



Mono County Behavioral Health
Mental Health Services Act (MHSA)
FY 2019-2020 Annual Update

Including the following Supplemental Reports:

Prevention and Early Intervention Three-Year Evaluation Report
(Aggregated Data)

FY 2018-2019 Annual Innovative Project Report

Updated AB 114 Reversion Expenditure Plan



WELLNESS • RECOVERY • RESILIENCE

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EXECUTIVE SUMMARY

The intent of the Mental Health Services Act (MHSA) Annual Update is to provide community members with information about the programming funded by each of component of the MHSA: 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). The MHSA also requires that all County Mental Health Departments submit an updated program and expenditure plan every year. In order to create all MHSA plans, departments must engage stakeholders in the Community Program Planning (CPP) process.

The Mono County Behavioral Health Department (MCBH) is proud to present its 2019-2020 Annual Update, which provides a progress report of MHSA activities for the 2018-2019 fiscal year, as well as an overview of current or proposed MHSA programs planned and/or underway for the 2019-2020 fiscal year. Additionally, this document includes several supplemental reports, including the Prevention and Early Intervention (PEI) Three-Year Evaluation Report (FY 2016/2017 - FY 2017-2018), the FY 2018-2019 Innovative Project Reports, and the Updated AB 114 Reversion Expenditure Plan.

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

To be completed following public comment period.

MHSA COUNTY REVERSION CERTIFICATION

To be completed following public comment period.

BOARD OF SUPERVISOR APPROVAL

To be completed following public hearing.

MONO COUNTY SNAPSHOT & CAPACITY OVERVIEW

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

According to the 2010 Census, the total population of Mono County is approximately 14,000. The ethnic distribution of Mono County is 27.7 percent Latino/Hispanic, 2.1 percent Native American, and 65.6 percent white (this does not include undocumented Latino/Hispanic residents). About one quarter of the population speaks a language other than English at home. The county is comprised of 47 percent female residents and 53 percent male residents. Approximately 19 percent of the population is under the age of 18 (5 percent are under 5) and 13 percent of the population is 65 and over.

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. The median income is \$61,814 and 11.3 percent of Mono County residents live in poverty; the median value of owner-occupied housing units is \$324,600. Schools are located in Coleville, Bridgeport, Lee Vining, Benton, and Mammoth Lakes, each school is approximately 25-45 miles from the next. Mono County has three school districts: Mammoth Unified School District (MUSD), Eastern Sierra Unified School District (ESUSD), and Mono County Office of Education (MCOE).

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

Assessment of Current Capacity

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 and Crisis Intervention/Stabilization Program to 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 current staffing. As of the writing of this report (November 2019), MCBH has several open positions and is currently seeking additional staff in order to be able to fully implement the MHSA programs that are outlined in this plan, as well as the administrative duties that are outlined in the regulations.

Approximately 30% of the Department's staff are bilingual (English/Spanish) and 35% are of Latino/Hispanic origin. MCBH believes that its ability to provide services in all of our programs is greatly enhanced if we have bilingual/bicultural staff. This is especially true for licensed staff and interns. The Department's current staffing, as well as its dedication to hiring bilingual staff are both major strengths in terms of meeting the needs of racially and ethnically diverse populations.

In addition to offering a preference to Spanish speaking employees, MCBH is dedicated to supporting the growth and professional development of existing staff, especially bilingual staff interested in pursuing degrees and/or licensure. MCBH currently helps promote this effort through financial incentive programs in an effort to "grow our own." MCBH was not able to pull current data for the publication of this report due to internal staff transition/vacancies; however, in FY 2016-2017, MCBH served approximately 521 clients; of these clients, 23 percent were of Latino/Hispanic heritage and 77 percent were non-Latino/Hispanic. In a sample of FY 2017-2018 38 percent of clients served were of Latino/Hispanic heritage and 62 percent were non-Latino/Hispanic. Of Mono County's total population, almost 30 percent are Latino/Hispanic. For penetration rate data, including Mono County's Hispanic penetration rate, please see Appendix A.

MCBH considers all its positions hard-to-fill and faces a continuous challenge around retaining staff, especially licensed, intern, and medical staff. 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.

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

To examine capacity within the community, MCBH also listed partner agencies, organizations, and coalitions (see Capacity Tables 2-3 below). In some cases, the relationships between MCBH and the partner are strong and in other cases the relationships could be strengthened. The agencies in each of these tables strive to meet the needs of racially and ethnically diverse populations in Mono County by hiring native Spanish speakers, offering interpretation services,

reaching out to geographically isolated areas, hiring individuals with lived experience, and developing programs and trainings that specifically target the inclusion of diverse populations.

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

Please see MCBH's FY 2018-2019 Annual Update for its complete Workforce Needs Assessment.

- https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/10057/mono_mhsa_fy_18-19_annual_update_final_approved.pdf

Current Staffing as of November 7, 2019*

Position	Category	FTE	Language(s)	Latino/Hispanic Origin?
Director	Managerial/Supervisory Licensed Mental Health Staff	1	English	N
Business Administrator	Managerial/Supervisory	1	English Spanish	Y
Clinical Program Manager	Managerial/Supervisory	1	This position is vacant	
Clinical Supervisor	Managerial/Supervisory Licensed Mental Health Staff	1	English	N
Therapist (Spanish-speaking)	Licensed Mental Health Staff	1	This position is vacant	
Therapist	Licensed Mental Health Staff	1	This position is vacant	
Therapist	Licensed Mental Health Staff	1	English	N
Therapist	Licensed Mental Health Staff	1	English	N
Behavioral Health Services Coordinator	Mental Health Staff	1	English	Y
Case Manager Telepsychiatry Coordinator	Mental Health Staff SUD Personnel	1	English Spanish	Y
Case Manager	Mental Health Staff	1	English Spanish	Y
Case Manager	Mental Health Staff	1	This position is vacant	
SUD Counselor	SUD Personnel	1	English	N

SUD Counselor	SUD Personnel	1	English	N
Walker-Based PEI Case Manager	Mental Health Staff	.6	English	N
Wellness Center Associate	Mental Health Staff	.25	English	N
Wellness Center Associate	Mental Health Staff	.1	English	N
Wellness Center Associate	Mental Health Staff	.1	English Spanish	Y
Fiscal Technical Specialist I	Other Personnel	1	English Spanish	Y
Fiscal Technical Specialist I	Other Personnel	1	This position is vacant	
MHSA Coordinator	Other Personnel	.8	English	N
QA/QI Coordinator	Other Personnel	1	English	N
Psychiatry via Telemedicine (contract with North American Medical Services)	Licensed Mental Health Staff	10 hrs/ week	English	N
Psychology in Spanish via Telemedicine (contract with North American Medical Services)	Licensed Mental Health Staff	16 hrs/ week	Spanish	
Psychiatric Nurse	Licensed Mental Health Staff	1	This position is vacant	

*Please also see MCBH's Cultural Competence Plan for further information on current staffing and diversity.

Capacity Table 2. Mono County Agencies

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

Capacity Table 3. Mono County Community Partner Organizations and Coalitions

Organization/Coalition	Purpose/Mission	Who is served?
Behavioral Health Advisory Committee	“Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life.”	Mono County community, MCBH clients
Mammoth Hospital	“To promote the well-being and improve the health of our residents and guests.”	Mono County residents and guests
Toiyabe Indian Health Project		
Wild Iris Family Counseling and Crisis Center	“Wild Iris is dedicated to promoting a safer community by empowering and restoring the independence of those affected by domestic violence, sexual assault and child abuse. Our vision is for non-violent relationships based on dignity, respect, compassion, and equality.”	Individuals affected by domestic violence, sexual assault, and child abuse
Student Attendance Review Board (SARB)	“The Board helps truant or recalcitrant students and their parents/guardians solve school attendance and behavior problems through the use of available school and community resources.”	Truant or recalcitrant students and their parents/guardians
Mammoth Mountain Ski Area	Mammoth Mountain provides recreational opportunities for residents and guests. It also serves as a major employer of permanent and temporary (sometimes transient) employees in Mono County.	Mono County guests and residents (permanent and temporary)
First Five Commission	“First 5 Mono County will be a leader in a community-oriented and family-centered support network for children prenatal to age five and their families, and is charged with improving outcomes in children’s health, safety, and learning.”	Children pre-natal to age five and their families

COMMUNITY PROGRAM PLANNING

A critical step in the MHSa Three-Year plan 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 several focus groups with key stakeholders over the course of the year. These engagement methods and a summary of the results are outlined below. Please note that MCBH provides training on the Community Program Planning Process (CPPP) to staff members and its Behavioral Health Advisory Board. 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. The MHSa Coordinator, Amanda Greenberg, MPH, is charged with the planning and data collection for the CPPP. For a description of her duties, including the requirement of an annual mental health needs assessment (the CPPP), please see Appendix H.

MCBH Client Focus Group #1: Focus on Access to Care

- April 18, 2019; 3 participants; Conducted at MCBH offices
- Facilitated by EQRO
- Key Takeaways
 - Participants stated that the frequency at which they received services was sufficient to help them make progress
 - Participants stated that appointments are easily available; however, a person might wait longer than a week if it's tourist season
 - Participants recommended the following for improving care:
 - Teach mental health more in schools so children learn how to identify the signs of depression, or any other mental health issues
 - Provide a shelter for the homeless community as there are not many resources available for homeless persons
 - Provide additional psychiatrist/therapist during high tourist season

Community Health Improvement Planning Workshop

- September 18, 2019; 45 participants; Conducted at Mammoth Hospital
- Facilitated by HealthTechS3 consultants
- This workshop contained a wide array of community stakeholders, who shared their existing programming and planned future programming based on identified needs. The group also brainstormed gaps in existing programs and services and ideas for filling those gaps. Finally, MCBH staff used this workshop as an opportunity to brainstorm ideas for programming using its intimate knowledge of those it serves. Below is a summary of these discussions.
- Planned future programming based on current identified needs:

- Wild Iris: focus on prevention among children by expanding youth education programs, add a therapist on staff, facilitate a domestic violence group in the jail
- Mammoth Hospital: Add providers and physical space once existing ones are maxed out, integrate with pediatric clinic, increase screenings and interdepartmental communication, increase referrals to spiritual care team, offer additional trainings to providers, market behavioral health services, offer MAT, work on destigmatizing behavioral health
- Anthem: Expanding their provider network through Beacon, contracted with schools in Inyo County to provide on-campus services, Live Health Online telemedicine services, offer housing voucher program
- Community Services Solutions: Would like to offer Mental Health First Aid, close gap between re-entry program and Probation
- Toiyabe: Expand psychiatry especially for adolescents and children
- Cerro Coso: Expanding Health and Human Services Certificate and Substance Use Disorder Counseling Certificate program
- Gaps in programming/services and ideas to alleviate those gaps:
 - Create a network to advertise programs/services and share available resources
 - Via school system
 - Via Mammoth Hospital
 - Share Wellness Center calendars
 - Utilize 211 system
 - Create a coalition
 - Consider an innovative alternative to in-person coalition meetings
 - Develop pipeline programs like a scholarship program
 - Offer Mental Health First Aid Training
 - Develop an infrastructure for screening for ACEs and serving children with high ACE scores
 - Washington state has a protocol program
 - Offer more services in outlying areas
 - Consider Latino community in Bridgeport as a target population
 - Decrease domestic violence
 - Create a mobile crisis response team
 - Ensure that Victims' Advocates are checking on families
 - Offer services during extended hours
 - Connect with community organizations like churches
- Gaps in programming/services and ideas to alleviate those gaps related to substance use disorders and co-occurring disorders:
 - Provide more information on resources like AA that other agencies can access
 - Stay open until 8 pm one night per week
 - Coordinate with Toiyabe in Coleville to offer an SUD group
 - Participate in SUD Taskforce
 - Enforce laws re: parents providing alcohol to minors
 - Increase the entire continuum of housing stock
 - Offer or highlight alcohol-free, family-friendly events
 - After school programming

- Game Nights
 - Utilize the library
 - Hire bilingual employees
 - Offer programming around vaping
 - Increase home-visiting services for families with children under 5
 - Opportunities for Collaboration with:
 - Mammoth Mountain (consider substance-free employee housing)
 - MLR, MLT, and MLTPA
 - Offer inter-agency mobile services
 - Offer inter-agency services via permanent supportive housing project
- MCBH Staff: What's Your Vision
 - Flexible services that make it easier to come in, including evening hours
 - Adequate staffing for presence in North County
 - Satellite offices in Bridgeport and Benton
 - More SUD/co-occurring groups for youth
 - Wellness center in Bridgeport with showers
 - ACEs in pediatric clinic
 - Infrastructure to respond to high ACE scores
 - More shoulder season activities
 - More outdoor activities to promote well-being
 - Advocate for person-centered, non-stigmatizing language
 - Community mental health wraparound
 - Housing for those with SUD
 - Collaborate with Mammoth Mountain - how to better help/info about their EAP
 - Family therapy using the FOCUS model
 - Improved self-care for MCBH staff
 - Collaborate with libraries
 - Collaborate with Town Recreation Department for programming
 - Increased family events
 - Increased participation in annual Latino Conference
 - Socials in Mammoth for target populations
 - Transportation from Benton to Bishop for youth (collaborate with ESTA and Community Services Solutions)
 - More wellness activities led by consumers

Behavioral Health Advisory Board Prioritization Exercise and Focus Group

- August 12, 2019; 13 participants; Conducted at MCBH Offices
- Facilitated by Amanda Greenberg
- The Behavioral Health Advisory Board (BHAB) was a key group to include in our CPPP because they also serve as our MHSA Steering Committee and represent a wide variety of community stakeholders, including clients and family members.
 - At its October, 2019 meeting the BHAB also discussed offering incentives in the form of gift cards for stakeholders to participate in BHAB and other community

meetings that cover MHSA activities. MCBH plans to implement this practice beginning in 2020.

- Training: Amanda provided an overview of the MHSA more generally and then described the CPPP, including information on what the CPPP is, who the stakeholders are, the information that is asked during the CPPP, how we've done our CPPP in past years, and how we are planning to do our CPPP this year. Information covered is included in the attached infographic entitled: "Mental Health Services Act (MHSA) & the Community Program Planning Process (CPPP)." BHAB members weighed in suggesting collaboration with other agencies (like Public Health) who do needs assessments and supported the current CPPP plan to participate in back to school nights and other community events. They also suggested minor changes to the infographic for future use. See final copy below.
- Exercise: Amanda introduced a dot exercise, which included the six questions listed below. Each participant received a set of dots and was invited to put three dots on the top three issues on each page. See the table below to view the options provided for each question and the number of dots received for each question.
 - When you think about yourself, what do you think are the top 3 issues related to your mental health?
 - When you think about your community, what do you think are the top 3 issues related to mental health?
 - When you think about youth ages 0-15, what do you think are the top 3 issues related to mental health? Finding access to mental health providers
 - When you think about transition age youth ages 16-25, what do you think are the top 3 issues related to mental health?
 - When you think about adults ages 26-59, what do you think are the top 3 issues related to mental health?
 - When you think about older adults ages 60+, what do you think are the top 3 issues related to mental health?

