 27.6 percent Hispanic/Latinx 2.9 percent American Indian and Alaska Native, 0.8 percent Black or African American, 1.8 percent Asian, 0.8 percent Native Hawaiian/Other Pacific Islander/Other/Unknown, and 65.3 percent Caucasian. The county is comprised of 46.9% percent female residents and 53.1% percent male residents.

Mono County has one threshold language: Spanish. Per MCBH's Cultural and Linguistic Competence Plan and other related policies and procedures, the Department ensures that services are available in Spanish and that flyers and community materials are provided in Spanish as well. As is evident in the assessment of current capacity below, MCBH has a diverse staff with approximately 45 percent bilingual English-Spanish speakers.

Mono County defines its underserved populations based on 9 CCR § 3200.300. "Underserved" means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services.

Mono County defines its unserved populations based on 9 CCR § 3200.310. "Unserved" means those individuals who may have serious mental illness and/or serious emotional disturbance and

are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.

Mono County's inhabited areas range in altitude from 5,000 to 8,500 feet; winters can be long and harsh with occasional road closures. Residents primarily earn their livelihoods through government service and retail trades related to tourism and agriculture. Due to the dependance on tourism, Mono County's small business owners were especially hard hit by COVID-19. For median household income, the U.S. Census lists median household income for time period 2015-2020 in Mono County at $75,235. In comparison, the statewide average for this same time period is listed at $77,358. Thus, this data indicates that Mono County's median household income is, on average, $2,123 less than the statewide average. The U.S. census for the same time periods indicated above list that 11.5 percent of Mono County residents live in poverty. The median value of owner-occupied housing units is $505,000. Schools are located in Coleville, Bridgeport, Lee Vining, Benton, and Mammoth Lakes, each school is approximately 25-45 miles from the next. Mono County has three school districts: Mammoth Unified School District (MUSD), Eastern Sierra Unified School District (ESUSD), and Mono County Office of Education (MCOE).

Several of Mono County's communities are year-round resorts and include multi-million-dollar homes belonging to second homeowners. However, many year-round residents struggle to make ends meet, often holding more than one job. Additionally, the Mammoth Lakes tourist-related businesses, such as the ski area, promulgate a resort atmosphere that normalizes excessive alcohol consumption.

Assessment of Current Capacity/Workforce Needs Assessment

Part of Mono County Behavioral Health's (MCBH's) mission is to bring together representatives from Mono County communities and ask these representatives to take a leadership role in identifying and resolving community health needs. In this assessment of current capacity, MCBH will examine current capacity within its department, as well as capacity of key community partners that also promote health and wellness. As will be outlined in this report, MCBH has a number of successful programs ranging from its Full Service Partnership program to its Community Engagement programs that target underserved populations. Programs from previous years that are being continued or expanded in this Annual Update take into account the department's current and future capacity. Where necessary, the report outlines where additional capacity will need to be developed to meet programmatic goals and community needs.

Please see Capacity Table 1 below for an overview of staffing planned for FY 22-23. As of the writing of this report (Spring 2022), is nearly fully staffed but is still seeking additional staff in order to be able to fully implement the MHSA programs that are outlined in this plan.

In FY 21-22, MCBH continued its process of moving toward racial equity by creating a Racial Equity Committee that will institutionalize the work the team did through a series of workshops led by Dr. Jei Africa. This process has helped lead team members to a greater understanding of such concepts as white fragility, systemic racism, and implicit bias. As MCBH becomes a leader in this work internally, staff are being called to participate in the County-wide Justice, Equity, Diversity,

and Inclusion Committee and is using the Cultural Outreach Committee to move the needle forward among community partners.

Approximately 38% of the Department's staff are bilingual (English/Spanish) and 38% identify as Latinx. MCBH believes that its ability to provide services across our programs is greatly enhanced if we have bilingual/bicultural staff. This is especially true for licensed staff and interns. In FY 20-21 and FY 21-22, MCBH hired individuals of other backgrounds and ethnicities as well as members of the LGBTQ+ community and clients/family members. The Department's current staffing, as well as its dedication to hiring diverse and bilingual staff are both major strengths in terms of meeting the needs of racially and ethnically diverse populations.

In addition to offering a preference to Spanish speaking employees, MCBH is dedicated to supporting the growth and professional development of existing staff, especially bilingual staff, interested in pursuing degrees and/or licensure – an important component of our WET program. MCBH currently helps promote this effort through financial incentive programs in an effort to "grow our own." MCBH has a remarkably high Hispanic penetration rate, (almost 30 percent are Latino/Hispanic) and the department believes that its dedication to hiring bilingual/bicultural staff is one of the reasons for this achievement. For penetration rate data and count of Medi-Cal beneficiaries served, including Mono County's Hispanic penetration rate, please see Appendix A. For more information on how MCBH is serving our underserved communities, our cultural and linguistic competence plan provides a great deal of information.

As indicated in the table below, MCBH considers all its positions difficult to recruit and retain including but not limited to: Director, Clinical Supervisor, Program Manager, Staff Services Analyst, Case Manager, Wellness Center Associate, Substance Use Disorder (SUD) Supervisor, Accountant, Behavioral Health Services Coordinator, Psychiatric Specialist, SUD Counselor, Fiscal & Technical Specialist, Quality Assurance Coordinator, Medical Director, and Psychiatrist.

Mono County is a small, rural county that is isolated in the Sierra Nevada Mountains; additionally, the county is often not able to offer wages for these positions that are competitive with larger counties or private organizations. Finally, due to stressors typical to a rural environment (isolation, lack of resources, limited transportation), the need for services in hard-to-serve outlying areas continues to be a challenge. MCBH counters this challenge by offering such programs as its Financial Incentive Program.

Approximately half of MCBH's staff report that they are a current or former consumer of mental health or substance use services and/or a family member of a current or former consumer of mental health or substance use services. When hiring, priority is given to consumers and family members of consumers for all positions. "Lived experience" is essential to informing all of MCBH's work.

To examine capacity within the community, MCBH also listed partner agencies, organizations, and coalitions (see Capacity Tables 2-3 below). In some cases, the relationships between MCBH and the partner are strong and in other cases the relationships could be strengthened. In hiring additional staff, MCBH hopes to increase the department's ability to bridge the gap in some of

these relationships. The agencies in each of these tables strive to meet the needs of racially and ethnically diverse populations in Mono County by hiring native Spanish speakers, offering interpretation services, reaching out to geographically isolated areas, hiring individuals with lived experience, and developing programs and trainings that specifically target the inclusion of diverse populations.

One of the coalitions with the most capacity is the Behavioral Health Advisory Board, which is comprised of representatives from Mammoth Lakes Police Department, the Mono County Sheriff's Office, and local non-profit organizations. It also includes two clients/family members of clients and one County Supervisor (though she is not representing the Board). This committee is involved in MCBH's program planning and includes a wide range of community partners.

In Fall 2018 MCBH participated in the OSHPD (now HCAI) Workforce Needs Assessment Survey that informed the 2020-2025 WET Five-Year Plan Process.

The 2020-2025 WET Five-Year Plan may be found:

- https://hcai.ca.gov/wp-content/uploads/2020/10/WETFive-YearPlan.pdf

Planned Staffing for FY 2022-2023

Position	Category	FTE	Language(s)	Difficult to Recruit/Retain	Priority to Client/Family Member
Director	Managerial/Supervisory Licensed Mental Health Staff	1	English	Y	Y
Staff Services Analyst III	Managerial/Supervisory	1	English Spanish	Y	Y
Program Manager	Managerial/Supervisory	.8	English	Y	Y
Staff Services Analyst III (Wellness Centers)	Managerial/Supervisory	1	English	Y	Y
SUD Supervisor	Managerial/Supervisory SUD Personnel	1	English	Y	Y
Clinical Supervisor	Managerial/Supervisory Licensed Mental Health Staff	1	English Spanish	Y	Y
Psychiatric Specialist III	Managerial/Supervisory Licensed Mental Health Staff	1	This position is vacant	Y	Y
Psychiatric Specialist I	Mental Health Staff	1	English	Y	Y
Psychiatric Specialist II (Spanish-speaking)	Mental Health Staff	1	This position is vacant	Y	Y
Psychiatric Specialist I	Mental Health Staff	.8	English	Y	Y

Behavioral Health Services Coordinator II	Mental Health Staff	1	English Spanish	Y	Y
Behavioral Health Services Coordinator I	Mental Health Staff	1	English	Y	Y
Case Manager III (Telepsychiatry Coordinator)	Mental Health Staff	1	English Spanish	Y	Y
Behavioral Health Services Coordinator III	Mental Health Staff	1	English Spanish	Y	Y
Case Manager III	Mental Health Staff	1	English Spanish	Y	Y
SUD Counselor III	SUD Personnel	1	English	Y	Y
SUD Counselor III	SUD Personnel	1	This position is vacant	Y	Y
Wellness Center Associate (Mammoth/Benton)	Mental Health Staff	.25	This position is vacant	Y	Y
Case Manager III (Walker)	Mental Health Staff	.8	English	Y	Y
Case Manager III (Bridgeport)	Mental Health Staff	1	This position is vacant	Y	Y
Wellness Center Associate (Walker)	Mental Health Staff	.25	English	Y	Y

Wellness Center Associate (Mammoth: Yoga)	Mental Health Staff	.1	English	Y	Y
Wellness Center Associate (Bridgeport)	Mental Health Staff	.45	English	Y	Y
Wellness Center Associate (Mammoth)	Mental Health Staff	.1	English	Y	Y
Fiscal Technical Specialist IV	Support Staff	1	English Spanish	Y	Y
Fiscal Technical Specialist III	Support Staff	1	English Spanish	Y	Y
Fiscal Technical Specialist III	Support Staff	1	English Spanish	Y	Y
QA/QI Coordinator III	Other Health Care Professional	1	English	Y	Y
Staff Services Analyst II (Data)	Support Staff	1	English	Y	Y
QA/QI Coordinator II (SUD)	Support Staff	1	English Spanish	Y	Y
Accountant II/Staff Services Manager	Support Staff/ Managerial/Supervisory	1	English	Y	Y
Psychiatry via Telemedicine (contract with North American	Licensed Mental Health Staff	.25	English	Y	Y

Medical Services (NAMHS))					
Physician's Assistant for Psychiatry via Telemedicine (contract with NAMHS)	Other Health Care Professional	.1	English	Y	Y
Therapy via Telemedicine (contract with NAMHS)	Licensed Mental Health Staff	.3	English	Y	Y
Public Health Officer/Medical Director	Other Health Care Professional	.25	English	Y	Y

*Please also see MCBH's Cultural Competence Plan for additional information on current staffing and MCBH's justice, equity, diversity, and inclusion efforts.

Additional information as required by 9 CCR § 3830 (Partial – to be fully completed per the five-year timeline in upcoming Three-Year Plan)

- Estimate of the number of additional positions needed: See vacant positions in table above
- Estimate of the number of positions the County determines to be hard-to-fill or for which it is hard to retain staff: All positions
- Estimate of the number of positions for which recruitment priority is given to clients and/or family members of clients: All positions
- Languages in which staff proficiency is required to ensure access to and quality of public mental health services for individuals whose primary language is not English: Spanish
- The number of staff who are proficient in Spanish: See table above

Capacity Table 2. Mono County Agencies

Agency	Purpose/Mission	Who is served?
Mono County Public Health	"The Public Health Department provides services that support the health and safety of Mono County residents including immunizations, HIV and other sexually transmitted diseases programs, communicable disease prevention and surveillance, tuberculosis program, health promotion, emergency preparedness, California Children's Services (CCS), Child Health and Disability Prevention Program (CHDP), Women Infant and Children (WIC), services for women and children, safety programs and much more."	Mono County residents
Mono County Social Services	"Our mission is to serve, aid, and protect needy and vulnerable children and adults residing in Mono County in ways that strengthen and preserve families, encourage personal responsibility, and foster independence."	Needy and vulnerable children and adults
Mono County Office of Education	"*Mono County Office of Education is committed to serving students, schools and communities by providing and supporting exemplary educational programs in a professional and fiscally-sound manner in order to foster healthy and productive individuals."*	Mono County students, schools, and communities
Mono County District Attorney	"The Mono County Office of the District Attorney promotes and protects the public peace and safety of Mono County, California."	Mono County community
Mono County Sheriff	"The Mono County Sheriff's Office is committed to providing the highest level of professional law enforcement services to enhance the quality of life for the citizens and visitors of Mono County."	Mono County residents and guests
Mammoth Lakes Police Department	"The Mammoth Lakes Police Department's mission is to provide quality law enforcement services, while building partnerships to prevent crime, maintain public trust and enhance the quality of life throughout town."	Mono County residents and guests
Mono County Probation	The mission of the Mono County Probation Department is to ensure the safety of the residents of Mono County by providing community-based supervision and rehabilitation through a multi-disciplinary approach to persons being convicted or adjudicated of a crime.	Mono County probationers and community
Eastern Sierra Unified School District (ESUSD)	"We as students, parents, community members and educators together will inspire and challenge each of our students to pursue personal excellence, to contribute positively to society, and to sustain a passion for learning."	Mono County students and parents/guardians
Mammoth Unified School District (MUSD)	"Mammoth Unified School District is committed to supporting students' individual needs and preparing them for the future by instilling them with confidence. Our school district encourages all students to push themselves to achieve and develop socially, emotionally, physically and academically. The parents and staff are very involved in our students' learning, recognizing their challenges and successes, while nurturing their individual talents and celebrating their diversity."	Mono County students and parents/guardians

Capacity Table 3. Mono County Community Partner Organizations and Coalitions

Organization/Coalition	Purpose/Mission	Who is served?
Behavioral Health Advisory Committee	"Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life."	Mono County community, MCBH clients
Cultural Outreach Committee	As for the Cultural Outreach Committee, it has served as a safe place for community members to come together and share ideas that are equitable, culturally, and linguistically appropriate for our Mono County people.	Underserved members of the Mono County Community
Mono County Justice, Equity, Diversity, and Inclusion Committee	The JEDI commission has been established and the group is now paving the way to provide and participate in trainings that are data driven, with the goal of educating county employees on structural racism, justice, equity, and diversity in the county workplace.	Mono County employees
Mammoth Hospital	"To promote the well-being and improve the health of our residents and guests."	Mono County residents and guests
Toiyabe Indian Health Project	Toiyabe is a consortium of seven federally recognized Tribes and one Native American community and serves as a valuable resource in our remote Eastern Sierra communities.	Tribal members
Wild Iris Family Counseling and Crisis Center	"Wild Iris is dedicated to promoting a safer community by empowering and restoring the independence of those affected by domestic violence, sexual assault and child abuse. Our vision is for non-violent relationships based on dignity, respect, compassion, and equality."	Individuals affected by domestic violence, sexual assault, and child abuse
Student Attendance Review Board (SARB)	"The Board helps truant or recalcitrant students and their parents/guardians solve school attendance and behavior problems through the use of available school and community resources."	Truant or recalcitrant students and their parents/guardians
Mammoth Mountain Ski Area	Mammoth Mountain provides recreational opportunities for residents and guests. It also serves as a major employer of permanent and temporary (sometimes transient) employees in Mono County.	Mono County guests and residents (permanent and temporary)
First Five Commission	"First 5 Mono County will be a leader in a community-oriented and family-centered support network for children prenatal to age five and their families, and is charged with improving outcomes in children's health, safety, and learning."	Children pre-natal to age five and their families

COMMUNITY PROGRAM PLANNING PROCESS

A critical step in the MHSA Annual Update is engaging community stakeholders so that they can provide input on the allocation of the county's MHSA funds. For this Annual Update, MCBH participated in and facilitated a focus group with key stakeholders, administered a community survey, held several key informant interviews, and invited participants of wellness activities and community programs to participate in a dot exercise/survey/idea sharing. Additionally, MCBH has integrated information from other community data sources, including the California Healthy Kids Survey, the Mono County First 5 Strategic Plan, and the IMACA Community Needs Assessment Survey.

The data from these engagement methods and a summary of the results of each are outlined below. This variety of information-gathering processes make up the department's unique CPP process. The Program Manager, Amanda Greenberg, MPH, is charged with conducting and/or supervising the planning and data collection for the CPPP. For a description of her duties, including the requirement of an annual mental health needs assessment (the CPPP), please see Appendix F. Please note that MCBH provides training on the Community Program Planning Process (CPPP) to staff members and its Behavioral Health Advisory Board (see below and Appendix C). Additionally, when MCBH conducts focus groups, staff provide a short overview training of the MHSA and how the input that participants provide will be used to design and plan programs.

Overview of the Behavioral Health Advisory Board

One of the most important components of the Community Program Planning Process and a key part of the Department's stakeholder involvement year-round is its Behavioral Health Advisory Board (BHAB). This group, which is comprised of community partners, clients/family members of clients, and other community members has robust attendance and participation during its meetings every other month. Moreover, the BHAB is constantly working to recruit additional members from the County's un/underserved communities.

The partnership that exists between the Behavioral Health Department and the BHAB is truly collaborative and the BHAB has shown its dedication to being involved in all aspects of the Department's operations, including policy, monitoring, quality improvement, evaluation, and budget. Beginning in December 2021, the Behavioral Health Department began ensuring that the BHAB agendas clearly labeled when items involved these specific topics. The Department looks forward to reporting again on the BHAB's involvement in these important areas in the next Three-Year Plan/Annual Update to ensure ongoing compliance with this important partnership.

Behavioral Health Advisory Board Focus Group

- December 13, 2021; 12 diverse participants including clients/family members of clients, a member of the LGBTQ+ community, two Asian American individuals, and one Native American individual; Conducted via Zoom
- Facilitated by Amanda Greenberg
- See minutes at https://www.monocounty.ca.gov/behavioral-health/page/behavioral-health-advisory-board-meeting-3
- The first portion of the focus group discussed MCBH's plans to create an Innovation Plan in FY 22-23 to create/further the work of its mobile crisis response team. In the proposed model, MCBH will partner with local law enforcement (Mono Sheriff, Mammoth PD) and Mono County EMS. When a MH crisis occurs, LE and EMS will have tablets that can connect the person with the on-call crisis worker.
- Focus group question: does the BHAB still think this is a high need in our communities, should we keep moving forward with this project?
    - I think this is extremely important…people are going through such stress and crises on a higher level that I think it is important to offer more support.
    - The sooner this intervention can happen, I believe the better outcomes we are going to have.
    - This is absolutely something we should pursue – the Mono County Board of Supervisors (BOS) is expecting it and it has been discussed with MCBH for a long time. The need is there – MH is a medical emergency not necessarily a LE issue. Need to have medical staff and not criminalize MH Emergency.
    - From the BOS perspective, in previous presentation this concept was met with unanimous support (although not formally voted). MH crisis could happen in one of our geographically isolated communities and we need to help people immediately.
    - So many challenges associated with a geographically large and rural county, and now with seasonal weather considerations – how do we address a crisis in someone's life with these challenges? This initiative will help. I feel proud and appreciative of Mono LE and EMS – their willingness to help out the county in its entirety. This project will have a positive impact on our crisis system out of hospital.
    - A lot of times people get lost in [registration]/ [program application] paperwork and end up giving up – it would be nice to have someone available to assist with guidance with paperwork.
        - One of the things MCBH initiated was having Case managers meet and help people directly with paperwork; take them to social services for applying for Medi-cal or food stamps, etc. IF they are NOT doing that – reach out to us so that we can get people what they need.
        - When you mention this - I was dealing with someone with increasing dementia which made it difficult for him to follow up with whatever he needed to for BH – When you do intakes do you recognize this factor?

Can you ask the client if there is someone that they know or trust that can help them follow up and make sure that they do what they are supposed to be doing?
    - Great idea. Tribal council tries its best to provide help when needed. Ex: we provide transportation to appointments.
- Motion to approve to continue to Mobile Crisis Response
    - Second
- Motion Carried – Approval to continue working on mobile crisis response

- The second portion of the focus group began with the facilitator asking "What do you see as (1) the top behavioral health needs in our communities, (2) the top barriers to access, and (3) the most important strategies to promote mental health?
    - Needs in our communities:
        - Bridgeport needs programming! Everything is closed and we are starved for social interaction.
        - Idea for an event or series: Have people get together and they can do their own thing but just do it together (ex. Wednesday afternoons Cast Off – everyone works on their own craft, but all crafting together). Could be a social event even if for a small group of people.
    - Barriers to Access:
        - Any person with BH / MH / Medical problems needs to have someone be there to help them keep track of and do what they are supposed to do and be where they need to be.
    - Strategies to promote mental health
        - Is there any potential to address some of these topics with the My Strength app, and is it still on schedule to roll out next week?
            - AG: Roll out has been pushed back to early February due to external contracting issues. I do think there is an excellent opportunity for this app to offer additional wellness support. Our wellness associates can roll out and access it on their own schedules in their own homes. Stigma reduction campaigns – we have a fair bit of funding related to My Strength for marketing campaigns to make sure people are aware of this free benefit.
        - We have done a good job of branding ourselves and Lauren is helping us, but how can we do more? Can we do a bring a friend event? Join a raffle?
        - How can we increase advertising?

- Can we bring back Coping with COVID, or, can we introduce conversations that discuss how to bridge the gap and cope with the division within our communities?
    - This was presented as an idea within the Cultural Outreach Committee too.
    - RR: If someone will help me set it up again, we can try that in January potentially in partnership with Dr. Beth Cohen via Zoom.
- When MCBH did the suicide prevention event at the Forest Service Auditorium, the attendance was great (80-100 people); can we do something like that again?
    - We can do breathing exercises, present factual information, etc. Think about what they can do for themselves. Not get into the issues themselves but how do you cope with it.
    - We do have a plan for outreach social media for mindfulness. They will be short but similar.
- With our local TV channel – would it be possible to have time; an hour or something at a set time frame, and have something that people could watch in their homes?
- Can we promote humor as a strategy? Positivity?

Community Wellness & Programming Events: Fall/Winter 2021-2022

- In fall 2021, the MCBH Programs Team used input/discussion from the BHAB to brainstorm avenues for community input in the FY 22-23 MHSA Annual Update and together the team decided that with the ongoing challenges of COVID-19 and the historic challenges of gathering community members specifically for MHSA-related focus groups/surveys that the majority of community input would be gathered through planned wellness and community programming. The Department also ensured that there was programming in this time period that targets specific groups of people (i.e. Foro Latino, LGBTQ+ Potluck, etc.). It's also important to note that clients are in attendance at these programs/activities.
- Surveys were administered throughout Mono County between August 2021 and April of 2022, at the following events: Benton Social, Walker Social, Bridgeport Social, Mammoth Lakes, LGBTQ potluck; 31 people participated.
- Survey respondents comprised a diverse and geographically comprehensive array of community stakeholders. Participants were community members from across the eastern Sierra with representatives from north, south and east county communities. Participants were a mix of gender identities (6% genderqueer or gender non-conforming), sexual orientations (19% non-heterosexual) and races (39% non-white).

- Facilitated by MCBH Programs Team Staff, including peer Wellness Center Associates
- Key Take-Aways:
    - 55% of survey respondents were new to our wellness programming
    - 55% of participants felt high levels of connection with others while participating in our wellness programming.
    - 61% of participants met someone new while at our wellness programming
    - 87% of participants felt we did "Excellent" in terms of Overall Satisfaction with our programming (this includes excellency in customer service and availability of information for our programming).
    - 97% of participants said they would come back again for more wellness programs.
    - Feedback for future programming included:
        - More programming for kids
        - More outdoor activities such as hiking
        - Exercise focused programming
        - Creativity programs (Sewing, crafting, knitting, etc.)
        - Veteran specific groups
        - Support groups (unspecified)

Community Survey: Winter 2022

- Survey open from November 18, 2021 to February 28, 2022; 68 participants
- Survey was administered via SurveyMonkey and distributed through partner agencies, on paper to key stakeholders, and on social media. It was available in English and Spanish.
- The community survey was distributed to all Mono County employees, the Mono County Board of Supervisors, the Behavioral Health Advisory Board, advertised on our website and Facebook page, distributed to community partners, as well as shared via our department wellness newsletter. The community and clients are encouraged to subscribe to our Wellness Newsletter Listserv when participating in activities, attending community outreach events, board/committee meetings.
- All frontline workers at MCBH were asked to invite clients and family members of clients to participate.
- The administration and analysis of the survey was spearheaded by the MCBH Programs Team.
- **Overview of demographic information:**
    - 13% of survey participants are clients or family of clients of MCBH (former or current).
    - 47% are community members
    - 10% participate in MCBH community programs
    - 4% are MCBH Staff
    - Robust mixture of different demographics, including location, race, sexual orientation, and gender that is representative of Mono County
- For full results see Appendix I
- Key Takeaways include:
    - **The top 3 issues in our community related to mental health**

        - Finding housing (37%)
        - Finding access to MH providers (34%)
        - Drugs or alcohol (28%)
    - **The top 3 issues for individuals (self) related to mental health**
        - Finding access to MH providers (29%)
        - Feeling a lack of social support or isolation (25%)
        - Cost of services (19%)
    - **The top 3 issues for youth (0-15) related to mental health**
        - Feeling a lack of social support or isolation (27%)
        - Family relationships (23%)
        - Experiencing bullying (23%)
    - **The top 3 issues for transition aged youth (16-25) related to mental health**
        - Finding access to MH providers (29%)
        - Finding housing (29%)
        - Drugs or alcohol (23%)
    - **The top 3 issues for adults (26-59) related to mental health**
        - Finding access to MH providers (11.8%)
        - Knowledge of MH Issues (10.7%)
        - Securing stable employment (10%)
    - **The top 3 issues for older adults (60+) related to mental health**
        - Feeling a lack of social support or isolation (44%)
        - Finding access to MH providers (38%)
        - Cost of services (21%)
    - **The top 3 strategies to promote mental health**
        - Increase awareness of MH programs (35%)
        - When possible, meet basic needs like housing, rental assistance, food assistance (35%)
        - Increase community engagement in MH related activities and programs in the community (31%)
    - **ALL Top 3 issues questions, combined:**
        - Finding access to MH providers (~23%)
        - Feeling a lack of social support or isolation (~20%)
        - Drugs or alcohol (15%)
- MCBH was happily surprised to receive enough responses from several specific groups of people that our data analyst could look at those needs and ideas for solutions individually.
    - Among survey participants who are aged 60 years or older:
        - **Top issues related to their own (self) mental health**
            - Feeling a lack of social support or isolation (29%)
            - Finding access to mental health providers (21%)
            - Family relationships (14%)
            - Cost of services (14%)
        - **Top Strategies to promote mental health**

- Increase awareness of mental health programs and services (50%)
- Provide mobile county-wide response for people having a mental health crisis/feeling suicidal (36%)
- Where possible, meet basic needs like housing, rental assistance, food assistance (36%)

- Among survey participants who identified as gay, lesbian, bisexual, questioning/unsure, or queer:
  - **Top issues related to their own (self) mental health**
    - Experiencing stigma or prejudice (29%)
    - Feeling a lack of social support and isolation (29%)
  - **Top strategies for promoting mental health:**
    - Increase awareness of MH programs & services (71%)
    - Community wellness/outreach programming like socials, school programs, yoga, and support groups (43%)

- Among survey participants who identified as American Indian:
  - **Top issues related to their own (self) mental health or mental health issues in the community**
    - Experiencing stigma or prejudice (75%)
    - Drugs or alcohol (75%)
  - **Top strategies for promoting mental health**
    - Increasing awareness of MH programs and services (75%)
    - Educate the public on mental health conditions (75%)
    - When possible, meet basic needs like housing, rental and food assistance (75%)

- Among survey participants who identified as Latinx, Hispanic, Mexican-American, or Chicano
  - **Top issues related to their own (self) mental health or mental health issues in the community**
    - Feeling a lack of purpose/meaning (67%)
    - Finding housing (67%)
  - **Top strategies for promoting mental health**
    - Increasing awareness of MH programs and services (100%)
    - Educate the public on mental health conditions (67%)

Clubhouse Live Focus Group

One program that MCBH offers for youth is Clubhouse Live (CHL), which is an after school program funded with Substance Abuse Block Grant Prevention Funds, that gives youth a safe, supervised space. CHL is offered in Mammoth Lakes and Bridgeport for middle school and high

school aged youth. The hosts of CHL are equipped to facilitate an open space where discussions of all topics are fostered. Although this is not an MHSA-funded program, the youth who participate (or their family members) often access other MCBH services. In January of 2022, a focus group was held with the Mammoth Lakes CHL to gauge program satisfaction and its impact on the increased isolation that was felt during the recent pandemic. Valuable feedback from the focus group included:

- Several participants appreciated the longevity and consistency of the program: one participant noted they have been coming to CHL since 5th grade, another participant has been coming since 7th grade (these participants are now in high school). MCBH strives to build and maintain its programming over time, keeping up programming in our tiny communities for periods of time even when participation dips. This helps ensure the community knows we show up when we say we will be there.
- Participants emphasized how the program has helped them feel more connected especially stating that the program has made them feel better in regards to feeling sad, hopeless, or isolated during the pandemic. As indicated in the community survey, youth are experiencing increased isolation and programs are an important way to create community and safe spaces during such challenging times. For example, when discussing the benefits of creating safe spaces within the community, one participant noted that "It would suck to not have the program."
- Participant feedback for improving the program included offering the program more days per week. As MCBH continues to develop its wellness programming, it will keep this feedback in mind across the board.

