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## Mono County Behavioral Health

### Mental Health Services Act (MHSA) FY 2025-2026 Annual Update

Posted for Public Comment: 11/7/25

Public Hearing Held: 12/8/25

Approved by Mono County Board of Supervisors: 12/16/25

Including the following Supplemental Reports:  
Annual Innovation Project Report  
Prevention and Early Intervention Annual Evaluation Report  
FY 23-24 & FY 24-25



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## EXECUTIVE SUMMARY

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Welcome! Our Mental Health Services Act (MHSA) Annual Update is here to provide you, our community members, with information about the incredible services and 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, which is an extensive feedback process that includes clients, program participants, community stakeholders, and more.

MCBH is proud to present its fiscal year 2025-2026 Annual Update, which provides a progress report of MHSA activities for the 2024-2025 fiscal year and an overview of current or proposed MHSA programs planned and/or underway for fiscal year 2025-2026. Also, this report will provide you with specific data and information about our PEI and our Innovation programs.

MCBH is designated by the California Department of Health Care Services as a “Mental Health Plan” (MHP). As a result, MCBH’s core mandate is to provide mental health and substance use disorder services to Mono County residents who have Medi-Cal, specifically focusing on individuals with moderate to severe mental illness. As we outline in this plan, MCBH uses a large portion of its MHSA funds to provide core services such as therapy, case management, and crisis stabilization. At the same time, MCBH devotes critical funding to programs that pull in our diverse communities, help increase awareness of mental health overall, and provide safe havens for a wide array of individuals. Additionally, MCBH is dedicated to recruiting and retaining high quality clinical, administrative, and supervisory staff and actively seeks feedback for improvement from existing staff, as demonstrated in the included Workforce Needs Assessment.

In March 2024, California voters narrowly approved Proposition 1, Governor Newsom’s Behavioral Health Transformation. Proposition 1 reforms the Mental Health Services Act and renames it the Behavioral Health Services Act (BHSA). As a result of these changes, this will be MCBH’s last MHSA Annual Update. Moving forward, we will be required to use the BHSA Integrated Plan Template. At this time, MCBH does not anticipate significant cuts to any MHSA programs under the BHSA, but some programming may look or feel slightly different to meet the new requirements.

As a result of Proposition 1, Mono County will also have additional administrative burden and will receive a smaller percentage of MHSA funding overall, while the state will receive an increased percentage. For more information on Proposition 1, you might review the [Legislative Analyst’s Office article](https://lao.ca.gov/Publications/Report/4782) (<https://lao.ca.gov/Publications/Report/4782>). You can also attend our regularly scheduled Behavioral Health Advisory Board meetings (typically the second Monday of

every other month: see Mono County calendar for upcoming meetings: <https://www.monocounty.ca.gov/calendar>).

Thank you for taking the time to read our plan, and we hope that you provide us with feedback on our work!

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## RESUMEN EJECUTIVO

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¡Bienvenidos! Nuestra Actualización Anual de la Ley de Servicios de Salud Mental (MHSA) está aquí para brindarles a ustedes, los miembros de nuestra comunidad, información sobre los increíbles servicios y 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.

MCBH se enorgullece en presentar su Actualización Anual del año fiscal 2025-2026, que proporciona un informe de progreso de las actividades de MHSA para el año fiscal 2024-2025 y una descripción general de los programas actuales o propuestos de MHSA planificados y / o en curso para el año fiscal 2025-2026. Además, este informe le proporcionará datos e información específicos sobre nuestro PEI y nuestros programas de innovación.

MCBH es designado por el Departamento de Servicios de Atención Médica de California como un "Plan de Salud Mental" (MHP). Como resultado, el mandato central de MCBH es proporcionar servicios de salud mental y trastornos por uso de sustancias a los residentes del Condado de Mono que tienen Medi-Cal, centrándose específicamente en personas con enfermedades mentales moderadas a graves. Como describimos en este plan, MCBH utiliza una gran parte de sus fondos de MHSA para proporcionar servicios básicos como terapia, manejo de casos y estabilización de crisis. Al mismo tiempo, MCBH dedica fondos críticos a programas que atraen a nuestras diversas comunidades, ayudan a aumentar la conciencia sobre la salud mental en general y brindan refugios seguros para una amplia gama de personas. Además, MCBH se dedica a reclutar y retener personal clínico, administrativo y de supervisión de alta calidad y busca activamente comentarios para mejorar del personal existente, como se demuestra en la Evaluación de necesidades de la fuerza laboral incluida.

En marzo de 2024, los votantes de California aprobaron por estrecho margen la Proposición 1, la Transformación de Salud Conductual del Gobernador Newsom. La Proposición 1 reforma la Ley de Servicios de Salud Mental (MHSA, por sus siglas en inglés) y la renombra como la Ley de Servicios de Salud Conductual (BHSa, por sus siglas en inglés).

Como resultado de estos cambios, este será el último Informe Anual de MHSA de MCBH. En adelante, se requerirá que utilicemos el Formato de Plan Integrado de la BHSa. En este momento, MCBH no anticipa recortes significativos en los programas de MHSA bajo la BHSa; sin embargo, algunos programas podrían verse o sentirse ligeramente diferentes para cumplir con los nuevos requisitos.

Como resultado de la Proposición 1, el Condado de Mono también tendrá una carga administrativa adicional y recibirá un porcentaje menor del financiamiento total de MHSA, mientras que el estado recibirá un porcentaje mayor. Para obtener más información sobre la Proposición 1, puede revisar el artículo de la Oficina del Analista Legislativo (<https://lao.ca.gov/Publications/Report/4782>). También puede asistir a nuestras reuniones periódicas del Consejo Asesor de Salud Conductual, que generalmente se realizan el segundo lunes de cada dos meses. Consulte el calendario del Condado de Mono para conocer las próximas reuniones: <https://www.monocounty.ca.gov/calendar>.

¡Gracias por tomarse el tiempo para leer nuestro plan! Esperamos que nos proporcione sus comentarios sobre nuestro trabajo.

Si está leyendo este resumen en español y está interesado en obtener una copia de nuestro plan en español nuestro, llame al 760-924-1740.

# MHSA COUNTY FISCAL ACCOUNTABILITY & PROGRAM CERTIFICATIONS

## MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City:   Mono  

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

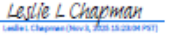
<p style="text-align: center;"><b>Local Mental Health Director</b></p> <p>Name: Robin K. Roberts          Telephone Number: 760-924-1740          Email: <a href="mailto:roberts@mono.ca.gov">roberts@mono.ca.gov</a></p>	<p style="text-align: center;"><b>Interim County Auditor-Controller</b></p> <p>Name: Leslie Chapman          Telephone Number: 760-932-5494          Email: <a href="mailto:lchapman@mono.ca.gov">lchapman@mono.ca.gov</a></p>
<p>Local Mental Health Mailing Address:</p> <p>Mono County Behavioral Health          PO Box 2619 / 1290 Tavern Road          Mammoth Lakes, CA 93546</p>	

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.

<u>Robin K. Roberts</u>	 <small>Robin Roberts (Nov 3, 2025 11:05:40 PST)</small>	11/03/2025
Local Mental Health Director	Signature	Date

I hereby certify that for the fiscal year ended June 30, 2023, 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, 2023. I further certify that for the fiscal year ended June 30, 2024, 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.

<u>Leslie Chapman</u>	 <small>Leslie L. Chapman (Nov 3, 2025 11:20:09 PST)</small>	11/03/2025
Interim County Auditor Controller	Signature	Date

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

# MHSA COUNTY PROGRAM CERTIFICATION

## MHSA COUNTY PROGRAM CERTIFICATION<sup>1</sup>

County/City:  Mono

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

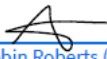
<p style="text-align: center;"><b>Local Mental Health Director</b></p> <p>Name: Robin K. Roberts          Telephone Number: 760-924-1740          Email: <a href="mailto:rroberts@mono.ca.gov">rroberts@mono.ca.gov</a></p>	<p style="text-align: center;"><b>Program Lead</b></p> <p>Name: Amanda Greenberg          Telephone Number: 760-924-1754          Email: <a href="mailto:agreenberg@mono.ca.gov">agreenberg@mono.ca.gov</a></p>
<p>Local Mental Health Mailing Address:</p> <p>Mono County Behavioral Health          PO Box 2619 / 1290 Tavern Road          Mammoth Lakes, CA 93546</p>	

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 December 16, 2025.

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	 <u>Robin Roberts (Dec 18, 2025 09:02:31 PST)</u>	12/18/2025
Local Mental Health Director (PRINT)	Signature	Date

# BOARD OF SUPERVISORS APPROVAL

To view the presentation about this Annual Update to the Mono County Board of Supervisors (BOS) after 12/16/25, please visit the following link:

<https://www.monocounty.ca.gov/bos/page/board-supervisors-268>



**BOARD OF SUPERVISORS, COUNTY OF MONO  
STATE OF CALIFORNIA  
MINUTE ORDER**

<b>Meeting Date</b>	12-16-25
<b>Minute Order</b>	M25-271
<b>Department</b>	Behavioral Health
<b>Agenda Item</b>	Mono County Behavioral Health Fiscal Year (FY) 2025-2026 Mental Health Services Act (MHSA) Annual Update
<b>Action</b>	Approved as Recommended <input checked="" type="checkbox"/> Approved as Amended <input type="checkbox"/>
	Approved Annual Update.

Unanimous:

McFarland:

**Vote Key:**

Y = Yes

N = No

A = Absent

X = Abstain

Duggan:

Salcido:

Kreitz:

Peters:

Documents to be distributed for signature:  
(C) = Clerk; (D) = Department

n/a

Copies sent to:

n/a

I certify that the foregoing is a correct copy of a Minute Order adopted by the Board of Supervisors, County of Mono, State of California.

ATTEST:

Clerk of the Board  
Board of Supervisors

By: Danielle Patrick Digitally signed by Danielle Patrick  
Date: 2025.12.16 16:02:21 -08'00'



## MONO COUNTY SNAPSHOT, CAPACITY OVERVIEW, & WORKFORCE NEEDS ASSESSMENT

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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. 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. Bridgeport is home to the Bridgeport Indian Colony, Lee Vining is home to the Kutzadika'a Tribe, and Benton is home to the Utu Utu Gwaitu Paiute Tribe.

The estimated total population of Mono County as of July 1, 2025, is 12,991. 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 percent Hispanic/Latinx, 3 percent American Indian and Alaska Native, 1 percent Black or African American, 2.3 percent Asian, 0.4 percent Native Hawaiian/Other Pacific Islander/Other/Unknown, and 65 percent Caucasian.

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.

In assessing its capacity, MCBH's Leadership Team has closely considered the needs of unserved and underserved populations in Mono County. The planned staffing below reflects the gaps identified through both this process and in considering the results of the Community Program Planning Process. In particular, MCBH has worked with community members to determine the best ways to reach out to un- and underserved communities, and as a result has developed over the years its CSS Community Outreach Engagement programs and its PEI Outreach in Outlying Communities programs. Both of these programs create a very low barrier entry to services and de-stigmatizes accessing MCBH's services. One of the County's most important goals annually is to offer this programming throughout the county. Each area of the county has a different target among the un- and underserved populations: in Walker/Coleville, it's primarily older adults and veterans; in Bridgeport, it's the Native community; in Mammoth, it's the Latinx community, children/transition age youth, and individual experiencing homelessness; in Benton, it's the Native community. All programs also target isolated rural community members. MCBH has also critically assessed the capacity of the staff working in its more clinical programs, such as its Full Service Partnership (FSP) programs and its School-Based Services program. To help meet the needs for Spanish speaking therapists in these programs, MCBH is utilizing WET funds to send a Spanish speaking Behavioral Health Services Coordinator to graduate school to earn a Master of Counseling. In FY 24-25, this provider completed her practicum hours as a trainee with MCBH and is anticipated to graduate in December 2025 and become an Associate MFT. Finally, please see the FSP section of our plan below to view the estimated number of clients to be served (broken out by age group) under that program. We also recommend a review of Appendix A, which includes penetration rate data.

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. For median household income, the U.S. Census lists median household income for time period 2018-2022 in Mono County at \$82,038. In comparison, the statewide average for this same time period is listed at \$75,149. The U.S. census for the same time periods indicated above list that 10.3 percent of Mono County residents live in poverty. The median value of owner-occupied housing units is \$496,800. 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 two school districts: Mammoth Unified School District (MUSD) and Eastern Sierra Unified School District (ESUSD); the Mono County Office of Education (MCOE) also serves students in Mono County.

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.

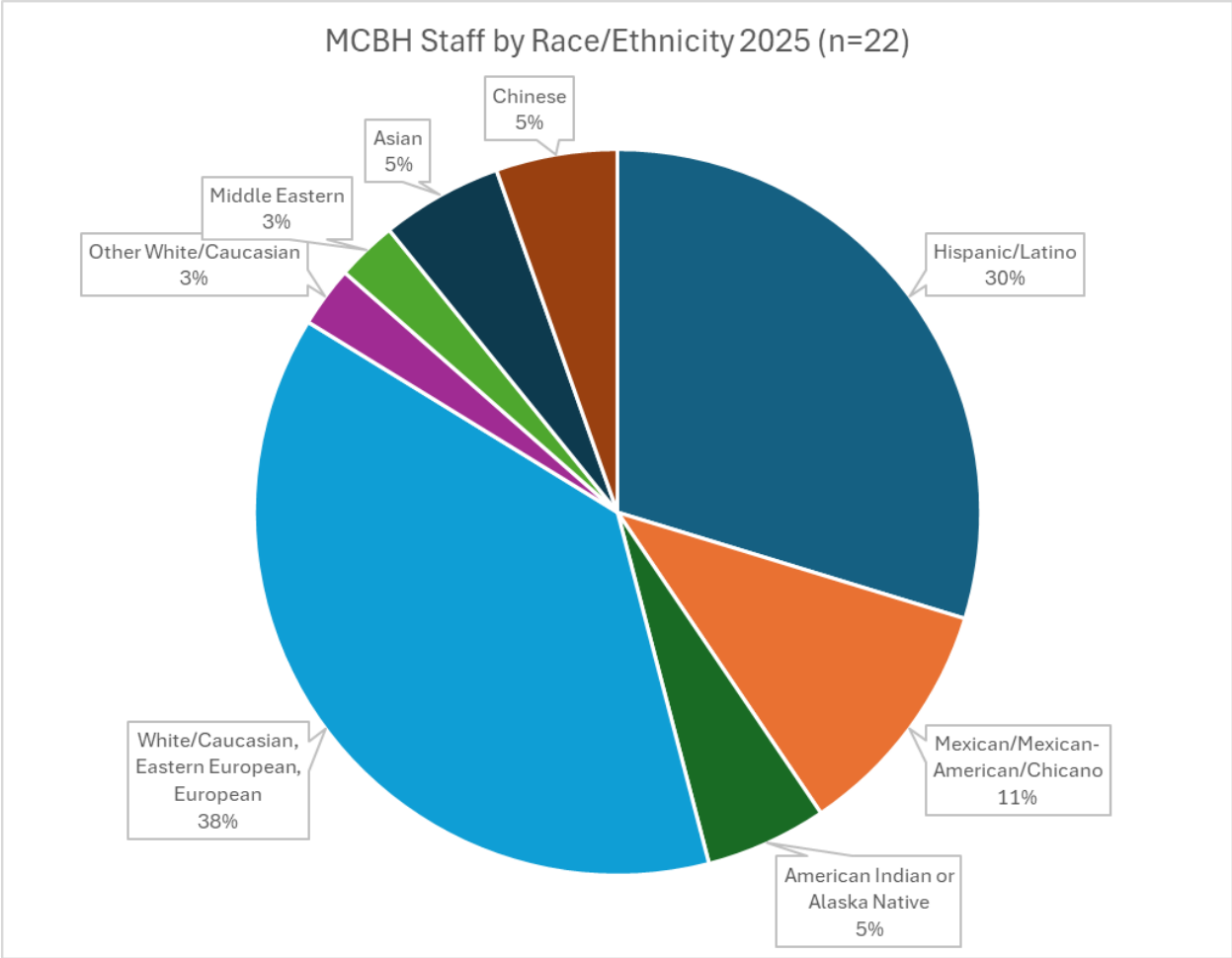
## Capacity Overview & Workforce Needs Assessment

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 Three-Year Plan 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 25-26. As of the writing of this report (Fall 2025), MCBH is nearly fully staffed but is still seeking additional staff in order to be able to fully implement the MHPA programs that are outlined in this plan. Based upon feedback received in the CPPP and anecdotal data from individuals seeking mental health services, there is a staffing shortage to treat individuals with mild to moderate mental illness particularly for those with private/commercial insurance. For the most part, MCBH only provides therapy and case management to individuals with Medi-Cal, per its MHP mandate. As a result, individuals with private insurance do not qualify for mental health treatment at MCBH unless they are children. MCBH works closely with Mammoth Hospital Behavioral Health to coordinate care for shared clients or clients who may need a lower level of care. MCBH will continue to advocate for services to the mild to moderate population and those who are privately insured and not available to access services within the county.

In FY 24-25, MCBH continued improving its overall cultural competence and customer services by taking on initiatives in our internal Customer Service Workplan. This includes continuing monthly education and discussion of customer service topics. This initiative has been popular among staff and invites our team members to explore a wide variety of issues and share key takeaways with their colleagues.

Approximately 45% of the Department’s staff are bilingual English/Spanish speakers and 50% identify as Hispanic/Latino/Latinx, Central American, or Mexican/Mexican-American/Chicano. 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. MCBH also has staff members who speak Mandarin and Korean. Below is a graph displaying self-reported race/ethnicity for the MCBH team. Please see the table several pages below for a comparison of how MCBH staff race/ethnicity compares to Mono County’s overall ethnic distribution and MCBH’s existing clients.



MCBH is also dedicated to hiring staff who identify as members of the LGBTQ+ community and staff who identify as clients/family members and/or individuals with lived experience. In a fall 2025 survey:

- 15% of staff identify as members of the LGBTQ+ community.
- 78% of staff identify as a current/former client of mental health services or someone with “lived experience” in mental health or substance use or a family member
- 15% of staff have a disability like a chronic condition or chronic pain.

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. MCBH is dedicated to supporting the growth and professional development of existing staff who are 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.” 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. This plan is available online at <https://www.monocounty.ca.gov/behavioral-health/page/quality-improvement>.

As indicated in the table below, MCBH considers all its positions difficult to recruit and retain including but not limited to: Director, Clinical Services Manager, Clinical Supervisor, Program Manager, Staff Services Analyst, Case Manager, Wellness Center Associate, Substance Use Disorder (SUD) Supervisor, Accountant, Staff Services Manager, Behavioral Health Services Coordinator, Psychiatric Specialist, SUD Counselor, Fiscal & Technical Specialist, Quality Assurance Coordinator, Medical Director, and Psychiatrist. MCBH is also keenly aware of the shortages of Behavioral Health Directors across the state and is dedicated to helping staff grow and develop to ensure that staff who may be interested in one day taking on leadership roles in the department have the experience and education necessary to do so.

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. In FY 24-25, MCBH rolled out the Medi-Cal Mobile Crisis benefit; to help offset burn-out and incentivize staff, MCBH utilized its Crisis Care Mobile Unit grant funds to offer stipends to crisis team staff two years in a row.

Approximately three-quarters of MCBH's staff (78%) 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 or someone with "lived experience" in mental health or substance use disorders. 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 the following stakeholders: community members, clients, family members of clients, and representatives from partner agencies. This committee is involved in MCBH's program planning and is also regularly attended by a wide range of community partners.

Planned Staffing for FY 2025-2026

Position	Category	Language(s)	Difficult to Recruit/Retain	Priority to Client/Family Member	Supervised directly by
Director	Managerial/Supervisory Licensed Mental Health Staff	English	Y	Y	County Staff
Program Manager: Clinical Services	Managerial/Supervisory Licensed Mental Health Staff	English Spanish	Y	Y	County Staff
Program Manager: Clinical Services	Managerial/Supervisory Licensed Mental Health Staff	English	Y	Y	County Staff
Staff Services Analyst III (Fiscal)	Managerial/Supervisory	English Spanish	Y	Y	County Staff
Program Manager	Managerial/Supervisory	English	Y	Y	County Staff
Staff Services Analyst II (Wellness Centers)	Managerial/Supervisory	English	Y	Y	County Staff
Program Manager (School Services Coordinator)	Managerial/Supervisory Mental Health Staff	English	Y	Y	County Staff

SUD Supervisor/ Program Manager	Managerial/Supervisory SUD Personnel	English	Y	Y	County Staff
Chief Fiscal Officer	Support Staff/ Managerial/Supervisory	English	Y	Y	County Staff
Psychiatric Specialist III	Licensed Mental Health Staff	English Mandarin	Y	Y	County Staff
Psychiatric Specialist II	Licensed Mental Health Staff	English	Y	Y	County Staff
Psychiatric Specialist II (Spanish- speaking)	Mental Health Staff	English Spanish	Y	Y	County Staff
Psychiatric Specialist I	Mental Health Staff	This position is vacant	Y	Y	County Staff
Behavioral Health Services Coordinator I	Mental Health Staff	English	Y	Y	County Staff
Behavioral Health Services Coordinator I	Mental Health Staff	English Spanish	Y	Y	County Staff
Staff Services Analyst III	Managerial/Supervisory Mental Health Staff	English	Y	Y	County Staff

Case Manager III (Telepsychiatry Coordinator)	Mental Health Staff	English Spanish	Y	Y	County Staff
Case Manager III (Wrap Parent Partner)	Mental Health Staff	English	Y	Y	County Staff
Case Manager III	SUD Personnel	English	Y	Y	County Staff
Behavioral Health Services Coordinator I (SUD)	SUD Personnel	This position is vacant	Y	Y	County Staff
Case Manager III (SUD)	SUD Personnel	English Spanish	Y	Y	County Staff
Wellness Center Associate (Mammoth/Benton)	Mental Health Staff	This position is vacant	Y	Y	County Staff
Case Manager III (Walker)	Mental Health Staff	This position is vacant	Y	Y	County Staff
Case Manager III (Bridgeport)	Mental Health Staff	English	Y	Y	County Staff

Wellness Center Associate (Walker)	Mental Health Staff	English	Y	Y	County Staff
Wellness Center Associate (Mammoth: Yoga)	Mental Health Staff	English	Y	Y	County Staff
Wellness Center Associate (Walker)	Mental Health Staff	This position is vacant	Y	Y	County Staff
Wellness Center Associate (Mammoth)	Mental Health Staff	This position is vacant	Y	Y	County Staff
Fiscal Technical Specialist III	Support Staff	English Spanish	Y	Y	County Staff
Fiscal Technical Specialist II	Support Staff	English Spanish	Y	Y	County Staff
Fiscal Technical Specialist II	Support Staff	English Spanish	Y	Y	County Staff

QA/QI Coordinator III (MH)	Support Staff/Other Health Care Professional (Nurse)	English Korean	Y	Y	County Staff
Staff Services Analyst I (Data)	Support Staff	English Spanish	Y	Y	County Staff
Staff Services Analyst II (Housing)	Support Staff	English	Y	Y	County Staff
Staff Services Analyst III (Fiscal)	Support Staff	English	Y	Y	County Staff
Staff Services Analyst I (Fiscal)	Support Staff	English Spanish	Y	Y	County Staff
QA/QI Coordinator II (SUD)	Support Staff	English Spanish	Y	Y	County Staff
Psychiatry via Telemedicine (contracted provider)	Licensed Mental Health Staff	English	Y	Y	Contract Agency Staff
Psychiatry via Telemedicine (contracted provider)	Licensed Mental Health Staff	English	Y	Y	Contract Agency Staff

Public Health  
Officer Medical  
Director

Other Health Care Professional English

Y

Y

County Staff

\*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

- 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: 10 staff (45%) are proficient in Spanish. Several other languages, including Mandarin, and Korean are also spoken by our staff.
- The estimated number of additional Spanish-speaking staff necessary to meet the need: 0 staff members – approximately 45% of MCBH’s staff are bilingual English/Spanish speakers and in FY 24-25, one of the English-Spanish bilingual Behavioral Health Services Coordinators will be providing therapy 12-15 hours per week as a Master of Counseling trainee.

