



Mono County Behavioral Health
Mental Health Services Act (MHSA)
FY 2018-2019 Annual Update

Including the following Supplemental Reports:

Workforce Needs Assessment

Innovation Project Extension Request

FY 2017-2018 Annual Innovative Project Report

Updated Reversion Expenditure Plan



WELLNESS • RECOVERY • RESILIENCE

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EXECUTIVE SUMMARY

The intent of the Mental Health Services Act (MHSA) Annual Update is to provide community members with information about the programming funded by each of component of the MHSA: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CF/TN). The MHSA also requires that all County Mental Health Departments submit an updated program and expenditure plan every year. In order to create all MHSA plans, departments must engage stakeholders in the Community Program Planning (CPP) process.

The Mono County Behavioral Health Department (MCBH) is proud to present its 2018-2019 Annual Update, which provides a progress report of MHSA activities for the 2017-2018 fiscal year, as well as an overview of current or proposed MHSA programs planned and/or underway for the 2018-2019 fiscal year. Additionally, this document includes several supplemental reports, including a Workforce Needs Assessment, an Innovation Project Extension Request, the FY 2017-2018 Innovative Project Reports, and an Updated Reversion Expenditure Plan.

**MHSA COUNTY FISCAL ACCOUNTABILITY
CERTIFICATION**

County/City: Mono

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

<p>Mono County Behavioral Health Director:</p> <p>Name: Robin K. Roberts Telephone number: 760-924-1740 E-mail: rroberts@mono.ca.gov</p>	<p>Mono County Finance Director</p> <p>Name: Janet Dutcher Telephone number: 760-932-5494 Email: jdutcher@mono.ca.gov</p>
<p>Mono County Behavioral Health Mailing Address:</p> <p style="text-align: center;">PO Box 2619/452 Old Mammoth Road, Third Floor Mammoth Lakes, CA 93546</p>	

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

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

Robin K. Roberts
 Behavioral Health Director (PRINT)

 Signature Date

I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by

the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Janet Dutcher
Mono County Finance Director (PRINT)

Signature

Date

DRAFT

MONO COUNTY SNAPSHOT & CAPACITY OVERVIEW

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

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

Mono County's inhabited areas range in altitude from 5,000 to 8,500 feet; winters can be long and harsh with occasional road closures. Residents primarily earn their livelihoods through government service and retail trades related to tourism and agriculture. The median income is \$61,814 and 11.3 percent of Mono County residents live in poverty; the median value of owner-occupied housing units is \$324,600. Schools are located in Coleville, Bridgeport, Lee Vining, Benton, and Mammoth Lakes, each school is approximately 25-45 miles from the next. Mono County has three school districts: Mammoth Unified School District (MUSD), Eastern Sierra Unified School District (ESUSD), and Mono County Office of Education (MCOE).

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

Assessment of Current Capacity

Part of Mono County Behavioral Health's (MCBH's) mission is to bring together representatives from Mono County communities and ask these representatives to take a leadership role in identifying and resolving community health needs. In this assessment of current capacity, MCBH will examine current capacity within its department, as well as capacity of key community partners that also promote health and wellness.

Please see Workforce Needs Assessment Table 1 for an overview of current staffing. Approximately 40 percent of the department's staff are bicultural and/or bilingual members of the Latino/Hispanic community. Of Mono County's total population, almost 30 percent are Latino/Hispanic. For penetration rate data, including Mono County's Hispanic penetration rate, please see Appendix A.

As will be outlined in this report, MCBH has a number of successful programs ranging from its Full Service Partnership program and crisis stabilization/intervention team to its social events and community engagement in outlying areas. Programs from previous years that are being continued or expanded in this Three-Year Plan take into account the department's current and future capacity. Where necessary, the report outlines where additional capacity will need to be developed to meet programmatic goals and community needs.

To examine capacity within the community, MCBH began by listing partner agencies, organizations, and coalitions (see Capacity Tables 1-2 below). In some cases, the relationships between MCBH and the partner are strong and in other cases the relationships could be strengthened.

One of the coalitions with the most capacity is the Behavioral Health Advisory Board, which is comprised of representatives from Mammoth Lakes Police Department, the Mono County Sheriff's Office, and the Mammoth Unified School District. It also includes two clients/family members of clients, the MCBH QA/QI Coordinator, and one County Supervisor (though she is not representing the Board). This committee is involved in MCBH's program planning and includes a wide range of community partners. The Multi-Agency Council (MAC) is another coalition that includes individuals in leadership positions. Over the years, this council has proven its political influence and its capacity for contributing to sustainable youth prevention efforts.

Capacity Table 1. 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 2. Mono County Community Partner Organizations and Coalitions

Organization/Coalition	Purpose/Mission	Who is served?
Multi-Agency Council	Works on youth violence and AOD prevention and policy enforcement issues.	Mono County community
SDRR Collaborative	Work group of the Multi-Agency Council that studies and addresses high risk behaviors in Mono County youth.	Mono County youth
Behavioral Health Advisory Committee	“Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life.”	Mono County community, MCBH clients
Mammoth Hospital	“To promote the well-being and improve the health of our residents and guests.”	Mono County residents and guests
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

Workforce Needs Assessment 2017-2018

At least once every five years, the County is required to conduct an assessment of the education and training needs of its Public Mental Health System workforce and prepare a written Workforce Need Assessment that identifies and evaluates the identified needs. (Citation: [9 CCR § 3830](#)).

Workforce Needs Assessment Table 1. Current Staffing as of FY 2017-2018:*

Position	Category	FTE	Language(s)	Latino/Hispanic Origin?
Director	Managerial/Supervisory Licensed Mental Health Staff	1	English	N
Fiscal & Administrative Services Officer	Managerial/Supervisory	1	English	N
Clinical Supervisor	Managerial/Supervisory Licensed Mental Health Staff	1	English	N
Therapist	Licensed Mental Health Staff	.8	English Spanish	Y
Therapist	Licensed Mental Health Staff: Intern	1	English	N
Therapist	Licensed Mental Health Staff: Intern	1	English	N
Therapist	Licensed Mental Health Staff: Intern	1	English	N
Behavioral Health Services Coordinator	Mental Health Staff	1	English	Y

Case Manager Telepsychiatry Coordinator	Mental Health Staff	1	English Spanish	Y
Case Manager	Mental Health Staff	1	English Spanish	Y
Case Manager	Mental Health Staff SUD Personnel	1	English Spanish	Y
SUD Counselor	SUD Personnel	1	English	N
SUD Counselor	SUD Personnel	1	English	N
Case Manager (North Star School-Based Counseling Center)	Mental Health Staff	.8	English Spanish	Y
Walker-Based PEI Case Manager	Mental Health Staff	.6	English	N
Wellness Center Associate	Mental Health Staff	.25	English	N
Wellness Center Associate	Mental Health Staff	.1	English	N
Fiscal Technical Specialist IV	Other Personnel	1	English Spanish	Y
Front Office Assistant	Other Personnel	1	English Spanish	Y
MHSA Coordinator	Other Personnel	.8	English	N
QA/QI Coordinator	Other Personnel	1	English	N

Adult Psychiatrist via Telemedicine (contract with Kingsview)	Licensed Mental Health Staff	4 hrs/ week	English	N
Child Psychiatrist via Telemedicine (contract with Kingsview)	Licensed Mental Health Staff	2-4 hrs/ week		This position is vacant
Psychiatric Nurse	Licensed Mental Health Staff	1		This position is vacant

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

Staffing Narrative:

Presently, Mono County Behavioral Health (MCBH) has one vacant positions (see above), and our telepsychiatry provider, Kingsview, is pairing the department with a new child psychiatrist. MCBH has also identified the need to add several new positions that have not yet been formally approved. MCBH believes that its ability to provide services in all of our programs is greatly enhanced if we have bilingual/bicultural staff. This is especially true for licensed staff and interns. In addition to offering a preference to Spanish speakers, 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.” In FY 2016-2017, MCBH served approximately 521 clients; of these clients, 23 percent were of Latino/Hispanic heritage and 77 percent were non-Latino/Hispanic. In FY 2017-2018 (YTD as of June 1, 2018) MCBH served 423 clients; of these clients, 38 percent were of Latino/Hispanic heritage and 62 percent were non-Latino/Hispanic.

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.

Nearly 70% of MCBH’s staff report that they are a current or former consumer of mental health or substance use services and nearly 70% also report they are 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.

Identified Training Needs:

Presently, MCBH staff are participating in a two-year Strengths-Based Learning Collaborative with Inyo and Alpine Counties. In this collaborative, staff will learn to implement the Strengths Model, an evidence-based model that focused on client's strengths instead of their deficits. MCBH therapists are also currently attaining their certification in the Child Adolescent Needs and Strengths (CANS) assessment. MCBH staff are encouraged to identify conferences and learning opportunities that promote their professional development and help them meet their career goals, for example, every year several staff attend the Central Valley Latino Conference. Staff have also identified the need for additional education related to services for older adults. Furthermore, staff annually or semi-annually receive trainings on such topics as HIPAA; program evaluation; fraud, waste, and abuse; privacy and security; Medi-Cal billing and codes; email encryption; and other needs as identified.

Finally, MCBH's Cultural Competence Plan outlines several training goals, including:

- **Objective 2a:** MCBH will provide one four-hour cultural and linguistic competency training for 100% of MCBH staff (therapists, case managers, office staff, and administrative staff) each fiscal year.
- **Objective 2b:** MCBH COC will sponsor no less than one training regarding American Indian culture (knowing that there are many and a generalization is a better place to begin training than to not do it at all). This training will be for 100% of MCBH staff and will include invitations to partnering departments and agencies.
- **Objective 2c:** MCBH COC will determine ways to train staff regarding LGBTQI2-S access, stigma and therapeutic needs so that all staff have a working knowledge and a level of comfort to provide treatment to this sub-group. Ideas generated will be written and training needs established.
- **Objective 2d:** MCBH COC will host a minimum of two trainings regarding services, outreach and "competence" when working with LGBTQI2-S adults and youth.
- **Objective 2e:** MCBH COC will continue its efforts to find training for all staff regarding the "Culture of Poverty in Rural/Remote America."

COMMUNITY PROGRAM PLANNING

A critical step in the MHSa Three-Year plan is engaging community stakeholders so that they can provide input on the allocation of the county's MHSa funds. For this Annual Update, MCBH held several focus groups with key stakeholders over the course of the year. These engagement methods and a summary of the results are outlined below. Please note that MCBH provides training on the Community Program Planning Process (CPPP) to staff members and its Behavioral Health Advisory Board; although it does not provide in-depth CPPP trainings for community members, when MCBH conducts focus groups, staff give a short overview of the MHSa and how the input that participants provide will be used to design and plan programs.

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

- April 26, 2018; 4 participants; Conducted at MCBH offices
- Facilitated by EQRO
- Key Takeaways include:
 - Access to care is quickly achieved for focus group members, and the services are universally experienced positively.
 - Information about services is not widely available in the larger community.
 - Reported reluctance of telepsychiatry to treat older adults merits exploration by the MHP to determine if additional psychiatry resources may be required. Timeliness of Services
 - Initial access is reportedly very quick.
 - There were no participants with initial telepsychiatry or office-based psychiatry within the last year.
 - Participants reported good access to routine therapy and best practices such as Wrap services, groups, and timely response to needs
 - With the start of telepsychiatry, consumers perceive that the communication process between primary care and the psychiatrist has not continued
 - Information is provided about medication in a structured, class-like format

MCBH Client Focus Group #2: Focus on Strengths Model

- August 1, 2018; 7 participants; Conducted at MCBH offices
- Facilitated by Strengths Model consultants
- Key takeaways include:
 - It was very evident from the client focus group that all seven clients value their case managers and therapists.
 - Each of the seven clients were familiar with the Strengths Assessment and had used it at least once. Three of the clients had reviewed the Strengths Assessment on multiple occasions. Some specific comments related to the Strengths Assessment were:
 - "It helps me see the positive parts of my life"
 - "It gave me hope that I can do more"

- “I have a hard time with negative thinking. She used this to remind me that I have done a lot of things in my life and I’m a good person”
- “Helps me sets goals”
- “I like that my workers asks me what I want. This thing is about what I want not what other people want me to do”
- “It gives me hope and helps me remember why I need to stay away from drugs; why we are doing what we are doing”
- “It shows me I am getting better. I have come a long way since I started in services here.”
- Two of the seven people were familiar with the Personal Recovery Plan. Four had never seen it. One person was not sure. Some specific comments related to the Personal Recovery Plan were:
 - “It helps me stay on track. Reminds me to do the things I need to do to reach my goal”
 - “I have come a long way since I started seeing [therapists name]. We set a goal and now I have achieved it.”
 - “We talk about my progress all the time. We check off things that I have done”
 - I like using it. We don’t just talk, we do things”
- All seven clients had seen a difference in the way they have been working with their case manager or therapist over the past six months. Some general comments related to the Strengths Model were:
 - One person said the model saved her life
 - One person said it has made a huge difference in her life
 - One person said they didn’t know exactly what they were doing but it was different and it worked.
 - All clients reported that they were in charge of setting the goals they worked on.
- Some general comments related to Mono County services:
 - A few of the clients compared services they had received in other parts of California or other states and thought Mono County services were much better than others.
 - A few clients commented that they liked that their case manager went to their home or went with them to places in the community.
 - All clients reported that they thought they were doing better now than when they first started services
 - Two clients thought there would be a time when they no longer needed services at Mono County.

Mammoth Lakes Senior Services Focus Groups

- June 27, 2018; 21 participants; Conducted at Mammoth Lakes Community Center
- Facilitated by Robin Roberts
- Seniors in Mammoth Lakes were a focus for our CPP this year because the lack of senior programming was brought to the attention of the MCBH Behavioral Health Advisory Board and the Board wanted to explore potential service options.
- Key Takeaways Include:
 - Discussion around existing services related to medical transport, meal delivery, and wellness checks.

- “One of the issues with growing older is your world shrinks. It doesn't do anyone any good to sit at home alone without friends.”
- A dream would be a community center with senior activities involved - lunch, programming targeted specifically tailored to them. This would be a way to connect with others. Discussion around multi-generational facility in Minden, NV.
- Discussion around the best way for participants to get information.
- An easy place to start is to create a list of programs and resources for seniors that already exists.
- There are several categories of seniors: those well enough to participate, people who are fragile, and those who are shut-in entirely.
- Differing perspectives on how to start: Until you create an organization with a name, you don't have anything, you have a lot of people working on something, but there's no focus; Start somewhere - can we do something all together that brings us community.
- A follow-up focus group was held on August 1, 2018, in which the participants present decided to form a smaller committee that would develop a survey and lead discussions about a “grassroots approach” to creating senior programming, rather than a government-driven approach. MCBH has shared its willingness to help host selected senior programming through MHSA funding if eligible, and the department eagerly awaits the recommendation of this group.

