



Supporting You On Your Path
Apoyandote En Tu Camino

Mono County Behavioral Health
Mental Health Services Act (MHSA)
FY 2020-2023 Three-Year Plan
&
FY 2021-2022 Annual Update

DRAFT FOR PUBLIC COMMENT

Including the following Supplemental Reports:

Prevention and Early Intervention Evaluation Report
(Aggregated Data)

Annual Innovative Project Reports



WELLNESS • RECOVERY • RESILIENCE

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EXECUTIVE SUMMARY

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

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

Especially after such a challenging year, MCBH is very proud to present its combined 2020-2023 Three Year Plan and 2020-2021 Annual Update, which provides a progress report of MHSA activities for the 2019-2020 fiscal year and an overview of current or proposed MHSA programs planned and/or underway for the 2020-2023 fiscal years. (See Appendix H for COVID-19 Extension Request). This report will also provide you with specific data and information about our PEI and our Innovation programs.

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

Spring 2020 brought many changes for MCBH and our communities. In response to the COVID-19 pandemic, MCBH made a number of quick pivots in its MHSA programs, staffing, and ways of delivering services. For example, all services were provided via telehealth to protect MCBH staff and clients. For many clients, this change in service delivery had a positive effect – allowing them to attend sessions without traveling or facing the stigma associated with walking into a County facility. In other cases, individuals (especially youth) didn’t have a private place to talk or missed the connection gained from face-to-face contact. MCBH staff did an incredible job linking clients to community resources set up to support individuals and families through the pandemic. From an internal perspective, MCBH also prioritized staff well-being, allowing for flexible scheduling and organizing a 30-minute staff meetings to promote connection four days per week. The Department of Health Care Services also provided flexibilities for MHSA Three-Year Plans, which is why we have combined the 2020-2023 Three Year Plan with the 2021-2022 Annual Update. Thanks to this flexibility, MCBH will be able to speak to and explain the actions taken to reach out to the community during FY 2020-2021.

At the end of FY 2019-2020, MCBH also restructured its department, adding several new positions, promoting frontline workers, and ensuring that all staff members had a career growth path. Additionally, some MCBH staff were pulled into different committees and efforts related

to COVID-19 and helped fight the racial disparities that came to light as a result of the pandemic. This work also led MCBH to internally undergo a series of racial equity trainings, create a set of core values, and to strive to move toward a system in which equity is ingrained in all parts of the department. It is MCBH's hope that this MHSA Plan reflects this important work. Thank you for taking the time to read our plan, and we hope that you provide us with feedback on our work!

Resumen Ejecutivo

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

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

Especialmente después de un año tan desafiante, MCBH se enorgullece de presentar su Plan Trienal 2020-2023 combinado y la Actualización Anual 2020-2021, que proporciona un informe de progreso de las actividades de la MHSA para el Año Fiscal 2019-2020 y una descripción general de las actividades actuales o propuestas. Programas MHSA planificados y / o en curso para los Años Fiscales 2020-2023. Este informe también le proporcionará datos e información específicos sobre nuestro PEI y nuestros programas de Innovación.

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

La Primavera de 2020 trajo muchos cambios para MCBH y nuestras comunidades. En respuesta a la pandemia de COVID-19, MCBH hizo una serie de cambios rápidos en sus programas MHSA, personal y formas de brindar servicios. Por ejemplo, todos los servicios se proporcionaron a través de telesalud para proteger al personal y a los clientes de MCBH. Para muchos clientes, este cambio en la prestación de servicios tuvo un efecto positivo, permitiéndoles asistir a las sesiones sin tener que viajar o enfrentar el estigma asociado con ingresar a las instalaciones del Condado. En otros casos, las personas (especialmente los jóvenes) no tenían un lugar privado para hablar o perdían la conexión obtenida del contacto cara a cara. El personal de MCBH hizo un trabajo increíble al vincular a los clientes con los recursos comunitarios establecidos para apoyar a las personas y las familias durante la pandemia. Desde una perspectiva interna, MCBH también priorizó el bienestar del personal, lo que permite una programación flexible y la organización de reuniones de personal de 30 minutos para promover la conexión cuatro días a la semana. El Departamento de Servicios de Atención Médica también brindó flexibilidad para los Planes de Tres Años de la MHSA, por lo que hemos combinado el Plan de Tres Años 2020-

2023 con la Actualización Anual de 2021-2022. Gracias a esta flexibilidad, MCBH podrá hablar y explicar las acciones tomadas para llegar a la comunidad durante el Año Fiscal 2020-2021.

A fines del Año Fiscal 2019-2020, MCBH también reestructuró su departamento, agregando varios puestos nuevos, promoviendo a los trabajadores de primera línea y asegurando que todos los miembros del personal tuvieran una trayectoria de crecimiento profesional. Además, algunos miembros del personal de MCBH fueron incorporados a diferentes comités y esfuerzos relacionados con COVID-19 y ayudaron a combatir las disparidades raciales que salieron a la luz como resultado de la pandemia. Este trabajo también llevó a MCBH a someterse internamente a una serie de capacitaciones sobre equidad racial, crear un conjunto de valores fundamentales y esforzarse por avanzar hacia un sistema en el que la equidad está arraigada en todas las partes del departamento. MCBH espera que este Plan MHSA refleje este importante trabajo. Gracias por tomarse el tiempo de leer nuestro plan y esperamos que nos brinde sus comentarios sobre nuestro trabajo!

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

MHSA COUNTY FISCAL ACCOUNTABILITY & PROGRAM
CERTIFICATIONS FY 20-23 & ANNUAL UPDATE 20-21

To be completed following public comment period.

BOARD OF SUPERVISORS APPROVAL FY 20-23 & ANNUAL UPDATE 20-21

To be completed following Mono County Board of Supervisors presentation and potential approval.

To view the presentation and further information about this Three-Year Plan & Annual Update by the Mono County Board of Supervisors on June 15, 2021, please visit the following link:

- <https://www.monocounty.ca.gov/bos/page/board-supervisors-120>

MONO COUNTY SNAPSHOT & CAPACITY OVERVIEW FY 20-23 & ANNUAL UPDATE 20-21

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

According to 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. Due to the dependence on tourism, Mono County's small business owners were especially hard hit by COVID-19. 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 to its Community Engagement programs that target underserved populations. Programs from previous years that are being continued or expanded in this Annual Update take into account the department's current and future capacity. Where necessary, the report outlines where additional capacity will need to be developed to meet programmatic goals and community needs.

Please see Capacity Table 1 below for an overview of staffing budgeted for FY 21-22. As of the writing of this report (Spring 2021), 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. At the end of FY 19-20, MCBH was able to execute a long-planned restructure of the department which made roles and responsibilities more clear, boosted three Latinx staff members onto the leadership team, provided promotions to a number of frontline workers, and created career paths for all staff members. Furthermore, this restructure allowed MCBH to bring on an additional LGBTQ staff member. The department has added three new positions for FY 21-22 to fill unexpected gaps in service and compliance needs.

In FY 20-21, MCBH began a process of moving toward racial equity by assigning a staff member to serve as ethnic services coordinator. We also contracted with Dr. Jei Africa to lead our team in difficult conversations and to brainstorm actions that will help create solutions to racial challenges in our department. This process has helped lead team members to a greater understanding of such concepts as white fragility, systemic racism, and implicit bias. As MCBH becomes a leader in this work internally, staff are being called to participate in the County-wide Justice, Equity, Diversity, and Inclusion Committee and is using the Cultural Outreach Committee to move the needle forward among community partners.

Approximately 45% of the Department's staff are bilingual (English/Spanish) and 45% are of Latino/Hispanic origin. MCBH believes that its ability to provide services across our programs is greatly enhanced if we have bilingual/bicultural staff. This is especially true for licensed staff and interns. 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 has a remarkably high Hispanic penetration rate, (almost 30 percent are Latino/Hispanic) and the department believes that its dedication to hiring bilingual/bicultural staff is one of the reasons for this achievement. For penetration rate data and count of Medi-Cal beneficiaries served, including Mono County's Hispanic penetration rate, please see Appendix A. For more information on how MCBH is serving our underserved communities, our cultural and linguistic competence plan provides a great deal of information.

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.

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

To examine capacity within the community, MCBH also listed partner agencies, organizations, and coalitions (see Capacity Tables 2-3 below). In some cases, the relationships between MCBH and the partner are strong and in other cases the relationships could be strengthened. In hiring additional staff, MCBH hopes to increase the department's ability to bridge the gap in some of these relationships. The agencies in each of these tables strive to meet the needs of racially and ethnically diverse populations in Mono County by hiring native Spanish speakers, offering interpretation services, reaching out to geographically isolated areas, hiring individuals with lived experience, and developing programs and trainings that specifically target the inclusion of diverse populations.

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

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

Additionally, in Fall 2018 MCBH participated in the OSHPD Workforce Needs Assessment Survey that informed the 2020-2025 WET Five-Year Plan Process. Please see the relevant email and screen shot below. Participation in this survey and planning process also satisfies the requirement for a workforce needs assessment.

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

- <https://oshpd.ca.gov/wp-content/uploads/2020/10/WETFive-YearPlan.pdf>

Budgeted Staffing for FY 2021-2022 (as of May 1, 2021*)

Position	Category	FTE	Language(s)	Latinx/Hispanic Origin?
Director	Managerial/Supervisory Licensed Mental Health Staff	1	English	N
Staff Services Analyst II	Managerial/Supervisory	1	English Spanish	Y
Program Manager	Managerial/Supervisory	.8	English	N
Staff Services Analyst II (Wellness Centers)	Managerial/Supervisory	1	English	N
SUD Supervisor	Managerial/Supervisory SUD Personnel	1	English	Y
Clinical Supervisor	Managerial/Supervisory Licensed Mental Health Staff	1	English Spanish	Y
Psychiatric Specialist III	Managerial/Supervisory Licensed Mental Health Staff	1	This position is vacant	
Psychiatric Specialist I	Mental Health Staff	1	This position is vacant	
Psychiatric Specialist I (Spanish-speaking)	Mental Health Staff	1	English Spanish	Y
Psychiatric Specialist I	Mental Health Staff	.8	English	N
Behavioral Health Services Coordinator I	Mental Health Staff	1	English Spanish	Y
Behavioral Health Services Coordinator I	Mental Health Staff	1	This position is vacant	

Case Manager I (Telepsychiatry Coordinator)	Mental Health Staff	1	English Spanish	Y
Behavioral Health Services Coordinator II	Mental Health Staff	1	English Spanish	Y
Case Manager III	Mental Health Staff	1	English Spanish	Y
SUD Counselor III	SUD Personnel	1	English	N
Behavioral Health Services Coordinator I	SUD Personnel	1	English Spanish	Y
Wellness Center Associate (Mammoth: SUD)	SUD Personnel	.25	English Spanish	Y
Case Manager III (Walker)	Mental Health Staff	.8	English	N
Wellness Center Associate (Walker)	Mental Health Staff	.25	English	N
Wellness Center Associate (Mammoth: Yoga)	Mental Health Staff	.1	English	N
Wellness Center Associate (Bridgeport)	Mental Health Staff	.45	English	N
Wellness Center Associate (Mammoth)	Mental Health Staff	.1	English	N
Fiscal Technical Specialist I	Other Personnel	1	English Spanish	Y
Fiscal Technical Specialist II	Other Personnel	1	English Spanish	N
QA/QI Coordinator	Other Personnel	1	English	N

Staff Services Analyst I (Data)	Other Personnel	1	English	N
Staff Services Analyst II (Compliance)	Other Personnel	1	English Spanish	Y
Accountant II	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	24 hrs/ week	English	N
Public Health Officer	Other Personnel	.25	This position is vacant	

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

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

COMMUNITY PROGRAM PLANNING FY 20-23 & ANNUAL UPDATE 20-21

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 Three-year Plan and Annual Update, MCBH participated in and facilitated several focus groups with key stakeholders over the course of the year, attempted to solicit feedback via Facebook Live, administered a community survey, held key informant interviews, and collected ideas at community events. 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 (see below and Appendix C). Additionally, when MCBH conducts focus groups, staff provide a short overview training of the MHSa and how the input that participants provide will be used to design and plan programs. This variety of information-gathering processes make up the department's unique CPP process. The Program Manager, 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 F.

Community Health Improvement Planning Workshop: Fall 2019

- 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

- December 14, 2020; 14 participants; Conducted via Zoom
- Facilitated by Amanda Greenberg
- The focus group began by conducting a poll to find out the most important and second most important mental health related need in the community right now, and to find out the most important and second most important strategy for promoting mental health right now. See minutes at <https://www.monocounty.ca.gov/behavioral-health/page/behavioral-health-advisory-board-13> for full poll results.
 - Top need in community was isolation and lack of social support.
 - 2nd most important need in community was stable employment.
 - Top strategy for promotion was to increase community engagement with mental health activities and programs in the community.
 - 2nd most important strategy for promotion was to provide more culturally-appropriate programs and services.
 - What programs or activities would be recommended based on these answers?

- Brainstorm more ways to outreach to the community.
- Can we ask feedback questions of people who get services from MCBH? This could reflect ease of accessibility.
- The suicide prevention event that MCBH held about a year ago was quite successful – maybe something similar but via Zoom – like one of the community conversations
- Hard to get people to participate and engage...maybe try more social options with games and fun stuff via zoom
 - Had the virtual art show (partnered w/ Mono Arts Council and MC Libraries) – that was successful. Thinking of doing a 2nd one towards end of February. How can we reach more people to participate if they are isolating? Link to art show: <https://www.youtube.com/watch?v=8-TwN0bi6WU>
- Feedback for virtual therapy: Some like the service better- makes it more accessible; for others privacy is a big issue. MCBH is paying attention to this and will continue to get feedback so we can improve.
- Overall deemed important to emphasize that our leaders (and everyone) is struggling. When new rules are implemented it is a struggle for everyone.
- A lot of stress due to political situation right now. MCBH addresses it in such a way that does not affiliate with a party, but gives an opportunity to vent about stress related to the election.

Suicide Prevention Event Program Idea Board: Winter 2020

- February 5, 2020; 100+ participants; Conducted at Mammoth Lakes Forest Service Auditorium
- Facilitated by Robin Roberts
- In response to a spike in local suicides, MCBH hosted a Suicide Prevention and Community Healing Event in February 2020 that encouraged community members to also share ideas for suicide prevention and community healing/wellness on large bulletin boards at the back of the room. Although no training on the MHSA was provided, this was an important opportunity to solicit feedback and ideas from important stakeholders.
- Key Ideas Shared Include:
 - More clubs/activities
 - Meet-up groups for hunting, arts, etc.
 - Mental health poetry slam
 - Skiing activities, especially for those without access
 - Climbing gym
 - Dog park
 - Safe queer spaces
 - Meet-ups for people of color

- A centralized location to meet and get info
- Mammoth Social app
- Sober happy hour events for mocktails and food – have a business sponsor once/month
- More Cerro coso classes
- Better way to find events other than Facebook
- Free community programs for all ages to build relationships
- Game nights, open mic night, coffee meet ups, bowling
- “New in Town” Wellness Center Group
- Spaghetti Supper every Sunday
- Rotate hosting among churches or public spaces
- Dances
- Promote belonging via Chamber of Commerce
- Sober spaces
- Mental Health open mic
- More community healing events
- PSAs on radio
- Information for individuals who identify as BIPOC

Community Survey: Spring 2021

- Survey open from March 21 to April 7, 2021; 115 participants
- Survey was administered via SurveyMonkey and distributed through partner agencies, on paper to key stakeholders, and on social media. It was available in English and Spanish.
- Community partners were offered the following “blurbs” to advertise the survey:
 - English Blurb: Every year, Mono County Behavioral Health (MCBH) does a community needs assessment as part of its Mental Health Services Act Community Program Planning Process. We would like to invite you to share your thoughts on mental health needs and help shape programming throughout Mono County by taking this 5-10 minute survey before April 7th. MCBH is offering an “honor system” \$5 gift card to behavioral health clients and family members of clients who take the survey. Thank you!
 - Spanish Blurb: Cada año, el departamento de Salud Mental del condado de Mono (MCBH) hace una evaluación de las necesidades de la comunidad como parte de su Proceso de Planificación del Programa Comunitario de la Ley de Servicios de Salud Mental. Nos gustaría invitarlo a compartir sus pensamientos sobre las necesidades de salud mental y ayudar a dar forma a la programación en todo el condado de Mono tomando esta encuesta de 5-10 minutos. MCBH está ofreciendo una tarjeta de regalo de \$5 a clientes de salud mental y familiares de clientes que toman la encuesta. ¡Gracias!
- The survey was also advertised by a series of FB Live videos (see Appendix G)
- All frontline workers at MCBH were asked to invite clients and family members of clients to participate, with an incentive of a \$5 gift card for those that completed the survey. As

shown in the results below, 31% of participants were clients, family members, or former clients. MCBH has issued 34 gift card incentives using its CPPP funds.