Annual estimate of number of clients served broken down by race/ethnicity compared to overall ethnic distribution of Mono County and the race/ethnicity reported by Mono County Behavioral Health staff\*:

Race/Ethnicity	Estimate of # of Clients served	Percentage of Clients Served	Ethnic distribution of Mono County	MCBH staff
White/Caucasian/Eastern European/European/Other White	150	45%	65%	41%
Hispanic/Latino/Mexican-American/Chicano	125	38%	27%	41%

American Indian or Alaska Native	15	5%	3%	5%
Black/African American	5	2%	1%	0%
Asian	5	2%	2.3%	5%

\*This table aims to provide the percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.

For each occupation type, estimate of the number of personnel within each racial/ethnic group, as identified through voluntary self-reported data. Please note that for individuals who reported multiple races, their race/ethnicity is reported in each category.

	Hispanic/ Latino	Central American	Mexican/ Mexican- American/Chicano	White/ Caucasian	Asian	Filipino	More than one race**	Prefer not to answer
Licensed Mental Staff, Mental Health Staff, and SUD Staff*	3	1	1	6	1	1	1	1
Managerial/ Supervisory Positions	2			3			2	
Support Staff ***	5			2	1			

\*Due to small sample sizes, please note these occupations have been combined to help keep staff responses anonymous. This category also includes community-based wellness staff

\*\*Includes 1 staff who identifies as American Indian or Alaska Native, which is an underserved group in Mono County

\*\*\*Includes Fiscal/Front Office staff and QA/Data/Reporting staff

The following tables provide estimates of the number of individuals served

Estimated number of individuals served by age and race/ethnicity								
	White/Caucasian	Hispanic/Latino	American Indian or Alaska Native	Black/African American	Asian	Other	More than one race	Total
Children	16	14	2	1	1	1	2	37
Transition Age Youth	22	19	2	1	1	1	3	49
Adult	83	69	8	3	3	6	11	183
Older Adult	28	23	3	1	1	2	4	61
Total	150	125	15	5	5	10	20	330

Estimated number of individuals served by age and primary language			
	English	Spanish	Total
Children	32	5	37
Transition Age Youth	43	6	49
Adult	159	24	183
Older Adult	53	8	61
Total	287	43	330

Estimated number of individuals served by age and gender				
	Male	Female	Transgender, Questioning, Gender non-conforming, Another	Total
Children	16	19	1	37
Transition Age Youth	21	25	2	49
Adult	79	95	7	183
Older Adult	26	32	2	61
Total	142	172	10	330

**Capacity Table 2. Mono County Agencies**

Agency	Purpose/Mission	Who is served?
<b>Mammoth Hospital Behavioral Health, ED, and clinics</b>	Our Mission: To promote the well-being and improve the health of our residents and guests. Our Vision: Mammoth Hospital will provide the premier experience in health, wellness and integrated care for the communities of the Eastern Sierra and beyond.	Mono County residents and guests
<b>Mono County Public Health</b>	“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
<b>Mono County Social Services</b>	“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
<b>Mono County Office of Education</b>	<i>“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.”</i>	Mono County students, schools, and communities
<b>Mono County District Attorney</b>	“The Mono County Office of the District Attorney promotes and protects the public peace and safety of Mono County, California.”	Mono County community
<b>Mono County Sheriff</b>	“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
<b>Mammoth Lakes Police Department</b>	“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
<b>Mono County Probation</b>	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
<b>Eastern Sierra Unified School District (ESUSD)</b>	“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
<b>Mammoth Unified School District (MUSD)</b>	“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?
<b>Behavioral Health Advisory Committee</b>	“Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life.”	Mono County community, MCBH clients
<b>Cultural Outreach Committee</b>	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
<b>Mono County Justice, Equity, Diversity, and Inclusion Committee</b>	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
<b>Toiyabe Indian Health Project</b>	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
<b>Wild Iris Family Counseling and Crisis Center</b>	“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
<b>Student Attendance Review Board (SARB)</b>	“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
<b>Mammoth Mountain Ski Area</b>	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)
<b>First Five Commission</b>	“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

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## COMMUNITY PROGRAM PLANNING PROCESS

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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 focus groups with key stakeholders including the Benton Tribal Community, administered a community survey, held several key informant interviews, and invited participants of community programs to participate in a dot exercise. Additionally, MCBH has integrated information from other community data sources.

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 is charged with conducting and/or supervising the planning and data collection for the CPP. For a description of her duties, including the requirement of an annual mental health needs assessment (the CPP), please see Appendix F. Please note that MCBH provides training on the Community Program Planning Process (CPP) 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. In FY 24/25 and 25/26, MCBH made the decision to allocate more funding to CPP in preparation for the changes related to the Behavioral Health Services Act. This investment allowed for greater engagement with communities that provide regular and ongoing feedback.

### **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 regular 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. It is an ongoing priority to label these different topics on the BHAB agenda so that BHAB members and other participants can clearly track and participate in MCBH's efforts to get input on these important areas.

### **Behavioral Health Advisory Board Focus Group**

- April 14, 2025; 12 participants including several clients/family members of clients; Conducted in person with hybrid attendees

- Facilitated by Amanda Greenberg
- See minutes at <https://www.monocounty.ca.gov/behavioral-health/page/behavioral-health-advisory-board-meeting-18>
- Session started with overview of CPPP and the data collection process so far. Questions discussed include:
  - What are the top mental health needs in our community?
  - What are the top strategies to promote mental health in our community?
- Key Takeaways for Top Mental Health Needs
  - Uncertainty and Fear: Widespread anxiety about the future, economy, deportation, and climate change leading to heightened community stress.
  - Community Trauma and Grief: Emotional impact from recent tragedies (officer-involved shooting, Hantavirus deaths) and erosion of community trust.
  - Isolation and Disconnection: Need for stronger community bonds and spaces for people to connect, process, and feel supported.
  - Substance Use as Coping: Alcohol use to manage uncertainty and emotional distress.
  - Housing Insecurity and Domestic Violence: Rising concerns about basic safety and stability.
  - Cultural and Access Barriers: Fear among Latinx residents (including self-deportation) and limited engagement in community events point to trust and accessibility issues.
- Key Takeaways for Top Strategies to Promote Mental Health
  - Rebuild Connection and Trust: Create safe, inclusive community spaces for open dialogue, similar to “Covid Conversations,” to process collective stress and uncertainty.
  - Outdoor and Recreation-Based Wellness:
    - Partner with recreation and public health sectors to promote outdoor activities (guided hikes, snowshoe outings, forest bathing, dance parties).
    - Introduce “prescriptions for time outside” and social fitness challenges (e.g., Strava community, June Challenge bingo).
  - Everyday Wellbeing Practices: Encourage small, consistent self-care actions (deep breathing, movement during TV shows).
  - Collaborative Programming: Align with the California Joint Strategy for Wildfire Resiliency to integrate mental health promotion through recreation and connection to nature.
  - Normalize Emotional Conversations: Pair factual information with acknowledgment of emotional impact to build resilience and empathy.
  - Inclusive Outreach: Understand and address barriers to participation, ensuring events and supports feel safe and relevant across all cultural groups.

## **Dot Exercise from Foro Latino Quarterly Community Event**

- July 2025
- Top needs related to mental health:
  - Finding Housing
  - Drugs or alcohol
  - Lack of programs/services for specific groups of people (Latinx/LGBTQ/seniors/young parents, etc)

## **Key Informant Interviews & Ongoing Partner Listening Sessions**

Due to its small size, MCBH has a more fluid approach to its CPPP, including holding ongoing partner listening sessions and conducting informal key informant interviews throughout the year. MCBH staff have monthly meetings with such partners as Mammoth Hospital, Toiyabe Indian Health Project, our Managed Care Plans, and Mammoth Lakes Police Department. We meet weekly with Mono County Probation and Mammoth Unified School District and at least quarterly with the Mono County Courts and District Attorney. Although not all the data captured from these interviews and listening sessions is included explicitly in this report, the feedback is integrated as we continuously improve our programs over time. As an example, our crisis intervention program is now expanded to provide more services in Mammoth Lakes thanks to greater cooperation with and feedback from Mammoth Lakes Police Department. Additionally, there is now a system to ensure that their 5150 reports are also sent to us and that we compare our data to ensure that all agencies feel supported and connected in their service delivery. Feedback related to CPPP is also captured at all ongoing wellness programming and MCBH is developing a mechanism for tracking feedback and themes for community needs in the BHSA Integrated Plan.

## **Community Survey: Fall 2025**

- Survey was open in October 2025
- There were a total of 63 survey participants
- Survey was administered via SurveyMonkey and distributed through partner agencies, at community events, at the MCBH front office at the Mono County Civic Center as well as at all satellite offices: Walker Wellness, Bridgeport, Sawyer affordable/permanent supportive housing complex. It was available in English and Spanish. It was advertised via flyer at all our in-person locations and MCBH staff asked all clients to take the survey. Clients who took the survey received a gift card.
- The administration and analysis of the survey was spearheaded by the MCBH Program Manager.

## **Quick Stats**

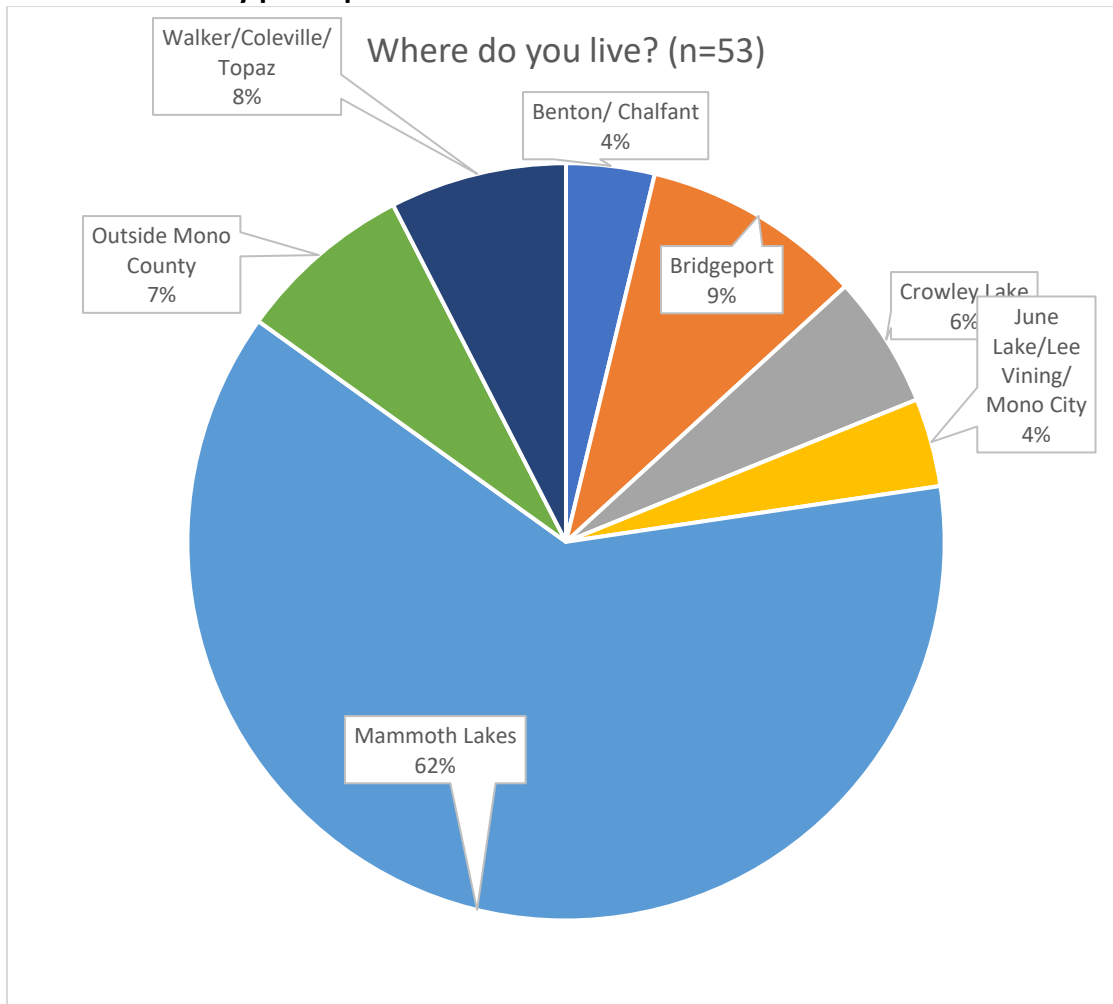
- 54 completed responses

- 15% of completed surveys were completed in Spanish and 41% of participants identified as Hispanic/Latinx (n=22)
- 4% of participants (n=2) identified as American Indian or Alaska Native
- 7% of participants (n=4) identified as Asian or Asian American
- 0% of participants previously served in the military – this is an area to target increased outreach moving forward
- 7% of participants (n=4) identified as members of the LGBTQ+ community
- We met our goal of focusing on clients and Medi-Cal members:
- 43% of participants (n=23) have Medi-Cal, Medicare, or no insurance
- 44% of participants (n=21) are clients, former clients, family members of clients, or participate in wellness programming
- 44% are MCBH staff members
- Significant majority of respondents were female
- Good mix of ages

**Access to mental health services:**

- 33% have never tried to access mental health care in Mono County (n=18)
- 59% have tried to access mental health care in Mono County and were able to get services (n=32)
- 4% have tried to access mental health care in Mono County and were NOT able to get services (n=2)
  - These respondents both have Medicare

### Location of Survey participants:



- 16% of respondents stated that they were at risk of homelessness, experiencing homelessness, or couchsurfing

### The top 5 issues in our community related to mental health

- Finding housing (67%)
- Drugs or alcohol (33%)
- Concerns about changes to Medi-Cal, accessing services, and other funding (30%)
- Experiencing stigma/prejudice (28%)
- Finding access to mental health providers (22%)
- Analysis notes: housing increased significantly (still #1 need); Drugs and alcohol remained at #2; Added item about changes to Medi-Cal; Knowledge of mental health issues is no longer in the top 5; Experiencing stigma/prejudice took its place; access to providers decreased as well

### The top 5 issues for individuals (self) related to mental health

- Finding Housing (28%)

- Family relationships (26%)
- Three-way tie:
  - Feeling a lack of social support or isolation (20%)
  - Concerns about changes to Medi-Cal, accessing services, and other funding (19%)
  - Feelings a lack of purpose/meaning (19%)
- Analysis notes: Finding housing jumped to top of the list; and family relationships moved from #3 to #2; Feeling a lack of social support or isolation moved from #1 to #3 and was essentially tied with two additions to the top 5 list

**The top 4 strategies to promote mental health**

- When possible, meet basic needs like housing, rental assistance, food assistance (63%)
- Increase awareness of MH programs and services (44%)
- Educate the public on mental health conditions (31%)
- Increase community engagement in mental health-related activities and programs in the community (33%)
- Analysis notes: Basic needs and increasing awareness remain the top two overall strategies to promote mental health, for the third year in a row; however, the percentage recommending “meeting basic needs” went up significantly.

Finally, MCBH received more comments than ever in the comment box at the end of the survey, which asked “Is there anything else you’d like to tell us? Ideas for programs? Other priorities that we missed?” MCBH found several trends in the feedback provided and has included it below:

**Praise/compliments:**

- Very appreciative of the services provided here

**Suggestions for MCBH: General/Miscellaneous**

- Improved coordination with property management company at Sawyer permanent supportive housing complex to ensure consistency in housing issues. I was told when I was getting housing it would be \$300/month, but it’s not, consistently would be nice
- A look into how nightly rentals are affecting the long-term stability and health of our community.

**Suggestions for MCBH: Staffing**

- More Psychiatrist providers and more appointments.

**Suggestions for MCBH: Programming**

- Incentives that promote a healthy mental health lifestyle. People are trying to meet basic needs and if there were services that provided basic needs to people while participating in mental health care it might be more encouraging for people to treat mental health issues.

- Bringing back trauma yoga!!
- We would love to be informed about other cultures and experience their traditions
- Develop NGOs that can provide safe, supportive, non-medical places to share mental health challenges and coping strategies with peers.
- Offer arts and crafts, sewing groups, and computer classes
- I'm not sure if this is possible, but more community programming for working adults, potentially dual youth/adult programming like a crafting night with potluck or game night. But also you guys do such a wonderful job being present in the communities across Mono County!
- Include Chalfant in your wellness outreach and programming. We would love a garden or a family social.

## 2024 Consumer Perception Survey (CPS) Results

The CPS is an annual survey created by the Department of Health Care Services MCBH offers to each Medi-Cal beneficiary who receives services during one week each spring. In 2024, MCBH administered 26 completed surveys. Of these, 7 were submitted by adults, 7 by a youth, 6 by an older adult, 6 by family. Although this survey was not collected as part of the MHSA CPPP, the results help provide additional information about MCBH’s services. The table below was prepared by University of California, Los Angeles Integrated Substance Use Programs in January 2025. MCBH scored 4 or above on nearly all measures, meaning that clients agree that they are largely satisfied with each of the items listed.

Table 3A: Satisfaction Score by Domain: Family and Youth - Mono County

	Family					Youth				
	Mean Score	CI**	Percent Agree 3.5+	SW* Mean Score	SW % Agree 3.5+	Mean Score	CI**	Percent Agree 3.5+	SW* Mean Score	SW % Agree 3.5+
Access	4.50			4.43	94.5%	4.17		85.7%	4.23	91.9%
General satisfaction	4.34			4.38	93.0%	4.30		86.7%	4.24	90.4%
Outcome	4.07			3.98	79.0%	4.08		66.7%	3.86	75.4%
Participation in Treatment Planning	4.13			4.31	91.4%	4.22		93.3%	4.09	84.1%
Cultural Appropriateness	4.60			4.57	97.4%	4.58		100.0%	4.39	95.5%
Social Connectedness	4.31			4.27	92.2%	4.32		86.7%	4.12	88.3%
Functioning	4.08			3.99	77.8%	4.02		66.7%	3.91	75.4%

Table 3B: Satisfaction Score by Domain: Adult and Older Adult - Mono County

	Adult					Older Adults				
	Mean Score	CI**	Percent Agree 3.5+	SW* Mean Score	SW % Agree 3.5+	Mean Score	CI**	Percent Agree 3.5+	SW* Mean Score	SW % Agree 3.5+
Access	4.47			4.35	91.4%	4.22			4.31	90.3%
General satisfaction	4.22			4.45	91.7%	4.33			4.46	92.5%
Outcome	4.04			4.04	78.8%	3.89			4.02	79.4%
Participation in Treatment Planning	4.42			4.33	91.8%	4.33			4.30	91.5%
Quality	4.54			4.36	91.4%	4.22			4.31	90.5%
Social Connectedness	4.25			4.04	78.9%	2.86			4.02	79.6%
Functioning	4.07			4.03	76.2%	3.92			3.99	77.2%

CI = 95% Confidence Interval

\* Statewide, \*\* Estimates are not reliable due to small N

### **Mono County First 5 Strategic Planning Process: 2025-2029**

- The plan is the result of a collaborative effort involving community partners, parents, and community members, and is designed to enhance the network of support services for families with children from prenatal to age five.
- 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 Focus Areas of the Strategic Plan:**
  - Home Visiting: Providing support and resources to families, promoting healthy development, and preventing child abuse and neglect.
  - School Readiness: Ensuring children have the tools and skills they need to succeed in school through programs like early literacy initiatives and kindergarten preparation.
  - Childcare Quality System: Improving the quality of childcare environments by providing training and support to childcare providers.
  - Family Behavioral Health: Decreasing isolation and connecting families to community support.
  - Child Safety: Educating families and care providers about child safety and providing essential safety equipment.
  - The strategic plan also addresses critical unmet needs in the community, including the need for more high-quality, affordable childcare, increased opportunities for families to gather and connect, and greater access to medical services for young children and their families.

### **Mono County Public Health Community Health Assessment (CHA)**

Mono County Public Health published the findings of the 2024 Community Health Assessment (CHA) in December 2024 after a lengthy process that MCBH staff participated in. Staff were encouraged to complete the community survey and our Director and Program Manager participated in a key informant interview and were members of the Prioritization Committee. MCBH also offered to combine surveys with Mono County Public Health for the data collection for the CHA with the Mental Health Services Act CPPP but the timing unfortunately didn't quite work out. Regardless, MCBH has reviewed the findings of the CHA, which identified the top three community health priorities as:

- Mental and behavioral health
- Maternal and infant health
- Access to Care

The top three populations of focus are:

- Children living in poverty
- North Mono County residents
- Latino/Latinx

The next step of this process will be to use the findings from the CHA to complete a Community Health Improvement Plan (CHIP). Initiated in April 2025, the CHIP will be completed in early 2026.

The purpose of a CHIP is to take the information collected in the CHA and transform it into actionable, collaborative initiatives that will address the identified priorities and build community interventions to improve the health and health outcomes for all Mono County residents. MCBH has requested to be part of the CHIP development process. Below is the link to the CHA in full, as well as a link to the website where the CHIP will be posted.