June Lake Focus Group

- April 9, 2018; 6 participants; Conducted at June Lake Community Center
- Facilitated by Robin Roberts
- Key Takeaways Include:
 - Living in June Lake is all about place; people really have to want to be there because it takes sacrifice to live there. Some of the sacrifices discussed include high cost of living, lower wage jobs, seasonal jobs, distance to services, small dating pool, isolation, lack of family or “roots.”
 - Discussion on how to promote health and wellness by subsidizing gym/spa memberships for employees.
 - Idea to educate employers about mental health services/options.
 - There are few options for socializing without alcohol present.
 - Alcohol is the town's biggest challenge from an SUD perspective, and drunk driving along with it.
 - Discussion around how to avoid having behavioral health or law enforcement involved only once drinking or mental health issues have reached crisis levels.
 - Some businesses have sober challenges among co-workers.
 - Discussion around how to create more community focused on locals rather than tourists.
 - Strengths of the community include access to technology, library, thrift store, community center, women's club, chamber of commerce, recent influx of young families.

MUSD Presentations

- MCBH did suicide prevention presentations for 32 Mammoth High School faculty and staff in December 2017 and for Mammoth Middle School faculty and staff in March 2018. These presentations, facilitated by Robin Roberts, were educational in nature, but the surveys provided opportunity for staff to provide input on future programming opportunities.
- Key Takeaways Include:

- Participants' confidence in their "ability to recognize mental disorders and other problems that may put teens at risk for suicide" was lower than the other questions. MCBH plans to participate in another professional development day at the school with scenario role plays.
- Break into small groups to provide opportunity for interaction/discussions between those here to listen/learn.
- More information desired on teaching resilience.
- More information desired on ways to help students immediately (I.e. what are the right things to say?).
- Approximately 16 teachers indicated interest in participating in a two-day suicide prevention training.

Walker Outreach

- In March 2018, MCBH hired a Walker Wellness Center Associate to staff its Walker Wellness Center. This Wellness Center has been under-utilized the past few years and MCBH is very happy to have it open several days per week once again. As part of the planning process, the Wellness Center Associate met with community stakeholders to discuss community needs, past programming, and community interests. This is an ongoing process that changes with the seasons. Top concerns include isolation, substance use, and healthy families; suggested programming includes monthly social/meals, community garden, art activities, walking group, and bingo, all of which are now on the Wellness Center calendar.

Reversion Plan Public Hearing

- MCBH received public comment on its original reversion plan from two individuals, both of whom are consumers of mental health services. One person commented via email and wanted to ensure that the Innovation Plan (Technology Suite) will be evaluated. One person attended the public hearing on June 18, 2018 and shared how much she appreciates MCBH's work, sharing that "it's a place where I can come for direction in my life." She had many kind words about her case manager here at MCBH and was pleased to learn that through the reversion plan, MCBH will be able to hire an additional staff person. She also shared that transportation to out-of-county medical appointments is a key challenge for her, that affordable housing is very important for our community, and that she thinks that the apps planned through the Technology Suite will be great for Mono County.

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 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.

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

DRAFT

LOCAL REVIEW PROCESS

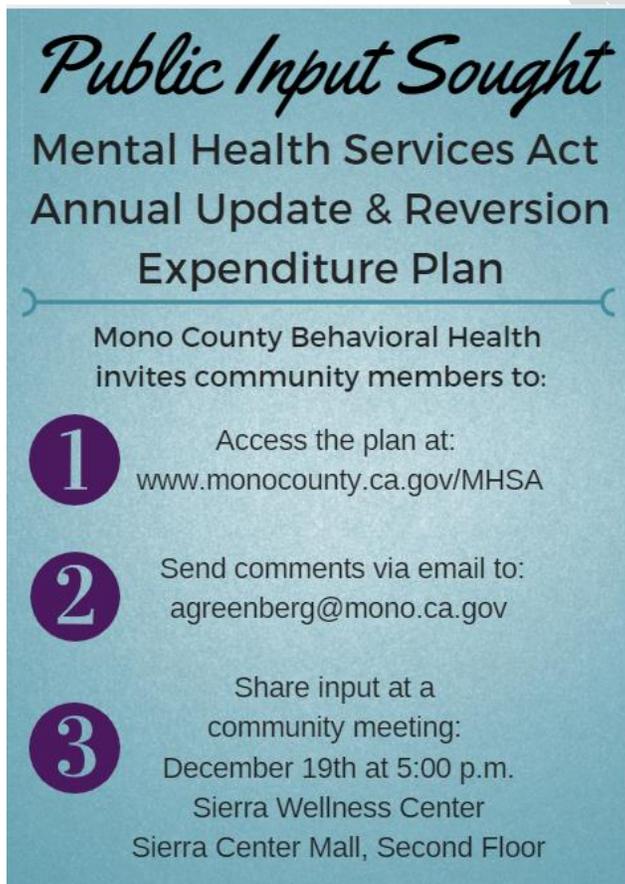
30-day Public Comment period dates: November 19, 2018 - December 18, 2018

Date of Public Hearing:

December 19, 2018, 5:00-6:00 pm, Sierra Wellness Center, Sierra Center Mall, Second Floor

Describe methods used to circulate, for the purpose of public comment, the Annual Update & Updated Reversion Expenditure Plan

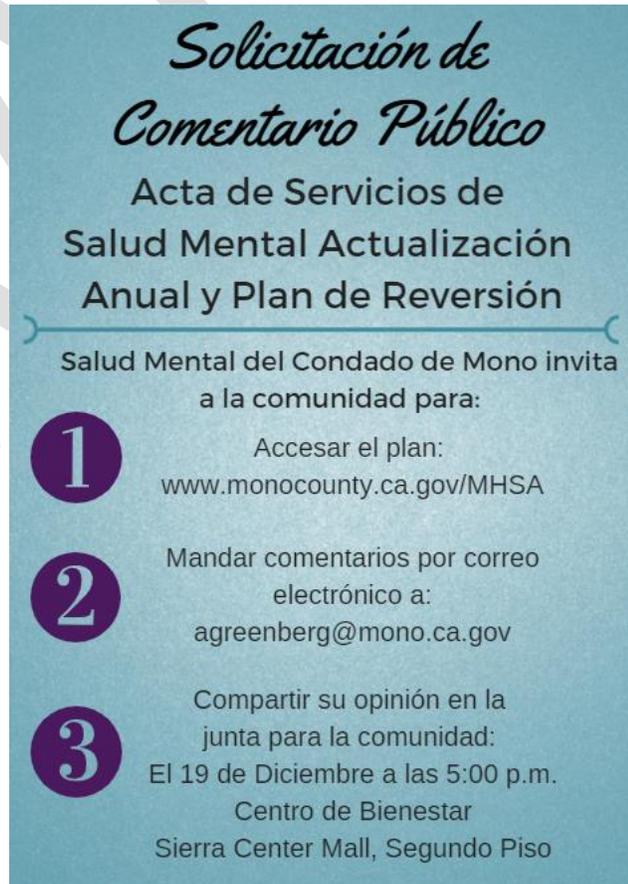
The plan was posted at monocounty.ca.gov/MHSA on November 19, 2018. A news article was posted on MCBH's website and the Mono County website on November 20, 2018, and the public hearing was listed as an upcoming community event on MCBH's Community Events web page. The public comment period and hearing are also being advertised on MCBH's English and Spanish Facebook pages. Please see images below for examples of advertisement.



Public Input Sought
Mental Health Services Act
Annual Update & Reversion
Expenditure Plan

Mono County Behavioral Health invites community members to:

- 1 Access the plan at:
www.monocounty.ca.gov/MHSA
- 2 Send comments via email to:
agreenberg@mono.ca.gov
- 3 Share input at a community meeting:
December 19th at 5:00 p.m.
Sierra Wellness Center
Sierra Center Mall, Second Floor



*Solicitud de
Comentario Público*
Acta de Servicios de
Salud Mental Actualización
Anual y Plan de Reversión

Salud Mental del Condado de Mono invita a la comunidad para:

- 1 Accesar el plan:
www.monocounty.ca.gov/MHSA
- 2 Mandar comentarios por correo electrónico a:
agreenberg@mono.ca.gov
- 3 Compartir su opinión en la junta para la comunidad:
El 19 de Diciembre a las 5:00 p.m.
Centro de Bienestar
Sierra Center Mall, Segundo Piso

Acta de Servicios de Salud Mental Actualización Anual y Plan de Reversión:

- * La comunidad esta cordialmente invitada para aportar su opinión sobre la Acta de Servicios de Salud Mental Actualización Anual y Plan de Reversión. Miembros de la comunidad pueden dar su opinión:

19 de Diciembre de 2018 a las 5:00 p.m.

Centro de Bienestar
Sierra Center Mall, Segundo Piso

Salud Mental del Condado de Mono también aceptará su opinión por correo electrónico hasta el 18 de Diciembre. Por favor comuníquese con Amanda Greenberg: agreenberg@mono.ca.gov

Para obtener una copia actual del Acta de Servicios de Salud Mental, por favor visite a www.monocounty.ca.gov/MHSA

Los votantes de California aprobaron la Acta de Servicios de Salud Mental (MHSA, Proposición 63) el Noviembre de 2004. MHSA coloca un 1% de impuestos a ingresos personales que sobrepasa \$1,000,000. Condados reciben los fondos por el estado con la meta de transformar el sistema de salud publico a un sistema dirigido por las familias y clientes, orientado a la recuperación, accesible, y culturalmente competente.

Mental Health Services Act Annual Update & Reversion Expenditure Plan:

- * Mono County Behavioral Health invites community members to provide input on the County's Mental Health Services Act (MHSA) Annual Update & Reversion Expenditure Plan. Community members can provide input at a community meeting on:

December 19th, 2018 at 5:00 p.m.

**Sierra Wellness Center
Sierra Center Mall, Second Floor**

Mono County Behavioral Health will also be **accepting public comment via email** until December 18th. Please contact: Amanda Greenberg at agreenberg@mono.ca.gov

**For a copy of the MHSA plan, please visit
www.monocounty.ca.gov/MHSA**

California voters passed the MHSA (Proposition 63) in November 2004. MHSA places a 1% tax on personal incomes over \$1,000,000. Counties receive funds through the State with the goal of transforming the public mental health system into one that is consumer & family driven, recovery oriented, accessible, & culturally competent.

MONO COUNTY *California's Eastern Sierra*

RESIDENTS



p. (760) 924-1740
f. (760) 924-1741
Crisis Intervention/
Emergency: 911
After-Hours/ Access Line:
(800) 687-1101

Our offices will be closed on
the following dates in 2018:
February 19 | May 28 | July 4 |
September 3 | October 8 |
November 12 | November 22 |
November 23 | December
24-25 | December 31 |
January 1, 2019

[Edit Contact Details](#)

Upcoming Events

**Behavioral Health Advisory
Board**
11/19/2018 - 3:00pm

10755 Highway 555
All are welcome! Dinner Provided!

**December 3rd
Behavioral Health Advisory Board Meeting
3:00-4:30 pm
Behavioral Health Offices
Sierra Center Mall, 3rd Floor**
All are welcome

**December 13th
Foro Latino
5:30-7:30 pm
Mammoth High School**
[Click here to view flyer](#)

**December 19th
MHSA Annual Update Public Hearing
5:00 pm
Sierra Wellness Center
Sierra Center Mall, 2nd Floor**
All are welcome. Snacks provided

Advertisements for the public comment period will be placed in three local newspapers: The Sheet, the Mammoth Times, and El Sol de la Sierra (a Spanish language newspaper). Information about dates of placement and flyer distribution will be provided in this section following the public hearing.

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

The public comment hearing will be held on December 19, 2018 from 5:00-6:00 pm in Mammoth Lakes. Staffing information and participation information will be provided in this section following the 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 comment period.

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

To be completed following public comment period.

MHSA Issue Resolution Process

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

COMMUNITY SERVICES AND SUPPORTS

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

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

Services for all populations 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.

CSS Table 1. CSS Service Categories & Programs/Services

Service Category	FSP	General System Development	Outreach/Engagement	Housing Program
Programs and Services	<ul style="list-style-type: none"> • FSP – Child (0-15) • FSP – TAY (16-25) • FSP – Adult (25-59) • FSP – Older Adult (60+) • Includes housing, food, clothing, etc. as needed • Wraparound administration 	<ul style="list-style-type: none"> • Case management/supportive services • Wellness Centers/Activities <ul style="list-style-type: none"> ○ Walker Wellness Coordinator ○ Clubhouse Live • Crisis intervention/stabilization <ul style="list-style-type: none"> ○ Hospital telepsych • Employment support 	<ul style="list-style-type: none"> • Foro Latino • Socials in Outlying Areas • Tribal Collaboration 	<ul style="list-style-type: none"> • Renovating project-based housing • Capitalized Operating Subsidy Reserve • Supportive Service Pilot

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, from children/youth to older adults.

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 2017-2018 was approximately 30. Due to the small number of clients served, this report will not disaggregate the data by race/ethnicity, gender, or age.

Additionally, MCBH participates in a Wraparound program with the Mono County Department of Social Services and the Mono County Probation Department. As part of its contribution to this program, MCBH funds the ongoing clinical supervision of all employees participating in this program. MCBH also funds the evaluation of this program.

General System Development

Within the General System Development CSS service category, MCBH funds such services as case management and supportive services, the Sierra Wellness Center, the Walker Wellness Center, and crisis intervention and stabilization services. In FY 2017-2018, MCBH also partially funded its after-school youth program, Clubhouse Live (CHL) with CSS funds. This program had a successful summer season, including such programming as horseback riding and rock climbing, all of which seek to promote leadership and self-esteem. The CHL evaluation that was introduced in FY 2016-2017 did not prove to be successful upon introduction. This evaluation tracks youth demographics, number of unique participants, and measures of satisfaction, participation, and connectedness. To improve the evaluation, MCBH purchased an iPad stand that sits near the exit and educated program staff on the importance of the evaluation. While results have improved, data collection for this drop-in program remains a work in progress.