- Facilitated by Amanda Greenberg and analyzed by Marcella Rose
- **Overview of demographic information:**
 - 30.9% of survey participants are clients or family of clients of MCBH (former or current).
 - 20.4% are community members
 - 15.1% participate in MCBH community programs
 - 11.8% are MCBH Staff
 - Robust mixture of different demographics, including location, race, sexual orientation, and gender
- For full results see Appendix I
- Key Takeaways include:
 - **The top 3 issues in our community related to mental health**
 - Knowledge of MH issues (13.9%)
 - Finding access to MH providers (12.8%)
 - Experiencing stigma/prejudice (10.4%)
 - **The top 3 issues for individuals (self) related to mental health**
 - Finding access to MH Providers (13.2%)
 - Knowledge of MH Issues (13.2%)
 - Lack of programs/services for specific groups (8.5%)
 - *Honorable mentions:*
 - Family relationships (8.2%)
 - Experiencing stigma/prejudice (7.8%)
 - Securing stable employment (7.5%)
 - **The top 3 issues for youth (0-15) related to mental health**
 - Experiencing stigma/prejudice (11%)
 - Knowledge of mental health issues (11%)
 - Family Relationships (10.3%)
 - Experiencing bullying (10.3%)
 - *Honorable mentions*
 - Finding access to MH providers (9.9%)
 - **The top 3 issues for transition aged youth (16-25) related to mental health**
 - Knowledge of Mental Health Issues (9.9%)
 - Finding access to MH Providers (9.2%)
 - Family relationships (9.2%)
 - **The top 3 issues for adults (26-59) related to mental health**
 - Finding access to MH providers (11.8%)
 - Knowledge of MH Issues (10.7%)
 - Securing stable employment (10%)
 - **The top 3 issues for older adults (60+) related to mental health**
 - Finding access to MH providers (13.6%)
 - Feeling a lack of social support or isolation (13.2%)

- Family Relationships (9.5%)
 - Feeling a lack of purpose/meaning (9.5%)
 - **The top 3 strategies to promote mental health**
 - Increase awareness of MH programs (19.9%)
 - Provide more programs and services for special populations (13.9%)
 - Increase community engagement in MH programs (11.4%)
 - *Honorable mention*
 - Where possible, meet basic needs (10.3%)
 - **ALL Top 3 issues questions, combined:**
 - Finding access to MH Providers (12%)
 - Family Relationships (11%)
 - Lack of programs/services for specific groups (9%)
- MCBH was happily surprised to receive enough responses from several specific groups of people that our data analyst could look at those needs and ideas for solutions individually.
 - Among survey participants who identified as transgender, genderqueer, questioning/unsure, or other gender identity:
 - **Top strategies to promote mental health:**
 - Provide more programs and services for special populations (21%)
 - Use tech to promote connection (15%)
 - Offer services and programs at more convenient places and times (15%)
 - Increasing awareness of MH programs and services (12%)
 - Recruit and retain high quality BH staff (12%)
 - Among survey participants who identified as gay, lesbian, bisexual, questioning/unsure, or queer:
 - Top strategies for promoting mental health:
 - Provide more programs & services for special populations (20%)
 - Increase awareness of MH programs & services (17%)
 - Use technology to promote connection (13%)
 - Among survey participants who identified as American Indian:
 - **Top strategies for promoting mental health**
 - Increasing awareness of MH programs and services (22%)
 - Provide more programs and services for special populations (22%)
 - When possible, meet basic needs like housing, rental and food assistance (11%)
 - Offer services and programs at more convenient times and places (11%)
 - Recruit and retain high quality BH staff (11%)
 - Among survey participants who identified as Latinx
 - **Top strategies to promote mental health**
 - Increasing awareness of MH programs and services (23%)
 - Provide more programs/services for special populations (18%)

- Use tech to promote connection (11%)
- Meet basic needs like housing, rental and food assistance (11%)
- Among survey participants who identified as Black/African American
 - **Top strategies for promoting mental health**
 - Provide more programs and services for special populations (18%)
 - Use tech to promote connection (16%)
 - Meet basic needs like housing, rental and food assistance (14%)
 - Recruit and retain high quality BH staff (14%)

Facebook Live CPPP “event”: Spring 2020

MCBH experimented with seeking feedback through Facebook Live. The Program Manager provided a brief explanation of the MHSA and the CPPP in a live video and explained the different types of programs that are offered under each component. She asked for feedback in the comments or via phone or email. Although 312 people were reached, there were 7 reactions/comments/shares, and 31 post clicks, no comments were provided and MCBH did not seek community input via Facebook live again in Spring 2021.

California Healthy Kids Survey (2019-2020)

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

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

- Finally, 13% of students reported seeing a weapon at school in the last year vs. 14% at the State.
- Mammoth Unified School District: [Middle and High](#)
 - 84 students in grade 7 responded to the survey
 - Key Takeaways:
 - Grade 7 scored on par with the State across the key indicators for school climate and student well-being, with exception to experiencing harassment or bullying and seeing a weapon on campus, in which MUSD scored lower than state values.
 - 30% of students reported chronic sadness/hopelessness in the last 12 months (vs. 30.4% at the state for 2017-2019)
 - 92 students in grade 9 responded to the survey
 - Key Takeaways:
 - Grade 9 scored on par with or higher than the State across the key indicators for school climate and student well-being
 - 38% of students reported chronic sadness/hopelessness in the last 12 months (vs. 32.6% at the state for 2017-2019)
 - 20% of 9th graders report seriously considering suicide in the last 12 months (vs. 15.8% at the state for 2017-2019)
 - 52 students in grade 11 responded to the survey
 - Grade 11 scored on par with or higher than the State across the key indicators for school climate and student well-being, except for chronic truancy, caring adult relationships, and high expectations in which MUSD scored lower than state values.
 - 48% of students reported chronic sadness/hopelessness in the last 12 months (vs. 36.5% at the state for 2017-2019)
 - The percentage of 11th graders who perceived the school to be safe or very safe was slightly lower than the state for Hispanic/Latino and White students, except for Mixed (2 or more) races, which felt considerably safer than state levels.
 - 12% of 11th graders report seriously considering suicide in the last 12 months (vs. 16.5% at the state for 2017-2019)
- Eastern Sierra Unified School District: [Elementary](#)
 - 12 students in grade 5 completed the survey
 - Key Takeaways:
 - Both academic motivation and meaningful participation were on par with the state but school connectedness was lower than the state
 - 90% of students report feeling safe at school vs. 79% at the state (2017-2019)
 - Like MUSD, there is a lower percentage of students who report being bullied in comparison to the State

- 9% of students report having mean rumors spread about them “all of the time”
 - 9% of students report being called bad names or having mean jokes told about them “all of the time”
 - Finally, 9% of students reported seeing a weapon at school in the last year vs. 14% at the State.
- Eastern Sierra Unified School District: [Middle](#)
 - 27 students in grade 7 completed the survey
 - Key Takeaways:
 - Grade 7 scored on par with or higher than the State across the key indicators for school climate and student well-being except for experiencing harassment or bullying, and experiencing chronic sadness and hopelessness, in which ESUSD Grade 7 scored lower than state values.
 - 22% of students reported chronic sadness/hopelessness in the last 12 months (vs. 30.4% at the state for 2017-2019)
 - A high percentage of students across racial/ethnic groups reported feeling safe/very safe at school
- Eastern Sierra Unified School District: [High](#)
 - 32 students in grade 9 responded to the survey
 - Key Takeaways:
 - Grade 9 scored on par with or higher than the State across many key indicators for school climate and student well-being, except for Been in a physical fight, current alcohol, drug or cannabis use, been drunk or “high” on at school ever, and vaping, in which ESUSD scored lower than state values.
 - 41% of students reported chronic sadness/hopelessness in the last 12 months (vs. 32.6% at the state for 2017-2019)
 - 16% of 9th graders report seriously considering suicide in the last 12 months (vs. 15.8% at the state for 2017-2019)
 - 27 students in grade 11 responded to the survey
 - Key Takeaways
 - Grade 11 scored variably when compared to the State for key indicators for school climate and student well-being. ESUSD scored higher than the state for school engagements and supports, on par with state for school safety measures, and generally scored lower than the state for substance use and physical/mental health.
 - 19% of students reported chronic sadness/hopelessness in the last 12 months (vs. 36.5% at the state for 2017-2019)
 - 8% of 11th graders report seriously considering suicide in the last 12 months (vs. 16.5% at the state for 2017-2019)

- 75% of Hispanic or Latino 11th graders reported perceiving the school as safe or very safe vs. 51.1% at the state.
- 0% of Hispanic or Latino 11th graders reported harassment due to race, ethnicity, religion, gender, sexual orientation, disability, or immigrant status vs. 22.2% at the state.

Key Informant Conversations

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

MCBH’s Program Manager and Ethnic Services Coordinator spoke with the Cultural Outreach Coordinator for the Bridgeport Indian Colony. We learned about some of the barriers to service and outreach that the Indian Colony faces, some of the services the Tribe provides, and discussed potential opportunities for collaboration. The Cultural Outreach Coordinator suggested that a community health worker model would be most effective for engaging community members and fighting mental health and substance use disorder stigma. MCBH plans to fund a Wellness Center Associate position for a tribal member through another grant source as early as FY 21-22.

MCBH’s Program Manager and Wellness Center Associate met with Mammoth Middle School (MMS) teachers to discuss potential wellness interventions in the virtual MMS setting. Teacher expressed concerns about students’ lack of willingness to engage, their isolation, and their “flat affects.” Through this conversation MCBH was able to provide weekly meditation for students, as well as create a Mental Health 101 speaker series. This engagement also helped remind teachers how to refer students to MCBH and helped the Department discover that referral methods in the virtual setting were unclear.

MCBH Program Manager and Walker-Based Case Manager met with the lead of the Walker Senior Center (an employee of Mono County Department of Social Services and herself a senior) to discuss methods of outreach to seniors isolated due to COVID-19. Together, the two departments brainstormed different activities seniors might like to participate in, the types of materials that should be included in home activity bags, and other methods of outreach. In Spring of 2021, the two Walker-based staff members are collaborating on outdoor activities designed just for seniors.

Other Avenues for Stakeholder Input

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 MHSA programs, a process that leads to informal needs assessment/information gathering. For example, she has presented on MHSA programs before Mammoth Voices, the Mammoth Rotary, 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 MHSA needs and services through smaller scale meetings with partners like Mammoth Hospital, the Mono County Sheriff, etc.

Additional outreach includes meetings with Mammoth Unified School District (MUSD) regarding its partnership with CareSolace, a mental health concierge service; 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. MCBH's Cultural Outreach Committee and Latinx Outreach Committees also bring stakeholders together for discussion related to community needs. These minutes are on file with MCBH and are also used to inform the CPPP.

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

This Three-Year Plan and 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 Three-Year Plan and Annual Update planning, development, and evaluation activities were also discussed with the Mono County Behavioral Health Advisory Board members.

Finally, MCBH staff received a training on the CPPP so that they are more aware of how stakeholders' input impacts the department's decision-making and MHSA planning. This training took place on 10/20/20 and included 19 participants. Please see Appendix C for sign-in sheet and hand-out used.

LOCAL REVIEW PROCESS FY 20-23 & ANNUAL UPDATE 20-21

30-day Public Comment period dates: May 14, 2021 – June 13, 2021

Date of Public Hearing: June 14, 3:00-4:30 pm, via Zoom:

Link: <https://monocounty.zoom.us/j/7609241741>

Call in: +1 669 900 6833 Meeting ID: 760 924 1741

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

The plan was posted at monocounty.ca.gov/MHSA on May 14, 2021. A news article was posted on MCBH's website and the Mono County website on May 14, 2021. Please see images in Appendix G for examples of advertisement.

- Advertisements for the public comment period were placed in three local newspapers: The Sheet, the Mammoth Times, and El Sol de la Sierra (a Spanish language newspaper). Flyers advertising the public comment period and public hearing were also posted throughout the County in well-trafficked public places such as post offices and community center. Additionally, advertisement went out via MCBH's Facebook page, which has 1,001 followers and was advertised in conjunction with MCBH's mental health month activities. Advertisements appeared in our newspapers:
 - Mammoth Times: to be completed following public comment period
 - 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 June 14, 2021 from 3:00-4:30 pm via Zoom. The public hearing was facilitated by Amanda Greenberg, the Program Manager and took place during the regular meeting of the Behavioral Health Advisory Board. There were ___ individuals in attendance. The Program Manager first gave a presentation about the plan that included information on the public hearing process and invited feedback and discussion. This presentation is located at the address below; once approved, the minutes for this meeting will also be available at this link:

- <https://www.monocounty.ca.gov/behavioral-health/page/mhsa-fy-20-23-three-year-plan-and-21-22-annual-update-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: FY 20-23 & ANNUAL UPDATE 20-21

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. Please note that some of our programs are funded across multiple categories, so may be listed twice.

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

From an administrative perspective, MCBH will be working with consultants to maximize its funding opportunities and to create a sustainable plan to help spend down MCBH’s significant fund balances. Additionally, this process will help prepare MCBH for the changes coming with CalAIM, the California state reform of the Medi-Cal system.

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

CSS Table 1. CSS Service Categories & Programs/Services

Service Category	FSP	General System Development	Outreach/Engagement
Programs and Services	<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 	<ul style="list-style-type: none"> • Expansion of case management/supportive services • Wellness Centers • Crisis intervention/stabilization • MHA Housing Program 	<ul style="list-style-type: none"> • Community Outreach & Engagement

<ul style="list-style-type: none"> • MHSA Housing Program • Telehealth Services • Wrap Program 	<ul style="list-style-type: none"> • Telehealth Services • Wrap Program 	
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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. Please see CSS Table 2 below for an outline of the estimated number of FSP clients to be served each fiscal year broken out by age group. These percentages align with MCBH’s current identified need, as well as the Mono County average age distribution.

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

	FY 2020-21	FY 2021-2022	FY 2022-2023
Children (0-15)	3	3	3
TAY (16-25)	5	6	6
Adult (26-59)	13	14	15
Older Adult (60+)	4	5	5

MCBH has also allocated a significant amount of CSS funds for its MHSA Housing Program. This one-time contribution of funds will fund 13 units in an 81-unit affordable housing development in the heart of Mammoth Lakes. For this project, MCBH has partnered with the Town of Mammoth Lakes (owner of the land) and The Pacific Companies (selected developer) – it will include offices for supportive services, a community space for residents, and a day care facility. Ultimately, this neighborhood will include 400+ units of affordable housing. MCBH partnered with Pacific to complete its non-competitive No Place Like Home application and is awaiting an award of \$500,000 toward the project. In summer 2021-2022, Pacific will begin building the infrastructure needed for the project with hopes of beginning construction in spring 2022 and lease up the following year. MCBH has developed a supportive services plan with in-kind services. Please visit the link below for more detail on how services will be provided at this housing project.

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

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

In its FY 2020-2023 Three-Year Plan, MCBH added two new programs to its CSS component: Telehealth Services and the Wrap Program. Like the MHSA Housing Program, these programs are funded in part through FSP and partially through GSD. The Telehealth Services Program includes psychiatry services and therapy services provided via telemedicine through a contractor called North American Mental Health Services (NAMHS), as well as a small portion of the Mono County

Public Health Officer's salary to provide some oversight of the program. The therapy services provided through the Telehealth Services Program have also allowed MCBH to maintain a continuity of care during a time of internal staff turnover. The Wrap Program is a well-established partnership between MCBH, Mono County Probation, and Mono County Social Services. The Mono County Wrap Program can serve up to two families at any given time and "wraps" these families in a variety of services, holds regular family meetings, and has staffing such as a Parent Partner and Wrap Coordinator. Neither of these programs existed prior to 2005.

General System Development

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

The expanded case management and supportive services category enables MCBH to offer services to a wide variety of clients in need of additional support. This program has also allowed MCBH to hire both entry level and to promote experience behavioral health staff who are often bilingual and from the Latinx community, thus creating career pathways to higher paying positions, such as Psychiatric Specialist, SUD Counselor, or Staff Services Analyst.

MCBH has two wellness centers: the Walker Wellness Center and the Sierra Wellness Center in Mammoth Lakes. In FY 2019-2020, shortly before the onset of COVID-19, MCBH re-located 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. However, in spring 19-20, MCBH shifted its focus from wellness center programming and moved those staff to help with Facebook Live outreach and to creating at-home activity bags for families to take home from local food banks. These activities will be discussed under the Community Outreach programs in the PEI component. MCBH attempted doing virtual wellness groups without much success.

During MCBH's pre-COVID Community Program Planning Process, there was a great emphasis placed on expanding wellness center programs throughout the county. As a result, MCBH began to plan for additional Wellness Center Associates and despite the lack of in-person programming, brought on a part-time staff member to serve the Bridgeport community in May 2020. The department is planning to bring on another Mammoth-based Wellness Center Associate in June 2021, as well as a new staff member to supervise and build wellness center activities and community programs throughout Mono County. In FY 22-23, MCBH plans to create at least two peer support specialist positions that can serve as growth paths for our Wellness Center Associates (these positions will likely be split between CSS and PEI).

Although the department was hoping to expand wellness center programming in FY 19-20 and 20-21, the department is now hoping to be able to return to more regular wellness center programming in FY 21-22 in Walker, Bridgeport, and Mammoth. These programs range from yoga

to arts and crafts to support groups to Clubhouse Live, our after-school program. The department is happy to report that spring 2021 has brought a successful Yoga in the Park series in four communities throughout the County and MCBH hopes to bring back other favorite activities. The Walker Community Garden is also operating for summer 2021 and MCBH is in the midst of an interior remodel of the Walker Wellness Center to make it easier to clean and more bright and welcoming for visitors. Finally, MCBH is exploring electronic sign-in options for its wellness center to aid in data collection across our communities!

In terms of crisis intervention and stabilization, MCBH staff are available 24/7 including responding to crisis calls from the Mammoth Hospital Emergency Department for 5150 assessments. MCBH also operates a transitional housing program to stabilize a person's living situation and provides services on-site, but this program is grant-funded and does not utilize MHSA funding. In FY 2019-2020, the Department developed an MOU with Kern County for utilization of a crisis stabilization unit in Ridgecrest – both FSP and non-FSP clients used this service. Additionally, MCBH has begun to participate in the MHSA-sponsored Crisis Now Learning Collaborative with the help of a consultant from SHINE, a local non-profit. The department expects to create an Innovation plan as a result of its participation in this learning collaborative.

Outreach and Engagement

In “normal times,” 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.

MCBH's CPPP identified several under-served groups of people throughout Mono County, including our Latinx community, transitional age youth, seniors, and our LGBTQ+ community members. With the onset of the pandemic in late FY 19-20 and 20-21, MCBH focused the majority of its Outreach and Engagement efforts on helping to reduce disparities in our Latinx community that were brought to light due to COVID-19. In the early weeks and months of the pandemic, the County experienced significant challenges getting messages out to the Latinx community. As in many communities across the country, our Latinx population was hit harder by the pandemic than the county's white population in terms of the virus itself as well as economic hardship and other social determinants of health. Thanks to the work that MCBH had done over years to hire bilingual Latinx staff and build relationships in the Latinx community, the department became invaluable in this effort and one MCBH staff served as the head of the inter-agency Latinx Outreach Committee. This staff member was recently named a “Hidden Hero” at the Mammoth Lakes Chamber of Commerce's Pandemic Champions Award Ceremony.

The department is happy to report that in honor of Mental Health Monday in May 2021, MCBH will host its first Foro Latino in over a year. As MCBH returns to regular programming in FY 21-22, the department will work with key stakeholders both in the department and in the community to lead programs and activities for each of these targeted groups and hire or collaborate with individuals from these groups. For example, in FY 22-23, the Department hopes to partner with a local non-profit that focuses on providing intensive outdoor opportunities for people of color and members of the LGBTQ+ population.