Inyo Mono Advocates for Community Action (IMACA) Survey: Summer 2021

- Approximately 77 participants (70 English, 7 Spanish)
- Survey participants included preschool families and food recipients that are served by IMACA.
- The IMACA Community Needs Assessment (CAN) was deemed a valuable data source due to similarities in the populations we both serve. IMACA serves many Medi-Cal beneficiaries and populations that are commonly served by mental health agencies (such as MCBH), such as homeless and those experiencing poverty. The IMACA survey results were obtained by contacting the survey administrator directly.
- Major needs identified from the IMACA CNA were:
    - Lack of affordable housing
    - Supervision for youth while parents are working
    - Unaffordable healthcare services, mental health services, or dental services

Mono County First 5 Strategic Planning Process: 2019-2024

- Data gathered from focus groups, a community meeting, public hearings, interviews, and written comments.

- The primary participants were parents of young children (<5yo) in Mono County.
- The First 5 data is relevant to our community planning process due to an overlap in service population and collaboration in services. First 5 similarly serves a large population of Medi-Cal beneficiaries, and MCBH funds the First 5 Peapod Program.
- Key Take-Aways:
    - Affordability and quality of childcare continue to be a challenge.
    - There is a need for opportunities to gather and address mental health issues and isolation.
    - Parents are seeking a better and easier way to get information about available resources and services.
    - Priority spending areas by First 5 are: Child care quality, home visiting services, school readiness services, and family behavioral health.

California Healthy Kids Survey (2019-2020)

Although these data are several years delayed, MCBH still considers them to be critical part of the CPPP since the data from a valid and reliable tool in an age group that MCBH is not easily able to include in its own stakeholder engagement processes. The comparisons below are made between MUSD/ESUSD (2019-2020 school year) and the most recent statewide data available, which is from the 2017-2019.

- Mammoth Unified School District: Elementary
    - 40 students in grade 5 took the survey
    - Key Takeaways:
        - School connectedness was higher than the State
        - Academic motivations was higher than the State
        - Caring adult relationships were higher
        - Both the High expectations scale and meaningful participation scales were a higher than the state
        - 76% of students report feeling safe at school, and there is a lower percentage of students who report being bullied in comparison to the State
        - 5% of students report being hit or pushed “all of the time”
        - 0% of students report having mean rumors spread about them “all of the time”
        - 0% of students report being called bad names or having mean jokes told about them “all of the time”
        - Finally, 13% of students reported seeing a weapon at school in the last year vs. 14% at the State.

- Mammoth Unified School District: Middle and High
    - 84 students in grade 7 responded to the survey
    - Key Takeaways:

        - Grade 7 scored on par with the State across the key indicators for school climate and student well-being, with exception to experiencing harassment or bullying and seeing a weapon on campus, in which MUSD scored lower than state values.
        - 30% of students reported chronic sadness/hopelessness in the last 12 months (vs. 30.4% at the state for 2017-2019)
        - 92 students in grade 9 responded to the survey
        - Key Takeaways:
        - Grade 9 scored on par with or higher than the State across the key indicators for school climate and student well-being
        - 38% of students reported chronic sadness/hopelessness in the last 12 months (vs. 32.6% at the state for 2017-2019)
        - 20% of 9th graders report seriously considering suicide in the last 12 months (vs. 15.8% at the state for 2017-2019)
        - 52 students in grade 11 responded to the survey
        - Grade 11 scored on par with or higher than the State across the key indicators for school climate and student well-being, except for chronic truancy, caring adult relationships, and high expectations in which MUSD scored lower than state values.
        - 48% of students reported chronic sadness/hopelessness in the last 12 months (vs. 36.5% at the state for 2017-2019)
        - The percentage of 11th graders who perceived the school to be safe or very safe was slightly lower than the state for Hispanic/Latino and White students, except for Mixed (2 or more) races, which felt considerably safer than state levels.
        - 12% of 11th graders report seriously considering suicide in the last 12 months (vs. 16.5% at the state for 2017-2019)

- Eastern Sierra Unified School District: Elementary
    - 12 students in grade 5 completed the survey
    - Key Takeaways:
        - Both academic motivation and meaningful participation were on par with the state but school connectedness was lower than the state
        - 90% of students report feeling safe at school vs. 79% at the state (2017-2019)
        - Like MUSD, there is a lower percentage of students who report being bullied in comparison to the State
        - 9% of students report having mean rumors spread about them “all of the time”
        - 9% of students report being called bad names or having mean jokes told about them “all of the time”
        - Finally, 9% of students reported seeing a weapon at school in the last year vs. 14% at the State.

- Eastern Sierra Unified School District: Middle
    - 27 students in grade 7 completed the survey
    - Key Takeaways:
        - Grade 7 scored on par with or higher than the State across the key indicators for school climate and student well-being except for experiencing harassment or bullying, and experiencing chronic sadness and hopelessness, in which ESUSD Grade 7 scored lower than state values.
        - 22% of students reported chronic sadness/hopelessness in the last 12 months (vs. 30.4% at the state for 2017-2019)
        - A high percentage of students across racial/ethnic groups reported feeling safe/very safe at school

- Eastern Sierra Unified School District: High
    - 32 students in grade 9 responded to the survey
    - Key Takeaways:
        - Grade 9 scored on par with or higher than the State across many key indicators for school climate and student well-being, except for Been in a physical fight, current alcohol, drug or cannabis use, been drunk or "high" on at school ever, and vaping, in which ESUSD scored lower than state vaues.
        - 41% of students reported chronic sadness/hopelessness in the last 12 months (vs. 32.6% at the state for 2017-2019)
        - 16% of 9th graders report seriously considering suicide in the last 12 months (vs. 15.8% at the state for 2017-2019)
        - 27 students in grade 11 responded to the survey
        - Key Takeaways
        - Grade 11 scored variably when compared to the State for key indicators for school climate and student well-being. ESUSD scored higher than the state for school engagements and supports, on par with state for school safety measures, and generally scored lower than the state for substance use and physical/mental health.
        - 19% of students reported chronic sadness/hopelessness in the last 12 months (vs. 36.5% at the state for 2017-2019)
        - 8% of 11th graders report seriously considering suicide in the last 12 months (vs. 16.5% at the state for 2017-2019)
        - 75% of Hispanic or Latino 11th graders reported perceiving the school as safe or very safe vs. 51.1% at the state.
        - 0% of Hispanic or Latino 11th graders reported harassment due to race, ethnicity, religion, gender, sexual orientation, disability, or immigrant status vs. 22.2% at the state.

Key Informant Conversations

MCBH spoke with several key informants for this CPPP. Below are summaries of several such conversations:

- MCBH's Director has held several discussions with the Mono County COVID-19 Emergency Operations Center to conceptualize a series of speakers/events focused on community healing in the wake of COVID-19. The Department's Substance Abuse Block Grant-funded "Coping with COVID Community Conversations" were at times well-attended by community members and helped make a difference in linking the community to resources, normalizing daily stressors, and providing healthy coping strategies.
- In the wake of a community trauma in Lee Vining, California, MCBH's Director held discussions with the school principal and other key residents about community healing, ongoing wellness programs, and community services available.
- Key MCBH staff members also met with each of the superintendents to discuss school programming needs and ways to improve the North Star School-Based Services Program.
- Finally, as staff across the county attend various community meetings or meet with specific groups like the Mountain Warfare Training Center base command, they not only advertise programming but use the input gathered to tailor existing programming and pilot new wellness center groups.

Other Avenues for Stakeholder Input

MCBH's Cultural Outreach Committee and Latinx Outreach Committees also bring stakeholders together for discussion related to community needs. These minutes are on file with MCBH and are also used to inform the CPPP.

Overall Description of CPPP Stakeholders

The MCBH Programs Team developed a plan for this CPPP based upon input/discussion from the Behavioral Health Advisory Board. The Programs Team is a group of five staff members including diversity in race/ethnicity, sexual orientation, and geographic location. Together this group brainstormed feasible strategies to outreach to a diverse set of stakeholders in this CPPP, which resulted in all the data collection outlined above.

Through the CPPP for the FY 22-23 Annual Update, MCBH was able to include stakeholders that represent the diversity of the County, including: a wide age range, a wide geographic spread, members of the LGBTQ+ community, members of our Latinx community and other racial/ethnic groups, members of our Native American communities, and veterans.

Mid-Year Revision Community Program Planning Process

Please see the Innovation Component section below information on the Community Program Planning Process for the Mid-Year Revision.

Conclusion

Together, these engagement activities and the diversity of the stakeholders who contributed have provided valuable and meaningful input about the unique needs of the Mono County

community and allowed MCBH to develop an MHSA program that is specifically designed for the county. Through these activities, the department was able to reach a range of populations within the county, including clients, allied agencies (social services, law enforcement, etc.), and community leaders. Mono County believes that it has reached a wide range of voices and perspectives and took great care to inform these stakeholders how valuable their input was throughout the process.

This Annual Update integrates stakeholder input, as well as service utilization data, to analyze community needs and determine the most effective way to utilize MHSA funding to expand services, improve access, and meet the needs of unserved/underserved populations. The MHSA Annual Update planning, development, and evaluation activities were also discussed with the Mono County Behavioral Health Advisory Board members.

Finally, MCBH staff received a training on the CPPP so that they are more aware of how stakeholders' input impacts the department's decision-making and MHSA planning. This training took place on 1/11/22 and included 20 participants. Please see Appendix C for sign-in sheet and hand-out used.

LOCAL REVIEW PROCESS (ORIGINAL)

30-day Public Comment period dates: May 6, 2022 – June 5, 2022

Date of Public Hearing: June 6, 3:00-4:30 pm, via Zoom:

Link: https://monocounty.zoom.us/j/7609241729

Call in: +1 669 900 6833 Meeting ID: 760 924 1729

Describe methods used to circulate, for the purpose of public comment, the Annual Update

The plan was posted at monocounty.ca.gov/MHSA on May 6, 2022. A news article was posted on MCBH's website and the Mono County website on May 6, 2022. Please see images in Appendix G for examples of advertisement.

- Advertisements for the public comment period were placed in three local newspapers: The Sheet, the Mammoth Times, and El Sol de la Sierra (a Spanish language newspaper). Flyers advertising the public comment period and public hearing were also posted throughout the County in well-trafficked public places such as post offices and community center. Additionally, advertisement went out via MCBH's Facebook page, which has 1,001 followers and was advertised in conjunction with MCBH's mental health month activities. Advertisements appeared in our newspapers:
  - Mammoth Times: 5/12/22, 6/2/22
  - The Sheet: 5/7/22, 5/28/22
  - El Sol de la Sierra: 5/12/22, 6/2/22

Provide information on the public hearing held by the local mental health board after the close of the 30-day review

The public hearing will be held on June 6, 2022 from 3:00-4:30 pm via Zoom. The public hearing will be facilitated by MCBH staff and will take place during the regular meeting of the Behavioral Health Advisory Board (BHAB). The following will be completed following the Public Hearing:

- There were 16 individuals in attendance, including BHAB members, clients and family members, MCBH staff, other Mono County staff, and a member of the press.
- The Program Manager first gave a presentation about the plan that included information on the public hearing process and invited feedback and discussion. This presentation will be located at the address below; once approved, the minutes for this meeting will also be available at this link:

- https://www.monocounty.ca.gov/behavioral-health/page/behavioral-health-advisory-board-meeting-mhsa-fy-22-23-annual-update-public

Include summary of substantive recommendations received during the stakeholder review and public hearing, and responses to those comments

There were no comments submitted by the public during the 30-day public comment period. Sixteen individuals attended the public hearing, held as part of the standing Behavioral Health Advisory Board meeting. Participants included BHAB members, clients and family members, MCBH staff, other Mono County staff, and a member of the press. The Program Manager presented the MHSA Annual Update to this group. Discussion and questions focused on the MHSA Housing Project and the availability of units for individuals with mental health conditions, the Full Service Partnership program and how it is being implemented in Mono County, outreach related to suicide prevention/suicide awareness, the importance of whole-person care, and a discussion about accessing services and improving coordination with family members. MCBH thanked each participant for their comments and questions and will be following up individually with some of the comments and questions to ensure individual needs are met.

Include a description of any substantive changes made to the Annual Update that was circulated

There were no substantive changes made to the Annual Update that was circulated.

MHSA Issue Resolution Process

To resolve an issue related to appropriate use of MHSA funds, inconsistency between approved MHSA Plan and implementation, and/or the Mono County Community Program Planning process, please see Appendix B for further instruction.

LOCAL REVIEW PROCESS (MID-YEAR)

30-day Public Comment period dates: September 18, 2022 – October 17, 2022

Date of Public Hearing: October 17, 3:00-4:30 pm, via Zoom:

Link: https://monocounty.zoom.us/j/7609242222

Call in: +1 669 900 6833 Meeting ID: 760 924 2222

Describe methods used to circulate, for the purpose of public comment, the Annual Update

The plan was posted at monocounty.ca.gov/MHSA by September 16, 2022. A news article was posted on MCBH's website and the Mono County website by September 16, 2022. Please see images in Appendix I for examples of advertisement.

- Legal notice for the public comment period was placed in two local newspapers: The Sheet, and the Mammoth Times. Additionally, advertisement went out via MCBH's Facebook page. Date notice appeared in our newspapers:
  - Mammoth Times: To be completed
  - The Sheet: To be completed

Provide information on the public hearing held by the local mental health board after the close of the 30-day review

The public hearing will be held on October 17, 2022 from 3:00-4:30 pm via Zoom. The public hearing will be facilitated by MCBH staff and will take place during the regular meeting of the Behavioral Health Advisory Board (BHAB). The following will be completed following the Public Hearing:

- There were ___ individuals in attendance, including BHAB members, clients and family members, MCBH staff, other Mono County staff, and a member of the press.
- The Program Manager first gave a presentation about the plan, focusing on the new Innovation Plan, that included information on the public hearing process and invited feedback and discussion. This presentation will be located at the address below; once approved, the minutes for this meeting will also be available at this link:
- https://www.monocounty.ca.gov/behavioral-health/page/behavioral-health-advisory-board-meeting-annual-update-public-hearing

Include summary of substantive recommendations received during the stakeholder review and public hearing, and responses to those comments

There were ___ comments submitted by the public during the 30-day public comment period. ___ individuals attended the public hearing, held as part of the standing Behavioral Health Advisory Board meeting. Participants included _____. The Program Manager presented the MHSA Annual Update to this group. Discussion and questions focused on _____.

Include a description of any substantive changes made to the Annual Update that was circulated

There were _____ substantive changes made to the Annual Update Mid-Year Revision that was circulated.

COMMUNITY SERVICES AND SUPPORTS

The MCBH MHSA Community Supports and Services (CSS) program provides services to people of all ages, including children (ages 0-17); transition age youth (ages 16-25); adults (ages 18-59); older adults (ages 60+); all genders; and all races/ethnicities.

The CSS Program includes four service categories: Full Service Partnerships (FSP), General System Development, and Outreach and Engagement. Please see CSS Table 1 below for an overview of the programs and services offered within each of these service categories. Please note that some of our programs are funded across multiple categories, so may be listed twice.

Services within the CSS category are for all populations and help reduce ethnic disparities, offer support, and promote evidence-based practices to address each individual's mental health needs. These services emphasize wellness, recovery, and resiliency and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of each individual. MCBH strives to not only meet the "clinical needs" of its clients but to also consider needs that relate to the social determinants of health such as housing and poverty. Department staff also strive to meet people where they are, both emotionally/mentally and from a physical perspective, including traveling to the County's outlying areas to provide services and promote community.

From an administrative perspective, MCBH will be working with consultants to maximize its funding opportunities and to create a sustainable plan to help spend down MCBH's significant fund balances. Additionally, this process will help prepare MCBH for the changes coming with CalAIM, the California state reform of the Medi-Cal system. In FY 21-22, MCBH also applied for and was awarded more grants than ever before thanks in large part to the Coronavirus Response and Relief Supplemental Appropriations Act and American Recovery Plan Act funding opportunities. MCBH is working to use these funds to expand and sustain programming while meeting identified community needs.

In order to meet the mental health needs outlined above, MCBH has worked with stakeholders to develop and implement the programs in the CSS and other categories.

CSS Table 1. CSS Service Categories & Programs/Services

Service Category	FSP	General System Development	Outreach/Engagement
Programs and Services	• Full Service Partnership Program serving children, transition age youth, adults, and older adults; including	• Expansion of case management/supportive services • Wellness Centers	• Community Outreach & Engagement

	housing, food, clothing, etc. as needed • MHSA Housing Program • Telehealth Services • Wrap Program (90%)	• Crisis intervention/ stabilization • MHSA Housing Program • Telehealth Services • Wrap Program (10%)	

Full Service Partnerships (FSP)

MCBH has adopted a community clinic model, specifically when it comes to Full Service Partnership (FSP) clients. FSP services include, but are not limited to, one-on-one intensive case management, housing support, transportation, advocacy, assistance navigating other health care and social service systems, child care, and socialization opportunities. These programs embrace a "whatever it takes" service approach to helping individuals achieve their goals. MCBH's FSP program serves all age groups, including children/youth, transition age youth, adults, and older adults. MCBH currently has two vacant positions for therapists (prioritizing Spanish speaking individuals and clients or family members of clients) who would devote a portion of their time to the FSP program.

Each client in the FSP program is assigned a Case Manager as the single point of responsibility for that client/family. Additionally, Full Service Partners are introduced to other Case Managers and front office staff, including the individuals who staff MCBH's 24/7 Access Line. This ensures that a known and qualified individual is available to respond to the client/family 24 hours per day, 7 days per week. These Case Managers, along with the assigned therapist are responsible for developing a Treatment Plan, which also serves as the Individual Services and Supports Plan. Additionally, all MCBH staff, including Case Managers receive extensive cultural competence training. It is also ensured that all Spanish-speaking FSPs are placed with a native Spanish-speaking Case Manager (Spanish is Mono's only threshold language).

A key component of MCBH's FSP program is providing housing support and services. Affordable housing, specifically for those with mental illness, is a critical concern in Mono County. In response, MCBH has an interdisciplinary team that works together to find and secure housing for FSP clients who are homeless or at risk of homelessness. This also includes assisting with first and last month rent deposits and occasionally securing emergency housing for individuals in crisis who do not meet 5150 criteria. The total number of unduplicated FSP clients for FY 2021-2022 was approximately 25. Due to the small number of clients served, this report will not disaggregate the data by race/ethnicity, gender, or age. Please see CSS Table 2 below for an outline of the estimated number of FSP clients to be served broken out by age group. These percentages align with MCBH's current identified need, as well as the Mono County average age distribution.

CSS Table 2. Estimated Number of FSP Clients to be Served

	FY 2021-2022	FY 2022-2023
Children (0-15)	2	3
TAY (16-25)	3	4
Adult (26-59)	16	17
Older Adult (60+)	4	5

MCBH has also allocated a significant amount of CSS funds for its MHSA Housing Program. This one-time contribution of funds will fund 13 units in an 81-unit affordable housing development in the heart of Mammoth Lakes. For this project, MCBH has partnered with the Town of Mammoth Lakes (owner of the land) and The Pacific Companies (selected developer) – in addition to the housing units, it will include offices for supportive services, a community space for residents, and a day care facility. Ultimately, this neighborhood will include 400+ units of affordable housing. MCBH partnered with Pacific to complete its non-competitive No Place Like Home application and was awarded $500,000 toward the project. In summer 2021, Pacific began grading and tree removal and in February 2022 it received a notice of award through HCD's Housing Accelerator Program for the remaining funds required to make the project feasible. In spring 2022, MCBH brought a final loan agreement to the Mono County Board of Supervisors to fund its remaining commitment. MCBH has developed a supportive services plan with in-kind services. Please visit the link below for more detail on how services will be provided at this housing project.

- https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/10057/mono_county_nplh_mou_signed_-_signed.pdf

The funding for this project was drawn from the Department's Prudent Reserve (which is now housed in CSS) and unspent CSS funding. In fall 2018, the California State Legislature passed Senate Bill 192, which specified a maximum amount of funds that counties could hold in their MHSA prudent reserves. As a result, MCBH transferred approximately $1,200,000 from its prudent reserve into CSS during FY 19-20. Based upon continued feedback from a wide range of stakeholders that housing is one of the primary problems facing Mono County residents, especially those with mental illness, stakeholders have decided to allocate CSS funding to a housing project in Mammoth Lakes. This program is funded partially through the FSP category and partially through the General System Development (GSD) program. The total to be contributed to the project is $1,577,123.43.

Like the MHSA Housing Program, the Telehealth Services Program is funded in part through FSP and partially through GSD. The Telehealth Services Program includes psychiatry services and therapy services provided via telemedicine through a contractor called North American Mental Health Services (NAMHS), as well as a small portion of the Mono County Public Health Officer's salary to provide some oversight of the program. The therapy services provided through the Telehealth Services Program have also allowed MCBH to maintain a continuity of care during a time of internal staff turnover.

The Wrap Program is a well-established partnership between MCBH, Mono County Probation, and Mono County Social Services. The Mono County Wrap Program can serve up to two families at any given time and "wraps" these families in a variety of services, holds regular family meetings, and has staffing such as a Parent Partner and Wrap Coordinator. This program was previously funded in part under GSD and in part under FSP. After assessing program at the end of FY 20-21, it has been determined that beginning in FY 21-22, it would be more appropriate to fund the program fully under the FSP category.

General System Development

Within the General System Development (GSD) CSS service category, MCBH funds such services as expanded case management and supportive services, the Sierra Wellness Center, the Walker Wellness Center, and crisis intervention and stabilization services. As mentioned above, the MHSA Housing Program and Telehealth Services are also funded partially through GSD funds.

The expanded case management and supportive services category enables MCBH to offer services to a wide variety of clients in need of additional supportive services. When determined clinically appropriate, this program includes purchases such as food, phone bills, medication, etc. for clients who do not qualify for FSP services; these purchases must be related to the client's treatment goals. This program has also allowed MCBH to hire both entry level and to promote experience behavioral health staff who are often bilingual and from the Latinx community, thus creating career pathways to higher paying positions, such as Psychiatric Specialist, SUD Counselor, or Staff Services Analyst.

MCBH has two wellness centers: the Walker Wellness Center and the Sierra Wellness Center in Mammoth Lakes. Additionally, the department offers wellness programming at community centers in Crowley Lake and Bridgeport. After experimenting with a variety of different wellness programming formats from virtual to Facebook-based to outdoor during the course of the pandemic, the department is now largely back to in-person indoor masked wellness programming.

During MCBH's recent Community Program Planning Processes, there was a great emphasis placed on expanding wellness center programs throughout the county. As a result, MCBH began to plan for additional Wellness Center Associates and brought on a part-time staff member to serve the Bridgeport community in May 2020 and a Mammoth-based Wellness Center Associate in June 2021. The department also increased its capacity in May 2021 by bringing on a new staff

member to supervise and build wellness center activities and community programs throughout Mono County.

In the first half of FY 21-22, the Wellness Team hosted such programs as Senior Breakfast in Mammoth and Bridgeport, Gentle Yoga in Mammoth and Crowley, Bridgeport Walk & Talk, Bridgeport Tai Chi, Bridgeport Afternoon Tea, Walker Men's Meditation, Walker Community Garden, Mammoth LGBTQ+ Parent Support Group, and Mammoth LGBTQ+ Potluck. Similar ongoing programming is planned for the second half of FY 21-22 and FY 22-23 as Wellness Center Associates remain responsive to client needs. The Walker Community Garden is also operating seasonally and in fall 2021 MCBH completed an interior remodel of the Walker Wellness Center to make it easier to clean and more bright and welcoming for visitors.

Looking forward to FY 22-23, MCBH plans to create up to one position for a peer case manager that can serve as a growth path for a Wellness Center Associate. In the Three-Year Plan, MCBH intended to create two such positions, but after re-assessing need and revenue projections the department has made this change; this position will likely be split between CSS and PEI.

In terms of crisis intervention and stabilization, MCBH staff are available 24/7 including responding to crisis calls from the Mammoth Hospital Emergency Department for 5150 assessments and use funds from this program to cover costs like hotel rooms, etc. to help clients stabilize following a crisis. This program includes various program costs such as phone costs. MCBH also operates a transitional housing program to stabilize a person's living situation and provides services on-site, but this program is grant-funded and does not utilize MHSA funding. In FY 2019-2020, the Department developed an MOU with Kern County for utilization of a crisis stabilization unit in Ridgecrest – both FSP and non-FSP clients used this service. Additionally, MCBH participated in the MHSOAC-sponsored Crisis Now Learning Collaborative with the help of a consultant from SHINE, a local non-profit. Based on this work and a Crisis Care Mobile Units grant via DHCS, the department plans to roll out a Mobile Crisis Response Team in late FY 21-22 and hopes to bolster that program with an Innovation Plan in FY 22-23.

Outreach and Engagement

MCBH offers several CSS programs, services, and activities that are encompassed in its Community Outreach & Engagement program, including the Foro Latino, community socials in outlying areas, and Mental Health Month activities. These programs are designed to engage Mono County's un- and under-served individuals and communities, from both an ethnic/racial perspective and a geographic perspective. Through these programs, MCBH is also able to build trust in its communities and ensure that individuals who need more intensive services from the Department feel comfortable seeking them.