Other programs offered at the Sierra Wellness Center range from yoga to support groups. In FY 2017-2018, MCBH hired a part-time Wellness Center Associate for the Walker Wellness Center in Walker, CA. Throughout late spring and summer, this staff member spent time getting to know community members and community needs and has developed programming based on these responses. The Walker Wellness Center calendar changes monthly based upon evolving interests; however, programming has included Art for All, Wildflower Walking Group, Summer Picnics, Bingo Night, monthly Social, and Drop-In Hours. Furthermore, the Wellness Center serves as an office for MCBH clinical services, an office for the Northern Mono Hospice non-profit, and as a programming space for the Peapod Playgroups (discussed in PEI). The Walker Wellness Center as a whole serves approximately 35 people per month through these various programs.

In the coming fiscal years, MCBH plans to expand the Sierra Wellness Center and Walker Wellness Center services based on the responses from the community survey and focus groups. The Sierra Wellness Center as a whole serves approximately 50 clients/month. The population served at this wellness center is a fairly even proportion of White/Caucasian and Latino/Hispanic attendees. In FY 2017-2018, MCBH also added a yoga class at the Crowley Lake Community Center, which helps provide outreach to a small community south of Mammoth Lakes.

In terms of crisis intervention and stabilization, MCBH has a 24/7 access line that is answered by MCBH staff. Staff also respond to crisis calls from the Mammoth Hospital Emergency Department for 5150 assessments. Beginning in FY 2017-2018, this service was augmented by a partnership with Mammoth Hospital to fund

telepsychiatry services in the Emergency Department in order to better serve individuals in crisis. MCBH is planning to help fund this service in the future. Additionally, MCBH met with key partners at the hospital, including risk management, quality assurance, and management to develop an MOU with all partners involved in crisis stabilization. Lastly, various supportive services are funded through General System Development; in response to the findings from the BHAB focus group reported in the Three-Year Plan, MCBH is also exploring the possibility of expanding its employment support for clients.

Outreach and Engagement

MCBH offers several CSS programs, services, and activities that fall into the outreach and engagement category, including the Foro Latino and community socials in outlying areas. Every other month, the MCBH Cultural Outreach Committee hosts an event designed to engage the Hispanic/Latino community, reduce mental health stigma, and serve as a space to talk about mental health-related issues. In FY 2017-2018, these events attracted up to 95 people at each event.

MCBH has received awards for its community engagement in outlying areas (small, remote communities located throughout Mono County). Every month, MCBH hosts community socials in Benton (population: 280), Walker (population: 721), and Bridgeport (population: 575). These events are popular and well-attended by residents of all ages, drawing up to 30 people per event.

Lastly, a need to increase collaboration with Mono County's tribal entities has been identified. In FY 2017-2018, MCBH met several times with staff at the Toiyabe Indian Health Project to discuss substance use disorders. While these efforts were not funded with MHSA dollars, they have helped to build relationships with local tribal entities. MCBH has also participated in several Wellness Fairs hosted at the Benton Paiute Reservation Community Center and the tribe has invited MCBH to host its monthly social on the reservation as well. Finally, MCBH recently hired a Walker-based PEI Case Manager who has a background working with tribal entities. This will be discussed more in the PEI section.

Project-Based Housing

In the coming fiscal years, MCBH is planning a project-based housing program in Mammoth Lakes. Funds from this service category will be used to help fund the planned housing project and to help create a capitalized operating subsidy reserve. Additionally, beginning in early FY 2018-2019, MCBH began to outreach more to its local partner, IMACA, which provides housing services in Inyo and Mono Counties. Through this outreach, MCBH identified an opportunity to pilot a supportive housing program with one of the local low-income apartment complexes.

CSS Achievements

MCBH has several accomplishments within the CSS funding category that it would like to report.

In FY 2017-2018, MCBH responded to approximately 20 crises and the crisis team found emergency treatment for 3 clients who met 5150 criteria. Additionally, the department helped launch telepsychiatry service in Mammoth Hospital's emergency department and developed an MOU with the hospital for crisis. MCBH has also maintained an active role in helping clients plan for re-entry following incarceration, including continuity of telepsychiatry and case management services.

MCBH is also proud of its community programs, including those recently re-started at the Walker Wellness Center, and the Foro Latino, which had up to 95 participants per event in FY 2017-2018. The department also saw increased opportunities for collaboration with tribal leaders and elders in Benton, CA, and department staff spent significant time outreaching to other local entities around housing programs, policies, and opportunities.

Lastly, MCBH has spent more time reaching out to political figures in the community to build support for mental health activities and reduce stigma at a governance level. This political support and interagency collaboration is a valuable achievement.

Challenges or barriers, and strategies to mitigate

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

MCBH has also encountered challenges related to wellness center scheduling, particularly in Mammoth. While the wellness center schedules in outlying areas seem to work well for community members, a consistent schedule, free food, and other strategies don't seem to attract regular users to the wellness center in Mammoth Lakes. MCBH is successful in engaging clients in treatment, but few other forms of engagement. Further research is required to learn how/why Mammoth is different from the outlying areas in terms of engagement.

We have been unable to hire an on-site psychiatrist due to economy of scale issues, but we have been able to maintain stable telepsychiatry services, albeit at a high cost. As mentioned in the assessment of capacity above, MCBH has several open positions. In FY 2018-2019, the department plans to recruit for a full-time licensed therapist and several management positions.

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

There have been several changes to the CSS Plan in this MHSA Annual Update, including the expansion of outreach into the Walker community through the Wellness Center and plans to develop a pilot supportive services housing program in partnership with IMACA. Although MCBH helped launch telepsychiatry services at the Mammoth Hospital Emergency Department in FY 2017-2018, it did not help fund this program.

PREVENTION AND EARLY INTERVENTION

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

PEI Table 1. PEI Service Categories & Programs/Services

Service Category	Prevention	Early Intervention	Outreach to Increase Recognition	Access/Linkage to Treatment	Stigma/Discrimination Reduction
Programs and Services	<ul style="list-style-type: none"> • Peapod Program • Parenting classes/Support Groups • Cerro Coso • Healthy IDEAS 	<ul style="list-style-type: none"> • North Star Counseling Center • Collaboration with SARB 	<ul style="list-style-type: none"> • Mammoth Hospital Training • Crisis Intervention Training • Teacher Training (family systems and ACEs) • Suicide Prevention in Schools 	<ul style="list-style-type: none"> • Outreach in ESUSD & Walker community • Bereavement support group 	<ul style="list-style-type: none"> • Social media pages • Tabling at health fairs • Circulo de Mujeres Women's support group

Prevention

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

The expected outcomes/objectives of this program include: decreasing isolation by providing parents and children an opportunity to socialize, de-stigmatizing seeking behavioral health services, linking families to community services, encouraging school readiness skills, and encouraging early literacy. This program is a community-led and -driven activity that was created in response to a specific community-identified need. It is a unique form of outreach that provides services within the community that help increase access to services, while

providing prevention and early intervention services. Moreover, it helps improve families' engagement in their own communities and with their peers.

In response to the Community Planning Process, which identified family relationships and parenting as key mental health challenges in Mono County, MCBH decided to increase funding the Peapod Program and to add funding for parenting classes to the 2017-2020 Three-Year Plan. While MCBH did increase its funding for the Peapod Program in FY 2017-2018, plans with the community partner to conduct the parenting classes did not come through. In FY 2018-2019, MCBH plans to contract with a bi-lingual individual to offer parenting classes in the winter/spring.

The third activity funded through the Prevention category is the Healthy IDEAS program, which is a depression screening tool for seniors. This is an evidence-based program designed to increase access to services among senior citizens. The program takes place at the Walker Senior Center and is facilitated by Mono County Social Services.

MCH also plans to increase its collaboration with Cerro Coso Community College in Mammoth Lakes in FY 2018-2019. This will include:

- Class presentations in 5-6 relevant classes; MCBH will administer surveys after each class to see what students want to learn more about and gather student contact for those who want to be more involved
- Outreach once/week for 30 minutes between classes on Tuesday evenings when the most students are switching classes and passing through the lobby.
- Monthly presentation/small group discussion with any interested students – topics to be determined by students

Finally, MCBH intends to use PEI funds in FY 2019-2020 to create a housing stability program. MCBH has identified housing stability as a key community need through its community needs assessments and by studying documents developed by both the County of Mono and the Town of Mammoth Lakes. To address this need, the housing stability program will provide services designed to increase housing stability among clients we already serve and other at-risk members of the community. This program will also provide outreach for increasing recognition of early signs of mental illness and will aim to reduce stigma and discrimination. Additionally, this program will serve individuals of all ages, as many individuals, families, and transition age youth struggle to find and maintain safe, adequate, that is not over-crowded.

Early Intervention

The first program funded by the Early Intervention category is the Mammoth North Star Counseling Center, which 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 to Mono County students and their families. This school-based counseling center focuses on prevention and early intervention strategies and treatments.

North Star's mission is to improve the lives of the clients we serve by providing tools and insights so clients can better recognize, confront and understand their challenges. All counseling services are confidential. North Star is focused on prevention and early identification of mental health issues for students in grades K-12. This

program utilizes a framework of prevention and early intervention strategies that encourages the school and the community to implement programs and services that meet local needs.

Students are referred to the North Star program by teachers; students are then assessed by a therapist on the school campus. Some of the most critical issues that the therapist seeks to identify are early onset anxiety disorders, depression, and psychotic disorders. Youth who don't meet medical necessity for individual therapy are offered the opportunity to join peer support groups. These groups are designed to promote pro-social behavior and are also used to identify whether students have secondary needs. These groups are considered a prevention activity.

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

In FY 2017-2018, this program served approximately 100 students, ranging in age from five to eighteen. Presently, individual progress is tracked with the GAD-7 anxiety scale and the PHQ-9 depression scale. In FY 2017-2018, MCBH also implemented a small-scale evaluation of its school group programs. Short pre- and post-test surveys were developed for each individual school group. Overall, the evaluation found that the groups were well-received and impacted the target outcomes. In FY 2018-2019, MCBH has decided to purchase a research-based curriculum called Strong Kids that facilitators will use during these school groups. Strong Kids is a resilience-based curriculum that focuses on social and emotional learning.

The second activity funded through the Early Intervention category is collaboration with SARB (the Student Attendance Review Board). Every month, youth with poor school attendance and their parents/guardians are asked to attend a SARB meeting. Behavioral Health staff regularly attend this meeting to ensure that any students/family members with mental health or behavioral problems are referred to MCBH for services. MCBH staff hypothesize that if more services are provided immediately following identification by SARB, then fewer youth/families will need more intensive services like Wraparound. In FY 2017-2018, six students were referred to MCBH by SARB. This practice is expected to continue going forward.

Outreach for Increasing Recognition of Early Signs of Mental Illness

In FY 2017-2018, MCBH conducted several trainings with providers at Mammoth Hospital around early signs of mental illness, the services offered at MCBH, and how to refer patients to MCBH. Originally, funding was allocated for lunch at these trainings, but this was deemed unnecessary. In FY 2018-2019, MCBH plans to offer a similar training to other departments at Mammoth Hospital, as well as at the Mono County Libraries. In FY 2017-2018, MCBH also partnered with the Mammoth Lakes Police Department to provide officers with Crisis Intervention Training.

In FY 2017-2018, MCBH served on Mammoth Unified School District's Suicide Prevention Board and helped develop policies and procedures to prevent suicide. As part of this effort, MCBH Director, Robin Roberts presented to staff at Mammoth Middle School and Mammoth High School about the signs of suicide and what

teachers can do. Based on post-test surveys, teachers reported feeling quite satisfied with these trainings. During FY 2018-2019, MCBH plans to begin outreach with Eastern Sierra Unified School District to offer additional support around their suicide prevention needs. MCBH will also be working with local schools to provide a teacher training increasing awareness about how family systems and adverse childhood experiences can affect behavior. Finally, staff at MCBH have been working closely with the Toiyabe Indian Health Project, including participating in a recent suicide prevention Walk for Life.

Access and Linkage to Treatment

In response to the Walker Senior Center Focus Group and findings from the California Healthy Kids Survey (CHKS), MCBH is introducing two new programs that specifically target residents in the northern part of Mono County (Walker/Coleville). To serve seniors, MCBH had originally hoped to start a support group for caregivers of dementia patients in FY 2017-2018. This program was pushed until FY 2018-2019 and is now a Bereavement Support Group facilitated by the Northern Mono Hospice, a non-profit serving the Walker area with trained volunteer end-of-life doulas. An important part of this support group will be the identification of those in need of formal mental health treatment and linking them to services.

The other program underway within the Access and Linkage to Treatment category are school groups and services offered in ESUSD (Eastern Sierra Unified School District) Schools. In FY 2016-2017, the MCBH Director noticed that in ESUSD schools, high rates of students were reporting sad or hopeless days (as measured by the CHKS). To address this issue, case managers started reaching out to the schools and establishing mental health-related groups based on the schools' identified needs. Students in need of individual or more intensive services are linked to treatment through these groups. In FY 2018-2019, MCBH has hired a new part-time staff on location in Walker to provide PEI programs. This staff person will have a strong presence in the ESUSD schools, providing in-class education, offering after-school programming, and holding drop-in hours during lunch. Additionally, this staff person will outreach to underserved populations in Walker, including the local Tribe and spouses on the isolated Mountain Warfare Training Center Marine Corps Base. MCBH also has a therapist on-site at the Walker Wellness Center once per week to provide individual therapy.

Stigma and Discrimination Reduction

To reduce stigma and discrimination, MCBH engages in several activities, including English and Spanish Facebook pages, tabling at health fairs and other community events, and holding a support group for Spanish-speaking Hispanic women. Social media outreach and tabling at events have both been on-going activities for several years and FY 2017-2018 was the first year for the women's support group. Circulo de Mujeres focuses directly on reducing stigma and the effects of discrimination among Spanish-speaking Latina women. MCBH had originally planned to conduct a community outreach campaign in FY 2018-2019; however, based on capacity challenges, this campaign has been delayed indefinitely.

PEI Achievements

During the 2017-2018 school year, MCBH received approximately 120 referrals to its North Star Counseling Center. The program served approximately 60 students with individual therapy/services and approximately 40 through school groups. Additionally, the school groups were informally evaluated for their effectiveness at targeting the identified outcomes. The department created a PEI position based in Walker, CA, that will provide much-needed on-site programming in ESUSD schools. MCBH saw the success of a new support group for

Spanish-speaking Latina women and increased its activity with the Student Attendance Review Board (SARB). Finally, MCBH trained approximately 50 school faculty and staff on how to recognize the signs of suicide and started a conversation around suicide prevention with staff and administrators that remains on-going.