CSS Achievements

MCBH is very proud of its CSS pivots in late FY 19-20 and into 20-21 in response to the COVID-19 pandemic. The Department's achievements include hiring a Bridgeport-based Wellness Center Associate, leading the Latinx Outreach Committee, beginning to build a relationship with the Bridgeport Indian Colony, and restructuring the department to ensure appropriate staffing, supervision, and career paths for all staff members. MCBH also successfully identifying a site and a partner for its housing project and negotiating the inclusion of 13 units of housing for individuals with mental health conditions.

MCBH has participated in the Crisis Now Learning Collaborative and was able to build up its Telehealth Services program to better meet client's psychiatry and tele-therapy needs. In terms of wellness center programming, the MCBH is happy to report plans to meet the ideas that community members shared through the CPPP and is thrilled at the participating we are seeing in our Yoga in the Park series spring 2021. Finally, MCBH looks forward to hopefully working more closely with tribal partners moving forward.

Challenges or barriers, and strategies to mitigate

Like the rest of the world, Mono County Behavioral Health experienced its greatest challenge and barrier in COVID-19. While we are proud of the way that our staffed pivoted to meet community needs, the barriers that we encountered were intense. As vaccinations have rolled out and the weather has made outdoor activities possible, our greatest strategy to mitigate has been to get outside for activities.

MCBH now has more staff than ever before and we continue to clarify each staff's roles and responsibilities and try to minimize the number of hats each staff person wears. The department continues to face challenges in reaching out to different under-served populations, but hopes that adding staff with specific ties to those populations will be a strategy to mitigate.

Two final challenges or barriers include the high cost of our Telehealth Services Program, which includes psychiatry and the continued lack of affordable housing in Mono County. While no solution is currently available for high costs, MCBH remains determined to push forward its housing project.

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

MCBH has added quite a number of changes to its Three-Year Plan:

- Staff restructure at the end of FY 19-20
- Shift of funds and staffing in response to COVID-19 at the end of FY 19-20
- Addition of Peer Support Specialists in FY 22-23
- Addition of Wrap and Telehealth Programs to the MHSA Plan
- Remodel of the Walker Wellness Center
- Portion of Public Health Officer's salary to provide oversight of Telehealth Services Program
- Participation in the Crisis Now Learning Collaborative
- Plan to expand wellness center programming
- Discussion of how the department will respond to CalAIM
- New partnership with Pacific Companies and the Town of Mammoth Lakes on permanent supportive housing project

PREVENTION AND EARLY INTERVENTION: FY 20-23 & ANNUAL UPDATE 20-21

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

PEI Table 1. PEI Service Categories & Programs/Services

Service Category	Prevention & Early Intervention	Outreach to Increase Recognition	Access/ Linkage to Treatment	Stigma/ Discrimination Reduction
Programs and Services	<ul style="list-style-type: none"> • Peapod Playgroup Program • Parenting classes • Walker Senior Center • North Star School-Based Services 	<ul style="list-style-type: none"> • Community Trainings 	<ul style="list-style-type: none"> • Outreach in Outlying Communities 	<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. The Peapod Playgroup Program continued to operate virtually throughout COVID-19, though with decreased participation. MCBH looks forward to when its contractor will be able to return to normal in-person activities.

The next activity funded through the Prevention category is a portion of the operations at the Walker Senior Center. Located in remote Walker, CA, the Senior Center is the fixture of a community that is 34 percent 60 years and older (2010 Census). This program is operated by Mono County Social Services and typically includes daily lunches for seniors, a welcoming area to spend time during the day, and structured activities ranging from games to informative learning sessions. The senior center lead staff person has been trained in Healthy IDEAS, a depression screening tool for seniors and is trained on how to refer individuals to MCBH for services. Through this partnership with the Walker Senior Center, MCBH has the goal of reducing isolation and building community supports, both of which have been identified as needs in the Community Program Planning Process. In FY 20-21, MCBH provided a one-time increase in funding to help the center develop innovative ways of outreach to our most isolated seniors. In FY 21-22 and 22-23, the funding will drop back down to typical levels.

The largest program funded in the PEI category is the North Star School-Based Services Program (formerly called the Mammoth North Star Counseling Center). This program was expanded in part due to COVID-19 when services were no longer provided through a counseling center, and it became more possible to provide robust school-based services to all schools throughout the County. This program has historically targeted K-12 youth and will continue to do so, and in FY 22-23, MCBH plans to expand the program to include transition age youth (age 16-25) at Cerro Coso Community College. Although families are served collaterally, North Star's target population is 100% youth. MCBH has added a Psychiatric Specialist III position to its budget for FY 21-22 to provide therapy to students and to help supervise the North Star program.

The services provided through this program include individual therapy and referral-based groups, in-class presentations and wellness activities, and (starting in FY 22-23) on-campus programming and outreach for Cerro Coso. Staff assigned to this program will also be charged with building relationships with school administrators and teachers to help build buy-in for school-based programs. Meanwhile, MCBH administrators will be working with state and local partners to develop and implement an early psychosis detection plan and program that will ultimately become partially integrated with this program.

North Star's mission is to improve the lives of the clients we serve by providing tools and insights so clients can better recognize, confront and understand their challenges.

The North Star School-Based Services Program aims to keep students from falling through the cracks during one of the most critical development periods of their lives. Additionally, North Star

aims to reduce mental health stigma in the community and provided a safe place where students and their families can seek needed services.

Outreach for Increasing Recognition of Early Signs of Mental Illness

In FY 2019-2020, MCBH contracted with a local professional and paid her to become trained in Mental Health First Aid. Due to COVID-19, she was unable to provide many trainings, but has two full-day trainings scheduled for May 2021. In FY 21-22, she will offer at least four MHFA trainings, and will reach out to some of Mono County's largest employers to provide these trainings.

Additionally, MCBH regularly responds to requests for trainings and the department's director spends a significant portion of her time advocating for mental health in ways that align with this component. Finally, MCBH hopes to provide an in-depth training about the early signs of mental illness and the school-to-prison pipeline for the Student Attendance Review Board (SARB) of Mono County.

Access and Linkage to Treatment

Previously called the "Outreach in Walker Community" program, this program is now called the "Outreach in Outlying Communities" program. In FY 2018-2019, MCBH hired a Walker-based case manager to focus on PEI activities in the northern part of Mono County. At the end of FY 19-20, MCBH hired a Bridgeport-based Wellness Center Associate to focus on wellness and prevention activities in the Bridgeport community. These staff members are key parts of MCBH's access and linkage program. Within the Walker community, the program includes regular outreach to the isolated Mountain Warfare Training Center Marine Corps Base, attending social events and building relationships with members of the Walker community and their families. A portion of this program is also encompassed in the North Star School-Based Services program, which includes a very healthy referral process. It is MCBH's hope that in FY 21-22, staff members will be able to return to more normal programming throughout our outlying communities.

Stigma and Discrimination Reduction

To reduce stigma and discrimination, MCBH engages in several activities through its Community Engagement Program, including an active Facebook page with English and Spanish content, tabling at health fairs, and participating in other community events as requested. With the onset of COVID-19 at the end of FY 19-20, MCBH shifted its focus from in-person wellness activities to other forms of outreach and engagement to help people feel connected, to openly discuss the emotional and mental hardships that our communities were facing due to the pandemic, and to help address the racial and ethnic disparities that were becoming more visible due to COVID-19. MCBH began doing three Facebook Live sessions per day (two in English and one in Spanish) and its followers skyrocketed, going from 66 to over 600 in a matter of months.

As MCBH staff were working with clients, they also identified a need for parents to have healthy ways to interact with their children and a need in the community to ensure that people knew who to call and to feel safe calling for mental health services. To meet these needs, MCBH

distributed approximately 400 activity bags to residents throughout Mono County. To achieve this feat, the department partnered with local food banks and food delivery services, schools, the senior center, and local businesses.

As part of its Community Engagement program, MCBH is also working to build key partnerships with such organizations as the Mono County Free Libraries, the Mono Arts Council, Mammoth Lakes Housing, and others. MCBH will be sponsoring a publication through the Mono County Free Libraries that will help share stories of stigma and discrimination shared by youth and has participated in two virtual arts shows with Mono Arts Council and the Library.

In FY 22-23, MCBH plans to add a formal Suicide Prevention program; as MCBH's structure currently stands, any swift community responses to suicide prevention are part of the Community Engagement Program. In mid-2020, for example, MCBH hosted two suicide prevention community healing events in response to a spike in local suicides. These events also served as part of MCBH's Community Program Planning Process. The department also plans to continue its work as a department and in the community to move toward racial equity.

PEI Achievements

MCBH's greatest achievements at the end of FY 19-20 and into FY 20-21 have been pivots related to COVID-19, most notably its shift to reaching the community through Facebook and Facebook Live videos. The department is also proud of its continued engagement with the schools and its offerings of various in-class wellness activities to help students manage the stress of isolation and virtual learning.

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. COVID-19 created a significant barrier for providing typical PEI services and MCBH has discovered the need for a dedicated North Star therapist and supervisor. MCBH looks forward to opening the recruitment for this position upon the Mono County Board of Supervisors' adoption of the 21-22 budget.

List any significant changes in Annual Update, if applicable

Significant changes include: the pivot from wellness programs to the Community Engagement program, the distribution of activity bags, addition of Psychiatric Specialist III, shift to virtual programming, development of key community partners, a focus on social media, and changing the name of two PEI programs. Finally, MCBH was also not able to fund parenting classes in FY 19-20 and will not be including this item in its Three-Year Plan.

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

Regulatory PEI Priorities	Childhood Trauma & Early Intervention	Early Psychosis & Mood Disorder Detection & Intervention	Youth Outreach & Engagement Strategies	Culturally Competent & Linguistically Appropriate PEI	Strategies Targeting Mental Health Needs of Older Adults
Citations	WIC Section 5840.6(d)	WIC Section 5840.6(e)	WIC Section 5840.6(f)	WIC Section 5840.6(g)	WIC Section 5840.6(h)
Programs and Services	<ul style="list-style-type: none"> • Peapod Playgroup Program • North Star School-Based Services Program 	<ul style="list-style-type: none"> • Community Trainings (OIR) • North Star School-Based Services Program 	<ul style="list-style-type: none"> • Outreach in Outlying Communities (ALT) • Peapod Playgroup Program • North Star School-Based Services Program 	<ul style="list-style-type: none"> • Community Engagement (SDR) • Outreach in Outlying Communities 	<ul style="list-style-type: none"> • Walker Senior Center • Outreach in Outlying Communities
Estimated Share of PEI Funding Allocated	17%	20%	24%	25%	15%
<p>“Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression, and psychosis” is built into every PEI program operated by Mono County Behavioral Health.</p>					

PREVENTION & EARLY INTERVENTION EVALUATION REPORT (FY 2018-19 - FY 2019-2020): AGGREGATED DATA

Background & Purpose

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

MCBH funds a variety of programs with its PEI funds, including the Peapod Playgroup Program, North Star Counseling Center (group and individual services), community trainings, school groups in outlying communities, and a Facebook page featuring bi-lingual content. MCBH has collected demographic and outcome data for some, but not all of these programs. In some cases, it is not possible to collect these data due to the nature of the program and in some cases the data collection was not completed due to lack of capacity.

Program Descriptions

Peapod Playgroup Program

The Peapod Program is a partnership program between MCBH and Mono County Office of Education (MCOE) First 5 which targets children from birth to five years old and their parents in various communities throughout Mono County. Every year, MCBH and MCOE strive to offer three to four Peapod sessions in each location; each session consists of 10 weekly playgroups in which parents and children gather together. 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 2018-2019 North Star Counseling Center offered 2 Resilience groups (8 and 9 weeks each), focusing on subtopics such as Letting go of stress, Understanding your emotions, Dealing with anger and clear thinking, and Understanding other people's emotions, among others. In FY 2019-2020, North Star Counseling Center offered 2 groups (6 weeks each), focusing on Conflict Resolution and Social Skills 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; all Mono County schools are versed on how to perform a North Star referral for services to MCBH. Students that need mental health services beyond North Star Group Counseling are referred to Individual Counseling. In this sense, North Star Counseling Center essentially acts as a vehicle for referral and an extension of MCBH for services. Individuals are connected with case managers and therapists and are often involved in family therapy and collateral sessions with their parents so that progress of treatment can be monitored and discussed. Target population: Students served by the Mammoth Unified School District and the Mono County Office of Education.

Eastern Sierra Unified School District Groups & Wellness Groups in Outlying Communities

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

Beyond the ESUSD school groups, MCBH began to offer a myriad of wellness services to Eastern Sierra communities., Mommy & Me yoga, Mindfulness, Keto cooking classes, Arts and Crafts,

Wildflower Hikes, Social dinners and brunches, and Primary Intervention Program (PIP) sessions. The classes were geared towards various age groups and were welcome and free to all Mono County residents. While MCBH staff hosting the services are able to provide information to participants regarding MCBH's mental health services, referrals are not formally made or tracked. Target population: Students served by Eastern Sierra Unified School District and Mono County residents.

Mono County Behavioral Health Facebook Page

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

Suicide Prevention Program Trainings for Teachers and Staff

Mono County Behavioral Health occasionally hosts formal suicide prevention trainings for teachers and staff at local schools – for FY 18-19 there was one training held in Walker, and one held in Lee Vining in FY 19-20. Additionally, in FY 18-19 MCBH Director Robin Roberts participated in one training each at Eastern Sierra Unified and Mammoth Unified school districts, during which safety and suicide prevention protocols were developed.

Community Outreach and Trainings

MCBH occasionally offers community-based trainings on various mental health topics. MCBH conducted four trainings between FY 18-19 and FY 19-20 (two trainings each FY). For FY 18-19, MCBH performed two Outreach Trainings related to Mental Illness. The first training was an event with the Mammoth Lakes Foundation in which college students were provided with information regarding managing stress and anxiety. The second FY 18-19 training was through the Mono Arts Council which featured a session on Social Emotional Learning. In January 2020, Mono County saw a sudden spike in suicide rates. In response, MCBH hosted two community suicide events during FY19-20 (these events were independent of suicide prevention trainings offered in Mono County schools). The first event was a partner event with a local food service provider, and the second event was partnered with the Mammoth Mountain Ski Area (MMSA).

Aggregated Demographic Information

Per the PEI regulations, MCBH has combined the metrics and demographics for all of its PEI programs for 2018-2019 and 2019-2020, separately, 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 FYs 18-19 and 19-20, systems were not in place to capture all parts of this data from all our programs. Since then, MCBH has been working diligently year over year to improve its data collection capabilities.

AGE GROUPS	FY 18-19	FY 19-20
Children (0-15 yrs)	64	115
Transition Age Youth (16-25 yrs)	31	108
Adult (26-40 yrs)	33	853
Adult (41-59 yrs)	5	219
Older Adult (60+ yrs)	4	3
Prefer not to answer	0	0

SEX ASSIGNED AT BIRTH	FY 18-19	FY 19-20
Male	4	3
Female	34	24
Other	0	0
Prefer Not to Answer	0	0

GENDER IDENTITY	FY 18-19	FY 19-20
Male	50	283
Female	74	790
Transgender Male	0	0
Transgender Female	0	0
Genderqueer/ gender non-conforming	0	0
Questioning/ unsure of gender identity	0	0
Another gender identity	0	0
Prefer not to answer	0	0

SEXUAL ORIENTATION	FY 18-19	FY 19-20
Gay or Lesbian	0	0
Heterosexual or straight	36	36
Bisexual	0	0
Questioning or unsure of sexual orientation	0	0
Queer	0	0
Another sexual orientation	0	0
Prefer not to answer	2	1

RACE / ETHNICITY	FY 18-19	FY 19-20
American Indian or Alaska Native	1	7
Asian	0	0
Black or African American	2	5
Native Hawaiian or other Pacific Islander	1	1
White / Caucasian	95	166
Other White/Caucasian	2	2
Other	0	0
More than one race	6	54
	0	0
Eastern European	1	1
European	12	5
Hispanic/Latino	68	111
Other Hispanic/Latino	4	2
Not Hispanic/Latino	41	24
Mexican/Mexican-American/Chicano	18	12
Caribbean	0	0
Central American	0	0
Puerto Rican	0	0
South American	0	0
African	0	0
Asian Indian/South Asian	0	0
Cambodian	0	0
Chinese	0	0
Filipino	0	0
Japanese	0	0
Korean	0	0
Middle Eastern	0	0
Vietnamese	0	0
Other	0	0
More than one ethnicity	0	0
Prefer not to answer	3	2

PRIMARY LANGUAGE	FY 18-19	FY 19-20
English	104	776
Spanish	15	139
Other	1	26
Prefer not to answer	0	0

DISABILITY	FY 18-19	FY 19-20
None	37	26
Difficulty seeing	0	0
Difficulty hearing, or having speech understood	0	0
Other communication disability	0	0
Learning disability	1	1
Developmental disability	0	0
Dementia	0	0
Other mental disability not related to mental health	0	0
Physical/mobility disability	0	0
Chronic health condition / chronic pain	0	0
Other	0	0
Prefer not to answer	0	0

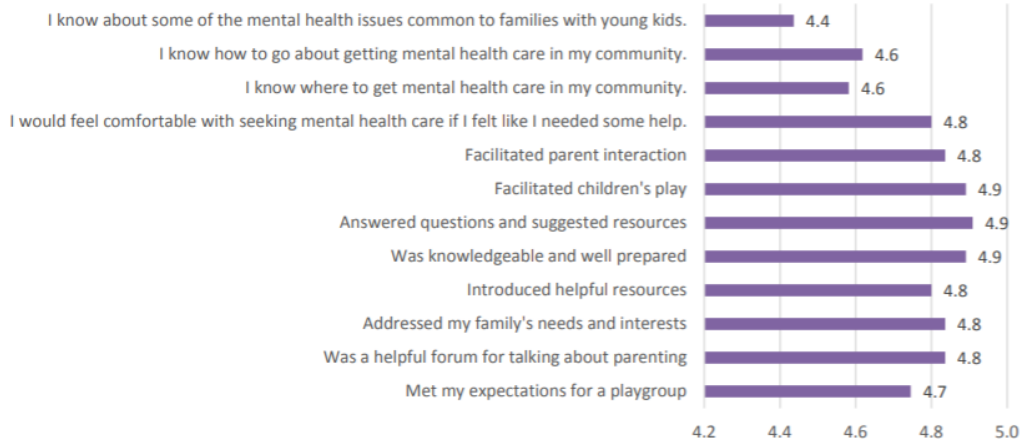
VETERAN STATUS	FY 18-19	FY 19-20
Never served in the military	37	27
Currently active duty	0	0
Currently reserve duty or National Guard	0	0
Previously served in the US military and received an honorable or general discharge	0	0
Previously served in the US military and received entry-level separation or other than honorable discharge	0	0
Served in another country's military	0	0
Other	1	0
Prefer not to answer	0	0

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.