After suspending most in-person programming throughout FY 20-21, MCBH began offering in-person Outreach and Engagement Programming consistently in FY 21-22. Community socials returned to Walker, Bridgeport, and Benton and were expanded to include June Lake; activities are planned for Mental Health Month; and at least one Foro Latino will be held in FY 21-22.

MCBH's Mental Health Month celebration in May 2021 was quite successful and included a return to in-person outdoor programming, a Foro Latino, a virtual speaker, Mental Health First Aid trainings, along with social media outreach. MHSA funding was also used to purchase supplies for a community art show that unfortunately did not many submissions and thus did not take place.

CSS Program Cost Per Person Estimates for FY 22-23

	FSP	Crisis Int/Stab	Supportive Housing	Telehealth Services	Wrap	Expanded CM/Supp Svcs	Wellness Centers	Community O & E
Total Cost of Program	$310,762.00	$14,156.00	$20,000	$557,362.00	$188,539.00	$160,746.00	$264,181.00	$ 95,407.00
Total Estimate of Participants	29	54	10	145	8	149	342	120
Total Estimated Cost per Person	$10,715.93	$262.15	$2,000.00	$3,843.88	$23,567.38	$1,078.83	$772.46	$795.06
Estimated Cost for Children (0-15)	$ 32,147.79	$ 1,835.04	$ 2,000.00	$ 57,658.14	$ 70,702.13	$ 42,074.46	$ 56,389.51	$ 23,851.75
Estimated Cost for TAY (16-25)	$ 42,863.72	$ 4,456.52	$ 2,000.00	$ 126,847.90	$ 23,567.38	$ 37,759.13	$ 25,491.15	$ 15,901.17

Estimated Cost for Adult (26-59)	$ 182,170.83	$ 6,553.70	$ 10,000.00	$ 338,261.08	$ 70,702.13	$ 75,518.26	$ 166,078.70	$ 47,703.50
Estimated Cost for Older Adult (60+)	$ 53,579.66	$ 1,310.74	$ 6,000.00	$ 34,594.88	$ 23,567.38	$ 5,394.16	$ 16,221.64	$ 7,950.58

*Please note that MHSA Housing Project costs are not included since this is a one-time expense that will serve many clients over the course of its life.

CSS Achievements

MCBH has several notable achievements in FY 21-22 thus far, including the expansion of wellness center programming to include more LGBTQ+-focused programs and the return to in-person wellness programming. The department responded to more crises than in years past and is actively working to improve reporting and services within its FSP program. MCBH also successfully identified a site and a partner for its housing project and negotiated the inclusion of 13 units of housing for individuals with mental health conditions. From an administrative perspective, the department executed a series of loan agreements which were approved by the Mono County Board of Supervisors.

Challenges or barriers, and strategies to mitigate

Like the rest of the world, Mono County Behavioral Health has continued to experience challenges linked to COVID-19. While we are proud of the way that our staffed pivoted to meet community needs, the barriers that we have encountered are intense and staff exhaustion, languishing, and burn out remain real concerns as we look forward to FY 22-23.

MCBH now has more staff than ever before and we continue to clarify each staff's roles and responsibilities and try to minimize the number of hats each staff person wears. Two final challenges or barriers include the high cost of our Telehealth Services Program, which includes psychiatry and the continued lack of affordable housing in Mono County. While no solution is currently available for high costs, MCBH continues to push forward its housing project.

List any significant changes in Annual Update, if applicable

MCBH has made several changes to its Annual Update:

- In FY 22-23, MCBH will add up to one peer Case Manager rather than two Addition of Peer Support Specialists in FY 22-23
- Addition of one therapist position to FSP program
- Clarification of program-related costs for various GSD-funded programs
- Based on guidance from DHCS, MCBH added a cost per person estimate for each program for FY 22-23
- Information about the Crisis Care Mobile Unit grant and how that will impact the crisis stabilization program
- Shifting the Wrap Program to be funded 90% under FSP and 10% under GSD beginning in FY 21-22 (previously it was split 50% under FSP and 50% under GSD)
- Contribution of CSS funding to the MHSA Housing Project will increase from $1,500,000 to $1,577,123.43

PREVENTION AND EARLY INTERVENTION

The Prevention and Early Intervention (PEI) component of the MHSA includes five different funding categories: Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, and Stigma and Discrimination Reduction. Please see PEI Table 1 below for an overview of the programs and services offered within each of these service categories.

PEI Table 1. PEI Service Categories & Programs/Services

Service Category	Prevention & Early Intervention	Outreach to Increase Recognition	Access/ Linkage to Treatment	Stigma/ Discrimination Reduction
Programs and Services	• Peapod Playgroup Program • Walker Senior Center • North Star School-Based Services	• Community Trainings	• Outreach in Outlying Communities	• Community Engagement

Prevention & Early Intervention

The Peapod Playgroup Program targets children from birth to five years old and their parents in six communities throughout Mono County. Every year, there are three to four Peapod sessions in each location; each session consists of 10 weekly playgroups in which children and their parents gather together. The program is peer-run (peer-leaders go through a training program) and consists of structured activities for parents and children to participate in together. This provides time for children and their parents to socialize in rural, geographically remote communities where it is easy for families to feel alone. It also provides parents with a forum to ask developmental questions about their children, discuss problems they are having at home, and seek out services with licensed professionals. In Mammoth Lakes, there is also a Peapod Group for Spanish-speaking children and their parents.

The expected outcomes/objectives of this program include: decreasing isolation by providing parents and children an opportunity to socialize, de-stigmatizing seeking behavioral health services, linking children and their parents to community services, encouraging school readiness skills, and encouraging early literacy. This program is a community-led and -driven activity that

was created in response to a specific community-identified need. It is a unique form of outreach that provides services within the community that help increase access to services, while providing prevention and early intervention services. Moreover, it helps improve families' engagement in their own communities and with their peers.

The next activity funded through the Prevention category is a portion of the operations at the Walker Senior Center. Located in remote Walker, CA, the Senior Center is the fixture of a community that is 34 percent 60 years and older (2010 Census). This program is operated by Mono County Social Services and typically includes daily lunches for seniors, a welcoming area to spend time during the day, and structured activities ranging from games to informative learning sessions. The senior center lead staff person has been trained in Healthy IDEAS, a depression screening tool for seniors and is trained on how to refer individuals to MCBH for services. Through this partnership with the Walker Senior Center, MCBH has the goal of reducing isolation and building community supports, both of which have been identified as needs in the Community Program Planning Process.

The largest program funded in the PEI category is the North Star School-Based Services Program (formerly called the Mammoth North Star Counseling Center). North Star's mission is to improve the lives of the clients we serve by providing tools and insights so clients can better recognize, confront and understand their challenges. Although families as served collaterally, North Star's target population is 100% youth. The North Star School-Based Services Program aims to keep students from falling through the cracks during one of the most critical development periods of their lives. Additionally, North Star aims to reduce mental health stigma in the community and provided a safe place where students and their families can seek needed services.

In its Three-Year Plan, MCBH wrote about several changes to this program, including the addition of in-class school wellness programming across the county. This component of the program has remained quite successful through FY 21-22 and will stay in place in FY 22-23. It's important to note that MCBH had intended to expand the North Star School-Based Services Program to include a Psychiatric Specialist III position to provide therapy to students and to help supervise the North Star program. Based on stakeholder input and a re-assessment of funding sources, it has been determined that any such staffing changes (including the management of an intra-district school-based program and the expansion to serve transition age youth at Cerro Coso Community College) should be led by the Mono County Office of Education. As a result, this program will continue as it did prior to the pandemic with the addition of in-class school wellness but will not include the expanded therapist/management costs as previously planned. The services provided through this program include individual therapy and referral-based groups, in-class presentations and wellness activities.

Outreach for Increasing Recognition of Early Signs of Mental Illness

In FY 21-22, MCBH contracted with a local professional trained in Mental Health First Aid (MHFA) to host two full-day trainings. In FY 22-23, she will again offer at least two MHFA trainings, and will reach out to some of Mono County's largest employers to provide these trainings. An

engaging trainer, her work in the community is well-respected and the trainings have been well-attended.

Additionally, MCBH regularly responds to requests for trainings and the department's director spends a portion of her time advocating for mental health in ways that align with this component. Finally, MCBH had hoped to provide an in-depth training about the early signs of mental illness and the school-to-prison pipeline for the Student Attendance Review Board (SARB) of Mono County in FY 21-22 or 22-23; however, with the nature of the overwhelm that schools are experiencing related to COVID-19, this has been listed as a lower priority.

Access and Linkage to Treatment

Previously called the "Outreach in Walker Community" program, this program is now called the "Outreach in Outlying Communities" program. Staff members in Bridgeport and Walker offer such access and linkage programming as Trauma-Informed Yoga, Kids Yoga, and Ladies Yoga. MCBH has found that community programming is an excellent way to attract un/underserved individuals and screen/assess them for referral to more intensive services and this program is designed to achieve this among different age groups in some of our most underserved communities. Additionally, within the Walker community, the program includes regular outreach to the isolated Mountain Warfare Training Center Marine Corps Base, attending social events and building relationships with members of the Walker community and their families.

Stigma and Discrimination Reduction

To reduce stigma and discrimination, MCBH operates a program called Community Engagement that involves the active management of a Facebook page with English and Spanish content. With the onset of COVID-19 at the end of FY 19-20, MCBH shifted its focus from in-person wellness activities to other forms of outreach and engagement to help people feel connected and to reduce the stigma around seeking help for mental health. MCBH began doing three Facebook Live sessions per day (two in English and one in Spanish) and its followers skyrocketed, going from 66 to over 600 in a matter of months. As a result of this growth, MCBH has focused more of its energy into this program, making it the only stigma and discrimination reduction activity in its Community Engagement program in FY 21-22 and FY 22-23. In winter 2022, MCBH asked its Facebook followers to participate in a survey (to be administered annually) in an effort to measure changes in attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services. The survey had minimal participation, but the respondents reported that the program is having a positive effect.

In its Three-Year Plan, MCBH had discussed plans to add a formal Suicide Prevention program in FY 22-23; however, with current staffing and a focus on the Mobile Crisis Response Team as a mechanism to reduce suicide, it has been decided to delay the implementation of a formal suicide prevention program. The importance of mobile crisis has been highlighted over the last several years including in the most recent CPPP.

PEI Program Cost Per Person Estimates for FY 22-23

	Peapod Playgroup	Walker Senior Center	North Star	Community Trainings	Outreach in Outlying Communities	Community Engagement
Total Cost of Program	$40,000	$50,000	$108,592	$28,835	$128,418	$76,045
Total Estimate of Participants	116	85	600	160	100	1,000
Total Estimated Cost per Person	$344.83	$588.24	$180.99	$180.22	$1,284.18	$76.05
Estimated Cost for Children (0-15)	$26,206.90	$ -	$90,493.33	$ -	$ 38,525.40	$ 7,604.50
Estimated Cost for TAY (16-25)	$1,724.14	$ -	$18,098.67	$7,208.75	$ 25,683.60	$ 7,604.50
Estimated Cost for Adult (26-59)	$10,689.66	$ -	$ -	$18,021.88	$ 51,367.20	$ 38,022.50
Estimated Cost for Older Adult (60+)	$1,379.31	$50,000.00	$ -	$3,604.38	$ 12,841.80	$ 22,813.50

PEI Achievements

MCBH continues to be proud of the pivots that it made in its PEI programming during COVID-19 and is proud of the ways that these programs have returned to in-person interaction. MCBH is happy that school stakeholders weighed in on the proposed North Star expansion to create a program that will ultimately be more robust and sustainable when operated through the Mono County Office of Education. Finally, the department is proud of its continued engagement with community members and un/underserved individuals in all the frontier corners of the County – it is a significant feat to provide services in such remote areas and MCBH is dedicated to continuing to reach more and more people through its PEI programs.

Challenges or barriers and strategies to mitigate

MCBH's PEI programs still lack some evaluation components, which is evident in the confidential version of the PEI Evaluation Report submitted to the Mental Health Services Oversight and Accountability Commission. MCBH hired a data analyst in December 2020 and she is continuing to work to collect all required pieces of data.

List any significant changes in Annual Update, if applicable

Significant changes include: changes in FY 21-22 to the planned expansion of the North Star School-Based Services Program, the delay in implementation for a SARB Training and formal Suicide Prevention Program, and refocusing the Community Engagement program to include only social media outreach. Additionally, beginning in FY 20-21, MCBH ensured that its PEI programs were primarily youth focused, allowing the department to meet its requirement that 51% of PEI funds serve individuals under 26 years of age. Finally, following its CPPP, MCBH considered the changes in regulation related to AB 638 that would allow the use of PEI funds for certain substance use disorder-related services. It was determined that unless the department begins to encounter over-expenditure of its Substance Abuse Block Grant funds, that this use of PEI funds is unnecessary.

PEI Table 2. Program Priority Crosswalk to Senate Bill 1004 & WIC Section 5840.7(a) Requirements

Regulatory PEI Priorities	Childhood Trauma & Early Intervention	Early Psychosis & Mood Disorder Detection & Intervention	Youth Outreach & Engagement Strategies	Culturally Competent & Linguistically Appropriate PEI	Strategies Targeting Mental Health Needs of Older Adults
Citations	WIC Section 5840.6(d)	WIC Section 5840.6(e)	WIC Section 5840.6(f)	WIC Section 5840.6(g)	WIC Section 5840.6(h)
Programs and Services	• Peapod Playgroup Program • North Star School-Based Services Program	• Community Trainings (OIR) • North Star School-Based Services Program	• Outreach in Outlying Communities (ALT) • Peapod Playgroup Program • North Star School-Based Services Program	• Community Engagement (SDR) • Outreach in Outlying Communities	• Walker Senior Center • Outreach in Outlying Communities
Estimated Share of PEI Funding Allocated	15%	15%	21%	28%	12%
"Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression, and psychosis" is built into every PEI program operated by Mono County Behavioral Health.					

PREVENTION & EARLY INTERVENTION THREE-YEAR EVALUATION REPORT (FY 2018-19 - FY 2020-2021): AGGREGATED DATA

Background & Purpose

This Prevention and Early Intervention (PEI) report contains aggregated data from all Mono County Behavioral Health's (MCBH) PEI programs. A separate supplementary confidential report, which contains protected health information, will be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) through its secure file transfer system in the near future. The California Code of Regulations (CCR), Title 9, Sections 3560.010, requires specific data to be collected by counties and reported annually. Examples of demographic information that must be collected and reported by the county annually includes: race, ethnicity, age, sexual orientation, and gender. These data allow the MHSOAC to ensure that all counties are meeting PEI requirements within their programs.

MCBH funds a variety of programs with its PEI funds, including the Peapod Playgroup Program, North Star School-Based Services (group and individual services) (previously North Star Counseling Services), community trainings, school groups in outlying communities, and a Facebook page featuring bi-lingual content. MCBH has collected demographic and outcome data for some, but not all of these programs. In some cases, it is not possible to collect these data due to the nature of the program and in some cases the data collection was not completed due to lack of capacity. As is well known, there has been significant impact industry wide due to the global COVID-19 pandemic that struck CA in early 2020, resulting in many restrictions and closures. These pandemic restrictions affected how often and what services could be offered and had a significant impact on participation.

Program Descriptions

Peapod Playgroup Program

The Peapod Program is a partnership program between MCBH and Mono County Office of Education (MCOE) First 5 which targets children from birth to five years old and their parents in various communities throughout Mono County. Every year, MCBH and MCOE strive to offer three to four Peapod sessions in each location; each session consists of 10 weekly playgroups in which parents and children gather together. This regular scheduled was interrupted due to COVID-19 pandemic restrictions. During the pandemic period, the program switched to a hybrid format depending on local safety protocols – offering programming either in person or online via Zoom or Facebook Live. The program is peer-run (peer-leaders go through a training program) and consists of structured activities for parents and children to participate in together. This provides time for children and their parents to socialize in rural, geographically remote communities where it is easy for families to feel alone. It also provides parents with a forum to ask developmental questions about their children, discuss problems they are having at home, and seek out services with licensed professionals. For online programming, Family Engagement Materials were distributed to interested families attending the groups.

North Star Counseling Center / North Star School-Based Services: Group Services

Mammoth North Star Counseling Center is a school-based counseling service that targets K-12 youth. During FY 20-21the program underwent some foundational changes, focusing on a more inclusive model of programming. The new program, termed North Star School-Based Services, now not only encompasses individual and group counseling, but now also provides school wellness activities. The school-based program focuses on prevention and early intervention strategies and treatments with a purpose to provide quality, culturally relevant, low-cost counseling services and behavioral health programming in both individual and group settings to Mono County students and their families.

In FY 2018-2019 North Star Counseling Center offered 2 Resilience groups (8 and 9 weeks each), focusing on subtopics such as Letting go of stress, Understanding your emotions, Dealing with anger and clear thinking, and Understanding other people's emotions, among others. Due to the COVID-19 pandemic and resulting restrictions (including moving schools to a virtual format), no school groups were offered for FYs 2019-2020 or 2020-2021. During this time, MCBH was in regular contact with the schools to see what programming could be offered, as will be apparent in other descriptions of North Star activities.

North Star Counseling Center / North Star School-Based Services: Individual Services

Mammoth North Star Counseling Center is a school-based counseling service that targets K-12 youth. During FY 20-21the program underwent some foundational changes, focusing on a more inclusive model of programming. The new program, termed North Star School-Based Services, now not only encompasses individual and group counseling, but now also provides school wellness activities. The school-based program focuses on prevention and early intervention strategies and treatments with a purpose to provide quality, culturally relevant, low-cost counseling services and programming in both individual and group settings to Mono County students and their families.

All Mono County schools are versed on how to perform a North Star referral for services to MCBH. Students that need mental health services beyond North Star Group Counseling are referred to Individual Counseling. In this sense, North Star School-Based Services essentially acts as a vehicle for referral and an extension of MCBH for services. Individuals are connected with case managers and therapists and are often involved in family therapy and collateral sessions with their parents so that progress of treatment can be monitored and discussed.

North Star School-Based Services: School Wellness Activities

Mammoth North Star Counseling Center is a school-based counseling service that targets K-12 youth. During FY 20-21the program underwent some foundational changes, focusing on a more inclusive model of programming. The new program, termed North Star School-Based Services, now not only encompasses individual and group counseling, but now also provides school wellness activities. The school-based program focuses on prevention and early intervention strategies and treatments with a purpose to provide quality, culturally relevant, low-cost counseling services, and programming in both individual and group settings to Mono County students and their families.

The School Wellness component of the North Star program is new for FY 20-21 and focuses on introducing wellness activities into school curricula. Both Mammoth Unified School District and Eastern Sierra Unified School District held virtual classes for the majority of the year and/or did not allow outside personnel to enter the classroom. As a result, MCBH could not offer many of its typical school groups and individual services also experienced barriers. After talking with school personnel to identify needs, MCBH's programs team began offering virtual wellness activities during class time, such as Kids Yoga, Mindfulness and Meditation, and Diversity Readings. The Diversity Readings wellness activity was developed through MCBH's Cultural Outreach Committee; in this activity, a Wellness Center Associate works with local libraries to identify books for elementary students that discuss justice, equity, diversity, and inclusion and reads them aloud to students to promote open-mindedness, dialogue, and kindness.

While this pivot allowed MCBH to reach many more students during the pandemic, the inability of facilitators to interact one-on-one with students limited the amount of referrals that were made through this program. In an effort to remove any barriers to participation, MCBH also did not collect program outcomes and demographics are extrapolated from demographic reports on the California Healthy Kids Survey. Similar to teachers across the country, teachers in Mono County were maximally stressed and we did not want to add additional paperwork to the program. Because the programs were integrated in FY 20-21, previous school-based wellness activities for FYs 18-19 and 19-20 are reported in the "Access & Linkage to Treatment: ESUSD Groups and Wellness Groups in Outlying Communities" section of this report.

Eastern Sierra Unified School District Groups and Wellness Groups in Outlying Communities / Outreach in Outlying Communities

FY 2018-2019 / FY 2019-2020

MCBH offers school groups in ESUSD (Eastern Sierra Unified School District) Schools. In FY 2016-2017, the MCBH Director noticed that among ESUSD schools, high rates of students were reporting sad or hopeless days (as measured by the California Healthy Kids Survey). To address this issue, MCBH case managers started reaching out to the schools and establishing mental health-related groups based on the schools' identified needs. Students in need of individual or more intensive services are linked to treatment through these groups. In FYs 18-19 and 19-20, MCBH staff offered a "menu" of school groups based on the Strong Kids curriculum to ESUSD schools. This menu included such options as conflict resolution, self-esteem, and resilience. During the course of the school year, MCBH staff facilitated two Strong Kids groups at Lee Vining Elementary School that consisted of eight sessions on Conflict Resolution and nine sessions on Social Skills and Communication. Fourteen fifth graders participated in these groups (4 and 10, respectively). Although groups were offered to Bridgeport and Walker/Coleville schools, these campuses did not identify students in need of group services. In addition to the Strong Kids groups, MCBH offered "wellness" services to ESUSD schools. These wellness groups were yoga for kids (Kinder, 1st and 2nd grade), as well as an after school cooking class specifically for high school students. In FY 20-21, these school-based wellness activities were integrated into the North Star School-Based services, with a focus on introducing wellness into school curricula. Data for FY 20-21 can be found in the "North Star School-Based Services: School Wellness" section of this report.

Beyond the ESUSD school groups, MCBH began to offer a myriad of wellness services to Eastern Sierra communities, including Mindfulness and various yoga groups. The classes were geared towards various age groups and were welcome and free to all Mono County residents. While MCBH staff hosting the services are able to provide information to participants regarding MCBH's mental health services, referrals are not formally made or tracked. MCBH has been able to successfully continually offer wellness programming to outlying communities in recent fiscal years.

In FY 2018-2019, MCBH hired a Walker-based case manager to focus on PEI activities in the northern part of Mono County. This staff member is a key part of MCBH's access and linkage program. Within the Walker/Coleville schools, she started a once-weekly after school cooking class program for high school students, participated in conflict resolution at recess, and offered in-class yoga. Within the community more broadly, she conducts regular outreach to the isolated Mountain Warfare Training Center Marine Corps Base, attending social events and building relationships with service members and their families.
In FY 2019-2020, this staff member expanded her in-class yoga offerings and was serving approximately 30 students per week. She continued her after school cooking program and hosted weekly Mommy and Me Yoga and Family Arts and Crafts groups at the Walker Wellness Center. She offered the Strong Kids curriculum to students who need extra support and she worked one-on-one in a play-based setting with youth who have been identified as needing extra support and a relationship with a caring adult.

FY 2020-2021: Outreach in Outlying Communities

Previously called the "Outreach in Walker Community" program, this program is now called the "Outreach in Outlying Communities" program. In FY 2018-2019, MCBH hired a Walker-based case manager to focus on PEI activities in the northern part of Mono County. At the end of FY 19-20, MCBH hired a Bridgeport-based Wellness Center Associate to focus on wellness and prevention activities in the Bridgeport community. These staff members are key parts of MCBH's access and linkage program. Within the Walker community, the program includes regular outreach to the isolated Mountain Warfare Training Center Marine Corps Base, attending social events and building relationships with members of the Walker community and their families.

Walker Senior Center

The next activity funded through the Prevention category is a portion of the operations at the Walker Senior Center. Located in remote Walker, CA, the Senior Center is the fixture of a community that is 34 percent 60 years and older (2010 Census). This program is operated by Mono County Social Services and typically includes daily lunches for seniors, a welcoming area to spend time during the day, and structured activities ranging from games to informative learning sessions. The senior center lead staff person has been trained in Healthy IDEAS, a depression screening tool for seniors and is trained on how to refer individuals to MCBH for services. Through this partnership with the Walker Senior Center, MCBH has the goal of reducing isolation and building community supports, both of which have been identified as needs in the Community Program Planning Process.

MCBH Facebook Page

Created on February 2, 2016, the Salud Mental Mono County Facebook page was designed to reduce stigma and discrimination among the local Latino/Hispanic community. All posts were in Spanish first. Additionally, it helped advertise events at MCBH, especially those for Spanish speakers, and it helped improve access to services. Due to the poor traction the Salud Mental page was gaining (it has 30 "likes" as of June 2018), it was absorbed by the Mono County Behavioral Health facebook page in the 2018-2019 FY. MCBH adjusted the regular facebook page to include more Spanish postings and Spanish content to continue the stigma and discrimination reduction efforts. At the start of COVID-19 in March 2020, which forced MCBH to switch entirely to teleservices, activity on the MCBH Facebook page greatly increased. The MCBH Facebook page features a variety of content, including original posts on mindfulness, meditation, Facebook Live activity sessions (yoga, crafts, etc.), general thoughts and considerations of Mental Health, promotion of MCBH events, and shared posts of mental-health related content. The MCBH facebook page has seen great success since COVID-19 and is now maintaining a high number of followers compared to the department's previous social media endeavors.

Suicide Prevention Trainings for Teachers and Staff

Mono County Behavioral Health occasionally hosts formal suicide prevention trainings for teachers and staff at local schools – for FY 18-19 there was one training held in Walker, and one held in Lee Vining in FY 19-20. There were no suicide prevention trainings for teachers and staff

held in FY 20-21 due to the pandemic and shifting school needs/resources/capacity. Additionally, in FY 18-19 MCBH Director Robin Roberts participated in one training each at Eastern Sierra Unified and Mammoth Unified school districts, during which safety and suicide prevention protocols were developed.

Community Outreach and Trainings

MCBH occasionally offers community-based trainings on various mental health topics. MCBH conducted five trainings between FY 18-19 and FY 20-21 (two trainings each FY18-19, 19-20, and one training FY 20-21). For FY 18-19, MCBH performed two Outreach Trainings related to Mental Illness. The first training was an event with the Mammoth Lakes Foundation in which college students were provided with information regarding managing stress and anxiety. The second FY 18-19 training was through the Mono Arts Council which featured a session on Social Emotional Learning. In January 2020, Mono County saw a sudden spike in suicide rates. In response, MCBH hosted two community suicide events during FY19-20 (these events were independent of suicide prevention trainings offered in Mono County schools). The first event was a partner event with a local food service provider, and the second event was partnered with the Mammoth Mountain Ski Area (MMSA). In FY 20-21, MCBH hosted a Mental Health First Aid course, as part of Mental Health Awareness month. The course was open to the community and local professionals, and was attended by participants such as MCBH staff, Mono County Office of Education staff, local emergency medical services staff, and others. The course covered emergency response to mental health emergencies and thoroughly covered suicide as a mental health emergency.