Challenges or barriers and strategies to mitigate

MCBH's PEI programs still lack some evaluation components, which will be apparent in the PEI Evaluation Report due in June 2019. It is MCBH's goal in FY 2018-2019 to develop a more comprehensive way to track the youth receiving individual services through the North Star Counseling Center and pull data on those youth. It is also MCBH's goal to implement a more standard research-based curriculum for its school groups in FY 2018-2019. North Star staff have also identified the need for additional Spanish-speaking therapists and an extension program for transition age youth.

List any significant changes in Annual Update, if applicable

The most significant new additions to MCBH's Annual Update is the hiring of a part-time PEI staff person to serve Walker, CA, and the planned addition of a housing stability program. MCBH is also increasing outreach to Cerro Coso and partnering with the Northern Mono Hospice to provide a Grief Support Group. MCBH has decided in FY 2018-2019, not to move forward with the previously mentioned community outreach campaign, and it was not able to fund parenting classes in FY 2017-2018.

INNOVATION PROJECT EXTENSION REQUEST

Background

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. The process to request an extension for an Innovation plan is to revise the original Innovation plan, explaining the rationale for the extension request and highlighting the changes to the original plan. This plan is then submitted to the MHSOAC for approval following local public comment and local Board of Supervisor approval. Pending this local process, MCBH anticipates taking this extension request to the MHSOAC for approval in February 2019.

Innovation Defined

INN projects are novel, creative and/or ingenious mental health practices/approaches that contribute to learning and that are developed within communities through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served individuals....An Innovation project is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to "try out" new approaches that can inform current and future mental health practices/approaches in communities. To clarify, a practice/approach that has been successful in one community mental health setting cannot be funded as an INN project in a different community even if the practice/approach is new to that community, unless it is changed in a way that contributes to the learning process. Merely addressing an unmet need is not sufficient to receive funding.

Primary Problem

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Ongoing skill development is a key component of providing excellent services to clients, preventing burn-out, and integrating best practices. Furthermore, when greater percentages of staff members develop specific skills, the greater the greater and more positive impact on a client's recovery. However, for counties like Mono County that are very rural and remote, there are myriad barriers to ongoing skill development. In fair weather, it takes 4.5 hours to drive from Mammoth Lakes to Sacramento and 5 hours to drive to Los Angeles. Although Mammoth Lakes is 76 miles "as the crow flies" from population centers like Fresno, the lack of mountain passes and closed mountain passes make the trip there more than 6 hours. Add hazards like snowy roads, mud slides, fires, and flooding into the mix and travel can be impossible. All this is to illustrate that Mono County is very remote and the challenges of traveling to large population centers where there may be training opportunities are very real. When staff attend trainings, meetings, or conferences they must frequently travel more than half a day.

Through its Community Program Planning process, the Mono County Behavioral Health (MCBH) Department identified housing, financial stability/employment, and isolation as some of its top needs. In order to better address these needs, MCBH identified one particular solution: skill development among staff in its department, and among staff employed by its community partners. However, accessing skill development opportunities is somewhat of a catch-22: MCBH has so few people that bringing in an on-site trainer for multi-session training and coaching would not be cost effective, but Mono County is so far from larger population centers that travel to a multi-session training would also not be cost effective. In exploring potential solutions to these problems, MCBH's Director discovered that neighboring Inyo and Alpine Counties also face challenges related to accessing skill development opportunities. Inyo and Alpine Counties have 23 and 16 staff members, respectively and are both remote, rural counties like Mono.

The three directors met to discuss the specific needs that were identified by stakeholders through the Community Program Planning process. Through this discussion, they discovered that all three counties could benefit from a strengths-based approach to services. This best practice has been proven to improve client outcomes and increase staff engagement; however, for transformational change to take place within the department, all staff would need to develop strengths-based skills. Together, the three counties identified the Strengths Model (implemented over 18 months with a dedicated trainer; with the requested program extension, the timeline would be 22 months) as an approach that would meet the departments' needs. This evidence-based model has been proven to improve outcomes in the areas of housing, employment, education, and increased community involvement. Moreover, Mono, Inyo, and Alpine Counties believe that this combination of challenges and needs is a perfect launching point for a county-driven regional collaborative.

Through further discussion with Inyo and Alpine Counties, Mono County also identified opportunities for skill development and improved collaboration among its community partners. In Mono County, the community partners often work together and serve the same clients, but they don't always have a common approach. Through the Learning Collaborative, MCBH would like to learn more about collaboration with community partners, specifically in terms of promoting a change to a strengths-based culture that would ultimately become the common approach with clients.

MCBH has prioritized this INN project because staff retention and skill development are enormous challenges in our small department of 15 people. It is common throughout Mono County for staff to become burned out and either 1) move away, leaving positions open for up to 12 months at a time or 2) remain in the position because other work opportunities are not available in the area but become disengaged from the work. Mono County must often hire less experienced staff members because the applicant pool for open positions is so small. With this in mind, it is critical to provide skill development opportunities. Additionally, with some frequency MCBH has identified client/family needs that are in our outlying areas. Sometimes, these areas are closer to other counties (for example, clients in Benton are closer to Inyo County's offices in Bishop than Mono County's offices in Mammoth Lakes). On other occasions, there are practitioners in other counties with the expertise that we need but cannot use because we do not have the infrastructure, buy-in, or ability to collaborate. In these scenarios, having a team that shares the same approach and has the infrastructure to work on a regional level would best serve such a client's needs would be enormously helpful. If we have a regional collaboration for team approach treatment, we can develop a workforce that is specific to this region, not siloed department by department.

Lastly, MCBH chose to prioritize this INN project over other identified needs because most other needs that were identified through our Community Program Planning process could be met through smaller scale interventions based upon proven practices that fall into other MHSa funding categories. MCBH also believes that it can make distinct contributions to learning as it relates to rural regional collaboration for ongoing skill development.

Proposed Project

Describe the Innovative Project you are proposing. Note that the “project” might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project

In order to address the problems and barriers outlined above, Mono County is proposing an Innovation Plan that would create the Eastern Sierra Strengths-Based Learning Collaborative. This Collaborative will be comprised of Inyo, Mono, and Alpine Counties, as well as community partners such as Mammoth Hospital, law enforcement, and Wild Iris Crisis and Counseling Center and will meet for 9 learning and coaching sessions over the course of 18 months (22 months with the requested program extension). MCBH believes that county-driven learning collaboratives are a valuable way for rural and remote counties to leverage their resources to meet critical regional needs and develop long-term regional partnerships. The department anticipates that this innovative Collaborative will not only meet the counties’ immediate skill development needs, but will also help create a template that will facilitate smoother county-driven collaboration in the future.

The Eastern Sierra Strengths-Based Learning Collaborative will be funded in proportionally by Inyo, Mono, and Alpine Counties; Inyo and Alpine Counties plan to fund their contribution to the Collaborative with Workforce Education and Training (WET) money. MCBH has opted to use INN funds instead of WET funds because the department is very interested in learning more specifically about how to implement a successful collaborative among some of the smallest of the small counties and how the lessons learned about barriers, facilitators, and the exchange of ideas might be applied in other counties. Additionally, Mono County is the “hub” of the program both geographically and idealistically – MCBH’s director first approached the other directors with the idea of a collaborative. In this way it makes sense that MCBH would spearhead the innovative learning component of this training.

Each county will sign an MOU, which will outline funding and other responsibilities. MCBH recognizes that the MOU development process may be difficult and complex (a bureaucratic barrier), and the department plans to clearly outline the process used and the lessons learned in its learning goal deliverables. From a financial perspective, Mono County will be responsible for \$85,000 of the training itself, while Inyo and Alpine counties

will be responsible for \$110,000 and \$55,000 of the training costs, as well as costs related to staff travel and time.

From a responsibility perspective, Inyo, Mono, and Alpine will each be responsible for different aspects of the planning and implementation process, but all counties' staff will participate in the training and coaching sessions. Given that MCBH proposes to use Innovation funds for this project, MCBH will take responsibility for creating the regional collaboration work plan, which will also include guidelines, recommendations, and other lessons learned. This work plan will outline every task that needs to be accomplished to get the Eastern Sierra Learning Collaborative up and running; it will also serve as a template for other counties that wish to implement a county-driven regional collaborative.

It is estimated that the Collaborative planning process will take approximately four months, the sessions will take place over the following eighteen months, and evaluation will wrap up in two months; in total, this Innovation project will be complete in 24 months (28 months with the extension request). All sessions will be facilitated by an expert trainer/coach from the California Institute for Behavioral Health Solutions (CIBHS) and the location will rotate between the three counties with all staff traveling to that location (i.e. for session #1, all Inyo and Mono staff will travel to Alpine County). Alternating between the counties will also allow team members to view the work environment and resources available to their peers.

The Eastern Sierra Strength Based Learning Collaborative will be a hybrid of the Breakthrough Series Collaborative Model developed by the Institute for Healthcare Improvement and the Strengths Model, which is described briefly below. The training will implement several components of the Collaborative Model which are focused on systems change; these include topic selection, enrolling staff, pre-work, and engaging in learning sessions. Combining these two models will promote both system change and clinical change. Where most other models focus on either systems change or clinical change, this Collaborative will target both equally to ensure that the systems are in place to support clinical change, and that the clinical practice is in place to lead to systems change. Inyo, Mono, and Alpine Counties predict that this hybrid approach will be even more effective given the regional focus and customization.

Strengths Model Overview:

“The University of Kansas School of Social Welfare developed the Strengths Model in the mid-1980s as a response to traditional deficit-oriented approaches in mental health. The Strengths Model is both a philosophy of practice and a set of tools and methods designed to enhance recovery. While the tools of the model (i.e. Strengths Assessments and Personal Recovery Plans) are used primarily by community-based direct service workers (e.g. case manager, care manager, care coordinator, community health worker, etc.), the principles of the model have agency-wide application.

The Strengths Model rests on six core principles [that provide both a philosophical base as well as day-to-day guidance for tasks and goals] (Rapp & Goscha, 2012):

- Principle # 1: People with psychiatric disabilities can recover, reclaim and transform their lives;
- Principle #2: The focus is on an individual’s strengths rather than deficits;
- Principle #3: The community is viewed as an oasis of resources;
- Principle #4: The client is the director of the helping process;
- Principle #5: The relationship is primary and essential;
- Principle #6: The primary setting for our work is in the community.”

The Strengths Model is also the curriculum that will be used to train staff. Learning sessions will be focused on recovery goals, engagement, and strengths assessment; group supervision and building recovery-oriented treatment plans from the strengths assessment; developing the personal recovery plan; and naturally-occurring resources and supporting independence from the system. This model is proven to improve outcomes in the areas of housing, employment, education, and increased community involvement, all of which directly correlate to the needs identified in Mono County's Community Program Planning process.

Proposed Project Update

Mono County Behavioral Health launched its first learning sessions for the Eastern Sierra Learning Collaborative in January 2018, after receiving approval from the OAC in September 2017. The project has been successful thus far and has contributed to increased collaboration between the three county departments, including sharing of information about processes, programs, and practices. Staff have found traveling to the other counties for trainings to be interesting and enjoyable, and most importantly, staff report that the Strengths Model is having a positive impact on their work with clients. Staff in Mono County have implemented the weekly Strengths Model Group Supervision, in which staff members brainstorm ideas to help clients gain movement around their goals. Additionally, many staff are using Strengths Assessments and Personal Recovery Plans (two of the key tools in the Strengths Model) on a weekly basis.

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

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

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

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

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

Please see further highlighted sections below for the proposed updated budget and other project changes.

B) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).

The approach taken will be to make a change to an existing practice in the field of mental health. Training and professional development are common existing practices in the field of mental health; however, Mono County is introducing an innovative change by collaboratively planning and implementing the training with other rural counties in the region. Moreover, the collaborative will be built upon the specific needs and expectations of the three counties involved, ensuring a bottom-up rather than top-down approach.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.

MCBH has determined that this approach is appropriate because it directly addresses the need for skill development in Mono County. More importantly, however, this approach will also meet the needs that Inyo and Alpine Counties have identified. This Innovation Plan will allow these three remote counties to overcome the rural barrier to skill development. It will also allow the counties to leverage their resources and create an environment for collaboration while increasing localized knowledge.

Innovative Component

What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

Professional development, continuing education, and training are all common to the fields of mental health. It is common for state agencies, national organizations, and other wide-reaching entities to plan and host trainings or educational events. It is even common for county mental health plans to identify needs and either send staff to trainings or bring in an on-site trainer. It is uncommon for counties to work together across funding and bureaucratic barriers to find common needs and pool resources to address those needs, especially when inviting community partners to the table. These bureaucratic barriers could range from challenges related to Boards of

Supervisors, to composing complex MOUs, to project funding, to political differences between agencies and partners.

What makes the Eastern Sierra Learning Collaborative innovative is the fact that the identification of needs and the planning and implementation of the Collaborative has all been county-driven and that it will also invite community partners to the learning sessions. It is Mono County's hope that inviting these community partners to the table will not only create a better infrastructure for collaboration, but also build the foundation for more common approaches in the future. The development of this Collaborative has been a regional grassroots effort; where other trainings may be grassroots, they are likely not regional and where they are regional, they are rarely grassroots.

As a result of this Innovation project, Inyo, Mono, and Alpine Counties will all have a common need met through a Collaborative that is specifically adapted to the remote, rural environment and includes both systems change and clinical change elements. Moreover, this Innovation project serves as a learning opportunity for how counties can improve their collaborative work and leverage resources to meet common county-identified needs. Finally, it serves as a way to learn more about working with other community partners and developing a common approach to serving clients across organizational boundaries.