Peapod Program Outcomes: FY 2018-2019

County-Wide Peapod Survey Average
n=55



Peapod Playgroup Program Outcomes: FY 2019-2020

Table 7: Satisfaction exit survey

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

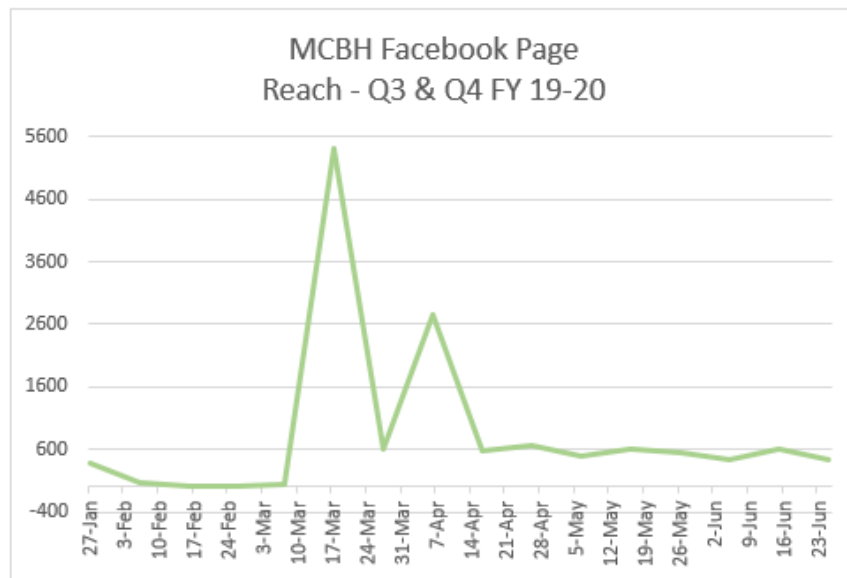
ESUSD School Groups and Wellness Program Outcomes: FY 2018-2019

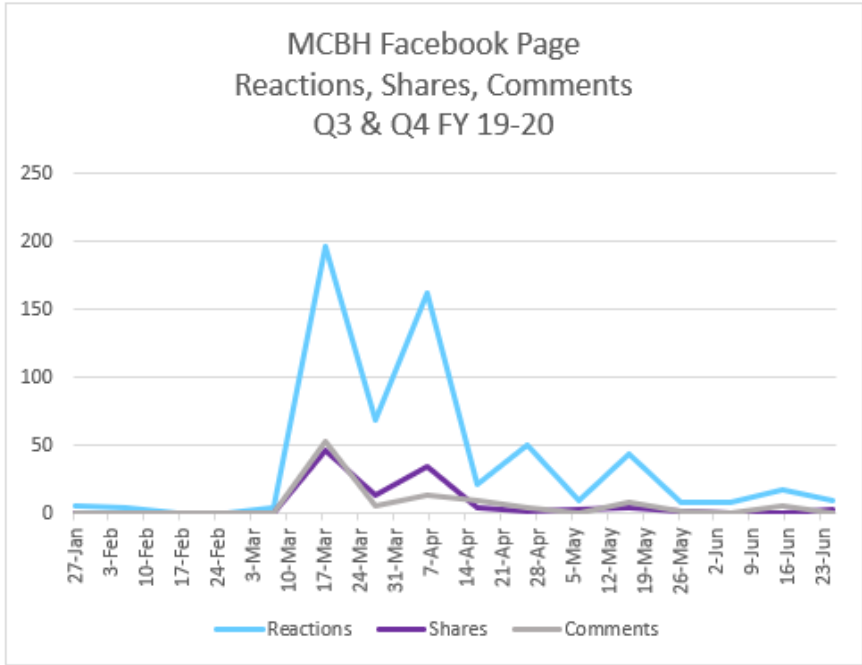
Wellness Groups		
Program	Number of sessions offered	Average number of attendees
Wildflower Hike	2	3
Socials	2	8
ESUSD School Groups		
Program	Number of sessions offered	Average number of attendees
Strong Kids - Conflict Resolution	6	3
Strong Kids - Social Skills	6	10

ESUSD School Groups and Wellness Program Outcomes: FY 2019-2020

<i>Wellness Groups</i>		
Program	Number of sessions offered	Average number of attendees
Mommy & Me Yoga	14	7
Keto Cooking	5	5
Hiking	2	1
PIP	10	1
Arts & Crafts	15	6
Socials	9	5
Mindfulness	9	1
<i>ESUSD School Groups</i>		
Program	Number of sessions offered	Average number of attendees
Kids Yoga - 1st Grade	15	15
Kids Yoga - 2nd Grade	15	16
Kids Yoga - Kinder	10	24
HS Cooking Group	16	11

Mono County Behavioral Health Facebook Page: FY 2019-2020





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: FY 20-23 & ANNUAL UPDATE 20-21

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 final project end date was 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 were 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 extension of the project included 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 was designed to 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 was designed to help alleviate the challenges around time and travel that have come up since implementation. It was also designed to allow the facilitators to tailor the content specifically to the partners attending and break the Strengths Model down appropriately.

For a summary of the successes and shortcomings of this Innovation project, as well as the key learnings, please continue to the Innovation Annual Project Reports Section of this Plan and Annual Update. For the most updated version of the MHSOAC-approved Innovation Plan, please see the MHSA 18-19 Annual Update:

- https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/30423/mono_mhsa_fy_18-19_annual_update_final_approved.pdf

Help@Hand (a.k.a. “The Technology Suite”)

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

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

The MHSOAC first approved Mono County Behavioral Health to participate in the Technology Suite/Help@Hand 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 and prior to the pandemic, MCBH requested an extension of seven months to create a total project timeline of 24 months. However, as MCBH approaches the October 2021 deadline, we realize that we were unable to focus on the implementation of the Help@Hand project from March 2020-May 2021. As a result, MCBH has requested an updated deadline that aligns with the rest of the Cohort 1 Help@Hand Counties. The new anticipated end date will be 2/8/23. MCBH sent a letter to the MHSOAC informing them of this extension request on 5/7/21. See Appendix D for a copy of this letter and a screenshot of the email sent.

In FY 21-22, MCBH is hoping to implement one of the ready “out-of-the-box” solutions that CalMHSA is offering to counties and intends to expend at least \$5,000 on local salaries and benefits for that implementation.

Upcoming Projects: Mobile Crisis Response

In FY 20-21, MCBH began participating in the Crisis Now Learning Collaborative, which is part of the MHSOAC’s innovation incubator project. In the FY 19-20 Annual Update, Mono County identified the need for a mobile crisis response team but did not have the staff capacity or expertise to launch this project. Fortunately, a timely opportunity arrived through the MHSOAC

to participate in this learning collaborative and MCBH was able to assign a local consultant and community leader to participate in the bulk of the trainings. Until the Innovation plan is approved, these planning and learning costs are being absorbed through the Crisis Stabilization and Intervention Program in CSS. At the close of the learning collaborative, MCBH believes that it will have the information required to draft an Innovation project plan for a mobile crisis response team. For this project, the Department will be bringing in partners from law enforcement, the Mono County paramedics department, and potentially from neighboring Inyo County. It is MCBH's intention to bring this plan to the MHSOAC Commissioners by June 30, 2022, as the Department also has Innovation funds that will be subject to reversion at the end of FY 21-22; the project will include funding from inter-departmental trainings, as well as equipment such as iPads, etc. Staff look forward to meeting this important community need.

INNOVATION PROJECT REPORTS FY 20-23 & ANNUAL UPDATE 20-21

Eastern Sierra Learning Collaborative Final Project Report:

This Final Project Report will begin with a narrative description of the project's progress, continue with the learnings and deliverables, and conclude with a list of progress made and whether each item was completed. For a full description of the project, please reference the Innovation section above.

The majority of Mono County Behavioral Health (MCBH) staff participated in the five-session Strengths Model Learning Collaborative along with staff from Alpine and Inyo County. By the end of the learning collaborative, all three counties had implemented the group supervision process, had incorporated the Strengths Assessment and Personal Recovery Plan tools into their case management services, and had embedded many of the methods and interventions of the model in their practice approaches. The learning collaborative approach benefitted staff at all three counties by generating a shared enthusiasm for learning the Strengths Model tools, methods, and interventions, sharing challenges in applying the approaches across a diverse set of clients, and being able to practice using the approaches with each other.

Following the collaborative, Alpine County continued with implementation apart from Mono and Inyo County. Being an extremely small county, the structure of their services was completely different than the other two counties and did not think they benefited from further cross agency support beyond the collaborative. Staff in Mono and Inyo, particularly at the leadership level, continued to share learning with each other after the collaborative. Eventually, Inyo county hired a staff person to oversee Strengths Model implementation and sustainability and Mono County continued to receive support from CIBHS.

There was significant turnover for Mono County in 2020, so many new staff needed to be trained in the Strengths Model who were not part of the original learning collaborative. Mono County also hired a new clinical director in 2020, who was also not part of the learning collaborative, who need additional coaching in addition to the training in order to develop skills related to facilitating group supervision, reviewing and giving feedback on Strengths Model tools, using the Recovery Movement Indicator (RMI) to track progress towards goal achievement, and conducting field mentoring sessions. While some progress was made, the clinical director left Mono County before the end of 2020 which stalled efforts to progress towards high fidelity in Strengths Model practice.

Mono County also did a modified version of the Strengths Model training for office support staff. While the focus was not on the tools and interventions of the model, they learned principles and approaches that could be used in their engagement with clients and staff.

In an effort to overcome some of the staff-related barriers described above, MCBH extended its learning collaborative to include Motivational Interview (MI) training for staff, one-on-one coaching, and a training for community partners. While the training for community partners was not determined appropriate upon implementation of the project extension, the former two program components were successful and well-received by staff.

Staff participated in a two-day workshop on motivational interviewing. The workshop included didactic explanations of the spirit and processes of MI, as well as experiential practice using the skills of MI to evoke change talk, dance with discord, and soften sustain talk.

One non-supervisory staff member was chosen to work with other staff in building/maintaining their skills in MI. As part of this process, this therapist submitted audio recordings (of herself doing motivational interviewing) to be coded using the Motivational Interviewing Treatment Integrity (MITI) instrument (version 4.2). This scale uses four scales to rate adherence to the tenets of MI, with ratings ranging from 1 (worst) to 5 (best). The desired standard (the “target”) of coding is to have two, consecutive recordings in which all scales have a rating of at least “4.”

Consultation was provided to this therapist as she began implementing MI “coaching circles” (regular sessions to improve understanding and proficiency using MI). She and the consultant would discuss a topic to bring to the coaching circle and plan how to lead staff in practicing a particular skill. The staff member would report back on progress, and the consultant at one point visited the coaching circle via video conference. Staff overall reported enthusiasm for the model and appreciation for skills that helped them provide the best possible services.

Unfortunately, the project ended when this staff member—the MI “champion”—left for another employment opportunity. However, there are some valuable lessons learned that apply throughout the learning collaborative. Perhaps the most important of these lessons are the need for cross-training and supervisors who support the vision of the department and its key initiatives.

Learnings and Deliverables

1. *MCBH’s first goal 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?*
 - a. One of the most crucial lessons that MCBH learned about itself and about collaboration as a whole is that a department must have the internal infrastructure, buy-in, and capacity to support a learning collaborative. Without these components,

a department's leadership can come together to brainstorm needs, solutions, and shared resources, but unfortunately the learnings will not be impactful and long-lasting.

- b. From a logistics perspective, MCBH was able to complete all components of this learning collaborative (contracting, scheduling, etc.) and staff were able to network with staff from Inyo and Alpine Counties and develop a deeper understanding of the work that's done in those departments.
 - c. Mono County staff who participated in the learning collaborate achieved a higher level of proficiency in Strengths Model practice than did staff who were employed after the learning collaborate. Some of this can be attributed to the expectations that were set across the three counties to implement the model, the cross learning and experiences that was shared between staff of the three counties, the individualized on-site coaching support that occurred between sessions, and the use of fidelity reviews to monitor and share feedback on progress between the three counties. The staff who attended the learning collaborative continued to learn and build skills related to Strengths Model practice following the collaborative, but growth was stagnated due to insufficient supervisory support in 2020.
 - d. From these lessons, MCBH was able to bring on additional supervisory staff and boost three additional staff to a formal leadership team that meets weekly. Together, this team is creating and sustaining a shared vision for departmental operations that extends across the administrative, programs, clinical, and substance use disorders teams. Moreover, the department recently adopted a set of core values and the expected behaviors that support those values. When MCBH participates in future learning collaboratives, the leadership team will first ensure that the collaborative aligns with the department's core values and then determine how any performance issues related to the collaborative will be supervised based on the core values.
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.*
- a. The presence of a skilled Strengths Model case manager supervisor is critical to success implementation of the model to high fidelity. While staff benefited from their learning and skill development during the learning collaborative sessions, Mono County did not have a person in this role at the end of the collaborative. This position is critical to help staff make specific application of the knowledge and skills learning in training to their work with specific clients. The supervisor is also critical to set expectations for the use of tools and provide feedback.
 - b. The presence of at least one champion within the organization is key. During the learning collaborative, there were key people identified within each organization to ensure movement towards fidelity and facilitate communication between implementing staff and the implementation consultants to address specific barriers. Turnover within Mono County proved to be problematic in this area as some champions

left the organization and the model was not fully embedded within agency culture and practice.

- c. If MCBH intends to continue to the work of the Strengths Model, it is recommended that the department appoint a designated champion for Strengths Model case management implementation who also has decision making authority within the agency. It is essential that elements of Strengths Model practice be embedded within policy, procedures, and structures at Mono County. This would include, but not be limited to, case manager job descriptions, performance evaluations, professional development, and service and practice expectations.
 - d. Aside from its internal challenges, MCBH also encountered challenges related to the Medi-Cal system as a whole from a bureaucratic perspective. Medi-Cal can place barriers in how county behavioral health agencies work together across county lines. Although Inyo, Mono, and Alpine may have improved their working relationships and learned more about the resources each offers, the three departments were unable to really discuss how they might blend programs across county lines due to these types of barriers.
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?*
- a. Cross agency collaboration is useful to implement a complex clinical evidence-based practice. Over the five learning collaborative sessions, all three counties made substantial progress in implementation. This included putting in place key structural components of the model as well as achieving a base proficiency in the practice components. Enhanced expectations, cross agency learning, and frequent check-ins to share progress in implementation were all key facilitators to success. Following the learning collaborative, progress towards high fidelity slowed. Continued cross learning and support, particularly at the supervisor and leadership level may have contributed to further progress and efforts around sustainability. Turnover at the supervisor level for both Mono and Inyo County in 2020 made this difficult. That said, based on progress during the learning collaborative, establishing regular meetings between supervisors and leaders of the two counties is warranted.
 - b. Although, MCBH does not have data that specifically state whether or not staff are better equipped to leverage resources and make referrals to services across county lines, as mentioned above, staff who participated in the learning collaborative have a better understanding of how our neighboring partners operate and the different resources that might be available or that we can build off of.
 - c. Another lesson learned is that the departments could have benefited from more unstructured networking time with colleagues from Inyo and Alpine. Additionally, many of MCBH's staff members are more early in their careers and many haven't received coaching on the value of networking during events with new colleagues.

Across all three agencies, staff members tended to eat lunch or take breaks with members of their own teams, rather than branching out to network with team members from other agencies.

4. *MCBH's fourth goal is to learn how community partners will benefit from in-person tailored training.*

- a. Due to a lack of buy-in from key MCBH staff, MCBH was not able to implement the Strengths Model in its own department to a high degree of fidelity during the life of this INN project. Therefore, it was determined that a training for community partners would be pre-mature. As a result of new leadership staff, MCBH is, however, exploring opportunities for other types of training for key community partners. One example is to provide a training on the school-to-prison pipeline for members of the community who sit on the Student Attendance Review Board (SARB), as discussed in prior sections. Such a training will be informed by a strengths-based approach and MCBH will continue to push forward strengths-based approaches with its community partners through other types of trainings.

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.*

- a. In reflecting upon the MI training and subsequent one-on-one coaching and coaching circles, it is clear that the MI training helped build staff capacity at MCBH; however, as with any initiative there are varying rates of uptake/success depending upon the staff member. The presence of at least one champion—who has the enthusiasm and subject knowledge to work with other staff—was a critical component of creating space for regular skills practice. In an ideal world, there would be more than one champion so the project can stay together even if one champion leaves.

Staff expressed enthusiasm when the consultant worked with them directly, but at times the therapist championing the effort met some resistance to learning/practicing. Future endeavors should explore staff preferences for training/practice and perhaps more frequent, direct interaction by the consultant with the members of the coaching circle. Additionally, a supervisor can/should add training/practice to each staff member's professional development plans.

As mentioned above, there were varying rates of understanding, and some staff reported difficulty transferring skills practiced in coaching circles to actual use in the field. One possible way to address this in the future would be to for the instructor to provide in vivo observation as a worker utilizes the skills with a client and then provide feedback and recommendations for improvement.

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 January 30, 2020:

- Identify Individual County Needs *Complete*
- Directors Meet & Discuss Common Needs & Goals *Complete*
- Research Potential Solutions *Complete*
- Directors Agree on Solution & Create Timeline *Complete*
- Directors Discuss Funding *Complete*
- Directors Discuss Solution with Leadership & Staff (build buy-in/political will) *Not Completed*
- Develop Strategies to Overcome Barriers *Complete*
- Refine/Adjust Timeline *Complete*
- Write Any Necessary Plans/Applications *Complete*
- Public Comment/BOS/MHSOAC Approval (if needed) *Complete*
- Contract Signed *Complete*
- Schedule Sessions *Complete*
- Plan Travel *Complete*
- Account for Client Scheduling *Complete*
- Pay All Expenses *Complete*
- Conduct Learning Sessions *Complete*
- Conduct Additional Training/Support In-Person as Needed *Goal: January 31, 2019-December 30, 2019 Partially Completed*
- Conduct Evaluation *Goal: December 1, 2019-January 30, 2020 Complete*
- Disseminate Results *Goal: Complete by January 30, 2020 Completed as part of MHSOAC Three-Year Plan and Annual Update*

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

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

Although MCBH has not actively been participating in the implementation process of the Help@Hand project for approximately 1.5 years, the Department has continued to contribute to the evaluation findings. Please see the Year 1 and Year 2 evaluation report links below as well as screen shots of the Executive Summaries of each report.