Aggregated Demographic Information

Age Group	FY 18-19	FY 19-20	FY 20-21
Children/Youth (0-15)	64	101	488
Transition Age Youth (16-25)	31	103	76
Adult (26-40)	26	432	379
Adult (41-59)	5	419	371
Older Adult (60+)	4	218	271
Prefer not to answer			

Primary Language	FY 18-19	FY 19-20	FY 20-21
English	104	675	1,115
Spanish	15	89	168
Other	1	26	51
Prefer not to answer			

Race / Ethnicity	FY 18-19	FY 19-20	FY 20-21
American Indian or Alaskan Native	1	1	14
Asian			
Black or African American	2	2	3
Native Hawaiian or other Pacific Islander	1	1	5
White	95	79	265
Hispanic/Latino	68	34	189
Caribbean			
Central American			
Mexican/ Mexican-American/Chicano	18	12	4
Puerto Rican			
South American			
African			
Asian Indian / South Asian			
Cambodian			
Chinese			
Eastern European	1	1	
European	12	5	
Filipino			
Japanese			
Korean			
Middle Eastern			
Vietnamese			
Other	4	3	1
More than one race/ethnicity	6		123
Prefer not to answer	5	2	3

Sex Assigned at Birth	FY 18-19	FY 19-20	FY 20-21
Male	48	95	190
Female	60	92	122
Other			
Prefer not to answer		11	

Sexual Orientation	FY 18-19	FY 19-20	FY 20-21
Heterosexual or Straight	36	36	17
Bisexual			
Gay or Lesbian			
Queer			
Another sexual orientation			
Questioning or unsure of sexual orientation			
Prefer not to answer	2	1	

Gender Identity	FY 18-19	FY 19-20	FY 20-21
Male	6	188	749
Female	48	711	267
Transgender Male			
Transgender Female			
Genderqueer/gender non-conforming			
Questioning/ unsure of gender identity			
Another gender identity			
Prefer not to answer			

Disability	FY 18-19	FY 19-20	FY 20-21
No	37	26	18
Learning disability	1	1	
Difficulty seeing			1
Difficulty hearing, or having speech understood			
Other communication disability			
Developmental disability			
Dementia			
Other mental disability not related to mental health			
Physical / mobility disability			
Chronic health condition / chronic pain			
Other			
Prefer not to answer			

Veteran Status	FY 18-19	FY 19-20	FY 20-21
Never served in the military	37	27	54
Currently active duty			
Currently reserve duty or National Guard			
Previously served in the US Military and received an honorable or general discharge			~12
Previously served in the US Military and received entry-level separation or other than honorable discharge			
Served in another country's military			
Other	1		
Prefer not to answer			

Program Outcomes

Peapod Playgroup Program

The commentary style feedback provided from participating adults of the Peapod program for both FY18-19 and FY 19-20 proved very positive and useful. The consensus of the served population was that they really enjoyed the sessions and spoke highly of the instructors; the only noted areas of improvement were to add more classes and to offer classes on different days to avoid schedule conflicts. Fortunately, those suggested improvements are reasonably implemented for future FYs. Additionally, reports provided from MCOE First 5 indicate that because of participant satisfaction of the program in both fiscal years, that the program's purpose is being met and will continue to be offered.

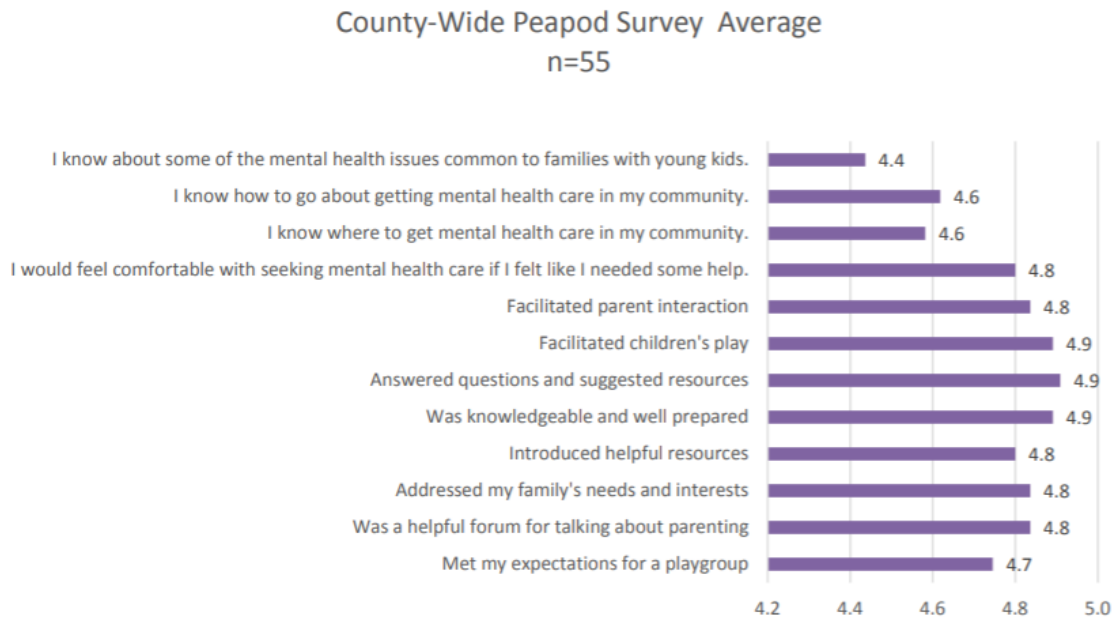
FY 2018 - 2019

Average Satisfaction at each Playgroup, Quarters 1 & 2 FY 2018-19

		Scale: 0 Strongly Disagree - 5 Strongly Agree	Walker	Mammoth Bilingual	Crowley	Bridgeport	Chalfant	Lee Vining
Content of Sessions	1	Met my expectations for a playgroup	4.50	5.00	5.00	None	N/A	N/A
	2	Was a helpful forum for talking about parenting	4.50	5.00	5.00			
	3	Addressed my family's needs and interests	4.00	5.00	5.00			
	4	Introduced helpful resources	4.50	5.00	4.89			
Playgroup Leader	5	Was knowledgeable and well prepared	5.00	5.00	5.00			
	6	Answered questions and suggested resources	5.00	5.00	5.00			
	7	Facilitated children's play	5.00	5.00	5.00			
	8	Facilitated parent interaction	5.00	5.00	5.00			
Mental Health Services	9	I would feel comfortable with seeking mental health care if I felt like I needed some help.	4.50	4.82	5.00			
	10	I know where to get mental health care in my community.	4.50	4.82	4.56			
	11	I know how to go about getting mental health care in my community.	4.50	4.82	4.56			
	12	I know about some of the mental health issues common to families with young kids.	4.50	4.64	4.56			
		Number of Surveys collected at each site:	2	11	9	0	N/A	N/A

Average Satisfaction at each Playgroup, Quarters 3 & 4, FY 2018-19

Scale: 0 Strongly Disagree - 5 Strongly Agree			Mammoth English	Crowley
Content of Sessions	**1**	Met my expectations for a playgroup	4.96	4.89
	2	Was a helpful forum for talking about parenting	4.91	4.89
	3	Addressed my family's needs and interests	4.96	4.78
	4	Introduced helpful resources	4.91	4.89
Playgroup Leader	**5**	Was knowledgeable and well prepared	5.00	5.00
	6	Answered questions and suggested resources	5.00	5.00
	7	Facilitated children's play	5.00	4.89
	8	Facilitated parent interaction	4.87	4.89
Mental Health Services	**9**	I would feel comfortable with seeking mental health care if I felt like I needed some help.	4.96	4.67
	10	I know where to get mental health care in my community.	4.65	4.67
	11	I know how to go about getting mental health care in my community.	4.78	4.56
	12	I know about some of the mental health issues common to families with young kids.	4.48	4.44
Number of Surveys collected at each site:			**23**	**10**



FY 2019 – 2020

Table 6: Parenting Reflection exit Survey for families with children over 1

N=4 *Scale of 1 (Strongly disagree) to 5 (strongly agree)*	Before program average	After Program Average	Change
I know how to meet my child's social and emotional needs	3.75	4.5	0.75
I understand my child's development and how it influences my parenting responses.	3.5	4.25	0.75
I regularly support my child's development through play, reading, and shared time together.	4.5	4.75	0.25
I stablish routines and set reasonable limits and rules for my child.	4.5	4.75	0.25
I use positive discipline with my child.	4.25	4.25	0
I make my home safe for my child.	4.75	4.75	0
I am able to set and achieve goals.	3.75	4.5	0.75
I am able to deal with the stresses of parenting and life in general.	3.25	4	0.75
I feel supported as a parent.	3.5	4.5	1
Total			4.5

Table 7: Satisfaction exit survey

	Strongly Agree FY 19-20 N=10	Strongly Agree FY 18-19 N=26
I feel comfortable talking with my parent educator.	98%	94%
I would recommend this program to a friend.	98%	94%
My parent educator gives me handouts that help me continue learning about parenting and child development.	98%	94%
My parent educator is genuinely interested in me and my child.	98%	94%
My parent educator encourages me to read books to my child.	98%	*88%*
This program increases my understanding of child's development.	*94%*	*69%*
My parent educator helps me find useful resources in my community.	*100%*	*75%*
Activities in the visits strengthen my relationship with my child.	*98%*	*69%*
I feel less stressed because of this program.	*88%*	*50%*

FY 2020 - 2021

Parent Survey Comments:

What were the strong parts of the playgroups?

- Interactions with other babies
- Building relationships with other moms, sharing tips, sharing experiences.
- Interacting with other babies & moms!
- interactive play and meeting other kids and families

What suggestions do you have for future playgroups?

- less pandemic and more peapod!

Parent Comments:

Playing and sharing

Songs, Kids, Learning to play together, practice sharing, talking w/ parents, Spanish and parachute.

Parent interactions, singing songs

Social interactions for kids.

Great interaction for kids with other kids. Great selection of play toys and learning activities.

Great songs and parent time too.

Parent and children interaction.

Regular place to go with routine.

Great Toys

Free play, songs, safety

Attendance, toys, free play

Socialization for my daughter

Parent Suggestions:

Peapods are great. We love coming to them.

Keep going, year around

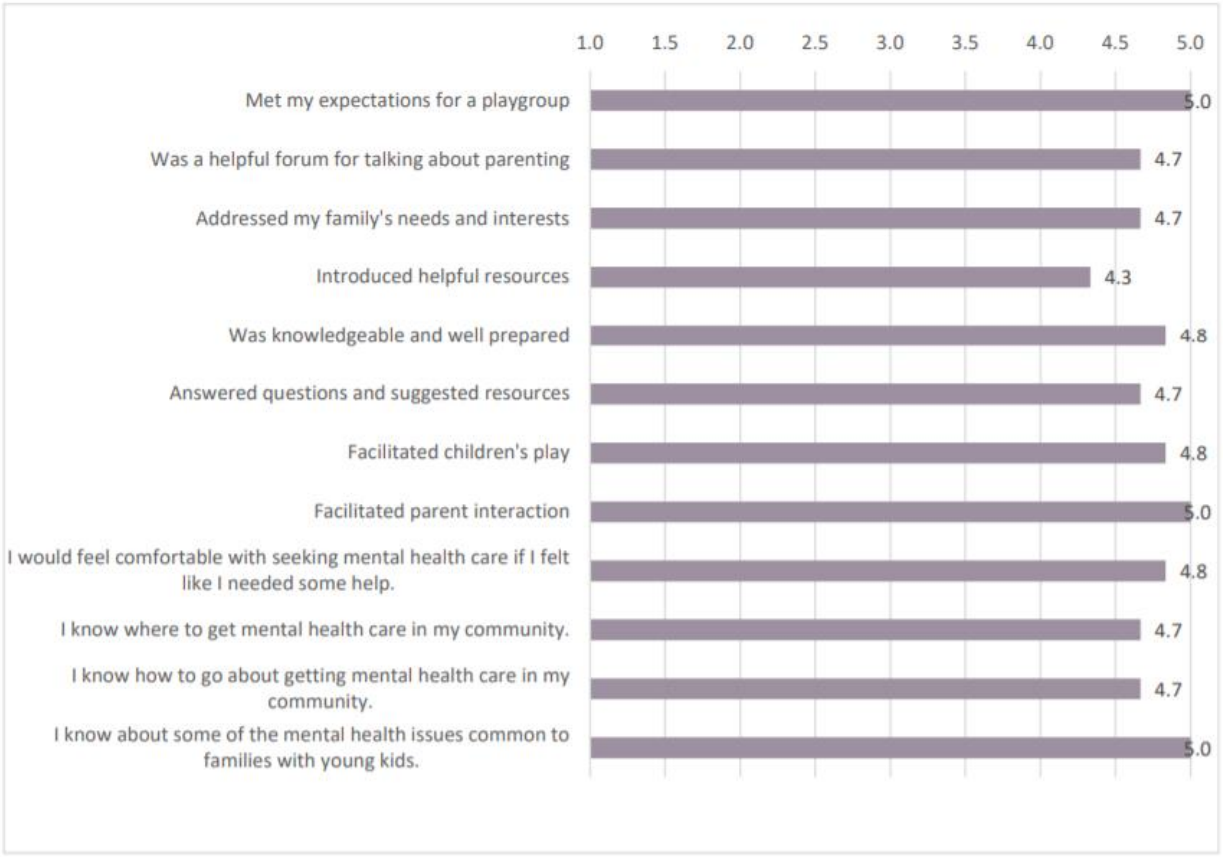
Music

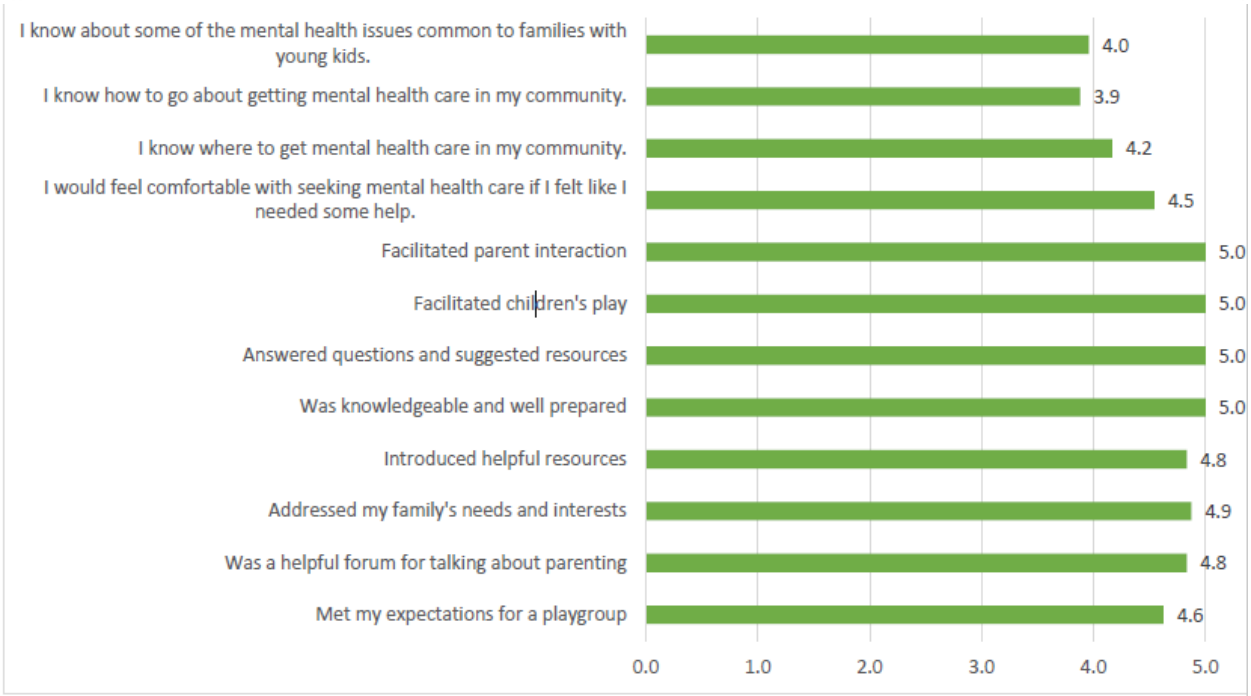
None, we love Peapod

More of the same. More baby signs.

Maybe longer playgroups - 1 hour goes fast

Table 2: Surveys, n=6





North Star Counseling Center / North Star School-Based Services: Group Services

FY 2018 - 2019

No pre- or post-tests were administered, so pre/post analysis is not possible.

FY 2019 - 2020

No groups offered.

FY 2020 - 2021

No groups offered.

North Star School-Based Services: School Wellness Activities

FY 2018 – 2019; FY 2019 - 2020

N/A

FY 2020 - 2021

For wellness programming, the best measure for program outcomes we can offer is the continual attendance to our sessions. While more traditional measures of program outcomes are not available due to the pandemic, the virtual nature of the programming, and the overall stress of the teachers, MCBH was able to collect the following qualitative data from program facilitators, participants, or their guardians:

"I need a moment alone, it's ok, I can meditate by myself" – Participant

"I'm really good at breathing now" – Participant

"My son with autism is sitting in the yard meditating now, thank you" – Participant parent

"It is so sweet and the kids are so engaged. Its great watching the kids " – Participant parent

ESUSD School Groups

Program	Number of Sessions Offered	Average Number of Attendees
Diversity Reading	37	20
Mindfulness	19	22
Wellness Conversations	15	12
Kids Yoga	272	18

Eastern Sierra Unified School District Groups and Wellness Groups in Outlying Communities / Outreach in Outlying Communities

FY 2018 - 2019

No pre- or post-tests were administered for the ESUSD School Groups, so pre/post analysis is not possible. For wellness programming, the best measure for program outcomes we can offer is the **continual attendance** to our sessions.

ESUSD School Groups

Program	Number of Sessions Offered	Average Number of Attendees
Strong Kids - Conflict Resolution	6	3
Strong Kids - Social Skills	6	10

FY 2019 - 2020

No pre- or post-tests were administered for the ESUSD School Groups, so pre/post analysis is not possible. For wellness programming, the best measure for program outcomes we can offer is the continual attendance to our sessions.

ESUSD School Groups

Program	Number of Sessions Offered	Average Number of Attendees
Kids Yoga - 1st grade	15	15
Kids Yoga - 2nd grade	15	16
Kids Yoga - Kinder	10	24
HS Cooking Group	16	11

FY 2020 - 2021

Community Wellness

Program	Number of sessions offered	Average Number of Attendees
Yoga	At least 7	5
Mindfulness	At least 3	1

MCBH Facebook Page

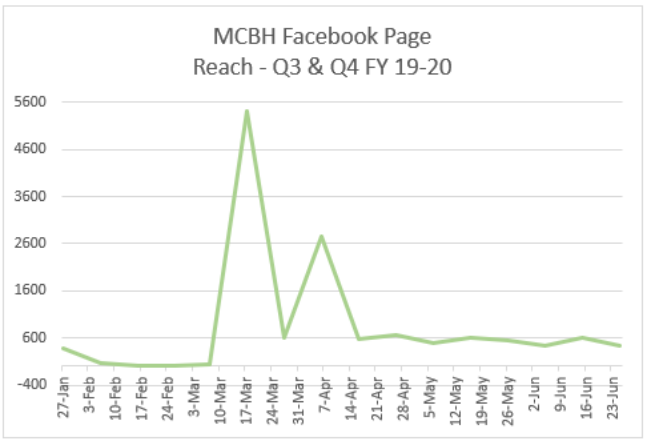
FY 2018 – 2019

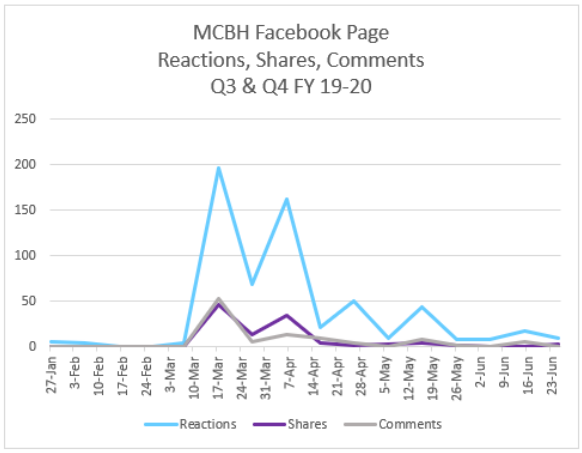
Unavailable

FY 2019 – 2020

Program outcomes for the MCBH page are determined by social media engagement. While averages are provided above, MCBH feels it worthy to mention that the MCBH facebook page has a maximum reach of 5,403 persons with our content as of June 2020. While we have wide reach and a high number of followers, engagement is generally low. Most people "react" to our posts (laugh, wow, sad, care, mad), with a maximum of 231 reactions (as of June 2020). Post comments and shares are the area of least engagement, with a maximum of 72 post shares and a maximum of 53 post comments (as of June 2020). Facebook recently changed the way that their page tracks metrics such as followers, reach, reactions, and engagement. A major change includes not being able to see these metrics for a point in time or date range, so, more recent numbers for the FY 20-21 are not available.

Below are time series of MCBH Facebook page reach, reactions, shares and comments. As evidenced by the time series, MCBH's most successful engagement with program outcomes was early during the COVID-19 pandemic. This is considered a success due to the increased need for mental health services during a globally stressful time.





FY 2020 – 2021

In 2022, MCBH began distributing a survey to gather program outcomes that resulted from the MCBH Facebook Page content. The questions in the survey aimed to identify the direct results of viewing our content, in terms of stigma reduction of mental health conditions and getting help for mental health issues. The survey also asked participants to identify feedback and improvement ideas for content and reachability through our page. The results were as follows:

100% of participants strongly agreed that they were more likely to believe anyone can have a mental health condition, or more likely to believe that people with mental health conditions can contribute to society.

100% of participants agreed that they were (1) more likely to seek support from a mental health professional; (2) more willing to talk to a friend or family member if they thought they were experiencing mental distress; and (3) more willing to actively and compassionately listen to someone in distress.

So far, there have been no responses to the content feedback question.

Suicide Prevention Trainings for Teachers and Staff

FY 2018 - 2019

There are no survey program outcomes to report for FY 18-19, however, one program outcome is the successful development of school safety protocols for ESUSD and suicide prevention protocols for MUSD that were collaboratively developed with district staff.

FY 2019 - 2020

Unavailable

FY 2020 - 2021

No trainings offered

INNOVATION (ORIGINAL)

Help@Hand (a.k.a. "The Technology Suite")

This project, implemented in multiple counties across California, is bringing interactive technology tools into the public mental health system through a highly innovative set or "suite" of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed. Counties have pooled their resources through the Joint Powers Authority, CalMHSA, to jointly manage and direct the use of selected technology products. The first formal name of this project was "Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions" and was called the "Technology Suite" for short. Farther along in the project, after working with a marketing firm, stakeholders, and peers, the project was rebranded as Help@Hand.

Innovation serves as the vehicle and technology serves as the driver, promoting cross-county collaboration, innovative and creative solutions to increasing access and promoting early detection of mental illness and signs of decompensation, stopping the progression of mental illness and preventing mental illness all together.

The date that this plan was approved by the MHSOAC was February 22, 2018 and the date that Mono County incurred its first expenses under the project was October 18, 2019 (the official project start date). Mono County Behavioral Health previously requested an extension of time until October 18, 2021, but due to COVID-19 was unable to take critical steps forward in implementation. After submitting a second requested extension of time, the new end date of this Innovation Plan will be February 8, 2023, which is in line with other Help@Hand Cohort One counties. The initial time period approved by the MHSOAC was 17 months. This final extension request increased the project time to three years and four months, which will allow Mono County time to locally implement its chosen web and mobile applications. This project will retain its original learning goals and there has been no change to the project's target populations.

MCBH sent a letter to the MHSOAC informing them of this extension request on 9/20/21 and received an acknowledgment/approval of the extension request on 10/6/21. See Appendix D for copies of these letters.

In Summer/Fall of 2021, Mono County obtained 10 myStrength test licenses to further test the technology. This app focuses on tailored wellness activities that meet each individual's mental health goals. Test accounts were provided to three Peers from Mono County's wellness center, two Spanish-speaking staff members, and the director of their senior center. Staff members testing myStrength were selected to represent geographical diversity. Those well connected to

the community and who might be most helpful when disseminating to the community were also selected. Staff who had tested myStrength provided informal qualitative feedback to Staff Services Analysts within Mono County.

In early FY 21-22, after working with CalMHSA and Cambria Solutions, MCBH formally selected the MyStrength app for implementation and decided to use its funds to purchase 2500 licenses (minimum purchase) and spend the remaining funds held by CalMHSA on marketing the app widely within Mono County. After several administrative delays on the parts of CalMHSA and myStrength, MCBH rolled out use of the app and the marketing in winter 2022.

To support the roll out, MCBH trained all staff on how to talk about/recommend the app and trained wellness center associates (who are peers) in how to get people enrolled. To better reach our target populations, Mono County is planning to partner with the local senior center, Cerro Coso Community College, and a local organization that provides wellness activities and support groups. The outreach and marketing efforts within the department will be paid for with the remaining Innovation funds allocated for this project.

Help@Hand Program Cost Per Person Estimates for FY 22-23

Total Cost of Program	$24,500
Total Estimate of Participants	500
Total Estimated Cost per Person	$49
Estimated Cost for Children (0-15)	$0
Estimated Cost for TAY (16-25)	200 people = $9,800
Estimated Cost for Adult (26-59)	200 people = $9,800
Estimated Cost for Older Adult (60+)	100 people = $4,900

*Licenses are available for 2,500 people (this was the minimum license purchase available) – these cost per person estimates reflect an estimate of how many licenses MCBH thinks will actually be used.

Upcoming Projects: Mobile Crisis Response or Electronic Health Record Project with CalMHSA

MCBH had originally planned to write a mobile crisis response Innovation Plan in FY 21-22, but after receiving the Crisis Care Mobile Units Grant through the Department of Health Care Services and re-assessing its Innovation funds up for reversion, MCBH determined that it would not bring

forward a new Innovation Plan until FY 22-23. At this time, MCBH is exploring the option of either expanding its existing Mobile Crisis Program with additional learning goals or joining a project with CalMHSA related to their EHR implementation and CalAIM administration.

INNOVATION PROJECT REPORTS

Help@Hand (a.k.a. Technology Suite) Annual Project Report:

Please see the Year 1, Year 2, and Year 3 evaluation report links below as well as screen shots of the Executive Summaries of each report.

Full Year 1 Evaluation Report:
https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/10057/helphand_annual_evaluation_report_-_year_1.pdf

Full Year 2 Evaluation Report on the MHSA page and the link below:
https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/10057/helphand_evaluation_year_2_annual_report_memo_v2.pdf

Full Year 3 Evaluation Report on the MHSA page and the link below:
https://monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/10057/helphand-annual-evaluation-report-year-3-calmhsa-memo.pdf

Year 1 Executive Summary:

EXECUTIVE SUMMARY

INTRODUCTION

Help@Hand is a five-year statewide collaborative demonstration project funded by Prop 63 (also known as the Mental Health Services Act) that is designed to bring interactive, technology-based, mental health solutions into the public mental health system through a highly innovative set, or "suite", of mobile applications. The project also integrates Peers (individuals with lived experience of mental health issues and co-occurring issues) throughout the project. Currently, twelve Counties and two Cities participate in the project. These include: Kern, Los Angeles, Marin, Modoc, Mono, Monterey, Orange, Riverside, San Francisco, San Mateo, Santa Barbara, and Tehama Counties; Tri-City; and City of Berkeley.

The primary activities of Help@Hand over the past year can be characterized by four R's: Re-innovate; Re-envision; Re-organize; and Reach.