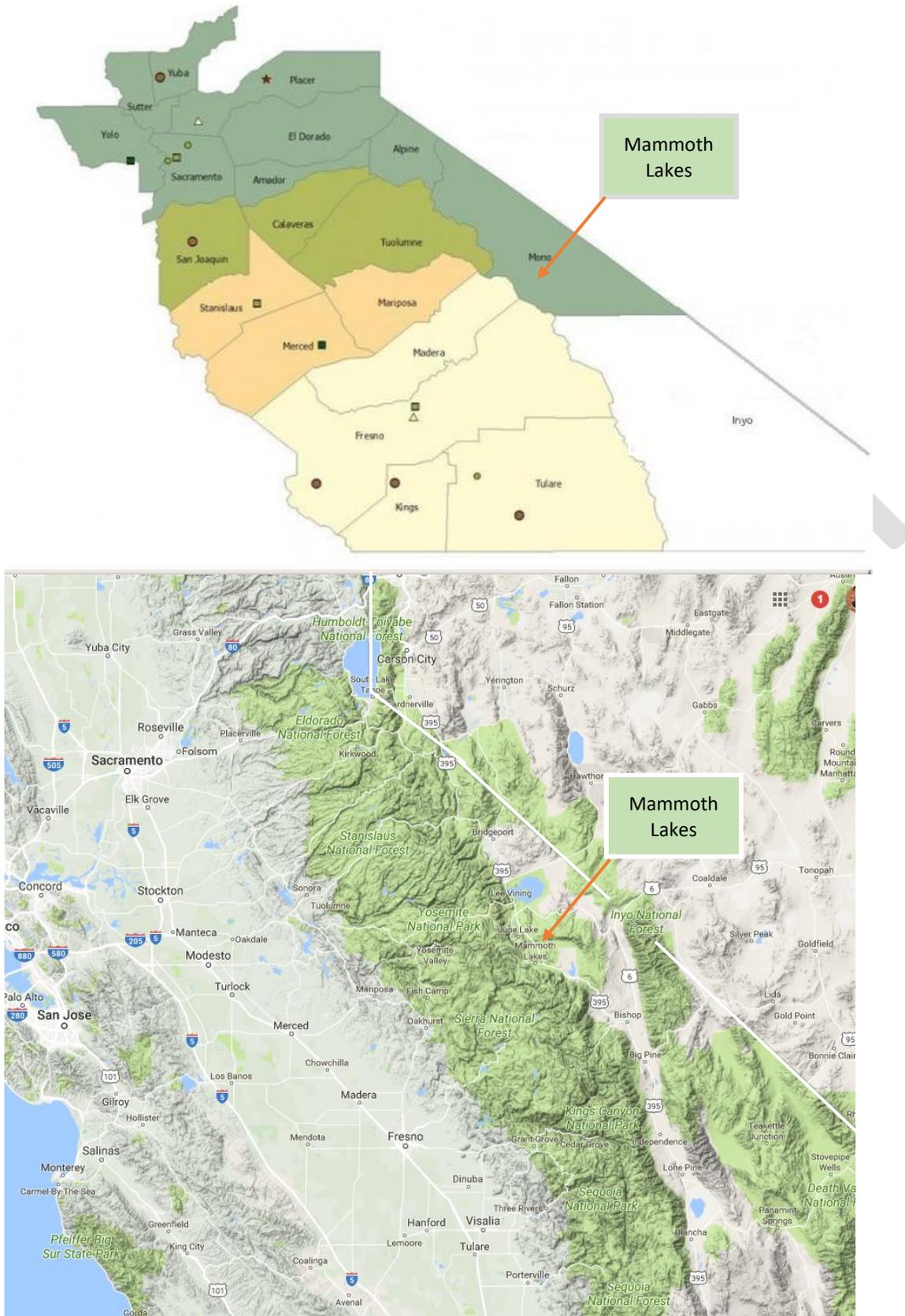
Research on Innovative Component

Describe the efforts have you made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address?

The MCBH MHSA Coordinator made a meaningful effort to investigate existing models of learning collaboratives, regional training centers, and county-to-county learning during the planning process for the INN Plan. One existing project this is close to the proposed project is the CIBHS Workforce Education and Training (WET) Regional Partnership Toolkit 2009. This toolkit provides a broader look at the creation of a Regional Partnership, questions to ask around identifying priorities, and planning meetings. While this information is certainly useful, the material is not only older (2009) and references the Department of Mental Health, it also does not take into account the bureaucratic and physical barriers associated with collaboration, or the challenges related to bringing community partners into the mix and developing common approaches for client service.

Moreover, this toolkit is focused on the Regional Partnerships that were developed based on the geographic regions designated by the California Mental Health Directors Association. In this designation, Inyo, Mono, and Alpine Counties are part of the Central Region, which includes a broad range of very different counties with very different needs. In addition to the Central Region being geographically long and fairly wide, it is separated by the Sierra Nevada Mountains (See Figure 1 below). These differences and natural divisions make regional work much more challenging than it may appear. The primary way that the Eastern Sierra Learning Collaborative will be different from existing Regional Partnerships is that it will focus on the rural, remote needs of the three counties involved rather than using the existing large partnership model that has been implemented. As mentioned above, the Learning Collaborative will also focus more on learning about strategies to overcome bureaucratic barriers.

Figure 1. Regional Partnership Map: Central Region: County Map vs. Topographic Map



After researching the CIBHS WET Regional Partnership Toolkit, the MHSA Coordinator turned to the internet. A search of Google and Google Scholar for such keywords as "rural learning collaborative," "county to county learning," "regional training," and "cross county training." These searches did reveal some results similar to this Innovation project; however, none of the models or approaches found were truly county-driven and designed to specifically address regional needs:

- For example, MCBH researched the San Diego Regional Training Center and the Greater Bay Area Mental Health & Education Workforce Collaborative, both of which are a county-run centers that were formed to meet regional training needs. Although these centers are county-driven and require cross-county collaboration, they were essentially created as a permanent entity with dedicated staff that could facilitate trainings.
- In another example, counties in Colorado can take advantage of the Collaboration Incentive, which aims to encourage county departments of human/social services to collaborate with at least three approved partners at least once per quarter. While this is certainly a valuable initiative, the parameters ("approved partners," etc.) that the state places around the Incentive are very different from what MCBH is proposing.
- MCBH also discovered literature about inter-agency collaboration *within* the county setting. While the lessons taken from these articles are interesting, important, and relevant to the proposed Innovation project, again, MCBH is planning to take collaboration a step farther: going beyond county lines.

These examples are very different from the multi-county, self-planned Innovation project that MCBH is proposing. Other collaboratives that were researched are largely run or regulated by state/national entities, consulting firms, or other agencies and then counties can choose to participate. As described above, the Eastern Sierra Learning Collaborative takes a more grassroots rather than top-down approach.

Lastly, MCBH queried other MHSA Coordinators from the CBHDA MHSA Committee, as well as other fiscal staff to learn whether cross-county collaboratives had been done elsewhere. There was no affirmative response from the more than 100 people emailed. Additionally, MCBH spoke with a consulting firm in Colorado that coordinates several state and national learning collaboratives, as well as staff from CIBHS who both confirmed that they believe the county-driven regional learning collaborative proposed in this plan to be innovative.

Learning Goals/Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

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?

Deliverable: The resulting findings will be used to create a cross-county collaboration template or checklist.

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 the what systems or resources need to be in place for such a Collaborative to be successful.

Deliverable: The resulting findings will be used to create a "Lessons Learned" Factsheet and a Feasibility Checklist/Readiness Assessment.

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?

Deliverable: The resulting findings will be used to create a "Lessons Learned" Factsheet.

We have prioritized these learning goals because they will provide a process by which Mono, Inyo, and Alpine Counties can meet their current identified needs and recognize facilitators and barriers to meeting those needs. Additionally, these learning goals will allow MCBH to create tools that can guide future collaboration for our three counties and other counties that wish to increase their cross-county collaboration outside existing Regional Partnerships, and outline the benefits of such a collaboration.

As part of MCBH's request for a project extension, the department has identified two additional learning questions. The highlighted narrative in the "Proposed Project" section of this report provides additional context for these questions. MCBH looks forward to integrating the findings of these learning questions into the deliverables outlined above. The learning questions are: "How will community partners benefit from in-person, tailored training?" and "Will additional MI training and one-on-one coaching help build staff capacity in Mono County?"

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

Our learning goals are directly related to the innovative component of this Innovation plan. The innovative component of this plan is that the Eastern Sierra Learning Collaborative is a county-driven collaborative that crosses county and inter-organizational barriers. Our learning goals will ensure that we are able to successfully implement the collaborative and that by documenting the process we help make innovative cross-county collaboratives more common in the future.

Evaluation or Learning Plan

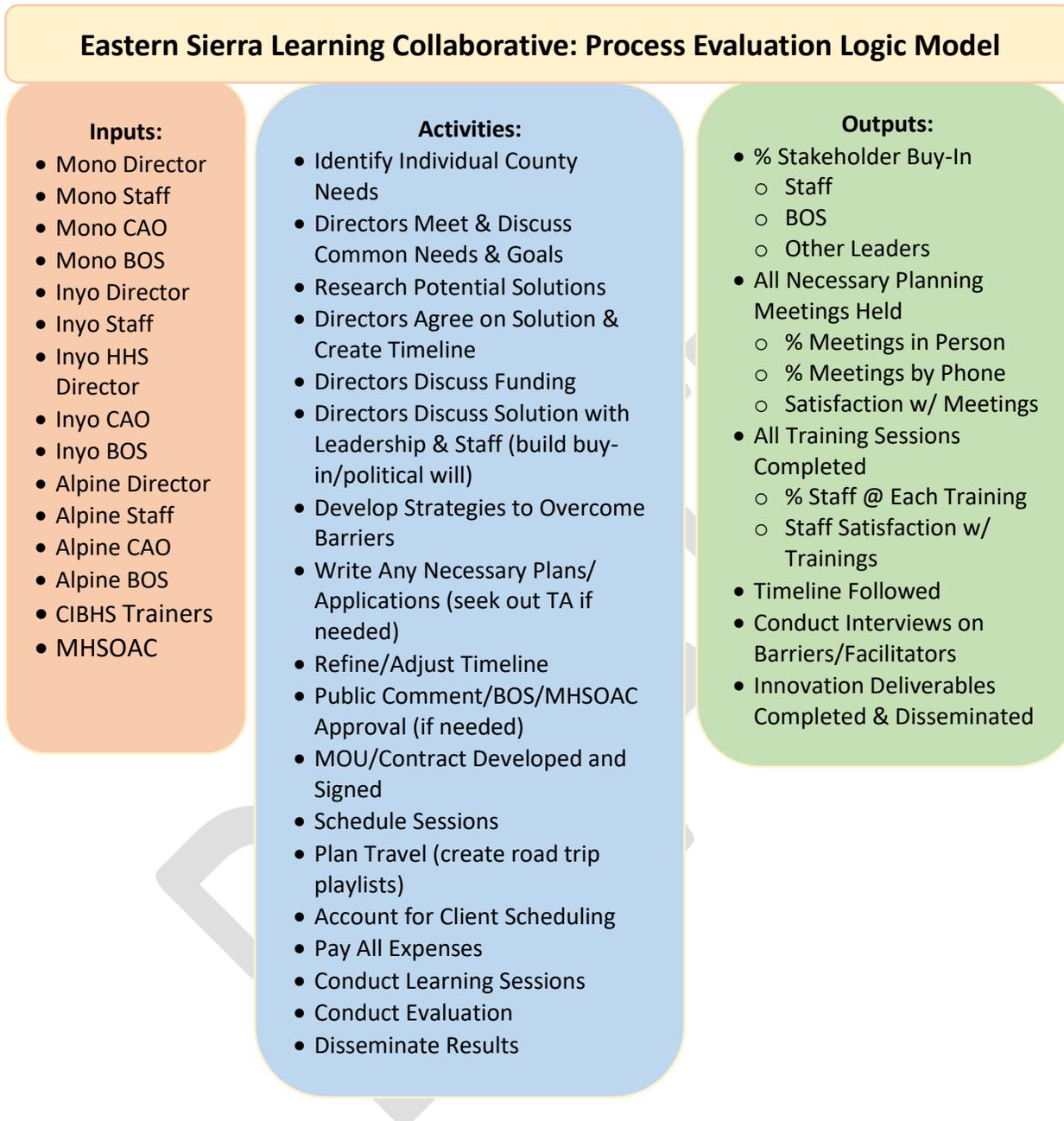
For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met.

MCBH will primarily use a process evaluation to track the implementation of the Eastern Sierra Strengths Based Learning Collaborative. The hypothesized process logic model is included below (see Figure INN.1). The MCBH MHSA Coordinator and CIBHS facilitators will share responsibility for tracking all activities and outputs. As the implementation process proceeds, they will also build out the logic model further by adding items to the activities and outputs where necessary. This process evaluation will also include focus groups and interviews with key stakeholders (inputs); these interviews will take place throughout the implementation process and during a “Harvest” debriefing at the end of the Collaborative. The Harvest will also include questions about the benefits of the Collaborative.

Data to measure the inputs, activities, and outputs will be collected by attending planning meetings and sessions (participant observation), conducting qualitative interviews and focus groups, and holding a “Harvest” debriefing session. The MHSA Coordinator and CIBHS facilitators will then code the data and work with key stakeholders from all counties to analyze the findings and develop the three learning goal deliverables outlined above: 1) cross-county collaboration template/checklist; 2) “Facilitators and Barriers: Lessons Learned” Factsheet and a Feasibility Checklist/Readiness Assessment; 3) “Benefits of Collaboration: Lessons Learned” Factsheet. With its extension request, MCBH would like add additional funding for qualitative evaluation. This will allow MCBH to better understand how the “project champion” model is working and whether the one-on-one coaching and Motivational Interview training is supporting that approach. It will also allow MCBH to understand how community partners are perceiving the Strengths Model and what benefit they are receiving from tailored, in-person training, and how it relates to the collaborative nature of this project.

MCBH will also be tracking the outcomes of the Strengths Model itself to ensure that the training is impacting client outcomes such as housing, employment, education, and community involvement; however, that evaluation falls outside the scope of this Innovation Plan.

Figure INN.1.



Additional Information for Regulatory Requirements:

Contracting

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships.

The County's MHSAs Coordinator and Fiscal Services Officer will allocate resources to manage the County's relationship to the contractor. This team will use process evaluation to ensure that all contracted learning sessions take place and the Fiscal Services Officer will ensure regulatory compliance. Additionally, all staff who attend the learning sessions will complete satisfaction questionnaires to ensure the quality of the sessions.

Certifications

A) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project.

Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget.

To be added following public comment period.

B) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA).

Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements."

To be added following public comment period.

C) Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA.

WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act."

To be added following public comment period.

Additionally, Mono County has submitted all required ARERs to the MHSOAC.

Community Program Planning

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

MCBH combined its Community Program Planning (CPP) process for its Innovation Plan with the CPP for its 2017-2020 MHSa Three-Year Plan. Please see the Community Program Planning section of that plan for a complete summary of the CPP process used and community members who participated. Through this process, many critical needs were identified and potential community solutions proposed. In the Community Survey, for example, participants were invited to share innovative program ideas. MCBH is still assessing the feasibility of some of these ideas for future Innovation projects. Many other needs that arose through the CPP process could be met through smaller scale interventions based upon proven practices that fall into other MHSa funding categories.