	Yourself	Community	Youth Ages 0-15	Transition Age Youth Ages 16-25	Adults Ages 26-59	Older Adults Ages 60+
Cost of services	7	5	0	1	6	6
Finding access to mental health providers	3	7	0	0	6	5
Drugs or alcohol	0	5	0	7	7	2
Feeling a lack of social support or isolation	5	1	4	0	1	8
Finding housing	1	7	0	2	4	1
Experiencing bullying	1	0	6	5	0	0
Family relationships	1	1	7	2	0	1
Feeling a lack of purpose/meaning	3	0	0	1	2	6
Experiencing stigma/prejudice	1	1	2	5	3	0
Social media problems	3	0	4	5	0	0
Knowledge of mental health issues	0	0	3	2	3	1
Lack of culturally appropriate programs and services	4	1	1	0	0	3
Experiencing racism	1	2	1	2	0	0
Securing stable employment	0	2	0	0	1	0
Feeling Suicidal	0	0	1	1	0	0
Getting into fights/experiencing anger management issues	0	0	0	1	1	0
Experiencing homophobia	1	0	0	0	0	0

- Program ideas/Discussion based on dot exercise
 - It seems as though there are people falling through the cracks because of the cost of services, whether that's Medi-Cal share of cost or that people with Medi-Cal don't know they can access mental health services
 - Family relationships are a big challenge in our communities
 - Occasionally find that parents don't want the kids to get services, especially those with domestic violence in the family
 - It's just generally very stressful to be a parent especially living in a resort community with having multiple jobs and the pressures of mountain life
 - Would be nice to do more family wellness events that are alcohol-free and provide food – i.e. even at the bowling alley
 - Discussion of parenting classes, which are useful for certain audiences but likely not as wide-reaching as family events
 - Could re-brand parenting classes as parent support and education classes or “raising successful children”
 - Are there some evidence-based interventions related to ACEs? Would be nice to learn more about potential activities
 - How can we use the 40 Developmental Assets in connection with ACEs?
 - Best to start young with ACE education – helps provide language for when adverse events happen and creates relationships with caring adults
 - Would like to have an ACE training for the BHAB
 - Would like to see a community infrastructure that really puts resources together
 - Discussion around behavioral issues/mental health issues that relate to stressful home environments
 - Important to guide parents to understand trauma and how it impacts their child(ren)
 - Important to start as young as possible in terms of working with parents and creating a positive home environment – Mono County recently increased its funding allocation to First Five for home visiting programs
 - It will take a generation of prevention education to make a difference with the cycles of stressful home environments
 - Starting with new parents is huge – they can be totally overwhelmed and it's important to have support in such a critical time period
 - Great concern around kids from immigrant families
 - There is a lot of generalized stress around climate change – how can Behavioral Health be part of the County's crisis response plans – and within that, how do we make sure that we take care of our own staff as we are taking care of those impacted by a crisis (focus out, then focus in)
 - Still a lot of stigma around mental health and substance use in our community – need to be using more strengths-based language across agencies and focusing on resilience
- Feedback on exercise

- More space on the sheets, space to write other things, private space for feedback
- Collaborating agencies take on other needs
- Change FSP verbiage to be more layman's terms

June Lake Focus Group

- February 19, 2019; 11 participants; Conducted at June Lake Community Center
- Facilitated by Robin Roberts
- Key Takeaways Include:
 - Strengths that participants identified:
 - Purpose to live in the area: (strengths residents found); Fishing in the summer; Involvement in church; Neighbors helping neighbors; Skiing; Backpacking; Women's retreats; Volunteering at Mono Lake; Mountain biking; Snowshoeing; Businesses starting to take off
 - Discussion on lack of services and resource for residents on the loop (wellness activities)
 - Quality of life for residents- how to improve wellness and health
 - How to retain residents (more resources and activities)
 - Lack of jobs and housing (seasonal work)
 - There is business growth without housing for employees, can't sustain the changes
 - Starting to see more young kids in the area, how do we bring activities to them, there's not a lot to do
 - How can we help the community and direct individuals to services (when individuals come to my bar and they clearly can benefit from services, how to link them to those services)
 - Chronic illness and no way to provide help or some type of management
 - We have a lot of young families and we want them interested to stay
 - Economic development- hope for new business, more business and people, how do we sustain changes
 - MCBH needs more presence in the community- information on services, Medi-CAL
 - Spread news with KMMT, post office, market, bulletin boards (one for resources, one for events, and clean it up!)
 - Have a sense of community and more activities
 - Events without beer
 - Events to reach out and have a speaker
 - Under representation of community members (Latinos, young families, seasonal workers 20-25 year olds)
 - Availability for services ? wellness groups? What does it look like to receive services and what kind of services are there?
 - Barriers with the latino community
 - Addressing issues and breaking down barriers (training for employers to recognize symptoms of mental health disorders and substance abuse in their staff, training

for community to be able to recognize symptoms and create awareness) first aid in mental health? Program available?

Back to School Night Dot Exercise

- September 12, 2019; approximately 7 participants; Conducted at Mammoth Middle School
- MCBH also attempted this exercise at a Back to School night in Walker, CA, one of Mono County’s outlying areas but no one chose to participate in the exercise
- Facilitated by Sofia Flores
- Each participant received a set of dots and was invited to put three dots on the top three issues on each page. Individuals were asked their ethnicity; those who identified as Latino were given one color of dots and those who identified as non-Latino were given another color of dots. See the table below to view the options provided for each question and the number of dots received for each question.
 - When you think about youth, what do you think are the top 3 issues related to mental health?
 - When you think about your community, what do you think are the top 3 issues related to mental health?

	Youth (Non-Latino Respondents)	Youth (Latino Respondents)	Community (Non-Latino Respondents)	Community (Latino Respondents)
Drugs or alcohol	6	3	4	0
Social media problems	4	2	1	1
Family relationships	4	1	1	0
Finding access to mental health providers	1	0	4	0
Finding housing	1	0	1	2
Knowledge of mental health issues	1	0	3	0
Experiencing racism	0	2	0	0
Securing stable employment	0	0	2	0
Cost of services	0	0	0	1
Feeling a lack of social support or isolation	1	0	0	0
Feeling a lack of purpose/meaning	1	0	0	0
Other	1	0	0	0
Experiencing bullying	0	0	0	0
Experiencing stigma/prejudice	0	0	0	0
Lack of culturally appropriate programs and services	0	0	0	0
Feeling Suicidal	0	0	0	0
Getting into fights/experiencing anger management issues	0	0	0	0

Experiencing homophobia

0

0

0

0

California Healthy Kids Survey (2017-2018)

- Although these data are several years delayed, MCBH still considers them to be critical part of the CPPP since the data from a valid and reliable tool in an age group that MCBH is not easily able to include in its own stakeholder engagement processes. The comparisons below are made between MUSD/ESUSD and the most recent statewide data available, which is from 2015-2017.
- Mammoth Unified School District: [Elementary](#)
 - 51 students in grade 5 took the survey
 - Key Takeaways:
 - School connectedness was lower than the State
 - Academic motivations was much higher than the State
 - Caring adult relationships were lower
 - Both the High expectations scale and meaningful participation scales were a little lower than the state
 - Although 90% of students report feeling safe at school, there is a higher percentage of students who report being bullied in comparison to the State
 - 12% of students report being hit or pushed “all of the time”
 - 12% of students report having mean rumors spread about them “all of the time”
 - 14% of students report being called bad names or having mean jokes told about them “all of the time”
 - Finally, 22% of students reported seeing a weapon at school in the last year vs. 17% at the State.
- Mammoth Unified School District: [Middle and High](#)
 - 94 students in grade 7 responded to the survey
 - Key Takeaways:
 - Grade 7 scored higher than the State across the key indicators for school climate and student well-being
 - 28% of students reported chronic sadness/hopelessness in the last 12 months (vs. 24% at the state for 2015-2017)
 - 84 students in grade 9 responded to the survey
 - Key Takeaways:
 - Grade 9 scored higher than the State across the key indicators for school climate and student well-being
 - 35% of students reported chronic sadness/hopelessness in the last 12 months (vs. 30% at the state for 2015-2017)
 - 20% of 9th graders report seriously considering suicide in the last 12 months (vs. 16% at the state for 2015-2017)
 - 81 students in grade 11 responded to the survey

- Key Takeaways
 - Grade 11 scored on par with the State in high expectations and caring adult relationships, but lower than the state in school connectedness, academic motivation, and meaningful participation, the last of which being notably lower than the State.
 - 42% of students reported chronic sadness/hopelessness in the last 12 months (vs. 32% at the state for 2015-2017)
 - The percentage of 11th graders who perceived the school to be safe or very safe was slightly lower than the state. This perception was shared by members of all racial/ethnic groups polled.
 - 17% of 11th graders report seriously considering suicide in the last 12 months (vs. 16% at the state for 2015-2017)
- Eastern Sierra Unified School District: [Elementary](#)
 - 23 students in grade 5 completed the survey
 - Key Takeaways:
 - Both academic motivation and meaningful participation were higher than the state but school connectedness was lower than the state
 - 68% of students report feeling safe at school vs. 81% at the state (2015-2017)
 - Like MUSD, there is a higher percentage of students who report being bullied in comparison to the State
 - 19% of students report having mean rumors spread about them “all of the time”
 - 14% of students report being called bad names or having mean jokes told about them “all of the time”
 - Finally, 52% of students reported seeing a weapon at school in the last year vs. 17% at the State.
- Eastern Sierra Unified School District: [Middle](#)
 - 43 students in grade 7 completed the survey
 - Key Takeaways:
 - Grade 7 scored higher than the State across the key indicators for school climate and student well-being
 - 17% of students reported chronic sadness/hopelessness in the last 12 months (vs. 24% at the state for 2015-2017)
 - A high percentage of students across racial/ethnic groups reported feeling safe/very safe at school
- Eastern Sierra Unified School District: [High](#)
 - 29 students in grade 9 responded to the survey
 - Key Takeaways:
 - Grade 9 scored higher than the State across the key indicators for school climate and student well-being

- 24% of students reported chronic sadness/hopelessness in the last 12 months (vs. 30% at the state for 2015-2017)
 - Only 3% of 9th graders report seriously considering suicide in the last 12 months (vs. 16% at the state for 2015-2017)
- 24 students in grade 11 responded to the survey
 - Key Takeaways
 - Grade 11 scored higher than the State across the key indicators for school climate and student well-being
 - 57% of students reported chronic sadness/hopelessness in the last 12 months (vs. 32% at the state for 2015-2017)
 - 42% of 11th graders report seriously considering suicide in the last 12 months (vs. 16% at the state for 2015-2017)
 - 40% of Hispanic or Latino 11th graders reported perceiving the school as safe or very safe vs. 56% at the state.
 - 36% of Hispanic or Latino 11th graders reported harassment due to race, ethnicity, religion, gender, sexual orientation, disability, or immigrant status vs. 24% at the state.

In addition to these more formal Community Program Planning opportunities, MCBH's Director frequently educates community groups and key community partners/stakeholders about the department's MHSAs programs, a process that leads to informal needs assessment/information gathering. For example, she has presented on MHSAs programs before Mammoth Voices, the Mono County Prevention Coalition, and Mammoth Unified School District staff and parents. These presentations include significant discussion and feedback sessions surrounding community needs and services. Following these meetings, she has reported that she also always engages with people on an individual level who have questions about treatment for a friend, family member, or themselves. Finally, she assesses MHSAs needs and services through smaller scale meetings with partners like Mammoth Hospital, the Mono County Sheriff, etc.

Additional outreach includes meetings with Mono County Office of Education regarding its "Arts Now" campaign, the Mono County librarian regarding potential collaborative programming, and the Mammoth Lakes Foundation, including annual presentations before students on the foundation's scholarship at Cerro Coso Community College in Mammoth Lakes.

Together, these engagement activities have provided valuable and meaningful input about the unique needs of the Mono County community and allowed MCBH to develop an MHSAs 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.

MCBH staff also 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 September 5, 2019 and included 9 participants. Please see Appendix E for sign-in sheet and hand-out used.

LOCAL REVIEW PROCESS

30-day Public Comment period dates: November 8, 2019 - December 8, 2019

Date of Public Hearing: December 9, 2019, 3:00-4:30 pm, Mono County Behavioral Health Group Room, Sierra Center Mall, Third Floor

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

The plan was posted at monocounty.ca.gov/MHSA on November 8, 2019. A news article was posted on MCBH's website and the Mono County website on November 8, 2019, and the public hearing was listed as an upcoming community event on MCBH's Community Events web page. Please see images below for examples of advertisement (To be completed following public comment period).

- Advertisements for the public comment period will be placed in three local newspapers: The Sheet, the Mammoth Times, and El Sol de la Sierra (a Spanish language newspaper). Flyers advertising the public comment period and public hearing will also be posted throughout the County in well-trafficked public places such as post offices and community centers.
- Mammoth Times: To be completed following public comment period dates of appearance
- The Sheet: To be completed following public comment period
- El Sol de la Sierra: To be completed following public comment period

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

The public comment hearing will be held on December 9, 2019 from 3:00-4:30 pm in Mammoth Lakes. The public hearing was facilitated by Amanda Greenberg, the MHSA Coordinator. To be completed following public hearing.

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

To be completed following public hearing.

Include a description of any substantive changes made to the annual update that was circulated

To be completed following public hearing.

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 four service categories: Full Service Partnerships (FSP), General System Development, and Outreach and Engagement. Please see CSS Table 1 below for an overview of the programs and services offered within each of these service categories.

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. As discussed in the Capacity Assessment section of this report, MCBH is currently seeking staff to ensure that it is fully able to implement these programs.

CSS Table 1. CSS Service Categories & Programs/Services

Service Category	FSP	General System Development	Outreach/Engagement
Programs and Services	<ul style="list-style-type: none"> • Full Service Partnership Program serving children, transition age youth, adults, and older adults; including housing, food, clothing, etc. as needed • MHA Housing Program 	<ul style="list-style-type: none"> • Expansion of case management/supportive services • Wellness Centers • Crisis intervention/stabilization 	<ul style="list-style-type: none"> • Community Outreach & Engagement

Full Service Partnerships (FSP)

MCBH has adopted a community clinic model, specifically when it comes to Full Service Partnership (FSP) clients. FSP services include, but are not limited to, one-on-one intensive case management, housing support, transportation, advocacy, assistance navigating other health care and social service systems, child care, and socialization opportunities. These programs embrace a “whatever it takes” service approach to helping individuals achieve their goals. MCBH’s FSP program serves all age groups, including children/youth, transition age youth, adults, and older adults.

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

A key component of MCBH's FSP program is providing housing support and services. Affordable housing, specifically for those with mental illness, is a critical concern in Mono County. In response, MCBH has an interdisciplinary team that works together to find and secure housing for FSP clients who are homeless or at risk of homelessness. This also includes assisting with first and last month rent deposits and occasionally securing emergency housing for individuals in crisis who do not meet 5150 criteria. The total number of unduplicated FSP clients for FY 2018-2019 was approximately 25. Due to the small number of clients served, this report will not disaggregate the data by race/ethnicity, gender, or age. In FY 2019-2020, MCBH has set the following target numbers by age group for the FSP program: Children: 10%, Transition Age Youth: 25%, Adults: 50%, Older Adults: 15%. These percentages align with MCBH’s current identified need, as well as the Mono County average age distribution.

MCBH has also allocated a significant amount of CSS funds for its MHSA Housing Program. This project will be a 30-45 unit affordable housing unit with a set-aside of units for individuals with mental illness. Preparation for this project has included meeting with County leaders to build political will around the project and presenting before the Mono County Board of Supervisors. In FY 2018-2019, MCBH released a Request for Qualifications for qualified development partners to work on this project and selected Integrity Housing of Irvine, California as its partner. Mono County has since entered into an Exclusive Negotiating Agreement with Integrity Housing and is actively seeking a site in Mammoth Lakes for the project.

The funding for this project is drawn from the Department’s Prudent Reserve. 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 is transferring 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 this amount to a housing project in Mammoth Lakes.

General System Development

Within the General System Development CSS service category, MCBH funds such services as expanded case management and supportive services, the Sierra Wellness Center, the Walker Wellness Center, and crisis intervention and stabilization services. In FY 2018-2019, MCBH also partially funded its after-school youth program, Clubhouse Live (CHL) with CSS funds. This program had a successful summer season in 2019, including such programming as horseback riding and rock climbing, all of which seek to promote leadership and self-esteem.