Full Year 1 Evaluation Report:

https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/10057/helphand_annual_evaluation_report_-_year_1.pdf

Full Year 2 Evaluation Report on the MHSA page and the link below:

https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/10057/helphand_evaluation_year_2_annual_report_memo_v2.pdf

EXECUTIVE SUMMARY

INTRODUCTION

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

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

Re-innovate

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

Re-envision

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

Re-organize

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

Reach

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

Year 2 Executive Summary:

EXECUTIVE SUMMARY

INTRODUCTION

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

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

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

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

HELP@HAND EVALUATION ACTIVITIES AND LEARNINGS

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

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

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

PEER EVALUATION

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

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

COUNTY/CITY TECHNOLOGY, USER EXPERIENCE, AND IMPLEMENTATION EVALUATION

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

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

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

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

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

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

OUTCOMES EVALUATION AND DATA DASHBOARDS

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

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

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

RECOMMENDATIONS

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

WORKFORCE EDUCATION AND TRAINING: FY 20-23 & ANNUAL UPDATE 20-21

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

WET Table 1. WET Service Categories & Programs/Services

Service Category	Training & TA	Residencies & Internships	Financial Incentives
Programs and Services	<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 2019-20, staff attended the annual Central Valley Latino Conference and the Gathering of Native Americans Facilitator Training, the FOCUS family resilience training, and a variety of other trainings outlined in MCBH’s Cultural and Linguistic Competency Plan. The department paid for two staff members to begin their 200-hour yoga certification online and worked with Youth Development Network on a team-building and professional development initiative. Additionally, MCBH paid for a consultant to attend the Mental Health First Aid (MHFA) train the trainer training and she has begun offering MHFA courses throughout the County.

In FY 2020-2021, MCBH did all of its trainings and in-services remotely. The leadership team also began working towards the creation of the “Mono County Behavioral Health Training and Professional Development Academy,” in which, MCBH becomes more of a learning environment than ever before. The department also assigned staff to fulfill the duties of an ethnic services

coordinator and launched into a series entitled “Moving Toward Racial Equity.” Through these trainings, the behavioral health team is using the Government Alliance on Race and Equity (GARE) model on normalizing the conversation of racism, and to create a common language that will allow the team to learn more in-depth concepts related to systemic racism and on implicit biases within their own department.

MCBH has also been instrumental in helping to influence the County as a whole to take on racial equity work. On October 13, 2020, the Mono County Board of Supervisors unanimously passed, approved, and adopted a “Resolution Recognizing Racism as a Public Health Crisis and Affirming Mono County’s Commitment to Building Racial Equity and Reducing Disparity.” As part of the resolution, the County Administrative Officer and the County staff were directed to develop a workplan that commits to Justice, Equity, Diversity, and Inclusion work (JEDI). The JEDI commission has been established and the group is now paving the way to provide and participate in trainings that are data driven, with the goal of educating county employees on structural racism, justice, equity, and diversity in the county workplace.

On a smaller scale, MCBH hosts an hour-long in-service every other week to help staff build skills on different subjects. One staff member is becoming certified to teach kids yoga in Spanish and two others recently completed their trauma informed yoga teacher certifications.

In FY 21-22 and 22-23, MCBH continues to build upon the momentum gained through the racial equity work by implementing the work identified in the GARE model. Additional implicit bias trainings, a training for community partners on the “school-to-prison-pipeline, and additional to-be-identified trainings are planned in the coming two years. Finally, MCBH plans to support at least two staff members in pursuing their Peer Support Specialist Certifications and continues to provide up to \$900 to each staff member to pursue college classes outside of work hours.

Mental Health Career Pathway Programs:

MCBH employs several staff members who grew up in Mammoth Lakes, received training in the health and human services field, and then returned to seek employment with MCBH. Although the department does not currently have any formal career pathway programs in place, MCBH participates in the Senior Symposium in “normal times,” which helps prepare students for life after high school, including job selection. The department also believes that through its outreach and stigma reduction work, it is making it more possible for individuals to pursue careers in mental health. As mentioned in the PEI portion of this plan, MCBH plans to have a part-time staff member on the Cerro Coso Community College campus in Mammoth Lakes in FY 22-23. It is the hope of MCBH that that position will help identify opportunities to create mental health career pathway programs.

Residency and Internship Programs:

MCBH frequently has intern staff. Funds from this category may be used to pay for time required of the Clinical Supervision and Director to supervise post-graduate interns or the contract for supervision of LCSW staff.

Financial Incentives Programs:

In this loan assumption program, MCBH pays back up to \$10,000 per year on the principle of student loans related to behavioral health education. MCBH believes that this program has helped retain its staff, which is a significant concern in remote Mono County. The department will be continuing this program from 2020-2023 as funds allow. In total, one staff member took advantage of this program in FY 19-20 and two will use it in FY 20-21. It is anticipated that four staff will receive loan repayment in FY 21-22 and 22-23.

WET Central Regional Partnership:

Thanks in part to a legislative action that provided a “match” for WET funds contributed to the regional partnership, MCBH is participating actively in the WET Central Regional Partnership for the first time in many years. In contributing approximately \$11,000, MCBH will see the benefit of approximately \$33,000 in a variety of programs as shown in the screen shot below. Beginning in FY 21-22, MCBH will be requiring clinical staff to apply for loan assumption first through OSHPD before local funds may be applied.

\$8,799,237.00 is your maximum total authorized budget for the five fiscal years combined (FY 2020-21 thru FY 2024-25).

Please update your annual budgets to reflect a combined total that matches your total authorized budget:

Central Region WET Regional Partnership Budget						
Program	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Total
Pipeline Development (3%)	\$44,876.03	\$44,876.03	\$44,876.03	\$44,876.03	\$44,876.04	\$224,380.16
Undergraduate College University Scholarships (18%)	\$269,256.65	\$269,256.65	\$269,256.65	\$269,256.65	\$269,256.65	\$1,346,283.25
Clinical Master & Doctoral Graduate Education Stipends (25%)	\$373,967.57	\$373,967.57	\$373,967.57	\$373,967.57	\$373,967.57	\$1,869,837.85
Loan Repayment Program Cost (31%)	\$463,719.98	\$463,719.98	\$463,719.98	\$463,719.98	\$463,719.98	\$2,318,599.90
Retention Activities (23%)	\$344,050.17	\$344,050.17	\$344,050.17	\$344,050.17	\$344,050.17	\$1,720,250.84
Program Cost	\$1,495,870.40	\$1,495,870.40	\$1,495,870.40	\$1,495,870.40	\$1,495,870.41	\$7,479,352.00
Administrative Costs (25 percent cap) (15%)	\$263,977.00	\$263,977.00	\$263,977.00	\$263,977.00	\$263,977.00	\$1,319,885.00
Total Budget	\$1,759,847.40	\$1,759,847.40	\$1,759,847.40	\$1,759,847.40	\$1,759,847.41	\$8,799,237.00
Your total authorized budget is:						\$8,799,237.00

After making budget adjustments, please update the program participant numbers as needed:

Central Region WET Regional Partnership Participant Numbers						
Program	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Total
Pipeline Development	450	450	450	450	450	2,250
Undergraduate College University Scholarships	54	54	54	53	54	269
Clinical Master & Doctoral Graduate Education Stipends	19	19	19	18	18	93
Loan Repayment Program Cost	46	46	46	46	46	230
Retention Activities	1,300	1,300	1,300	1,300	1,300	6,500
Total Participants	1,869	1,869	1,869	1,867	1,868	9,342

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

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

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

Significant changes include engaging in the WET Central Region Partnership, including the contribution of \$11,000; additional loan assumption funding; investment in yoga teacher trainings; investment in Peer Support Specialist certifications; and a focus on racial equity work as part of MCBH’s efforts to place justice, equity, diversity, and inclusion at the center of its team and work. Finally, due to an accounting error, MCBH has a balance of WET expenditures from FY 18-19 and 19-20 and will be transferring enough from CSS into WET to be able to pay that balance and move forward with the programs planned.

CAPITAL FACILITIES/TECHNOLOGICAL NEEDS: FY 20-23 & ANNUAL UPDATE FY 21-22

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. Originally, MCBH was planning to partner with Integrity Housing, an affordable housing developer based in Irvine, CA; however, after more than a year attempting to find a site, MCBH terminated its pre-development loan agreement with Integrity Housing. Following this decision, MCBH was invited by the Town of Mammoth Lakes to participate in its 400+ unit affordable housing development on “The Parcel,” a 25-acre parcel of land in the center of Mammoth Lakes and owned by the Town.

Through its own RFP process, the Town selected The Pacific Companies as the developer for the Parcel and MCBH executed its own agreement with Pacific for the inclusion of 13 units of affordable housing specifically for individuals with mental health conditions. MCBH’s project will be included in the first phase of the development, which will be an 81-unit complex with a community center and day care facility on site. Additionally, MCBH worked collaboratively with Pacific to submit a noncompetitive allocation of \$500,000 from the No Place Like Home (NPLH) program to help fund this housing facility. In FY 20-21, MCBH will expend its remaining \$306,021 Capital Facilities funding that was up for reversion under AB 114 on the MCBH satellite office that will be constructed on the first floor of this housing development. This office will provide supportive services to all residents and community members.

MCBH is transitioning to a new electronic health record (EHR) system in FY 21-22, the cost of which will be absorbed in our administrative costs and spread across components at the advice of our fiscal consultant.

Challenges or barriers, and strategies to mitigate

MCBH continues to closely monitor the progress that all partners are making toward the construction of the affordable housing development on “The Parcel,” though the department is hopeful that the combination of partners will help ensure the success of the project.

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

Significant changes include: identification of a site for affordable housing; change in development partner; submission of No Place Like Home application; and expenditure of AB 114 funds on satellite office co-located at “The Parcel.”

TRANSFERS FY 20-23 & ANNUAL UPDATE 20-21

In FY 19-20, MCBH reported a transfer from its Prudent Reserve into its CSS funds as a result of legislative changes placing a cap on the maximum amount of prudent reserve funds allowable. These funds are being used for the MHSA Housing Project.

Due to an accounting error on a previous Annual Revenue and Expenditure Report, MCBH was under the impression that it had more funds available in its WET accounts in FY 18-19 and FY 19-20 than it did. The Department overspent its WET balance in FY 18-19 and 19-20 before realizing the error. In FY 20-21, MCBH is reporting a significant transfer of funds (but less than the 10% of CSS allowable) to cover the overage in 18-19 and 19-20.

Transfers to WET are also planned for FY 21-22 and FY 22-23.

MHSA EXPENDITURE PLAN BY COMPONENT 2020-2021

Mono County MHSA Component Expenditure Worksheet 2020-21

	Component						
	CSS	PEI	INN	WET	CFTN	PR	
FY20/21 Estimated MHSA Revenue	\$ 1,289,203	\$ 322,301	\$ 84,816				\$ 1,696,320
FY20/21 Estimated Other Revenue	\$ 107,931	\$ 26,983	\$ 7,101				\$ 142,015
FY20/21 Est. MHSA Interest Revenue	\$ 80,718	\$ 20,180	\$ 5,310				\$ 106,208
FY20/21 Estimated Expenses	\$ 1,305,433	\$ 643,374	\$ 3,426	\$ 57,479	\$ 446,060		\$ 2,455,772
FY20/21 PR Transfer	\$ -					\$ -	\$ -
FY20/21 CFTN and WET Transfers	\$ (120,000)			\$ 120,000			\$ -

Community Services and Supports (CSS) Component Worksheet 2020-21

County: Mono

	FSP	GSD	O&E	Total CSS
CSS Programs				
1 FSP	\$245,286			\$245,286
2 Expansion of case management/supportive services		\$81,140		\$81,140
3 Wellness Centers		\$142,193		\$142,193
4 Crisis intervention/stabilization	\$750	\$750		\$1,500
5 Supportive Housing Services	\$25,000			\$25,000
6 Community Outreach & Engagement			\$49,306	\$49,306
7 Wrap Program	\$63,388	\$63,388		\$126,775
8 Telehealth Services	\$122,039	\$122,039		\$244,077
CSS Administration / Indirect Costs				\$423,355
CSS Community Program Planning				\$3,642
CSS MHA Housing Program				
Total CSS Expenditures	\$456,462	\$409,509	\$49,306	\$1,342,274

Prevention and Early Intervention (PEI) Component Worksheet 2020-21

County: Mono

	PEI	OIR	ALT	SDR	Total PEI
PEI Programs					
1 Peapod Playgroup Program	\$40,000				\$40,000
2 Parenting Classes	\$10,000				\$10,000
3 Walker Senior Center	\$120,000				\$120,000
4 North Star School-Based Services	\$87,332				\$87,332
5 Community Trainings		\$31,005			\$31,005
6 Outreach in Outlying Communities			\$68,430		\$68,430
7 Community Engagement				\$94,000	\$94,000
PEI Administration / Indirect Costs					\$208,997
PEI Community Program Planning					\$1,798
Total PEI Expenditures	\$257,332	\$31,005	\$68,430	\$94,000	\$661,562

Workforce, Education and Training (WET) Component Worksheet 2020-21

County: Mono

	FY 18-19	FY 19-20	FY 20-21	Total WET
WET Funding Category				
State Matching Program			\$0	\$0
Workforce Staffing Support				\$0
Training and Technical Assistance			\$0	\$0
Mental Health Career Pathways Programs				\$0
Residency and Internship Programs			\$0	\$0
Financial Incentive Programs	\$ 30,568	\$ 10,000	\$40,000	\$80,568
WET Administration / Indirect Costs		\$ 15,710	\$18,733	\$34,443
Total WET Expenditures	\$ 30,568	\$ 25,710	\$58,733	\$115,011

Innovation (INN) Component Worksheet 2020-21

County: Mono

	Total INN
INN Programs	
1 Help@Hand	\$3,426
2	
3	
4	
5	
6	
7	
INN Administration / Indirect Costs	
INN Community Program Planning	
Total INN Expenditures	\$3,426

Capital Facilities/Technological Needs (CFTN) Component Worksheet 2020-21

County: Mono

	Total CF/TN
Capital Facility Projects	
1 Permanent Supportive Housing	\$306,021
Capital Facility Administration / Indirect Costs	\$143,317
Total Capital Facility Expenditures	\$449,338
Technological Needs Projects	
Technological Needs Administration / Indirect Costs	\$0
Total Technological Needs Expenditures	\$0
Total CFTN Expenditures	\$449,338

MHSA EXPENDITURE PLAN BY COMPONENT 2021-2022

Mono County MHSA Component Expenditure Worksheet 2021-22

	Component						
	CSS	PEI	INN	WET	CFTN	PR	
FY21/22 Estimated MHSA Revenue	\$ 1,631,667	\$ 407,917	\$ 107,347				\$2,146,930
FY21/22 Estimated Other Revenue	\$ 71,922	\$ -	\$ -				\$ 71,922
FY21/22 Est. MHSA Interest Revenue	\$ 76,000	\$ 19,000	\$ 5,000				\$ 90,000
FY21/22 Estimated Expenses	\$ 1,806,853	\$ 871,079	\$ 197,297	\$ 119,084	\$ -		\$2,994,313
One Time MHSA Housing Project	\$ 1,500,000						\$1,500,000
FY21/22 PR Transfer	\$ -					\$ -	\$ -
FY21/22 CFTN and WET Transfers	\$ (120,000)			\$ 120,000			\$ -

Community Services and Supports (CSS) Component Worksheet 2021-22

County: Mono

	FSP	GSD	O&E	Total CSS
CSS Programs				
1 FSP	\$221,953			\$221,953
2 Expansion of case management/supportive services		\$101,160		\$101,160
3 Wellness Centers		\$184,378		\$184,378
4 Crisis intervention/stabilization	\$16,675	\$16,675		\$33,350
5 Supportive Housing Services	\$15,000			\$15,000
6 Community Outreach & Engagement			\$57,455	\$57,455
7 Wrap Program	\$70,742	\$70,742		\$141,484
8 Telehealth Services	\$226,930	\$226,930		\$498,859
CSS Administration / Indirect Costs				\$547,050
CSS Community Program Planning				\$6,164
CSS MHSa Housing Program	\$850,000	\$650,000		\$1,500,000
Total CSS Expenditures	\$1,401,300	\$1,249,885	\$57,455	\$1,806,853

Prevention and Early Intervention (PEI) Component Worksheet 2021-22

County: Mono

	PEI	OIR	ALT	SDR	Total PEI
PEI Programs					
1 Peapod Playgroup Program	\$40,000				\$40,000
2 Walker Senior Center	\$50,000				\$50,000
3 North Star School-Based Services	\$249,127				\$249,127
4 Community Trainings		\$35,904			\$35,904
5 Outreach in Outlying Communities			\$112,443		\$112,443
6 Community Engagement				\$110,245	\$110,245
PEI Administration / Indirect Costs					\$270,314
PEI Community Program Planning					\$3,046
Total PEI Expenditures	\$339,127	\$35,904	\$112,443	\$110,245	\$871,079

Innovation (INN) Component Worksheet 2021-22

County: Mono

	Total INN
INN Programs	
1 Help@Hand	\$6,455
2 Crisis Now Project	\$190,842
3	
4	
5	
6	
7	
INN Administration / Indirect Costs	
INN Community Program Planning	
Total INN Expenditures	\$197,297

Workforce, Education and Training (WET) Component Worksheet 2021-22

County: Mono

	Total WET
WET Funding Category	
State Matching Program	\$13,000
Workforce Staffing Support	\$0
Training and Technical Assistance	\$0
Mental Health Career Pathways Programs	
Residency and Internship Programs	\$9,000
Financial Incentive Programs	\$60,000
WET Administration / Indirect Costs	\$37,084
Total WET Expenditures	\$119,084