Re-innovate

- Released a Request for Statement of Qualification (RFSQ) in order to add new apps to suite
- Developed a process to pilot new apps
- Established the Help@Hand Peer Model by defining Peers and their role in the project

Re-envision

- Identified key strategic priorities to guide the first Tech Suite Innovation collaboration of County/City behavioral health departments in California
- Created and adapted tools, training, and support to help critically examine apps within the behavioral health setting
- Sought guidance from various experts in technology implementation, finance, and digital legal fields

Re-organize

- Reorganized the budget model:
  - Allocated more funds for local control to allow more decision–making autonomy and resources for County/City level implementation
  - Retained funds at the Collaborative level to allow cost sharing for common needs

Reach

- Met with local stakeholders to provide updates and gather feedback on topics such as digital mental health literacy
- Published first Quarterly Stakeholder Update Report and began planning webinars for the public
- Created the Help@Hand brand and developed a marketing plan

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HELP@HAND EVALUATION ACTIVITIES AND FINDINGS (YEAR 1- SEPTEMBER 2018 TO DECEMBER 2019)

Market Surveillance examined technologies in the marketplace similar to Help@Hand and found:

- There is considerable variability in the app marketplace.
- The content or functions of apps change, sometimes quickly, due to updates. Furthermore, apps frequently are added or removed from the marketplace or change names.
- Digital phenotyping apps were not widely available for the public.
- Obtaining usage data will be key to measuring the success of Help@Hand apps.
- Only a small number of users ever used the app again after the day of download.

Site Visits with County Leadership, Clinicians, and Staff found:

- A particular technology's success is likely influenced by contextual factors outside the technology itself, including perspectives of leadership, providers, and Peers.
- Help@Hand technologies met with initial enthusiasm from clinicians, but unanticipated barriers resulted in challenges with meeting those expectations.
- Positive impressions are not sufficient to lead to successful implementation.
- Developing local champions appears to be a key strategy for achieving effective communication and knowledge, as well as successful implementation.
- Using technology in mental health service delivery is new and unanticipated challenges are likely to occur. Identifying and addressing these challenges quickly is important to maintain positive impressions and engagement.

Peer Program Evaluation consisted of interviews and surveys, and indicated:

- Peers are a ready and valuable resource with great potential to inform the appropriate selection and deployment of Help@Hand technology.
- There was a great deal of variability in how Peers were identified, hired, trained, managed and supervised.
- More clearly defining the Peer role and providing appropriate support will facilitate retention.

Data collected through heuristic evaluations and surveys/interviews/focus groups with community members and technology users revealed:

- Community members see the potential value of using mental health technologies.
- Community members also revealed barriers to adoption and continued use of mental health technologies.
- Addressing usability concerns will be critical for encouraging the adoption and continued use of these technologies.

Work conducted on the outcomes evaluation and data dashboard consisted of:

- Working with the California Health Interview Survey and California Health and Human Services to develop a state-wide data collection strategy to assess Help@Hand outcomes.
- Identifying comparison counties to better understand the impact of Help@Hand.
- Incorporating multiple stakeholder perspectives to choose a mental health stigma measure through a community-based selection process.
- Obtaining publicly available data.

Preliminary work to evaluate the second Request for Statement of Qualifications (RFSQ) process suggests:

- Providing clear instructions to Vendors on information that should be presented during demos will make it easier for Counties to compare across technologies.
- Information related to available features, data storage, sharing, and security is important and useful to collect from Vendors.
- Understanding information related to the user experience of the apps is important to avoid the risk of wasting Counties' time, effort, and money.
- Standardizing processes, data collection strategies, and tools across Counties will enhance the value of the information that Counties will obtain from their efforts.

help @ hand™ Evaluation

Recommendations based on findings from Year 1 are provided on page 63-65.

Year 2 Executive Summary:

EXECUTIVE SUMMARY

INTRODUCTION

Year 2 of the Help@Hand project was marked by the same critical ruptures, social upheavals, and unprecedented challenges that have shaped 2020 for all of us, and have made the work of providing targeted and accessible digital mental health therapeutics newly profound for our communities.

The COVID-19 pandemic has revealed itself to be a generation-defining complex of interrelated crises—not only the public health emergency which is still overwhelming Help@Hand counties/cities, but also new crises of rampant unemployment, housing issues, and much more. Meanwhile, 2020 witnessed thousands of protests that have demanded an evolution of the conversation around systemic racism and its effects in communities of color. And through all of this, the year in politics culminated in the national election in November, with Joseph R. Biden Jr. and Kamala D. Harris, respectively, selected as the President and Vice President of the United States.

The past year had several challenges, but also gave way for communities to speak loudly and clearly about their needs, strengths, fears, and hopes. 2020 revealed all of these needs to be inextricably linked, and emphasized the collective toll on mental health. And yet, Year 2 of the Help@Hand program has afforded a vital opportunity to respond to community need with renewed dedication and community-driven effort.

Year 2 of the project was a year of careful community needs assessments, rigorous assessment of digital therapeutic technologies and market surveillance, thoughtful piloting and implementation phases, and vital shared learnings across the collaborative with an emphasis on even greater cross-unit collaboration moving forward. Critical insights into the needs and trends of different linguistic communities, age groups, and regions with respect to the use of digital and online mental health tools were gained. A high-level overview of Year 2 program and evaluation activities as well as learnings is provided below. As the program looks ahead to Year 3, it will continue to build upon the successes and learnings of this unparalleled, yet incredibly formative year.

HELP@HAND EVALUATION ACTIVITIES AND LEARNINGS

SYSTEM EVALUATION- MARKET SURVEILLANCE, ENVIRONMENTAL SCAN, AND COLLABORATIVE PROCESS EVALUATION

The Year 2 system evaluation focuses on evaluating system-related factors that may affect Help@Hand. It presents evaluation activities and learnings from the market surveillance, as well as the status of the environmental scan and the collaborative process evaluation. Findings include:

- User experience assessment suggests that many mental health apps offer interesting, engaging, and easy-to-use support. However, limited accessibility features indicate that not everyone can get on-demand support from these apps and may face barriers beyond ease of use.
- User experience, downloads, and engagement were higher for chatbot apps than for meditation or peer support apps.
- Digital phenotyping, an approved component of Help@Hand technologies, is not a widely available feature in publicly available mental health apps.
- Apps identified through Help@Hand's most recent Request for Statement of Qualification (RFSQ) tended to underperform in the marketplace in terms of number of downloads and number of monthly active users.

PEER EVALUATION

The evaluation of the Peer component carried out in Year 2 documents Peer activities, identifies successes and challenges to implementing the Peer component, and shares lessons learned across the Collaborative. Findings include:

- Peers are playing an active role in supporting the Help@Hand program across the Collaborative. There is enthusiasm overall for the contribution of the Peer component to the Help@Hand project.
- Digital educational materials can be delivered remotely to address digital literacy, in response to the in-person constraints brought about by COVID-19.
- Peers have been engaged in digital product testing throughout Year 2, and counties/cities plan to sustain this engagement into Year 3.
- Over time, more counties/cities are reporting successes with incorporating Peer input into Help@Hand decisions, but challenges to program implementation are being reported by an increasing number of counties/cities.

COUNTY/CITY TECHNOLOGY, USER EXPERIENCE, AND IMPLEMENTATION EVALUATION

In Year 2, the Help@Hand evaluation team conducted needs assessments to assure that technologies remain appealing and accessible to all users throughout the reach of the Collaborative. In particular, the needs of Los Angeles community college students and individuals within the Riverside County Deaf and Hard of Hearing Community were assessed, and plans for additional assessments with Orange County were initiated.

Marin, Riverside, San Francisco, and San Mateo Counties, as well as City of Berkeley and Tri-City explored different technologies with target populations to provide valuable feedback about how well or poorly specific technologies were received, which in turn will inform the pilot and implementation phase of selected technologies.

Meanwhile, Los Angeles, Marin, San Francisco, San Mateo, Santa Barbara, and Tehama Counties planned pilots to test potential technologies. A few of these pilots were paused or discontinued for various reasons. At the same time, Los Angeles and Orange Counties implemented technologies, with the intention of offering these technologies to a larger group of community members or using them for the remainder of the project.

In addition, the Help@Hand Collaborative developed a framework to rapidly launch technologies to respond to the needs of their communities during COVID-19. Riverside County developed and launched a peer-chat app called Take my Hand in 2020. San Francisco County is planning to partner with Riverside County on piloting this app as well in 2021. Another technology launched was Headspace, which Los Angeles and San Mateo Counties began offering to county residents in 2020. San Francisco plans to launch Headspace in their county in 2021.

Also, Monterey and Los Angeles Counties released a Request for Information and created a Request for Proposal as part of their development of a tool that screens and refers residents of Monterey County.

Finally, Kern and Modoc Counties completed their projects and transitioned off of Help@Hand. Exit interviews were conducted with both counties.

OUTCOMES EVALUATION AND DATA DASHBOARDS

The outcomes evaluation assesses Help@Hand's overall impact in the state of California. Key findings include:

- For both teens and adults, individuals with higher distress levels were more likely to have used online tools to connect with other individuals living with similar addiction or mental health conditions.

- California Health and Human Services (CHHS) and its Institutional Review Board (IRB) approved the Help@Hand evaluation team request for data from vital statistics, which allowed the evaluation team to start analyzing data regarding suicides, and drug and alcohol overdoses. The analysis of the five-year baseline period from 2015 to 2019 revealed that the general rates of suicide and overdose are generally slightly higher in comparison counties than in Help@Hand counties.

RECOMMENDATIONS

Recommendations based on evaluation learnings are provided on page 97 for the Help@Hand Collaborative and the individual Help@Hand counties/cities.

Year 3 Executive Summary:

EXECUTIVE SUMMARY

Help@Hand began to stabilize in its third year of the project, as several counties/cities successfully piloted and implemented technologies to support the mental health needs of their communities.

Collaboration between counties/cities participating in the project continued to be instrumental to project success. Counties/cities learned from each other and even partnered with each other to plan technology launches across California. At the same time, the project also experienced shifts with some counties/cities graduating from the Collaborative.

Additionally, Peers were an essential part of the project in Year 3. Peers contributed in multiple ways and supported key successes across the project. They also provided insights to strengthen and improve the project.

Multiple evaluation activities were conducted in Year 3. This report synthesizes learnings from these various activities.

HELP@HAND EVALUATION ACTIVITIES, LEARNINGS, AND RECOMMENDATIONS

System Evaluation

Headspace, myStrength, and comparable apps were reviewed in Year 3. Learnings from the review include:

- Ensure that content within a particular app product aligns with program goals.
- Plans for implementing a product within a particular community should be built upon how the product is expected to be used by community members.

The Help@Hand evaluation team also interviewed CalMHSA leadership in the beginning of Year 3. The interview identified common project learnings:

- Needs assessments and stakeholder input are important when planning to implement a technology because they provide insight on which technologies would be most beneficial to the community.
- Successful technology pilots and implementations should recognize cultural differences and consider the specific needs of target populations.
- Low levels of digital literacy remain a barrier for consumers adopting apps.
- An essential component for project management was streamlining processes during planning, executing, and monitoring technology launches.

Peer Evaluation

Quarterly surveys and bi-annual follow-up interviews were conducted with Peer Leads. Surveys and interviews were conducted with Tech Leads in counties without a Peer Lead. Findings include:

- Peer activities this year included product testing, community outreach, digital literacy training, device distribution, and piloting technology.
- Help@Hand Peers had several successes, including meaningful contributions to the Help@Hand project. A frequently reported contribution was increased visibility in the program through delivering presentations to committees and community organizations. Improved communication across the Collaborative and workplaces were other successes.
- A number of recommendations were offered. Recommendations can be found on page 32.

[1] Help@Hand defines a Peer as a person who publicly self-identifies with having a personal lived experience of a mental health/co-occurring issue accompanied by the experience of recovery. A Peer has training to use that experience to support the people they serve.

County/City and Consumer Experience Evaluation

Help@Hand counties/cities were involved in a number of activities in this period. These included:

- Los Angeles, San Francisco, San Mateo, and Santa Barbara Counties, and the City of Berkeley provided free subscriptions to Headspace. Evaluation of these efforts included app data, consumer surveys, and exploration surveys.
- Riverside County continued to support their community with TakemyHand™, their Peer support platform, and partnered with San Francisco County to plan a pilot of TakemyHand™.
- Orange County continued the implementation of Mindstrong with clients at a local healthcare provider. The evaluation included surveys and interviews with clients and referring providers, along with app data.
- San Mateo County concluded their pilot of Wysa. Data from their local evaluation is spotlighted in this report.
- Marin County completed a pilot myStrength. Findings from consumer and staff surveys and interviews are included in this report, along with myStrength app data. Mono and Tehama Counties, along with City of Berkeley and Tri-City began, or made plans, to offer myStrength.
- Monterey and Los Angeles counties began working with CredibleMind to build a mental health technology that would screen and refer residents to county mental health services.
- Other technologies were provided, or planned to be provided, by several counties/cities. Los Angeles County offered iPrevail to county residents. Riverside County began a pilot of A4i. Los Angeles County also began planning for use of MindLAMP and Syntranet. Marin and Riverside Counties reviewed and considered various technologies to pilot and implement.
- Needs assessments with Behavioral Health Services clients and members of Riverside County's Deaf and Hard of Hearing Community were planned by Orange and Riverside Counties, respectively. The needs assessments seek to understand perceptions of mental health, use of technology to support mental health, and desired resources to support mental health.
- Kern and Modoc concluded their projects and transitioned off of Help@Hand.

Outcomes Evaluation and Data Dashboards

The California Health Interview Survey (CHIS) included questions on the use of mental health resources that were specifically tailored for the Help@Hand program. Important findings were:

- A significant increase was found from 2019 to 2020 in the percent of people who use the internet and social media almost constantly or many times a day across California.
- Adults who used an online tool to support mental health reported higher levels of usefulness in 2020 than in 2019.
- There was a slight decrease in the percentage of adults who reported using social media, blogs, or online forums to connect with people with similar mental health or alcohol/drug concerns from 2019 to 2020.

Recommendations

Recommendations based on evaluation learnings include the following. More details are provided on page 141.

- Planning implementation strategies that recognize and address the unique circumstances of key target audiences may improve product uptake and maintenance.
- Managing resources is key to delivering a successful project because it plays an important role in setting project expectations, improving implementation processes, and increasing the likelihood of success.
- Considering needed approvals should take place early in the planning process to improve timeline adherence.

- Creating effective and reliable avenues for sharing information continues to require consideration. It is recommended that current strategies for supporting project communication be reviewed with an eye toward building and supporting effective communication strategies and eliminating those that have been ineffective.
- Involving partners early on and considering their own resources and requirements may impact timelines.
- Developing an open and collaborative relationship with technology vendors continues to emerge as an important learning.
- Recruiting, training, engaging, and involving Peers in decision making processes remain an important need across the project. Continuous efforts to center and elevate Peer voices is essential for success. Systems for continuous collaboration and information sharing across counties/cities for all Peers is also needed.
- Training and supporting providers can facilitate product uptake. Refresher trainings, coaching, and additional materials (e.g. flyers) can be helpful.
- Considering users' early impressions of a technology and evaluating whether the content meets users' long-term needs at later time points help understand user engagement.
- Consenting users requires careful consideration, time, and resources. Counties/cities have encountered numerous hurdles in their efforts to develop their consent process.
- Addressing digital literacy continues to be a need in the community, especially with vulnerable populations, communities of color, and individuals identified as limited English Proficient. It is recommended that local efforts to address the digital literacy divide be documented (e.g. create a white paper), integrating knowledge around availability of federal and statewide resources.
- Improving efficiencies as well as streamlining and simplifying processes across the project occurred this year. Recommendations include developing project management documentation at the local level, which can then be distributed across Help@Hand to serve as a source of ideas.
- Using a one-size-fits all model for project planning and management is not well-suited to such a large and diverse program. Efforts to tailor to individual county/city and project needs have proven to facilitate progress across Help@Hand.
- Marketing a planned implementation is a key component for bringing the target audience to a product. Attracting a specific target audience requires that the marketing strategy be unique and tailored, rather than generic and broad.
- Distributing devices happened in many counties/cities. Consider developing a white paper on device distribution that synthesizes learning and recommendations, including providing information about local, state, and federal support programs.
- Placing kiosks in key client locations can be an effective way of reaching many people.
- Sharing actionable insights continue to benefit the Collaborative. Identifying strategic efforts for addressing best practices for disseminating information across the collaborative will accelerate program impact.
- Considering opportunities for sustainability and lasting impact of project outputs should continue to be prioritized.

INNOVATION (MID-YEAR REVISION)

Multi-County Innovation Project: Semi-Statewide Enterprise Health Record

Multi-County Innovation Project: Impact of Human-Centered Design Principles on Behavioral Health Workforce Effectiveness, Satisfaction, and Retention

Background: Why this, why now?

The Mental Health Services Oversight & Accountability Commission (MHSOAC) has long been a key facilitator of investments in the California Public Behavioral Health System. These investments are tuned to deliver on the promise of the Mental Health Services Act (MHSA), which envisioned transforming a fragmented and under-resourced safety net system into a holistic, well-functioning and responsive array of services to meet the current and emerging needs of California residents. The MHSOAC has identified levers for enabling transformational change, many of which will rely on robust technology and data systems. Of utmost importance among county data systems is the Electronic Health Record (EHR). These records are used to document and claim Medi-Cal service that county Behavioral Health Plans (BHP) provide and if properly enhanced, can capture vital data and performance metrics across the entire suite of activities and responsibilities shouldered by BHPs.

Until now, BHPs have had a limited number of options from which to choose when seeking to implement a new EHR. The majority of EHR vendors develop products to meet the needs of the much larger physical health care market, while the few national vendors that cater to the behavioral health market have been disincentivized from operating in California by the many unique aspects of the California behavioral health landscape. This has resulted in the majority of county BHPs largely dissatisfied with their current EHRs, yet with few viable choices when it comes to implementing new solutions. The pervasive difficulties of 1) configuring the existing EHRs to meet the everchanging California requirements, 2) collecting and reporting on meaningful outcomes for all of the county BH services (including MHSA-funded activities), and 3) providing direct service staff and the clients they serve with tools that enhance rather than hinder care have been difficult and costly to tackle on an individual county basis.

Clearly, this current moment provides both the opportunity and the imperative for counties to take a substantial leap forward with regard to EHRs. California Advancing and Innovating Medi-Cal (CalAIM) changes target documentation redesign, payment reform and data exchange requirements bringing California BH requirements into greater alignment with national physical healthcare standards, thereby creating a lower-barrier entry to EHR vendors seeking to serve California. At the same time, the COVID-19 pandemic has increased the demand for behavioral health services, had disproportionately impacted communities of color, and has factored into the

staggering workforce shortages faced by counties throughout California. BHPs need to foundationally revamp their primary service tool to meet the challenges and opportunities of this moment. BHPs, in partnership with CalMHSA are positioned to do just that through the Semi-Statewide EHR initiative.

Currently, EHRs have been identified as a source of burnout and dissatisfaction among healthcare direct service staff. EHRs, which were first and foremost designed as billing engines, have not evolved to prioritize the user experience of either the providers or recipients of care. The impact of this design issue is telling – an estimated 40% of a healthcare staff person's workday is currently spent in documenting encounters, instead of providing direct client care. This estimate does not consider the full breath of the BHP workforce, which relies on a wide diversity of provider types needed to respond to the Medi-Cal population.

Proposed Solution: Semi-Statewide Enterprise Health Record

CalMHSA is currently partnering with 23 California Counties to enter into a Semi-Statewide Enterprise Health Record project. This project is unique in that it engages counties to collaboratively design a lean and modern EHR to meet the needs of counties and the communities they serve both now and into the intermediate future. The key principles of the EHR project include:

- **Enterprise Solution**: Acquisition of an EHR that supports the entirety of the complex business needs (the entire "enterprise") of County Behavioral Health Plans.

- **Collective Activism**: Moving from solutions developed within individual counties to a semi-statewide scale allows counties to achieve alignment, pool resources, and bring forward scaled solutions to current problems, thus reducing waste, mitigating risk, and improving quality.

- **Leveraging CalAIM**: CalAIM implementation represents a transformative moment when primary components within an EHR are being re-designed (clinical documentation and Medi-Cal claiming) while data exchange and interoperability with physical health care towards improving care coordination and client outcomes are being both required and supported by the State.

Optimizing EHR platforms used by providers to meet their daily workflow needs can enhance their working conditions, increase efficiencies, and reduce burnout. This increased efficiency translates into more time to meet the needs of Californians with serious behavioral health challenges, while improving overall client care and increasing provider retention.

Multi-County Innovation (INN) Project

In October 2021, CalMHSA administered a survey to 20 BHPs who had previously expressed interest in participating in the Semi-Statewide EHR. Subsequent to the survey, there has been additional interest in the project. This survey gathered preliminary data related to current EHR system usage, such as the total number of active EHR users, active users by staff classification, service provision, and interoperability capabilities. Survey participants reflect the diverse populations across California counties, with representation from each of the five (5) state regions (Bay Area, Central, Southern, Superior, Los Angeles) as well as county sizes (small-rural, small, medium, large, very large). Based on responses from all 20 counties, it is anticipated that this project could potentially impact more than 20,000 EHR users, depending upon the number of counties choosing to participate.

The proposed INN Project will include the initial cohort of counties who are scheduled to "go live" with the Semi-Statewide EHR during Fiscal Year 2022/2023. A foundational goal of this project is to engage key stakeholders and human-centered design experts *prior to* the new EHR implementation and include their experience and feedback to optimize the user experience and layout of the incoming EHR.

The INN project will have three (3) phases:

1) **Formative Evaluation**: Prior to implementation of the new EHR, the project will measure key indicators of time, effort, cognitive burden, and satisfaction while providers utilize their current or "legacy" EHR systems. The data collected by direct observation of staff workflows currently in use will then be assembled and analyzed using quantitative scales. Objective data for example, length of time moving between screens, number of mouse clicks, and amount of time required, as well as subjective data to measure user satisfaction, will be incorporated into the evaluation process.
2) **Design Phase**: Based on data gathered from the initial phase, Human-centered design (HCD) experts will assist with identifying solutions to problems identified during the evaluation of the legacy products. This process will help ensure the needs of service providers, inclusive of licensed professionals, paraprofessionals, and peers, and in turn their clients, will be at the forefront of the design and implementation of the new EHR. In order to create as many efficiencies as feasible, the design phase will be iterative, to assure feedback from users and stakeholders is incorporated throughout the process.
3) **Summative Evaluation**: After implementation of the new EHR, the same variables collected during the Formulative Evaluation will be re-measured to assess the impact of the Design Phase interventions.

The HCD approach is supported by research and is a key component of this project. Enlisting providers' knowledge and expertise of their daily clinical operations in order to inform solutions in the Design Phase is vital to ensuring the new EHR is responsive to the needs of the BHP workforce as well as the clients they serve.

Project Management and Administration

- **CalMHSA**: CalMHSA will serve as the Administrative Entity and Project Manager. CalMHSA will execute Participation Agreements with each respective county, as well as contracts with the selected EHR Vendor and Evaluator.
- **Streamline Healthcare Solutions**: This vendor will be responsible for the development, implementation, and maintenance of the Semi-Statewide EHR.
- **RAND**: As the evaluation vendor, RAND will assist in ensuring the INN project is congruent with quantitative and qualitative data reporting on key indicators, as determined by the INN project. These indicators include, but may not be limited to, impacts of human-centered design principles with emphasis on provider satisfaction, efficiencies, and retention. In addition, RAND will subcontract with a subject matter expert in the science of human-centered design to ensure the project is developed in a manner that is most congruent to the needs of the behavioral health workforce and the diverse communities they serve.

Project Objectives

CalMHSA will partner with RAND to achieve the following preliminary objectives:

- **Objective I**: *Shared decision making and collective impact*. Over the course of the EHR project, RAND will evaluate stakeholder perceptions of and satisfaction with the decision-making process as well as suggestions for improvement.
- **Objective II**: *Formative assessment*. RAND will conduct formative assessments to iteratively improve the new EHR's user experience and usability during design, development, and pilot implementation phases. This will include:
    - A discovery process identifying key challenges that the new EHR is aiming to improve and establish strategic areas for testing (e.g., efficiency, cognitive load, effectiveness, naturalness, satisfaction).
    - Testing EHR usage with core workflows (e.g., writing progress notes; creating a new client records) as well as common case scenarios (e.g., potential client calls an "Access Center" for services, before or after hours; sending referrals to other agencies or teams) in order to identify opportunities for increased efficiencies / standardization.
    - Iterative testing and feedback of new EHR vendor's design (wireframes and prototypes) using agreed-upon scenarios, including interviews and heuristic evaluation workshops as appropriate.
    - Identifying performance indicators to gauge success, such as measures of efficiency (e.g., amount of time spent completing a task; number of clicks to access a needed form or pertinent client information), provider effectiveness, naturalness of a task, and provider cognitive load / burden and satisfaction.
- **Objective III**: *Summative assessment*. Conduct a summative evaluation of user experience and satisfaction with the new EHR compared to legacy EHRs, as well as a post-implementation assessment of key indicators.

Project Learning Goals

1. Using a Human Centered Design approach, identify the design elements of a new Enterprise Health Record to improve California's public mental health workforce's job effectiveness, satisfaction, and retention.

2. Implement a new EHR that is more efficient to use, resulting in a projected 30% reduction in time spent documenting services, thereby increasing the time spent providing direct client care.

3. Implement a new EHR that facilitates a client-centered approach to service delivery, founded upon creating and supporting a positive therapeutic alliance between the service provider and the client.

Appendix and Budget

Mono County

1. **COUNTY CONTACT INFORMATION:**

Amanda Greenberg, Program Manager
agreenberg@mono.ca.gov
760-924-1754

2. **KEY DATES:**

Local Review Process	**Dates**
30-day Public Comment Period (begin and end dates)	9/18/22-10/17/22
Public Hearing by Local Mental Health Board	10/17/22
County Board of Supervisors' Approval	10/18/22

This INN Proposal is included in: (*Check all that apply*)

	Title of Document	**Fiscal Year(s)**
	MHSA 3-Year Program & Expenditure Plan	
X	MHSA Annual Update	FY 22-23
	Stand-alone INN Project Plan	

3. DESCRIPTION OF THE LOCAL NEED(S)

Mono County Behavioral Health (MCBH) has been working toward a new Electronic Health Record (EHR) for more than two years. The system that MCBH currently uses is a legacy system that places extreme burden on every staff member that uses it, from therapists and psychiatrists to front office and billing staff. Some staff estimate that they spend four to five extra hours per week doing documentation and scheduling due to the administrative burden of working within the existing system. As we will discuss below, more administrative burden, means less time with clients. This is especially significant given the vacancy rates that Counties, including Mono, across the state are facing.

In recent years, MCBH estimates that it has had at least two positions vacant at all times, with up to three or four positions vacant in times of extreme need. Although these numbers may seem small, in a department of 25 FTE staff members, these vacancies are significant. Moreover, MCBH has such a difficult time recruiting therapists in particular that the department has resorted to contracting with an outside agency for teletherapy at great additional cost. In addition to the workforce shortage as a whole, MCBH's remote location, housing shortage, and high housing costs make recruitment and retention even more challenging.

In the Community Program Planning Process (CPPP) for this project, a client and a family member of a client shared concerns about the number of vacancies that MCBH has been experiencing over the last several years and reported some lack of care coordination related to these vacancies. Additionally, in our most recent community survey, participants regularly cited "lack of access to mental health providers" as a key challenge across age groups. These comments all point to the need for a stronger and more stable behavioral health workforce. MCBH strongly believes that efficient, streamlined systems that lower administrative burden help retain staff.