Other programs offered at the Sierra Wellness Center range from yoga to support groups. In FY 2019-2020, MCBH will re-locate the Sierra Wellness Center to 181 Sierra Manor Road in Mammoth Lakes. This new location has more space and is closer to the Mammoth schools, as well as Mono County Behavioral Health's new offices on Sierra Park Road. Thanks in part to the additional space in the new Sierra Wellness Center location, MCBH is hoping to expand its programming in FY 2019-2020 to serve older adults and offer additional programming for the Latino community. MCBH has also expanded its Sierra Wellness Center programming to include Yoga in Spanish + Creative Space for Kids (Yoga en Español + Espacio Creativo) one night per week. This new program started in October, 2019. The Sierra Wellness Center as a whole has approximately 115 visits per month (not unduplicated data). The population served at this wellness center is a fairly even proportion of White/Caucasian and Latino/Hispanic attendees.

The Walker Wellness Center in Walker, CA, also offers a range of activities that vary with the season. In spring and summer 2019, community members helped grow a thriving community garden, complete with a new pergola. Other activities include: seasonal hiking/walking group, mindfulness group, family arts and crafts, family yoga, lunch, unstructured drop-in time, and a monthly community social. Furthermore, the Wellness Center serves as an office for MCBH clinical services, an office for the Northern Mono Hospice non-profit, and as a programming space for the Peapod Playgroups (discussed in PEI). The Walker Wellness Center has an average of 75 visits per month (data not unduplicated) through these various programs.

MCBH staff are available 24/7 including responding to crisis calls from the Mammoth Hospital Emergency Department for 5150 assessments. MCBH also operates a transitional housing program to stabilize a person's living situation and provides services on-site, but this program is grant-funded and does not utilize MHSA funding. In FY 2019-2020, the Department is developing an MOU with Kern County for utilization of a crisis stabilization unit in Ridgecrest. Transport to this facility will be provided by Mono County Paramedics. It is expected that both FSP and non-FSP clients will use this service. This is an identified need for MCBH and was enthusiastically supported by the Behavioral Health Advisory Board. Additionally, MCBH is planning to work with

the Mono County Sheriff and the Mono County Paramedics to create a remote crisis response team. In this plan, Sheriff Deputies and/or Paramedics will respond to crisis calls in the field and have an iPad on hand that will connect with staff from Mono County Behavioral Health. Training for this program will be provided through WET.

Outreach and Engagement

MCBH offers several CSS programs, services, and activities that are encompassed in its Community Outreach & Engagement program, including the Foro Latino and community socials in outlying areas. 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.

Approximately every quarter, the MCBH Cultural Outreach Committee the Foro Latino, which is an event designed to engage the Hispanic/Latino community, reduce mental health stigma, and serve as a space to talk about mental health-related issues. Through its CPPP, MCBH has identified that providing Spanish-language services and programs is an important way to target the underserved Latino community. In FY 2018-2019, these events attracted up to 125 people at each event.

MCBH has received awards for its community engagement in outlying areas (small, remote communities located throughout Mono County). Every month, MCBH hosts community socials in Benton (population: 280), Walker (population: 721), and Bridgeport (population: 575). These events are popular and well-attended by residents of all ages, drawing up to 40 people per event.

Lastly, a need to increase collaboration with Mono County's tribal entities has been identified. MCBH works with staff at the Toiyabe Indian Health Project on substance use disorders. While these efforts were not funded with MHPA dollars, they have helped to build relationships with local tribal entities. MCBH also participated in Toiyabe's 2018 Walk for Life and received a Historical Trauma Training from Toiyabe trainers in January 2019. Additionally, MCBH has been working with the Toiyabe Indian Health Project and Toiyabe Elder Services around the Benton Social. Indeed, the department has utilized this event to build collaborative relationships with Toiyabe Indian Health Project and the Benton Tribe to increase social opportunities and access to ancillary services for members of the Benton community, especially those members of the Benton tribal community. Finally, MCBH hired a Walker-based PEI Case Manager in September 2019 who has a background working with tribal entities. This will be discussed more in the PEI section.

CSS Achievements

MCBH is very proud of its community programs, including those at the Walker Wellness Center and the Foro Latino, which had up to 95 participants per event in FY 2018-2019. The department

also saw increased opportunities for collaboration with tribal leaders and elders in Benton, CA, and department staff spent significant time outreaching to other local entities around housing programs, policies, and opportunities.

MCBH is also very proud of its forthcoming MOU with Kern County for the use of its crisis stabilization unit and the development of a remote mobile crisis response team. Lastly, MCBH has spent more time reaching out to political figures in the community to build support for mental health activities and reduce stigma at a governance level. This political support and interagency collaboration is a valuable achievement.

Challenges or barriers, and strategies to mitigate

As a remote, rural county with a ski resort in its largest town, Mono County experiences a number of unique challenges regarding transportation, high cost of living, and lack of affordable housing. The high cost of living and lack of affordable housing place stress on individuals and families without high-paying jobs and sometimes forces them to work two jobs, which allows them less time to take care of their health needs. Likewise, lack of transportation can keep individuals from accessing services. MCBH has mitigated this barrier by offering more services and activities in outlying areas.

We have been unable to hire an on-site psychiatrist due to economy of scale issues, but we have been able to maintain stable telepsychiatry services, albeit at a high cost. Additionally, as of October, 2019, the department has several open positions, including full-time licensed therapist, case manager, fiscal technical specialist, and management positions. The department hopes to hire for each of these position in FY 2019-2020.

List any significant changes in Three-Year Plan, if applicable

Significant changes to the three-year plan include the addition of an MOU for use of a crisis stabilization unit in Kern County, the development of a remote mobile crisis response team, and a change of location for the Sierra Wellness Center. MCBH also decided to cut its supportive services pilot and is instead focusing its funding on a 30-45 unit affordable housing project with a set-aside for mental health units. Finally, Mono County is constructing a new office building for all County employees in Mammoth Lakes and MCBH has budgeted additional funds within its CSS administration to purchase any new furniture required.

PREVENTION AND EARLY INTERVENTION

The Prevention and Early Intervention (PEI) component of the MHSA includes five different funding categories: Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, and Stigma and Discrimination Reduction. Please see PEI Table 1 below for an overview of the programs and services offered within each of these service categories. Please note that MCBH will submit its Three-Year PEI Evaluation Report by June 30, 2019.

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"> • Peapod Playgroup Program • Parenting classes • Walker Senior Center • North Star Counseling Center 	<ul style="list-style-type: none"> • Community Trainings 	<ul style="list-style-type: none"> • Outreach in Walker Community 	<ul style="list-style-type: none"> • Community Engagement

Prevention & Early Intervention

The Peapod Playgroup Program targets children from birth to five years old and their parents in six communities throughout Mono County. Every year, there are three to four Peapod sessions in each location; each session consists of 10 weekly playgroups in which 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. In Mammoth Lakes, there is also a Peapod Group for Spanish-speaking parents.

The expected outcomes/objectives of this program include: decreasing isolation by providing parents and children an opportunity to socialize, de-stigmatizing seeking behavioral health services, linking families to community services, encouraging school readiness skills, and

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

In response to the Community Planning Process, which identified family relationships and parenting as key mental health challenges in Mono County, MCBH decided to increase funding the Peapod Program and to add funding for parenting classes to the 2017-2020 Three-Year Plan. Although MCBH has allocated funding for the last two fiscal years (17-18 and 18-19), the department has not been able to partner effectively to fund the parenting classes. MCBH will continue seeking a partner to teach parenting classes in FY 2019-2020.

The third activity funded through the Prevention category is a portion of a position at the Walker Senior Center. Located in remote Walker, CA, the Senior Center is the fixture of a community that is 34 percent 60 years and older (2010 Census). This program is operated by Mono County Social Services and 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 position funded through PEI has received training on Healthy IDEAS, a depression screening tool for seniors and is trained on how to refer individuals to MCBH for services. Through this partnership with the Walker Senior Center, MCBH has the goal of reducing isolation and building community supports, both of which have been identified as needs in the Community Program Planning Process. It recently came to the attention of the MHS Coordinator that MCBH is not collecting the required PEI data from this program. This data collection will begin as soon as possible.

The largest program funded in the PEI category is the Mammoth North Star Counseling Center, which is a school-based counseling service that targets K-12 youth. Although families are served collaterally, North Star's target population is 100% youth. The purpose of the North Star counseling center is to provide quality, culturally relevant, low-cost counseling services to Mono County students and their families. This school-based counseling center focuses on prevention and early intervention strategies and treatments.

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. All counseling services are confidential. North Star is focused on prevention and early identification of mental health issues for students in grades K-12. This program utilizes a framework of prevention and early intervention strategies that encourages the school and the community to implement programs and services that meet local needs.

Students are referred to the North Star program by teachers; students are then assessed by a therapist on the school campus. Some of the most critical issues that the therapist seeks to identify are early onset anxiety disorders, depression, and psychotic disorders. Youth who don't meet medical necessity for individual therapy are offered the opportunity to join peer support

groups. These groups, which are considered a prevention activity, use the evidence-based Strong Kids curriculum and are designed to build resilience and promote social emotional learning.

Thanks to this referral and screening process, MCBH believes that fewer students "fall through the cracks." Additionally, North Star has helped reduce mental health stigma in the community and provided a safe place where students and their families can seek needed services. North Star has also developed a strong and trusting relationship with Mammoth Unified School District and the Mono County Office of Education – therapists, teachers, and administrators often work collaboratively to refer students to the program and respond to crises.

In FY 2018-2019, this program served students ranging in age from five to eighteen. Presently, individual progress is tracked with the GAD-7 anxiety scale and the PHQ-9 depression scale. In FY 2018-2019, MCBH began using the Strong Kids curriculum for all its school groups; this program includes a validated pre- and post-test.

Outreach for Increasing Recognition of Early Signs of Mental Illness

In FY 2018-2019, MCBH sponsored 12 trainings as part of its Community Trainings program.

In FY 2019-2020, MCBH is focusing its efforts in this category around trainings for teachers and school staff on identifying early signs of mental illness, understanding Adverse Childhood Events scores, and preventing suicide. Trainings will take place at Eastern Sierra Unified School District middle and high schools (Lee Vining and Walker/Coleville). Additionally, MCBH is planning to contract with a local professional to become trained in Mental Health First Aid and then to sponsor several community trainings; however, this effort will be funded under Workforce Education and Training.

Finally, staff at MCBH have been working closely with the Toiyabe Indian Health Project, including participating in the 2018 suicide prevention Walk for Life.

Access and Linkage to Treatment

In FY 2018-2019, MCBH hired a Walker-based case manager to focus on PEI activities in the northern part of Mono County. This staff member is a key part of MCBH's access and linkage program. Within the Walker/Coleville schools, she started a once-weekly after school cooking class program for high school students, participated in conflict resolution at recess, and offered in-class yoga. Within the community more broadly, she conducts regular outreach to the isolated Mountain Warfare Training Center Marine Corps Base, attending social events and building relationships with service members and their families.

In FY 2019-2020, this staff member expanded her in-class yoga offerings and is now serving approximately 30 students per week. She is continuing her after school cooking program and hosts weekly Mommy and Me Yoga and Family Arts and Crafts groups at the Walker Wellness Center. She is offering the Strong Kids curriculum to students who need extra support and she is

working one-on-one in a play-based setting with youth who have been identified as needing extra support and a relationship with a caring adult.

In both FY 2018-2019 and FY 2019-2020, the Strong Kids curriculum was also offered to Lee Vining schools. Additionally, a therapist offers individual services in both Walker and Bridgeport once per week, as needed.

Stigma and Discrimination Reduction

To reduce stigma and discrimination, MCBH engages in several activities through its Community Engagement Program, including English and Spanish Facebook pages, tabling at health fairs and other community events, and participating in other community events as requested. Social media outreach and tabling at events have both been on-going activities for several years.

In FY 2018-2019, MCBH also hosted a Spanish-speaking women's support group called Circulo de Mujeres (Circle of Women). This program focused directly on reducing stigma and the effects of discrimination among Spanish-speaking Latina women. In FY 2019-2020, this program is on hold due to lack of facilitator; however, MCBH hopes to revive it as soon as a new facilitator is identified.

MCBH had originally planned to conduct a community outreach campaign in FY 2018-2019; however, based on capacity challenges, this campaign has been delayed indefinitely.

In FY 2018-2019, MCBH also increased its collaboration with Cerro Coso Community College in Mammoth Lakes, including tabling between classes on Tuesday evenings several times per month and several class presentations. In FY 2019-2020, MCBH is partnering with a student ambassador passionate about behavioral health to plan and execute at least one event each semester to raise awareness on campus.

PEI Achievements

In FY 2018-2019, the department created a PEI position based in Walker, CA, that provided a range of programming in ESUSD schools and effectively built relationships with service members and families at the local Marine Base. MCBH also offered the evidence-based Strong Kids Curriculum for school groups across all schools. Finally, as of FY 2019-2020, MCBH has planned trainings with school faculty and staff in its outlying areas on how to recognize the signs of suicide and onset of mental illness.

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 in June 2019. MCBH has also identified a need for bilingual service providers to offer parenting classes, a women's support group, and serves at North Star

Counseling Center. MCBH also partnered with the Northern Mono Hospice to provide a Grief Support Group in FY 2018-2019, but attendance was inconsistent.

List any significant changes in Annual Update, if applicable

The most significant change is related to MCBH's updated reversion plan. Based upon further fiscal analysis, MCBH has determined that it has expended funds that were reverted and reallocated to the County on existing programming and will therefore not be funding a "housing stability program." Instead, the department will be funding housing initiatives through CSS. MCBH also made the decision not to move forward with the previously mentioned community outreach campaign due to lack of existing capacity. Finally, MCBH was also not able to fund parenting classes in FY 2018-2019.

THREE YEAR PREVENTION & EARLY INTERVENTION EVALUATION REPORT (FY 2016/2017 - FY 2017/2018): 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, was submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) through its secure file transfer system on June 29, 2019. 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 Counseling Center (group and individual services), community trainings, school groups in outlying communities, a Spanish-language Facebook page, and a support group for Spanish-speaking women. 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.

Program Descriptions

Peapod Playgroup Program

The Peapod Program targets children from birth to five years old and their parents in six communities throughout Mono County. Every year, there are 3-4 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. Target population: Families isolated due to geographic remoteness and the responsibilities of raising small children.

North Star Counseling Center Group Services

Mammoth North Star Counseling Center is a school-based counseling service that targets K-12 youth. The purpose of the North Star counseling center is to provide quality, culturally relevant, low cost counseling services in both individual and group settings to Mono County students and

their families. This school-based counseling center focuses on prevention and early intervention strategies and treatments. In FY 2017-2018, North Star Counseling Center offered six groups on the following topics: Resilience, Social Skills, Healthy Belonging, and Communication. Target population: Students served by the Mammoth Unified School District and the Mono County Office of Education.

North Star Counseling Center Individual Services

Mammoth North Star Counseling Center is a school-based counseling service that targets K-12 youth. The purpose of the North Star counseling center is to provide quality, culturally relevant, low cost counseling services in both individual and group settings to Mono County students and their families. This school-based counseling center focuses on prevention and early intervention strategies and treatments. Target population: Students served by the Mammoth Unified School District and the Mono County Office of Education.

Community Outreach & Trainings

MCBH did not conduct a formal Outreach for Increasing Recognition of Early Signs of Mental Illness program in FY 16-17 or FY 17-18; however, MCBH constantly does mental health outreach and engages in community partnership building. Settings for this outreach include: Mammoth Unified School District, Eastern Sierra Unified School District, Mono County Office of Education, Mammoth Hospital, Sierra Park Clinic, Mono County First Responders, Mono County agencies, Mono County Sheriff, Mammoth Lakes Police Department, Rotary, and other community organizations. The types of potential responders include: teachers, school administrators, other school staff, doctors, nurses, other medical professionals, first responders (fire, EMT, law enforcement), County staff, and general community members and leaders. The estimated number of potential responders is 200. Due to the informal nature of this outreach, MCBH does not have demographic information to report.