Captial Facilities/Technological Needs (CFTN) Component Worksheet 2021-22

County: Mono

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

MHSA EXPENDITURE PLAN BY COMPONENT 2022-2023

Mono County MHSA Component Expenditure Worksheet 2022-23

	Component						
	CSS	PEI	INN	WET	CFTN	PR	
FY22/23 Estimated MHSA Revenue	\$ 1,369,458	\$ 342,365	\$ 90,096				\$1,801,919
FY22/23 Estimated Other Revenue	\$ 71,922	\$ -	\$ -				\$ 71,922
FY22/23 Est. MHSA Interest Revenue	\$ 68,400	\$ 17,100	\$ 4,500				\$ 90,000
FY22/23 Estimated Expenses	\$ 1,528,860	\$ 965,586	\$ -	\$ 88,272	\$ -		\$2,582,718
One Time MHSA Housing Project	\$ -						\$ -
FY22/23 PR Transfer	\$ -					\$ -	\$ -
FY22/23 CFTN and WET Transfers	\$ (100,000)			\$ 100,000			\$ -

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

County: Mono

	FSP	GSD	O&E	Total CSS
CSS Programs				
1 FSP	\$221,953			\$221,953
2 Expansion of case management/supportive services		\$101,160		\$101,160
3 Wellness Centers		\$194,212		\$194,212
4 Crisis intervention/stabilization	\$8,838	\$8,838		\$17,675
5 Supportive Housing Services	\$15,000			\$15,000
6 Community Outreach & Engagement			\$57,455	\$57,455
7 Wrap Program	\$70,742	\$70,742		\$141,484
8 Telehealth Services	\$144,430	\$144,430		\$288,859
CSS Administration / Indirect Costs				\$485,405
CSS Community Program Planning				\$5,657
CSS MHSa Housing Program	\$0	\$0		\$0
Total CSS Expenditures	\$460,962	\$519,381	\$57,455	\$1,528,860

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

County: Mono

	PEI	OIR	ALT	SDR	Total PEI
PEI Programs					
1 Peapod Playgroup Program	\$40,000				\$40,000
2 Walker Senior Center	\$50,000				\$50,000
3 North Star School-Based Services	\$270,249				\$270,249
4 Community Trainings		\$35,904			\$35,904
5 Outreach in Outlying Communities			\$117,443		\$117,443
6 Community Engagement				\$141,849	\$141,849
PEI Administration / Indirect Costs					\$306,568
PEI Community Program Planning					\$3,573
Total PEI Expenditures	\$360,249	\$35,904	\$117,443	\$141,849	\$965,586

Innovation (INN) Component Worksheet 2022-23

County: Mono

	Total INN
INN Programs	
1	
2	
3	
4	
5	
6	
7	
INN Administration	
INN Community Program Planning	
Total INN Expenditures	\$0

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

County: Mono

	Total WET
WET Funding Category	
State Matching Program	\$0
Workforce Staffing Support	\$0
Training and Technical Assistance	\$0
Mental Health Career Pathways Programs	\$0
Residency and Internship Programs	\$0
Financial Incentive Programs	\$60,000
WET Administration	\$28,272
Total WET Expenditures	\$88,272

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

County: Mono

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

APPENDIX A: PENETRATION RATE DATA

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

Mono MHP				
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Beneficiaries	Percentage of Medi-Cal Beneficiaries	Unduplicated Annual Count of Beneficiaries Served by the MHP	Percentage of Beneficiaries Served by the MHP
White	1,248	36.3%	77	38.7%
Latino/Hispanic	1,653	48.0%	89	44.7%
African-American	13	0.4%	*	n/a
Asian/Pacific Islander	27	0.8%	*	n/a
Native American	89	2.6%	*	n/a
Other	414	12.0%	28	14.1%
Total	3,441	100%	199	100%
The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.				

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

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

Penetration Rates and Approved Claims per Beneficiary

Figure 1: Overall Penetration Rates CY 2017-19

Mono MHP

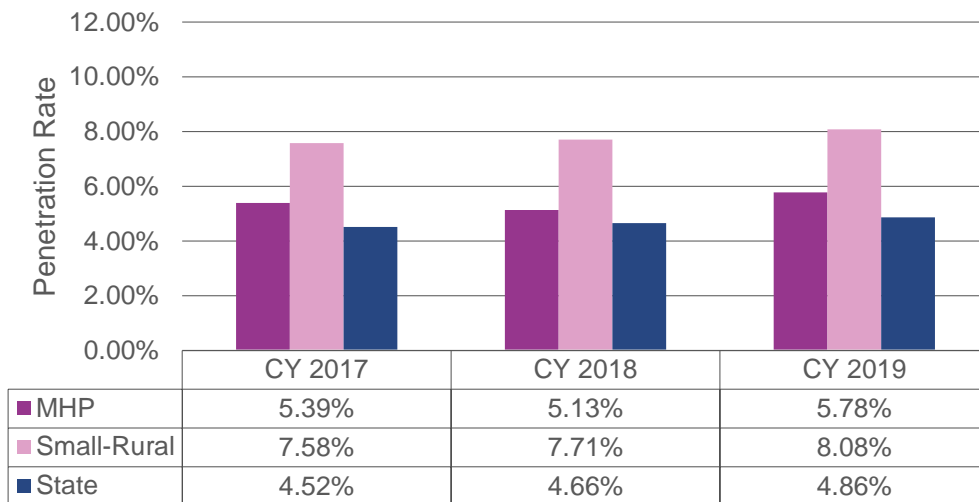


Figure 2: Overall ACB CY 2017-19

Mono MHP

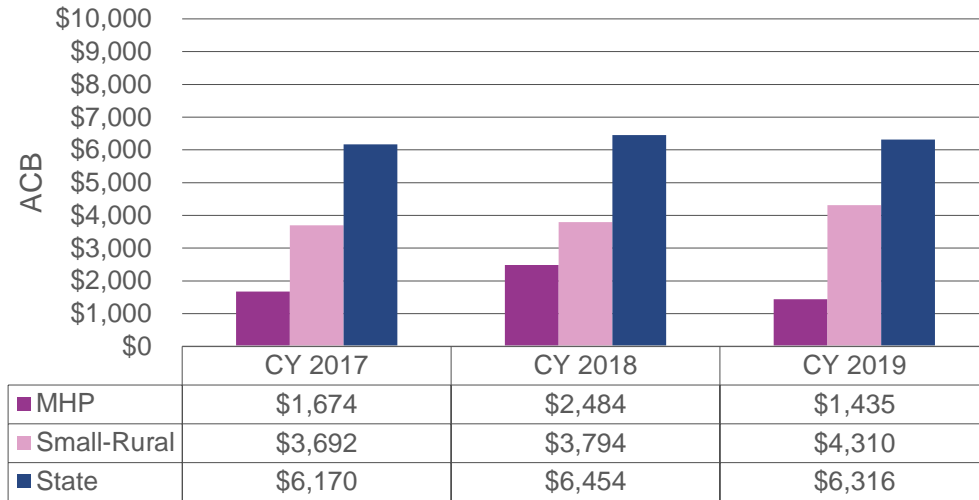


Figure 3: Latino/Hispanic Penetration Rates CY 2017-19

Mono MHP

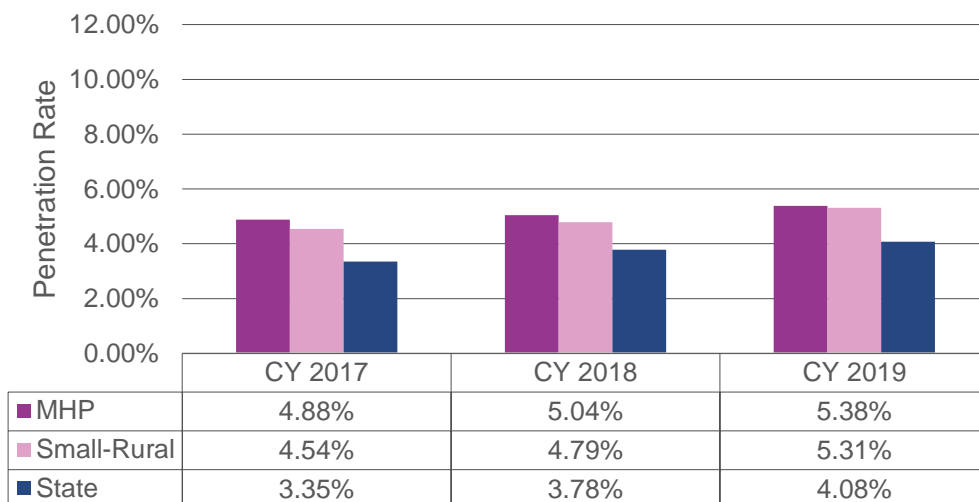


Figure 4: Latino/Hispanic ACB CY 2017-19

Mono MHP

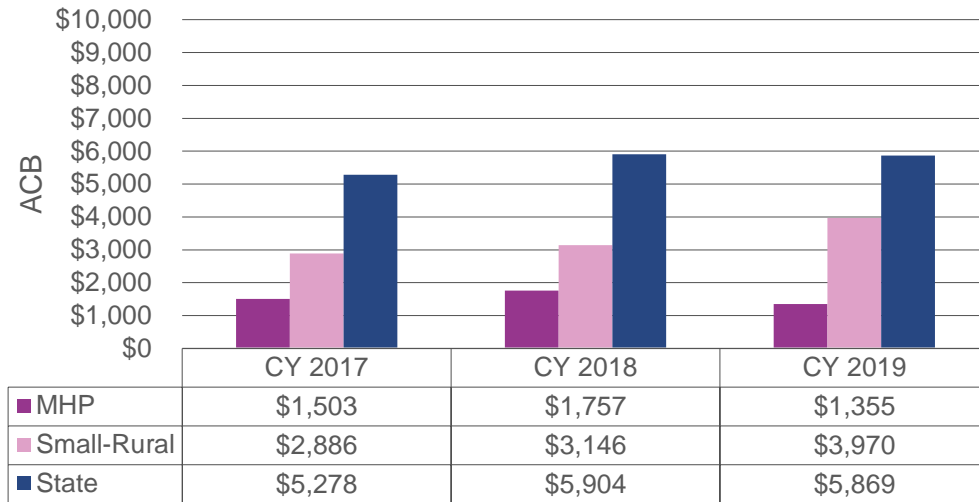


Figure 5: FC Penetration Rates CY 2017-19

Mono MHP

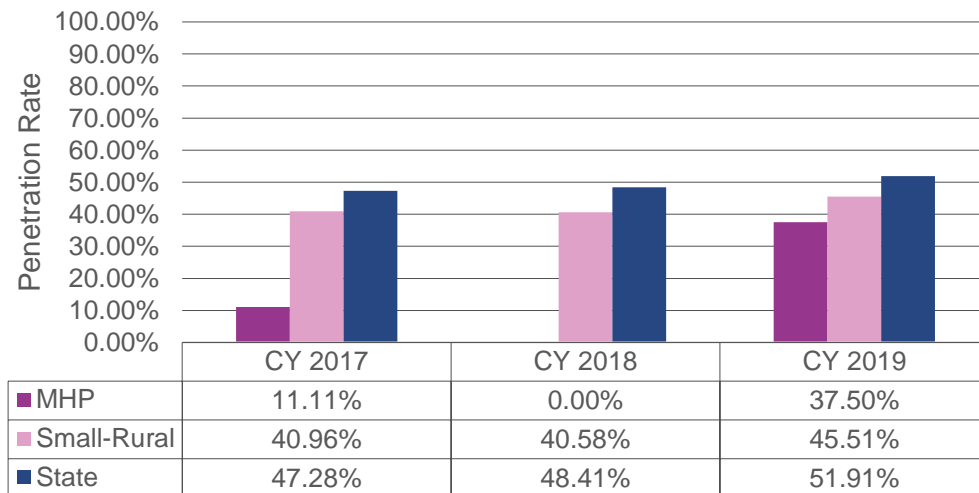
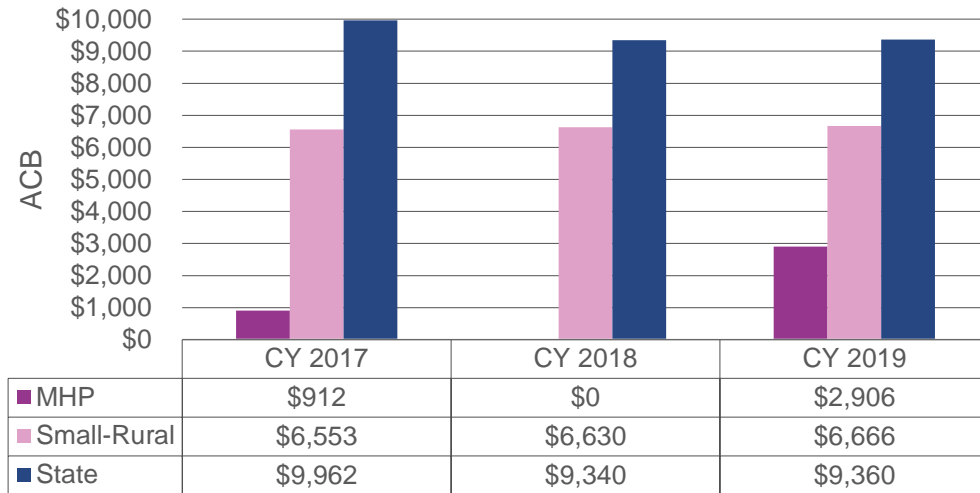


Figure 6: FC ACB CY 2017-19

Mono MHP



APPENDIX B: MHSA ISSUE RESOLUTION PROCESS

Mono County is committed to:

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

Types of Issues to be resolved using this process:

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

Process:

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

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

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

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

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

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

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

APPENDIX C: MCBH STAFF TRAININGS

MCBH staff were trained by Amanda Greenberg on the Community Program Planning Process on 10/20/20 from 8-9 am via Zoom. Below is a screen shot of all live participants and sample of the slides covered. Julie Jones watched the recording the following day.

Participants (19)

Find a participant

- AG Amanda Greenberg (Host, me)
- AG Amanda Greenberg (Co-host)
- BH Betty Hathaway
- AV Andres Villalpando
- AL Annie Linaweaver
- DS Debra Stewart
- H Hvillalpando (Guest)
- J Jessica Ramos (Guest)
- JW Jessica Workman
- KM kasandra montes
- L Laura (Guest)
- LB Luisana Baires
- MM Melissa Martinez (Guest)
- M mheinlein@mono.ca.gov
- R rbonneau@mono.ca.gov
- RR Robin Roberts
- SM Sal Montanez
- S Stephany (Guest)
- T trodriguez@mono.ca.gov

8:06 AM
10/20/2020

What is the MHSA

- Voter-approved measure
- Community Services & Supports
- Prevention & Early Intervention
- Innovation
- Workforce Education & Training
- Capital Facilities & Technological Needs

What is the CPPP

- Process for stakeholder input
- Transformation of the public mental health system
- Qualitative data – focus groups
- For MCBH: wide variety of components

Involvement from Community, Clients, & Family Members

- Consumer Perception Surveys
- Quality Improvement Committee
- Cultural Outreach Committee
- Behavioral Health Advisory Board
- On the horizon...

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

Mono County Behavioral Health Issue Resolution Process Training Sign-In Sheet	
Print Name	Signature
Esmeralda Curiel	<i>Esmeralda Curiel</i>
Laura Cruz	<i>Laura Cruz</i>
Danielle Murray	<u><i>Danielle Murray</i></u> Danielle Murray (Apr 26, 2021 14:21 PDT)
Luisana Baires	<i>L. B.</i>
Nancy Carillo	<u><i>Nancy Carrillo Rosas</i></u> Nancy Carrillo Rosas (Apr 26, 2021 14:53 PDT)
Sofia Flores	<u><i>Sofia Flores</i></u> Sofia Flores (Apr 26, 2021 14:20 PDT)
Jessica Ramos	<u><i>Jessica Ramos</i></u> Jessica Ramos (Apr 29, 2021 13:39 PDT)
Jessica Workman	<i>Jessica Workman</i>
Richard Bonneay	<u><i>Richard Bonneay</i></u> Richard Bonneay (Apr 26, 2021 14:32 PDT)
Debra Stewart	<u><i>Debra Stewart</i></u> Debra Stewart (Apr 26, 2021 17:19 PDT)
Marcella Rose	<i>Marcella Rose</i>
Amanda Greenberg	<u><i>Amanda Greenberg</i></u> Amanda Greenberg (Apr 26, 2021 14:46 PDT)
Sandra Villalpando	<u><i>Sandra Villalpando</i></u> Sandra Villalpando (Apr 26, 2021 15:17 PDT)
Gabrielle Duhl	<u><i>Gabrielle Duhl</i></u> Gabrielle Duhl (Apr 27, 2021 08:50 PDT)
Adriana Niculescu	<u><i>Adriana Niculescu</i></u> Adriana Niculescu (Apr 26, 2021 14:26 PDT)
Julie Jones	<u><i>Julie Jones</i></u> Julie Jones (Apr 26, 2021 14:27 PDT)
Robin Roberts	<u><i>Robin Roberts</i></u> Robin Roberts (Apr 26, 2021 15:29 PDT)
Betty Hathaway	<u><i>Betty Hathaway</i></u> Betty Hathaway (Apr 27, 2021 10:47 PDT)
Tajia Rodriguez	<i>Tajia Rodriguez</i>
Kassandra Montes	<u><i>Kassandra Montes</i></u> Kassandra Montes (Apr 26, 2021 15:37 PDT)
Stephany Mejia	<u><i>Stephany Mejia</i></u> Stephany Mejia (Apr 27, 2021 14:19 PDT)

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

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

APPENDIX D: HELP@HAND EXTENSION REQUEST
LETTER



MONO COUNTY BEHAVIORAL HEALTH DEPARTMENT

COUNTY OF MONO

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

May 7, 2021

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

Dear Mr. Ewing,

I am writing to inform you that Mono County will be extending the current MHSOAC-approved time period for its Innovation Plan entitled, "Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions" (a.k.a. "The Tech Suite" and now known as "Help@Hand"). The date that this plan was approved by the MHSOAC was February 22, 2018. Mono County Behavioral Health has previously requested an extension of time, but due to COVID-19 was unable to take critical steps forward in implementation. The new anticipated end date will be 2/8/23, which is in line with other Help@Hand Cohort One counties.