- [https://monohealth.com/sites/default/files/fileattachments/public\\_health/page/29792/mono\\_county\\_cha\\_final\\_report.pdf](https://monohealth.com/sites/default/files/fileattachments/public_health/page/29792/mono_county_cha_final_report.pdf)
- <https://monohealth.com/hhs/page/community-health-assessment-improvement-plan>

### **Mammoth Mountain Community Foundation Mental Health Needs Assessment**

Mono County Behavioral Health also collaborated with a consultant hired by Mammoth Mountain Community Foundation for a mental health needs assessment that they are in the process of completing. This foundation received a sizable gift earmarked for mental health, so MCBH was able to share information about its services and the gaps that we see as a department. While the findings of this assessment are not yet complete, MCBH expects to include this information as part of the first BHSA Integrated Plan.

### **Overall Description of CPPP Stakeholders**

The MCBH Leadership Team developed a plan for this CPPP based upon input/discussion from the Behavioral Health Advisory Board. The Leadership Team is a group of eight staff members including diversity in race/ethnicity, sexual orientation, lived experience, 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 this 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 Native American communities, and veterans.

### **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 12/8/24 and included all staff. Please see Appendix C for participants and slides used.

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## LOCAL REVIEW PROCESS

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**30-day Public Comment period dates:** November 7, 2025 – December 7, 2025

**Date of Public Hearing:** December 8, 2025 from 3:00-4:30 pm

In-person locations (required for Behavioral Health Advisory Board members):

Mono County Civic Center: Dana Room (2nd floor)  
1290 Tavern Road Mammoth Lakes, CA 93546

Bridgeport Memorial Hall  
73 North School Street Bridgeport, CA 93517

Hybrid Zoom Option:

Meeting ID: 760 924 2222 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](http://monocounty.ca.gov/MHSA) on November 7, 2025. A news article was posted on MCBH's website and the Mono County website on November 7, 2025. Please see images in Appendix G for evidence of advertisement and public notice.

- Legal Notice for the public comment period and public hearing were posted in The Sheet, which is the only local newspaper that publishes public notices. It was noticed on November 15, 2025 and December 6, 2025.

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

The public hearing was held on December 8, 2025, from 3:00-4:30 pm in person and via Zoom. The public hearing was facilitated by MCBH staff and took place during the regular meeting of the Behavioral Health Advisory Board (BHAB), which is a public meeting subject to the Brown Act. 8 members of the BHAB attended at an in-person location and 4 MCBH staff members and 2 member of the public were in attendance (including Mammoth Lakes Town Council member

and Behavioral Health Director for Toiyabe). Other attendees included 1 staff from Mono County Health and Human Services. After a full presentation of the plan, the BHAB accepted public comment (none) and discussed the plan and presentation. Then, the BHAB voted to approve the MHSA Annual Update.

- After the minutes are approved on 2/9/26 they will be available at this link:  
<https://www.monocounty.ca.gov/behavioral-health/page/behavioral-health-advisory-board-meeting-mental-health-services-act-fy-25-26> ]

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

No substantive recommendations were received during the public comment or public hearing.

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

No substantive changes.

### 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.

## COMMUNITY SERVICES AND SUPPORTS

The MCBH MHA 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 three service categories: Full Service Partnership (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.

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	Full Service Partnership (FSP)	General System Development	Outreach/Engagement
Programs and Services	<ul style="list-style-type: none"> <li>• FSP South County</li> <li>• FSP North County</li> <li>• MHA Housing Program</li> <li>• Telehealth Services</li> <li>• Wrap Program (90%)</li> </ul>	<ul style="list-style-type: none"> <li>• Expansion of case management/supportive services</li> <li>• Wellness Centers</li> <li>• Crisis intervention/stabilization</li> <li>• MHA Housing Program</li> <li>• Telehealth Services</li> <li>• Wrap Program (10%)</li> </ul>	<ul style="list-style-type: none"> <li>• Community Outreach &amp; Engagement</li> </ul>

## 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 therapy and case management, housing support, transportation, advocacy, assistance navigating other health care and social service systems, childcare, 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 and if needed, helps clients meet basic needs, including housing, food, clothing, etc.

MCBH has a total of five FSP programs including: FSP South County, FSP North County, MHSA Housing Program, Telehealth Services, and the Wrap Program. In FY 23-24, MCBH made the decision that in FY 24-25, the department would separate its core FSP Program into two different programs: FSP South County and FSP North County. By formally starting an FSP program serving North County, MCBH will be better able to track services and costs across the county and ensure that FSP clients throughout the remote areas of the county are served equitably. This change is driven by feedback gathered in the Community Program Planning Process, including the desire to ensure that basic needs are met wherever possible. In support of this change MCBH purchased a building in Bridgeport in FY 24-25 to serve as a satellite office for this FSP program. For more information on this purchase, please see the Capital Facilities/Technological Needs (CF/TN) section of this Annual Update.

The FSP South County program will be based out of MCBH’s primary office at the Mono County Civic Center in Mammoth Lakes and will primarily serve clients in June Lake, Mammoth Lakes, Crowley Lake, Benton, Chalfant and the other small communities in the southern portion of Mono County. The FSP North County program will have two satellite offices: one in Walker and one in Bridgeport. The North County program will primarily serve clients residing in Walker, Coleville, Bridgeport, Lee Vining and the other small communities in the northern portion of Mono County. At this time, the Walker satellite office (branded as the Walker Wellness Center) is reported as a place of service on MCBH’s network adequacy reporting and it has a small-scale food pantry where FSP clients regularly pick up groceries, gas cards for transportation, and other necessities. From an administrative perspective, MCBH re-allocated some costs for the operation of this office from GSD to FSP. Additionally, MCBH is budgeting funds to take care of some deferred maintenance at its office in Walker.

Each client in the FSP program is assigned a Behavioral Health Services Coordinator (BHSC) or a Case Manager (CM) as the single point of responsibility for that client/family. Additionally, Full Service Partners are introduced to other BHSCs and CMs, as well as 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. Additionally, all MCBH staff, receive extensive cultural competence training. It is also ensured that all Spanish-speaking FSPs are placed with a Spanish-speaking BHSC or CM (Spanish is Mono’s only threshold language). These BHSCs and CMs, along with the assigned therapist are

responsible for developing a Treatment Plan/Problem List, which also serves as the Individual Services and Supports Plan. To ensure that MCBH is able to transport clients or meet with them in the field, MCBH purchased three vehicles using FSP funds in FY 24-25.

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 or who are unexpectedly experiencing homelessness who do not meet 5150 criteria. Toward the end of FY 24-25, MCBH also utilized funds from the Behavioral Health Bridge Housing grant to provide rental assistance and hotel/motel vouchers.

As in FY 23-24, MCBH continued in FY 24-25 to allow conserved clients to enroll as FSPs if they desire. Assembly Bill 2242 (FY 21/22) allows for MHSA funds to be used in this way and after seeking approval from stakeholders at the Behavioral Health Advisory Board and reviewing the overwhelming suggestion to “meet basic needs wherever possible” as part a top strategy to improve mental health, MCBH will now pay for an array of service needs for conserved clients using FSP funds.

The total number of unduplicated FSP clients for FY 24-25 was approximately 26, including 3 children, 1 TAY, 14 adults, and 8 older adults. In comparison to the estimates of FSP Clients to be served in FY 23-24 that were included in the last MHSA plan, MCBH served 14 adults vs. the estimated 15 and 3 children vs. the estimated 3. MCBH is doing more targeted FSP outreach in FY 25-26 and estimates serving 39 FSP clients, including 29 in the South County FSP Program and 10 in the North County FSP Program.

Due to the small number of clients served, this report will not disaggregate the data by race/ethnicity or gender. 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 2024-2025		FY 2025-2026	
	FSP South County	FSP North County	FSP South County	FSP North County
Children (0-15)	3	0	3	2
TAY (16-25)	1	0	2	1
Adult (26-59)	13	1	16	5
Older Adult (60+)	7	1	8	2
<b>Total</b>	<b>24</b>	<b>2</b>	<b>29</b>	<b>10</b>

In FY 24-25, MCBH has also paid out a \$1,577,000 in CSS funds for its MHSA Housing Program. This one-time contribution of funds funded 13 units in an 81-unit affordable housing development in the heart of Mammoth Lakes called “The Sawyer.” For this project, MCBH has partnered with the Town of Mammoth Lakes (owner of the land), The Pacific Companies (selected developer), and Buckingham Property Management. 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. As part of the No Place Like Home grant, MCBH 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](https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/10057/mono_county_nplh_mou_signed_-_signed.pdf)

In support of this project, MCBH purchased furnishings and accessories for all 12 of the units in FY 23-24 and FY 24-25 (some move-ins happened in June 2024 and the rest happened in July-September 2024). MCBH also assisted clients with deposits and moving fees. Accessories include everything from silverware and dishes to cleaning supplies and bathmats. At this time, all furnishings and accessories are the property of MCBH. MCBH also purchased furnishings for its two office spaces on-site.

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.

In FY 24-25, MCBH will allocated staff time and salaries to the supportive housing program to support the units funded in The Sawyer, this will include time working with the property manager and property management firm, time spent developing eligibility criteria and training staff, and time meeting monthly with housing partners. Additionally, MCBH is budgeting funds for any rental subsidy that may be required for PSH units at The Sawyer and rental subsidy for clients who live in other areas of the county or are not interested in moving into The Sawyer. 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.

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 (as needed) provided via telemedicine through a contractor called North American Mental Health Services (NAMHS). The Telehealth Services Program also includes a portion of the MCBH Medical Director's salary to provide medication monitoring services and to provide psychiatry services for less complex cases. The as-needed therapy services provided through the Telehealth Services Program have also allowed MCBH to maintain continuity of care in the case of internal staff turnover.

The Wrap Program is a well-established partnership between MCBH, Mono County Probation, and Mono County Department of Social Services (DSS). 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 helps families meet basic needs like housing, food, etc. (a key strategy identified in the CPPP to promote mental health). A major achievement of FY 24-25 was hiring a Case Manager to serve as a parent partner, who will enroll in a peer support specialist certification program in FY 25-26. Wrap is funded in large part under FSP with a small part under GSD.

## General System Development

Within the General System Development (GSD) CSS service category, MCBH funds such services as expanded case management and supportive services, Wellness Center programming, 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. This program has also allowed MCBH to hire both entry level staff and to promote experienced behavioral health staff who are often clients/family members or bilingual and from the Latinx community, thus creating career pathways to higher paying positions, such as Psychiatric Specialist, SUD Counselor, or Staff Services Analyst.

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 also includes various program costs such as phone costs. MCBH has a long-standing MOU with Kern County for utilization of a crisis stabilization unit in Ridgecrest – both FSP and non-FSP clients use this service when in crisis. Finally, thanks to funding from the Crisis Care Mobile Units grant via DHCS, the department continued its ongoing roll out of the Mobile Crisis Response Team in FY 24-25 and met the requirements of the Medi-Cal Mobile Crisis Benefit on July 1, 2024.

MCBH provides wellness center programming in three locations: Walker Wellness Center, Sierra Wellness Center in Mammoth Lakes, and Bridgeport Memorial Hall. Additionally, the department offers wellness programming at the community center in Crowley Lake, Benton, Chalfant, and Lee Vining. Wellness Center programming is designed to support the recovery of individuals with mental health conditions, provide a gateway into mental health services, and reduce ethnic and racial disparities. In FY 24-25, MCBH increased its focus on FSP services in Bridgeport and Walker, ensuring that programming also meets the needs of FSP clients. As a result, some costs associated with operating wellness centers will be allocated to the new North County FSP program. Utilizing feedback from the Community Program Planning Process as a guide, MCBH offered the following programming funded through the Wellness Center Program in FY 24-25:

- Bridgeport:
  - Journaling
  - Hike More Worry Less
  - Clubhouse Live
  - Bridgeport Social
- Crowley
  - Yin Yoga Stretch
  - Mat Pilates
- **Chalfant**
- Yoga
- Bingo
- **Lee Vining**
- Senior Breakfast Social
- Clubhouse Live
- Walker
  - Kid's Art Program

- Parent Project
- Ukulele
- Mindful Hiking
- Walking Group
- Chair Yoga
- Walker Yoga
- Walker Holiday Art
- Walker Social
- Mammoth
  - Sunday Senior Doughnut Drop-In
  - Yoga & Guided Meditation
  - Afterschool Art Program
  - Clubhouse Live
  - Craft & Connect
  - Mammoth LGBTQ+ Potluck.
  - Convivio en Familia
- Benton Social

## 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, a contract for Tribal Dance Classes, 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.

MCBH offered in-person Outreach and Engagement Programming consistently throughout FY 24-25. Community socials took place monthly in Walker, Bridgeport, Benton, June Lake, and Lee Vining. In Bridgeport, the social rotates between Memorial Hall and the Bridgeport Indian Colony Community Center and in Benton the social rotates between Benton Community Center and the Benton Tribal Community Center.

MCBH hosted four Foro Latino events that attracted more than 199 participants in FY 24-25. These events included information on services provided by various agencies within Mono County, cultural education and celebration, opportunities for cross cultural connections, a presentation on the stigma of mental health in Latino/a/x communities, and resources specifically serving these communities.

MCBH's Mental Health Month celebration in May 2025 was highly successful, featuring a variety of community-focused events promoting wellness, creativity, and connection. Activities included a Mental Health First Aid course facilitated by Susi Bains of the SHINE Organization; Make Space:

A Creative Youth Wellness Night, which encouraged participants to explore and express their emotions through individual canvas painting; a partnership and outreach effort with Alterra at the *“Feel It All”* film screening; and free community yoga and hiking sessions that emphasized mindfulness and physical well-being.

In June, MCBH also actively participated in Pride Month celebrations to engage and support LGBTQ+ community members. Efforts included sponsorship and tabling at the Eastern Sierra Pride Festival, providing information on available behavioral health resources and reinforcing MCBH’s commitment to inclusivity and equitable access to services.

Throughout FY 2024–25, MCBH maintained a successful contract with the Mono Arts Council to offer Community Powwow Dance Classes in Mammoth and Art Classes in Bridgeport and Walker. The Powwow Dance Classes, held twice monthly and open to all community members, promote cultural expression, movement, and community connection. The Community Art Classes, offered monthly, provide residents with opportunities for creativity and emotional expression. MCBH plans to continue its partnership with the Mono Arts Council and expand these programs to serve the Benton and Chalfant communities in the coming fiscal year.

## Administrative Costs

From an administrative perspective, MCBH has worked with consultants to maximize its funding opportunities and to create a sustainable plan to help spend down MCBH's fund balances. Additionally, this process has helped prepare MCBH for the changes coming with CalAIM, the California state reform of the Medi-Cal system. MCBH is using MHPSA funding to support its CalAIM initiatives. In particular, the department supported payment reform by providing MHPSA funds for an Intergovernmental Transfer (IGT). MCBH will receive the funding provided for the IGT back as part of the local share of Medi-Cal and funds will be deposited back into the MHPSA revenue account.

In FY 25-26, MCBH anticipates using CSS funding to help implement a Mental Health Diversion program. MCBH is currently working closely with local stakeholders who work in the criminal justice system to determine how this pretrial program will operate and how staff may be assigned in the case that individuals with mental illness qualify to receive mental health treatment in lieu of prosecution and jail. MCBH will include information about this program in future Annual Updates as it develops. Through this process, MCBH will continue to work with existing clients and Full Service Partners who are involved in the criminal justice system, including those on probation.

MCBH has a variety of administrative costs that were added in FY 24-25 and will be ongoing in FY 25-26. Administrative costs are spread across components, with the largest allocation coming from CSS. MCBH has a number of contract costs with CalMHPSA related to interoperability and data archiving, HEDIS quality measure analysis, the State hospital program, revenue cycle management, and fiscal optimization. Finally, MCBH has budgeted contingency funding to ensure that it can continue planning for the new requirements under Proposition 1 and any other new requirements that are announced by the Department of Health Care Services (DHCS).

## CSS Achievements & Outcomes

MCBH made several notable achievements in FY 24-25, the first being the recruitment and/or retention of three therapists, including one who is Spanish speaking. MCBH has intentionally built a workforce culture designed to retain employees. The department hired a dedicated parent partner for its Wrap Program and provided Wrap services to two families. MCBH filled 13 units of permanent supportive housing (PSH) with clients and their family members. In the first year, 9 of the 13 remained housed, 2 moved out of the area, 1 moved in with a partner, and only 1 was evicted.

In FY 24-25, MCBH hosted 615 community wellness program sessions serving 1,359 community members using MHPSA (GSD and PEI funds) and Substance Use Block Grant funds. Of these, 496 programs were funded by the MHPSA.

### Challenges or barriers, and strategies to mitigate

In FY 24-25, MCBH devoted a significant amount of administrative time to tracking Proposition 1, Governor Newsom's reform of the Mental Health Services Act. Although there are some exemptions for small counties, MCBH is concerned about how the changes in the bill will impact overall service delivery and it is concerned about the added administrative burden. Direct service staff have also expressed concerns and MCBH Leadership has worked to help staff feel supported through this time of uncertainty. Mono staff will continue to advocate for small counties in the Behavioral Health Transformation process by participating in workgroups through the California Behavioral Health Director's Association.

In addition to the Behavioral Health Transformation, MCBH is also managing a variety of new DHCS requirements and initiatives related to CalAIM and Medi-Cal that directly impact MHSA programs and services. These include the Justice Involved-Initiative, the Medi-Cal Mobile Crisis Benefit, CARE Courts, BH-CONNECT, and Interoperability. It is an immense amount of work, especially given the uncertainty related to our MHSA funds.

Finally, a barrier to clients' mental health recovery and recruiting and retaining CSS workforce is the lack of affordable housing. MCBH continues to push its Permanent Supportive Housing project forward in hopes that the new housing development will provide housing for mental health clients, as well as other low-income Mono County residents.

### List any significant changes in Annual Update, if applicable

MCBH decreased some of its spending on wellness programming in preparation for changes coming under BHSA, which lowers the funding available for such programs.

## PREVENTION AND EARLY INTERVENTION

The Prevention and Early Intervention (PEI) component of the MHA 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	<ul style="list-style-type: none"> <li>• Peapod Playgroup Program</li> <li>• Walker Senior Center</li> <li>• North Star School-Based Services</li> </ul>	<ul style="list-style-type: none"> <li>• Community Trainings</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach in Outlying Communities</li> </ul>	<ul style="list-style-type: none"> <li>• Community Engagement</li> </ul>

### Prevention & Early Intervention

The Peapod Playgroup Program targets children from birth to five years old and their parents in six communities throughout Mono County that is operated by Mono First 5. Every year, First 5 strives to provide 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 program not only provides time for children and their parents to socialize in rural, geographically remote communities where it is easy for families to feel alone. It is facilitated in English and Spanish and in Bridgeport, the Playgroup is facilitated by a Tribal Member and that has brought in additional participation. It also emphasizes the reduction of the likelihood of the following adverse outcomes among MCBH’s MHA population: 1) Mental illness in children and youth through social, emotional, developmental, and behavioral services and supports in early childhood; 2) Removal of children from their homes.

In order to help achieve the outcomes listed above, this program is designed to decrease 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. MCBH has executed a three-year contract with Mono First 5 for this program that runs through FY 26-27.

The next activity funded through the Prevention and Early Intervention category is a portion of the operations at the Walker Senior Center. Located in remote Walker, CA, the Senior Center is a 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. It also emphasizes the reduction of the likelihood of the following adverse outcomes among MCBH's MHSA population: 1) Prolonged suffering among older adults; 2) Incarceration; and 3) Overdose. Through this partnership with the Walker Senior Center, MCBH also 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. 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 are 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 provides a safe place where students and their families can seek needed services.

This program includes portions of Therapist and Behavioral Health Services Coordinator salaries to provide individual and group services, as well as Case Manager salaries to provide in-class wellness in North County. North Star is funded in large part by the Mental Health School Services Act (MHSSA) grant. In FY 24-25, the MHSSA grant funded the following MCBH positions: .8FTE licensed therapist, .5 FTE trainee therapist, 1 FTE program manager and trainee therapist, 1 FTE case manager, .5 FTE behavioral health services coordinator.

## Outreach for Increasing Recognition of Early Signs of Mental Illness

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. In FY 24-25, MCBH spoke at several community events. MCBH also funded several Mental Health First Aid courses under this category once the funds from the Crisis Care Mobile Units grant ended.

## Access and Linkage to Treatment

In FY 24-25, MCBH began rolling back some of its Access and Linkage programming in anticipation of the BHSA implementation in 2026. That said, MCBH continued offering community yoga in outlying areas as a way to increase access and connect those in need to services. In FY 25-26,

MCBH is still meeting its Access and Linkage requirements by integrating Access and Linkage into the Peapod Playgroups, offering kids yoga, and ideally offering Chair Yoga again through the Walker Senior Center. MCBH is also strengthening its relationships with other agencies as a way to provide access and linkage, including TANF, Community Service Solutions, and Eastern Sierra Community Housing.

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 our outlying communities, the program includes attending social events and building relationships with members of the community and their families. When an individual or their parents, caregivers, or other family members, are identified as needing mental health services, the case managers who run these programs provide information about seeking individual services with MCBH, including providing the front office number and offering to call with the client to schedule an intake. Referrals are documented in a log and the case managers follow-up with clients to see if they were interested in/able to schedule an appointment. By offering consistent weekly programming in areas where there are limited other services, MCBH is able to support clients in their engagement in treatment and services as needed. In the case that a participant needs to be linked to primary care, the staff member can also help call the person's provider or the closest medical care if they do not have an established primary care provider.

## 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. In spring 2024, 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.

## PEI Achievements

MCBH continues to be proud of the way that PEI funding helps the department reach out to un/underserved individuals across the county, including some of the most isolated communities in the County. PEI programming supports individuals of all ages, but through both Peapod and North Star, focuses on prevention and early intervention among youth. Please see the PEI Evaluation Report for more information about PEI Outcomes.

## 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 also spent significant time in FY 24-25 understanding how PEI programs may be sustained given the changes coming from Proposition 1.

List any significant changes in Annual Update, if applicable

No notable changes.

**PEI Table 2. Program Priority Crosswalk to Senate Bill 1004, WIC Section 5840.7(a), and MHSOAC Information Notice 23-001 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	<ul style="list-style-type: none"> <li>• Peapod Playgroup Program</li> <li>• North Star School-Based Services Program</li> </ul>	<ul style="list-style-type: none"> <li>• Community Trainings (OIR)</li> <li>• North Star School-Based Services Program</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach in Outlying Communities (ALT)</li> <li>• Peapod Playgroup Program</li> <li>• North Star School-Based Services Program</li> </ul>	<ul style="list-style-type: none"> <li>• Community Engagement (SDR)</li> <li>• Outreach in Outlying Communities</li> </ul>	<ul style="list-style-type: none"> <li>• Walker Senior Center</li> <li>• Outreach in Outlying Communities</li> </ul>
Estimated Share of PEI Funding Allocated	20%	22%	19%	19%	19%

**“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.**

- (1) Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
- (2) Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
- (3) Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs and transition age youth not in college.
- (4) Culturally competent and linguistically appropriate prevention and intervention, including community defined evidence practices (CDEPs).
- (5) Strategies targeting the mental health needs of older adults.