One of the key trainings that MCBH helped facilitate in FY 17-18 was a Crisis Intervention Training (CIT). 54 people from 8 different agencies attended this training. Additionally, MCBH's director did a presentation on crisis and referrals for five emergency department staff at Mammoth Hospital. Target population: Providers and staff from partner agencies in Mono County.

Eastern Sierra Unified School District Groups in Outlying Communities

MCBH offers school groups in ESUSD (Eastern Sierra Unified School District) Schools. In FY 2016-17, the MCBH Director noticed that among ESUSD schools, high rates of students were reporting sad or hopeless days (as measured by the California Healthy Kids Survey). To address this issue, case managers started reaching out to the schools and establishing mental health-related groups based on the schools' identified needs. Students in need of individual or more intensive services are linked to treatment through these groups.

In FY 2017-2018, MCBH staff offered a "menu" of school groups to ESUSD schools. This menu included such options as conflict resolution, self-esteem, and resilience. During the course of the school year, MCBH staff facilitated one group at Lee Vining Elementary School that consisted of four sessions on conflict resolution and appropriate expression of emotions. Five fifth graders

participated in this group. Although groups were offered to Bridgeport and Walker/Coleville schools, these campuses did not identify students in need of group services. Unfortunately, demographic data were not collected for these groups; however, it is important to note that the groups offered in FY 2018-2019 do collect both demographic and outcomes data. Additionally, beginning in FY 18-19, MCBH hired a PEI employee to work in the Coleville/Walker communities and schools, so MCBH now has a more robust program in this area of the county. Target population: Students served by Eastern Sierra Unified School District.

Salud Mental Facebook Page

Created on February 2, 2016, the Salud Mental Mono County Facebook page is designed to reduce stigma and discrimination among the local Latino/Hispanic community. All posts are in Spanish first. Additionally, it helps advertise events at MCBH, especially those for Spanish speakers, and it helps improve access to services. Target population: Spanish-speaking individuals in Mono County.

Circulo de Mujeres

The women's support group, Circulo de Mujeres (Women's Circle), focuses directly on reducing stigma and the effects of discrimination. The goal of Circulo is to provide a safe space where Spanish-speaking Hispanic women can build friendships, support one another, and have fun. The group focuses on mindfulness and healing, creating a connection with Latina heritage, celebrating and discovering oneself, and learning tools and tips for everyday life. It was started at the very end of FY 16-17 and continued through FY 17-18. Target population: Spanish-speaking Hispanic women in Mammoth Lakes, CA.

Suicide Prevention Trainings for Teachers & Staff

In FY 16-17, MCBH did not participate in a formal suicide prevention program. In FY 17-18, MCBH staff participated in Mammoth Unified School District's suicide prevention planning. Additionally, Director Robin Roberts did two presentations on suicide prevention: one to 32 Mammoth High School staff and one to 20 Mammoth Middle School staff. The demographic data available on these staff is reported below, along with outcomes data from each presentation. Target population: Teachers and staff at Mono County schools.

Aggregated Demographic Information: FY 2016-2017

Per the PEI regulations, MCBH has combined the metrics and demographics for all of its PEI programs for 2016-2017 in the table below. MCBH has reported the demographics disaggregated by program in a confidential report submitted to the state. Please note that there are many pieces of missing data, so **these data should not be considered valid or complete.** During FY 16-17, systems were not in place to capture this data from all our programs. Since then, MCBH has been working diligently year over year to improve its data collection capabilities.

	Metrics/Demographics	Totals
Overall		
	Unduplicated individuals served	64
	Families Served	199
	Children served	281
	Number of individuals referred to MCBH	0
	Number of individuals who followed through	0
	Average time between referral and participation in treatment	0
	Average duration of untreated mental illness	0
Age		
	Children/Youth (0-15)	33
	Transition Age Youth (16-25)	28
	Adult (26-40)	6
	Adult (41-59)	2
	Older Adult (60+)	2
	Prefer not to answer	0
Race		
	American Indian or Alaska Native	0
	Asian	0
	Black or African American	0
	Native Hawaiian or other Pacific Islander	2
	White	24
	Other	45
	More than one race	0
	Prefer not to answer	0
Ethnicity		
	Hispanic/Latino	14
	Caribbean	0
	Central American	0
	Mexican/Mexican--American/Chicano	31
	Puerto Rican	0
	South American	0
	African	0
	Asian Indian/South Asian	2
	Cambodian	0
	Chinese	0
	Eastern European	0
	European	14
	Filipino	0
	Japanese	0
	Korean	0
	Middle Eastern	0
	Vietnamese	0

	Other	0
	More than one ethnicity	0
	Prefer not to answer	0
Primary Language		
	English	38
	Spanish	33
	Other	0
	Prefer not to answer	0
Sexual Orientation		
	Gay or Lesbian	4
	Heterosexual or Straight	67
	Bisexual	0
	Questioning or unsure of sexual orientation	0
	Queer	0
	Another sexual orientation	0
	Prefer not to answer	0
Disability		
	No	60
	Difficulty Seeing	0
	Difficulty hearing, or having speech understood	0
	Other communication disability	0
	Learning disability	7
	Developmental disability	4
	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	0
Veteran Status		
	Never served in the military	71
	Currently active duty	0
	Currently reserve duty or National Guard	0
	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	0
Gender Identity		
	Male	37
	Female	34

	Transgender male	0
	Transgender female	0
	Genderqueer/gender non-conforming	0
	Questioning/unsure of gender identity	0
	Another gender identity	0
	Prefer not to answer	0
Sex assigned at birth		
	Male	37
	Female	34
	Other	0
	Prefer not to answer	0

Aggregated Demographic Information: FY 2017-2018

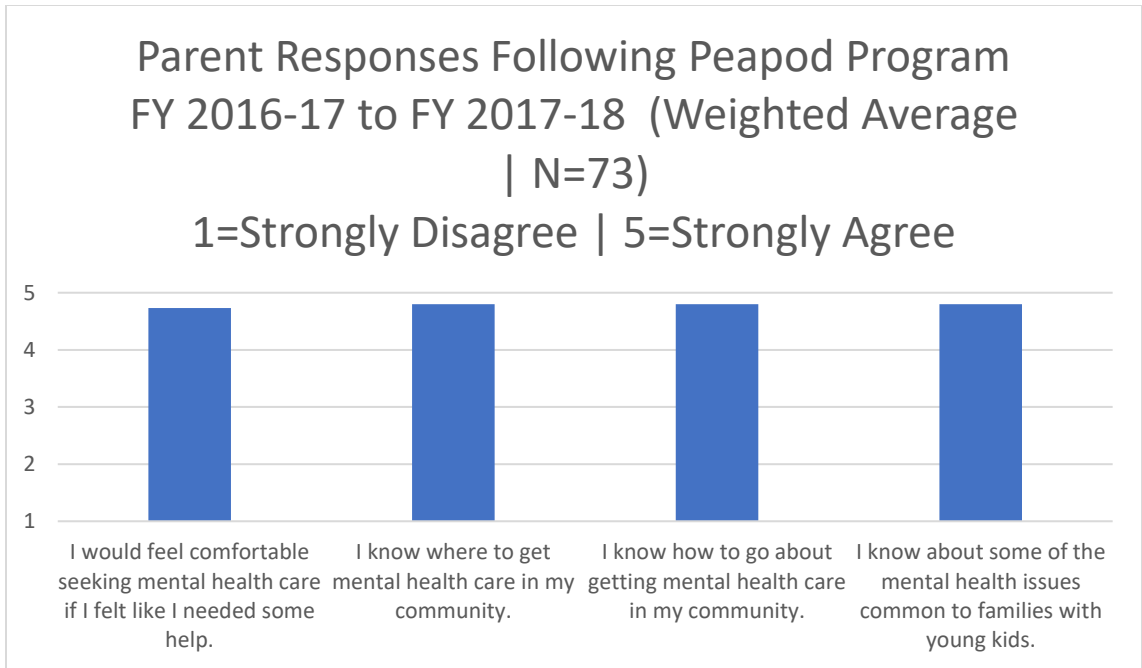
	Metrics/Demographics	Totals
Overall		
	Unduplicated individuals served	444
	Families Served	206
	Children served	315
	Number of individuals referred to MCBH	4
	Number of individuals who followed through	4
	Average time between referral and participation in treatment	0
	Average duration of untreated mental illness	0
Age		
	Children/Youth (0-15)	107
	Transition Age Youth (16-25)	52
	Adult (26-59)	62
	Older Adult (60+)	7
	Prefer not to answer	3
Race		
	American Indian or Alaska Native	0
	Asian	8
	Black or African American	2
	Native Hawaiian or other Pacific Islander	2
	White	87
	Other	96
	More than one race	7
	Prefer not to answer	5
Ethnicity		
	Hispanic/Latino	40
	Caribbean	0
	Central American	0

	Mexican/Mexican--American/Chicano	58
	Puerto Rican	0
	South American	0
	African	0
	Asian Indian/South Asian	3
	Cambodian	0
	Chinese	2
	Eastern European	2
	European	85
	Filipino	1
	Japanese	0
	Korean	0
	Middle Eastern	0
	Vietnamese	1
	Other	5
	More than one ethnicity	4
	Prefer not to answer	7
Primary Language		
	English	123
	Spanish	69
	Other	18
	Prefer not to answer	2
Sexual Orientation		
	Gay or Lesbian	8
	Heterosexual or Straight	182
	Bisexual	0
	Questioning or unsure of sexual orientation	0
	Queer	0
	Another sexual orientation	2
	Prefer not to answer	4
Disability		
	No	146
	Difficulty Seeing	0
	Difficulty hearing, or having speech understood	0
	Other communication disability	0
	Learning disability	10
	Developmental disability	2
	Dementia	0
	Other mental disability not related to mental health	4
	Physical/Mobility disability	0
	Chronic Health Condition/chronic pain	0
	Other	0
	Prefer not to answer	7

Veteran Status	
Never served in the military	168
Currently active duty	0
Currently reserve duty or National Guard	0
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	2
Prefer not to answer	1
Gender Identity	
Male	93
Female	112
Transgender male	0
Transgender female	0
Genderqueer/gender non-conforming	0
Questioning/unsure of gender identity	0
Another gender identity	0
Prefer not to answer	4
Sex assigned at birth	
Male	73
Female	95
Other	0
Prefer not to answer	3

Program Outcomes

Program Outcomes are publicly available for the Peapod program and listed below, while other programs are so small that we are not able to report on their outcomes. It is MCBH's intention to move toward a model in which all PEI programs always measure at the following two items as a point-in-time measure at the end of a program: "I would feel comfortable seeking mental health care if I felt like I needed some help" and "I know how to go about getting mental health care in my community." Measuring these two items across all PEI programs will give the Department a universal set of PEI outcomes to report in its public evaluations.



MCBH can also report on the following process outcomes for its PEI programs:

Number of groups, classes, events in FY 2016-2017: 158

Number of groups, classes, events in FY 2017-2018: 179

Salud Mental Facebook Page

FY 2016-2017: 37 followers

Posts	25
Likes	30
Shares	9
Comments	8

FY 2017-2018: 51 followers

Posts	31
Likes	27
Shares	34
Comments	0

MCBH recognizes that it still has significant room for improvement in the development and collection of meaningful outcomes and demographic data across its PEI programs. MCBH plans to eventually use the data collection tools developed through a partnership between the County Behavioral Health Directors Association MHSA Committee and Center for Integrated Behavioral Health Solutions for the Measurements, Outcomes, and Quality Assurance (MOQA 3) project.

INNOVATION

Eastern Sierra Strengths Based Learning Collaborative

In September 2017, the Mental Health Service Oversight and Accountability Commission (MHSOAC) approved MCBH's Innovation project, entitled Eastern Sierra Strengths-Based Learning Collaborative. Through stakeholder focus groups and staff discussions, MCBH identified a need for project extension both in terms of time and funding. This extension request was approved by both the Mono County Board of Supervisors and the Mental Health Services Oversight and Accountability Commission (3/28/19). For the full extension, please see the MHSA 2018-2019 Annual Update. The new project end date is January 30, 2020.

For this Innovation plan, Mono County has developed a regional collaborative called the Eastern Sierra Strengths Based Learning Collaborative with the neighboring Counties of Inyo and Alpine. The Collaborative focuses on training County staff and partners on the Strengths Model, developed by the University of Kansas School of Social Welfare. Nine sessions are being facilitated by an expert trainer/coach from the California Institute for Behavioral Health Solutions (CIBHS) over a period of 18 months to assist in skill development for staff in order to provide improved services to clients, prevent staff burn out, and integrate this best practice in the three counties.

The project has been successful thus far and has contributed to increased collaboration between the three county departments, including sharing of information about processes, programs, and practices. Staff have found traveling to the other counties for trainings to be interesting and enjoyable, and most importantly, staff report that the Strengths Model is having a positive impact on their work with clients. Staff in Mono County have implemented the weekly Strengths Model Group Supervision, in which staff members brainstorm ideas to help clients gain movement around their goals. Additionally, many staff are using Strengths Assessments and Personal Recovery Plans (two of the key tools in the Strengths Model) on a weekly basis.

Despite these early successes, MCBH staff (the project stakeholders) and the project consultants have identified areas where implementation could be bolstered by additional support. Diving into the project has also challenged MCBH staff and project consultants to consider several additional learning questions. Within several months of launching this Innovation project, MCBH realized that supervising the local implementation of this project was an unrealistic workload for one supervisor. A solution for this problem – ultimately identifying several “Strengths Model Champions” among other staff – took time to develop and refine, placing MCBH a bit behind the implementation curve. As it relates to capacity, our staff members “wear many hats”: all staff participate in almost all of what is offered by our mental health side of the department. This can mean that trainings can be disruptive to other aspects of our daily works schedules; making our learning process a little slower than you might see in a larger, more specialized department.

MCBH also encountered a second critical hurdle related to involving its community partners. Although MCBH worked with community partners in preparing for this Innovation Project, the department overestimated the ability and time for community partners to travel to and attend these trainings. Additionally, because the content builds from session to session, if partners miss one session, it can be challenging to be “up to speed” and feel like part of the “learning collaborative cohort.” These challenges are also discussed in MCBH’s Annual Innovation Plan Update.

In order to implement this Innovation Project as originally planned, MCBH would like to request a time extension of four months (originally the project ended in October 2019, now would end January 2020) and approval to spend an additional \$84,935. This extension of time and funds would allow more one-on-one coaching with staff, additional training in Motivational Interviewing (MI) techniques, more in-person time in Mono County for facilitators to engage with and train community partners, and additional funds for more qualitative evaluation. The one-on-one coaching and additional MI training would help provide additional support to staff who are serving as the “project champions” and ensure that other staff have an opportunity to really hone their Strengths Model skills with the help of experts.

Adding more in-person time in Mono County for facilitators to engage with and train community partners will help alleviate the challenges around time and travel that have come up since implementation. It will also allow the facilitators to tailor the content specifically to the partners attending and break the Strengths Model down appropriately.

This extension to the project will help MCBH address such new learning questions as “How will community partners benefit from in-person, tailored training?” and “Will additional MI training and one-on-one coaching help build staff capacity in Mono County?”

Technology Suite

This project, implemented in multiple counties across California, is bringing interactive technology tools into the public mental health system through a highly innovative set or “suite” of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed. Counties will pool their resources through the Joint Powers Authority, CalMHSA, to jointly manage and direct the use of selected technology products.