Finally, in addition to the administrative burden it brings, MCBH's existing EHR is unprepared for CalAIM/Medi-Cal reform and is extremely limited in its ability to meet the department's reporting requirements. MCBH has a desire for robust client reporting out of its EHR to better analyze, understand, and improve the department to meet clients' needs. There is no question that a few EHR with better reporting will allow us to improve services to clients and have more time to devote to direct services.

4. DESCRIPTION OF THE RESPONSE TO LOCAL NEED(S) AND REASON(S) WHY YOUR COUNTY HAS PRIORITIZED THIS PROJECT OVER OTHER CHALLENGES IDENTIFIED IN YOUR COUNTY

As stated above, MCBH has been trying to implement a new EHR for more than two years, and identifying an EHR that is intuitive and uses a human centered design approach has been a key priority for the department. Through this project, MCBH hopes to use learnings

from the RAND Corporation evaluation to help improve the EHR over time and to understand staff members' satisfaction with the resulting product. As a small county, it can be challenging to get exactly what we need from an EHR vendor, so we feel that participation in this project is not only innovative but a worthy investment.

In the CPPP description below, MCBH shares the results of a focus group held with MCBH staff members – these quotes are key examples of the administrative burden that staff are facing. A primary reason that the department has prioritized this project over other challenges identified in the community is because we would like to reduce our time documenting services and focus on client care.

The other potential Innovation project that MCBH and its stakeholders were considering was related to mobile crisis, however, with the infusion of grant funding through the Crisis Care Mobile Units Grant, the department has been able to launch this program with several local partners.

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS

MCBH started seeking stakeholder feedback on a new EHR in Fall 2020, beginning with a series of staff focus groups, including clinical supervisor, therapists, data, and front office staff. The data collected during this time focused on having an EHR that is easy to use and minimizes administrative burden, meets state requirements/is nimble enough to adapt to ever-evolving requirements, and allows for customized reporting.

MCBH has continually updated the Behavioral Health Advisory Board (BHAB) on its process toward selecting and contracting with a new EHR vendor, including updates on 4/12/21, 10/18/21, 12/31/21, 3/7/22, and 6/6/22. At these times, the BHAB has been receptive to the department's ongoing efforts to change the EHR vendor and improve the overall quality of services as a result.

A brief discussion of MCBH's participation in the CalMHSA EHR project was included in the FY 22-23 MHSA Annual Update that went through all required CPPP and local review processes. This update was well-received, including the update at the Mono County Board of Supervisors in June 2022, which stated that an Innovation Plan for the Multi-County EHR project would be forthcoming.

As stated above, in the Community Program Planning Process (CPPP) for this project, a client and a family member of a client shared concerns about the turnover that MCBH has been experiencing over the last two years and reported some lack of care coordination related to these vacancies. Additionally, in our community survey, participants regularly cited "lack of access to mental health providers" as a key challenge across age groups. Below is a summary of this survey result:

Key Takeaways from the Community Survey include:

a. **The top 3 issues in our community related to mental health**
    i. Finding housing (37%)
    ii. Finding access to MH providers (34%)
    iii. Drugs or alcohol (28%)
b. **The top 3 issues for individuals (self) related to mental health**
    i. Finding access to MH providers (29%)
    ii. Feeling a lack of social support or isolation (25%)
    iii. Cost of services (19%)
c. **The top 3 issues for youth (0-15) related to mental health**
    i. Feeling a lack of social support or isolation (27%)
    ii. Family relationships (23%)
    iii. Experiencing bullying (23%)
d. **The top 3 issues for transition aged youth (16-25) related to mental health**
    i. Finding access to MH providers (29%)
    ii. Finding housing (29%)
    iii. Drugs or alcohol (23%)
e. **The top 3 issues for adults (26-59) related to mental health**
    i. Finding access to MH providers (11.8%)
    ii. Knowledge of MH Issues (10.7%)
    iii. Securing stable employment (10%)
f. **The top 3 issues for older adults (60+) related to mental health**
    i. Feeling a lack of social support or isolation (44%)
    ii. Finding access to MH providers (38%)
    iii. Cost of services (21%)
g. **ALL Top 3 issues questions, combined:**
    i. Finding access to MH providers (~23%)
    ii. Feeling a lack of social support or isolation (~20%)
    iii. Drugs or alcohol (15%)

Summer 2022, MCBH held a focus group with providers, who were overall enthusiastic about the prospect of participating in the Multi-County EHR Project and shared a multitude of frustrations with its existing system. Staff were asked about barriers in the existing system and how they will allocate time when the administrative EHR burden is lifted:

Our current EHR is not up to date on our CalAIM requirements, which means our agency can be out of compliance and/or has to make a hand count or separate system to do our job. We are wasting time that could be used to see clients or work in our community

Our current EHR does not have any sort of reminders that go off. So we have to track everything manually. This makes it almost impossible to track timelines of when items are due, when to review assessments, etc.

Our current EHR consistently has errors/issues when running our monthly Medi-Cal billing; sometimes there are errors that the vendor does not know how to fix or is very slow to fix. With a new EHR system, billing will be more streamlined and efficient which will open up more time to work on other essential tasks.

Our current EHR is cumbersome to use, which takes time away from other duties a provider could be doing.

I would have more time for clients, or group facilitation where now I'm taking extra time to write out treatment goals and having to upload them.
Our current EHR is difficult to learn, difficult to use, has glitches, makes things take twice as long.
My time would look different, as I would have more time to focus on actual treatment and effective service delivery/planning, rather than trying to just get notes and scheduling into place.
I would describe our current system as unnecessarily cumbersome to use. A new EHR would allow my to spend more time developing community support and services and outreach to outlying communities and underserved populations.

Finally, MCBH asked Behavioral Health Advisory Board (BHAB) members and regular attendees to review this Appendix. The feedback received was positive, with BHAB members making comments like "Good luck! This would be great for the Team!" and "This looks wonderful, I can't imagine how difficult it is working with the old system."

MCBH proposes joining this project because it will address many of its local needs. By minimizing administrative burden, the new EHR will help increase access to providers and hopefully also help retain staff who struggle with "paperwork" in our existing system. Additionally, the selected vendor will be able to meet CalAIM requirements and the selected system is designed to be intuitive and easy to use, addressing the concerns shared in the staff member focus group.

MCBH will use Innovation funding to cover the cost of the EHR and approximately half of the associated staff time for the first five years of the project. The project will be sustained by other MHSA funding long-term.

6. CONTRACTING

MCBH has budgeted 1.5 FTE toward this project (funded in part through INN and in part through CSS/MHSA Admin funds) and is assigning this work to staff who led the department's efforts last FY to implement a new EHR. These staff are already working closely with CalMHSA to ensure compliance with CalAIM requirements and attend all vendor calls. The work on the Innovation project specifically is being led by MCBH's Program Manager.

7. COMMUNICATION AND DISSEMINATION PLAN

MCBH plans to communicate results through several key avenues: updates to the Behavioral Health Advisory Board, presentations to the Mono County Board of Supervisors, Annual Updates/Three-Year Plans, and postings to its website. The website where all MHSA materials can be found is www.monocounty.ca.gov/mhsa. MCBH will also work closely with CalMHSA to help disseminate learnings to other Counties. Finally, lead project staff and departmental leadership will be very clearly communicating all the steps in the EHR process to the program participants (MCBH staff members). These updates will take

place at MCBH staff meetings, in-services, and via Microsoft Teams, which all staff members regularly utilize.

8. COUNTY BUDGET NARRATIVE

MCBH proposes using a mix of funding for this project, focusing first on actual unspent INN funds from FY 18/19 (up for reversion June 30, 2023), FY 19/20, FY 20-21, and FY 21-22. These funds, which total approximately $415,000, will be the first out. Additional actual and projected revenues from FY 22/23 will complete the contribution in the first FY of this project. MCBH developed the budget for subsequent years based upon projected revenues.

Staff costs associated with INN funds shift from year to year based upon actual and projected INN revenues. The Department plans to use other MHSA funds, including CSS and MHSA administration to cover the staff costs that exceed the INN funding available. MCBH plans to assign 1.5 FTE to this project each year, so in years where INN salary funds are lower, the "other funding" contribution is higher.

In terms of sustainability, MCBH plans to assess the duties of staff assigned to this project as it comes to a close. This will allow MCBH to determine which responsibilities should become the duties of existing staff members and which duties need additional on-going personnel. It is the hope of MCBH that this EHR will streamline billing, reporting, clinical documentation, scheduling, and quality assurance duties in a way that will allow the department to reassign ongoing EHR oversight to staff members who currently complete these existing duties. In terms of contract costs, the annual ongoing cost for MCBH is very affordable and less than the department is currently spending.

The table below outlines how funding will be spent locally and with contractors.

Expenditure Category	Expenditure Item	Description/Explanation of Expenditure Item	Total Project Cost
Personnel Costs	Salaries	.3-.5 FTE (varies year to year)– These costs will be shared between the lead staff assigned to the project, who will provide oversight and manage the implementation of the new Semi-Statewide EHR system in our county. MCBH is presently in a staff transition, so these costs will support a combination of Staff Services Analyst, Fiscal Technical Specialist, Quality Assurance Coordinator, Program Manager, and Clinical Supervisor.	$288,500.00

		The Program Manager specifically will ensure the ongoing engagement of stakeholders, complete all reporting requirements, and manage coordination with the RAND evaluation team.	
Personnel Costs	Indirect Costs	10% Annual Administration costs calculated based on INN Salaries	$28,850.00
Contract/ Consultant Costs	Direct Costs	Contract/PA Agreement with CalMHSA, including RAND evaluation costs	$669,052.89
Total Innovation Funding			$986,402.89
County Committed Funds/ Other Funding	Salaries	.5-.7 FTE (varies year to year)– Other funding includes CSS and MHSA Admin Costs for personnel. These costs will be shared between the lead staff assigned to the project, who will provide oversight and manage the implementation of the new Semi-Statewide EHR system in our county. MCBH is presently in a staff transition, so these costs will support a combination of Staff Services Analyst, Fiscal Technical Specialist, Quality Assurance Coordinator, Program Manager, and Clinical Supervisor. The Program Manager specifically will ensure the ongoing engagement of stakeholders, complete all reporting requirements, and manage coordination with the RAND evaluation team.	$349,000.00

9. BUDGET & FUNDING CONTRIBUTION BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (*Please complete the Excel file for this portion of the Appendix)*

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

COUNTY: Mono

EXPENDITURES

	PERSONNEL COSTS (salaries, wages, benefits)	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
1	Salaries	$ 45,000.00	$ 72,000.00	$ 72,000.00	$ 62,000.00	$ 37,500.00	$ 288,500.00
2	Direct Costs						
3	Indirect Costs	$ 4,500.00	$ 7,200.00	$ 7,200.00	$ 6,200.00	$ 3,750.00	$ 28,850.00
4	**Total Personnel Costs**	$ 49,500.00	$ 79,200.00	$ 79,200.00	$ 68,200.00	$ 41,250.00	$ 317,350.00
	OPERATING COSTS*	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
5	Direct Costs						
6	Indirect Costs						
7	**Total Operating Costs**						$
	NON-RECURRING COSTS (equipment, technology)	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
8							
9							
10	**Total non-recurring costs**						$
	CONSULTANT COSTS/CONTRACTS	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
11	Direct Costs	$ 487,355.96	$ 59,806.50	$ 40,602.40	$ 40,629.87	$ 40,658.16	$ 669,052.89
12	Indirect Costs						
13	**Total Consultant Costs**	$ 487,355.96	$ 59,806.50	$ 40,602.40	$ 40,629.87	$ 40,658.16	$ 669,052.89
	OTHER EXPENDITURES (explain in budget narrative)	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
14							
15							
16	Total Other Expenditures						$
	EXPENDITURE TOTALS	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
	Personnel (total of line 1)	$ 45,000.00	$ 72,000.00	$ 72,000.00	$ 62,000.00	$ 37,500.00	$ 288,500.00
	Direct Costs (add lines 2, 5, and 11 from above)	$ 487,355.96	$ 59,806.50	$ 40,602.40	$ 40,629.87	$ 40,658.16	$ 669,052.89
	Indirect Costs (add lines 3, 6, and 12 from above)	$ 4,500.00	$ 7,200.00	$ 7,200.00	$ 6,200.00	$ 3,750.00	$ 28,850.00
	Non-recurring costs (total of line 10)						
	Other Expenditures (total of line 16)						
	TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET	**$ 536,855.96**	**$ 139,006.50**	**$ 119,802.40**	**$ 108,829.87**	**$ 81,908.16**	**$ 986,402.89**
	CONTRIBUTION TOTALS**	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
	County Committed Funds	$ 105,000.00	$ 78,000.00	$ 78,000.00	$ 88,000.00	$ -	$ 349,000.00
	Additional Contingency Funding for County-Specific Project Costs						
	TOTAL COUNTY FUNDING CONTRIBUTION	$ 641,855.96	$ 217,006.50	$ 197,802.40	$ 196,829.87	$ 81,908.16	$ 1,335,402.89

10. TOTAL BUDGET CONTEXT: EXPENDITURES BY FUNDING SOURCE & FISCAL YEAR

(*Please complete the Excel file for this portion of the Appendix).*

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

COUNTY: **Mono**

ADMINISTRATION:

A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
1	Innovation (INN) MHSA Funds	$ 386,855.96	$ 139,006.50	$ 119,802.40	$ 108,829.87	$ 81,908.16	$ 836,402.89
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding	$ 105,000.00	$ 78,000.00	$ 78,000.00	$ 88,000.00	$ -	$ 349,000.00
6	Total Proposed Administration	$ 491,855.96	$ 217,006.50	$ 197,802.40	$ 196,829.87	$ 81,908.16	$ 1,185,402.89

EVALUATION:

B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
1	Innovation (INN) MHSA Funds	$ 150,000.00					$ 150,000.00
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total Proposed Evaluation	$ 150,000.00	$ -	$ -	$ -	$ -	$ 150,000.00

TOTALS:

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
1	Innovation(INN) MHSA Funds*	$ 536,855.96	$ 139,006.50	$ 119,802.40	$ 108,829.87	$ 81,908.16	$ 986,402.89
2	Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Other funding**	$ 105,000.00	$ 78,000.00	$ 78,000.00	$ 88,000.00	$ -	$ 349,000.00
6	Total Proposed Expenditures	$ 641,855.96	$ 217,006.50	$ 197,802.40	$ 196,829.87	$ 81,908.16	$ 1,335,402.89

* INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting approval to spend.
** If "other funding" is included, please explain within budget narrative.

WORKFORCE EDUCATION AND TRAINING

The Workforce Education and Training (WET) program includes five different funding categories, including Training and Technical Assistance (TA), Mental Health Career Pathway Programs, Residency and Internship Programs, Financial Incentive Programs, Workforce Staffing Support. MCBH does not presently have a full time WET Coordinator. Instead this position is filled by the Program Manager, Amanda Greenberg, MPH. See WET Table 1 below for a summary of these programs, which promote community collaboration, cultural competence, and wellness and recovery.

WET Table 1. WET Service Categories & Programs/Services

Service Category	Training & TA	Residencies & Internships	Financial Incentives
Programs and Services	• Trainings & Conferences	• Staff Supervision	• Loan Assumption Program

Training and Technical Assistance (TA):

MCBH continues to coordinate and fund training, TA, and other related activities for staff members under its Trainings and Conferences Program within the Training and TA funding category. Staff are encouraged to identify their individual and collective training needs and seek out ongoing education both locally and regionally. Department leadership also identifies training needs and opportunities that align with MCBH's vision, mission, and core values.

In FY 21-22, MCBH continued to do the majority of its trainings and in-services remotely, focusing on several key themes: racial equity/cultural competence and serving clients and communities in times of extreme division. The department also renewed its focus on meeting various training requirements after receiving the results of its Triennial Review. As a result of intensive racial equity work in FY 20-21, MCBH formed a Racial Equity Committee in FY 21-22 and created a Racial Equity Work Plan, which includes trainings, activities, and goals designed to institutionalize anti-racism work within the Behavioral Health Department. The components of this plan stretch into FY 22-23 and MCBH will be using WET funding to cover the costs of several trainings related to this plan. MCBH continues to participate in the County-wide Justice, Equity, Diversity, and Inclusion (JEDI) Committee and will do so into FY 22-23.

In FY 21-22, two members of the MCBH Leadership Team attended the CIBHS Leadership Institute for Behavioral Health professionals, several staff took advantage of funding to pursue college classes outside of work hours, and a training is planned for summer 2022 which focuses on the culture of poverty. It is the hope of MCBH that staff will be able to begin traveling to regular conferences, state meetings, and other in-person trainings in FY 22-23 and the latter portion of FY 21-22.

Mental Health Career Pathway Programs:

MCBH employs several staff members who grew up in Mammoth Lakes, received training in the health and human services field, and then returned to seek employment with MCBH. Although the department does not currently have any formal career pathway programs in place, MCBH participates in the Senior Symposium in "normal times," which helps prepare students for life after high school, including job selection. The department also believes that through its outreach and stigma reduction work, it is making it more possible for individuals to pursue careers in mental health.

Residency and Internship Programs:

MCBH frequently has intern staff. Funds from this category were used in FY 20-21 and FY 21-22 to pay for the costs to supervise post-graduate interns or the contract for supervision of LCSW staff. Until current staff receive their licensure, MCBH will continue to utilize this funding for these purposes in FY 22-23.

Financial Incentives Programs:

In this loan assumption program, MCBH pays back up to $10,000 per year on the principle of student loans related to behavioral health education. MCBH believes that this program has helped retain its staff, which is a significant concern in remote Mono County. The department will be continuing this program from 2020-2023 as funds allow. In FY 21-22, MCBH had six staff take advantage of this benefit, including three administrative staff and three clinical staff. As indicated in its Assessment of Current Capacity section above, MCBH classifies all its positions as difficult to recruit and retain and therefore eligible for its loan assumption program. It is anticipated that of the staff members still eligible in FY 22-23, they will participate in the WET Central Regional Partnership/Department of Health Care Access and Information (HCAI) loan assumption program. In the case that staff members are determined to not be eligible through this program, MCBH will offer loan assumption separately.

WET Central Regional Partnership:

Thanks in part to a legislative action that provided a "match" for WET funds contributed to the regional partnership, MCBH is participating actively in the WET Central Regional Partnership for the first time in many years. In contributing $12,598.59 in FY 21/22, MCBH will see the benefit of approximately $44,000 in program funds (as shown in the screen shot below), which it plans to

allocate entirely to loan assumption. As mentioned above, staff members who are eligible for loan assumption in FY 22-23 will apply through this program, making MCBH's contribution to its WET loan assumption program in FY 22-23 much smaller than in FY 21-22.

Mono County Program Budget Allocation:

Program Funds Allocation for County	**$44,153.16**
Administrative Fee	$6,622.98
Total County Funding	$50,776.14

Central Region WET Regional Partnership Mono County Grant Match:

County Share of OSPHD Regional Grant Award	$38,177.55
County Match Funds Collected under this Agreement	$12,598.59
Total County Grant Funds	$50,776.14

Note: The above "Total County Grant Funds" is inclusive of a $6,622.98 CalMHSA Administrative Fee.

Challenges or barriers, and strategies to mitigate | Identify shortages in personnel

Trying to develop a behavioral health specialty within a small, rural county is very difficult due to the small scale of specialist concerns. As a result, most providers at MCBH are more "generalists." Furthermore, to attend off-site trainings in larger cities such as Sacramento, Los Angeles, or San Francisco often requires at least a half day of travel and a stay overnight. MCBH does not currently have a Workforce Staffing Support program. Finally, as noted previously in this plan, MCBH has several open positions. When MCBH is able to fill these positions, it will have greater capacity to serve the mental health needs of Mono County residents.

List any significant changes in Annual Update, if applicable

Significant changes include: utilizing funds within the Residency and Internships Program and an increase on the contribution of funds to the WET Central Regional Partnership from $11,000 to $12,598.59.

CAPITAL FACILITIES/TECHNOLOGICAL NEEDS

For information about MCBH's planning MHSA Housing Project, please see the CSS section of this report. No CF/TN funds will be used to pay for this project in FY 21-22 or FY 22-23. In FY 20-21, MCBH expended the last of its AB 114 funds up for reversion on this housing project in total amounting to $222,876.57

MCBH is transitioning to a new electronic health record (EHR) system in FY 21-22, with a go-live date of summer 2022. The cost of this new EHR and the staff time associated will be covered by Telehealth Grants and BH-QIP funds. In 22-23, any costs associated with the EHR not covered by these sources will be absorbed into our administrative costs and spread across components at the advice of our fiscal consultant.

Challenges or barriers, and strategies to mitigate

N/A

List any significant changes in Annual Update, if applicable

Significant changes include: MCBH is not planning to expend any CF/TN funds in FY 21-22 or FY 22-23.

TRANSFERS & PRUDENT RESERVE

In FY 21-22, MCBH transferred less than 10% of its CSS funds to the WET component to cover programming costs and to provide a state match to the Central Regional Partnership. In FY 22-23, MCBH will again transfer less than 10% of its CSS funds to sustain its WET programming.

Below is MCBH's MHSA Prudent Reserve Assessment. The Department will assess and certify the Prudent Reserve every five years, as required by the Department of Health Care Services.

Mono County MHSA Prudent Reserve Assessment

2013-14	$	1,260,369.61	
2014-15	$	1,755,991.51	
2015-16	$	1,576,514.98	
2016-17	$	1,744,410.99	
2017-18	$	1,795,078.70	Through June 2018
TOTAL		$8,132,365.79	
@ 76%		$6,180,598.00	
% 5	$	1,236,119.60	Calculated Maximum PR Level
@ 33%	$	407,919.47	

State of California
Health and Human Services Agency

Department of Health Care Services

MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: Mono

Fiscal Year: 2018-19

Local Mental Health Director

Name: Robin K. Roberts, LMFT

Telephone: 760-924-1740

Email: rroberts@mono.ca.gov

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

Robin K. Roberts — Local Mental Health Director (PRINT NAME)

Signature

6-20-2019 — Date

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

DHCS 1819 (02/19)

MHSA EXPENDITURE PLAN BY COMPONENT 2022-2023 (ORIGINAL)

Mono County MHSA Component Expenditure Worksheet 2022-23

	Component						
	CSS	PEI	INN	WET	CFTN	PR	
FY22/23 Estimated MHSA Revenue	$ 1,672,000	$ 418,000	$ 110,000				$ 2,200,000
FY22/23 Est. Estimated Other Revenue	$ 34,000						$ 34,000
FY22/23 Est. MHSA Interest Revenue	$ 68,400	$ 17,100	$ 4,500				$ 90,000
FY22/23 Estimated Expenses	$ 2,371,718	$ 635,770	$ 24,500	$ 161,928	$ -		$ 3,193,916
One Time MHSA Housing Project	$ 1,577,124						$ 1,577,124
FY22/23 PR Transfer	$ -					$ -	$ -
FY22/23 CFTN and WET Transfers	$ (162,000)			$ 162,000			$ -

Community Services and Supports (CSS) Component Worksheet 2022-23

County: **Mono**

	FSP	GSD	O&E	Total CSS
CSS Programs				
1 FSP	$310,762			$310,762
2 Expansion of case management/supportive services		$160,746		$160,746
3 Wellness Centers		$217,381		$264,181
4 Crisis intervention/stabilization	$7,078	$7,078		$14,156
5 Supportive Housing Services	$20,000			$20,000
6 Community Outreach & Engagement			$95,407	$95,407
7 Wrap Program	$169,685	$18,854		$188,539
8 Telehealth Services	$278,681	$278,681		$557,362
CSS Administration / Indirect Costs				$752,783
CSS Community Program Planning				$7,782
CSS MHSA Housing Program	$946,274	$630,850		$1,577,124
Total CSS Expenditures	$1,732,481	$1,313,590	$95,407	$2,371,718

Prevention and Early Intervention (PEI) Component Worksheet 2022-23

County: Mono

	PEI	OIR	ALT	SDR	Total PEI
PEI Programs					
1 Peapod Playgroup Program	$40,000				$40,000
2 Walker Senior Center	$50,000				$50,000
3 North Star School-Based Services	$108,592				$108,592
4 Community Trainings		$28,835			$28,835
5 Outreach in Outlying Communities			$128,418		$128,418
6 Community Engagement				$76,045	$76,045
PEI Administration / Indirect Costs					$201,793
PEI Community Program Planning					$2,087
Total PEI Expenditures	$198,592	$28,835	$128,418	$76,045	$635,770

Innovation (INN) Component Worksheet 2022-23

County: Mono

	Total INN
INN Programs	
1 Help@Hand	$24,500
2	
3	
4	
5	
6	
7	
INN Administration	
INN Community Program Planning	
Total INN Expenditures	$24,500

Workforce, Education and Training (WET) Component Worksheet 2022-23

County: Mono

	Total WET
WET Funding Category	
Workforce Staffing Support	$42,000
Training and Technical Assistance	$48,000
Mental Health Career Pathways Programs	$0
Residency and Internship Programs	$0
Financial Incentive Programs	$20,000
WET Administration	$51,396
WET Community Program Planning	$532
Total WET Expenditures	$161,928

Captial Facilities/Technological Needs (CFTN) Component Worksheet 2022-23

County: Mono

	Total CF/TN
Capital Facility Projects	
Capital Facility Administration	$0
Total Capital Facility Expenditures	$0
Technological Needs Projects	
Technological Needs Administration	$0
Total Technological Needs Expenditures	$0
Total CFTN Expenditures	$0

MHSA EXPENDITURE PLAN BY COMPONENT 2022-2023 (MID-YEAR REVISION)

Mono County MHSA Component Expenditure Worksheet 2022-23

	Component						
	CSS	PEI	INN	WET	CFTN	PR	
FY22/23 Estimated MHSA Revenue	$ 1,672,000	$ 418,000	$ 110,000				$ 2,200,000
FY22/23 Est. Estimated Other Revenue	$ 34,000						$ 34,000
FY22/23 Est. MHSA Interest Revenue	$ 68,400	$ 17,100	$ 4,500				$ 90,000
FY22/23 Estimated Expenses	$ 2,371,718	$ 635,770	$ 561,356	$ 161,928	$ -		$ 3,730,772
One Time MHSA Housing Project	$ 1,577,124						$ 1,577,124
FY22/23 PR Transfer	$ -					$ -	$ -
FY22/23 CFTN and WET Transfers	$ (162,000)			$ 162,000			$ -

Community Services and Supports (CSS) Component Worksheet 2022-23

County: **Mono**

	FSP	GSD	O&E	Total CSS
CSS Programs				
1 FSP	$310,762			$310,762
2 Expansion of case management/supportive services		$160,746		$160,746
3 Wellness Centers		$217,381		$264,181
4 Crisis intervention/stabilization	$7,078	$7,078		$14,156
5 Supportive Housing Services	$20,000			$20,000
6 Community Outreach & Engagement			$95,407	$95,407
7 Wrap Program	$169,685	$18,854		$188,539
8 Telehealth Services	$278,681	$278,681		$557,362
CSS Administration / Indirect Costs				$752,783
CSS Community Program Planning				$7,782
CSS MHSA Housing Program	$946,274	$630,850		$1,577,124
Total CSS Expenditures	$1,732,481	$1,313,590	$95,407	$2,371,718

Prevention and Early Intervention (PEI) Component Worksheet 2022-23

County: Mono

	PEI	OIR	ALT	SDR	Total PEI
PEI Programs					
1 Peapod Playgroup Program	$40,000				$40,000
2 Walker Senior Center	$50,000				$50,000
3 North Star School-Based Services	$108,592				$108,592
4 Community Trainings		$28,835			$28,835
5 Outreach in Outlying Communities			$128,418		$128,418
6 Community Engagement				$76,045	$76,045
PEI Administration / Indirect Costs					$201,793
PEI Community Program Planning					$2,087
Total PEI Expenditures	$198,592	$28,835	$128,418	$76,045	$635,770

County: Mono

	Total INN
INN Programs	
1 Help@Hand	$24,500
2 Semi-Statewide Enterprise Health Record	$536,856
3	
4	
5	
6	
7	
INN Administration	
INN Community Program Planning	
Total INN Expenditures	$561,356

Workforce, Education and Training (WET) Component Worksheet 2022-23

County: Mono

	Total WET
WET Funding Category	
Workforce Staffing Support	$42,000
Training and Technical Assistance	$48,000
Mental Health Career Pathways Programs	$0
Residency and Internship Programs	$0
Financial Incentive Programs	$20,000
WET Administration	$51,396
WET Community Program Planning	$532
Total WET Expenditures	$161,928

Captial Facilities/Technological Needs (CFTN) Component Worksheet 2022-23

County: Mono

	Total CF/TN
Capital Facility Projects	
Capital Facility Administration	$0
Total Capital Facility Expenditures	$0
Technological Needs Projects	
Technological Needs Administration	$0
Total Technological Needs Expenditures	$0
Total CFTN Expenditures	$0

APPENDIX A: PENETRATION RATE DATA

Table 1: County Medi-Cal Beneficiaries and Those Served by the MHP in CY 2019 by Race/Ethnicity

Mono MHP				
Race/Ethnicity	**Average Monthly Unduplicated Medi-Cal Beneficiaries**	**Percentage of Medi-Cal Beneficiaries**	**Unduplicated Annual Count of Beneficiaries Served by the MHP**	**Percentage of Beneficiaries Served by the MHP**
White	1,248	36.3%	77	38.7%
Latino/Hispanic	1,653	48.0%	89	44.7%
African-American	13	0.4%	*	n/a
Asian/Pacific Islander	27	0.8%	*	n/a
Native American	89	2.6%	*	n/a
Other	414	12.0%	28	14.1%
Total	**3,441**	**100%**	**199**	**100%**

The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.