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## PREVENTION & EARLY INTERVENTION EVALUATION REPORT (FY 2023-2024): 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, community trainings, outreach in outlying communities, and a Facebook page. 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 or a lack of clarity.

### Program Descriptions

#### Peapod Playgroup Program

The Peapod Program is a partnership program between MCBH and Mono County First 5, which targets children from birth to five years old and their parents in various communities throughout Mono County. Every year, MCBH and First 5 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. 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.

#### North Star School-Based Services: Individual Services & School Wellness Activities

This school-based program targets K-12 youth and includes individual services and school wellness activities, along with group services as needed. North Star focuses on prevention and early intervention strategies and treatments with a goal of providing quality, culturally relevant,

free/low-cost counseling services and programming in both individual and group settings to Mono County students and their families.

Thanks to a Mental Health School Services Act grant, that began in FY 22-23, MCBH was able the following year to bolster the North Star program with additional staff. All Mono County schools are versed on how to perform a North Star referral for services to MCBH.

The School Wellness component of the North Star program began in FY 21-22 and focuses on introducing wellness activities into school curricula. Programs offered include Kids Yoga, Mindfulness and Meditation, and other in-class activities. Demographics for the school wellness component of the North Star program are based upon overall school demographic information.

### [Outreach in Outlying Communities](#)

MCBH works diligently to recruit and retain staff in as many outlying communities as possible in order to maximize its access and linkage to treatment. In small communities, residents can be wary of government services and frequently experience stigma around seeking mental health services. To help with MCBH's "no wrong door" approach to services, this PEI program hosts community yoga and other wellness-focused programming to help people begin to access MCBH's services in a less intimidating format.

### [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 32.7 percent 60 years and older (2020 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 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](#)

The MCBH Facebook page features a variety of content, including original posts on mindfulness, meditation, general thoughts and considerations of Mental Health, promotion of MCBH events, and shared posts of mental-health related content. During FY 2023–24, the MCBH Facebook page achieved a reach of over 50,000 accounts, surpassing Mono County's population of roughly 13,000 residents. As this audience extends beyond county boundaries, the data is presented separately from local engagement metrics.

### [Community Trainings](#)

In FY 23-24, MCBH hosted several Mental Health First Aid courses, including one as part of Mental Health Awareness month. The course was open to the community and local professionals. The course covered emergency response to mental health emergencies and thoroughly covered suicide as a mental health emergency. This program also covers less formal

community outreach and trainings that help community members identify the signs of mental illness and what resources exist in our small communities. MCBH’s Director frequently does this informal work in our communities.

## Aggregated Demographic Information

	<b>FY 23-24</b>
<b>Total served</b>	1166

<b>Age Group</b>	<b>FY 23-24</b>
<b>Children/Youth (0-15)</b>	298
<b>Transition Age Youth (16-25)</b>	64
<b>Adult (26-40)</b>	66
<b>Adult (41-59)</b>	81
<b>Older Adult (60+)</b>	648
<b>Prefer not to answer</b>	9

<b>Primary Language</b>	<b>FY 23-24</b>
<b>English</b>	462
<b>Spanish</b>	35
<b>Other</b>	0
<b>Unknown</b>	105

<b>Race / Ethnicity</b>	<b>FY 23-24</b>
<b>American Indian or Alaskan Native</b>	0
<b>Asian</b>	0
<b>Black or African American</b>	0
<b>Native Hawaiian or other Pacific Islander</b>	0
<b>White</b>	105
<b>Hispanic/Latino</b>	34
<b>Caribbean</b>	0
<b>Central American</b>	0
<b>Mexican/ Mexican-American/Chicano</b>	0
<b>Puerto Rican</b>	0
<b>South American</b>	0
<b>African</b>	0
<b>Asian Indian / South Asian</b>	0
<b>Cambodian</b>	0
<b>Chinese</b>	0
<b>Eastern European</b>	0
<b>European</b>	0
<b>Filipino</b>	0
<b>Japanese</b>	0
<b>Korean</b>	0
<b>Middle Eastern</b>	0

Vietnamese	0
Other	0
More than one race/ethnicity	0
Prefer not to answer	72

<b>Sex Assigned at Birth</b>	<b>FY 23-24</b>
Male	206
Female	248
Other	0
Prefer not to answer	148

<b>Sexual Orientation</b>	<b>FY 23-24</b>
Heterosexual or Straight	12
Bisexual	0
Gay or Lesbian	0
Queer	0
Another sexual orientation	0
Questioning or unsure of sexual orientation	0
Unknown	211

<b>Gender Identity</b>	<b>FY 23-24</b>
Male	204
Female	248
Transgender Male	0
Transgender Female	0
Genderqueer/gender non-conforming	0
Questioning/ unsure of gender identity	0
Another gender identity	2
Prefer Not To Answer	148

<b>Disability</b>	<b>FY 23-24</b>
No	204
Learning disability	0
Difficulty seeing	0
Difficulty hearing, or having speech understood	0
Other communication disability	0
Developmental disability	0
Dementia	0
Other mental disability not related to mental health	0
Physical / mobility disability	0
Chronic health condition / chronic pain	0
Other	0

Prefer not to answer

7

<b>Veteran Status</b>	<b>FY 23-24</b>
<b>Never served in the military</b>	204
<b>Currently active duty</b>	0
<b>Currently reserve duty or National Guard</b>	
<b>Previously served in the US Military and received an honorable or general discharge</b>	0
<b>Previously served in the US Military and received entry-level separation or other than honorable discharge</b>	0
<b>Served in another country's military</b>	0
<b>Other</b>	0
<b>Prefer not to answer</b>	7

**MCBH Facebook Page Data**

This data is presented separately due to the large number of accounts reached versus the county population size.

MCBH Facebook Page (Accounts Reached)	<15 years	16-25 years	26-40 years	41-59 years	60+ years	Male	Female
52,712	0	1,850	9,010	20,852	21,000	25,570	27,115

Transgender	Genderqueer / Gender non-conforming	Questioning / Unsure of Gender of Identity	Prefer Not To Answer	Male Birth	Female Birth	Prefer Not To Answer
0	0	0	27	25,570	27,115	27

## Program Outcomes

### Peapod Playgroup Program

The commentary style feedback provided from participating adults of the Peapod program for FY 23-24 proved very positive and useful. The consensus of the served population was that they really enjoyed the sessions and spoke highly of the instructors; below are some key take-aways from the satisfaction surveys.

	STRONGLY AGREE 5	MODERATELY AGREE 4	NEITHER AGREE NOR DISAGREE 3	DISAGREE 2	STRONGLY DISAGREE 1	TOTAL
Met my expectations for a play group	100.00% 7	0.00% 0	0.00% 0	0.00% 0	0.00% 0	7
Was a helpful forum for talking about parenting	100.00% 7	0.00% 0	0.00% 0	0.00% 0	0.00% 0	7
Addressed my family's needs and interests	100.00% 7	0.00% 0	0.00% 0	0.00% 0	0.00% 0	7
Introduced helpful resources	100.00% 7	0.00% 0	0.00% 0	0.00% 0	0.00% 0	7

	STRONGLY AGREE 5	MODERATELY AGREE 4	NEITHER AGREE NOR DISAGREE 3	DISAGREE 2	STRONGLY DISAGREE 1	TOTAL
Was knowledgeable and well prepared	100.00% 7	0.00% 0	0.00% 0	0.00% 0	0.00% 0	7
Answered questions and suggested resources	100.00% 7	0.00% 0	0.00% 0	0.00% 0	0.00% 0	7
Facilitated children's play	100.00% 7	0.00% 0	0.00% 0	0.00% 0	0.00% 0	7
Facilitated parent interaction	100.00% 7	0.00% 0	0.00% 0	0.00% 0	0.00% 0	7

	STRONGLY AGREE 5	MODERATELY AGREE 4	NEITHER AGREE NOR DISAGREE 3	DISAGREE 2	STRONGLY DISAGREE 1	TOTAL
I would feel comfortable with seeking mental health care if I felt like I needed some help.	100.00% 7	0.00% 0	0.00% 0	0.00% 0	0.00% 0	7
I know where to get mental health care in my community.	100.00% 7	0.00% 0	0.00% 0	0.00% 0	0.00% 0	7
I know how to go about getting mental health care in my community.	100.00% 7	0.00% 0	0.00% 0	0.00% 0	0.00% 0	7
I know about some of the mental health issues common to families with young kids.	100.00% 7	0.00% 0	0.00% 0	0.00% 0	0.00% 0	7

**Q5: What were the strong points of the playgroups?**

Que ols niños siempre estaban animados en venir (That old kids were always excited to come)

Social interaction, fun toys and crafts

Having a consistent place to go. Having a place where we can play with other kids  
crafts, songs

Wonderful to connect with other kids & parents

Engagement and involved activities for both ages (2 & 4). Special relationships with  
leaders and kids

Lara is the best! She makes everyone feel so welcome and is such a happy part of our  
week!

Having a variety of toys

good interactions and tips

plenty of children, very fun leader

circle/song time, crafts

making new friends/connections

having a place to get together and get other parents' opinions

Community

Community

FY 2023-24

Quarter 1 July-September

Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids in Attendance
Mammoth Lakes	25	35	63	12	5
<b>Total</b>	<b>25</b>	<b>35</b>	<b>63</b>	<b>12</b>	<b>5</b>



Quarter 2 October-December

Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids in Attendance
Mammoth Lakes	33	42	106	13	8
<b>Total</b>	<b>33</b>	<b>42</b>	<b>106</b>	<b>13</b>	<b>8</b>

Quarter 3 January-March

Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids in Attendance
Mammoth Lakes	31	38	119	20	6
June Lake	0	0	0	3	0
Bridgeport	0	0	0	4	0
<b>Total</b>	<b>31</b>	<b>38</b>	<b>119</b>	<b>27</b>	<b>2</b>

Quarter 4 April-June

Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids in Attendance
Mammoth Lakes	29	37	161	28	6
June Lake	4	6	9	7	1
Walker	0	0	0	2	0
Benton	3	5	21	10	2
<b>Total</b>	<b>36</b>	<b>48</b>	<b>191</b>	<b>47</b>	<b>2</b>

FY 2023-24

Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids in Attendance
Mammoth Lakes	47	66	449	73	6
Walker	0	0	0	2	0
Bridgeport	0	0	0	4	0
June Lake	4	6	9	10	1
Benton	3	5	21	10	2
<b>Total</b>	<b>54</b>	<b>77</b>	<b>479</b>	<b>99</b>	<b>5</b>
2021-22 Annual total	56	69	409	94	4
2022-23 Annual Total	47	66	169	25	7

Location	families	children	groups
Mammoth	47	66	73
S County-no Mamm.	3	5	10
N County	4	6	16
<b>Total</b>	<b>54</b>	<b>77</b>	<b>99</b>

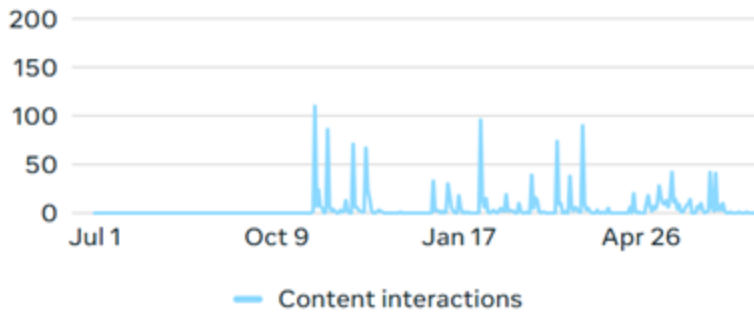
[MCBH Facebook Page](#)

Program outcomes for the MCBH page are determined by social media engagement. Below are four graphs demonstrating the content interactions, link clicks, visits, and follows for FY 23-24.

Content interactions ⓘ

Export ▼

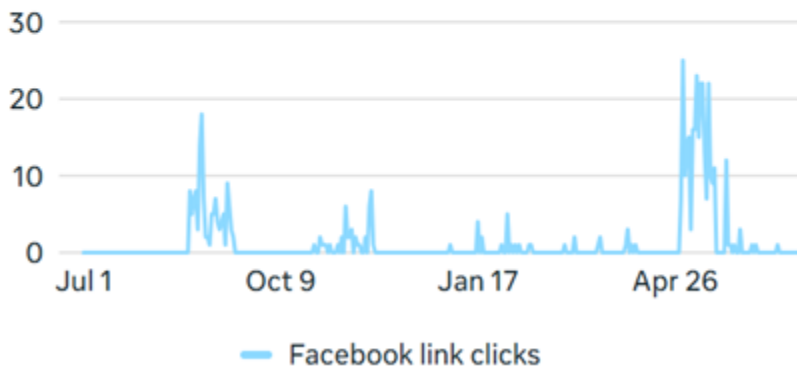
1.6K ↑ 100%

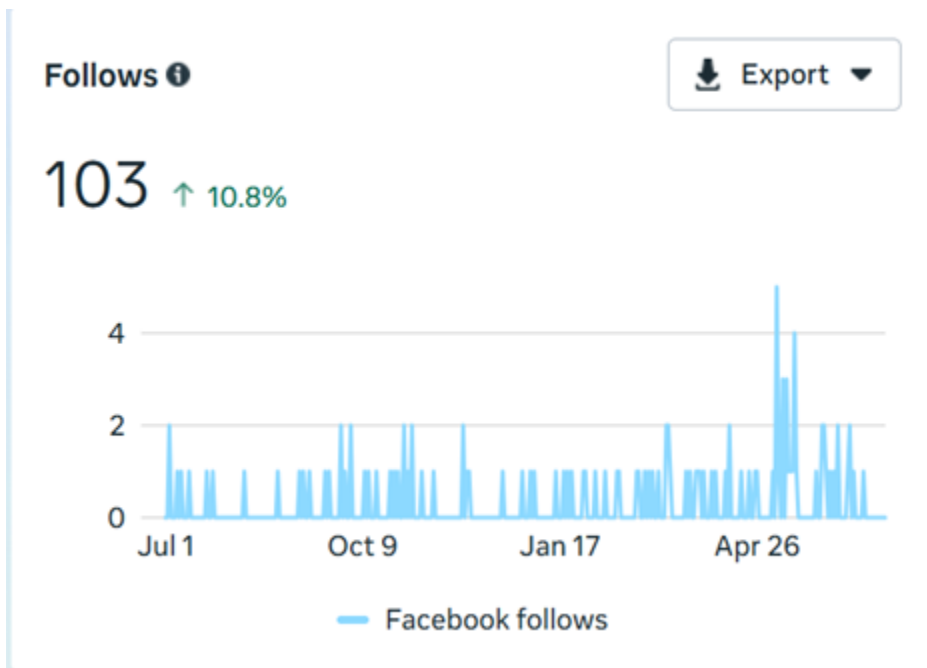


Link clicks ⓘ

Export ▼

484 ↑ 414.9%





Every year, MCBH distributes a survey to gather program outcomes that resulted from the MCBH Facebook Page content. The questions in the survey aim 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 or 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.
- More willing to talk to a friend or family member if they thought they were experiencing mental distress.
- More willing to actively and compassionately listen to someone in distress.

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## PREVENTION & EARLY INTERVENTION EVALUATION REPORT (FY 2024-2025): 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.

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### Program Descriptions

#### Peapod Playgroup Program

The Peapod Program is a partnership program between MCBH and Mono County First 5, which targets children from birth to five years old and their parents in various communities throughout Mono County. Every year, MCBH and First 5 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. 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.

#### North Star School-Based Services: Individual Services & School Wellness Activities

This school-based program targets K-12 youth and includes individual services and school wellness activities, along with group services as needed. North Star focuses on prevention and

early intervention strategies and treatments with a goal of providing quality, culturally relevant, free/low-cost counseling services and programming in both individual and group settings to Mono County students and their families.

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The School Wellness component of the North Star program began in FY 21-22 and focuses on introducing wellness activities into school curricula. Programs offered include Kids Yoga, Mindfulness and Meditation, and other in-class activities. Demographics for the school wellness component of the North Star program are based upon overall school demographic information.

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### [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 32.7 percent 60 years and older (2020 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 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](#)

The MCBH Facebook page features a variety of content, including original posts on mindfulness, meditation, general thoughts and considerations of Mental Health, promotion of MCBH events, and shared posts of mental-health related content. For FY 2024–25, MCBH did not implement any official advertising campaigns and, as a result, was unable to collect the standard data on audience reach and demographics.

### [Community Trainings](#)

In FY 24-25, MCBH hosted several Mental Health First Aid courses, including one as part of Mental Health Awareness month. The course was open to the community and local professionals. The course covered emergency response to mental health emergencies and

thoroughly covered suicide as a mental health emergency. This program also covers less formal community outreach and trainings that help community members identify the signs of mental illness and what resources exist in our small communities. MCBH's Director frequently does this informal work in our communities.

### Aggregated Demographic Information

	<b>FY 24-25</b>
<b>Total served</b>	1211

<b>Age Group</b>	<b>FY 22-25</b>
Children/Youth (0-15)	436
Transition Age Youth (16-25)	56
Adult (26-40)	29
Adult (41-59)	28
Older Adult (60+)	631
Prefer not to answer	31

<b>Primary Language</b>	<b>FY 24-25</b>
English	518
Spanish	11
Other	0
Unknown	94

<b>Race / Ethnicity</b>	<b>FY 24-25</b>
American Indian or Alaskan Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	5
Hispanic/Latino	2
Caribbean	0
Central American	0
Mexican/ Mexican-American/Chicano	0
Puerto Rican	0
South American	0
African	0
Asian Indian / South Asian	0
Cambodian	0
Chinese	0
Eastern European	0

European	0
Filipino	0
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	0
Other	0
More than one race/ethnicity	0
Prefer not to answer/Unknown	416

**Sex Assigned at Birth** **FY 24-25**

Male	131
Female	152
Other	0
Prefer not to answer/Unknown	340

**Sexual Orientation** **FY 22-25**

Heterosexual or Straight	14
Bisexual	0
Gay or Lesbian	0
Queer	0
Another sexual orientation	0
Questioning or unsure of sexual orientation	2
Unknown	407

**Gender Identity** **FY 24-25**

Male	131
Female	152
Transgender Male	0
Transgender Female	0
Genderqueer/gender non-conforming	0
Questioning/ unsure of gender identity	0
Another gender identity	2
Prefer Not To Answer/Unknown	340

**Disability** **FY 24-25**

No	415
Learning disability	0
Difficulty seeing	0
Difficulty hearing, or having speech understood	0
Other communication disability	0
Developmental disability	0
Dementia	0
Other mental disability not related to mental health	0
Physical / mobility disability	1
Chronic health condition / chronic pain	0
Other	0
Prefer not to answer	7

<b>Veteran Status</b>	<b>FY 24-25</b>
Never served in the military	417
Currently active duty	0
Currently reserve duty or National Guard	
Previously served in the US Military and received an honorable or general discharge	0
Previously served in the US Military and received entry-level separation or other than honorable discharge	0
Served in another country's military	0
Other	0
Prefer not to answer	6

## Program Outcomes

### Peapod Playgroup Program

The commentary style feedback provided from participating adults of the Peapod program for FY 24-25 proved very positive and useful. The consensus of the served population was that they really enjoyed the sessions and spoke highly of the instructors; below are some key take-aways from the satisfaction surveys.