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

The MHSOAC first approved Mono County Behavioral Health to participate in the Technology Suite on February 22, 2018. Due to unforeseen circumstances, however, Mono County did not begin expending funds on this project until October 18, 2019. Mono County has been informed by MHSOAC staff members that October 18, 2019 will now serve as the new start date for this project. The original approved project timeline was 15 months. MCBH has requested an extension of seven months to create a total project timeline of 24 months. The new anticipated end date will be October 18, 2021. MCBH sent a letter to the MHSOAC informing them of this extension request on 10/24/19. See Appendix F for a copy of this letter and a screenshot of the email sent.

INNOVATION ANNUAL PROJECT REPORTS

Eastern Sierra Learning Collaborative Annual Project Report:

At the end of FY 2018-2019, MCBH staff had participated in several of the activities outlined in the project plan extension including a two-day Motivational Interviewing Training, implementation of Motivational Interviewing Supervision, and one-on-one coaching. MCBH also focused on gathering data, both qualitative and quantitative, to address its primary learning questions:

1. *MCBH's first goal is to learn or better understand how to facilitate cross-county and inter-agency collaboration. We want to learn exactly what steps need to take place for counties to come together and identify needs, identify solutions, and implement those solutions using shared resources. What additional steps need to be taken to include other county partners in such collaboratives?*
2. *MCBH's second goal is to learn or better understand what factors serve as facilitators or barriers to cross-county collaboration, specifically from a bureaucratic standpoint. This will allow MCBH to understand what systems or resources need to be in place for such a Collaborative to be successful.*
3. *MCBH's third goal is to learn or better understand the benefits of such a collaboration in remote, rural environments. What is the value of "cross-pollinating" staff within these three small departments and the community partners? Will staff be better equipped to leverage resources and make referrals to services across county lines (especially related to local agencies that already have a cross-county presence like IMACA and Wild Iris)? What other unforeseen benefits might this collaboration have?*
4. *MCBH's fourth goal is to learn how community partners will benefit from in-person tailored training.*
5. *MCBH's fifth goal is to learn how Motivational Interviewing training and one-on-one coaching will help build staff capacity in Mono County.*

MCBH will primarily use a process evaluation to track the implementation of the Eastern Sierra Strengths Based Learning Collaborative. The progress made thus far is outlined below:

Progress in FY 2017-2018 through 2018-2019:

- Identify Individual County Needs
- Directors Meet & Discuss Common Needs & Goals
- Research Potential Solutions
- Directors Agree on Solution & Create Timeline

- Directors Discuss Funding
- Directors Discuss Solution with Leadership & Staff (build buy-in/political will) *Ongoing*
- Develop Strategies to Overcome Barriers *Ongoing*
- Refine/Adjust Timeline *Ongoing*
- Write Any Necessary Plans/Applications
- Public Comment/BOS/MHSOAC Approval (if needed)
- Contract Signed
- Schedule Sessions
- Plan Travel
- Account for Client Scheduling *Ongoing*
- Pay All Expenses *Ongoing*
- Conduct Learning Sessions
- Conduct Additional Training/Support In-Person as Needed *Goal: January 31, 2019-December 30, 2019*
- Conduct Evaluation *Goal: December 1, 2019-January 30, 2020*
- Disseminate Results *Goal: Complete by January 30, 2020*

MCBH looks forward to producing the deliverables outlined in the full Innovation plan upon the plan's completion on January 30, 2020.

Technology Suite Annual Project Report:

Although MCBH began participating in the planning components of the Technology Suite in spring 2018, MCBH did not begin expending funds until October 2019. This marked the new start date for the project. For activities completed in FY 2017-2018, please see MCBH's MHSOAC 2018-2019 Annual Update. MCBH participated in very few Technology Suite activities during FY 2018-2019 due to lack of staff capacity and a reorganization of the project management. In FY 2019-2020, MCBH is awaiting further development on the part of the large counties involved in the project before putting its full staff power into the project.

WORKFORCE EDUCATION AND TRAINING

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

WET Table 1. WET Service Categories & Programs/Services

Service Category	Training & TA	Residencies & Internships	Financial Incentives
Programs and Services	<ul style="list-style-type: none"> • Trainings & Conferences 	<ul style="list-style-type: none"> • Staff Supervision 	<ul style="list-style-type: none"> • Loan Assumption Program

Training and Technical Assistance (TA):

MCBH continues to coordinate and fund training, TA, and other related activities for staff members under its Trainings and Conferences Program within the Training and TA funding category. Staff are encouraged to identify their individual and collective training needs and seek out ongoing education both locally and regionally. Department leadership also identifies training needs and opportunities that align with MCBH’s vision and mission. In FY 2018-2019, staff completed a historical trauma training facilitated by the Toiyabe Indian Health Project, along with trainings on the Circles of Multi-Cultural Self and other similar topics. Several staff members attended the annual Central Valley Latino Conference and the Gathering of Native Americans Facilitator Training.

In FY 2018-2019, MCBH staff also attended several local trainings, such as a trauma-informed care training, a compassion fatigue training, and a protective factors training. Most importantly, MCBH and its Cultural Outreach Committee have identified the need for a series of in-depth cultural competence trainings that encourage staff from both MCBH and from other partnering agencies to confront their implicit biases and explore topics such as community wellness, white fragility, and cultural competence. The first people in the Cultural Competence Speaker Series were Amanda Machado and Jose Gonzalez. Jose is the founder of Latino Outdoors and is known for his projects around DEI (diversity, equity, and inclusion). Jose has been doing presentations and workshops for different communities across the US. We were honored that Jose Gonzalez

came to Mono County to do a mini workshop to get the conversation started on how we all can be part of the DEI movement in our departments and in our community.

In FY 2019-2020, MCBH plans to bring at least two more subject matter experts to Mono County to offer additional cultural competence trainings and engage staff in true learning. Additionally, in FY 2019-2020, MCBH is contracting a local professional to attend a January train the trainer event for Mental Health First Aid. This individual will then offer up to four Mental Health First Aid Trainings in Mono County over the next 12 months. In early FY 2019-2020, several staff joined Inyo County in participating in a FOCUS training for family therapy. MCBH is funding the ongoing consultation calls for this training. MCBH will also fund training for the mobile crisis response team, as well as internal team building trainings. In order to organize these trainings, MCBH may contract with a local professional.

Mental Health Career Pathway Programs:

MCBH employs several staff members who grew up in Mammoth Lakes, received training in the health and human services field, and then returned to seek employment with MCBH. Although the department does not currently have any formal career pathway programs in place, MCBH participates in the Senior Symposium every year, which helps prepare students for life after high school, including job selection. The department also believes that through its outreach and stigma reduction work, it is making it more possible for individuals to pursue careers in mental health. Although unlikely to launch in FY 2019-2020, MCBH is beginning talks with Cerro Coso Community College to provide local scholarships for students pursuing mental health- or health and human services-related degrees.

Residency and Internship Programs:

In FY 2018-2019, MCBH had one MFT intern; funds from this category were used to pay for time required of the Clinical Supervision and Director to supervise post-graduate interns.

Financial Incentives Programs:

In this program, MCBH pays back up to \$10,000 per year on the principle of student loans related to behavioral health education. MCBH believes that this program has helped retain clinical staff, which is a significant concern in remote Mono County. The department will be continuing this program from 2017-2020 as funds allow. In FY 2018-2019, it came to the attention of department leadership that one individual who was eligible for loan repayment had not registered for the program. As a result, MCBH paid for three years of loan repayment on June 30, 2019. In total, three staff members took advantage of this program in FY 2018-2019. It is anticipated that these three staff members will continue to participate in this program in FY 2019-2020.

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

Trying to develop a behavioral health specialty within a small, rural county is very difficult due to the small scale of specialist concerns. As a result, most providers at MCBH are more “generalists.” Furthermore, to attend off-site trainings in larger cities such as Sacramento, Los Angeles, or San Francisco often requires at least a half day of travel and a stay overnight. MCBH does not currently have a Workforce Staffing Support program; however, it is the department’s hope that the proposed Innovation Plan (Eastern Sierra Learning Collaborative) will help Mono, Inyo, and Alpine Counties develop a Regional Partnership.

Finally, as noted previously in this plan, MCBH has several open positions. When MCBH is able to fill these positions, it will have greater capacity to serve the mental health needs of Mono County residents.

List any significant changes in Three-Year Plan, if applicable

In FY 2019-2020, MCBH will be investing most heavily in its Training and Technical Assistance Program and its Financial Incentive Programs for employee education. The budget included below and in the Updated Reversion Expenditure Plan included as a supplement to this Annual Update reflect these changes. Additional added expense is for the Mental Health First Aid Trainings, trainings for the remote mobile crisis response team, and team building trainings. Additionally, in FY 2018-2019, MCBH discovered that it was not including a key member of its team in the Financial Incentive Program. To alleviate this inequity, the Department contributed \$30,000 toward this loan to account for the three missed years during which the staff member was eligible for the program.

CAPITAL FACILITIES/TECHNOLOGICAL NEEDS

As part of the MHSAs Housing Program outlined in the CSS portion of this report, MCBH is planning to a permanent supportive housing project which will provide on-site services through Capital Facilities. For this project, MCBH is planning to partner with Integrity Housing, an affordable housing developer based in Irvine, CA. Additionally, MCBH is preparing to apply for a noncompetitive allocation of \$500,000 from the No Place Like Home (NPLH) program to help fund this housing facility. MCBH has also received technical assistance funds in the amount of \$75,000, with which it is paying for a permanent supportive housing consultant and outside counsel specializing in affordable housing.

MCBH used Technological Needs (TN) funds to purchase and implement a visual electronic health record called ECHO beginning in FY 14-15. Some key benefits and achievements related to ECHO include unified progress notes and treatment planning, the ability to upload pictures of clients into the system, unified scheduling, and ability to upload and stay on track with State reporting required for Mental Health. MCBH is considering an upgrade to ECHO's newest product, ECHOVantage.

Challenges or barriers, and strategies to mitigate

The current challenge to developing housing for individuals with mental illness is a lack of one-to two-acre vacant parcels that fall within the project's budget. A secondary challenge is that when sites are identified, some are not appropriately zoned to allow for the necessary project density. Integrity Housing is presently working with a local realtor to identify sites both on and off the market. The affordable housing developer is also building relationships with the Town of Mammoth Lakes to identify areas of collaboration around both vacant land and any zoning changes or variances that might be needed.

List any significant changes in Three-Year Plan, if applicable

Based on the vast identified community need for workforce and affordable housing, MCBH has allocated resources from Capital Facilities for administrative space in a Permanent Supportive Housing project in FY 2019-2020. At a minimum, MCBH plans to expend the funds up for reversion under AB 114, as reported in its reversion plan.

UPDATED AB 114 REVERSION EXPENDITURE PLAN (UPDATED NOVEMBER 2019)

County Mental Health Plans (Counties) receive state-based funding for mental health services as a result of California Proposition 63 (now known as the Mental Health Services Act or MHSA), which was passed in November of 2004. MHSA provides increased funding to support California's county mental health programs. The MHSA imposes a one percent income tax on personal income in excess of \$1 million to address a broad continuum of community services, supports, prevention, early intervention and services needs and the necessary infrastructure, technology and training elements that will effectively support this system, with the purpose of promoting recovery for individuals with serious mental illness. Counties develop or enhance mental health programs in accordance with State requirements, by engaging in an annual Community Program Planning Process that includes significant stakeholder input and involvement.

This Plan Update focuses on AB 114, which became effective July 10, 2017. This assembly bill stated that unspent MHSA funds up for reversion are now reallocated back to the county of origin for the purpose which they were originally allocated. For example, Prevention and Early Intervention (PEI) funds up for reversion were reallocated to the county for PEI purposes only.

Every county must develop a plan to spend its reallocated funds and post it to the county's website. The county must submit a link to the plan to DHCS (Department of Health Care Services) by July 1, 2018. Each county's Board of Supervisors (BOS) must adopt a final plan within 90 days of the county posting the plan to the county's website. Each county must submit its final plan to DHCS and the MHSOAC (Mental Health Services Oversight and Accountability Commission) within 30 days of adoption by the county's BOS. All reverted funds must be expended no later than June 30, 2020. These funds are unlike regular MHSA revenue. They will not renew every year and once they have been spent, the state is not providing additional funding to replace it. The reverted funds are, in a sense, one-time allocations.

Mono County Behavioral Health (MCBH) received two official notices from DHCS regarding funds up for reversion. First, MCBH was notified that \$74,710 in the Prevention and Early Intervention component and \$85,088 in the Innovations component were reverted back to the State and immediately reallocated to MCBH for use before June 30, 2020. MCBH submitted a plan entitled "Mono County Behavioral Health Mental Health Services Act FY 2017-2018 Update: Reversion Expenditure Plan" that met all the requirements outlined above. On June 22, 2018, MCBH received a second official notice of reversion from DHCS.

Upon further conversation with DHCS, officials provided further guidance on the requirements to create a reversion plan for the funds identified by the second notice. They confirmed that MCBH needed to create a "Reversion Expenditure Plan Update" (this plan) and go through the same public process as outlined above. MCBH opted to include the "Reversion Expenditure Plan Update" with its MHSA Annual Update. In the second official notice of reversion, MCBH was notified that \$320,652 in the Prevention and Early Intervention component, \$84,935 in the

Innovation component, \$66,709 in the Workforce Education and Training component, and \$306,021 in the Capital Facilities/Technological Needs component were reverted back to the State and immediately reallocated to MCBH for use before June 30, 2020. That updated reversion expenditure plan discusses how MCBH plans to use these funds before June 30, 2020.

In summer 2019, MCBH found an error on its FY 2016-2017 Annual Revenue and Expenditure Report and submitted an amendment to DHCS. This prompted a re-calculation of funds up for reversion. On July 30, 2019, DHCS informed MCBH that the amount of PEI funds up for reversion had dropped to \$91,309.71. Additionally, in preparation for this FY 2019-2020 Annual Update and Updated AB 114 Reversion Expenditure Plan, MCBH also sought out additional fiscal consulting. The narrative below outlines MCBH's plans to expend its AB 114 funding, as posted in its previous expenditure plans (see links below) and outlines where MCBH has made changes to these plans based on the stakeholder process and expert fiscal consulting. Each of the proposed programs below has been developed through the Community Program Planning Process outlined in MCBH's MHSa FY 2019-2020 Annual Update.

Previous AB 114 Reversion Expenditure Plans:

- https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/10057/mono_mhsa_fy_17-18_reversion_plan.pdf
- https://monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/10057/mono_mhsa_fy_17-18_updated_reversion_plan_final.pdf

Spending Plan by Component

Prevention and Early Intervention (PEI)

Based upon findings in the Spring 2017 Community Program Planning (CPP) Process and in-depth conversations with staff around their current capacity, MCBH created a 0.6 FTE benefitted position in Walker/Coleville, CA, focused on Prevention and Early Intervention. As described in the Access and Linkage to Treatment section of the FY 2019-2020 Annual Update above, this individual has designed and implemented PEI activities in Eastern Sierra Unified School District schools with all ages of children and youth and has conducted outreach and engagement activities with the Antelope Valley Indian Community and the Marine Corps Mountain Warfare Training Center.

Walker and Coleville sit 1.5 hours north of MCBH's main office in Mammoth Lakes. Presently, MCBH employs a part-time Walker Wellness Center Associate who works approximately 10 hours per week. One day per week, an MCBH therapist drives the three-hour round-trip to provide individual services and assist with telepsychiatry. Based on the needs identified in this community, including engagement with the schools, this is simply not enough staffing. MCBH has been thrilled to be able to utilize these PEI funds to provide much-needed services and outreach in one of our underserved, outlying areas.