For the 2017-2020 Three-Year Plan and 2017-2018 Innovation Plan, MCBH decided to target a training need that was identified by the MCBH Director, Behavioral Health Advisory Board, and Quality Improvement Committee, which includes the Director, Clinical Supervisor, Fiscal Services Officer, Quality Assurance Coordinator, Fiscal Technical Specialist, and MHSa Coordinator. As mentioned above, the need for skill development was also identified by Inyo and Alpine Counties.

The planning process for the project extension request has taken place since January 2018, when the first Learning Session launched. Throughout this process, Strengths Model facilitators from CIBHS have been noting comments and discussions shared by MCBH staff. The facilitators have done a great job helping the department have a number of conversations about project quality improvement and ongoing solutions. Given the nature of innovation, MCBH believes that we need to be fluid in our response to feedback in order to grow and learn as a department. This project extension request is a culmination of this planning and brainstorming process, largely building on the existing strengths of the department.

Primary Purpose

Select one of the following as the primary purpose of your project.

- a) Increase access to mental health services to underserved groups
- b) Increase the quality of mental health services, including measurable outcomes
- c) Promote interagency collaboration related to mental health services, supports, or outcomes**
- d) Increase access to mental health services

MHSa Innovative Project Category

Which MHSa Innovation definition best applies to your new INN Project (select one):

- a) Introduces a new mental health practice or approach.
- b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.**

- c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

MHSA General Standards

Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.

The services that will ultimately result from this Innovation project will reflect and be consistent with all the MHSA General Standards. Enhanced organizational capacity and cross-county coordination of services is one of the primary goals of our Innovation project. These activities closely align with the general standards. All services will be culturally and linguistically competent. We will utilize bilingual, bicultural services, whenever possible. In addition, we will strive to provide culturally-sensitive services to all clients in an effort to support optimal outcomes. Services will be client and family driven, and follow the principles of recovery, wellness, and resilience. These concepts and principles of recovery incorporate hope, empowerment, self-responsibility, and an identified meaningful purpose in life. Services will be recovery oriented and promote consumer choice, self-determination, flexibility, and community integration, to support wellness and recovery. Evaluation activities will collect information on these demographics to identify if services are effective across these diverse cultural and ethnic populations.

Continuity of Care for Individuals with Serious Mental Illness

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

Individuals with serious mental illness (SMI) will not receive services as a direct result of the proposed project.

Cultural Competence and Stakeholder Involvement in Evaluation

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

Neither this Innovation Plan nor its evaluation plan target any ethnic/racial/linguistic minority groups. The target of this Innovation Plan is staff members from the three counties. With this in mind, the MCBH MHSA Coordinator plans to create an evaluation workgroup that will include staff members from Inyo, Mono, and Alpine Counties. This will ensure that the evaluation is culturally competent in terms of the differences between each of the three counties and it will provide an opportunity for meaningful stakeholder participation in the evaluation. If possible, the evaluation work group will contain at least one bicultural/bilingual Latino staff member and one Native American staff member.

Innovation Project Sustainability

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion.

The Eastern Sierra Strengths Based Learning Collaborative will be finished after 24 months (28 months with extension request), therefore it will not need to be sustained without Innovation funds. That said, it is the hope of MCBH that this Innovation Plan will help foster a strong working relationship between Inyo, Mono, and Alpine Counties, as well as a template that will guide future regional collaboration. With the groundwork laid and infrastructure built by this Innovation Project, MCBH believes that such collaboration will be implemented even more quickly and easily. Additionally, this Collaborative focuses on increasing localized knowledge and core practice capability, with a great emphasis placed on supervisor coaching. These components of the Collaborative will help sustain the changes catalyzed over this 24-month/28-month period and provide staff with the skills they need to train new team members.

Communication and Dissemination Plan

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

By the nature of this project, MCBH will be disseminating information to stakeholders within Mono, Inyo, and Alpine Counties. These findings will be disseminated by the members of the evaluation workgroup at staff in-services in each of the three counties. The deliverables that will be generated by this Innovation Plan are designed to be easy-to-digest checklists and fact sheets. This will make broader dissemination efforts even more valuable. MCBH will also plan to disseminate findings to the Behavioral Health Advisory Board, which includes several different community leaders, and will post its findings on its website. Additionally, CIBHS will post the findings on its website, which is accessed by counties across the state.

C) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

1. Collaborative
2. Strengths based
3. Rural learning

Timeline

A) Specify the total timeframe (duration) of the INN Project:

28 Months

B) Specify the expected start date and end date of your INN Project:

Start Date: 10/1/2017

Original End Date: 10/1/2019

Extension Request End Date: 1/30/2020

C) Include a timeline that specifies key activities and milestones:

Completed Activities as of mid-June 2017:

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

Ongoing Activities as of mid-June 2017:

- Directors Discuss Solution with Leadership & Staff (build buy-in/political will) *Ongoing*
- Develop Strategies to Overcome Barriers *Ongoing*
- Refine/Adjust Timeline *Ongoing*
- Write Any Necessary Plans/Applications *Goal: Complete by July 7, 2017* **COMPLETE**

Future Activities as of mid-June 2017:

- Directors Discuss Solution with Leadership & Staff (build buy-in/political will) *Ongoing*
- Develop Strategies to Overcome Barriers *Ongoing*
- Refine/Adjust Timeline *Ongoing*
- Public Comment/BOS/MHSOAC Approval (if needed) *Goal: Complete by October 1, 2017* **COMPLETE**
- MOU/Contract Signed *Goal: Complete by November 1, 2017* **COMPLETE**
- Schedule Sessions *Goal: Complete by December 1, 2017* **COMPLETE**
- Plan Travel ~~*Goal: Complete by January 1, 2018*~~ *Ongoing*
- Account for Client Scheduling ~~*Goal: Complete by January 1, 2018*~~ *Ongoing*
- Pay All Expenses *Goal: Complete by January 31, 2018*
- Conduct Learning Sessions *Goal: February 1, 2018-August 1, 2019* *Ongoing*
- Conduct Additional Training/Support In-Person as Needed *Goal: January 31, 2019-December 30, 2019*
- Conduct Evaluation *Goal: December 1, 2019-January 30, 2020*
- Disseminate Results *Goal: Complete by January 30, 2020*

Please see the Learning Goals section above for more information on MCBH's progress thus far in terms of both the existing and new learning goals.

INN SECTION 3: INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

Budget Narrative:

Innovation Work Plan Budget Narrative 2017-2018 & Extension Request 2018-2019

The Innovation Project Budget is based on the 24-month Eastern Sierra Strengths-Based Learning Collaborative Plan. The plan requested total is \$259,046.00 over a 24-month period (October 1, 2017 through September 30, 2019). With the extension request, this Innovation Project will take place over 28 months from October 1, 2017 through January 30, 2020. The additional funds requested are \$84,935, bringing the total cost for this Innovation project to \$343,981.

Personnel Costs include salary and benefits attached to staff members that will be participating in the Eastern Sierra Strengths Model Learning Collaborative. The positions included are:

- Executive Leader
- Team Supervisor/Data Lead
- Clinical Supervisor
- Direct Service Providers (Clinicians and Case Managers)

Personnel Costs for the above Team Members is based on a percentage of time that will be spent directly on the project based on the Project Schedule provided in the Eastern Sierra Strengths Model Learning Collaborative Proposal. The percentage of each team member's time was then applied to their monthly salary and benefits. A portion of the additional requested funds will fall under personnel costs.

Operating Costs/Indirect will cover items such as rent, utilities, supplies, and other aspects associated with program operations. This line item will also cover the expenses of administrative staff services attached to the project.

Consultant Costs/Contracts are based on the proposal provided by the California Institute for Behavioral Health Solutions. A portion of the additional requested funds will fall under the consultant costs/contracts.

Outcomes Tracking and Evaluation will be completed by the consulting CIBHS Contractors as well as Mono County's Data Lead. These costs are encompassed by the Consultant Costs/Contracts and the Personnel Costs.

This Innovation Budget will cover the funds expended during the Learning Collaborative and will support the change that Mono County and its regional partners are hoping to attain.

Budget by Fiscal Year and Specific Budget Category (Original Budget - Prior to Extension Request)

A. New Innovative Project Budget by FISCAL YEAR (FY)*					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)		FY 17-18 9 Months	FY 18-19 12 Months	FY 19-20 3 Months	Total 24 Months
1.	Salaries	56,754.00	75,672.00	18,918.00	151,344.00
2.	Direct Costs				
3.	Indirect Costs				
4.	Total Personnel Costs	56,754.00	75,672.00	18,918.00	151,344.00
OPERATING COSTS		FY 17-18	FY 18-19	FY 19-20	Total
5.	Direct Costs				
6.	Indirect Costs	8,513.00	11,351.00	2,838.00	22,702.00
7.	Total Operating Costs	8,513.00	11,351.00	2,838.00	22,702.00
NON-RECURRING COSTS (equipment, technology)		FY 17-18	FY 18-19	FY 19-20	Total
8.					
9.					
10.	Total Non-recurring costs				
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		FY 17-18	FY 18-19	FY 19-20	Total
11.	Direct Costs	31,800.00	42,492.00	10,708.00	85,000.00
12.	Indirect Costs				
13.	Total Consultant Costs	31,800.00	42,492.00	10,708.00	85,000.00
OTHER EXPENDITURES (please explain in budget narrative)		FY 17-18	FY 18-19	FY 19-20	Total
14.					
15.					
16.	Total Other expenditures				
BUDGET TOTALS		FY 17-18	FY 18-19	FY 19-20	Total
Personnel (line 1)		56,754.00	75,672.00	18,918.00	151,344.00
Direct Costs (add lines 2, 5 and 11 from above)		31,800.00	42,492.00	10,708.00	85,000.00
Indirect Costs (add lines 3, 6 and 12 from above)		8,513.00	11,351.00	2,838.00	22,702.00
Non-recurring costs (line 10)					
Other Expenditures (line 16)					
TOTAL INNOVATION BUDGET		97,067.00	129,515.00	32,464.00	259,046.00

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

Budget for Innovation Project Extension Request

A. New Innovative Project Budget by FISCAL YEAR (FY)*							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		FY 17-18 9 Months	FY 18-19 12 Months	FY 19-20 3 Months	FY 18-19 Extension	FY 19-20 Extension	Total 28 Months
1.	Salaries	56,754.00	75,672.00	18,918.00		29,935	181,279.00
2.	Direct Costs						
3.	Indirect Costs						
4.	Total Personnel Costs	56,754.00	75,672.00	18,918.00		29,935	181,279.00
OPERATING COSTS		FY 17-18	FY 18-19	FY 19-20	FY 18-19 Extension	FY 19-20 Extension	Total 28 Months
5.	Direct Costs						
6.	Indirect Costs	8,513.00	11,351.00	2,838.00			22,702.00
7.	Total Operating Costs	8,513.00	11,351.00	2,838.00			22,702.00
NON-RECURRING COSTS (equipment, technology)		FY 17-18	FY 18-19	FY 19-20	FY 18-19 Extension	FY 19-20 Extension	Total 28 Months
8.							
9.							
10.	Total Non-recurring costs						
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		FY 17-18	FY 18-19	FY 19-20	FY 18-19 Extension	FY 19-20 Extension	Total 28 Months
11.	Direct Costs	31,800.00	42,492.00	10,708.00	20,000	35,000	140,000.00
12.	Indirect Costs						
13.	Total Consultant Costs	31,800.00	42,492.00	10,708.00	20,000	35,000	140,000.00

OTHER EXPENDITURES (please explain in budget narrative)	FY 17-18	FY 18-19	FY 19-20	FY 18-19 Extension	FY 19-20 Extension	Total 28 Months
14.						
15.						
16. Total Other expenditures						
BUDGET TOTALS	FY 17-18	FY 18-19	FY 19-20	FY 18-19 Extension	FY 19-20 Extension	Total 28 Months
Personnel (line 1)	56,754.00	75,672.00	18,918.00		29,935	181,279.00
Direct Costs (add lines 2, 5 and 11 from above)	31,800.00	42,492.00	10,708.00	20,000	35,000	140,000.00
Indirect Costs (add lines 3, 6 and 12 from above)	8,513.00	11,351.00	2,838.00			22,702.00
Non-recurring costs (line 10)						
Other Expenditures (line 16)						
TOTAL INNOVATION BUDGET	97,067.00	129,515.00	32,464.00			343,981.00

DRAFT

INNOVATION ANNUAL PROJECT REPORTS

Eastern Sierra Learning Collaborative Annual Project Report:

Mono County Behavioral Health launched its Innovation Plan for the Eastern Sierra Learning Collaborative in October 2017, after receiving approval from the OAC in September 2017. For this Innovation plan, Mono County has developed a regional collaborative called the Eastern Sierra Strengths Based Learning Collaborative with the neighboring Counties of Inyo and Alpine. The Collaborative focuses on training County staff and partners on the Strengths Model, developed by the University of Kansas School of Social Welfare. Nine sessions are being facilitated by an expert trainer/coach from the California Institute for Behavioral Health Solutions (CIBHS) over a period of 18 months to assist in skill development for staff in order to provide improved services to clients, prevent staff burn out, and integrate this best practice in the three counties. Through this partnership, MCBH hopes to learn how to implement a successful collaborative among three of the smallest counties, improve client outcomes, and offer applicable lessons learned to other counties.

At the end of FY 2017-2018, MCBH staff had participated in two learning sessions (January and March) with Inyo and Alpine Counties, with approximately 40 staff and 3-4 facilitators attending each Learning Session. At the time of this report, staff also participated in learning sessions in July and October. The project has been successful thus far and has contributed to increased collaboration between the three county departments, including sharing of information about processes, programs, and practices. Indeed, this project has helped enhance the development of the three counties' understanding about ways that they have to be innovative and flexible to meet the needs of outlying areas. MCBH also learned more about how Alpine County operates its MHSA and wellness programs and has had important conversations about how to develop systems for clinics that see so few people. Additionally, the department has learned more about focusing on existing staff members' strengths to help them develop professionally, and the department has come to a new understanding that all staff have different motivations around learning and change.

Staff have found traveling to the other counties for trainings to be interesting and enjoyable, and most importantly, staff report that the Strengths Model is having a positive impact on their work with clients. Staff in Mono County have implemented the weekly Strengths Model Group Supervision, in which staff members brainstorm ideas to help clients gain movement around their goals. Additionally, many staff are using Strengths Assessments and Personal Recovery Plans (two of the key tools in the Strengths Model) on a weekly basis.