Table 2: County Medi-Cal Beneficiaries and Those Served by the MHP in CY 2019 by Threshold Language

Mono MHP		
Threshold Language	**Unduplicated Annual Count of Beneficiaries Served by the MHP**	**Percentage of Beneficiaries Served by the MHP**
Spanish	62	31.2%
Other Languages	137	68.8%
Total	**199**	**100%**
Threshold language source: DHCS BHIN 20-070.		
Other Languages include English		

Penetration Rates and Approved Claims per Beneficiary

Figure 1: Overall Penetration Rates CY 2017-19

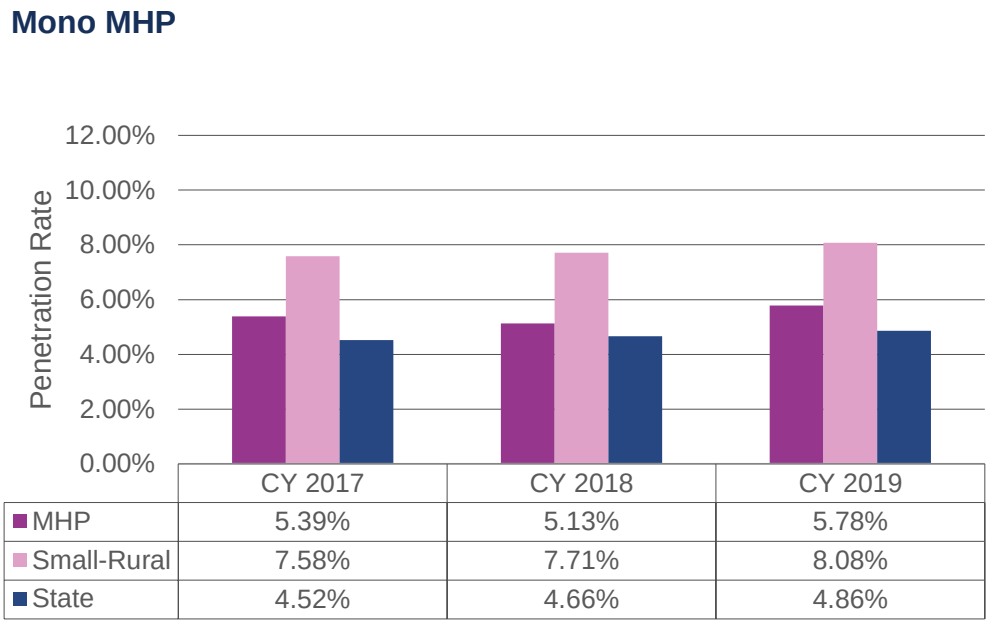
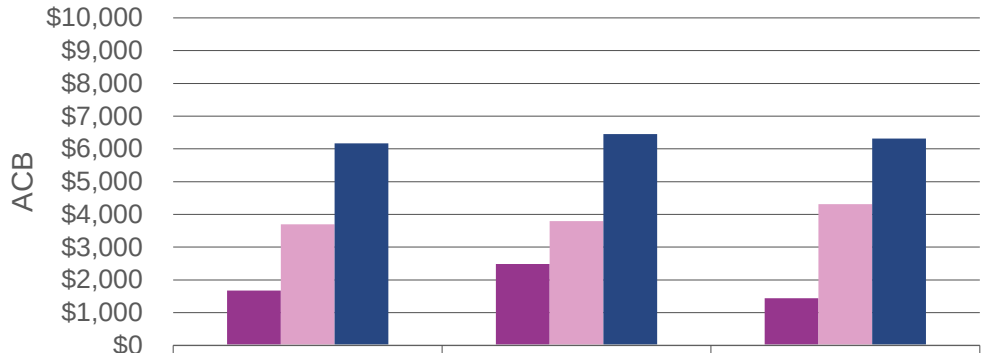


Figure 2: Overall ACB CY 2017-19

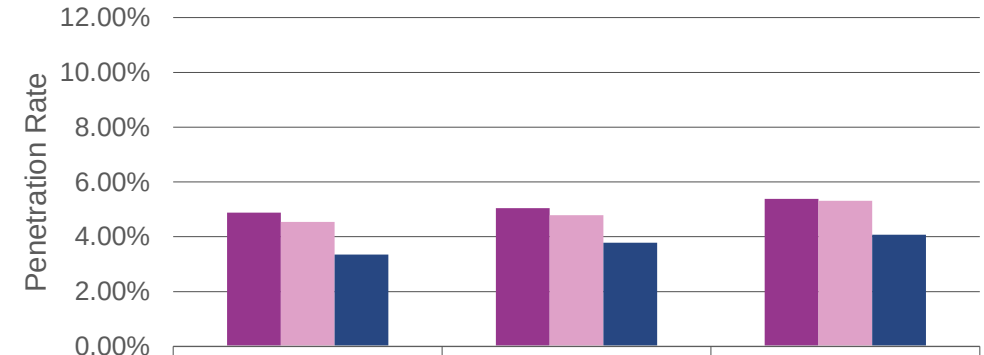
Mono MHP



	CY 2017	CY 2018	CY 2019
MHP	$1,674	$2,484	$1,435
Small-Rural	$3,692	$3,794	$4,310
State	$6,170	$6,454	$6,316

Figure 3: Latino/Hispanic Penetration Rates CY 2017-19

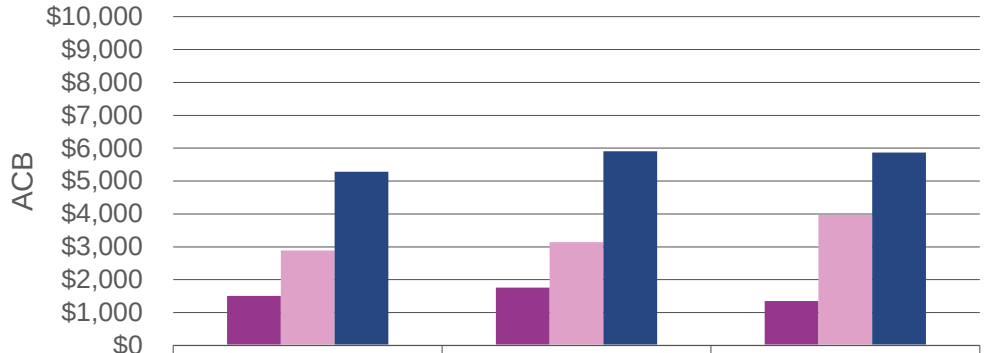
Mono MHP



	CY 2017	CY 2018	CY 2019
MHP	4.88%	5.04%	5.38%
Small-Rural	4.54%	4.79%	5.31%
State	3.35%	3.78%	4.08%

Figure 4: Latino/Hispanic ACB CY 2017-19

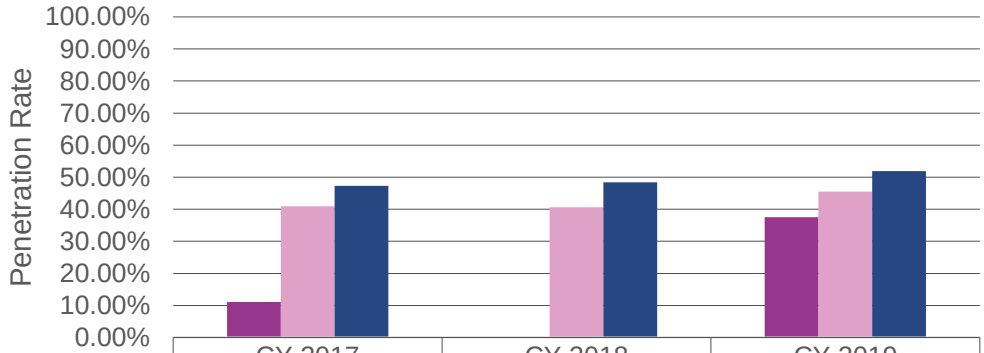
Mono MHP



	CY 2017	CY 2018	CY 2019
MHP	$1,503	$1,757	$1,355
Small-Rural	$2,886	$3,146	$3,970
State	$5,278	$5,904	$5,869

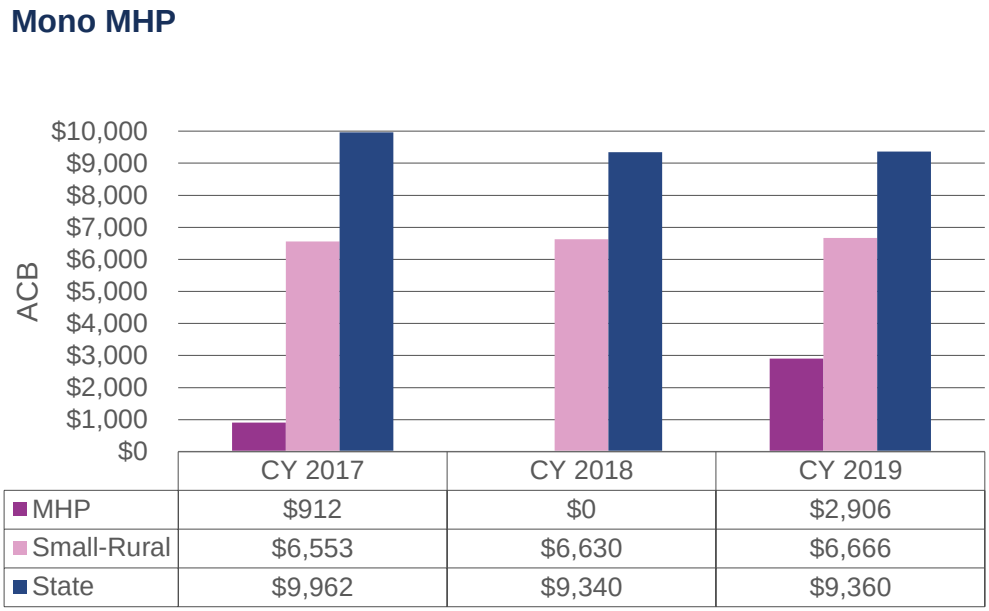
Figure 5: FC Penetration Rates CY 2017-19

Mono MHP



	CY 2017	CY 2018	CY 2019
MHP	11.11%	0.00%	37.50%
Small-Rural	40.96%	40.58%	45.51%
State	47.28%	48.41%	51.91%

Figure 6: FC ACB CY 2017-19



	CY 2017	CY 2018	CY 2019
MHP	$912	$0	$2,906
Small-Rural	$6,553	$6,630	$6,666
State	$9,962	$9,340	$9,360

APPENDIX B: MHSA ISSUE RESOLUTION PROCESS

Mono County is committed to:

a. Addressing issues regarding MHSA in an expedient and appropriate manner;
b. Providing several avenues to file an issue;
c. Ensuring assistance is available, if needed, for the client/family member/provider/community member to file their issue; and
d. Honoring the Issue Filer's desire for anonymity.

Types of Issues to be resolved using this process:

a. Appropriate use of MHSA funds; and/or
b. Inconsistency between approved MHSA Plan and implementation; and/or
c. Mono County Community Program Planning Process.

Process:

An individual, or group of individuals, that is dissatisfied with any applicable MHSA activity or process may file an issue at any point within the system. These avenues may include, but are not limited to, the Mono County Behavioral Health Director, Program Manager, QA/QI Coordinator, Mental Health Providers, Mental Health Committees/Councils.

Issues will be forwarded to the QA/QI Coordinator, or specific designee of the Behavioral Health Director, either orally or in writing.

Upon receipt of the issue, the QA/QI Coordinator, or specific designee of the Behavioral Health Director, will determine if the issue is to be addressed through the MHSA Issue Resolution Process or if it is an issue of service to be addressed by the Mental Health Plan (MHP) Problem Resolution Process. If the issue is regarding service delivery to a client, the issue will be resolved through the MHP Problem Resolution Process.

If the issue is MHSA-related regarding the appropriate use of MHSA funding, inconsistency between the approved MHSA Plan and implementation, or Mono County Community Program Planning process, the issue will be addressed as follows:

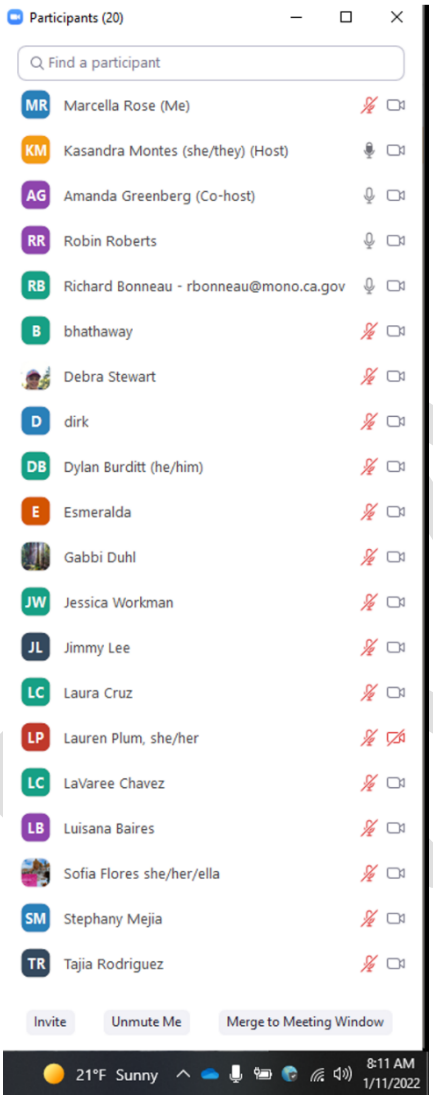
a. Issue Filer's concern(s) will be logged into an MHSA Issue Log to include the date of the report and description of the issue.
b. The Issue Filer will receive an acknowledgement of receipt of the issue, by phone or in writing, within the MHP Problem Resolution timeframes.
c. The QA/QI Coordinator, or specific designee of the Behavioral Health Director, shall notify the County's Mental Health Director and MHSA Program Manager of the issue received. The QA/QI Coordinator will investigate the issue while maintaining anonymity of the Issue Filer.
d. The QA/QI Coordinator, or specific designee of the Behavioral Health Director, may convene an ad-hoc committee to review all aspects of the issue. This review process will follow the existing Problem Resolution timeframes.

e. The QA/QI Coordinator, or specific designee of the Behavioral Health Director, will communicate with the Issue Filer while the issue is being investigated and resolved.
f. Upon completion of the investigation, the QA/QI Coordinator, or specific designee of the Behavioral Health Director, shall issue a report to the Behavioral Health Director. The report shall include a description of the issue, brief explanation of the investigation, staff/ad-hoc committee recommendation(s) and the County resolution to the issue.
g. The QA/QI Coordinator, or specific designee of the Behavioral Health Director, shall notify the Issue Filer of the resolution, by phone or in writing and enter the issue resolution and date of the resolution into the MHSA Issue Log.
h. MHSA Issues and resolutions will be reported annually in the Quality Improvement Report.

If the Issue Filer does not agree with the local resolution, the Issue Filer may file an appeal with the following agencies: Mental Health Services Oversight and Accountability Commission (MHSOAC); California Mental Health Planning Council (CMHPC); or California Department of Health Care Services (DHCS).

APPENDIX C: MCBH STAFF TRAININGS

MCBH staffed were trained by Amanda Greenberg on the Community Program Planning Process on 1/11/22 from 8-9 am via Zoom as part of a training on the CLAS Standards. Below is a screen shot of all live participants and sample of the slides covered.



Staff also participated in an MHSA Issue Resolution Process Training in late April 2021:

Mono County Behavioral Health Issue Resolution Process Training Sign-In Sheet

Print Name	Signature
Esmeralda Curiel	Esmeralda Curiel
Laura Cruz	Laura Cruz
Danielle Murray	Danielle Murray (Apr 26, 2021 14:21 PDT)
Luisana Baires	
Nancy Carillo	Nancy Carrillo Rosas (Apr 29, 2021 14:53 PDT)
Sofia Flores	Sofia Flores (Apr 26, 2021 14:20 PDT)
Jesica Ramos	Jesica Ramos (Apr 29, 2021 13:39 PDT)
Jessica Workman	Jessica Workman
Richard Bonneay	Richard Bonneau (Apr 26, 2021 14:32 PDT)
Debra Stewart	Debra Stewart (Apr 26, 2021 17:19 PDT)
Marcella Rose	Marcella Rose
Amanda Greenberg	Amanda Greenberg (Apr 26, 2021 14:46 PDT)
Sandra Villalpando	Sandra Villalpando (Apr 26, 2021 15:17 PDT)
Gabrielle Duhl	Gabrielle Duhl (Apr 27, 2021 08:58 PDT)
Adriana Niculescu	Adriana Niculescu (Apr 26, 2021 14:26 PDT)
Julie Jones	Julie Jones (Apr 26, 2021 14:27 PDT)
Robin Roberts	Robin Roberts (Apr 26, 2021 15:29 PDT)
Betty Hathaway	Betty Hathaway (Apr 27, 2021 10:47 PDT)
Tajia Rodriguez	Tajia Rodriguez
Kassandra Montes	KMontes Kassandra Montes (Apr 26, 2021 15:37 PDT)
Stephany Mejia	Stephany Mejia (Apr 26, 2021 14:19 PDT)

Additionally, upon hire, all new staff go through an MHSA Training/Overview with the following agenda:

- MHSA Overview with Amanda: Date:_____
  Time:_____
  Location:_____
- Components and programs
- Community Program Planning Process
- What does MHSA mean for the department
- MHSA Issue Resolution Process

APPENDIX D: HELP@HAND EXTENSION REQUEST LETTER

MONO COUNTY BEHAVIORAL HEALTH DEPARTMENT

COUNTY OF MONO

P. O. BOX 2619 MAMMOTH LAKES, CA 93546 (760) 924-1740 FAX: (760) 924-1741

September 20, 2021

Toby Ewing, Executive Director
Mental Health Services Oversight and Accountability Commission
1300 17th Street, Suite 1000
Sacramento, CA 95811

Dear Mr. Ewing,

I am writing to inform you that Mono County will be extending the current MHSOAC-approved time period for its Innovation Plan entitled, "Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions" (a.k.a. "The Tech Suite" and now known as "Help@Hand"). The date that this plan was approved by the MHSOAC was February 22, 2018 and the date that Mono County incurred its first expenses under the project was October 18, 2019 (the official project start date). Mono County Behavioral Health has previously requested an extension of time until October 18, 2021, but due to COVID-19 was unable to take critical steps forward in implementation. The new anticipated end date of this Innovation Plan will be February 8, 2023, which is in line with other Help@Hand Cohort One counties.

The initial time period approved by the MHSOAC was 17 months. This timeline did not include challenges related to the launch and implementation of the project or COVID-19. This final extension request would increase the project time to three years and four months, which would allow Mono County ample time to locally implement its chosen web and mobile applications. This project will retain its original learning goals and there has been no change to the project's target populations. Please don't hesitate to reach out if you have any questions or concerns.

Sincerely,

Robin Roberts (Sep 20, 2021 18:30 PDT)

Robin K. Roberts
Director, Mono County Behavioral Health

Mental Health Services
Oversight & Accountability Commission

STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

LYNNE ASHBECK
Chair
MARA MADRIGAL-WEISS
Vice Chair
TOBY EWING
Executive Director

September 23, 2021

Robin Roberts, LMFT
Behavioral Health Director, Mono County
PO Box 2619
Mammoth Lakes, CA 93546

Dear Director Roberts,

Thank you for your notification dated September 20, 2021, for the time extension of sixteen months for Mono County's Innovation plan, "Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions" (a.k.a. "The Tech Suite" and now known as "Help@Hand").

The Commission originally approved the project on February 22, 2018 for a duration of 17 months. On October 21, 2019 you notified the Commission that the start date for this project was October 18, 2019 and initiated a time extension of seven months to bring the total project duration to two years. With this second time extension, the end date for this project will be February 8, 2023, for a total project duration of three years and four months.

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@mhsoac.ca.gov or your county liaison Wendy Desormeaux at wendy.desormeaux@mhsoac.ca.gov.

Sincerely,

Sharmil Shah, Psy.D
Chief-Program Operations

Copy: Amanda Fenn Greenberg, Program Manager

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION
1325 J Street, Suite 1700, Sacramento, CA 95814 • Phone: 916.445.8696 • Fax: 916.445.4927 • www.mhsoac.ca.gov

APPENDIX E: MHSA-RELATED SUBMISSIONS TO DEPARTMENT OF HEALTH CARE SERVICES

Mono County MHSA Plan

AG

Amanda Greenberg
To mhsa@dhcs.ca.gov; Desormeaux, Wendy@MHSOAC; mhsoac@mhsoac.ca.gov
Cc Robin Roberts
9:14 AM

Final_Mono MHSA FY 20-23 Three Year Plan_21-22 Annual Update.pdf
6 MB

Good morning,
Please find attached Mono County Behavioral Health combined FY 2020-2023 MHSA Three-Year Plan and FY 2021-2022 Annual Update attached. This was approved by the Mono County Board of Supervisors on June 15, 2021.
Please let me know if you have any questions or concerns!
Take care,

Amanda Greenberg, MPH
Pronouns: she/her
Program Manager
Mono County Behavioral Health
760-924-1754
www.monocounty.ca.gov/behavioral-health

Mono County FY 20/21 ARER

Reply | Reply All | Forward
Fri 1/14/2022 1:07 PM

Jessica Workman
To DHCS MHSA@DHCS
Cc Amanda Greenberg; Robin Roberts
Follow up. Start by Monday, January 17, 2022. Due by Monday, January 17, 2022.

FY 20-21 Mono County DHCS_1822A-J_MHSA_Revenue_and_Expenditure_Report.xlsm
233 KB

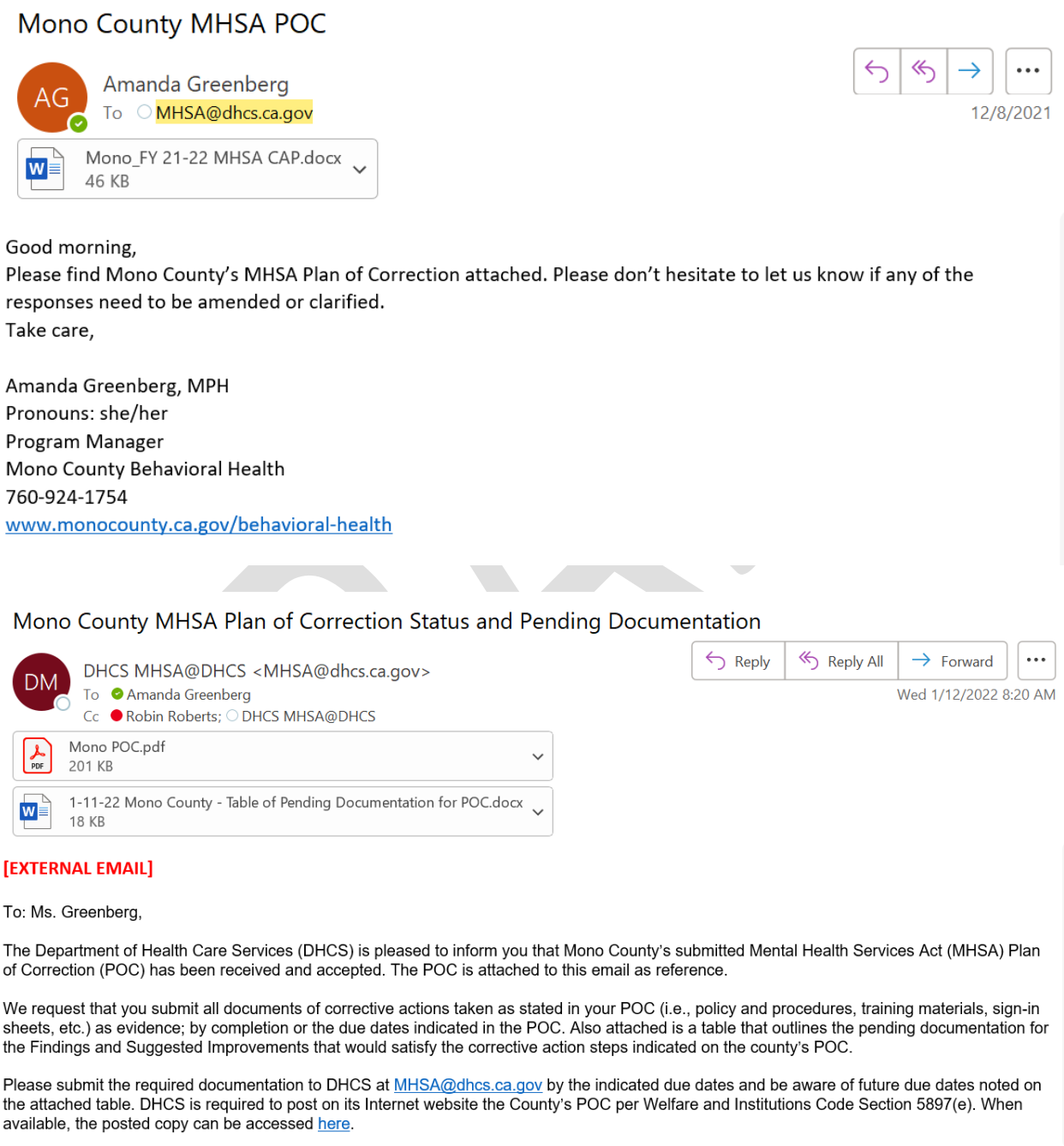
Mono FY 20-21 MHSA ARER DHCS_1820-Certification_Form - signed.pdf
245 KB

Hello,
Attached is the FY 20-21 ARER and certification for Mono County.
Please let me know if you have any questions and thank you for accommodating the template submission.