MCBH had previously identified a Housing Stability Program for the remaining AB 114 PEI expenditures; in this Updated Reversion Expenditure plan, MCBH wishes to report that it will be

devoting funds for housing from CSS and Capital Facilities, and that the Department will be spending its AB 114 PEI funds on existing stakeholder-approved programs.

Innovation

In February 2018, the Mental Health Services Oversight and Accountability Commission approved one Innovation project (the “Technology Suite”) that will utilize \$85,000 of the Department’s AB 114 INN funds. As described in the Innovation section above, this project has been extended until October 2021. Please see the link below to view this Innovation plan, which includes a description of the stakeholder involvement for this project:

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

MCBH has encumbered the remaining AB 114 Innovation funds to fund an extension to its existing Innovation Plan, entitled “Eastern Sierra Learning Collaborative: A County-Driven Regional Partnership.” Please see the Innovation Plan Extension Request located in MCBH’s MHSA FY 2018-2019 Annual Update for further detail about MCBH’s plan and its budget.

- https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/10057/mono_mhsa_fy_18-19_annual_update_final_approved.pdf

Workforce Education and Training

Through work with staff, the MCBH Cultural Outreach Committee, and the Behavioral Health Advisory Board, MCBH has identified a number of trainings and activities in which it would like staff to participate. These include a community wellness training, a white fragility training, and a cultural competence training. MCBH anticipates offering these trainings to other departments as well. MCBH plans to bring subject matter experts to Mono County to offer these trainings and engage staff in true learning. Additionally, trainings will include staff-identified conferences and leadership/professional development opportunities, as well as team building trainings.

As outlined in its Three-Year Plan, MCBH offers a financial incentive program for staff members in which the department will pay up to \$10,000 per year toward the principal of loans for relevant higher education. This is offered as a retention strategy and is extremely valuable in this small county. MCBH offered/is offering this incentive to three staff members for FY 2018-2019 and FY 2019-2020. Finally, the AB 114 WET funds will be used to pay for other existing programming.

Capital Facilities/Technological Needs

MCBH previously stated in the MHSA Three-Year Plan for 2017-2020 that it would be dedicating CF/TN funds for a housing project in Mammoth Lakes. The funds up for reversion in this category will be expended for a permanent supportive housing project where MCBH will provide on-site supportive services, as well as existing programming such as on-going maintenance, support, and licenses for ECHO, MCBH’s electronic health record. Please see the CF/TN section above for more information about this project.

MHSA EXPENDITURE PLAN BY COMPONENT 2019-2020

Mono County MHSA Component Expenditure Worksheet 2019-2020

	Component					
	CSS	PEI	INN	WET	CFTN	PR
FY19/20 Estimated Revenue	\$ 1,371,606	\$ 342,902	\$ 90,237			
FY19/20 Estimated Expenses	\$ 2,360,000	\$ 474,000	\$ 144,500	\$ 168,000	\$ 672,000	
FY19/20 PR Transfer	\$ 1,266,731					\$ (1,266,731)
FY19/20 CFTN and WET Transfers						
Total in Prudent Reserve (PR)						\$ 405,000

Community Services and Supports (CSS) Component Worksheet 2019-20

County: Mono

	FSP	GSD	O&E	Total CSS
CSS Programs				
1 FSP	\$455,000			\$455,000
2 Expansion of case management/supportive services		\$105,000		\$105,000
3 Wellness Centers		\$100,000		\$100,000
4 Crisis intervention/stabilization	\$100,000	\$105,000		\$205,000
5 Supportive Housing Services	\$25,000			\$25,000
6 Community Outreach & Engagement			\$20,000	\$20,000
CSS Administration				\$245,000
CSS Community Program Planning				\$5,000
CSS MHSA Housing Program	\$600,000	\$600,000		\$1,200,000
Total CSS Expenditures	\$1,180,000	\$910,000	\$20,000	\$2,360,000

Prevention and Early Intervention (PEI) Component Worksheet 2019-20

County: Mono

	PEI	OIR	ALT	SDR	Total PEI
PEI Programs					
1 Peapod Playgroups	\$40,000				\$40,000
2 Parenting Classes	\$12,000				\$12,000
3 Walker Senior Center	\$50,000				\$50,000
4 North Star Counseling Center	\$145,000				\$145,000
5 Community Trainings		\$20,000			\$20,000
6 Outreach in Walker Community			\$55,000		\$55,000
7 Community Engagement				\$35,000	\$35,000
PEI Administration					\$112,000
PEI Community Program Planning					\$5,000
Total PEI Expenditures	\$247,000	\$20,000	\$55,000	\$35,000	\$474,000

Innovation (INN) Component Worksheet 2019-20

County: Mono

	Total INN
INN Programs	
1 Technology Suite	\$74,500
2 Eastern Sierra Strengths Based Learning Collaborative	\$70,000
3	
4	
5	
6	
7	
INN Administration	
INN Community Program Planning	
Total INN Expenditures	\$144,500

Capital Facilities/Technological Needs (CFTN) Component Worksheet 2019-20

County: Mono

	Total CF/TN
Capital Facility Projects	
1 Permanent Supportive Housing	\$600,000
Capital Facility Administration	\$6,000
Total Capital Facility Expenditures	\$606,000
Technological Needs Projects	
2 Echo Electronic Health Record	\$60,000
Technological Needs Administration	\$6,000
Total Technological Needs Expenditures	\$66,000
Total CFTN Expenditures	\$672,000

APPENDIX A: PENETRATION RATE DATA

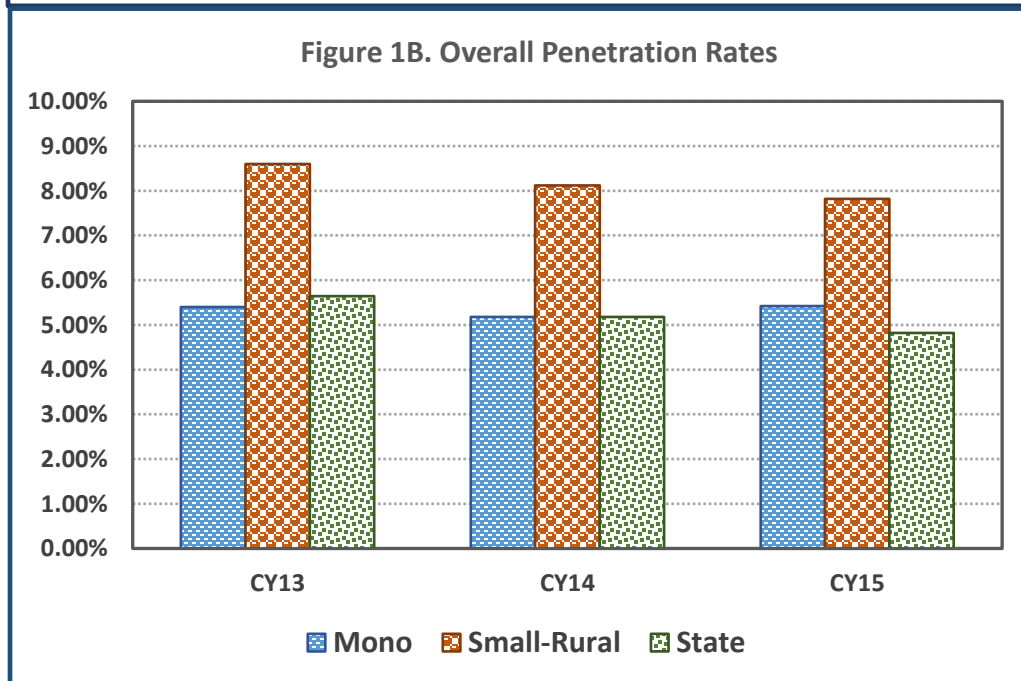
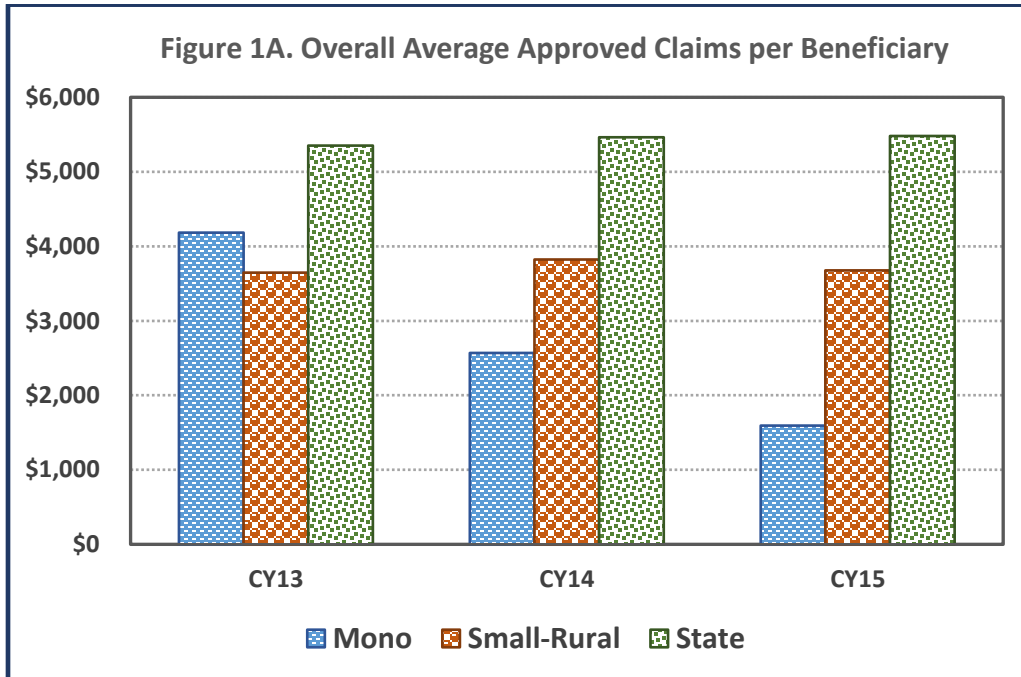


Figure 2A. FC Average Approved Claims per Beneficiary

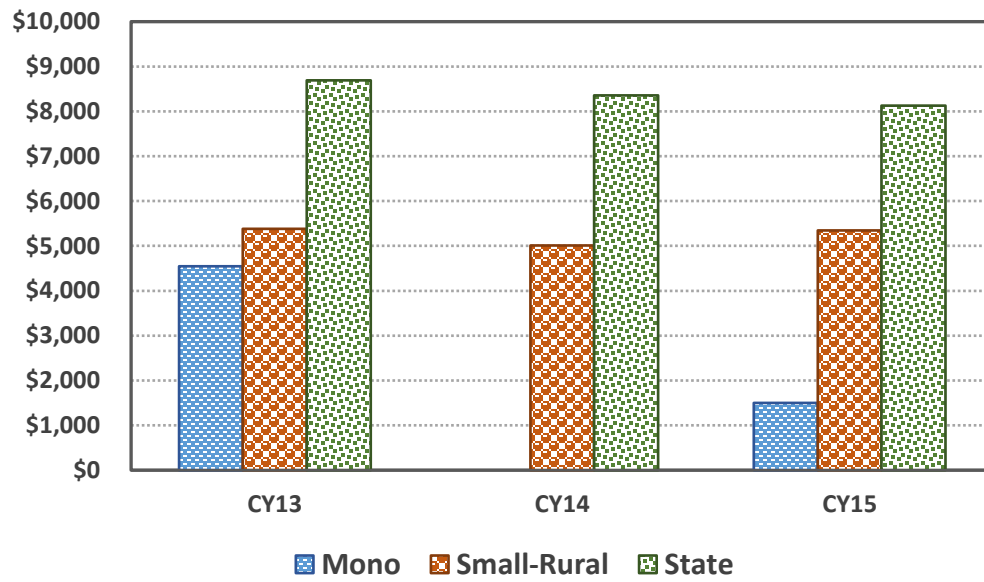


Figure 2B. FC Penetration Rates

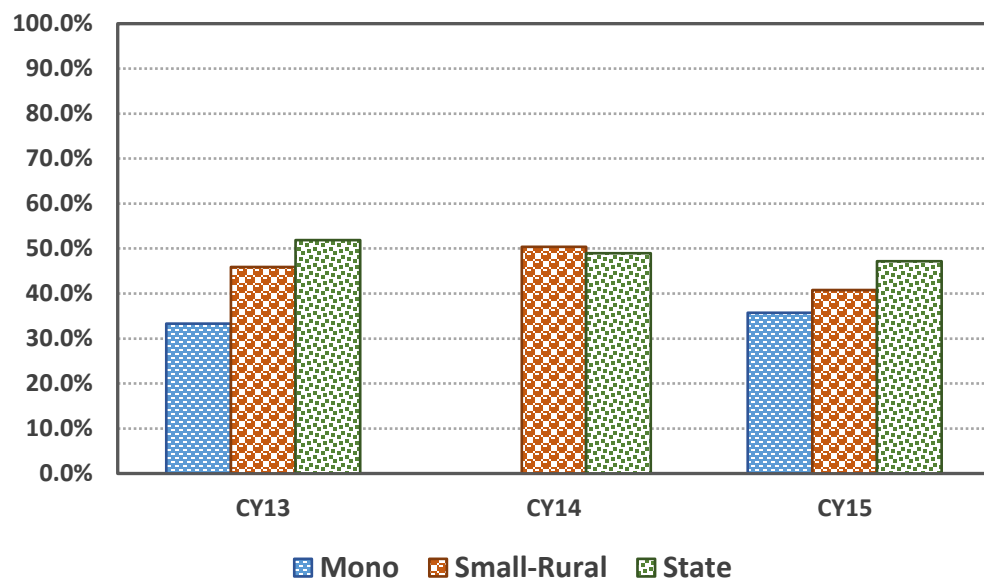


Figure 3A. Hispanic Average Approved Claims per Beneficiary

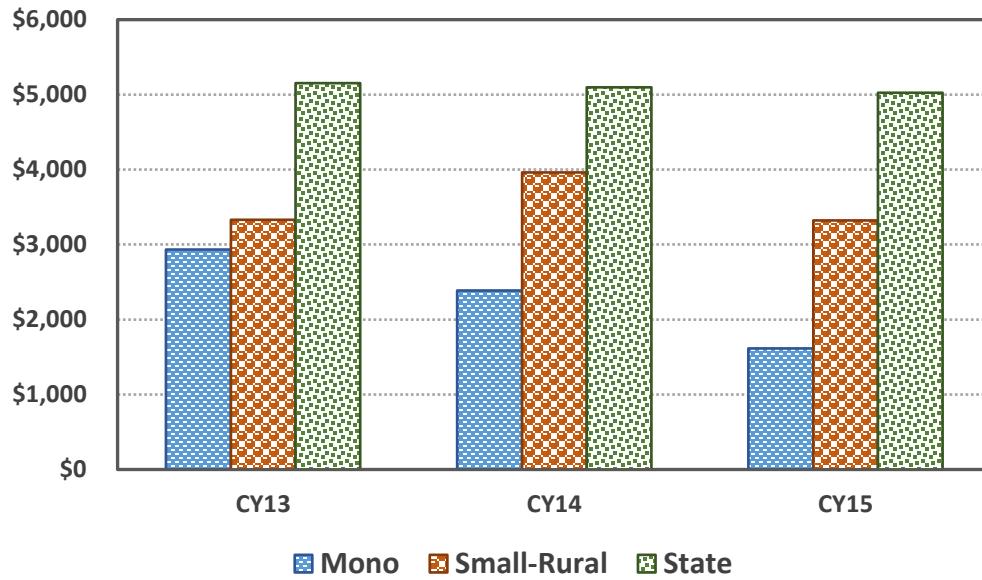
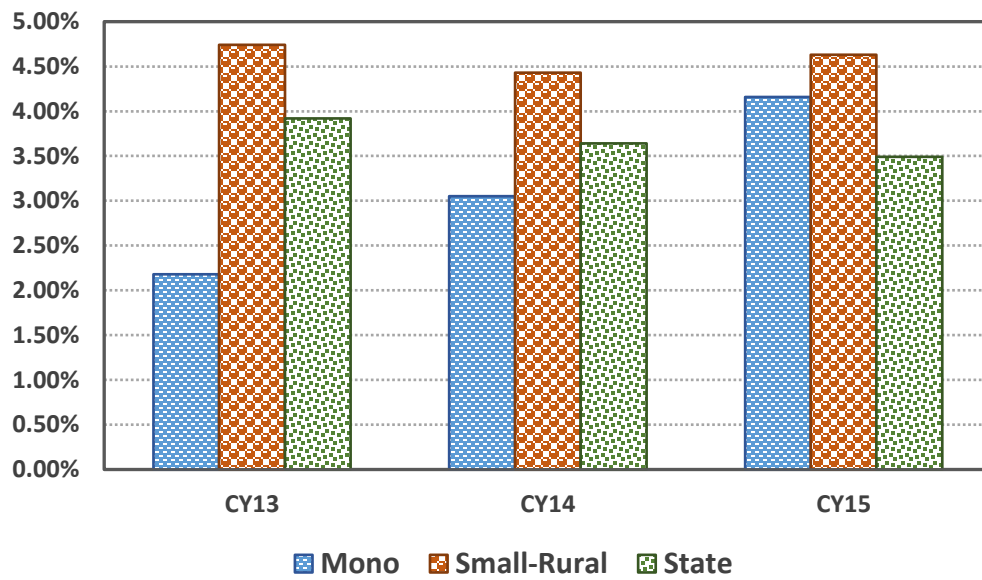