	STRONGLY AGREE 5	MODERATELY AGREE 4	NEITHER AGREE NOR DISAGREE 3	DISAGREE 2	STRONGLY DISAGREE 1	TOTAL
Met my expectations for a play group	92.86% 13	7.14% 1	0.00% 0	0.00% 0	0.00% 0	14
Was a helpful forum for talking about parenting	85.71% 12	14.29% 2	0.00% 0	0.00% 0	0.00% 0	14
Addressed my family's needs and interests	92.86% 13	7.14% 1	0.00% 0	0.00% 0	0.00% 0	14
Introduced helpful resources	92.86% 13	7.14% 1	0.00% 0	0.00% 0	0.00% 0	14

	STRONGLY AGREE 5	MODERATELY AGREE 4	NEITHER AGREE NOR DISAGREE 3	DISAGREE 2	STRONGLY DISAGREE 1	TOTAL	WEIGHTED AVERAGE
Was knowledgeable and well prepared	100.00% 14	0.00% 0	0.00% 0	0.00% 0	0.00% 0	14	1.00
Answered questions and suggested resources	100.00% 14	0.00% 0	0.00% 0	0.00% 0	0.00% 0	14	1.00
Facilitated children's play	100.00% 14	0.00% 0	0.00% 0	0.00% 0	0.00% 0	14	1.00
Facilitated parent interaction	92.86% 13	0.00% 0	7.14% 1	0.00% 0	0.00% 0	14	1.14

	STRONGLY AGREE5	MODERATELY AGREE4	NEITHER AGREE NOR DISAGREE3	DISAGREE2	STRONGLY DISAGREE1	TOTAL	WEIGHTED AVERAGE
I would feel comfortable with seeking mental health care if I felt like I needed some help.	92.86% 13	7.14% 1	0.00% 0	0.00% 0	0.00% 0	14	1.07
I know where to get mental health care in my community.	85.71% 12	14.29% 2	0.00% 0	0.00% 0	0.00% 0	14	1.14
I know how to go about getting mental health care in my community.	85.71% 12	14.29% 2	0.00% 0	0.00% 0	0.00% 0	14	1.14
I know about some of the mental health issues common to families with young kids.	85.71% 12	7.14% 1	0.00% 0	7.14% 1	0.00% 0	14	1.29

### Q5 What were the strong points of the playgroups?

Answered: 9 Skipped: 5

Answers:

1. Social connection for caregiver & child
2. Songs, parachute at the end
3. Great time of day, lots of songs!
4. Staff interaction
5. Having a place for my toddler to run around. Watching the kids play together & share
6. Songs and Parachute
7. Creating bonds with community Positive gathering and great way to get out of the house
8. Que los niños siempre estaban animados en venir / That the children were always encouraged to come
9. Wonderful encouragement for child

FY 2024

Quarter 1 July-September

Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids
Mammoth Lakes	10	16	31	7	4
Crowley Lake	10	11	21	10	2
<b>Total</b>	<b>20</b>	<b>27</b>	<b>52</b>	<b>17</b>	<b>6</b>



Quarter 2 October-December

Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids
Mammoth Lakes	7	11	34	9	4
Crowley Lake	7	8	21	8	3
Lee Vining	3	3	5	9	1
Love and Logic	4			5	
Bridgeport Storytime	4	5	5	1	5
<b>Total</b>	<b>25</b>	<b>27</b>	<b>65</b>	<b>32</b>	<b>12</b>

Quarter 3 January-March

Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids
Chalfant	4	4	12	10	1
Lee Vining	1	1	1		1
Bridgeport	6	8	32	9	4
Mammoth Lakes	24	32	68	4	17
<b>Total</b>	<b>35</b>	<b>45</b>	<b>113</b>	<b>23</b>	<b>6</b>

Quarter 4 April-June

Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids
Mammoth Lakes	30	42	101	18	6
Chalfant	4	5	11	4	3
Bridgeport	3	4	12	5	2
<b>Total</b>	<b>37</b>	<b>51</b>	<b>124</b>	<b>27</b>	<b>4</b>

FY 2024-25

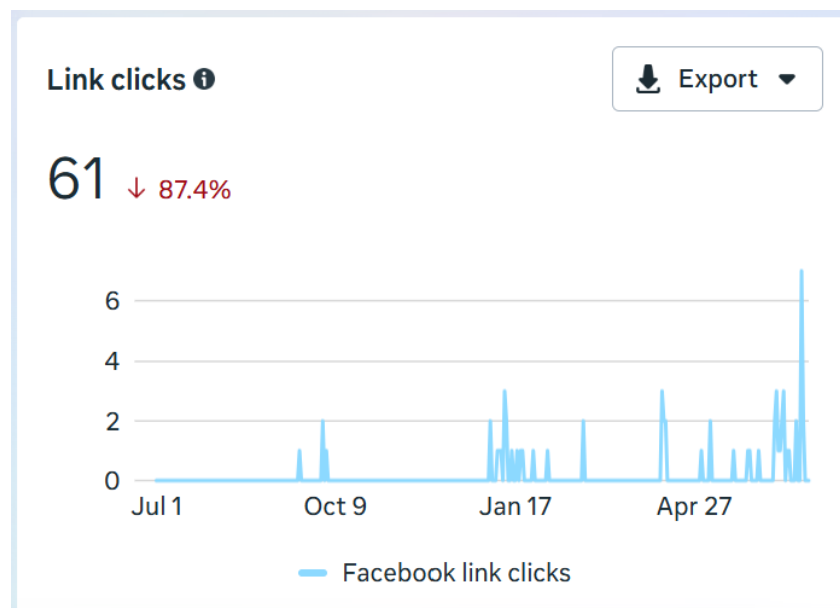
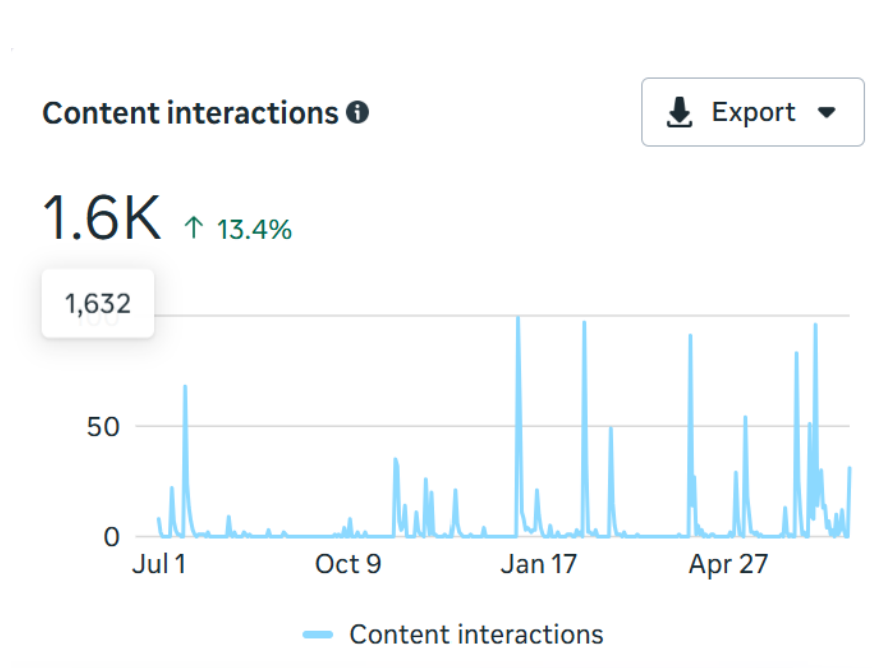
Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids
Mammoth Lakes	54	76	236	41	6
Crowley Lake	12	14	41	18	2
Chalfant	4	4	23	14	2
Bridgeport	5	6	33	17	2
Lee Vining	3	3	6	15	0
Story Time/Love & Logic	8	10	10	2	5
<b>Total</b>	<b>86</b>	<b>113</b>	<b>349</b>	<b>107</b>	<b>3</b>
2021-22 Annual total	56	69	409	94	4
2022-23 Annual Total	47	66	169	25	7
2023-24 Annual Total	54	77	479	99	5
<b>Total</b>	<b>243</b>	<b>335</b>	<b>1416</b>	<b>327</b>	<b>4</b>

Location	families	children	groups
Mammoth	58	81	42
S County-no Mamm.	16	18	32
N County	12	14	33
<b>Total</b>	<b>86</b>	<b>113</b>	<b>107</b>

Number also participating in Home Visiting  
24 kids, 19 families

### MCBH Facebook Page

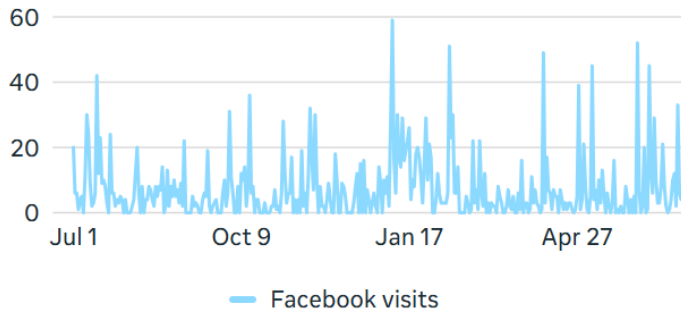
Program outcomes for the MCBH page are determined by social media engagement. Below are four graphs demonstrating the content interactions, link clicks, visits, and follows for FY 24-25.



Visits ⓘ

Export ▾

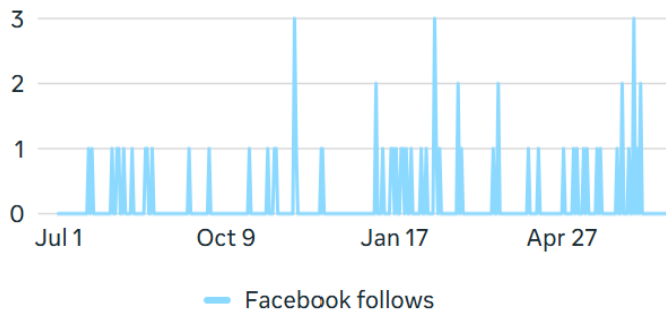
2.7K ↑ 8.8%



Follows ⓘ

Export ▾

63 ↓ 38.8%



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## INNOVATION & INNOVATION PROJECT REPORT

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MCBH currently has one on-going Innovation project, the Semi-Statewide EHR Project, that began in FY 22-23. This Annual Update includes the FY 23-24 Annual Innovation Report for the Semi-Statewide EHR Project. Below is also a brief summary of the EHR project and a brief status update. For full Innovation plans, please visit [monocounty.ca.gov/MHSA](https://monocounty.ca.gov/MHSA).

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

Mono County is partnering with the Joint Powers Authority CalMHSA along with more than 20 other California Counties to enter into a Semi-Statewide Electronic Health Record (EHR) 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. This project was approved by the Mono County Board of Supervisors on 10/18/22 as an Annual Update Mid-Year Revision and the Mental Health Services Oversight and Accountability Commission on 1/25/23. The project start date was February 1, 2023. After more than six months of work on implementation, Mono County successfully went live with the selected EHR, Smartcare, in July 2023. Anecdotally, MCBH clinicians and administrative staff are very happy with the new EHR and the Staff Services Analyst assigned to the task worked with staff to create more efficient workflows and to thoroughly train all staff. She continues to participate in regular meetings with other counties to improve the use of SmartCare and to make sure that it allows MCBH to meet all state requirements.

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.

### **Estimate the number of individuals expected to be served annually and cost per person:**

This semi-statewide project focuses on transforming current EHR systems and processes counties utilize for the provision of behavioral health services. Accordingly, we have not estimated the number of individuals expected to be served annually or the cost associated. As noted previously, the participating counties in the Semi-Statewide Enterprise Health Record project are collectively responsible to serve more than 27% California's Medi-Cal beneficiaries, or approximately 4,000,000 people. 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.

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.

# Mono County

Semi-Statewide Enterprise Health Record

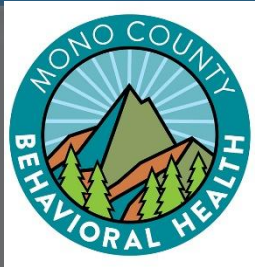
Multi-County Collaborative INN Project

Annual Innovative Project Report

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*Reporting Period: July 1, 2023 – June 30, 2024*

*Project Period: January 25, 2023- January 25, 2028*



*In partnership with*

**CaIMHSA**  
California Mental Health Services Authority

## Project Overview and Local Need

### 1. Please describe this Innovation project and its purpose.

This is a multi-county, scalable INN project that stems from a larger Semi-Statewide Enterprise Health Record (EHR) project CalMHSA is concurrently leading (the EHR Project). In fiscal year (FY) 2023-24, CalMHSA partnered with 23 California counties – collectively responsible for 27% of the state’s Medi-Cal members – on the Semi-Statewide Enterprise Health Record project. In FY 2024-25, to date CalMHSA is partnering with 25 counties, collectively responsible for 35% of the state’s Medi-Cal members.

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.

#### 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. This approach also facilitates data sharing between counties for patient treatment and payment purposes as patients move from one county to another.

**Collective Learning and Scalable Solutions:** Moving from solutions developed within individual counties to a semi-statewide cohort 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 the EHR are being re-designed (e.g., clinical documentation and Medi-Cal claiming), while data exchange and interoperability with physical health care — toward improving care coordination and client outcomes — are both required and supported by the State.

**Lean and Human-Centered:** Engaging with experts in human-centered design to reimagine the clinical workflow in a way that reduces “clicks” (the documentation burden), increases client safety and natively collects outcomes.

**Interoperable:** Typically, county behavioral health has, in response to state regulations, developed documentation that is out of alignment with data exchange standards. We are reimagining the clinical workflow, allowing critical information about the people we serve to be formatted in a way that will be interoperable (standardized and ready to participate in key initiatives like health information exchanges).

### 2. Please describe how this project makes a change to an existing practice in the field of mental health, including but not limited to application to a different population.

This project will meet the general requirements by making a change to an existing practice in the field of mental health — specifically, the practice of documenting care in an EHR that meets the needs of the county’s workforce and the clients they serve. This innovative project aims to transform the standard use of an electronic health record by standing up a semi-statewide behavioral health electronic health record in collaboration with a cohort of counties. This new EHR is responsive to identified provider needs and supports the spread of best practices among the participating counties. Optimizing the EHR

to meet daily workflow needs of treating providers can enhance working conditions, increase efficiencies, and reduce burnout, ultimately improving the conditions under which direct client care is provided. With the input of provider stakeholders and best practice experts in the field of human-centered design, the new EHR is being collaboratively and intentionally designed to improve the method and ease of documenting in the EHR as well as gathering and appropriately sharing pertinent clinical information from the EHR, which will promote less time spent on “treating the chart” and more time spent on “treating individuals” in need of care.

### **3. Please describe how this project impacts your County’s local need(s).**

Before the introduction of SmartCare, Mono County struggled with an outdated EHR system characterized by limited reporting capabilities and a problematic user interface. Since the implementation of SmartCare, Mono County Behavioral Health has experienced notable enhancements in various processes and workflows.

For instance, the previous EHR system necessitated manual counting for essential reporting, as it lacked the capability to separate out basic client demographic information. In contrast, SmartCare offers several reports containing required information for audits, such as the Triennial and the EQRO.

There is considerable anticipation within Mono County Behavioral Health for the integration of Power BI into the EHR. This integration will give rise to a reporting dashboard showcasing not only Mono County's data but also that of other participating counties.

There is a keen interest in design improvements for the "Staff Calendar." Clinicians seek enhancements that would enable them to view the status of in-progress and completed notes directly from their calendar, eliminating the need to run a separate report to locate ongoing documentation. SmartCare has recognized these requests, and they are currently in the development queue.

Over the past year, the EHR system has continued to evolve and improve as counties identify additional needs and opportunities for optimization. Several new reports have been integrated into the system, streamlining data collection and analysis that previously required time-consuming manual efforts. One notable example is the “Client Referrals” report, which generates a comprehensive list of enrolled clients and their referral sources. This tool provides valuable insights into where our clients are coming from, highlights potential areas to strengthen partnerships with referring agencies, and enhances our understanding of the community we serve.

The much-anticipated integration with Power BI has been a game-changer, offering critical support to our Quality Assurance and Billing teams. This integration delivers detailed analytics on demographics, Medi-Cal revenue, and patterns that might otherwise go unnoticed. For instance, Mono County uncovered a significant issue involving the inadvertent deletion of demographic data due to an erroneous process in SmartCare. This discovery was made possible when a Staff Services Analyst identified a troubling trend of "Missing/Unknown" demographic entries while reviewing the BI Dashboard. This insight prompted corrective actions to safeguard data integrity.

One of the most remarkable benefits of SmartCare is the collaborative network it has fostered among counties. Currently, 25 counties participate in the EHR system, creating a robust community of shared knowledge and expertise. A Staff Services Analyst from Mono County, serving as the system

administrator for the EHR, actively engages in “Sys Admin” meetings. These sessions bring together administrators to discuss challenges, share solutions, and address system needs. This collaboration has cultivated a diverse network of SmartCare experts with specialized skills across various areas of Behavioral Health. For example, a member from Sacramento County frequently develops SQL reports that are shared across the group, benefiting counties statewide. This collaborative sharing is especially valuable to Mono County, as we lack dedicated IT staff to create and manage such complex, detail-oriented reports.

## Progress Update and Identified Changes

### 1. Please describe your project progress from July 1, 2023, through June 30, 2024.

Mono County successfully completed onboarding to the new EHR in July 2023. A comprehensive training plan is in place for new staff members joining the team. In addition to the primary Staff Services Analyst who oversees System Administration, another Staff Services Analyst and a Quality Assurance Coordinator have been thoroughly trained to ensure seamless coverage in the absence of the main System Administrator.

Mono County has also onboarded its contractors to the system. Contractors who work with other counties using SmartCare are often highly familiar with the system, requiring minimal training.

Given that Mono County does not have dedicated IT staff to support the EHR, system issues are first addressed by the System Administrator, who liaises with the dedicated support team provided by CalMHSA. This approach has been effective, as the county experiences a low volume of support requests.

Since implementing SmartCare, a dedicated group comprising two Staff Services Analysts, one Program Manager, one Clinical Supervisor, and two Quality Assurance Coordinators has met weekly to discuss departmental priorities and explore how SmartCare can be utilized to enhance or streamline workflows. These discussions have been instrumental in improving several processes and creating efficiencies across the department.

CalMHSA has been an invaluable partner for Mono County. As a small rural county, staff members frequently take on multiple roles, requiring a broad range of knowledge and responsibilities. Mono County's decision to participate in the Billing and State Reporting Participation Agreement has significantly reduced the workload for staff who previously managed these tasks. The processes are now more streamlined, and CalMHSA consistently provides clear, detailed updates on our progress.

As highlighted previously, the collaboration among counties participating in SmartCare has been transformative, fostering a stronger sense of community within California's Behavioral Health workforce. However, Mono County's unique circumstances as the smallest and least resourced of the 25 participating counties sometimes pose challenges. It can be difficult to find other counties with similar experiences, and occasionally, enhancement requests specific to our needs are delayed in favor of more pressing concerns from larger counties.

Mono County hopes that additional smaller counties will join SmartCare in the future, which would strengthen the collective voice of small counties and improve the prioritization of enhancements that address the unique challenges faced by counties like ours.

**2. Has your county experienced any changes in project implementation and/or local need since the submission of your Appendix for MHSOAC approval? What is/are the reason(s) for this/these change(s)?**

Mono County has not experienced any changes in project implementation and/or local need since the submission of our Appendix for MHSOAC approval.

**3. How does this change/these changes noted in #2 above impact or modify your project plan and/or timeline?**

## **CalMHSA's Internal Evaluation and Qualitative Analysis of the State of Electronic Health Records Across California Counties**

CalMHSA partnered with IDEO, a global, human-centered design and research company with over 40 years of consulting experience working in social and government sectors. As reported in the 2023 Annual Report, IDEO conducted interviews with over 50 county staff, met with EHR and other analogous experts (e.g., digital storytellers, data visualization scientists and behavioral scientists), and completed an in-depth analysis of SmartCare to inform design strategies that align with user needs, promote transparent communication, augment decision-making and best practices and, through increased efficiency, reduce staff burnout and improve workforce retention. IDEO identified the following key needs in the previous project period:

- An improved EHR design that allows for a holistic view of patient data rather than siloed across different areas of the software
- Better facilitation of record keeping and sharing across the platform
- Improved utilization of automaticity and intentional pauses at moments to accurately capture structured data to reduce redundancy, disseminate key information and promote best practices while maintaining flexibility and trust amongst users
- Transparent dialogue and a disruption of bias patterns in the software so the data entered can promote equitable outcomes and care

During this project period, CalMHSA initiated or completed multiple initiatives that align with the needs identified by IDEO as well as the project aims / learning goals outlined in the subsequent section.

**Data Automaticity:** Toward the goal of reducing documentation burden and ensuring providers have current information available to support clinical decision making and care coordination, functionality was implemented that syncs clinical data across multiple documents within the EHR. For example:

- When a provider writes a progress note, they can add a newly identified problem to the client's problem list from within the note itself. The newly identified problem is automatically added to

the client's problem list for viewing by others on the treatment team without the provider needing to duplicate the entry.

- A new psychiatry note was implemented, designed with county input (e.g., medical directors, nurses, prescribers, pharmacists). The note pulls recent and relevant data from other chart sources (e.g., current medications, labs, allergies, orders), allowing providers to access key medical information for clinical decision making. The note also allows providers to select what information is clinically relevant from recent session notes, allowing them to pull important medical information forward without having to retype.

**EHR Functionality to Promote Client Safety and Clinical Best Practice:**

- Client face sheets and reports (e.g., discharge, shift summaries, facility medication administration, medication reconciliation, appointments) were created that aggregate comprehensive data into a cohesive and holistic clinical presentation for providers.
- Mechanisms were implemented to ensure critical client information (e.g., legal holds, seclusion/restraints, medication reconciliation, drug interactions) are evaluated timely and routinely to enhance safeguards for patient rights and safety. For example, CalMHSA developed mechanisms for counties to track a client's legal hold status, which was iteratively improved to incorporate DHCS guidance. Providers can review key information, such as when the legal hold was last reviewed and the review outcome, helping them understand the client's progression through legal hold process, promoting efficient and timely review to ensure the provision of clinically appropriate care.

**Collective Dashboards:** Multiple counties identified dashboarding as a local need to support activities such as workflow management, monitoring, and outcomes tracking. CalMHSA launched PowerBI dashboards in February 2024 that transform raw EHR aggregate (non-PHI) data into actionable insights for counties. They display county-specific data on key indicators (e.g., population demographics and diagnoses, service utilization, program enrollment/discharges, billing processes), which can be used to inform program planning/oversight, decision-making through an equity lens and benchmarking system performance. Counties can also compare their performance to other counties (e.g., of similar size or region) as well as aggregate performance across all counties using the EHR for statewide benchmarking.

**EHR User Support:** CalMHSA instituted multiple platforms to provide continuous support to counties across EHR user roles/disciplines (e.g., clinicians, prescribers, administrators, contract providers, quality management, front desk and billing staff). Some resources are available 24 hours a day, seven days a week to ensure counties have access to information on-demand, as needed.

**Chatbot:** CalMHSA implemented an innovative, AI-driven technology that provides on-demand information retrieval to respond to EHR user support questions (e.g., on EHR functionality, billing requirements, etc.). Staff can access the Chatbot on their home page dashboard when they login to the EHR. Chatbot was used continuously throughout FY 2023-24, averaging around 4,000 messages every month (approximately 47,000 messages total).

**EHR Knowledge Base Website:** CalMHSA published and maintains a county-facing website that includes training materials, user guides, FAQs and tools to support counties in using the EHR.

Website analytics for nine months in FY 2023-24 show active engagement:

- 36,000 active users viewed 425,000 website pages. The average number of pages viewed per user was approximately 12, and the average active engagement time spent on the site per session was around 5.7 minutes.
- Around 22,000 documents were downloaded by around 4,400 users, with two of the most common files being EHR Essentials (1,700 downloads, 1,200 users) and Clinical Workflow (1,100 downloads, 826 users). The average number of download events per user was around five.
- The top ranked page paths were Clinical Documentation (32,000 views) and Billing Documentation (14,000 views).

**Helpdesk:** The Helpdesk is available 7 a.m. to 7 p.m. (PST), Monday through Friday, to respond to user needs and requests. Helpdesk utilization data show active county engagement with this resource in FY 2023-24. During the initial EHR rollout in quarter 1, the total number of tickets (approximately 6,700) was nearly three times the remaining quarterly totals and then stabilized in quarters 2 through 4 (averaging around 2,100 tickets per quarter). This pattern suggests users benefitted most from Helpdesk support when the system was new.

**County Shared Decision-Making Meetings:** CalMHSA began facilitating shared decision-making meetings in quarter 3 of FY 2023-24 to obtain county input on improvements/ developments to the EHR system. Between March and June 2024, CalMHSA hosted five meetings on various topics (patient portal, crisis stabilization billing, supervisor document review processes, tracking client grievances and appeals, and EHR development prioritization). On average, around 55 individuals across 20 counties attended these meetings. Shared decision-making strategies will continue to be used to guide development efforts over time.

**Meta-Tagging:** In FY 2023-24, CalMHSA began working with counties to implement program meta-tagging, which is a process where counties define key attributes of each program such as service populations and intended outcomes. Meta-tagging allows counties to group programs with similar attributes – once fully adopted, it can be used for program planning as well as tracking outcomes across comparable programs within and between counties. As part of the initial rollout, meta-tagging has been used to streamline certain billing processes:

- Meta-tagging enabled CalMHSA to accurately identify the types of services provided through the programs and ensure appropriate billing codes and modifiers are applied. This process ensures precise billing and alleviates the need for counties to manually attach programs to rate schedules. Automating this task significantly reduced the time and inefficiency associated with updating potentially hundreds of rate records per program.