In addition to this organic learning, MCBH has also been focused on gathering data, both qualitative and quantitative, to address its three primary learning questions:

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?*

2. *MCBH's second goal is to learn or better understand what factors serve as facilitators or barriers to cross-county collaboration, specifically from a bureaucratic standpoint. This will allow MCBH to understand what systems or resources need to be in place for such a Collaborative to be successful.*

3. *MCBH's third goal is to learn or better understand the benefits of such a collaboration in remote, rural environments. What is the value of "cross-pollinating" staff within these three small departments and the community partners? Will staff be better equipped to leverage resources and make referrals to services across county lines (especially related to local agencies that already have a cross-county presence like IMACA and Wild Iris)? What other unforeseen benefits might this collaboration have?*

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:

- Identify Individual County Needs
- Directors Meet & Discuss Common Needs & Goals
- Research Potential Solutions
- Directors Agree on Solution & Create Timeline
- Directors Discuss Funding
- Directors Discuss Solution with Leadership & Staff (build buy-in/political will) *Ongoing*
- Develop Strategies to Overcome Barriers *Ongoing*
- Refine/Adjust Timeline *Ongoing*
- Write Any Necessary Plans/Applications *Ongoing (project extension request)*
- Public Comment/BOS/MHSOAC Approval (if needed)
- MOU/Contract Signed
- Schedule Sessions
- Plan Travel *Ongoing*
- Account for Client Scheduling *Ongoing*
- Pay All Expenses *Ongoing*
- Conduct Learning Sessions *Ongoing*
- Conduct Evaluation *Ongoing*

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

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

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

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

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

Please see the full project extension request provided above for more information about the proposed project additions.

Technology Suite Annual Project Report:

MCBH began participating in the Technology Suite shortly after the department received approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC) in February 2018. Recent research demonstrates that technology can also be used to directly impact the provision of health and mental health services. This project will bring 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.

As one of the first five counties participating in the Tech Suite, Mono County has contributed to the launch of a statewide project and has learned several significant lessons in the process. Below, MCBH outlines its progress made, challenges encountered, and next steps planned for FY 17/18 and FY 18/19.

Progress in FY 2017-2018:

- Participated in vendor demonstrations of the various applications available and provided feedback on the applications desired
- Participated in developing the governance structure for the multi-county collaborative
- Provided feedback on program evaluation proposals
- Provided feedback on marketing vendor proposals
- Provided “small county voice”
- Advocated for peer/stakeholder involvement
- Signed business agreement with CalMHSA
- Reviewed privacy/security information
- Participated in weekly phone calls

Challenges Encountered in FY 2017-2018:

- Less capacity to be fully involved in the entire process than other counties (especially larger counties)
- Lack of dedicated staff for the project
- Peer/stakeholder involvement
- What is the definition of a peer? What is the definition of lived experience?
- How do we include community stakeholders, in addition to clients?
- How do we ensure that we are incorporating the feedback of the MHSOAC Commissioners in the evolution of the project?

Next Steps in FY 2018-2019:

- Preparing to launch 7 Cups for testing with local stakeholders, including existing clients and college students at Cerro Coso Community College
- Considering extending project timeline
- Preparing for Mindstrong application launch
- Considering the pros/cons of dedicating staffing to the project
- Shift in project management
- Exploring how this project contributes to community wellness in addition to individual health

WORKFORCE EDUCATION AND TRAINING

The Workforce Education and Training (WET) program includes five different funding categories, including Training and Technical Assistance (TA), Mental Health Career Pathway Programs, Residency and Internship Programs, Financial Incentive Programs, Workforce Staffing Support. MCBH does not presently have any programs that fall into the Workforce Staffing Support category. See WET Table 1 below for a summary of these programs.

WET Table 1. WET Service Categories & Programs/Services

Service Category	Training and TA	Mental Health Career Pathways	Residencies and Internships	Financial Incentives	Workforce Staffing Support
Programs and Services	<ul style="list-style-type: none"> • Cultural Competence Speaker Series • Individually Identified Trainings & Conferences • Team-Building Program 	<ul style="list-style-type: none"> • Clubhouse Live Career Days • Involvement with School Career Fairs 	<ul style="list-style-type: none"> • Staff Supervision 	<ul style="list-style-type: none"> • Loan Assumption Program 	<ul style="list-style-type: none"> • N/A

Training and Technical Assistance (TA):

MCBH continues to coordinate and fund training, TA, and other related activities for staff members. 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. Additionally, the department identifies when training is needed to meet rules and regulations. In FY 2017-2018, staff completed a cultural competency training, along with trainings on program evaluation, anxiety, the Child and Adolescent Needs and Strengths (CANS) assessment, and many other topics. Additionally, one staff member attended the CIBHS Leadership Institute, a rural behavioral health conference, and a rural housing coalition conference. Several staff members attended the annual Latino Conference and a conference on community collaborations.

In FY 2018-2019, MCBH plans to attend several local trainings, such as a trauma-informed care training, a compassion fatigue training, and a protective factors training, as well as specific staff-identified conferences and trainings. Most importantly, MCBH and its Cultural Outreach Committee have identified the need for a series of in-depth cultural competence trainings that encourage staff from both MCBH and from other partnering agencies to confront their implicit biases and explore topics such as community wellness, white fragility, and

cultural competence. MCBH plans to bring subject matter experts to Mono County to offer these trainings and engage staff in true learning.

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. The department hopes to continue this trend by hosting career discussions at Clubhouse Live (an after-school youth program) and participating in the Senior Symposium every year, which helps prepare students for life after high school, including job selection.

Residency and Internship Programs:

In FY 2017-2018, MCBH had two MFT interns and one MSW intern; funds from this category were used to pay for time required of the Clinical Supervision and Director to supervise post-graduate interns.

Financial Incentives Programs:

In this program, MCBH pays back up to \$10,000 per year on the principle of student loans related to behavioral health education. Additionally, MCBH offers stipends and mileage reimbursement for students to work part-time. Since its inception, this activity has helped five employees pay their student loans. MCBH believes that this program has helped retain clinical staff, which is a significant concern in remote Mono County. The department will be continuing this program from 2017-2020 as funds allow. Indeed, two employees qualify for this program in FY 2018-2019.

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

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

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

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

In FY 18/19 and FY 19/20, MCBH will be investing most heavily in two areas: cultural competence training and financial incentives for employee education. The budget included below and in the Updated Reversion Expenditure Plan reflect these changes.

CAPITAL FACILITIES/TECHNOLOGICAL NEEDS

MCBH is planning to use Capital Facilities (CF) funds for a housing project. Preparation for this project has included meeting with county supervisors to build political will around the project and presenting before the Mono County Board of Supervisors. In FY 2018-2019, MCBH anticipates releasing a Request for Qualifications for qualified development partners to work on this project. If the department is pleased with the proposer(s), it will take the next steps to enter into an agreement with this partner to move forward on a Mammoth Lakes-based housing project. To prepare for this project, MCBH has contracted with a permanent supportive housing consultant and outside counsel specializing in affordable housing.

Additionally, MCBH is preparing to apply for a noncompetitive allocation of \$500,000 from the No Place Like Home (NPLH) program to help fund this housing facility. These funds are expected to become available in 2018-2019. MCBH has also applied for technical assistance funds in the amount of \$75,000 to prepare a homelessness plan, a supportive services plan, and other aspects of the facility.

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

Challenges or barriers, and strategies to mitigate

There are several potential challenges related to the planned housing project. The first is a potential lack of community support, including “Not In My Backyard” concerned citizens. To mitigate this barrier, MCBH is working closely with county supervisors to ensure their support and is planning to hold several town hall meetings to listen to and address concerns. Another barrier is the limitation that Mammoth’s harsh winters place upon construction. To mitigate this barrier, MCBH staff are moving as quickly as possible to move the project forward to be prepared for work in fair weather.

MCBH has encountered several barriers and challenges related to the ECHO EHR; despite several years of use, staff members have different levels of buy-in on the product and MCBH has encountered issues surrounding staff training.

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

MCBH will be allocating resources from CF for a Permanent Supportive Housing project in FY 18/19 and/or 19/20.

MHTSA EXPENDITURE PLAN BY COMPONENT 2018-2019

Community Services and Supports (CSS) Component Worksheet 2018-19

County: Mono

11/14/2018

	(A)	(B)	(C)	(D)
	Total Mental Health	Fiscal Year 2018-19		
		MHSA	Medi-Cal FFP	Other Funds
FSP Programs				
1 FSP, Socialization & Wellness Center	\$493,170	\$493,170		
2 Supported Housing	\$15,000	\$15,000		
3	\$0			
4	\$0			
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
13	\$0			
14	\$0			
15	\$0			
Other CSS Non-FSP Program Expenditures	\$0			
CSS Administration	\$76,226	\$76,226		
CSS MHSA Housing Program Assigned Funds	\$0			
Total CSS Expenditures	\$584,396	\$584,396	\$0	\$0



Prevention and Early Intervention (PEI) Component Worksheet 2018-19

County: Mono

Date: 11/4/2018

	(A)	(B)	(C)	(D)
	Total Mental Health	Fiscal Year 2018-19		
		MHSA	Medi-Cal FFP	Other Funds
PEI Programs				
1 NorthStar Counseling Center	\$126,300	\$126,300		
2 PeaPod Program	\$40,000	\$40,000		
3 Healthy Ideas Program	\$20,000	\$20,000		
4 Parenting Classes	\$4,000	\$4,000		
5 PEI Community Outreach	\$4,000	\$4,000		
6 Walker-Based PEI Case Manager	\$30,579	\$30,579		
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
13	\$0			
14	\$0			
15	\$0			
PEI Administration	\$33,732	\$33,732		
Total PEI Expenditures	\$258,611	\$258,611	\$0	\$0

Innovation (INN) Component Worksheet 2018-19

County: Mono

Date: 11/14/2018

	(A)	(B)	(C)	(D)
	Total Mental Health	Fiscal Year 2018-19		
		MHSA	Medi-Cal FFP	Other Funds
Innovation Programs				
1 Eastern Sierra Strengths Model	\$118,164	\$118,164		
2 Tech Suite	\$57,000	\$57,000		
3 Eastern Sierra Strengths Model - Extension	\$20,000	\$20,000		
4	\$0			
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
Innovation Administration	\$29,275	\$29,275		
Total Innovation Expenditures	\$224,439	\$224,439	\$0	\$0

Workforce, Education and Training (WET) Component Worksheet 2018-19

County: Mono

Date: 11/14/2018

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2018-19		
		MHSA	Medi-Cal FFP	Other Funds
WET Funding Category				
Workforce Staffing Support	\$0			
Training and Technical Assistance	\$8,903	\$8,903		
Mental Health Career Pathways Programs	\$0			
Residency and Internship Programs	\$0			
Financial Incentive Programs	\$20,000	\$20,000		
WET Administration	\$4,335	\$4,335		
Total WET Expenditures	\$33,238	\$33,238	\$0	\$0

Capital Facilities/Technological Needs (CFTN) Component Worksheet 2018-19

County: Mono

Date: 11/14/2018

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2018-19		
		MHSA	Medi-Cal FFP	Other Funds
Capital Facility Projects				
1 Housing Project	\$306,021	\$306,021		
2	\$0			
3	\$0			
4	\$0			
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
Capital Facility Administration	\$45,903	\$45,903		
Total Capital Facility Expenditures	\$351,924	\$351,924	\$0	\$0
Technological Needs Projects				
13 Echo Electronic Health Record	\$61,074	\$61,074		
14	\$0			
15	\$0			
16	\$0			
17	\$0			
18	\$0			
19	\$0			
20	\$0			
Technological Needs Administration	\$9,161	\$9,161		
Total Technological Needs Expenditures	\$70,235	\$70,235	\$0	\$0
Total CFTN Expenditures	\$422,159	\$422,159	\$0	\$0