Figure 3B. Hispanic Penetration Rates



APPENDIX B: MHSA ISSUE RESOLUTION PROCESS

Mono County is committed to:

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

Types of Issues to be resolved using this process:

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

Process:

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

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

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

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

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

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

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

APPENDIX C: DATA TABLES FROM CALIFORNIA
HEALTHY KIDS SURVEY

Mammoth Unified School District: Elementary

<i>Student Sample Characteristics</i>	
	Grade 5
<i>Student Sample Size</i>	
Target sample	91
Final number	51

<i>Key Indicators of School Climate and Student Well-Being</i>	
	Grade 5 %
School Engagement and Supports	
School connectedness [†]	51
Academic motivation [†]	68
Caring adult relationships [†]	49
High expectations [†]	57
Meaningful participation [†]	16
School Safety	
Feel safe at school [‡]	90
Been hit or pushed	63
Mean rumors spread about you	59
Been called bad names or mean jokes made about you	60
Saw a weapon at school [§]	22

Frequency of Being Harassed on School Property

	Grade 5 %
Been hit or pushed	
No, never	37
Yes, some of the time	41
Yes, most of the time	10
Yes, all of the time	12
Mean rumors spread about you	
No, never	41
Yes, some of the time	37
Yes, most of the time	10
Yes, all of the time	12
Been called bad names or mean jokes made about you	
No, never	40
Yes, some of the time	42
Yes, most of the time	4
Yes, all of the time	14

Question ES A.50, 51, 53: Do other kids hit or push you at school when they are not just playing around?... Do other kids at school spread mean rumors or lies about you?... Do other kids at school call you bad names or make mean jokes about you?

Notes: Cells are empty if there are less than 10 respondents.

- Mammoth Unified School District: [Middle and High](#)

Student Sample for Core Module

	Grade 7	Grade 9	Grade 11
<i>Student Sample Size</i>			
Target sample	95	91	104
Final number	94	84	81

Seriously Considered Attempting Suicide, Past 12 Months

	Grade 7 %	Grade 9 %	Grade 11 %
No	na	80	83
Yes	na	20	17

Question HS A.125: During the past 12 months, did you ever seriously consider attempting suicide?

Notes: Cells are empty if there are less than 10 respondents.

na—Not asked of middle school students.

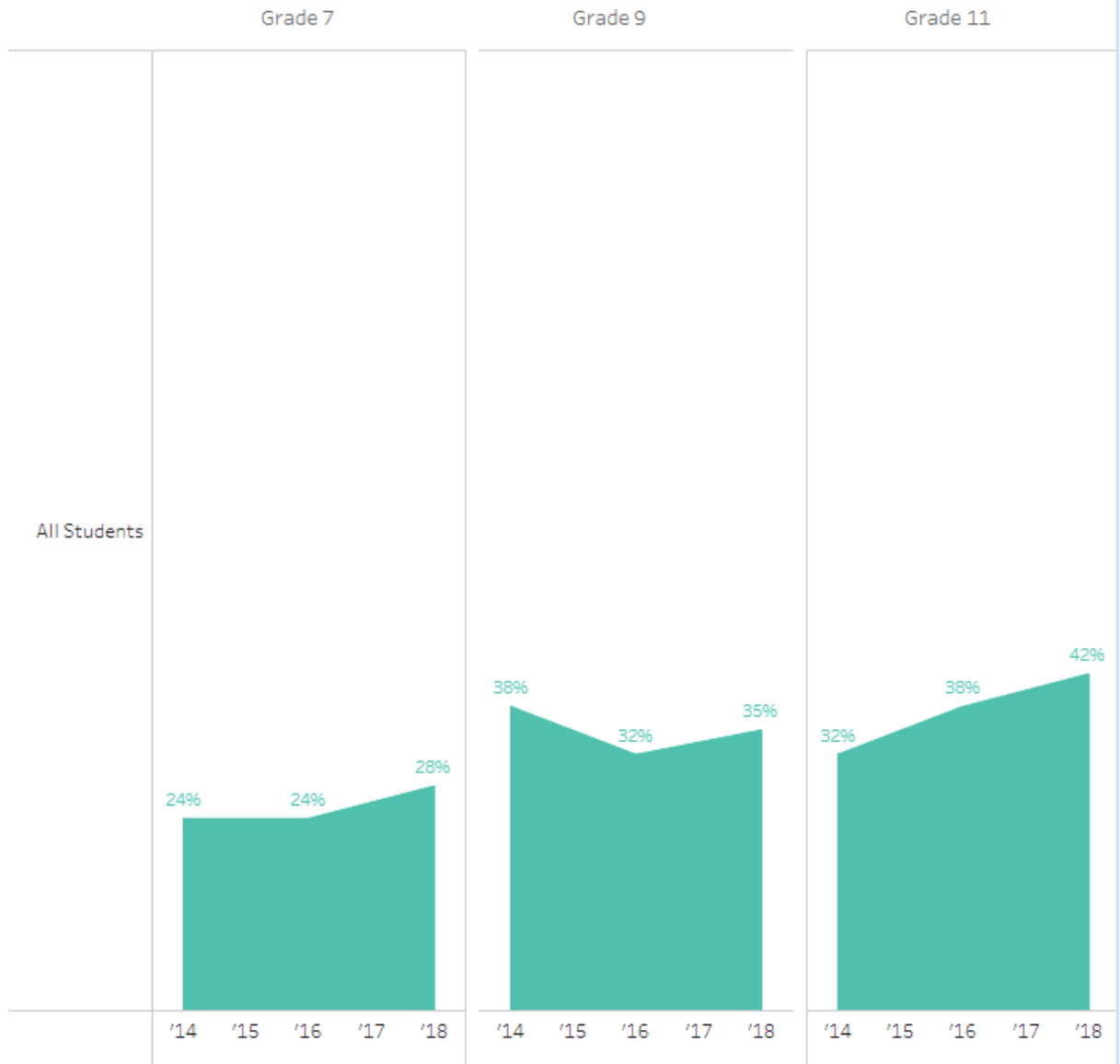
Key Indicators of School Climate and Student Well-Being

	Grade 7 %	Grade 9 %	Grade 11 %
School Engagement and Supports			
School connectedness [†]	42	21	10
Academic motivation [†]	54	49	20
Chronic truancy (twice a month or more often) [§]	2	4	5
Caring adult relationships [‡]	46	27	27
High expectations [‡]	64	38	35
Meaningful participation [‡]	19	19	7

Mammoth Unified | Trends Over Time

Experienced chronic sadness/hopelessness | Past 12 months

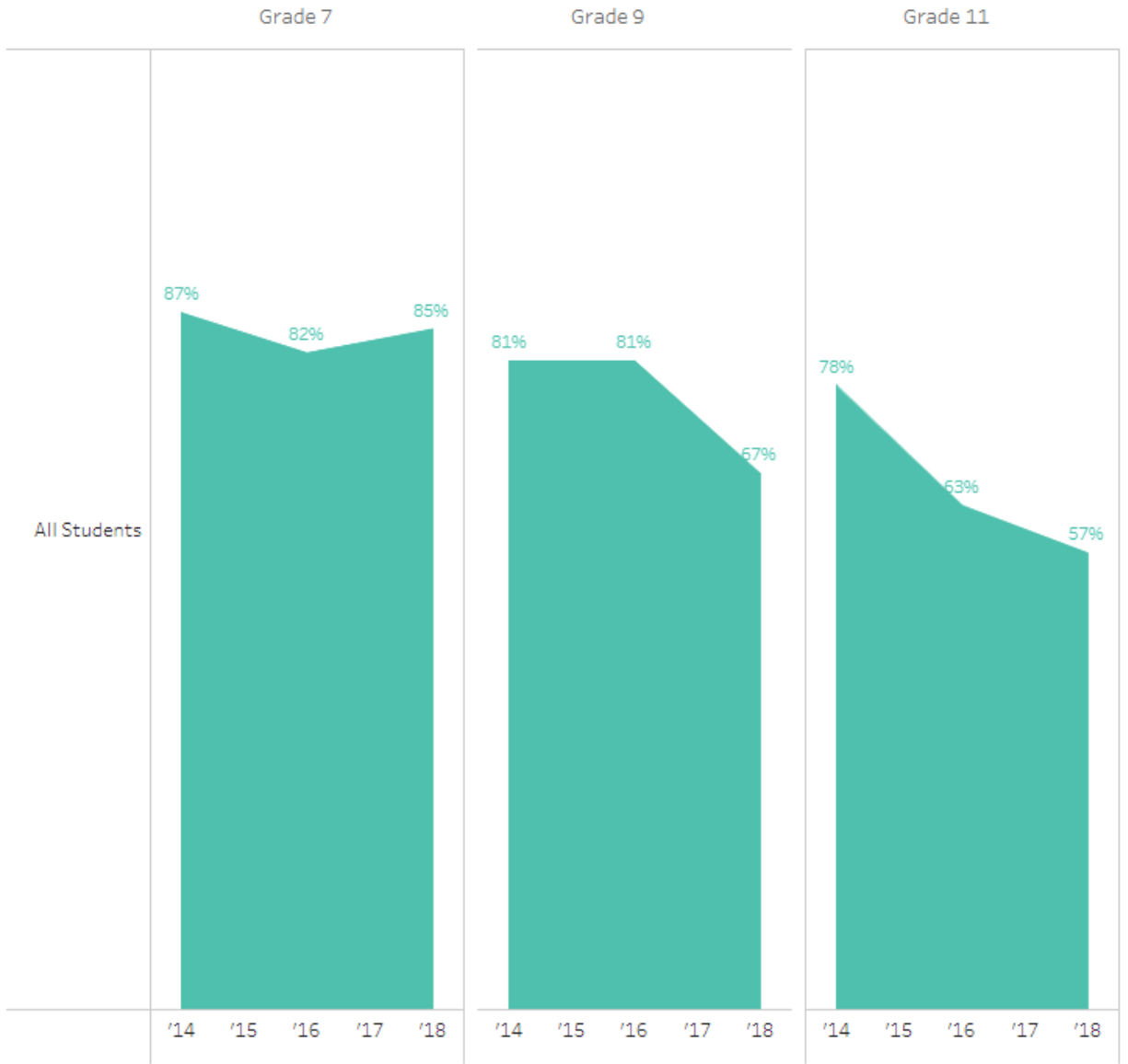
Results based on: All Students



Mammoth Unified | Trends Over Time

School perceived as safe or very safe | Average percent of respondents reporting 'Very Safe' or 'Safe'

Results based on: All Students



Feeling Safe or Very Safe at School by Race/Ethnicity

	Grade 7 %	Grade 9 %	Grade 11 %	NT %
Hispanic or Latino	86	65	51	–
American Indian or Alaska Native				–
Asian				–
Black or African American				–
Native Hawaiian or Pacific Islander				–
White	79	61	60	–
Mixed (two or more) races	89	69	45	–

Note: Cells are empty if there are less than 10 respondents.

Harassment Due to Six Reasons at School in the Past 12 Months by Race/Ethnicity

	Grade 7 %	Grade 9 %	Grade 11 %	NT %
Hispanic or Latino	25	19	24	–
American Indian or Alaska Native				–
Asian				–
Black or African American				–
Native Hawaiian or Pacific Islander				–
White	36	26	17	–
Mixed (two or more) races	23	19	26	–

Notes: Cells are empty if there are less than 10 respondents.

The six reasons include race, ethnicity or national origin; religion; gender (being male or female); sexual orientation; a physical or mental disability; and immigrant status.

- Eastern Sierra Unified School District: [Elementary](#)

Student Sample Characteristics

	Grade 3	Grade 4	Grade 5	Grade 6
<i>Student Sample Size</i>				
Target sample	–	–	32	37
Final number	–	–	23	30

Key Indicators of School Climate and Student Well-Being

	Grade 3 %	Grade 4 %	Grade 5 %	Grade 6 %
School Engagement and Supports				
School connectedness [†]	–	–	50	50
Academic motivation [†]	–	–	70	59
Caring adult relationships [†]	–	–	59	53
High expectations [†]	–	–	59	52
Meaningful participation [†]	–	–	25	20
School Safety				
Feel safe at school [‡]	–	–	68	87
Been hit or pushed	–	–	59	33
Mean rumors spread about you	–	–	62	47
Been called bad names or mean jokes made about you	–	–	55	53
Saw a weapon at school [§]	–	–	52	45

Frequency of Being Harassed on School Property

	Grade 3 %	Grade 4 %	Grade 5 %	Grade 6 %
Been hit or pushed				
No, never	–	–	41	67
Yes, some of the time	–	–	45	27
Yes, most of the time	–	–	9	7
Yes, all of the time	–	–	5	0
Mean rumors spread about you				
No, never	–	–	38	53
Yes, some of the time	–	–	33	33
Yes, most of the time	–	–	10	13
Yes, all of the time	–	–	19	0
Been called bad names or mean jokes made about you				
No, never	–	–	45	47
Yes, some of the time	–	–	36	47
Yes, most of the time	–	–	5	7
Yes, all of the time	–	–	14	0

Question ES A.50, 51, 53: Do other kids hit or push you at school when they are not just playing around?... Do other kids at school spread mean rumors or lies about you?... Do other kids at school call you bad names or make mean jokes about you?

Notes: Cells are empty if there are less than 10 respondents.

- Eastern Sierra Unified School District: [Middle](#)

Student Sample for Core Module

	Grade 6	Grade 7	Grade 8
<i>Student Sample Size</i>			
Target sample	37	43	35
Final number	1	43	22

Key Indicators of School Climate and Student Well-Being

	Grade 6 %	Grade 7 %	Grade 8 %
School Engagement and Supports			
School connectedness [†]		41	29
Academic motivation [†]		47	42
Chronic truancy (twice a month or more often) [§]		0	0
Caring adult relationships [‡]		46	32
High expectations [‡]		55	55
Meaningful participation [‡]		26	13

Chronic Sad or Hopeless Feelings, Past 12 Months

	Grade 6 %	Grade 7 %	Grade 8 %
No		83	82
Yes		17	18

Question HS A.124/MS A.114: During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?