- CalMHSA developed an innovative process that integrates the service tables and rate schedules published by DHCS with each county’s specific meta-tagging. This results in a comprehensive set of rate records that is automatically uploaded into the county’s SmartCare environments via a script. This streamlined approach significantly reduces the time required to implement critical billing updates, ensuring counties can operate more efficiently and effectively.

## Evaluation Data/Learning Goals/Project Aims

CalMHSA contracted with the RAND Corporation to conduct a comprehensive evaluation of the project. RAND selected evidence-based EHR metrics grounded in measurement science that are precise, reliable and valid. To ensure a systematic evaluation of the migration to the new EHR platform, RAND is employing two measurement approaches:

1. A pre-post **user survey to measure user experience and satisfaction** of existing EHRs and the new EHR across all participating counties.
2. Pre-post **task-based usability testing** to obtain objective measures of EHR usage and burden (as measured by the length of time required to complete specific, common tasks in the EHR) before and after the migration to the new EHR.

The pre-phase measurements were collected and reported in the 2023 Annual Report. The timeline for completing the post-phase measurements was extended due to multiple DHCS policy changes that impacted county operations during this project period (e.g., documentation reform, payment reform), which contributed to an extended EHR implementation period. RAND will complete the post-EHR migration measurements and evaluation of project aims/learning goals outlined below at a future date. The evaluation will eventually allow for an assessment of how the transition to the new EHR resulted in changes to usability and user satisfaction.

### Learning Goals/Project Aims

#### Quality

- Comprehensiveness of client care
- Efficiency of clinical practice
- Interactions within the health care team
- Clinician access to up-to-date knowledge

#### Safety/Privacy

- Avoiding errors (i.e., drug interaction)
- Ability to use clinical data for safety
- Personal and professional privacy

### **Satisfaction**

- Ease of use
- Clinician's stress level
- Rapport between clinicians and clients
- Client's satisfaction with the quality of care they receive
- Interface quality

### **Outcomes**

- Communication between clinicians and staff
- Analyzing outcomes of care
- System usefulness
- Information quality

## **Program Information for Individuals Served**

This project focuses on transforming current EHR systems and processes counties use for the provision of behavioral health services. Accordingly, we have not estimated the number of individuals expected to be served annually. As noted previously, the participating counties in the Semi-Statewide Enterprise Health Record project are collectively responsible for serving the population of Medi-Cal members who need specialty mental health and/or substance use disorder treatment services among approximately 35% California's Medi-Cal members.

Regarding specific project information on individuals to served, this project focuses on transforming the current EHR *system and the processes* California counties use for the provision of behavioral health services rather than directly testing an innovative approach to *service delivery*.

## Budget and Annual Expenditures

FY 23-24 ACTUAL PROJECT EXPENDITURES BY SPECIFIC BUDGET CATEGORY				
<b>COUNTY:</b>		<b>Mono</b>		
<b>EXPENDITURES</b>				
	<b>PERSONNEL COSTS (salaries, wages, benefits)</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>TOTAL</b>
1	Salaries	\$ 45,000.00	\$ 72,000.00	\$ 117,000.00
2	Direct Costs			
3	Indirect Costs	\$ 4,500.00	\$ 7,200.00	\$ 11,700.00
4	<b>Total Personnel Costs</b>	\$ 49,500.00	\$ 79,200.00	\$ 128,700.00
	<b>OPERATING COSTS*</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>TOTAL</b>
5	Direct Costs			
6	Indirect Costs			
7	<b>Total Operating Costs</b>			\$
	<b>NON-RECURRING COSTS (equipment, technology)</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>TOTAL</b>
8				
9				
10	<b>Total non-recurring costs</b>			\$
	<b>CONSULTANT COSTS/CONTRACTS</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>TOTAL</b>
11a	Direct Costs: CalMHSA	\$ 334,592.53	\$ 56,636.86	\$ 391,229.39
11b	Direct Costs: RAND evaluation	\$150,000.00		\$ 150,000.00
12	Indirect Costs			

13	<b>Total Consultant Costs</b>	\$ 484,592.53		\$ 541,229.39
	<b>OTHER EXPENDITURES</b> (explain in budget narrative)	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>TOTAL</b>
14				
15				
16	Total Other Expenditures			\$
	<b>EXPENDITURE TOTALS</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>TOTAL</b>
	Personnel (total of line 1)	\$ 45,000.00	\$ 72,000.00	\$ 117,000.00
	Direct Costs (add lines 2, 5, and 11 from above)	\$ 484,592.53	\$ 56,636.86	\$ 541,229.39
	Indirect Costs (add lines 3, 6, and 12 from above)	\$ 4,500.00	\$ 7,200.00	\$ 11,700.00
	Non-recurring costs (total of line 10)			
	Other Expenditures (total of line 16)			
	<b>TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET</b>	<b>\$ 534,092.53</b>	<b>\$ 135,836.86</b>	<b>\$ 669,929.39</b>
	<b>CONTRIBUTION TOTALS**</b>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>TOTAL</b>
	County Committed Funds	\$ 105,000.00	\$ 78,000.00	\$ 183,000.00
	Additional Contingency Funding for County-Specific Project Costs			
	<b>TOTAL COUNTY FUNDING CONTRIBUTION</b>	<b>\$ 639,092.53</b>	<b>\$ 213,836.86</b>	<b>\$ 852,929.39</b>

<b>BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)</b>			
<b>COUNTY:</b>	<b>Mono</b>		
<b>ADMINISTRATION:</b>			
A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:	<b>FY 22-23</b>	<b>FY 23-24</b>
1	Innovation (INN) MHSA Funds	\$384,092.53	\$ 135,836.86
2	Federal Financial Participation		
3	1991 Realignment		
4	Behavioral Health Subaccount		
5	Other funding	\$105,000.00	\$ 78,000.00
6	Total Proposed Administration	\$489,092.53	\$ 213,836.86
<b>EVALUATION:</b>			
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	<b>FY 22-23</b>	<b>FY 23-24</b>
1	Innovation (INN) MHSA Funds	\$150,000.00	
2	Federal Financial Participation		
3	1991 Realignment		
4	Behavioral Health Subaccount		
5	Other funding		
6	Total Proposed Evaluation	\$150,000.00	\$ -
<b>TOTALS:</b>			
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:	<b>FY 22-23</b>	<b>FY 23-24</b>
1	Innovation(INN) MHSA Funds*	\$534,092.53	\$ 135,836.86
2	Federal Financial Participation		
3	1991 Realignment		
4	Behavioral Health Subaccount		
5	Other funding**	\$105,000.00	\$ 78,000.00
6	Total Proposed Expenditures	\$639,092.53	\$ 213,836.86

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

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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/Technical Assistance	Residency/Internship	Financial Incentive
Programs and Services	<ul style="list-style-type: none"><li>• Trainings &amp; Conferences</li></ul>	<ul style="list-style-type: none"><li>• Staff Supervision</li></ul>	<ul style="list-style-type: none"><li>• Loan Assumption Program</li><li>• Project Cultivate (complete as of FY 25-26)</li></ul>

### Training/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/Technical Assistance funding category. Staff are encouraged to work with their supervisors to create training and professional development goals and seek out ongoing education both locally and regionally that aligns with those goals. Department leadership also identifies training needs and opportunities that align with MCBH’s vision, mission, and core values.

In FY 24-25, MCBH conducted the majority of its trainings and in-services using a hybrid work model with some staff in-person and some staff participating remotely; trainings ranged in topic from Holding HIPAA Boundaries in Small Town to Stress and Self-Care/Burn-out Reduction to compliance-related topics. Additionally, thanks to the foundational work done by the MCBH Customer Service Committee in FY 22-23, MCBH continued its ongoing implementation of its Customer Service Work Plan, which includes trainings, activities, and goals designed to ensure that MCBH is culturally competent with its diverse customer base.

### Residency and Internship Programs:

MCBH frequently has intern staff. Funds from this category have been used in FY 24/25 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 25/26 and beyond.

### Financial Incentives Programs:

In this loan assumption program, MCBH pays back up to \$10,000 per year on the principle of student loans for individuals in “hard to recruit and retain” positions. MCBH believes that this program helps retain its staff, which is a significant concern in remote Mono County. The department will be continuing this program from 2023-2026 as funds allow. In FY 24/25, MCBH had two clinical staff take advantage of this benefit. 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. One staff accessed the loan repayment through the local process, receiving \$10,000 for loan repayment. The other accessed the program partially through the loan repayment benefit through the WET Central Regional Partnership and partially through the local process for a total of \$10,000.

MCBH also added a new retention program through the WET Central Regional Partnership in FY 22-23 designed specifically to recruit and retain licensed staff members. Under this program, licensed staff without student loans would receive a one-time \$10,000 retention stipend after one year of service. One staff member accessed this program in FY 24-25; due to funding limitations, this program will not be continued in the future.

In FY 23-24, MCBH also began participating in CalMHSA’s Project Cultivate, which is a new collaborative program between County Behavioral Health Departments, the California Mental Health Services Authority (CalMHSA), and Palo Alto University to cultivate the next generation of leaders in behavioral health. Project Cultivate targets existing staff interested in advancing their professional development through a paid graduate level training opportunity provided through Palo Alto University. Project Cultivate offers individuals an opportunity to participate in a two-year (9 quarter format) Master’s in Counseling program, preparing participants for working in public behavioral health settings. County behavioral health departments will pay the tuition cost of education for the program, which is approximately \$120,000 per student. In return, the individual agrees to remain employed in the county behavioral health program for a designated period of five years. Given the challenges that MCBH has faced in recruiting and retaining therapists in recent years, the Department secured spots for two staff members, who began school in fall 2023. The cost for these spots were spread over two fiscal years. Both staff members completed their practicum with MCBH in FY 24-25. In FY 25-26, they will move into therapy positions as associate MFTs. This is an exciting new opportunity for rural counties in particular who struggle to recruit and retain licensed clinical staff.

### WET Achievements

As indicated in the Workforce Assessment, MCBH is nearly fully staffed as of Fall 2025, which is remarkable given the current workforce shortages that behavioral health fields are facing across the state and the country. MCBH provided loan repayment or retention program incentives to

three staff in FY 24/25 and implemented the activities outlined in the department's Customer Service Work Plan. Finally, the two staff that participated in Project Cultivate completed their practicum through MCBH's school-based counseling program.

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

MCBH struggles to manage staff burn-out with ever-shifting regulations and priorities from the state and federal governments. In small counties, both administrative and clinical staff must have expertise in a wide variety of areas and service provisions. It's quite difficult to manage the constant change.

### List any significant changes in Annual Update, if applicable

No significant changes from the Three-Year Plan.

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## CAPITAL FACILITIES/TECHNOLOGICAL NEEDS

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Originally in the Three-Year Plan, MCBH was not planning on doing any work that would fall within this component. However, through its Community Program Planning Process and in surveying local need, MCBH has since identified the need for a satellite office in Bridgeport, one of Mono County's outlying communities. In FY 24/25, staff identified a space that could be purchased to meet this need. The FSP North County Property Acquisition in Bridgeport will increase clients' access to providers, create a consistent space for programming, and provide office space for administrative personnel. To fund this project, MCBH transferred funding from CSS to CF/TN in FY 23-24 and FY 24-25. For more information, please see the next section, which is specifically about transfers.

### Challenges or barriers, and strategies to mitigate

N/A

### List any significant changes in Annual Update, if applicable

n/a

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## TRANSFERS & PRUDENT RESERVE

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In FY 24-25, MCBH transferred 20% of its funds to the WET and CF/TN components. In FY 25/26, MCBH plans to again transfer 20% of its funds to the WET and CF/TN components to cover programming costs and costs related to the purchase of a new office in Bridgeport for FSP programming and other services. The maximum transfer amount is determined based upon the following regulations: 9 CCR § 3420.10 Community Services and Supports (CSS) Account Transfers to Prudent Reserve, CFTN Account and WET Account.

Additionally, during the FY 24-25 planning process, MCBH discovered that it mistakenly did not make transfers to WET on the MHSA Annual Revenue and Expenditure Report (ARER) in FY 21-22 or FY 22-23. These transfers were written into those plans at the time. In FY 24-25, MCBH made retroactive adjustments to those ARERs using the process outlined by the Department of Health Care Services (DHCS).

Below is MCBH’s MHSA Prudent Reserve Assessment. The Department last assessed its Prudent Reserve in 2024 and will re-assess and re-certify the Prudent Reserve again in the future as required by DHCS.

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: FY 2024-25

**Local Behavioral Health Director**


Name: Robin K. Roberts, LMFT

Telephone: 760-924-1740

Email: rroberts@mono.ca.gov

I hereby certify<sup>1</sup> 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

  
Robin Roberts (May 10, 2024 10:53 PDT)

May 10, 2024

Local Behavioral Health Director  
(PRINT NAME)

Signature

Date

Department of Health Care Services  
 Mental Health Services Act  
 Prudent Reserve Funding Levels  
 Fiscal Year: 2023-24  
 Reference: 9 CCR § 3420.30  
 For assistance, please contact MHSA@dhs.ca.gov

Current Mono County Prudent Reserve  
 \$404,926  
 Max Prudent Reserve Level  
 \$465,368  
 Minimum Prudent Reserve Level  
 \$70,510

A	B	C	D	E	F	G = B+C+D+E+F	H = G x 76%	I	J	K	L	M = (H+I+J+K+L) / 5	N = M x 33%
County	FY 2018-19 Funds Distributed by SCO	FY 2019-20 Funds Distributed by SCO	FY 2020-21 Funds Distributed	FY 2021-22 Funds Distributed	FY 2022-23 Funds Distributed	Total <sup>1</sup>	CSS Funds	FY 2019-20 Reallocated CSS <sup>2</sup>	FY 2020-21 Reallocated CSS <sup>2</sup>	FY 2021-22 Reallocated CSS <sup>2</sup>	FY 2022-23 Reallocated CSS <sup>2</sup>	CSS Average	Maximum Prudent Reserve Level
Mono	1,798,245.53	1,538,713.39	2,323,675.37	2,193,794.46	1,418,441.88	9,272,870.63	7,047,381.68	163.49	-	-	3,490.37	1,410,207.11	465,368.35

Fiscal Year	Total MHSA
2018-19	\$ 1,798,245.53
2019-20	\$ 1,538,713.39
2020-21	\$ 2,323,675.37
2021-22	\$ 2,193,794.46
2022-23	\$ 1,418,441.88
<b>Total</b>	<b>\$ 9,272,870.63</b>
76%	\$ 7,047,381.68
Reallocated 2019-20	\$ 163.49
Reallocated CSS 2022-23	\$ 3,490.37
<b>5 yr Avg</b>	<b>\$ 1,410,207.11</b>
	\$ 465,368.35 Max Prudent Reserve Level
	\$ 70,510.36 Minimum Prudent Reserve Level

**Department of Health Care Services**  
**Mental Health Services Act**  
**Prudent Reserve Funding Levels**  
**Fiscal Year: 2023-24**  
**Reference: 9 CCR § 3420.30**

**Current Mono County Prudent Reserve Amount \$404,926**

County	FY 2018-19 Funds Distributed by SCO	FY 2019-20 Funds Distributed by SCO	FY 2020-21 Funds Distributed	FY 2021-22 Funds Distributed	FY 2022-23 Funds Distributed	Total
Mono	\$ 1,798,245.53	\$ 1,538,713.39	\$ 2,323,675.37	\$ 2,193,794.46	\$ 1,418,441.88	\$ 9,272,870.63

Total CSS Funds	FY 2019-20 Reallocated CSS	FY 2020-21 Reallocated CSS	FY 2021-22 Reallocated CSS	FY 2022-23 Reallocated CSS	CSS Average	Maximum Prudent Reserve Level
\$ 7,047,381.68	\$ 163.49	\$ -	\$ -	\$ 3,490.37	\$ 1,410,207.11	\$ 465,368.35

Minimum Prudent Reserve Level
\$ 70,510.36

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## MHSA EXPENDITURE PLAN BY COMPONENT FY 2025-2026

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### Mono County MHSA Component Expenditure Worksheet 2025-26

	Component						Totals
	CSS	PEI	INN	WET	CF/TN	PR	
FY24/25 Estimated MHSA Revenue	\$ 1,324,833	\$ 331,208	\$ 87,160				\$ 1,743,201
FY24/25 Est. Estimated Other Revenue							
FY24/25 Est. MHSA Interest Revenue	\$ 76,000	\$ 19,000	\$ 5,000				\$ 100,000
FY24/25 Estimated Expenses	\$ 3,082,854	\$ 532,573	\$ 108,830	\$ 153,915	\$ -		\$ 3,878,172
One Time MHSA Housing Project	\$ -						\$ -
FY24/25 PR Transfer							
FY24/25 CFTN and WET Transfers	\$ (385,813)			\$ 385,813	\$ -		

**Community Services and Supports (CSS) Component Worksheet 2025-26**

**County:**     Mono    

	<b>FSP</b>	<b>GSD</b>	<b>O&amp;E</b>	<b>Total CSS</b>
<b>CSS Programs</b>				
1 FSP South County	\$491,951			\$491,951
2 FSP North County	\$163,984			\$163,984
3 Expansion of case management/supportive services		\$77,171		\$77,171
4 Wellness Centers		\$278,138		\$278,138
5 Crisis intervention/stabilization	\$61,427	\$61,427		\$115,002
6 Supportive Housing Services	\$69,558			\$69,558
7 Community Outreach & Engagement			\$48,166	\$48,166
8 Wrap Program	\$256,660	\$28,518		\$285,178
9 Telehealth Services	\$246,921	\$246,921		\$493,841
CSS Administration / Indirect Costs				\$1,005,204
CSS Community Program Planning				\$54,661
CSS MHA Housing Program	\$0	\$0		\$0
<b>Total CSS Expenditures</b>	<b>\$1,290,501</b>	<b>\$692,174</b>	<b>\$48,166</b>	<b>\$3,082,854</b>

**Prevention and Early Intervention (PEI) Component Worksheet 2025-26**

**County:**     Mono    

	PEI	OIR	ALT	SDR	Total PEI
<b>PEI Programs</b>					
1 Peapod Playgroup Program	\$40,000				\$40,000
2 Walker Senior Center	\$50,000				\$50,000
3 North Star School-Based Services	\$122,589				\$122,589
4 Community Trainings Outreach in Outlying Communities		\$34,673			\$34,673
5 Community Engagement			\$52,006		\$52,006
6 Community Engagement				\$50,210	\$50,210
PEI Administration / Indirect Costs					\$173,652
PEI Community Program Planning					\$9,443
<b>Total PEI Expenditures</b>	\$212,589	\$34,673	\$52,006	\$50,210	\$532,573

**Innovation (INN) Component Worksheet 2025-26**

**County:**     Mono    

	<b>Total INN</b>
<b>INN Programs</b>	
Semi-Statewide Enterprise Health	
1 Record	\$108,830
INN Administration	
INN Community Program Planning	
<b>Total INN Expenditures</b>	<b>\$108,830</b>

**Workforce, Education and Training (WET) Component Worksheet 2025-26**

**County: Mono**

	<b>Total WET</b>
<b>WET Funding Category</b>	
Workforce Staffing	\$0
Training/Technical Assistance	\$81,000
Mental Health Career Pathways Programs	\$0
Residency/Internship	\$0
Financial Incentive	\$20,000
WET Administration	\$50,186
WET Community Program Planning	\$2,729
<b>Total WET Expenditures</b>	<b>\$153,915</b>

**Capital Facilities/Technological Needs (CFTN) Component Worksheet 2025-26**

**County:**  Mono

	<b>Total CF/TN</b>
<b>Capital Facility Projects</b>	
1 FSP North County Property Acquisition	\$0
Capital Facility Administration	\$0
Total Capital Facility Expenditures	\$0
<b>Technological Needs Projects</b>	\$0
Technological Needs Administration	\$0
Total Technological Needs Expenditures	\$0
<b>Total CFTN Expenditures</b>	\$0

## COST PER PERSON ESTIMATES

### CSS Program Cost Per Person Estimates for FY 25-26

	FSP South County	FSP North County	Crisis Int/Stab	Supportive Housing
Total Cost of Program	\$ 491,951.00	\$ 163,984.00	\$ 115,002.00	\$ 69,558.00
Total Estimate of Participants	29	10	54	28
Total Estimated Cost per Person	\$ 16,963.83	\$ 16,398.40	\$ 2,129.67	\$ 2,484.21
Estimated Cost of Children (0-15)	\$ 50,891.48	\$ 32,796.80	\$ 14,907.67	\$ 19,873.71
Estimated Cost for TAY (16-25)	\$ 33,927.66	\$ 16,398.40	\$ 36,204.33	\$ 9,936.86
Estimated Cost for Adult (26-59)	\$ 271,421.24	\$ 81,992.00	\$ 53,241.67	\$ 24,842.14
Estimated Cost for Older Adult (60+)	\$ 135,710.62	\$ 32,796.80	\$ 10,648.33	\$ 14,905.29

	Telehealth Services	Wrap	Expanded CM/Supp Svcs	Wellness Centers	Community O & E
Total Cost of Program	\$ 493,841.00	\$ 285,178.00	\$ 77,171.00	\$ 278,138.00	\$ 48,166.00
Total Estimate of Participants	\$ 145.00	12	149	299	200
Total Estimated Cost per Person	\$ 3,405.80	\$ 23,764.83	\$ 517.93	\$ 930.23	\$ 240.83
Estimated Cost of Children (0-15)	\$ 51,087.00	\$ 142,589.00	\$ 20,199.12	\$ 55,813.65	\$ 9,633.20
Estimated Cost for TAY (16-25)	\$ 112,391.40	\$ 23,764.83	\$ 18,127.42	\$ 30,697.51	\$ 7,224.90
Estimated Cost for Adult (26-59)	\$ 299,710.40	\$ 95,059.33	\$ 36,254.83	\$ 172,092.07	\$ 24,083.00
Estimated Cost for Older Adult (60+)	\$ 30,652.20	\$ 23,764.83	\$ 2,589.63	\$ 19,534.78	\$ 7,224.90

PEI Program Cost Per Person Annual Estimates for FY 25-26

	North Star	Trainings	Peapod
Total Cost of Program	\$ 122,589.00	\$ 34,673.00	\$ 40,000.00
Total Estimate of Participants	350	160	116
Total Estimated Cost per Person	\$ 350.25	\$ 216.71	\$ 344.83
Estimated Cost of Children (0-15)	\$ 105,076.29	\$ -	\$ 26,206.90
Estimated Cost for TAY (16-25)	\$ 17,512.71	\$ 8,668.25	\$ 1,724.14
Estimated Cost for Adult (26-59)	\$ -	\$ 21,670.63	\$ 10,689.66
Estimated Cost for Older Adult (60+)	\$ -	\$ 4,334.13	\$ 1,379.31

	Walker Senior Center	Outreach in Outlying Communities	Community Engagement
Total Cost of Program	\$ 50,000.00	\$ 52,006.00	\$ 50,210.00
Total Estimate of Participants	85	100	1000
Total Estimated Cost per Person	\$ 588.24	\$ 520.06	\$ 50.21
Estimated Cost of Children (0-15)	\$ -	\$ 15,601.80	\$ 5,021.00
Estimated Cost for TAY (16-25)	\$ -	\$ 10,401.20	\$ 5,021.00
Estimated Cost for Adult (26-59)	\$ -	\$ 20,802.40	\$ 25,105.00
Estimated Cost for Older Adult (60+)	\$ 50,000.00	\$ 5,200.60	\$ 15,063.00

\*\*Please note that Cost Per Person Estimates for Innovation Project are included in the Innovation section.