The initial time period approved by the MHSOAC was 15 months. This timeline did not include challenges related to the launch and implementation of the project or COVID-19. This extension would increase the project time to five years, which would allow Mono County ample time to locally implement its chosen web and mobile applications. This project will retain its original learning goals and there has been no change to the project's target populations. Please don't hesitate to reach out if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Robin K. Roberts".
Robin Roberts (May 7, 2021 12:25 PDT)

Robin K. Roberts
Director, Mono County Behavioral Health

Mono Help@Hand Extension Letter



Amanda Greenberg

To: [Ewing, Toby@MHSOAC](#)

Cc: [Tarter, Shannon@MHSOAC](#); [Brittany Ganguly](#); [mhsa@dhcs.ca.gov](#)

[Reply](#) [Reply All](#) [Forward](#) [...](#)

Fri 5/7/2021 3:05 PM



Mono County INN Project Extension Request 5.7.21 - signed.pdf
322 KB

Hi Toby,

I hope that you're doing well. We are finally enjoying spring here in the mountains!

Please find attached Mono County Behavioral Health's Help@Hand time extension letter. If you have any questions or concerns, please don't hesitate to reach out to myself or Robin!

Take care,

Amanda Greenberg, MPH

Program Manager

Mono County Behavioral Health

760-924-1754

www.monocounty.ca.gov/behavioral-health



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

Mono County BOS-Approved 19-20 Annual Update

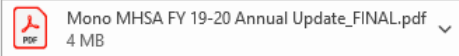


Amanda Greenberg

To mhsa@dhcs.ca.gov; [Desormeaux, Wendy@MHSOAC](mailto:Desormeaux,Wendy@MHSOAC); MHSOAC@mhsoc.ca.gov

Thu 12/19/2019 2:15 PM

[Reply](#) [Reply All](#) [Forward](#) [...](#)



Hi all,

Please find attached Mono County's BOS-approved FY 19-20 MHSA Annual Update. A copy of the plan is also available at www.monocounty.ca.gov/MHSA.

Thank you and happy holidays!!

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 FY 2018-19 MHSA Rev and Exp Report



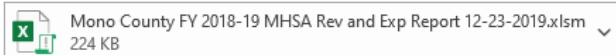
Amanda Greenberg

To mhsa@dhcs.ca.gov; MHSOAC@mhsoc.ca.gov

Cc [Robin Roberts](#)

Fri 12/27/2019 10:33 AM

[Reply](#) [Reply All](#) [Forward](#) [...](#)



Hello,

Please find attached Mono County's MHSA ARER for FY 18-19 (Excel) and the signed certification form signed via Adobe Sign (PDF).

Best,

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 FY 2019-20 MHSA Rev and Exp Report



Jessica Workman

To MHSA@dhcs.ca.gov; MHSOAC@mhsoc.ca.gov

Cc [Robin Roberts](#); [Amanda Greenberg](#)

[Reply](#) [Reply All](#) [Forward](#) [...](#)

Fri 1/29/2021 12:25 PM

You forwarded this message on 2/1/2021 11:04 AM.

- Mono FY 19-20 MHSA ARER DHCS_1820-Certification_Form_encrypted_.pdf
175 KB
- Mono County FY 19-20 DHCS_1822A-J_MHSA_Revenue_and_Expenditure_Report_final.xlsm
236 KB

Hello,

Please find attached the Mono County Revenue and Expenditure Report and Certification form. Let us know if you have any questions.

Thank you,

Jessica

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

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

MONO COUNTY

3/9/20

BARGAINING UNIT: MCPE

SALARY RANGE: 82

Date Revised

FLSA: Exempt

BEHAVIORAL HEALTH PROGRAM MANAGER

DEFINITION

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

DISTINGUISHING CHARACTERISTICS

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

REPORTS TO

Behavioral Health Director or designee

CLASSIFICATIONS DIRECTLY SUPERVISED

May directly supervise staff or provide lead direction as assigned

EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES

Duties may include but are not limited to the following:

Plans, organizes, conducts and evaluates one or more behavioral health program

Serves as a member of the Behavioral Health administrative team in setting Department goals and objectives

Develops and/or adapts behavioral health programs that comply with the requirements of the Department of Health Care Services (DHCS), the Mental Health Services Oversight and Accountability Commission (MHSOAC), and other granting agencies

Prepares appropriate reports for the above-listed agencies

Assesses community health needs through annual stakeholder processes to direct program services

Coordinates any necessary committees in the program area using a multidisciplinary team approach

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

TYPICAL PHYSICAL REQUIREMENTS

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

TYPICAL WORKING CONDITIONS

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

DESIRABLE QUALIFICATIONS

Knowledge of:

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

Ability and willingness to:

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

Training and Experience:

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

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

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

Mono County Behavioral Health was live.
June 12, 2020 · 🌐

312 People Reached

7 Reactions, Comments & Shares

3 Like	0 Wow	2 Love
0 Haha	0 Sad	0 Angry

2 Comments 98 Views

31 Post Clicks

0 Views	0 Link Clicks	28 Other Clicks
---------	---------------	-----------------

Negative Feedback

0 Hide Post	0 Hide All Posts	0 Report as Spam
0 Unlike Page		

Comment as Mono County Behavioral Health

Mono County Behavioral Health · 1:05 We would love to hear your ideas on how MCBH can serve our community!

Like · Reply · Commented on by Mono Mhsa (?) · 47w

Mono County Behavioral Health
March 24 · 🌐

Every year, Mono County Behavioral Health (MCBH) does a community needs assessment as part of its Mental Health Services Act Community Program Planning Process. We would like to invite you to share your thoughts on mental health needs and help shape programming throughout Mono County by taking this 5-10 minute survey before April 7th. MCBH is offering an "honor system" \$5 gift card to behavioral health clients and family members of clients who take the survey. Thank you!
<https://www.surveymonkey.com/r/MCBHStaff21>



143
People Reached

4
Reactions, Comments & Shares

3	0	0
Like	Wow	Love
0	0	0
Haha	Sad	Angry
1	0	
Comments	Shares	

10
Post Clicks

0	6	3
Photo Views	Link Clicks	Other Clicks

Negative Feedback


0	0	0
Hide Post	Hide All	Report as

Mono County Behavioral Health
March 24 · 🌐

MHSA Encuesta

Cada año, el departamento de Salud Mental del condado de Mono (MCBH) hace una evaluación de las necesidades de la comunidad como parte de su Proceso de Planificación del Programa Comunitario de la Ley de Servicios de Salud Mental. Nos gustaría invitarlo a compartir sus pensamientos sobre las necesidades de salud mental y ayudar a dar forma a la programación en todo el condado de Mono tomando esta encuesta de 5-10 minutos. MCBH está ofreciendo una tarjeta de regalo de \$5 a clientes de salud mental y familiares de clientes que toman la encuesta. ¡Gracias!

<https://www.surveymonkey.com/r/MCBHStaff21> See Less



Additional documentation to be added following public comment period

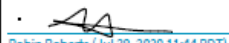
APPENDIX H: COVID-19 EXTENSION REQUEST

State of California – Health and Human Services Agency

Department of Health Care Services

DHCS Form 5510

MHSA Three-Year Program and Expenditure Plan or Update Extension FY 2020-21

Background and Instructions		
<p>Welfare and Institutions (W&I) Code section 5847(h), allows a county that is unable to complete and submit a Three-Year Program Expenditure Plan (Plan) or annual update (update) for fiscal year (FY) 2020-21 due to the COVID-19 Public Health Emergency to extend the effective time frame of its currently approved Plan or update to include FY 2020-21, and submit the subsequent Plan or Update on July 1, 2021.</p> <p>This document provides notification to DHCS that the County is extending the effective time frame of its currently approved Plan or Update to include FY 2020-21, per W&I Code section 5847(h).</p> <p>Please enter the requested information in the fields below and submit a completed form electronically to DHCS at MHSA@DHCS.ca.gov.</p>		
Section I: County Information		
a. Type of Plan or Update	Plan	
b. Date current Plan/Update was approved	12/17/19	
Section II: Stakeholder Notification		
<p>Stakeholders have been notified that the County is extending the effective time frame of its currently approved Plan or update to include FY 2020-21 as of: 7/24/20</p>		
Section III: Extension Justification		
<p>Provide a brief summary describing how the COVID-19 Public Health Emergency inhibited the County's ability to complete and submit its Three-year Plan or annual update for FY 2020-21.</p> <p>Firstly, COVID-19 interrupted planned Mono County Behavioral Health's planned Community Program Planning efforts and the department shifted to respond to the critical mental health needs of the community instead of planning (i.e. reducing isolation, reducing stress and anxiety, ensuring continued access to remote services). To achieve this shift, the department had to reassign staff who would have otherwise been working the final CPP events and the plan. Secondly, COVID-19 has inhibited the department's ability to effectively plan from both a monetary perspective and an activity perspective. Mono County Behavioral Health wants to ensure it can create a plan that will be sensitive to critical community needs related to COVID-19 in a way that follows all directives and keeps all staff and community members safe. Finally, the Mono County Board of Supervisors has been inundated with decisions and public information related to COVID-19, with delays on some other normal business.</p>		
Section IV: Certification		
<p>The undersigned certifies that the information included in this form is complete and accurate to the best of their ability.</p>		
 <small>Robin Roberts (Jul 29, 2020 11:44 PDT)</small>	<p>Robin Roberts</p>	<p>Jul 29, 2020</p>
County Behavioral Health Director Signature	Printed Name	Date

DHCS 5510 (06/2020)






Mono Extension_MHSA-Flexibilities-due-to-PHE-Form-5510

Final Audit Report

2020-07-29


Created:	2020-07-24
By:	Amanda Greenberg (agreenberg@mono.ca.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAA61AngC1plxFu3iH75ULslc-GSYabFPk





"Mono Extension_MHSA-Flexibilities-due-to-PHE-Form-5510" History

-  Document created by Amanda Greenberg (agreenberg@mono.ca.gov)
2020-07-24 - 5:00:40 PM GMT - IP address: 64.201.118.71
-  Document emailed to Robin Roberts (rroberts@mono.ca.gov) for signature
2020-07-24 - 5:01:31 PM GMT
-  Email viewed by Robin Roberts (rroberts@mono.ca.gov)
2020-07-29 - 6:44:28 PM GMT - IP address: 64.201.118.111
-  Document e-signed by Robin Roberts (rroberts@mono.ca.gov)
Signature Date: 2020-07-29 - 6:44:41 PM GMT - Time Source: server- IP address: 64.201.118.111
-  Signed document emailed to Amanda Greenberg (agreenberg@mono.ca.gov) and Robin Roberts (rroberts@mono.ca.gov)
2020-07-29 - 6:44:41 PM GMT

Department of Health Care Services acknowledgment of receipt of extension request:

RE: Mono County Three-Year Plan Extension


 DHCS MHSD@DHCS <DHCSMHSD@dhcs.ca.gov>
 To: Amanda Greenberg
 Cc: DHCS MHSD@DHCS

 Reply
  Reply All
  Forward
 

Wed 7/29/2020 12:48 PM

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Amanda,

DHCS is in receipt of the county's extension request. There are no questions at this time. If there are any questions, DHCS will reach out to the county.

Thank you,

DHCS – Community Services Division


From: Amanda Greenberg <agreenberg@mono.ca.gov>
Sent: Wednesday, July 29, 2020 11:53 AM
To: DHCS MHSD@DHCS <DHCSMHSD@dhcs.ca.gov>
Subject: Mono County Three-Year Plan Extension

Hello,
 Please find Mono County's extension request attached. Thank you very much!

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


Public posting:

← → ↻ monocounty.ca.gov/behavioral-health/page/mental-health-services-act-quality-improvement


 Apps
 Inbox - antenn@g...
 https://gs.monoc...
 SharePoint
 Behavioral Health ...
 Welcome to Survey...
 Welcome to Behavi...
 Department of Heal...
 Sign In - e-signatu...
 DATAR Application...
 Other bookmarks
 Reading list

MONO COUNTY
California's Eastern Sierra

[RESIDENTS](#)
 [BUSINESS](#)
 [VISITORS](#)
 [GOVERNMENT](#)




- MHSA
- Resources
- Cultural Humility
- + Court-Mandated Services
- Naloxone & Narcan Information
- Online Payments

Contact Information

Robin Roberts, MFT
Director

Mono County Civic Center
1290 Tavern Road
P.O. Box 2619



WELLNESS • RECOVERY • RESILIENCE


In Mono County, the Behavioral Health Department uses MHSA funds to pay for a very wide array of programs, activities, and services. These range from the wellness centers in Walker and Mammoth to the community socials in Bridgeport and Benton to North Star, our school-based counseling center.

For more information on how the MHSA is working in our community, please see the [2017-2020 Mental Health Services Act Three-Year Plan](#) and the [2019-2020 MHSA Annual Update](#).

MHSA Announcement (July 24, 2020)

Extension of MHSA Annual Update FY 2019-2020 & MHSA Three Year Program & Expenditure Plan for FY 2017-18 to FY 2019-20

Mono County Behavioral Health will continue with its current Three-Year Plan and Annual Update for FY 2020-21. This will allow for adequate time to ensure the stakeholder process is fully engaged in preparation of a new Three-Year Plan that reflects 1) a thorough understanding of community needs which are in transition as a result of the ongoing COVID-19 pandemic and civil unrest, and 2) meaningful budget forecasts. This change also provides the department with additional time to complete the plan, which is necessary since some critical staff have been reassigned from typical MHSA duties to respond to the pandemic. For further information about this announcement, please contact Amanda Greenberg at agreenberg@mono.ca.gov or 760-924-1754.



APPENDIX I: SPRING 2021 CPPP SURVEY RESULTS

There were a total of **115 survey participants**

20 were staff members

95 were non-staff

134 people total opened the survey, an average of **40 people skipped** each question and didn't take the survey at all.

Only one participant skipped the survey in order to get the incentive gift card.

Standard graphic representations of all answers are available in Survey Monkey, however are separated by Spanish and English.

The following results are compilations of community and staff responses.

97% did the survey in English

3% did the survey in Spanish

Most survey participants were:

30.9% of survey participants are clients or family of clients of MCBH (former or current).

20.4% are community members

15.1% participate in MCBH community programs

11.8% are MCBH Staff

Most of our survey participants live in...

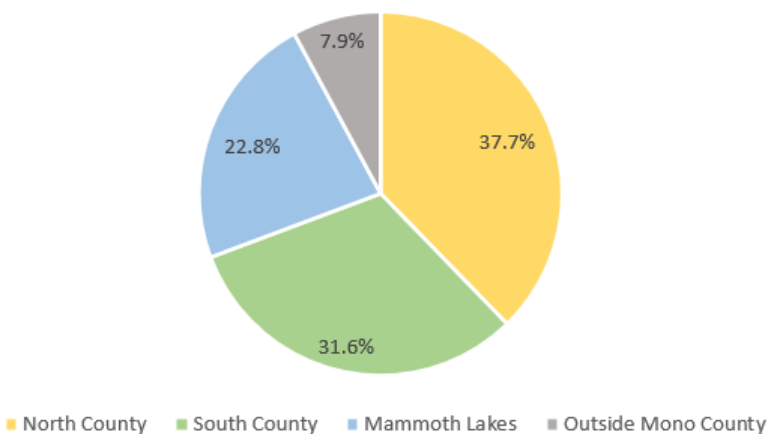
North County (Topaz, Coleville, Walker, Bridgeport) 37.7%

South County (Mono City, Lee Vining, June Lake, Crowley Lake, Sunny Slopes, Toms Place, Benton, Chalfant) 31.6%

Mammoth Lakes 22.8%

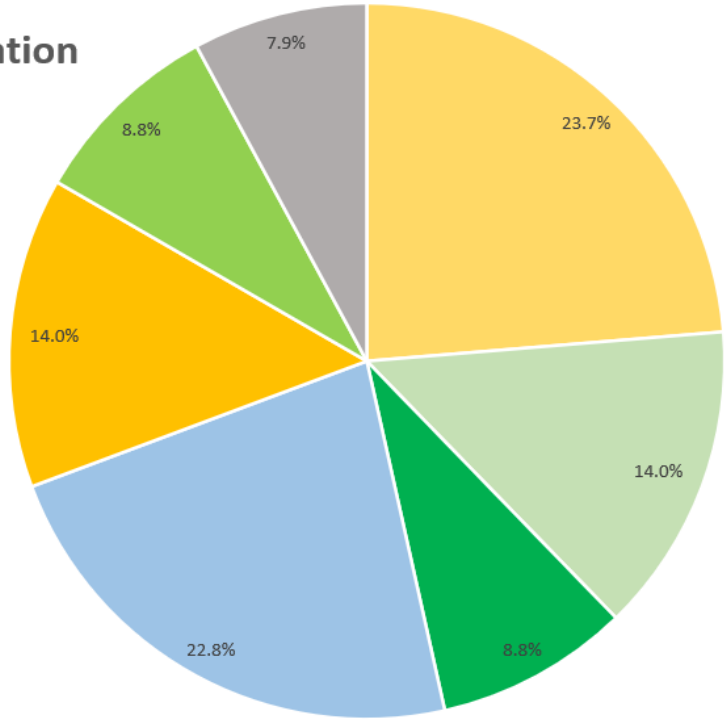
Outside Mono County 7.9%

Survey Participants by Location



Survey Participants by Location

- Bridgeport
- Crowley Lake / Sunny Slopes / Toms Place
- Benton / Chalfant
- Mammoth Lakes
- Walker/ Coleville/ Topaz
- Lee Vining/ Mono City/ June Lake
- Outside Mono County



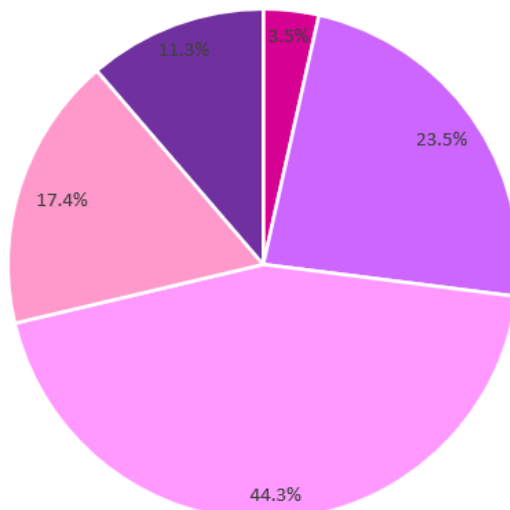
Most of our survey participants are aged...