Thank you,
Jessica

Jessica Workman
Accountant
Mono County Behavioral Health
P.O. Box 2619
Mammoth Lakes, CA 93546
760-924-1742

MCBH also participated in its first Triennial MHSA Program Review and submitted its Plan of Correction as instructed and the plan was subsequently accepted. Please see screen shots below. The Findings Report and Plan of Correction are also posted here: https://www.monocounty.ca.gov/behavioral-health/page/mental-health-services-act-quality-improvement



Mono County MHSA POC

AG Amanda Greenberg
To MHSA@dhcs.ca.gov

12/8/2021

Mono_FY 21-22 MHSA CAP.docx
46 KB

Good morning,
Please find Mono County's MHSA Plan of Correction attached. Please don't hesitate to let us know if any of the responses need to be amended or clarified.
Take care,

Amanda Greenberg, MPH
Pronouns: she/her
Program Manager
Mono County Behavioral Health
760-924-1754
www.monocounty.ca.gov/behavioral-health

Mono County MHSA Plan of Correction Status and Pending Documentation

DM DHCS MHSA@DHCS <MHSA@dhcs.ca.gov>
To Amanda Greenberg
Cc Robin Roberts; DHCS MHSA@DHCS

Reply | Reply All | Forward

Wed 1/12/2022 8:20 AM

Mono POC.pdf
201 KB

1-11-22 Mono County - Table of Pending Documentation for POC.docx
18 KB

[EXTERNAL EMAIL]

To: Ms. Greenberg,

The Department of Health Care Services (DHCS) is pleased to inform you that Mono County's submitted Mental Health Services Act (MHSA) Plan of Correction (POC) has been received and accepted. The POC is attached to this email as reference.

We request that you submit all documents of corrective actions taken as stated in your POC (i.e., policy and procedures, training materials, sign-in sheets, etc.) as evidence; by completion or the due dates indicated in the POC. Also attached is a table that outlines the pending documentation for the Findings and Suggested Improvements that would satisfy the corrective action steps indicated on the county's POC.

Please submit the required documentation to DHCS at MHSA@dhcs.ca.gov by the indicated due dates and be aware of future due dates noted on the attached table. DHCS is required to post on its Internet website the County's POC per Welfare and Institutions Code Section 5897(e). When available, the posted copy can be accessed here.

APPENDIX F: BEHAVIORAL HEALTH PROGRAM MANAGER JOB DESCRIPTION (INCLUDES MHSA DUTIES)

MONO COUNTY **Date Revised 3/9/20**
BARGAINING UNIT: MCPE **FLSA: Exempt**
SALARY RANGE: 82

BEHAVIORAL HEALTH PROGRAM MANAGER
DEFINITION
Under general direction, plans, organizes, coordinates, conducts and evaluates one or more behavioral health programs through a multidisciplinary team approach. This is a diverse and multi-faceted position that includes elements of such positions as evaluation specialist, data analyst, policy analyst, grant writer, and researcher. Responsibilities include, at a minimum, completing or overseeing the following tasks: conducting an annual mental health community needs assessment, composing the MHSA Three-Year Plan and Annual Updates, developing program evaluations, and working with stakeholders to develop new programs based upon community needs. Additionally, this position is responsible for the development and the coordination of MHSA permanent residence programs for individuals with mental illnesses and perform related duties as assigned.

DISTINGUISHING CHARACTERISTICS
Incumbents in this class manage large, complex programs, and may supervise subordinate staff.

REPORTS TO
Behavioral Health Director or designee

CLASSIFICATIONS DIRECTLY SUPERVISED
May directly supervise staff or provide lead direction as assigned

EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES
Duties may include but are not limited to the following:
Plans, organizes, conducts and evaluates one or more behavioral health program
Serves as a member of the Behavioral Health administrative team in setting Department goals and objectives
Develops and/or adapts behavioral health programs that comply with the requirements of the Department of Health Care Services (DHCS), the Mental Health Services Oversight and Accountability Commission (MHSOAC), and other granting agencies
Prepares appropriate reports for the above-listed agencies
Assesses community health needs through annual stakeholder processes to direct program services
Coordinates any necessary committees in the program area using a multidisciplinary team approach

Represents the Behavioral Health Department on committees as necessary
Advocates with leadership groups and elected leaders for the advancement of behavioral health policy and to increase awareness of the Behavioral Health Department's programs
Assist in program budget development and management
Identifies, plans and directs staff in-service training and education, as required
Supervision of subordinate staff and contractors

TYPICAL PHYSICAL REQUIREMENTS
Sit for extended periods; frequently stand and walk; normal manual dexterity and eye-hand coordination; lift and move object weighing up to 25 pounds; corrected hearing and vision to normal range; verbal communication; use of audio-visual equipment; use of office equipment including computers, telephones, calculators, copiers, and FAX.

TYPICAL WORKING CONDITIONS
Work is usually performed in an office environment; frequent contact with staff.

DESIRABLE QUALIFICATIONS
Knowledge of:

- The principles and practices of behavioral health administration and service provision.
- Specifics of assigned program area.
- Program planning and development.
- Health education methods and materials.
- Principles and practices of public relations and group dynamics.
- Community agencies and resources.
- Funding sources, program evaluation, and fiscal management.
- Principles of employee supervision and personnel practices.

Ability and willingness to:

- Understand, interpret and apply pertinent federal, state, and local laws, regulation, and standards
- Plan, coordinate, and implement assigned behavioral health public relations and education programs
- Apply the principles and techniques of community organization.
- Coordinate activities and secure support of diverse community groups.
- Conduct research on programs and other subjects as needed
- Facilitate meetings and coordinate public events
- Compile, organize, analyze, and interpret data
- Stay current with technical information related to the program.
- Speak effectively to diverse audiences of professionals and the public.
- Develop and deliver training for professional staff.
- Prepare reports, program policies, and procedures.
- Communicate effectively both orally and in writing.
- Establish and maintain cooperative working relationships.
- Use computers.
- Maintain confidentiality.

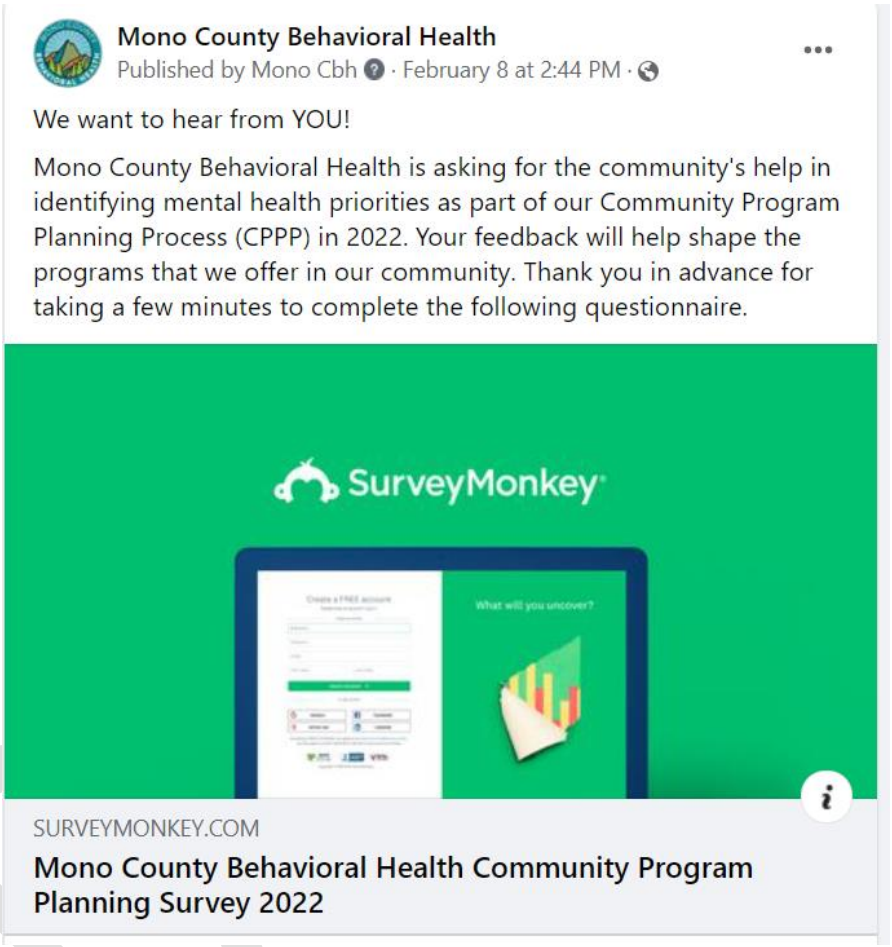
Training and Experience:

Any combination of training and experience which would provide the required knowledge and abilities is qualifying. A typical way to obtain the required knowledge and abilities might be:

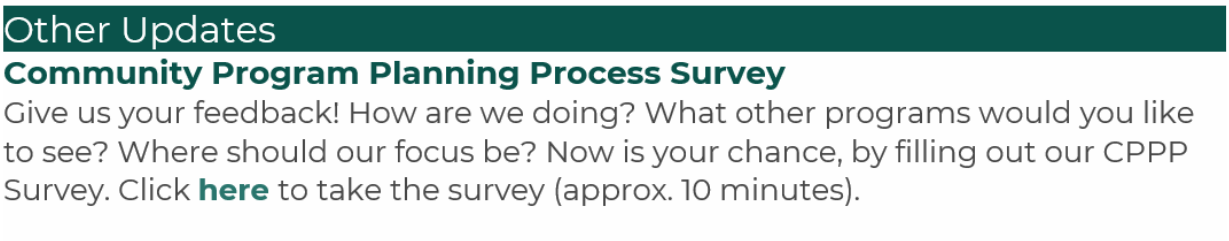
- Experience in Behavioral Health or Public Administration is highly desirable.
- Possession of a Bachelor's degree in a related field.
- Post-graduate coursework in Behavioral Health, Public Health, Public Administration, or a related field.

APPENDIX G: COMMUNITY PROGRAM PLANNING PROCESS & LOCAL REVIEW PROCESS ADVERTISEMENTS

Facebook:



Email sent Feb. 2, 2022:



Advertisements in local newspapers:

4 | www.thesheetnews.com THE SHEET | Saturday, May 28, 2022

LETTERS

Your tax dollars are yours, not theirs

Dear Editor:

Last week's letter by Mr. John Stavlo was directly on point when addressing the Mammoth Lakes Tourism [MLT] and the misuse of our public tax dollars.

Mr. Stavlo brought forth two important issues which need further examination. First, he correctly observes that when the Town Council formed MLT [the local marketing organization] "it started a bureaucracy that has become a cancer which drains the financial resources of our citizens."

He then observed, "One of the primary functions of MLT, like a cancer, is its continued existence" followed by "Why else would it want to extend its charter...?" The answer to Mr. Stavlo's question is important for everyone in Mammoth Lakes to understand.

The answer is contained within the recent Claim for Damages filed by Main Street Taxpayer Association [MSTA]. That Claim reveals the scope of what Mr. Stavlo identifies as a cancer. For years MLT has not used the Tourism Business Improvement District [TBID] assessment funds and occupancy tax proceeds to benefit the public which pays those taxes. Instead, those public funds have been used to pay expenses of Mammoth Mountain and the personal expenses of non-public individuals and corporations.

Using public funds to pay non-public debts is a serious violation of several laws and state constitution provisions.

The most troubling aspect of it is the wrongdoing was accomplished with the unlawful involvement of Town staff recommendations and councilmembers who voted to allow the misuse. MSTA has asked Mayor Salcido, the current Town council and Mono County District Atty. Tim Kendall to stop this unlawful behavior. Mr. Stavlo's observation just scratches the surface of the problem that must be addressed by these elected officials and everyone in Mammoth Lakes.

As a property owner in Mammoth Lakes since prior to the 1986 incorporation of the Town, I, like Mr. Stavlo, have remained sensitive to the use of our tax dollars. Before retiring, I was a prosecutor for a large city, and then became city attorney for two medium-sized Southern California cities.

As a Mammoth Lakes property owner having paid significant tax dollars to the Town, it was shocking to discover the misuse of our tax dollars was the Town's big secret. This secret can no longer be kept. As Mr. Stavlo noted, the MLT flagrant misuse of public funds damages all of us by removing those public owned funds from the pool of dollars required to be used for only our public benefit.

Main Street Taxpayer Association is a charitable corporation. The MSTA goal is to work with local authorities to solve these problems. All of the events described here are more specifically stated within the MSTA Claim in possession of the town council and staff. As a public document you can ask the Town Clerk for a copy.

To start with, most of the people I worked with in local governments were good and honest public servants. My city attorney position required me to advise my staff and council of the law and lawful procedure. As City Attorney, I made sure my councilmembers attended annual conferences where they could learn how to behave as councilmembers. The mandatory task facing every city manager, attorney, council, district attorney and judge is that each must follow the law. Each is deemed to know the law and be accountable to it.

As a city attorney, I found my principal task was teaching each councilmember how not to spend your taxpayer dollars. That's right, that money you pay in taxes and assessments is your money. Public officers who have the elected privilege to spend your money can only spend it for your benefit. Members of the public who pay any tax, be it property taxes, sales taxes, occupancy taxes, rent - yes rent, etc, have a right to know why they are being taxed and how that tax money is going to be used. Unlawful use of public funds is the most serious of wrongs a politician can commit.

Today, in California you have the benefit of prior taxpayers fighting the system, fighting politicians charging any tax they wanted to cover the cost of any budget. Various Propositions have been created by taxpayers to get a handle on their elected officials and control their spending habits. You should look closely at what your local representatives are doing, voice your opinion and vote accordingly. As a voter, you do control your local politicians. You have the power to keep them honest.

For example, when a Mammoth Lakes Council considers a TBID assessment to be imposed upon you, your first question must be "Why?" When imposing the TBID assessment in both 2013 and 2018, the promise made by the Mammoth Council was that the TBID assessment paid by every business would be spent for "the specific benefit" of the business paying the assessment. Has the assessment been spent as a "specific benefit" to local businesses? The evidence clearly revealed in the MSTA Claim says NO.

The evidence of unlawful use of our tax dollars includes contracts between Mammoth Mountain and airline companies being paid off with millions of our tax dollars. Since the public is not a party to those contracts, using public funds - our tax dollars - to pay off a Mammoth Mountain contract is unlawful.

MSTA has submitted this embezzlement of public funds matter to the District Attorney. MSTA wants this practice stopped and has asked the Town Council and Mono County D.A. to stop it. Voicing your opinion will help motivate your public officials.

Why is using millions of our tax dollars to pay non-public debt a problem? Keep in mind that everybody pays every tax or assessment imposed within your community. This is true if it is a TBID assessment, an occupancy tax or any of the long list of taxes imposed upon

see LETTERS, page 25

Junio 2 - 8, 2022 www.ElSoldelaSierra.com 11

Juan Lira Loayza jura como ministro de Trabajo y Promoción del Empleo

¡Otro triunfo peruano! andinista Víctor Rímac corona quinta montaña más alta del mundo

México: 100 emprendedores locales recibieron del Ayuntamiento apoyo crediticio para sus negocios

THE SHEET | Saturday, May 28, 2022 www.thesheetnews.com

PUBLIC NOTICES

Requests For Public Comment

Mono County Behavioral Health is seeking public comment for its Mental Health Services Act FY 22-23 Annual Update.

Interested parties may access the plan at monocounty.ca.gov/mhsa, send comments via email to mrose@mono.ca.gov, and/or attend a public hearing on June 6 at 3 pm Via Zoom: https://monocounty.zoom.us/j/7609241729; Call in: +1 669 900 6833 Meeting ID: 760 924 1729

TS #2022-0074

Fictitious Business Name Statement
The Following Person Is Doing Business As:

A Better Fireplace & Stove Company

Scott Voss Enterprises
145 Center St. P.O. Box 1843
Mammoth Lakes, Ca. 93546

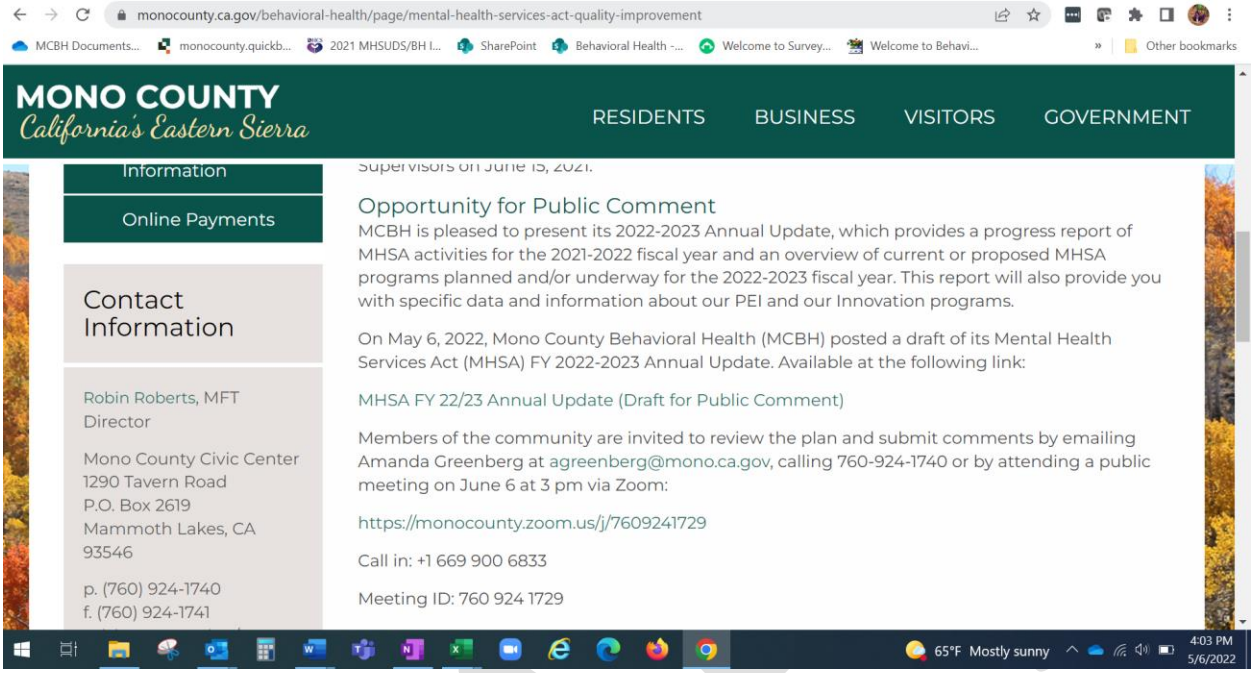
This business is conducted by a Corporation. The registrant commenced to transact business under the fictitious business name listed herein on Dec. 17, 2007.
This statement was filed with the County Clerk of Mono County on May 6, 2022.
File Number 22-080
2022-0089 (5/28. 6/4. 6/11. 6/18)

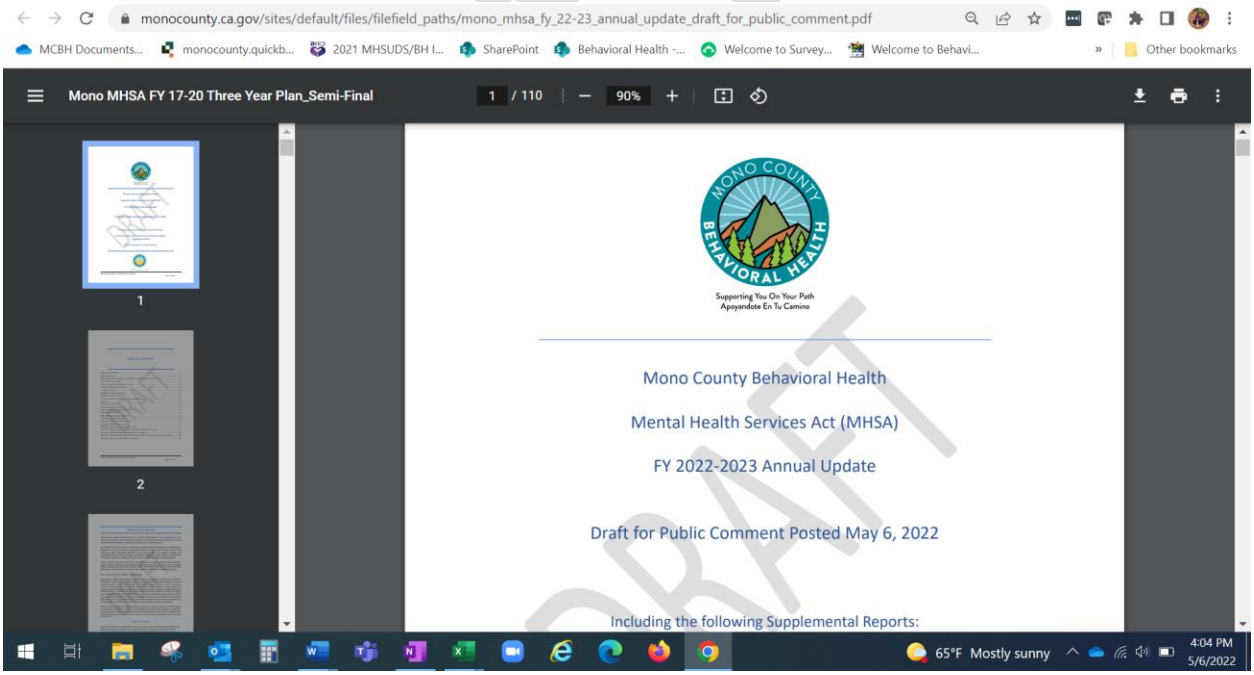
LETTERS
continued fror

local individuals. think that you do sessment, which i Mammoth busine tax, which is impo tourist.

Do you pay ren your rent include owner pays to ma to rent. If the taxe eliminate any pro

Posting on MHP website:





Press release on County website:

APPENDIX H: WINTER 2021-2022 CPPP SURVEY RESULTS

There were a total of **68 survey participants**
3 were staff members
65 were non-staff

100% did the survey in English
0% did the survey in Spanish

Most survey participants were:
13% of survey participants are clients or family of clients of MCBH (former or current).
47% are community members
10% participate in MCBH community programs
4% are MCBH Staff

Location of Survey participants:
North County (18%) (Topaz (4%), Walker (4%), Bridgeport (10%))
Central County (June Lake) (1%)
South County (47%) (Mammoth Lakes (38%), Crowley Lake (9%))
East County (4%) (Benton (3%), Chalfant (1%))
Out of Mono County (6%)
Unanswered/ Prefer not to answer (24%)

Age of Survey participants:
Under 15 years old (3%)
16-25 years old (0%)
26-40 years old (13%)
41-59 years old (6%)
Older than 60 years old (4%)
Unanswered/ Prefer not to answer (74%)

Military Status of our survey participants:
Never served (49%)
Previously served in the US military (3%)
Unanswered/ Prefer not to answer (48%)

Gender Identity of our survey participants:
Female (40%)
Male (7%)
Genderqueer / Gender non-conforming (2%)
Unanswered/ Prefer not to answer (51%)

Sexual Orientation of our survey participants:
Heterosexual or straight (41%)
Bisexual (3%)
Gay or lesbian (1%)
Queer (2%)
Unanswered/ Prefer not to answer (53%)

Racial / Ethnic makeup of our survey participants:
White / Caucasian (40%)
Hispanic / Latino (1%)
Mexican / Mexican-American / Chicano (1%)
American Indian or Alaska Native (6%)
Native Hawaiian or Other Pacific Islander (1%)
Unanswered/ Prefer not to answer (51%)

The top 3 issues in our community related to mental health
- Finding housing (37%)
- Finding access to MH providers (34%)
- Drugs or alcohol (28%)

The top 3 issues for individuals (self) related to mental health
- Finding access to MH providers (29%)
- Feeling a lack of social support or isolation (25%)
- Cost of services (19%)

The top 3 issues for youth (0-15) related to mental health
- Feeling a lack of social support or isolation (27%)
- Family relationships (23%)
- Experiencing bullying (23%)

The top 3 issues for transition aged youth (16-25) related to mental health
- Finding access to MH providers (29%)
- Finding housing (29%)
- Drugs or alcohol (23%)

The top 3 issues for adults (26-59) related to mental health
- Finding access to MH providers (11.8%)
- Knowledge of MH Issues (10.7%)
- Securing stable employment (10%)

The top 3 issues for older adults (60+) related to mental health
- Feeling a lack of social support or isolation (44%)
- Finding access to MH providers (38%)
- Cost of services (21%)

The top 3 strategies to promote mental health
- Increase awareness of MH programs (35%)
- When possible, meet basic needs like housing, rental assistance, food assistance (35%)
- Increase community engagement in MH related activities and programs in the community (31%)

ALL Top 3 issues questions, combined:

- Finding access to MH providers (~23%)
- Feeling a lack of social support or isolation (~20%)
- Drugs or alcohol (15%)

Among survey participants who are aged 60 years or older:

- **Top issues related to their own (self) mental health**
  - Feeling a lack of social support or isolation (29%)
  - Finding access to mental health providers (21%)
  - Family relationships (14%)
  - Cost of services (14%)
- **Top Strategies to promote mental health**
  - Increase awareness of mental health programs and services (50%)
  - Provide mobile county-wide response for people having a mental health crisis/feeling suicidal (36%)
  - Where possible, meet basic needs like housing, rental assistance, food assistance (36%)

Among survey participants who identified as gay, lesbian, bisexual, questioning/unsure, or queer:

- **Top issues related to their own (self) mental health**
  - Experiencing stigma or prejudice (29%)
  - Feeling a lack of social support and isolation (29%)
- **Top strategies for promoting mental health:**
  - Increase awareness of MH programs & services (71%)
  - Community wellness/outreach programming like socials, school programs, yoga, and support groups (43%)

Among survey participants who identified as American Indian:

- **Top issues related to their own (self) mental health or mental health issues in the community**
  - Experiencing stigma or prejudice (75%)
  - Drugs or alcohol (75%)
- **Top strategies for promoting mental health**
  - Increasing awareness of MH programs and services (75%)
  - Educate the public on mental health conditions (75%)
  - When possible, meet basic needs like housing, rental and food assistance (75%)

Among survey participants who identified as Latinx, Hispanic, Mexican-American, or Chicano

- **Top issues related to their own (self) mental health or mental health issues in the community**
  - Feeling a lack of purpose/meaning (67%)
  - Finding housing (67%)
- **Top strategies for promoting mental health**
  - Increasing awareness of MH programs and services (100%)
  - Educate the public on mental health conditions (67%)

APPENDIX I: MID-YEAR REVISION LOCAL REVIEW PROCESS NOTICE & ADVERTISEMENTS

**To be completed following public comment period