Note: Cells are empty if there are less than 10 respondents.

Feeling Safe or Very Safe at School by Race/Ethnicity

	Grade 6 %	Grade 7 %	Grade 8 %
Hispanic or Latino		84	85
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Pacific Islander			
White		85	82
Mixed (two or more) races		89	

Note: Cells are empty if there are less than 10 respondents.

Harassment Due to Six Reasons at School in the Past 12 Months by Race/Ethnicity

	Grade 6 %	Grade 7 %	Grade 8 %
Hispanic or Latino		32	15
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Pacific Islander			
White		14	18
Mixed (two or more) races		37	

Notes: Cells are empty if there are less than 10 respondents.
The six reasons include race, ethnicity or national origin; religion; gender (being male or female); sexual orientation; a physical or mental disability; and immigrant status.

- Eastern Sierra Unified School District: [High](#)

Student Sample for Core Module

	Grade 9	Grade 10	Grade 11	Grade 12
Student Sample Size				
Target sample	29	22	29	20
Final number	29	20	24	16

Seriously Considered Attempting Suicide, Past 12 Months

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
No	97	85	58	69
Yes	3	15	42	31

Question HS A.125: During the past 12 months, did you ever seriously consider attempting suicide?

Notes: Cells are empty if there are less than 10 respondents.

Key Indicators of School Climate and Student Well-Being

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
School Engagement and Supports				
School connectedness [†]	34	30	27	43
Academic motivation [†]	49	40	25	38
Chronic truancy (twice a month or more often) [§]	3	5	4	13
Caring adult relationships [†]	33	45	36	54
High expectations [†]	40	55	36	63
Meaningful participation [†]	13	15	17	33

Chronic Sad or Hopeless Feelings, Past 12 Months

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
No	76	70	43	38
Yes	24	30	57	63

Question HS A.124/MS A.114: During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?

Note: Cells are empty if there are less than 10 respondents.

Feeling Safe or Very Safe at School by Race/Ethnicity

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
Hispanic or Latino	79		40	
American Indian or Alaska Native				
Asian				
Black or African American				
Native Hawaiian or Pacific Islander				
White	88	100	73	90
Mixed (two or more) races				

Note: Cells are empty if there are less than 10 respondents.

Harassment Due to Six Reasons at School in the Past 12 Months by Race/Ethnicity

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
Hispanic or Latino	16		36	
American Indian or Alaska Native				
Asian				
Black or African American				
Native Hawaiian or Pacific Islander				
White	6	25	18	40
Mixed (two or more) races				

Notes: Cells are empty if there are less than 10 respondents.

The six reasons include race, ethnicity or national origin; religion; gender (being male or female); sexual orientation; a physical or mental disability; and immigrant status.

APPENDIX D: PRUDENT RESERVE ASSESSMENT CERTIFICATION & SUBMISSION

State of California
Health and Human Services Agency

Department of Health Care Services

MENTAL HEALTH SERVICES ACT PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: Mono
Fiscal Year: 2018-19
Local Mental Health Director
Name: Robin K. Roberts, LMFT
Telephone: 760-924-1740
Email: rroberts@mono.ca.gov

I hereby certify¹ 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).

<u>Robin K. Roberts</u>		<u>6-20-2019</u>
Local Mental Health Director (PRINT NAME)	Signature	Date

¹ Welfare and Institutions Code section 5892 (b)(2)
DHCS 1819 (02/19)

Mono County MHSA Prudent Reserve Assessment

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

FW: Mono County MHSa Prudent Reservice Assessment



Shirley Martin
To: Amanda Greenberg

Reply

Reply All

Forward



Mon 7/8/2019 7:48 AM

You replied to this message on 7/8/2019 8:06 AM.



Mono_Prudent_Reserve_Assessment_june_2019.pdf
59 KB

From: Shirley Martin

Sent: Thursday, June 20, 2019 1:43 PM

To: Hoang, Minh (MHSD-FMOR)@DHCS <Minh.Hoang@dhcs.ca.gov>

Cc: Christensen, Theresa (MHSD-FMOR)@DHCS <Theresa.Christensen@dhcs.ca.gov>; Kim, Joseph (MHSD-FMOR)@DHCS <Joseph.Kim@dhcs.ca.gov>

Subject: RE: Mono County MHSa Prudent Reservice Assessment

Hello,

Attached is Mono County's PR Assessment.

If you have any questions, please let me know.

Thanks, Shirley

**APPENDIX E: COMMUNITY PROGRAM PLANNING
MCBH STAFF TRAINING**



MONO COUNTY BEHAVIORAL HEALTH, ALCOHOL AND DRUG PROGRAMS

COUNTY OF MONO

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

Meeting Sign In

Date 9/5/19 Start Time 10:00 End Time 10:30
 Facilitator Amanda Greenberg
 Topic CPPP Training

	Print Name	Signature	Position
1.	Amanda Greenberg	<i>[Signature]</i>	mHSA
2.	Louisa Gonzales	<i>[Signature]</i>	Psych Spec II
3.	Annita Lindemann	<i>[Signature]</i>	sup
4.	RICHARD BONNEAU	<i>[Signature]</i>	SUB
5.	Laura Cruz	<i>[Signature]</i>	FTS
6.	Luisana Davies	<i>[Signature]</i>	office assistant
7.	Debra Stewart	<i>[Signature]</i>	SVD
8.	Heather Edwall	<i>[Signature]</i>	Psych I
9.	Noreen Misat	<i>[Signature]</i>	Psych
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

MENTAL HEALTH SERVICES ACT (MHSA) & THE COMMUNITY PROGRAM PLANNING PROCESS (CPPP)

WHAT IS THE MHSA?

California voters passed the MHSA (Proposition 63) in 2004. MHSA places a 1% tax on personal incomes over \$1,000,000.

The goal of the MHSA is to transform the public mental health system into one that is consumer & family driven, recovery oriented, accessible, & culturally competent.



Every year MCBH receives an MHSA allocation, which covers some client services, Prevention and Early Intervention programs like North Star, housing projects, innovative projects, trainings, and much more.



Locally, we have some flexibility with our MHSA funds, and to determine how we use them we are required to go through a CPP Process.

WHAT IS THE CPPP?

The CPPP is a stakeholder process in which we seek input on community mental health needs, innovative ideas, and perceptions of existing programs.

Every year as part of our MHSA Plan, we do a CPPP, which includes surveying or talking to clients, family members, members of underserved groups, and a wide variety of community stakeholders/partner agencies.

We also use data gathered from other sources, like the Community Health Needs Assessment, the CA Healthy Kids Survey, and the External Quality Review Focus Group.

When the plan is finished, we post it for 30 days then hold a public meeting for feedback.



THIS YEAR'S CPPP



Community Health Needs Assessment, Community Health Improvement Plan, June Lake Wellness Dinner/Focus Group, meetings with school officials, CA Healthy Kids Survey, Behavioral Health Advisory Board planning exercises, client planning exercises, community planning exercises, public comment period and public hearing

APPENDIX F: TECHNOLOGY SUITE EXTENSION REQUEST LETTER



MONO COUNTY BEHAVIORAL HEALTH DEPARTMENT

COUNTY OF MONO

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

October 21, 2019

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

Dear Mr. Ewing,

I am writing to inform you that Mono County will be extending the current MHSOAC-approved time period for its Innovation Plan entitled, "Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions" (a.k.a. "The Tech Suite"). The date that this plan was approved by the MHSOAC was February 22, 2018. Due to unforeseen circumstances, however, Mono County did not begin expending funds on this project until October 18, 2019. Mono County has been informed by MHSOAC staff members that October 18, 2019 will now serve as the new start date for this project. The anticipated end date will be October 18, 2021.

The initial time period approved by the MHSOAC was 15 months. This extension of 7 months would increase the time period to 24 months, which would allow Mono County ample time to locally implement its chosen web and mobile applications. This project will retain its original learning goals and there has been no change to the project's target populations. Additionally, the Mono County Behavioral Health Advisory Board (which also serves as the Mental Health Services Act Steering Committee) is supportive of this decision (see attached minutes from the October 21, 2019 meeting). Please don't hesitate to reach out if you have any questions or concerns.


Sincerely,


A handwritten signature in black ink, appearing to read "Robin K. Roberts", with a long horizontal stroke extending to the right.


Robin K. Roberts
Director, Mono County Behavioral Health

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

Mono County FY 18-19 MHSA Annual Update

 Amanda Greenberg
To: mhsa@dhcs.ca.gov; 'MHSOAC@mhsoc.ca.gov'
Cc: 'Desormeaux, Wendy@MHSOAC'

 Mono MHSA FY 18-19 Annual Update_Final Approved.pdf
2 MB


 Reply  Reply All  Forward 


Thu 1/17/2019 2:28 PM


Hello,
Please find Mono County's FY 18-19 MHSA Annual Update attached. This report also includes our Annual Innovative Project Reports.
Thank you,





Amanda Fenn Greenberg, MPH
Mental Health Services Act Coordinator
Mono County Behavioral Health
Mammoth Lakes, CA
760-924-1754
monocounty.ca.gov/behavioral-health

Submission of Mono County Reversion Plans

 Amanda Greenberg
To: mhsa@dhcs.ca.gov; 'MHSOAC@mhsoc.ca.gov'
Cc: 'Hoang, Minh (MHSD-FMOR)@DHCS'; Robin Roberts; Desormeaux, Wendy@MHSOAC

 Mono MHSA FY 17-18 Reversion Plan_Final 7.17.18.pdf
561 KB

 Mono MHSA FY 17-18 UPDATED Reversion Plan_Final.pdf
2 MB


 Reply  Reply All  Forward 


Fri 12/21/2018 2:41 PM

Hello,
This email is in response to correspondence received on 11/30/18 from Minh Hoang; subject line: AB 114 MHSA Reversion Plan Status.
Please find Mono County Behavioral Health's original Reversion Expenditure Plan and its Updated Reversion Expenditure Plan attached to this email. Both have been through public comment and have received Board of Supervisor approval, as documented in the plans. Please let me know if you have any questions. I would greatly appreciate a receipt of confirmation before January 1, 2019, the deadline that Minh's email reflected.
Thanks,

Amanda Fenn Greenberg, MPH
Mental Health Services Act Coordinator
Mono County Behavioral Health
Mammoth Lakes, CA
760-924-1754
monocounty.ca.gov/behavioral-health

Mono County BOS-Approved Reversion Plan

 Amanda Greenberg
To: Desormeaux, Wendy@MHSOAC; mhsa@dhcs.ca.gov; Hoang, Minh (MHSD-FMOR)@DHCS
Cc: Robin Roberts; Ures, Donna (MHSD-FMOR)@DHCS

 Mono MHSA FY 17-18 Reversion Plan_Final 7.17.18.pdf
561 KB

 Reply  Reply All  Forward 

Tue 7/17/2018 10:30 AM

Hello all,
Please find Mono County Behavioral Health's BOS-Approved Reversion Plan attached. A copy is also available at our website: <https://www.monocounty.ca.gov/MHSA>.

As an additional note, Mono County Behavioral Health (MCBH) received a second notice of reversion on 6/22/18. After discussions with Minh Hoang (with Donna Ures cc'ed), it was clarified that MCBH can update this reversion plan in the coming months (after going through stakeholder engagement, etc.) to report how we will spend the newly-identified reverted funds. We will be able to do this without penalty of losing the funds identified in the second notice.

Please let me know if you have any questions or concerns.

Thank you,

Amanda Fenn Greenberg, MPH
Mental Health Services Act Coordinator
Mono County Behavioral Health
Mammoth Lakes, CA
760-924-1754
monocounty.ca.gov/behavioral-health

APPENDIX H: MHSA COORDINATOR JOB DESCRIPTION FOR MONO COUNTY BEHAVIORAL HEALTH

MONO COUNTY
BARGAINING UNIT: MCPE
NON-EXEMPT

CLASS CODE
DATE ESTABLISHED: 11/2016
DATE REVISED: 7/2017

MENTAL HEALTH SERVICES ACT COORDINATOR

DEFINITION:

Under limited direction, the Mental Health Services Act (MHSA) Coordinator will lead the planning, development, and implementation of programs funded under the MHSA. This is a diverse and multi-faceted position that includes elements of such positions as evaluation specialist, data analyst, policy analyst, grant writer, researcher, and program coordinator. Responsibilities include, at a minimum, 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:

Behavioral Health MHSA Programs Coordinator is a single-position classification responsible for planning, coordinating, and implementing MHSA activities.

REPORTS TO: Behavioral Health Director

CLASSIFICATION DIRECTLY SUPERVISED: None

EXAMPLES OF DUTIES:

- Develops, plans, implements, and directly supervises the implementation of the MHSA program components
- Plans and implements program evaluations for new and existing programs
- Assists with internal audits and participates in external audit processes
- Plans, implements, and builds buy-in for program evaluations to measure target outcomes
- Analyzes and disseminates results from research and evaluation efforts to drive quality improvement efforts

- Works with community leaders, partners, and staff to improve awareness of Behavioral Health Department and MHSA programs
- Ensures needs assessments, quarterly reports, annual updates, and executed contracts comply with laws and regulations
- Writes reports, develops infographics, and gives presentations
- Works with departmental fiscal staff to develop the MHSA annual budget
- Works closely with the Behavioral Health Advisory Board to meet regulatory requirements
- Develops and implements trainings related to the MHSA and MHSA programming and performs other duties of the Workforce Education and Training Coordinator
- Represents the department and participates in State, regional, and local meetings that address MHSA program matters
- Continually evaluates components of the MHSA Three-Year Plan to assess impact and on-going feasibility
- Coordinates the use of technology to implement MHSA and other Behavioral Health Department programs and evaluations
- Produces marketing and outreach materials related to MHSA and Behavioral Health Department programs

TYPICAL PHYSICAL REQUIREMENTS:

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

DESIREABLE QUALIFICATIONS:

Knowledge of:

- MHSA programs and funding
- Pertinent local, state, and federal laws, regulations, and guidelines
- Basic principles of project management
- Development of training programs and events
- Principles of organization and leadership
- Basic record keeping and report preparation methods
- Principles of behavioral health service provision
- Principles of program planning, including behavior change outcomes, logic models, etc.
- Principles of program evaluation, including identification of target outcomes, data collection methods, survey tool development, survey administration, and data analysis and interpretation
- Educational methods and resources
- Public relations and use of media options to change attitudes
- Data collection methods
- Basic elements of budgeting and fiscal management
- English usage, spelling, grammar and punctuation and basic mathematics
- Microsoft Office suite, including intermediate knowledge of Microsoft Excel

Ability and willingness to:

- Understand, interpret and apply pertinent federal, state, and local laws, regulation, and standards
- Understand and follow complex oral and written instructions
- Plan, coordinate, and implement assigned behavioral health public relations and education programs
- Plan, coordinate, and implement work plans
- Provide staff education and training as assigned
- Conduct research on programs and other subjects as needed
- Facilitate meetings and coordinate public events
- Compile, organize, analyze, and interpret data
- Prepare and present reports in a clear and engaging manner
- Establish and maintain effective working relationships
- Effectively use a computer for word and data processing
- Operate office equipment safely

EDUCATION:

A minimum of a Bachelor's degree from an accredited college or university with major course work in social services, education, marketing, communications, organizational studies, or a closely related field related to community development.

SUBSTITUTION FOR EDUCATION:

Two additional years of administrative, budgetary, or contract experience of the type noted below may be substituted for the Bachelor's degree and two years of the education noted above.

EXPERIENCE:

Two years of increasingly responsible professional or administrative experience, preferably in the behavioral health field utilizing MHSA funding. Preferred experience in the area of educational or promotional programs or projects, finance and budget, grant funds, grant audits, compliance and contract management.