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## APPENDIX A: PENETRATION RATE DATA

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**Table 1: County Medi-Cal Beneficiaries and Those Served by the MHP in CY 2021 by Race/Ethnicity, including Penetration Rates (PR)**

Race/Ethnicity	Annual Eligibles	Beneficiaries Served	PR MHP	PR State
African-American	17	4	23.53%	7.08%
Asian/Pacific Islander	35	0	0.00%	1.91%
Hispanic/Latino	1,840	56	3.04%	3.51%
Native American	101	1	0.99%	5.94%
Other	497	31	6.24%	3.57%
White	1,409	114	8.09%	5.45%
<b>Total</b>	<b>3899</b>	<b>206</b>	<b>6.98%</b>	<b>4.58%</b>

**Table 2: County Medi-Cal Beneficiaries and Those Served by the MHP in CY 2021 by Threshold Language**

Threshold Language	Unduplicated Annual Count of Medi-Cal Beneficiaries Served by the MHP	Percentage of Medi-Cal Beneficiaries Served by the MHP
Spanish	34	18.68%
Threshold language source: Open Data per BHIN 20-070		

# Penetration Rates and Annual Approved Claims per Beneficiary (AACB)

Figure 1: Overall Penetration Rates CY 2022

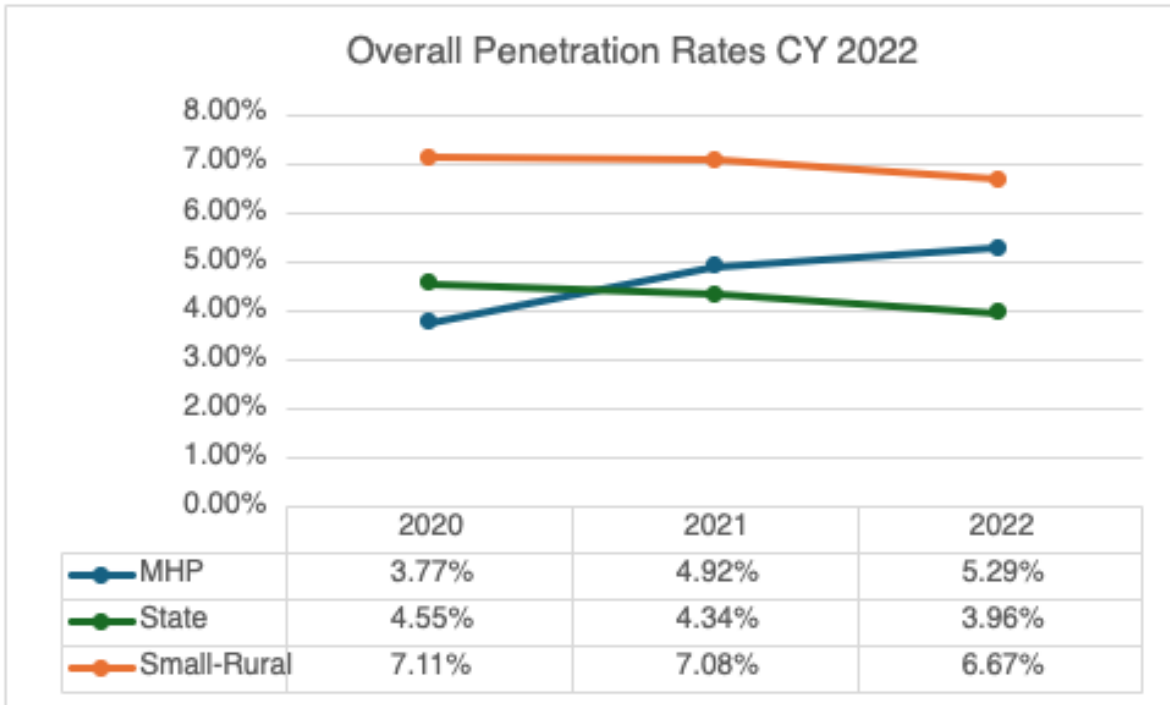


Figure 2: Overall AACB CY 2022

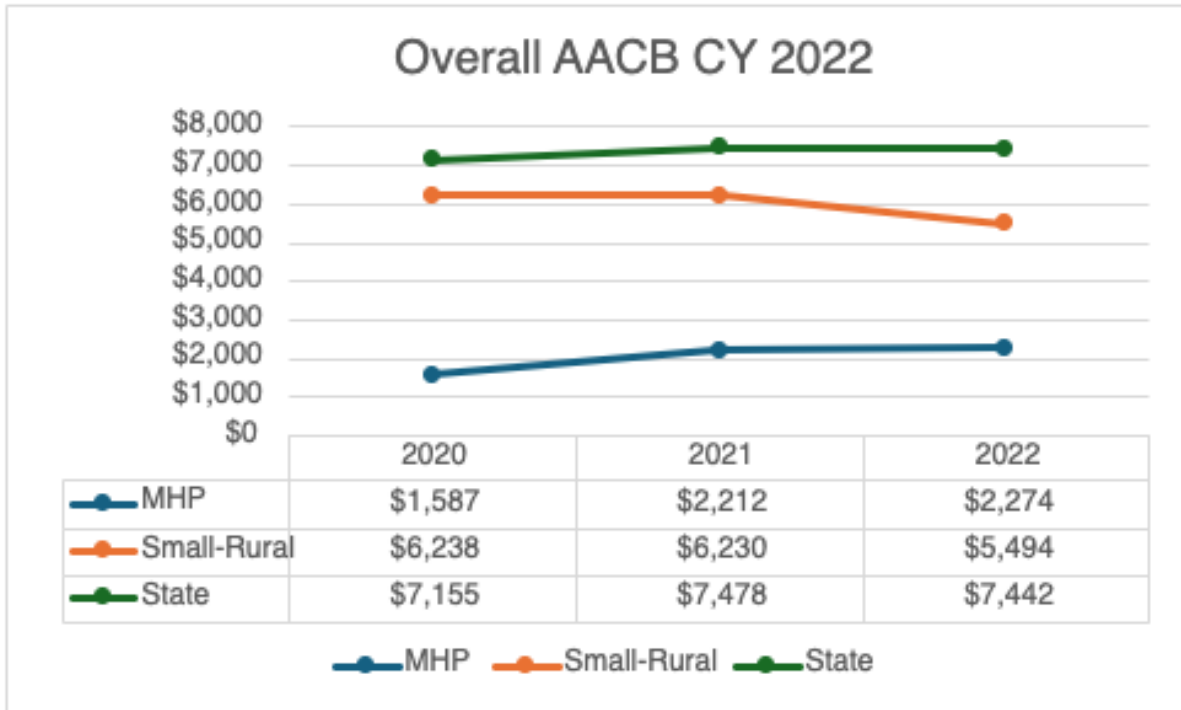


Figure 3: Latino/Hispanic Penetration Rates CY 2022

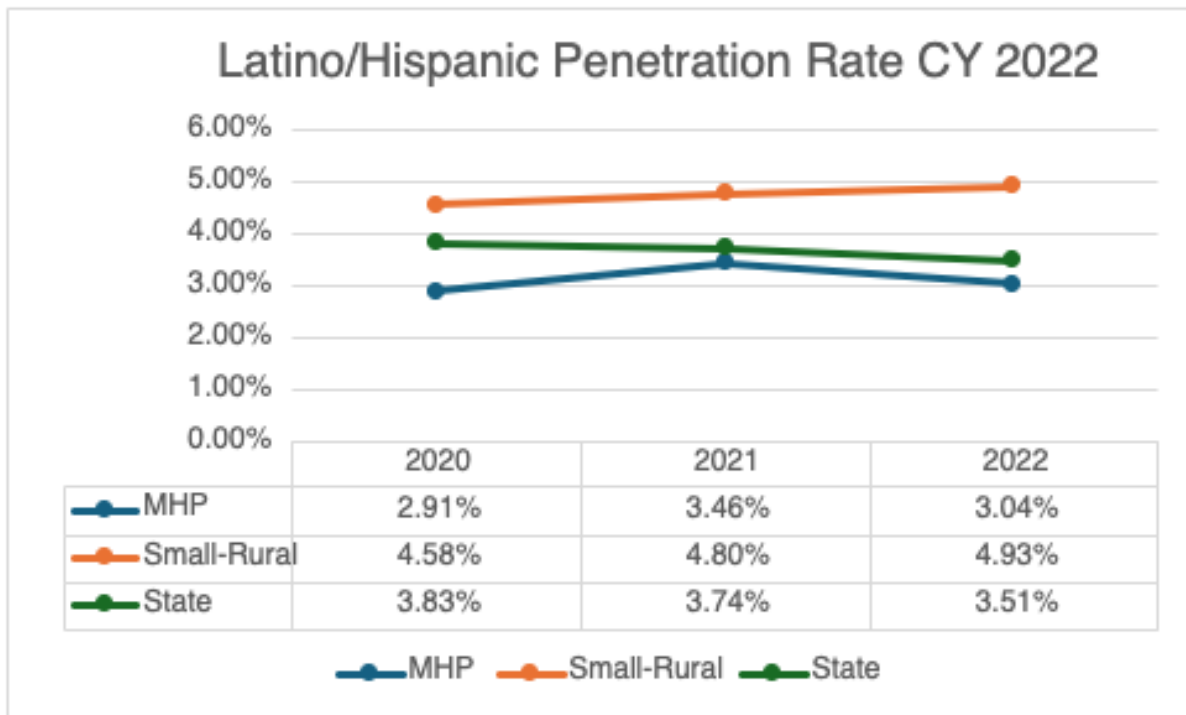


Figure 4: Latino/Hispanic AACB CY 2022

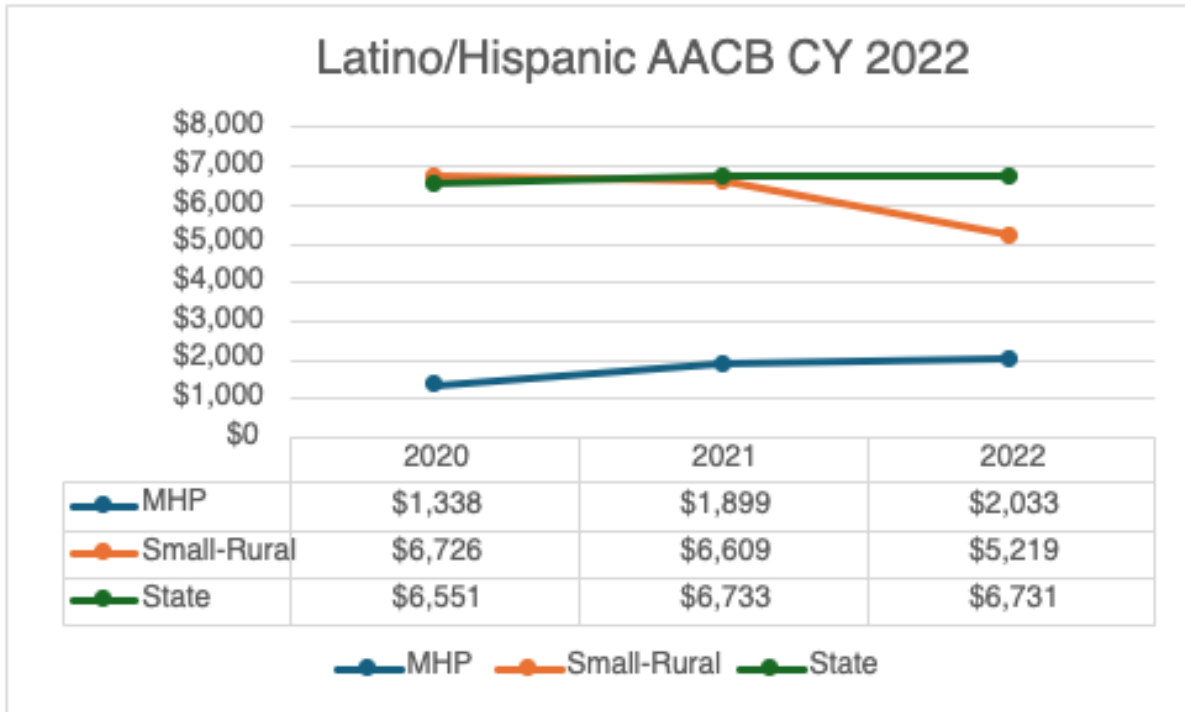


Figure 5: Foster Care Penetration Rates CY 2022

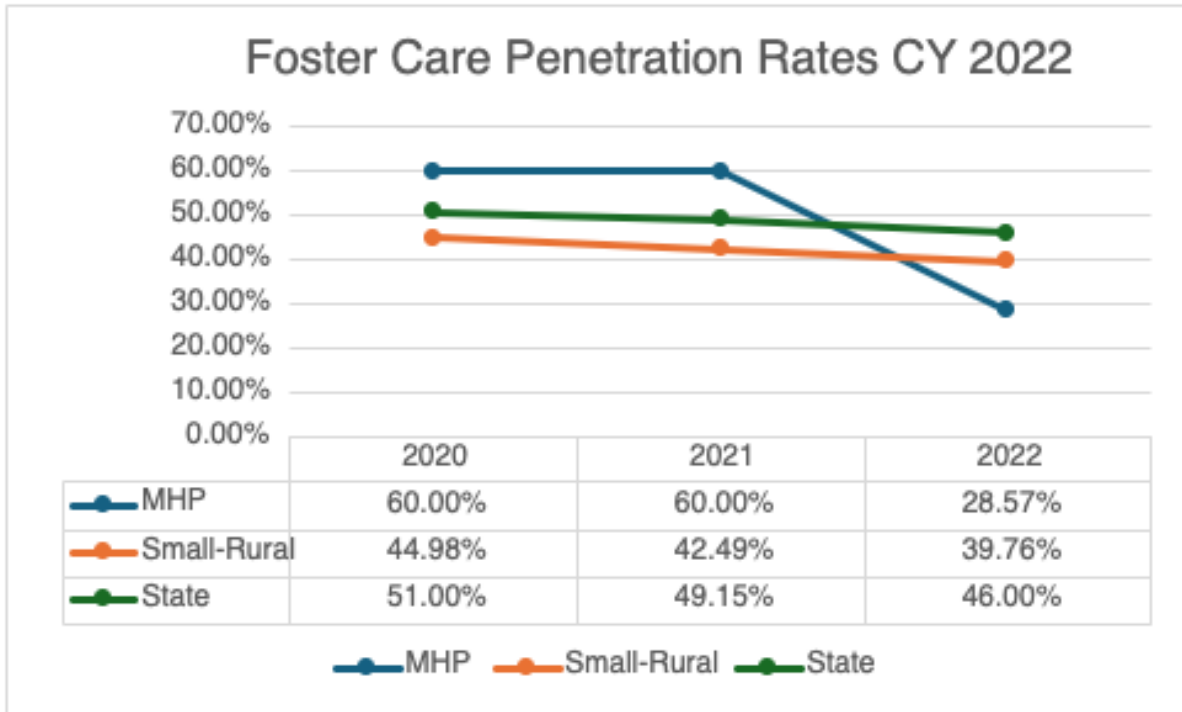
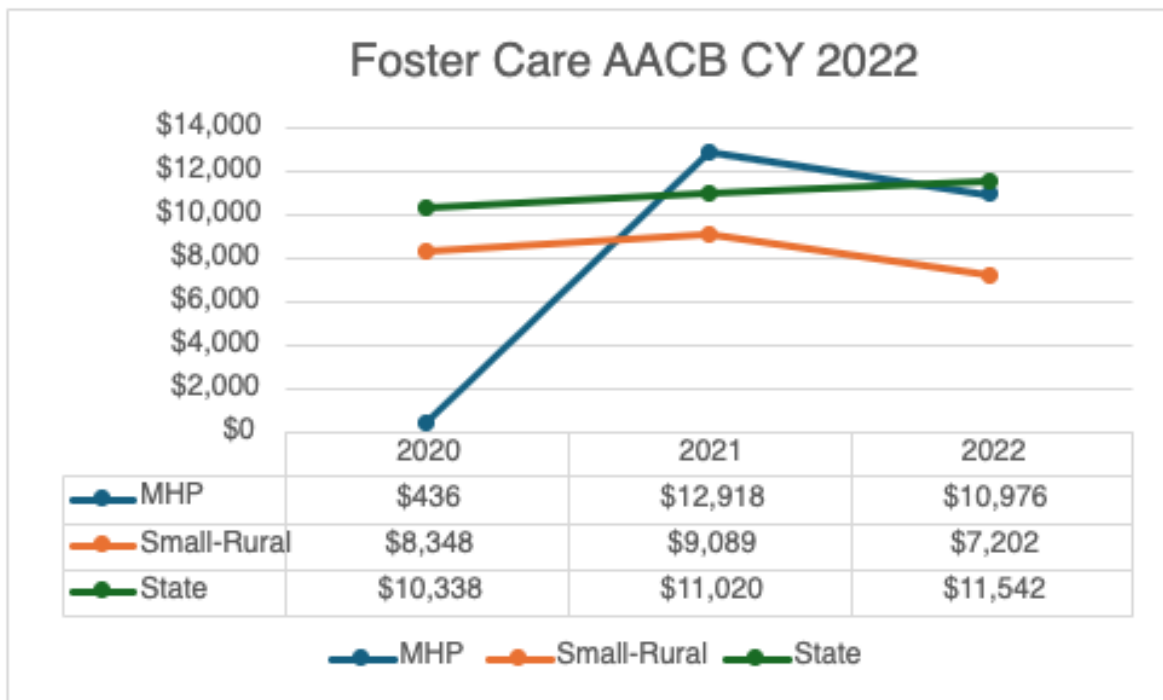


Figure 6: Foster Care AACB CY 2019-21



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## APPENDIX B: MHSA ISSUE RESOLUTION PROCESS

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### 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.

### To file an issue:

Call MCBH at 760-924-1740 and you will be routed to a Quality Assurance Coordinator.

### To learn more:

Please review our policy and procedure for the MHP (Mental Health Plan) and MHSA Problem Resolution Process located on our website:

<https://www.monocounty.ca.gov/behavioral-health/page/resources>

Direct link:

[https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral\\_health/page/9387/pp\\_24-004\\_mhp\\_and\\_mhsa\\_problem\\_resolution\\_process\\_-\\_signed.pdf](https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/9387/pp_24-004_mhp_and_mhsa_problem_resolution_process_-_signed.pdf)

## APPENDIX C: MCBH STAFF TRAININGS

MCBH staffed were trained by Amanda Greenberg and Danielle Murray on the Community Program Planning Process on 12/10/24 from 8-8:55 am via Teams as part of a training on the CLAS Standards. Below is a screen shot of all invitees and sample of the slides covered. Staff not able to be present for the training reviewed the slides.

	Name	Attendance
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Maria Toledo &lt;mtoledo@r</a>	Required Attendee
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> <a href="#">Robin Roberts</a>	Required Attendee
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> <a href="#">Lauren Plum</a>	Required Attendee
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> <a href="#">Amanda Greenberg</a>	Required Attendee
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> <a href="#">Jessica Workman</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Jimmy Lee</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Danielle Murray</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Laura Cruz</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Moncerrath Cruz</a>	Required Attendee
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> <a href="#">Iris Duran</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Adriana Niculescu</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Han Li</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Dylan Burditt</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Kimberly Lopez</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Esmeralda Curiel</a>	Required Attendee
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> <a href="#">Salvador Montanez</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Jenna Lynne Arellano Cruz</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Jessica Ramos</a>	Required Attendee
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> <a href="#">Stephany Mejia</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Betty Hathaway</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Tajia Rodriguez</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Debra Stewart</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Luisana Baires</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Richard Bonneau</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Jake Ballard</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Serena Renda</a>	Required Attendee
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> <a href="#">James Ybarra</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Eduardo Galvan</a>	Required Attendee
<input checked="" type="checkbox"/>	<input type="radio"/> <a href="#">Janelle Clark</a>	Required Attendee

MCBH In-Service: CL...

File Meeting Scheduling Assistant Tracking Help

Accepted on 10/29/2024 10:02 AM.

### MCBH In-Service: CLAS and CPPP

Meeting Insights

Organizer  Behavioral Health <behavioralhealth@mono.Sent Tue 10/29/2024 10:01 AM

Time Tuesday, December 10, 2024 8:00 AM-9:00 AM

Location

Response  Accepted [Change Response](#)

## What is the CPPP?

- Required every year for our MHSAs Plans
- Process for stakeholder input
- Ways we involve community, clients, & family members:
  - Community survey – coming in January!
  - Focus groups (Behavioral Health Advisory Board, Socials, Wellness Groups, etc.)
  - Input from internal committees
  - Other community data sources like the California Healthy Kids Survey
- Ways you can help!
  - Take the survey! Encourage clients to take the survey!
  - Encourage clients to join/attend the Behavioral Health Advisory Board!