26-40 years (44.3%)

16-25 years (23.5%)

41-59 years (17.4%)

Survey Participants by Age

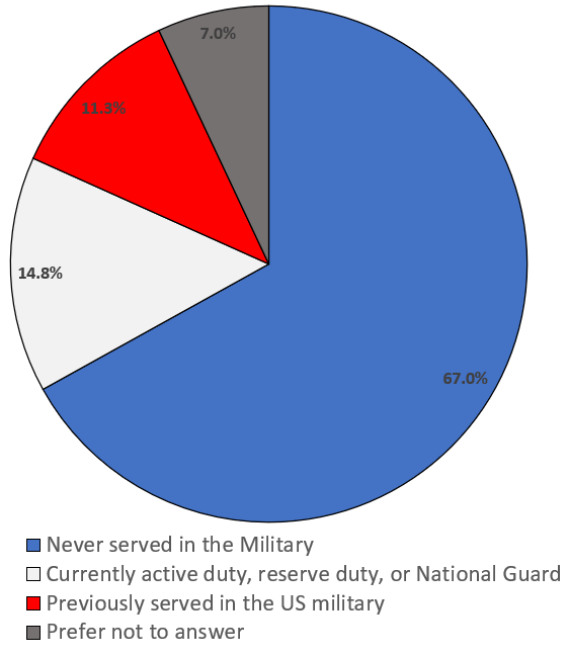


- Under 16 years old
- 16-25 years old
- 26-40 years old
- 41-59 years old
- 60+ years old

Military Status of our survey participants:

- Never served (67%)
- Currently active duty, reserve duty, or National Guard (14.8%)
- Previously served in the US military (11.3%)
- Prefer not to answer (7%)

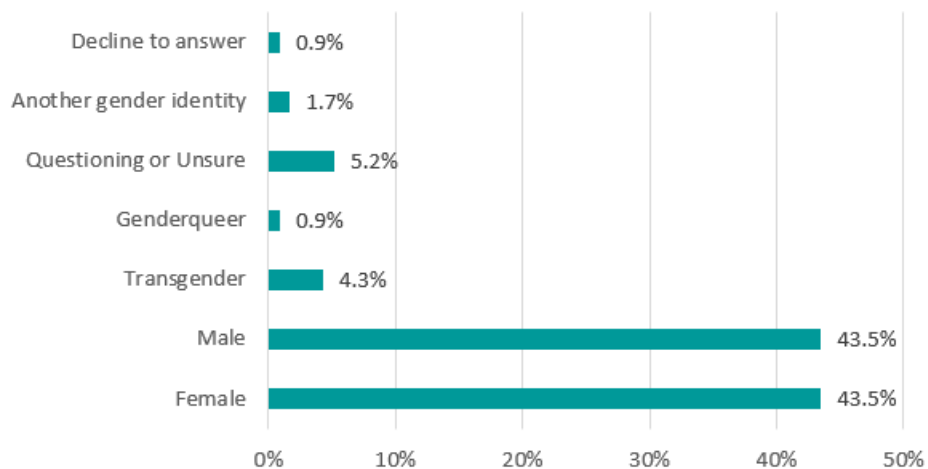
Survey Participants by Military Status



Gender Identity of our survey participants:

- Female (43.5%)
- Male (43.5%)
- Questioning or unsure (5.2%)
- Transgender (4.3%)
- Other gender identity (1.7%)
- Genderqueer (0.9%)
- Decline to answer (0.9%)

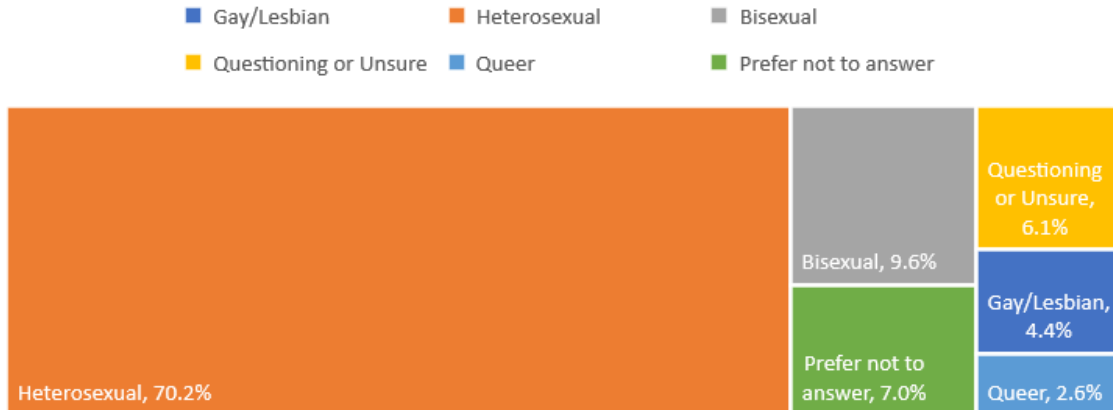
Survey Participants by Gender



Sexual Orientation of our survey participants:

- Heterosexual or straight (70.2%)
- Bisexual (9.6%)
- Questioning/Unsure (6.1%)
- Gay or lesbian (4.4%)
- Queer (2.6%)
- Prefer not to answer (7.0%)

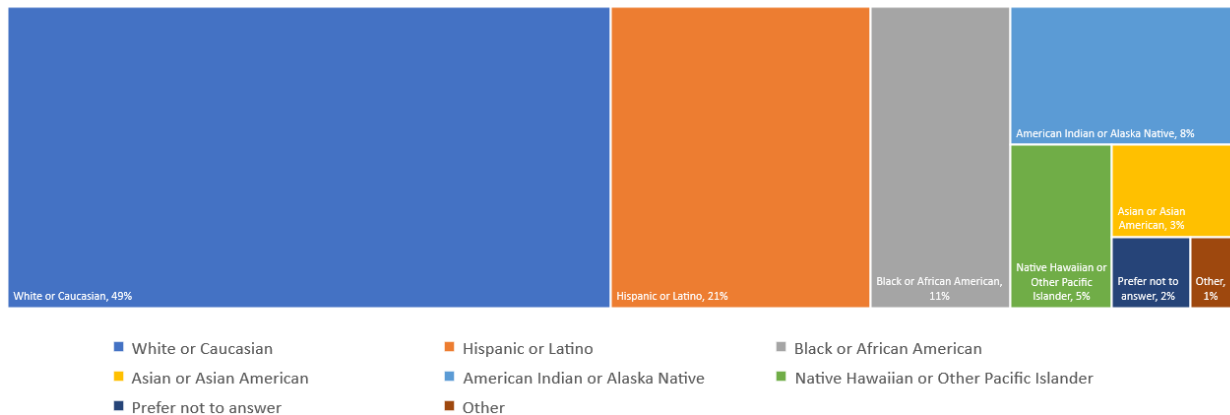
Survey Participants by Sexual Orientation



Racial / Ethnic makeup of our survey participants:

- White / Caucasian (48.2%)
- Hispanic / Latino (17.3%)
- Black or African American (13.6%)
- American Indian or Alaska Native (10%)
- Native Hawaiian or Other Pacific Islander (5.5%)
- Asian or Asian American (3.6%)
- Prefer not to answer (0.9%)
- Other (0.9%)

Survey Participants by Race / Ethnicity



The top 3 issues in our community related to mental health

Knowledge of MH issues (13.9%)
Finding access to MH providers (12.8%)
Experiencing stigma/prejudice (10.4%)

The top 3 issues for individuals related to mental health

Finding access to MH Providers (13.2%)
Knowledge of MH Issues (13.2%)
Lack of programs/services for specific groups (8.5%)

Honorable mentions:

Family relationships (8.2%)
Experiencing stigma/prejudice (7.8%)
Securing stable employment (7.5%)

The top 3 issues for youth (0-15) related to mental health

Experiencing stigma/prejudice (11%)
Knowledge of mental health issues (11%)
Family Relationships (10.3%)
Experiencing bullying (10.3%)

Honorable mentions

Finding access to MH providers (9.9%)

The top 3 issues for transition aged youth (16-25) related to mental health

Knowledge of Mental Health Issues (9.9%)
Finding access to MH Providers (9.2%)
Family relationships (9.2%)

The top 3 issues for adults (26-59) related to mental health

Finding access to MH providers (11.8%)
Knowledge of MH Issues (10.7%)
Securing stable employment (10%)

The top 3 issues for older adults (60+) related to mental health

Finding access to MH providers (13.6%)
Feeling a lack of social support or isolation (13.2%)
Family Relationships (9.5%)
Feeling a lack of purpose/meaning (9.5%)

The top 3 strategies to promote mental health

Increase awareness of MH programs (19.9%)
Provide more programs and services for special populations (13.9%)
Increase community engagement in MH programs (11.4%)

Honorable mention

Where possible, meet basic needs (10.3%)

Gift certificate for completion:
34 respondents x \$5 = \$170

ALL Top 3 issues questions, combined:

Finding access to MH Providers (12%)
Family Relationships (11%)
Lack of programs/services for specific groups (9%)

All issues, combined: The issues thought to be the least concern (compared to other options) were:

Experiencing homophobia (1%)
Drugs or alcohol (1%)
Feeling suicidal (2%)

Finding access to mental health providers was a top choice in every category* except youth (ages 0-15).

*Categories = Community, yourself, youth (ages 0-15), transition aged youth (ages 16-25), adults (ages 26-59), and older adults (ages 60+)

Knowledge of mental health issues was a top choice in every category* except older adults (ages 60+).

When asked about “other” issues related to mental health within Mono County (for community, yourself, youth (0-15 years), transition aged youth (16-25 years), adults (26-59 years), and older adults (60+ years), these were common:

-Cost of living / financial stress

(Cost of living here. Money!; Cost of living (in relation to wages) and needing to work multiple jobs; Money;

-Access to services

(Lack of programs/services; Going to Nevada for services as Mammoth is too far away)

Feeling a lack of social support or isolation

(Social anxiety, loneliness; Lack of social contact, fun, community events, need music)

Finding Housing

(housing)

Securing stable employment

(Lack of workforce training, skilled trades, etc.)

Transgender, Genderqueer, Questioning or Unsure, Other Gender Identity

Top issues in the Community

- Knowledge of mental health issues (14%)
- Drugs or Alcohol (11%)
- Experiencing Stigma or prejudice (11%)

Top issues for self

- Finding housing (15%)
- Lack of programs/services for specific groups of people (12%)
- Cost of services (12%)

Top issues for youth 0-15

- Finding housing (12%)
- Experiencing bullying (12%)
- Experiencing racism (12%)

Top issues for Transition age youth 16-25

- Knowledge of MH issues (10%)
- Feeling lack of social support or isolation (10%)
- Lack of programs/services for specific groups (10%)

Top issues for Adults 26-59

- Finding housing (12%)
- Drugs or alcohol (10%)
- Cost of services (10%)

Top issues for Older Adults 60+

- Finding access to mental health providers (23%)
- Feeling a lack of social support or isolation (13%)
- Feeling a lack of purpose/meaning (13%)

Top strategies to promote mental health

- Provide more programs and services for special populations (21%)
- Use tech to promote connection (15%)
- Offer services and programs at more convenient places and times (15%)
- Increasing awareness of MH programs and services (12%)
- Recruit and retain high quality BH staff (12%)

Sexual Orientation: Gay/Lesbian, Bi-sexual, Questioning/Unsure, Queer

Top issues in the Community

- Experiencing stigma/prejudice (16%)
- Knowledge of mental health issues (14%)
- Finding access to MH providers (10%)
- Securing stable employment (10%)

Top issues for self

Knowledge of mental health issues (13%)
Experiencing stigma/prejudice (11%)
Feeling a lack of social support or isolation (11%)

Top issues for youth 0-15

Knowledge of mental health issues (17%)
Experiencing stigma/prejudice (13%)
Finding housing (8%)
Lack of programs/services for specific groups (8%)

Top issues for transition age youth 16-25

Knowledge of mental health issues (13%)
Finding housing (11%)
Drugs or Alcohol (11%)
Feeling a lack of social support or isolation (10%)

Top issues adults 26-59

Knowledge of mental health issues (12%)
Finding access to MH providers (11%)
Feeling a lack of social support or isolation (11%)

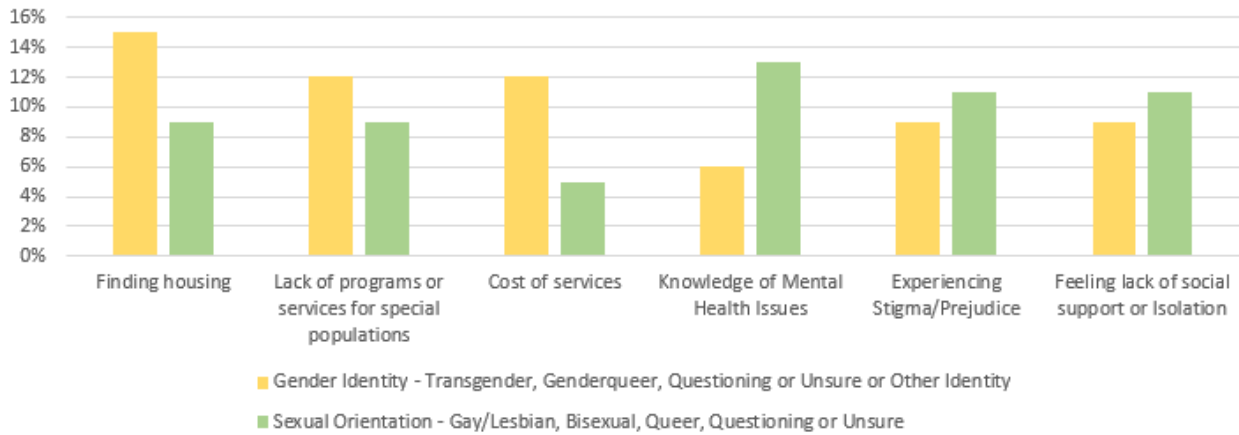
Top issues for older adults (60+)

Feeling a lack of social support or isolation (11%)
Knowledge of mental health issues (13%)
Family Relationships (13%)

Top strategies for promoting mental health

Provide more programs & services for special populations (20%)
Increase awareness of MH programs & services (17%)
Use technology to promote connection (13%)

Top Mental Health Issues - Self Gender Identity and Sexual Orientation Minorities



American Indian

Top issues in the Community

- Finding access to MH providers (21%)
- Knowledge of MH issues (18%)
- Securing stable employment (15%)

Top issues for self

- Knowledge of MH issues (15%)
- Experiencing stigma/prejudice (9%)
- Feeling a lack of social support or isolation (9%)
- Drugs or alcohol (9%)
- Lack of programs/services for special groups (9%)
- Feeling a lack of purpose/meaning (9%)
- Cost of services (9%)

Top issues for youth 0-15

- Finding access to MH providers (13%)
- Experiencing stigma/prejudice (13%)
- Knowledge of MH issues (10%)
- Lack of programs/services for special groups (10%)
- Experiencing bullying (10%)

Top issues for transition age youth 16-25

- Knowledge of MH issues (20%)
- Feeling a lack of social support or isolation (17%)
- Lack of programs/services for specific groups (10%)
- Feeling a lack of purpose/meaning (10%)

Top issues for adults 26-59

- Finding access to MH providers (15%)
- Feeling a lack of social support or isolation (15%)

Lack of programs/services for specific groups (9%)
Experiencing stigma/prejudice (9%)
Securing stable employment (9%)
Feeling a lack of purpose/meaning (9%)

Top issues for older adults 60+

Feeling a lack of social support or isolation (19%)
Finding access to MH providers (15%)
Family relationships (11%)
Feeling lack of purpose or meaning (11%)

Top strategies for promoting mental health

Increasing awareness of MH programs and services (22%)
Provide more programs and services for special populations (22%)
When possible, meet basic needs like housing, rental and food assistance (11%)
Offer services and programs at more convenient times and places (11%)
Recruit and retain high quality BH staff (11%)

Latinx

Top issues in the Community

Experiencing stigma/prejudice (17%)
Finding access to MH providers (13%)
Knowledge of MH issues (12%)

Top issues for self

Finding housing (16%)
Experiencing stigma/prejudice (11%)
Knowledge of MH issues (11%)
Lack of programs/services for specific groups (11%)
Feeling a lack of purpose/meaning (11%)

Top issues for youth 0-15

Experiencing stigma/prejudice (13%)
Finding access to MH providers (12%)
Experiencing bullying (10%)

Top issues for transition age youth 16-25

Finding housing (13%)
Experiencing stigma/prejudice (12%)
Finding access to MH providers (10%)
Feeling a lack of social support or isolation (10%)

Top issues for adults 26-59

Knowledge of MH issues (15%)

Drugs or alcohol (15%)
Finding access to MH providers (12%)
Securing stable employment (10%)

Top issues for older adults 60+

Finding access to MH providers (14%)
Knowledge of MH issues (14%)
Experiencing stigma/prejudice (12%)
Lack of programs/services for special populations (10%)

Top strategies to promote mental health

Increasing awareness of MH programs and services (23%)
Provide more programs/services for special populations (18%)
Use tech to promote connection (11%)
Meet basic needs like housing, rental and food assistance (11%)

Black or African American

Top issues in the Community

Experiencing stigma/prejudice (14%)
Knowledge of MH issues (12%)
Cost of services (12%)

Top issues for self

Knowledge of MH issues (16%)
Finding housing (14%)
Experiencing stigma/prejudice (11%)

Top issues for youth 0-15

Experiencing stigma/prejudice (16%)
Knowledge of MH issues (14%)
Feeling a lack of purpose/meaning (12%)

Top issues for transition age youth 16-25

Knowledge of MH issues (13%)
Getting into fights/experiencing anger management issues (11%)
Finding access to MH providers (9%)
Securing stable employment (9%)
Social media problems (9%)

Top issues adults 26-59

Finding access to MH providers (11%)
Knowledge of MH issues (11%)
Securing stable employment (11%)
Getting into fights/experiencing anger management (11%)
Feeling lack of social support/isolation (9%)

Experiencing bullying (9%)

Top issues for older adults (60+)

- Finding access to MH providers (15%)
- Experiencing stigma/prejudice (15%)
- Feeling a lack of meaning/purpose (13%)
- Experiencing bullying (10%)

Top strategies for promoting mental health

- Provide more programs and services for special populations (18%)
- Use tech to promote connection (16%)
- Meet basic needs like housing, rental and food assistance (14%)
- Recruit and retain high quality BH staff (14%)