APPENDIX A: PENETRATION RATE DATA

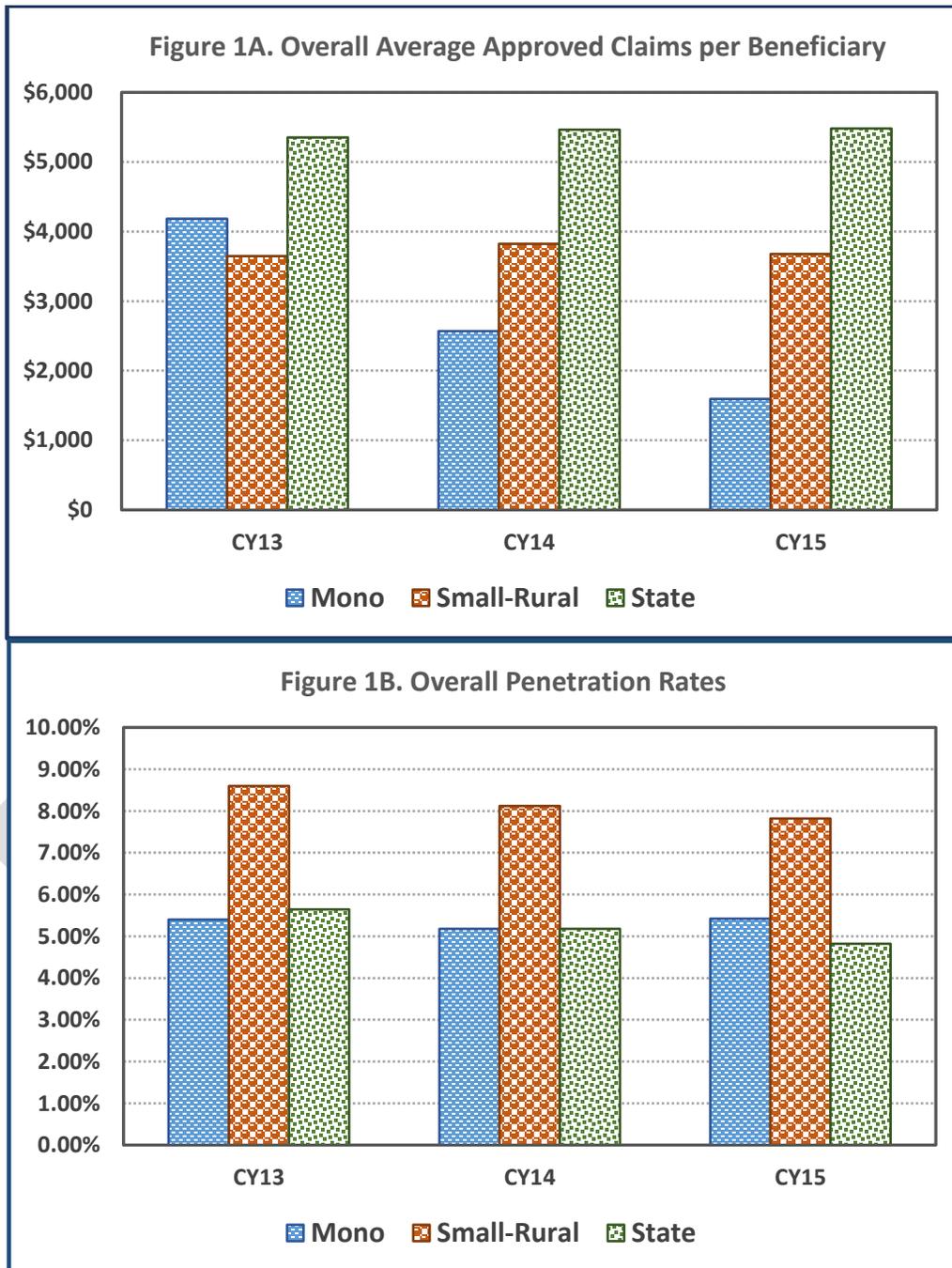


Figure 2A. FC Average Approved Claims per Beneficiary

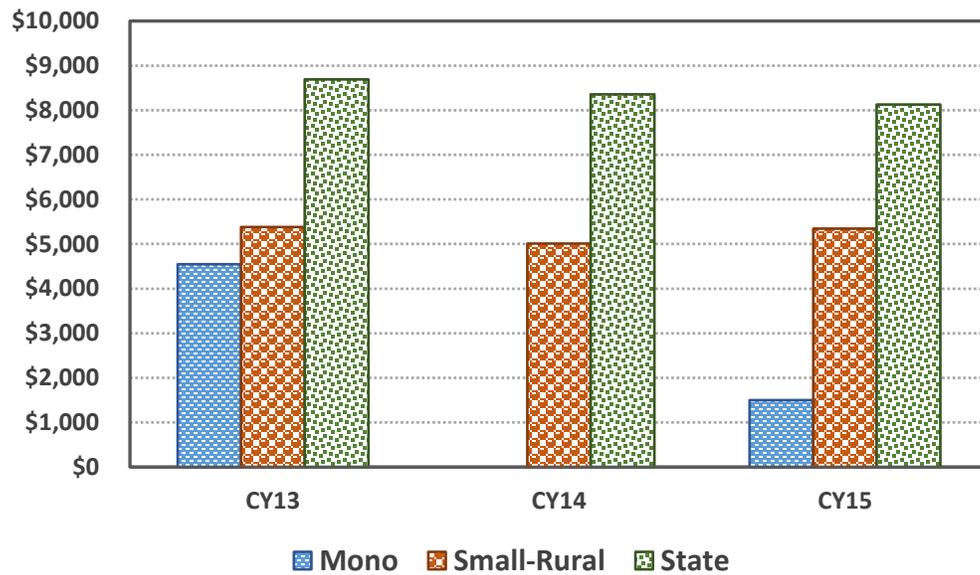


Figure 2B. FC Penetration Rates

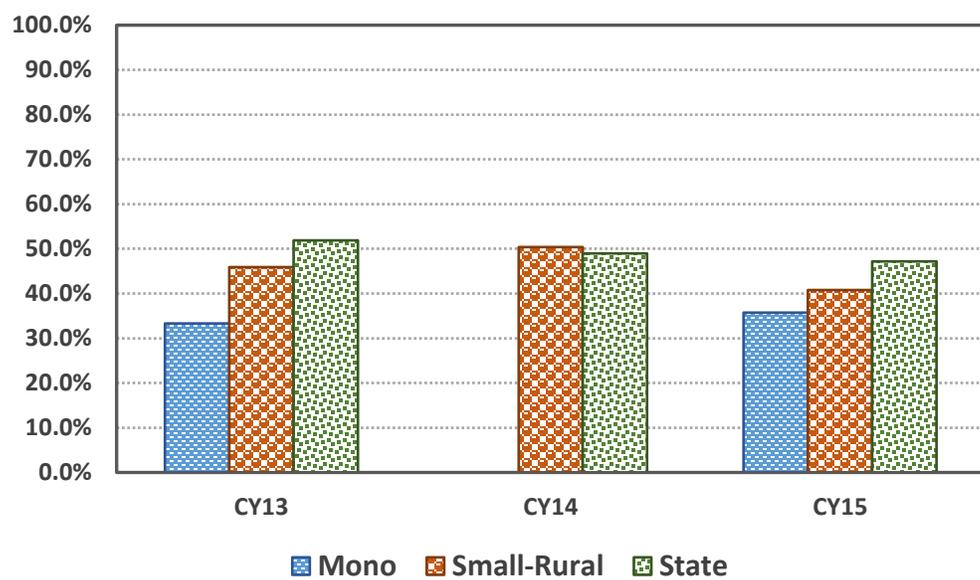


Figure 3A. Hispanic Average Approved Claims per Beneficiary

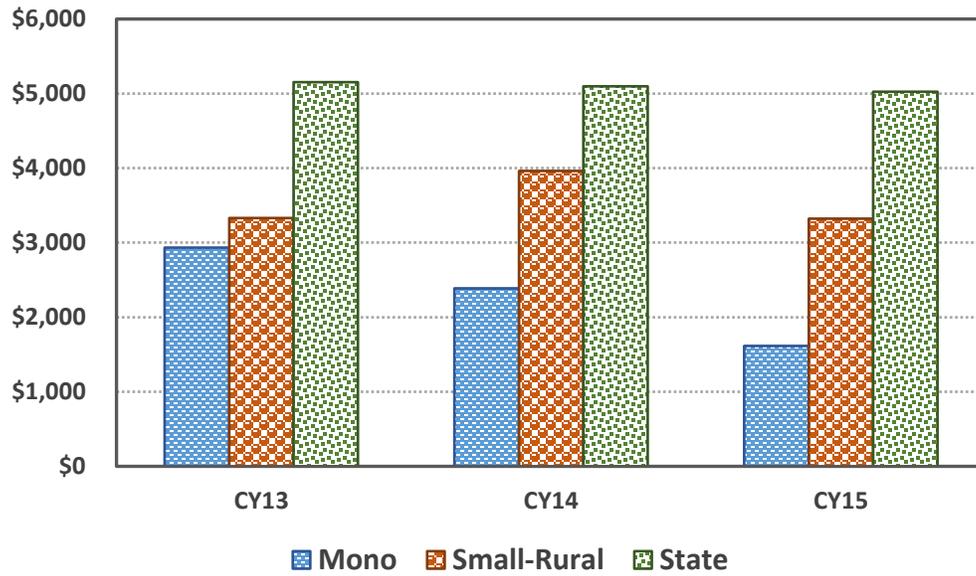
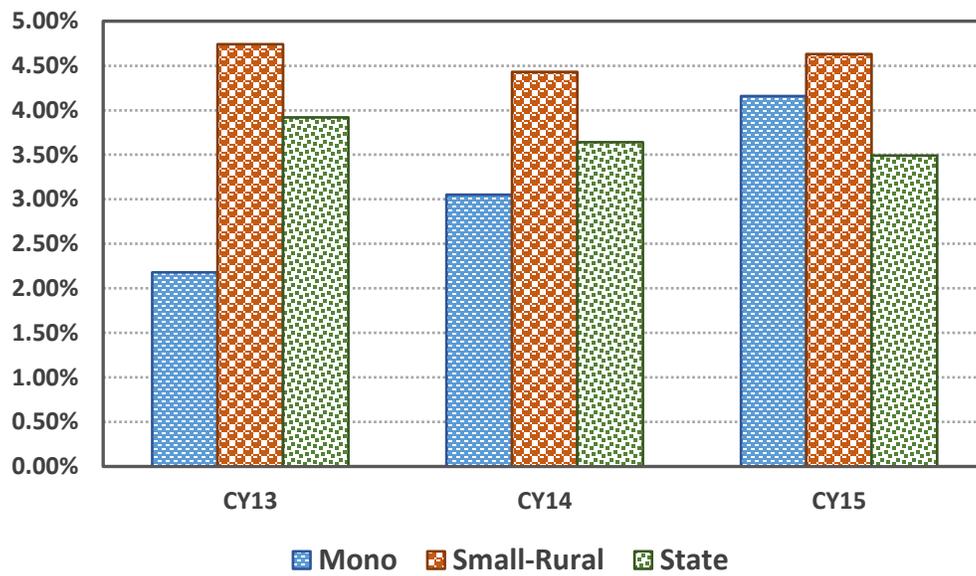


Figure 3B. Hispanic Penetration Rates



APPENDIX B: MHSA ISSUE RESOLUTION PROCESS

Mono County is committed to:

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

Types of Issues to be resolved using this process:

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

Process:

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

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

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

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

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

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

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

DRAFT



Mono County Behavioral Health
Mental Health Services Act (MHSA)
FY 2017-2018 Update: Reversion Expenditure Plan



WELLNESS • RECOVERY • RESILIENCE

MONO COUNTY MHSA FISCAL
ACCOUNTABILITY CERTIFICATION

To be completed following public comment

DRAFT

INTRODUCTION & OVERVIEW

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

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

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

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

Upon further conversation with DHCS, officials provided further guidance on the requirements to create a reversion plan for the funds identified by the second notice. They confirmed that MCBH needed to create a "Reversion Expenditure Plan Update" (this plan) and go through the same public process as outlined above. MCBH opted to include the "Reversion Expenditure Plan

Update” with its MHSAs Annual Update. In the second official notice of reversion, MCBH was notified that \$320,652 in the Prevention and Early Intervention component, \$84,935 in the Innovation component, \$66,709 in the Workforce Education and Training component, and \$306,021 in the Capital Facilities/Technological Needs component were reverted back to the State and immediately reallocated to MCBH for use before June 30, 2020. This updated reversion expenditure plan discusses how MCBH plans to use these funds before June 30, 2020.

Each of the proposed programs below has been developed through the Community Program Planning Process outlined at the beginning of the MHSAs Annual Update.

SPENDING PLAN BY COMPONENT

Prevention and Early Intervention (PEI)

MCBH has identified housing stability as a key community need through its own community needs assessments and by studying needs assessment documents developed by both the County of Mono and the Town of Mammoth Lakes. With this in mind, MCBH plans to use the reverted funds (\$320,652) originally allocated in FY 14/15 to fund a Housing Stability Program in FY 2019-2020. This program will provide services designed to increase housing stability among clients the department serves and other at-risk members of the community. This program will also provide outreach for increasing recognition of early signs of mental illness and will aim to reduce stigma and discrimination. Additionally, this program will serve individuals of all ages, as many individuals, families, and transition age youth struggle to find and maintain safe, adequate housing.

	FY 18-19 (Jan 1-June 30)	FY 19-20	Total
Housing Stability Program		\$320,652	\$320,652
Total		\$320,652	\$320,652

Innovation

Mono County Behavioral Health plans to use its Innovation funds that are up for reversion to fund an extension to its existing Innovation Plan, entitled “Eastern Sierra Learning Collaborative: A County-Driven Regional Partnership.” Earlier in this document (MHSAs FY 2018-2019 Annual Update), MCBH provides a full Innovation Project Extension Request, which the department plans to present before the Mental Health Services Oversight and Accountability Commission in February 2019.

Mono County Behavioral Health launched its first learning sessions for the Eastern Sierra Learning Collaborative in January 2018, after receiving approval from the OAC in September 2017. The project has been successful thus far and has contributed to increased collaboration between the three county departments, including sharing of information about processes, programs, and practices. Staff have found traveling to the other counties for trainings to be interesting and enjoyable, and most importantly, staff report that the Strengths Model is having a positive impact on their work with clients. Staff in Mono County have implemented the weekly Strengths Model Group Supervision, in which staff members brainstorm ideas to help clients gain movement around their goals. Additionally, many staff are using Strengths Assessments and Personal Recovery Plans (two of the key tools in the Strengths Model) on a weekly basis.

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

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

In order to implement this Innovation Project as originally planned, MCBH has chosen to request a time extension of four months (originally the project ended October 1, 2019, now would end January 30, 2020) and approval to spend an additional \$84,935. This extension of time and funds would allow more one-on-one coaching with staff, additional training in Motivational Interviewing (MI) techniques, more in-person time in Mono County for facilitators to engage with and train community partners, and additional funds for more qualitative evaluation. The one-on-one coaching and additional MI training would help provide additional support to staff who are serving as the “project champions” and ensure that other staff have an opportunity to really hone their Strengths Model skills with the help of experts.

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

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

Please see the Innovation Plan Extension Request located earlier in this plan for further detail about MCBH’s plan and its budget.

	FY 18-19 (March 1 – June 30)	FY 19-20 (July 1 – Jan. 30)	Total
Motivational Interview Training, Engagement with Community Partners, One-on-One Coaching, Qualitative Evaluation, MCBH Staff Costs for Extension	\$20,000	\$64,935	\$84,935
Total	\$20,000	\$64,935	\$84,935

Workforce Education and Training

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

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

Finally, MCBH staff engaged in a series of small group discussions around staff needs and ideas for departmental improvements. One subject that came up across all three groups was team building. Many staff expressed a feeling that there was a lack of cohesion and collaboration in the office that had the possibility of affecting staff retention. To help address these concerns, MCBH plans to work with an expert to plan and execute several team building events throughout the next 18 months.

	FY 18-19 (Jan 1-June 30)	FY 19-20	Total
Trainings & Team Building	\$8,903	\$17,803	\$26,709
Financial Incentives	\$20,000	\$20,000	\$40,000
Total	\$28,903	\$37,806	\$66,709

Capital Facilities/Technological Needs

As stated in the MHSAs Three-Year Plan for 2017-2020, Mono County Behavioral Health is planning to use its CF/TN funds for a housing project located in Mammoth Lakes. The funds up for reversion in this category will be expended on this project by the end of FY 2019-2020.

	FY 18-19 (Jan 1-June 30)	FY 19-20	Total
Mammoth Lakes Housing Project	\$306,021		\$306,021
Total	\$306,021		\$306,021

LOCAL REVIEW PROCESS

For information about the Local Review Process for the MHSAs Updated Reversion Expenditure Plan, please see the Local Review Process section of the MHSAs Annual Update, as the Updated Reversion Expenditure Plan was circulated as part of the MHSAs Annual Update.