2022 Culturally and Linguistically Appropriate Services (CLAS) 24

## Aligning CLAS with the CPPP

CLAS Standard #12	<i>Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.</i>
CLAS Standard #13	<i>Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.</i>

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

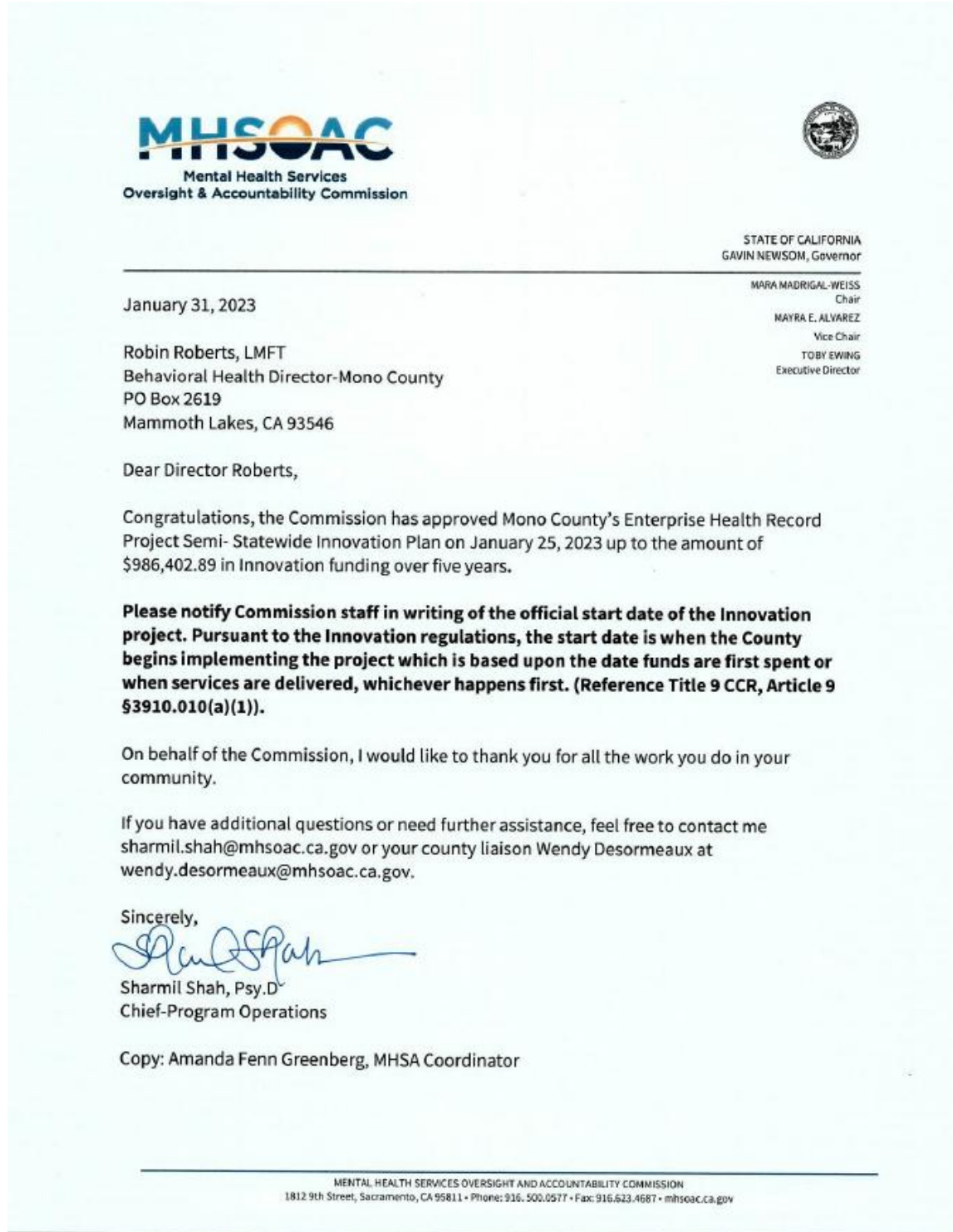
- MHSAs Overview with Amanda: Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Location: \_\_\_\_\_
- Components and programs
- Community Program Planning Process
- What does MHSAs mean for the department
- MHSAs Issue Resolution Process

---

## APPENDIX D: INNOVATION PLAN CORRESPONDENCE WITH MHSOAC

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EHR Project:



RE: EHR Project Approval Letter



Amanda Greenberg  
To Shannon Tarter



Thu 4/20/2023 12:11 PM

Hi Shannon,

Thank you for approving Mono County's Semi-Statewide Enterprise Health Record System Improvement Innovation Project funding in the amount of \$986,402.89.

The start date for this EHR INN project is February 1, 2023.

For future correspondence, the contact for Mono is myself, Amanda Greenberg at [agreenberg@mono.ca.gov](mailto:agreenberg@mono.ca.gov).

My apologies for our delay in notifying you of the official start date of our Innovation project.


Thank you,

Amanda Fenn Greenberg, MPH  
Program Manager  
Mono County Behavioral Health  
Mammoth Lakes, CA  
760-924-1754  
[monocounty.ca.gov/behavioral-health](https://monocounty.ca.gov/behavioral-health)

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

The screenshot displays the Outlook application interface. At the top, the title bar shows the user's initials 'AG', a notification bell with '6', and window control buttons. Below the title bar is a ribbon with various icons for actions like 'Move', 'Tags', 'Groups', 'Find', 'Read Aloud', 'Translate', 'All Apps', 'Reply with Scheduling Poll', 'Viva Insights', and 'Phish Alert Report'. The main content area shows an email titled 'Mono County 24-25 MHSA Annual Update' from Amanda Greenberg (AG). The email header includes the sender's name, a profile picture, and icons for emojis, replies, and sharing. The recipient list shows 'To: MHSA@dhcs.ca.gov; Vicque Kimmel; MHSOAC@MHSOAC.ca.gov' and 'Cc: Robin Roberts'. The email body contains a PDF attachment named 'Mono MHSA FY 24-25 Annual Update\_FINAL Approved by BOS.pdf' (6 MB). The text of the email reads: 'Hello! I hope you are all well. Please find attached Mono County's FY 24-25 MHSA Annual Update, which was approved by the Mono County BOS on 6/18/24. The plan is also available at our website:'. It follows with two bullet points containing URLs: <https://www.monocounty.ca.gov/behavioral-health/page/mental-health-services-act-quality-improvement> and [https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral\\_health/page/1/25\\_annual\\_update\\_final\\_approved\\_by\\_bos.pdf](https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/1/25_annual_update_final_approved_by_bos.pdf). Below the text, it says 'Below is a screenshot of the posted plan.' and includes a screenshot of a web browser showing the website mentioned in the email. The browser's address bar shows the URL 'monocounty.ca.gov/behavioral-health/page/mental-health-services-act-quality-improvement'. The Outlook status bar at the bottom indicates 'Connected to: Microsoft Exchange', 'Automatic Replies', and 'Display Settings'. The Windows taskbar at the very bottom shows the system tray with the time '11:12 AM 6/27/2024' and the notification area with 'High pollen'.

FY 23/24 ARER:


 Outlook

---

**Mono County FY 23/24 ARER**

---

**From** Jessica Workman <jworkman@mono.ca.gov>  
**Date** Fri 1/31/2025 3:21 PM  
**To** MHSAC@dhcs.ca.gov <MHSAC@dhcs.ca.gov>; MHSOAC@mhsoac.ca.gov <MHSOAC@mhsoac.ca.gov>  
**Cc** James Ybarra <jybarra@mono.ca.gov>; Amanda Greenberg <agreenberg@mono.ca.gov>; Robin Roberts <rroberts@mono.ca.gov>

 2 attachments (434 KB)  
FY 23-24 Mono DHCS\_1822A-J\_MHSA\_Revenue and Expenditure Report.xlsx; Mono County DHCS\_1820\_Certification\_Form - signed.pdf;

Hello,  
We have attached our FY 23/24 MHSAC ARER and Certification.  
Let us know if you have any questions.

Thanks,  
Jessica

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

\*Please also note that the 23/24 ARER was posted on MCBH's website immediately following submission to DHCS.

## Submission of PEI Reports to the Commission for Behavioral Health (formerly MHSOAC):

Dashboard

Search

Help Apps Log Out

Folders > Mono County

Mono County More Options

Name	Size	Last modified	Creator
Mono_PEI_23-24.docx	731 KB	12/12/2023	A. Fenn Greenberg
Mono_PEI_23-24_SUP.docx	716 KB	12/12/2023	A. Fenn Greenberg
Mono_Annual INN_Help@Hand_FY21-22.docx	2 MB	12/22/2023	A. Fenn Greenberg
Mono_Annual INN_Semi-Statewide EHR_FY2324.docx	4 MB	12/20/2024	A. Fenn Greenberg
Mono_Final INN_Help@Hand_FY2223.docx	2 MB	12/22/2023	A. Fenn Greenberg
Mono_INN_1617-17-18.pdf	200 KB	06/26/2019	A. Fenn Greenberg
Mono_PEI_22-23_SUP.docx	581 KB	06/12/2024	A. Fenn Greenberg
Mono_PEI_22-23.docx	604 KB	06/12/2024	A. Fenn Greenberg
Mono_PEI_1617_SUP.docx	184 KB	12/21/2017	J. Klobas
Mono_PEI_1617-1718_SUP.docx	510 KB	06/29/2019	A. Fenn Greenberg
Mono_PEI_1819-1920_SUP.pdf	383 KB	07/22/2021	M. Rose
Mono_PEI_1819-1920-2021_SUP.pdf	1 MB	07/06/2022	M. Rose
Mono_PEI_1819-1920-2021.pdf	2 MB	07/06/2022	M. Rose

Tempo to drop Tomorrow

Search

12:12 PM 11/4/2025

Behavioral Health A... x Housing Availability x Adobe Acrobat Sign x Mental Health Servic... x Behavioral Health - x Mono MHSA FY 25- x 2026 DRAFT MCBH x BHSOAC File Transf... x

arefile.com/home/shared/fodf5e8f-6f26-4083-9ceb-068645044bf

IO COUNTY IN... 2025-BH-Info... Behavioral Health ... Behavioral Health ... Behavioral Health In... Sign In -- e-signatu... REQUESTOR DASHB... BHBH reporting Articles Best word cloud BH Leadership - Ho... All Bookmarks

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Folders > Mono County

Mono County More Options

Name	Size	Last modified	Creator
Mono_PEI_24-25.docx	1 MB	9:54 AM	A. Fenn Greenberg
Mono_PEI_24-25_SUP.docx	1 MB	9:54 AM	A. Fenn Greenberg
Mono_Annual INN_Help@Hand_FY21-22.docx	2 MB	12/22/2023	A. Fenn Greenberg
Mono_Annual INN_Semi-Statewide EHR_FY2324.docx	4 MB	12/20/2024	A. Fenn Greenberg
Mono_Final INN_Help@Hand_FY2223.docx	2 MB	12/22/2023	A. Fenn Greenberg
Mono_INN_1617-17-18.pdf	200 KB	06/26/2019	A. Fenn Greenberg
Mono_PEI_22-23_SUP.docx	581 KB	06/12/2024	A. Fenn Greenberg
Mono_PEI_22-23.docx	604 KB	06/12/2024	A. Fenn Greenberg
Mono_PEI_23-24_SUP.docx	716 KB	11/04/2025	A. Fenn Greenberg
Mono_PEI_23-24.docx	731 KB	11/04/2025	A. Fenn Greenberg
Mono_PEI_1617_SUP.docx	184 KB	12/21/2017	J. Klobas
Mono_PEI_1617-1718_SUP.docx	510 KB	06/29/2019	A. Fenn Greenberg
Mono_PEI_1819-1920_SUP.pdf	383 KB	07/22/2021	M. Rose

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9:54 AM 11/9/2025

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

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**MONO COUNTY**

**3/9/20**

**BARGAINING UNIT: MCPE**

**SALARY RANGE: 82**

**Date Revised**

**FLSA: Exempt**

### **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.

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

---

Flyer posted Fall 2025:

**MENTAL HEALTH SERVICES ACT  
COMMUNITY NEEDS SURVEY**

**ACTA DE SERVICIOS DE SALUD MENTAL  
ENCUESTA DE NECESIDADES COMUNITARIAS**

SHARE YOUR VOICE AND  
HELP US PLAN OUR  
PROGRAMS AND  
SERVICES

COMPARTA SU VOZ Y  
AYÚDENOS A PLANIFICAR  
NUESTROS PROGRAMAS Y  
SERVICIOS



GIFT CARDS AVAILABLE AT BEHAVIORAL HEALTH OFFICES AT:  
MAMMOTH CIVIC CENTER, THE SAWYER, WALKER WELLNESS  
CENTER, AND BRIDGEPORT FOR MEDI-CAL MEMBERS AND  
CLIENTS

TARJETAS DE REGALO DISPONIBLES EN LAS OFICINAS DE SALUD  
MENTAL EN: MAMMOTH CIVIC CENTER, SAWYER, WALKER  
WELLNESS CENTER (CENTRO DE BIENESTAR DE WALKER) Y  
BRIDGEPORT PARA CLIENTES Y MIEMBROS DE MEDI-CAL.



<https://www.surveymonkey.com/r/MHSACPP25>

# PUBLIC NOTICES

## Notice of Public Hearing

NOTICE IS HEREBY GIVEN that the Mono County Planning Commission will conduct a public hearing on December 18, 2025, in the Mono Lake Room (1st Floor) at the Mono County Civic Center, 1290 Tavern Road, Mammoth Lakes, CA 93546.

The meeting will be accessible remotely by livecast at <https://monocounty.zoom.us/j/87371280325>, or via teleconference at the CAO Conference Room in the Mono County offices, Annex 1, 74 North School Street, Bridgeport, CA 93517 where members of the public shall have the right to observe and offer public comment and to consider the following: No earlier than 9:15 a.m.

1. Use Permit 25-007/Decoster Apartments. The project proposes the construction of four apartments, a new parking area, redesign of an existing parking area, and the installation of two electric vehicle charging stations on 2535 Highway 158 (APN: 015-085-010-000) in June Lake. The 0.33-acre project parcel has a land use designation of Commercial (C) and existing development on the property includes a 1,400-sf retail storefront housing a cannabis dispensary and a 1200-sf warehouse. The project qualifies for an exemption under Categorical Exemption 15303, New Construction or Conversion of Small Structures.

Project materials will be available on or before December 11, 2025, for public review online at <https://monocounty.ca.gov/planning-commission> and hard copies will be available for the cost of reproduction by calling 760-924-1800.

No earlier than 9:30 a.m.

2. Use Permit 25-008/Decoster STR. The proposal is to permit one single-family residence located at 189 Hillside Road in June Lake (APN: 015-084-026-000) as a hosted Short-Term Rental. The property is 0.23 acres and designated Single-Family Residential (SFR). The host will occupy the two-bedroom, one bath, 1058-sf main house while the one bedroom (plus loft), one bath, 1016-sf residence is available to nightly renters.

The project qualifies for an exemption under CEQA §15301, Existing Facilities. Project materials will be available on or before December 11, 2025 for public review online at <https://monocounty.ca.gov/planning-commission> and hard copies will be available for the cost of reproduction by calling 760-924-1800. INTERESTED PERSONS are strongly encouraged to attend online or in person to comment, or to submit comments to the Secretary of the Planning Commission, PO Box 347, Mammoth Lakes, CA, 93546, by 5 pm on Wednesday, December 17, 2025, to ensure timely receipt, or by email at [cddcomments@mono.ca.gov](mailto:cddcomments@mono.ca.gov).

If you challenge the proposed action(s) in court, you may be limited to raising only those issues you or someone else raised at the public hearing described in this notice, or in written correspondence delivered at or prior to the public hearing.

TS #2025-0125

## Notice of Public Hearing

Mono County Behavioral Health is seeking public comment for its [Mental Health Services Act FY 25-26 Annual Update](#).

Interested parties may access the plan at [monocounty.ca.gov/mhsa](https://monocounty.ca.gov/mhsa), send comments via email to [MCBHQA@mono.ca.gov](mailto:MCBHQA@mono.ca.gov), and/or attend a public hearing which will take place December 8, 2025 at 3 p.m. at 1290 Tavern Rd, Mammoth Lakes, Dana Room or Via Zoom: <https://monocounty.zoom.us/j/7609242222>; Call in: +1 669 900 6833 Meeting ID: 760 924 2222

TS #2025-0126

## Mammoth Community Water District Sale of Surplus Goods

Notice is hereby given that Mammoth Community Water District (MCWD) will sell the following surplus items:



**Make/Model:** Bobcat S250 Skid Steer  
**Includes:** Chains, Tracks, Blower, & General-Purpose Bucket  
**Year:** 2005  
**Hours:** 4,122  
**Serial #:** 526018605  
**Minimum Bid:** \$19,000.00  
**Item Number:** 112525-6

**Make/Model:** Bobcat 435 Mini Excavator  
**Year:** 2011  
**Hours:** 4,370  
**Includes:** 12" & 18" Bucket  
**Serial #:** 563211653  
**Minimum Bid:** \$20,000.00  
**Item Number:** 112525-66

**Make/Model:** Bobcat S770 Skid Steer  
**Year:** 2013  
**Hours:** 1,509  
**Includes:** Two Blowers & Chains  
**Serial #:** ATF212059  
**Minimum Bid:** \$22,000.00  
**Item Number:** 112525-80

**Make/Model:** Ford Ranger XL Supercab 4X4  
**Year:** 2000  
**Odometer Reading:** 119,518  
**VIN #:** 1FTZR15V6YPB59177  
**Minimum Bid:** \$500.00  
**Item Number:** 112525-39

*\*DISCLAIMER: THIS VEHICLE DOES NOT PASS SMOG AND CANNOT BE REGISTERED IN THE STATE OF CALIFORNIA. THIS ITEM IS BEING SOLD FOR THE VALUE OF ITS PARTS AND IS*

**Make/Model:** Chevy Silverado 3500 Diesel w/ 12' Utility Body  
**Year:** 2006  
**Odometer Reading:** 104,765  
**Includes:** Set of Studded Tires w/ Rims  
**VIN #:** 1GBJK34D86E139399  
**Minimum Bid:** \$20,000.00  
**Item Number:** 112525-58

**Make/Model:** Ford F350 XL Supercab 4X4 w/ 8' Service Bed  
**Year:** 2012  
**Odometer Reading:** 72,034  
**VIN #:** 1FD7X3F65CEC68990  
**Minimum Bid:** \$7,500.00  
**Item Number:** 112525-70

*\*DISCLAIMERS: THE DISTRICT HAS BEEN ADVISED THAT THE TRANSMISSION NEEDS TO BE REPLACED. THIS VEHICLE HAS NOT BEEN SMOG TESTED AND CANNOT BE REGISTERED IN THE STATE OF CALIFORNIA UNTIL A SMOG CERTIFICATE IS OBTAINED.*

Bid forms are available at the MCWD office or on our website at [MCWD-Surplus-Bid-Form.pdf \(dst.ca.us\)](https://www.mcwd.net/Surplus-Bid-Form.pdf) and must be received at the District offices no later than 3:00 pm on Tuesday, November 25, 2025. Each bid form must be submitted

View

ouncil Chambers,  
Mammoth Road the  
ission will hear an ap-

e the subject prop-  
) zoning district in  
it 102 East Bear Lake  
le-family residence  
lots, each containing a

mpt from CEQA re-  
sions.

**100)  
Development Area 2  
(Property Owner)**

request may appear  
either in person or  
) said hearing, file

**lic Dump Flat Bed**  
**Year:** 2006  
**Odometer Reading:** 56,595  
**VIN #:** 1FDAF57P76EC67985  
**Minimum Bid:** \$15,000.00  
**Item Number:** 112825-53

Bid forms are available at the MCWD  
office or on our website at MCWD-Sur-

To view or inquire about the item(s)  
listed above, please call the MCWD  
Purchasing Office during regular business  
hours at 760-934-2596.

MCWD makes no express or implied  
warranties or representations with respect  
to the condition of the vehicles and/or  
equipment listed above and all items are  
sold as-is.

TS #2025-0135

### Notice of Public Hearing

Residents are invited to attend a public hearing  
conducted by the Mono County Board of Supervisors  
to consider an increase to the **Solid Waste Service  
Fee Floor Rates**.

The hearing will be held at 1:00 p.m. Tuesday Decem-  
ber 16th at the Board of Supervisors Chambers, Mono  
County Courthouse, Bridgeport.

Community members can also attend virtu-  
ally via Zoom at <https://monocounty.zoom.us/j/83537511698> or visit <https://www.zoom.us/>,

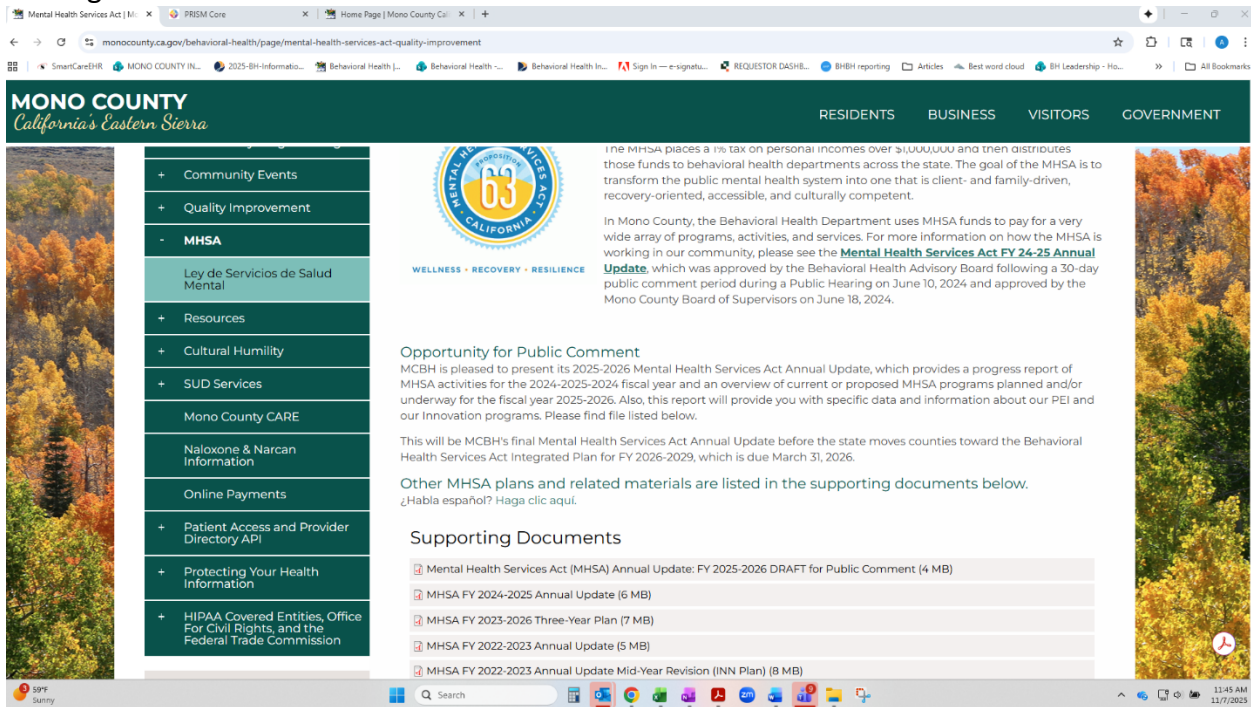
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take place December 8, 2025 at 3 p.m. at 1290 Tavern  
Rd., Mammoth Lakes, Dana Room or via Zoom: <https://monocounty.zoom.us/j/7609242222>; Call in: +1 669 900  
6833 Meeting ID: 760 924 2222.

TS #2025-0126

Posting on MHP website:



Press release on County website:

