



Supporting You On Your Path
Apoyandote En Tu Camino

Mono County Behavioral Health
Mental Health Services Act (MHSA)
FY 2023-2024, FY 2024-2025, FY 2025-2026
Three-Year Plan

Posted for Public Comment: 5/12/23
Public Hearing Planned: 6/12/23
To be Reviewed by Board of Supervisors: 6/20/23

Including the following Supplemental Reports:
Workforce Needs Assessment
Annual Innovative Project Reports



WELLNESS • RECOVERY • RESILIENCE

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EXECUTIVE SUMMARY

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

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

MCBH is proud to present its fiscal year 2023-2026 Three-Year Plan, which provides a progress report of MHSA activities for the 2022-2023 fiscal year and an overview of current or proposed MHSA programs planned and/or underway for the fiscal years 2023-2024, 2024-2025, and 2025-2026. Also, this report will provide you with specific data and information about our PEI and our Innovation programs.

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

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

RESUMEN EJECUTIVO

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

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

MCBH se enorgullece en presentar su Plan Trienal para el año fiscal 2023-2026, que proporciona un informe de progreso de las actividades de MHSA para el año fiscal 2022-2023 y una descripción general de los programas actuales o propuestos de MHSA planificados y / o en curso para los años fiscales 2023-2024, 2024-2025 y 2025-2026. Además, este informe le proporcionará datos e información específicos sobre nuestro PEI y nuestros programas de innovación.

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

¡Gracias por tomarse el tiempo para leer nuestro plan, y esperamos que nos proporcione comentarios sobre nuestro trabajo!

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

☐ Annual Revenue and Expenditure Report

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

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statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2022, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Janet Dutcher
County Auditor Controller (PRINT) Signature Date

DRAFT

MHSA COUNTY PROGRAM CERTIFICATION

MHSA COUNTY PROGRAM CERTIFICATION²

County/City: Mono

☒ Three-Year Program and Expenditure Plan

☐ Annual Update

☐ Annual Revenue and Expenditure Report

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

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan and/or Annual Update, including stakeholder participation and nonsupplantation requirements.

The Three-Year Program and Expenditure Plan and/or Annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan and/or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached Three-Year Program and Expenditure Plan and/or Annual Update are true and correct.

Robin K. Roberts
Local Mental Health Director (PRINT)

To be completed following BOS review
Signature _____ Date _____

BOARD OF SUPERVISORS APPROVAL

To view the presentation about this Three-Year Plan to the Mono County Board of Supervisors on _____, please visit the following link:

- To be added following BOS review

DRAFT

MONO COUNTY SNAPSHOT, CAPACITY OVERVIEW, & WORKFORCE NEEDS ASSESSMENT

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

According to Census.gov, the estimated total population of Mono County as of July 1, 2022 is 12,978, a decrease since the 2020 Census. Other than Mammoth Lakes, which has a year-round population of approximately 8,000, the remainder of the county consists of small communities ranging in population from less than 300 to about 1,200 people. To illustrate the vastness of the county, there are approximately 4.6 people per square mile.

The ethnic distribution of Mono County is 27 percent Hispanic/Latinx, 3 percent American Indian and Alaska Native, 1 percent Black or African American, 2.3 percent Asian, 0.4 percent Native Hawaiian/Other Pacific Islander/Other/Unknown, and 65 percent Caucasian.

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

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

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

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

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

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

Capacity Overview & Workforce Needs Assessment

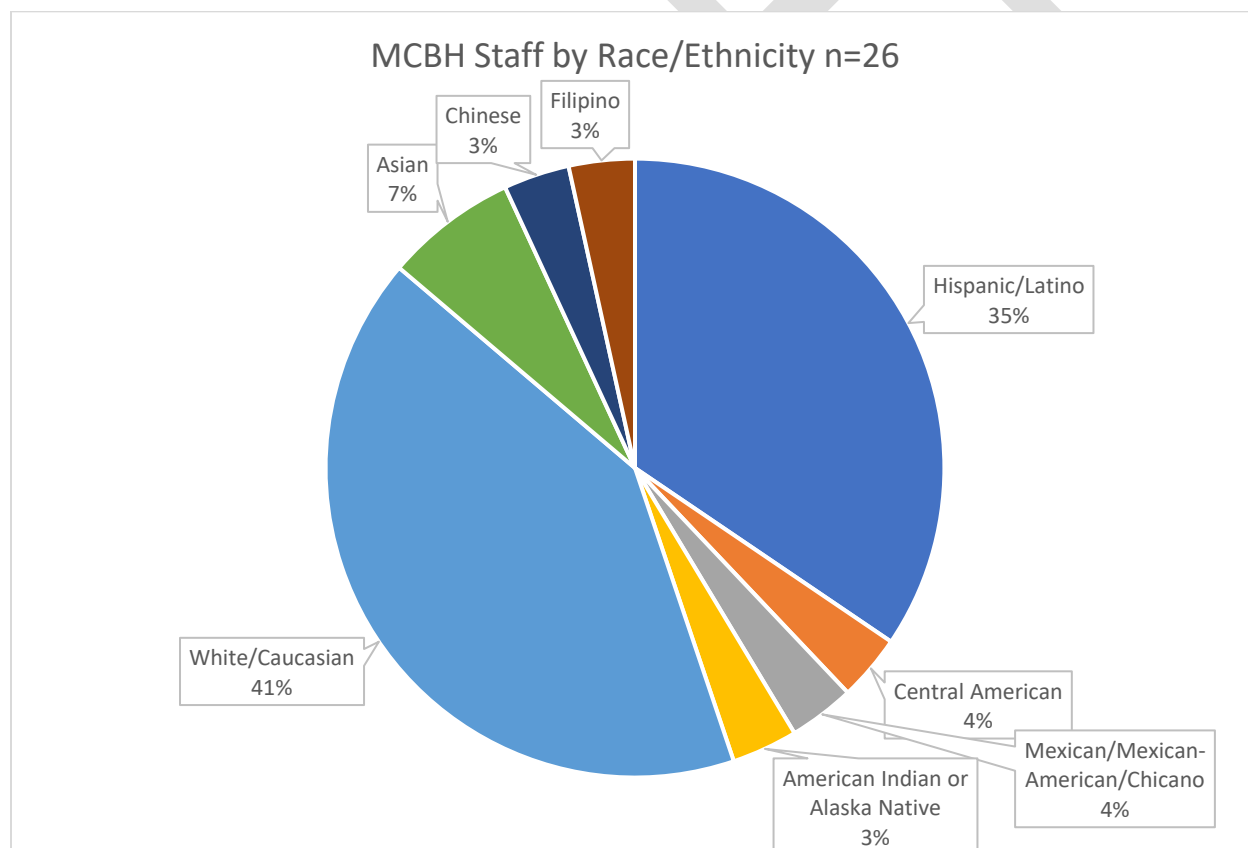
Part of Mono County Behavioral Health's (MCBH's) mission is to bring together representatives from Mono County communities and ask these representatives to take a leadership role in identifying and resolving community health needs. In this assessment of current capacity, MCBH will examine current capacity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

Please see Capacity Table 1 below for an overview of staffing planned for FY 23-24. As of the writing of this report (Spring 2023), is nearly fully staffed but is still seeking additional staff in order to be able to fully implement the MHSA programs that are outlined in this plan. Based upon feedback received in the CPPP and anecdotal data from individuals seeking mental health services, MCBH believes that there is a staffing shortage to treat individuals with mild to moderate mental illness particularly for those with private/commercial insurance. For the most part, MCBH only provides therapy and case management to individuals with Medi-Cal, per its MHP mandate. As a result, individuals with private insurance do not qualify for mental health treatment at MCBH. MCBH works closely with Mammoth Hospital Behavioral Health to

coordinate care for shared clients or clients who may need a lower level of care. MCBH will continue to advocate for services to the mild to moderate population and those who are privately insured and not available to access services within the county.

In FY 22/23, MCBH continued its process of moving toward racial equity by rolling out several parts of its Racial Equity Workplan, including continuing monthly education and discussion of racial equity topics. This initiative has been popular among staff and invites our team members to explore a wide variety of issues and share key takeaways with their colleagues. As MCBH becomes a leader in this work internally, staff are being called to participate in the County-wide Justice, Equity, Diversity, and Inclusion Committee and is using the Cultural Outreach Committee to move the needle forward among community partners.

Approximately 36% of the Department's staff are bilingual English/Spanish speakers and 42% identify as Hispanic/Latino/Latinx, Central American, or Mexican/Mexican-American/Chicano. MCBH believes that its ability to provide services across our programs is greatly enhanced if we have bilingual/bicultural staff. This is especially true for licensed staff and interns. MCBH also has staff members who speak Mandarin, Tagalog, and Korean. Below is a graph displaying self-reported race/ethnicity for the MCBH team.



MCBH is also dedicated to hiring staff who identify as members of the LGBTQ+ community and staff who identify as clients/family members and/or individuals with lived experience. In a spring 2023 survey:

- 20% of staff identify as members of the LGBTQ+ community.

- 75% of staff identify as a current/former client of mental health services or someone with “lived experience” in mental health or substance use or a family member
- 25% of staff have a disability like a learning disability; difficulty seeing, hearing, or having speak understood; or chronic pain.

The Department’s current staffing, as well as its dedication to hiring diverse and bilingual staff are both major strengths in terms of meeting the needs of racially and ethnically diverse populations. MCBH is dedicated to supporting the growth and professional development of existing staff who are interested in pursuing degrees and/or licensure – an important component of our WET program. MCBH currently helps promote this effort through financial incentive programs in an effort to “grow our own.” For penetration rate data and count of Medi-Cal beneficiaries served, including Mono County’s Hispanic penetration rate, please see Appendix A. For more information on how MCBH is serving our underserved communities, our cultural and linguistic competence plan provides a great deal of information.

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

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

Approximately three-quarters of MCBH’s staff report that they are a current or former consumer of mental health or substance use services and/or a family member of a current or former consumer of mental health or substance use services or someone with “lived experience” in mental health or substance use disorders. When hiring, priority is given to consumers and family members of consumers for all positions. “Lived experience” is essential to informing all of MCBH’s work.

To examine capacity within the community, MCBH also listed partner agencies, organizations, and coalitions (see Capacity Tables 2-3 below). In some cases, the relationships between MCBH and the partner are strong and in other cases the relationships could be strengthened. In hiring

additional staff, MCBH hopes to increase the department's ability to bridge the gap in some of these relationships. The agencies in each of these tables strive to meet the needs of racially and ethnically diverse populations in Mono County by hiring native Spanish speakers, offering interpretation services, reaching out to geographically isolated areas, hiring individuals with lived experience, and developing programs and trainings that specifically target the inclusion of diverse populations.

One of the coalitions with the most capacity is the Behavioral Health Advisory Board, which is comprised of the following stakeholders: community members, clients, family members of clients, and representatives from partner agencies. This committee is involved in MCBH's program planning and is also regularly attended by a wide range of community partners.

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

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

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

Planned Staffing for FY 2023-2024

Position	Category	FTE	Language(s)	Difficult to Recruit/Retain	Priority to Client/Family Member	Supervised directly by
Director	Managerial/Supervisory Licensed Mental Health Staff	1	English	Y	Y	County Staff
Clinical Supervisor/Director of Clinical Services	Managerial/Supervisory Licensed Mental Health Staff	1	English Spanish	Y	Y	County Staff
Staff Services Analyst III (Fiscal)	Managerial/Supervisory	1	English Spanish	Y	Y	County Staff
Program Manager	Managerial/Supervisory	.8	English	Y	Y	County Staff
Staff Services Analyst III (Wellness Centers)	Managerial/Supervisory	1	English	Y	Y	County Staff
SUD Supervisor	Managerial/Supervisory SUD Personnel	1	English	Y	Y	County Staff
Accountant II/Staff Services Manager	Support Staff/ Managerial/Supervisory	1	English	Y	Y	County Staff
Psychiatric Specialist III	Licensed Mental Health Staff	1	English Mandarin	Y	Y	County Staff
Psychiatric Specialist I	Mental Health Staff	1	English	Y	Y	County Staff
Psychiatric Specialist II (Spanish-speaking)	Mental Health Staff	1	English Spanish	Y	Y	County Staff

Psychiatric Specialist III	Licensed Mental Health Staff	1	This position is vacant.	Y	Y	County Staff
Behavioral Health Services Coordinator II	Mental Health Staff	1	English Tagalog	Y	Y	County Staff
Behavioral Health Services Coordinator I	Mental Health Staff	1	English Spanish	Y	Y	County Staff
Behavioral Health Services Coordinator III	Mental Health Staff	1	English	Y	Y	County Staff
Case Manager III (Telepsychiatry Coordinator)	Mental Health Staff	1	English Spanish	Y	Y	County Staff
Case Manager III (Wrap Parent Partner)	Mental Health Staff	1	This position is vacant	Y	Y	County Staff
Case Manager III	SUD Personnel	1	English	Y	Y	County Staff
SUD Counselor III	SUD Personnel	1	English	Y	Y	County Staff
SUD Counselor III	SUD Personnel	1	English Spanish	Y	Y	County Staff
Wellness Center Associate (Mammoth/Benton)	Mental Health Staff	.25	English Spanish	Y	Y	County Staff
Case Manager III (Walker)	Mental Health Staff	.8	English	Y	Y	County Staff

Case Manager III (Bridgeport)	Mental Health Staff	1	English	Y	Y	County Staff
Wellness Center Associate (Walker)	Mental Health Staff	.25	English	Y	Y	County Staff
Wellness Center Associate (Mammoth: Yoga)	Mental Health Staff	.1	English	Y	Y	County Staff
Wellness Center Associate (Walker)	Mental Health Staff	.25	English	Y	Y	County Staff
Wellness Center Associate (Mammoth)	Mental Health Staff	.1	English	Y	Y	County Staff
Fiscal Technical Specialist III	Support Staff	1	English Spanish	Y	Y	County Staff
Fiscal Technical Specialist II	Support Staff	1	English Spanish	Y	Y	County Staff
Fiscal Technical Specialist II	Support Staff	1	English Spanish	Y	Y	County Staff
QA/QI Coordinator III (MH)	Support Staff/Other Health Care Professional (Nurse)	1	English Korean	Y	Y	County Staff
Staff Services Analyst I (Data)	Support Staff	1	English Spanish	Y	Y	County Staff
Staff Services Analyst III (Fiscal)	Support Staff	1	This position is vacant	Y	Y	County Staff

QA/QI Coordinator II (SUD)	Support Staff	1	English Spanish	Y	Y	County Staff
Psychiatry via Telemedicine (contract with North American Medical Services (NAMHS))	Licensed Mental Health Staff	.25	English	Y	Y	Contract Agency Staff
Physician's Assistant for Psychiatry via Telemedicine (contract with NAMHS)	Other Health Care Professional	.1	English	Y	Y	Contract Agency Staff
Therapy via Telemedicine (contract with NAMHS)	Licensed Mental Health Staff	.5	English Spanish	Y	Y	Contract Agency Staff
Public Health Officer/Medical Director	Other Health Care Professional	.25	English	Y	Y	County Staff

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

Additional information as required by 9 CCR § 3830

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

- The number of staff who are proficient in Spanish: 9 staff (36%) are proficient in Spanish. Several other languages, including Tagalog, Mandarin, and Korean are also spoken by our staff.
- The estimated number of additional Spanish-speaking staff necessary to meet the need: 1 Spanish-speaking therapist (licensed or intern/associate)
- Estimate the number of clients and family members of clients within each racial/ethnic group that the Public Mental Health System will serve during the time period addressed in the Workforce Needs Assessment.

Annual estimate of number of clients served broken down by race/ethnicity:

White/Caucasian	150
Hispanic/Latino	125
American Indian or Alaska Native	15
Black/African American	5
Asian	5
Other	10
More than one race	20

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

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

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

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

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

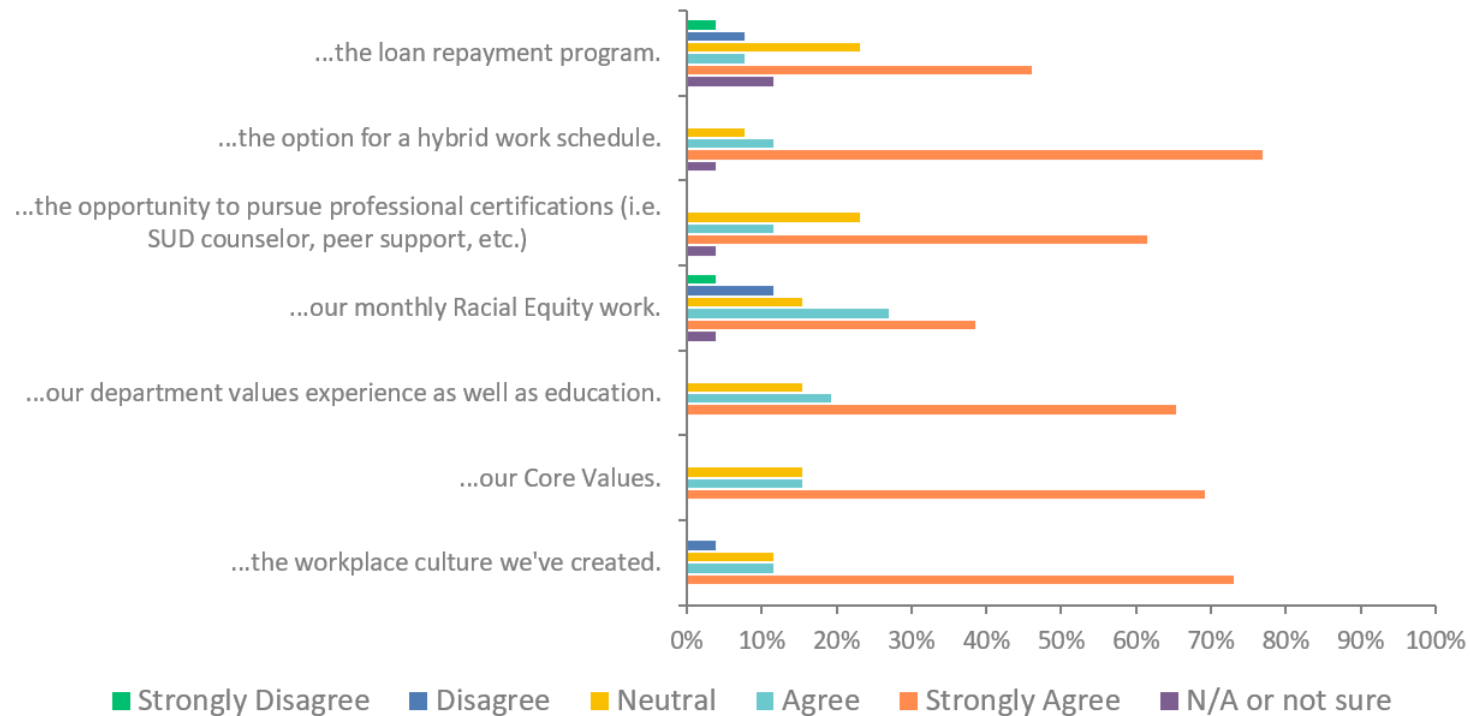
Workforce and Training Needs Survey

In addition to a spring 2023 demographic survey, MCBH staff completed a survey about training needs, retention efforts, and workplace culture. Below are several summaries of staff response to questions posed in the survey.



Please rate the following questions about staff retention efforts: I am more likely to keep working for MCBH because of...

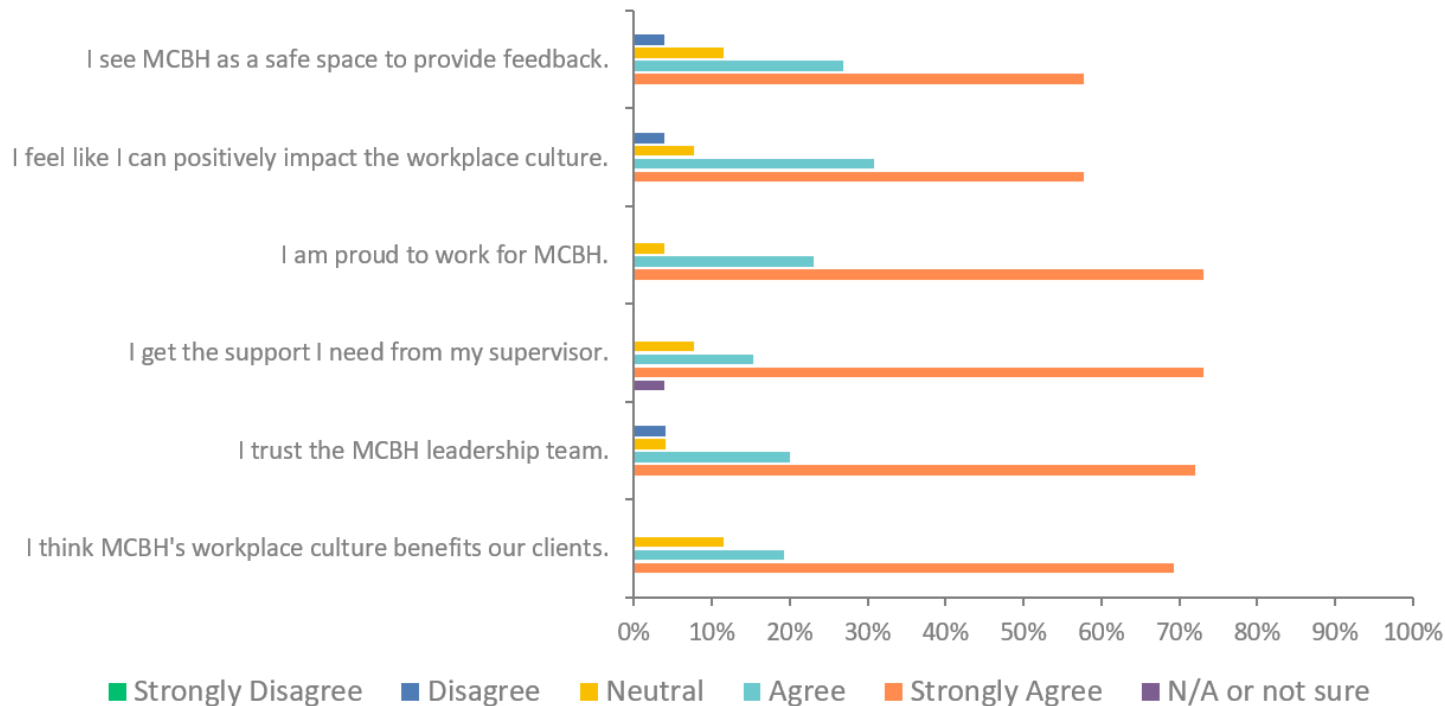
Answered: 26 Skipped: 0



Q5 Analysis notes: Staff most strongly agree that they are more likely to keep working for MCBH because of the workplace culture, option for a hybrid work schedule, and the core values of “Honor the Work,” “Practice Vulnerability,” and “Take Good Care.” Staff also largely agree that they are more likely to keep working for MCBH because the department values experience as well as education (i.e. you don’t have to have a degree to move into many positions, therefore allowing people with “lived experience” greater opportunity for growth) and because MCBH offers the opportunity to pursue professional certifications such as Substance Use Disorder Counselor certification or Peer Support Specialist Certification.

Q6: Please rate the following:

Answered: 26 Skipped: 0

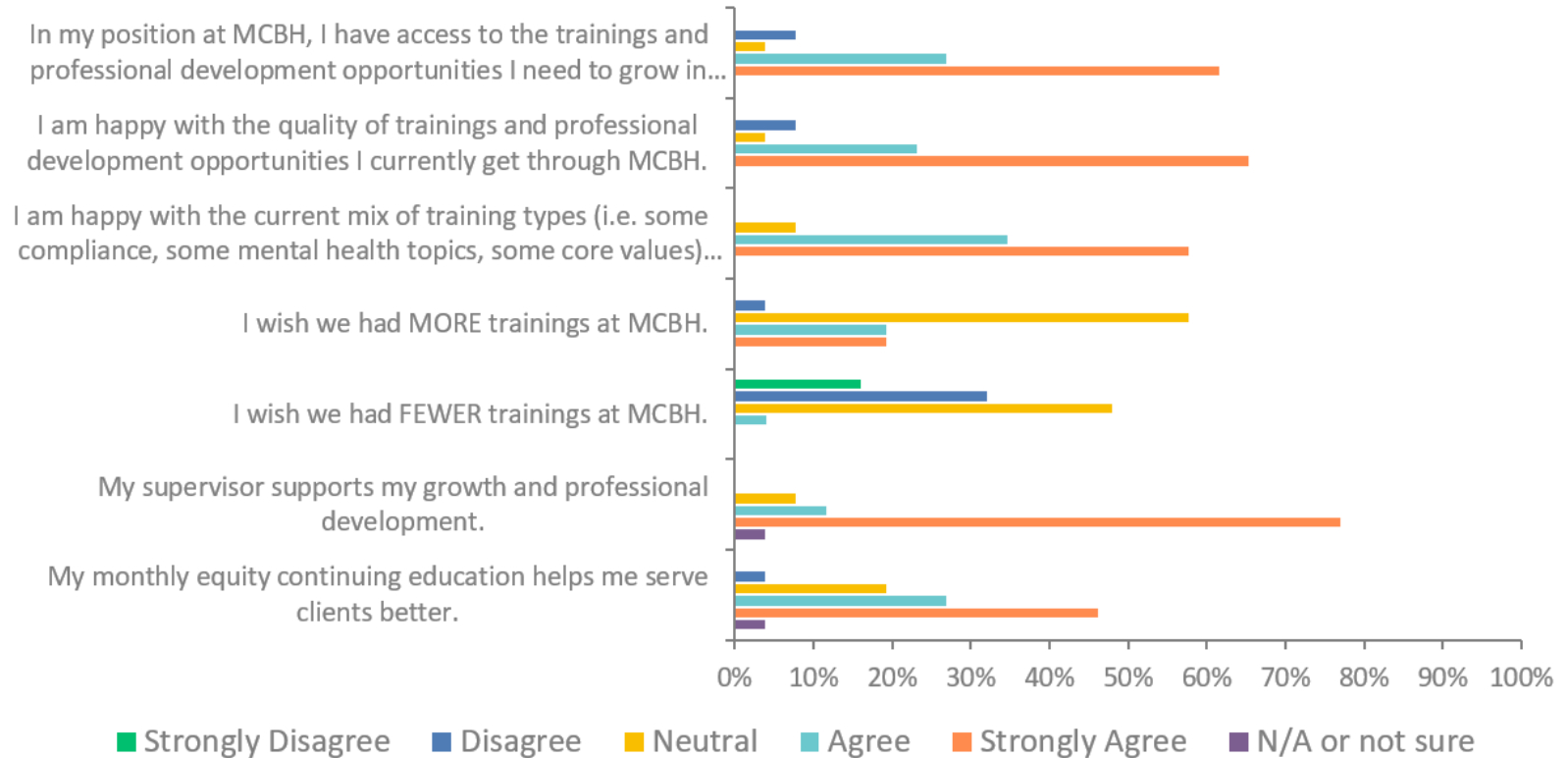


Q6 Analysis notes:

- 96% of staff agree or strongly agree that they are proud to work for MCBH
- 90% of MCBH staff agree or strongly agree that MCBH's workplace culture benefits our clients.
- 92% agree or strongly agree that they trust the MCBH leadership team
- 88% agree or strongly agree that they get the support they need from their supervisor
- MCBH has room to improve around feedback and ensuring that all staff feel that they can positively impact workplace culture – a great opportunity for growth!

Q7: Please rate the following about our trainings at MCBH:

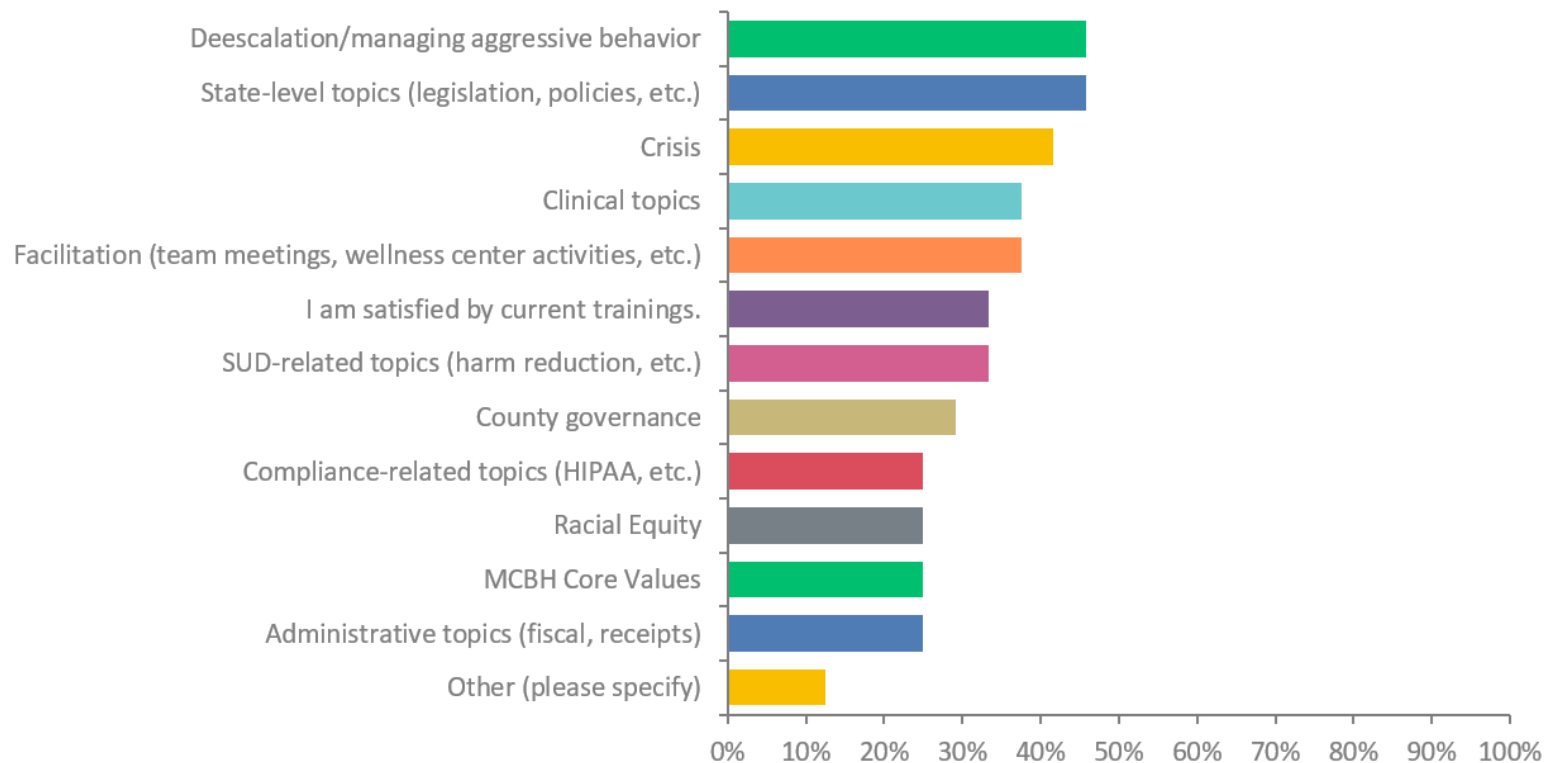
Answered: 26 Skipped: 0



Q7 Analysis notes: Staff appear to largely be satisfied with the current amount and mix of training types, but vastly agree that supervisors support staff growth and development. The department has some room to ensure that all staff have access to trainings for professional development. Although monthly equity was ranked lower in this question and in the question above, it was highlighted by many as a regular practice to keep in another survey question.

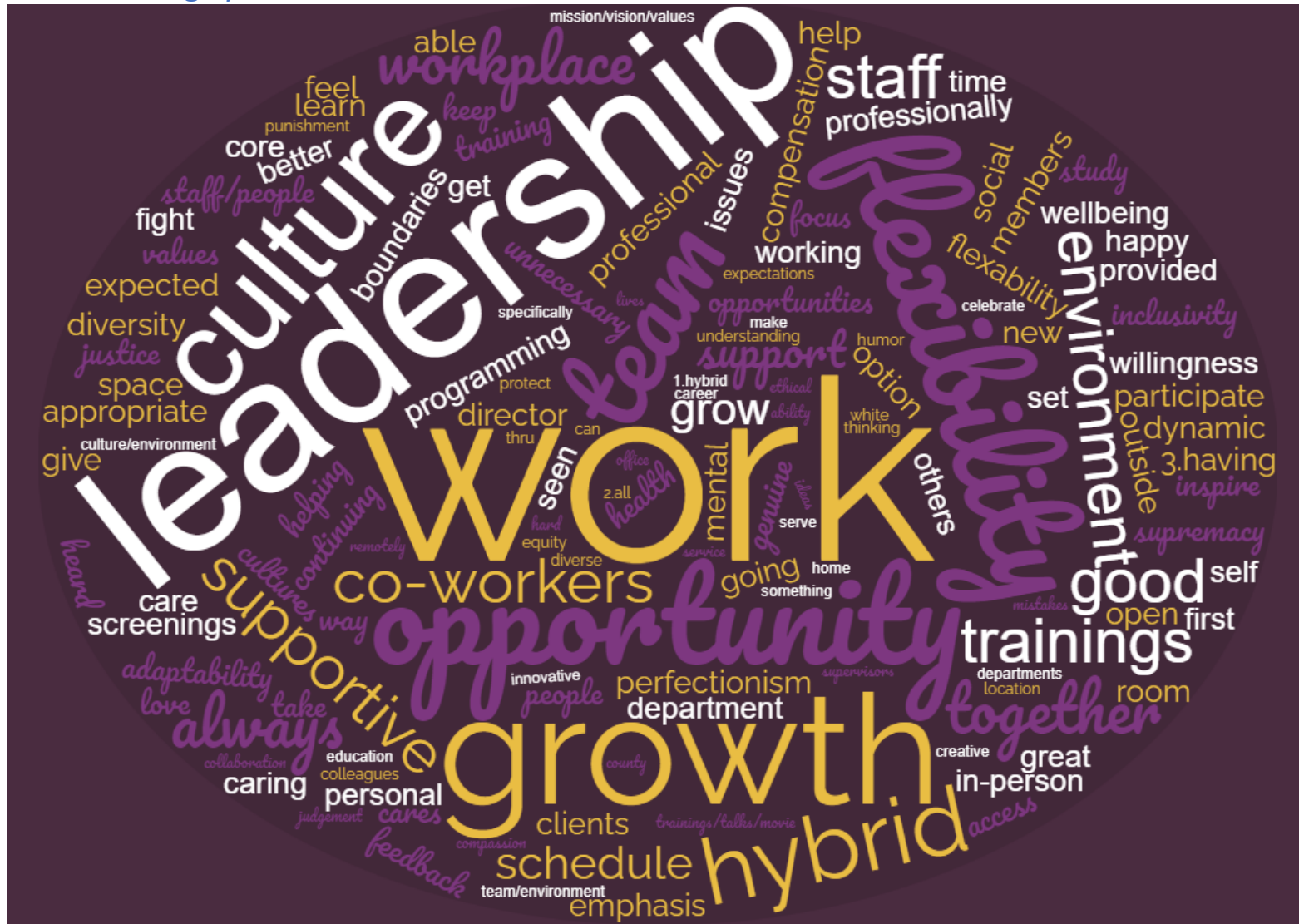
Q8: I feel like my professional growth would be enhanced with the following trainings:

Answered: 24 Skipped: 2



Q8 Analysis Notes: MCBH had one training on de-escalation/managing aggressive behavior and has another planned once safety assessment results from Trindel Insurance have been completed. MCBH will also plan some state-level topic trainings – many staff are impacted by the consistently changing regulations, requirements, and legislation that California Behavioral Health Departments face, so it's not surprising that staff would like to know more about these topics.

What are three things you like about MCBH?



When asked what motivates our staff to keep working for our department, they answered:



When asked for one word that describes MCBH, full-time staff shared the following:



Capacity Table 2. Mono County Agencies

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

Capacity Table 3. Mono County Community Partner Organizations and Coalitions

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

COMMUNITY PROGRAM PLANNING PROCESS

A critical step in the MHSA Three-Year Plan is engaging community stakeholders so that they can provide input on the allocation of the county's MHSA funds. For this Three-Year Plan, MCBH participated in and facilitated focus groups with key stakeholders including the Benton Tribal Community, administered a community survey, held several key informant interviews, and invited participants of wellness activities and community programs to participate in a dot exercise/survey/idea sharing. Additionally, MCBH has integrated information from other community data sources.

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

Overview of the Behavioral Health Advisory Board

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

The partnership that exists between the Behavioral Health Department and the BHAB is truly collaborative and the BHAB has shown its dedication to being involved in all aspects of the Department's operations, including policy, monitoring, quality improvement, evaluation, and budget. It is an ongoing priority to label these different topics on the BHAB agenda so that BHAB members and other participants can clearly track and participate in MCBH's efforts to get input on these important areas.

Behavioral Health Advisory Board Focus Group

- April 10, 2023; nine participants including several clients/family members of clients; Conducted in person with hybrid attendees
- Facilitated by Amanda Greenberg

- See minutes at <https://www.monocounty.ca.gov/behavioral-health/page/behavioral-health-advisory-board-meeting-9>
- Session started with overview of CPPP and the data collection process so far, including a preliminary overview of the MHSA Community Survey results. Questions discussed include:
 - What is your initial reaction to the community needs that were identified? Do they ring true based on your work and life in the community?
 - What other ideas do you have for ways to improve the mental health of Mono County residents?
- Key Takeaways:
 - In general, the BHAB focus group agreed with the survey findings. This has been an extremely difficult winter for locals throughout the county and some BHAB members noted the challenges for parents with kids at home. The isolation has been extreme and with roads closed, communities have essentially been islands. Some BHAB members report that they've talked to people who aren't sure they want to continue living in Mono County.
 - Discussion on how we can mitigate the reaction to extreme environmental stressors like blizzards, drought, wildfire, etc. in the future by building resilience, holding onto values of care, and creating connection in our communities. Reminder of how the "Covid howl" brought communities together to vocally release their stress. For many, the isolation brought on by this winter reminded them of Covid lock-down.
 - One person shared the idea for an event called "The Great Exhale," which could be a celebration of gratitude and a release of the stressors of the winter.
 - The group also discussed physical preparedness – do folks have enough firewood, food to last through a storm, funds to pay shovelers to clear their roofs – but was reminded that it's very rare that the County as a whole can meet these types of needs for people other than FSP clients, for example. Note that IMACA also has LIHEAP funds and can deliver two cords of wood to folks in need.
 - It can be really demoralizing when people tear down community instead of highlighting the positive. The group suggested using Mono City as a case study of how people supported one another – part of this is that the community is so small that all neighbors were already connected.
 - Public Health is going to be participating in a national program called "Neighborfest," where staff members will work with neighborhoods to promote emergency preparedness and talk about Public Health's services. This could be an area of collaboration. Another BHAB member pointed out that while you can't always have a conversation with a neighbor (when one of you speaks English and the other speaks Spanish) but you can see when there's trouble like someone is stuck in the snow, etc.

- The group also discussed MCBH's Medi-Cal mandate and how we aren't able to see folks with commercial insurance – this was a surprise to some BHAB members.
- Some longer time BHAB members pointed out that housing has come back up in its urgency/importance, while others discussed the way that rates of home ownership has changed over time.
- Suggestions for improvement included adding questions asking how long a person has lived here, whether they are homeless, whether they live in Mono County seasonally.
- Suggestions for future survey dissemination/engagement included advertising the survey at the Mountain Warfare Training Center Marine Base, more survey engagement in Benton/Chalfant/Tri-Valley area and asking local ministers to participate in the survey.

Benton Tribal Focus Group

- Held 3/30/23 at the Benton Paiute Reservation Community Center. Facilitated by MCBH and Mono County Department of Social Services staff and included 20 participants who are all part of the Tribal community.
- When you think about your community, what do you think are the top 3 issues related to mental health?
 - Isolation – Feeling a lack of social support
 - Lack of programs/services for specific groups of people specifically youth.
 - Need for youth programming ranked:
 - High School
 - Middle School
 - Elementary School
 - PreK and younger
 - Family relationships
- Other issues discussed: access to resources, safety, parenting classes, recreation opportunities.
- What are the top three most important strategies to promote the mental health of Mono County's residents?
 - Community wellness/outreach programming like socials, school programs, yoga, support groups. Specifically programming targeting high school aged students. Kids are getting into trouble at this age.
 - Where possible, meet basic needs like housing, rental assistance, food assistance – specifically food assistance.
 - Offer services at more convenient times and locations
 - HS programming starting 5:30pm and later. Bus drops off late.
- Other issues discussed: Best way to reach people is via direct mailer or by going door to door passing out flyers. One participant suggested creating a casual community gathering

space with entertainment. The group discussed MCBH collaborating more with tribal entities like TANF and tribal council meetings.

- Participants also provided feedback on culturally appropriate ways to approach focus groups in the future.

The focus group also discussed services the community would like and some ideas shared include:

- Parenting classes/groups (with food)
- Family counseling
- Things for kids to do – sports, other activities
- Slides, swings, other park items at park on Reservation (current park is unusable)
- Designated safe space for kids/teens/young people/families/anyone
 - Game night, movie night, cooking classes/activities, education re: healthy relationships
- County activities/information sessions on weekends so more families can participate. (Kids don't get off the bus from school until 4:30-5:30, and then have to do their entire after-school routine, so going to a County event on weekday evenings is difficult.)
- Increased County-sponsored activities – more than once a month
- Bingo nights or something similar like the programming offered in Chalfant
- Increased communication with children – what do they see in their community? How do they feel about their family and community?
- Increased communication from the County regarding health care services available in the area
- Improved road maintenance during storms
 - County should be more responsive - it can be hard for people living on the Reservation to get out when roads aren't cleared or repaired quickly and this increases isolation issues.
- Tribal Court
- Substance abuse counseling available in-home for tribal members who are too unwell to leave their homes to go to therapy. (Toiyabe will not provide in-home counseling.)

Community Strengths

- Kids enjoy spending time in the wilderness, including finding obsidian.
- Adults feel the kids on the Reservation now are all “great kids.”
- Tribe provides transportation for elders for medical appointments, grocery shopping, prescriptions, etc.
- Past issues with power outages have been resolved.
- “We take care of ourselves, we take care of each other.”
- Current Chairperson has improved things on Reservation
- Toiyabe provides some health care services

Community Issues:

- Isolation and distance – this word was used to describe physical distance, time distance (it feels like a long time between County visits to Benton), and cultural distance (the culture of native people and “the County” are different and there are gaps in understanding)
- Awareness for County staff that there is a collective community memory when there are negative interactions between County staff and local community members.
- Dial-A-Ride is too expensive, cost prohibits use. Some people can afford to pay to get to Bishop, but then can’t afford to get back, and that is dangerous.
- There is not enough information/communication from the County regarding health care services available in the area. Would also like more information about Medi-Cal – notices received in the mail can be confusing.
- Relationships (or lack thereof) with law enforcement are challenging, and this is harder because there’s no Tribal Court.
- Toiyabe used to provide social services but does not anymore.

Mono County Behavioral Health Staff Focus Group

- April 4, 2023; 25 Behavioral Health Staff members – this is a diverse set of individuals that largely represents the community it serves and a large percentage of staff identify as a current/former client, a person with lived mental health or SUD experience, or a family member; for a full break-down of MCBH staff demographics, please see the workforce assessment above.
- Conducted via Zoom and facilitated by Amanda Greenberg
- Session started with overview of CPPP and the data collection process so far, including a preliminary overview of the MHSA Community Survey results. The department then broke out into focus groups by division/team. Questions discussed include:
 - What is your initial reaction to the community needs that were identified? Do they ring true based on your work and life in the community?
 - What voices may have been missed in this survey? Are there certain groups of people that you think have specific community needs?
 - A top strategy to promote mental health was to “increase awareness of mental health programs and services.” What ideas do you have in our different communities to help increase awareness of our programs and services?
 - What other ideas generally do you have for ways to improve the mental health of Mono County residents?
- Overall, the MCBH team affirmed that the findings did seem to ring true based upon life and work in the community. However, some noted that the findings seemed like they may be more representative of the needs of non-Medi-Cal beneficiaries (i.e. concerns around cost of services). Other staff weren’t sure that they would say their communities feel isolated and suggested analyzing the data by community.
- Some key takeaways include:

- Housing is definitely a top issue – from lack of emergency shelters to the stress of paying rent, local income levels are not commensurate with rent levels/housing costs.
- Isolation was affirmed by most – a side effect of COVID is that isolation can be considered a “norm.” This winter has been especially isolating with the severe weather and some noted that there is a stigma against talking about feeling isolated because there is an inherent isolation living here. One staff stated, “Feeling a lack of connection is a thing in every community I’ve worked for, people don’t know how to make friends. It’s especially true for communities in Mono due to small size and weather impacts.”
- Accessing mental health – it can be very hard to find resources for mental health and physical healthcare.
- Drugs and alcohol are an ongoing problem with the prevalence of bars in Mammoth and the resort-town mentality. Simultaneously, public transport is lacking after 10 pm which can lead to driving while intoxicated. It was to staff that substance use was not listed as a top issue for “self.” Staff hypothesize that although participants recognize that there is a community issue with drugs and alcohol they don’t see themselves as having a “drinking problem.”
- Staff were curious if youth would themselves say that they had social media problems.
- Staff agreed with the perceived needs among older adults. One staff noted that it appears community support is increasing near his home but that he continues to see insufficient support with in-home support and housing needs.
- When discussing the voices that may have been missed, the white population was overrepresented and the Latinx community is underrepresented in the survey results, as are our Native American communities. MCBH has engaged the Benton Tribal community in a focus group and hopes to find other ways to engage the Latinx community through the CPPP process. Future proposals were offered to partner with the schools to get more Latinx responses or even go door to door.
- The discussion of ideas to serve communities/increase awareness of our programs and services was also rich. Below are some key takeaways:
 - Staff identified that reaching folks without internet, especially seniors, can be a challenge and that word of mouth is a powerful tool in our communities.
 - Some staff suggested focusing on specific groups of people such as the Latinx communities, older adults, LGBTQ+, men, and veterans. Along with this they suggested “culture discussion meetings,” which would offer learning opportunities about other communities and cultures.
 - Staff highlighted the need to offer Spanish wellness activities with kids welcome (multi-generational) and to translate all flyers into Spanish.
 - Staff discussed the challenges of being seen as a hub for therapy and services, but how there is a common misconception that we can see anyone, when in fact we are limited by our Medi-Cal mandate. What is our role in advocating for additional providers for mild to moderate and private insurance?

- Suggestion to continue collaborating with community partners to engage folks in a non-threatening way, including participating in events with Mono Arts Council, Eastern Sierra Pride, Mammoth Lakes Police and others. These types of events create connection and help break stigma. Staff like our ongoing outreach via Facebook and suggested that radio and newspaper could be some additional outlets for outreach.
- Staff also discussed the importance of continuing to offer the option of telehealth via Zoom.
- Some specific programming ideas include:
 - Implementing senior bingo to increase connection and community – at this event hand out goodie bag with information, condoms, and Narcan.
 - More outreach and psycho-education for families especially for transition age youth
 - Create something like a “Teen Summit” at the wellness center with reps from different agencies
- Additionally, some staff had discussions around how and why the questions asked were chosen and if they could be improved in the future. Proposed additional items include asking whether participants have Medi-Cal, have disabilities, experience challenges accessing physical healthcare, experience homelessness, and if they are seasonal employees.
- Others asked if the surveys could go deeper to measure other social determinants of health and identify how MCBH can support more nuanced needs.

Behavioral Health Advisory Board Focus Group

- April 10, 2023; nine participants including several clients/family members of clients; Conducted in person with hybrid attendees
- Facilitated by Amanda Greenberg
- See minutes at <https://www.monocounty.ca.gov/behavioral-health/page/behavioral-health-advisory-board-meeting-9>
- Session started with overview of CPPP and the data collection process so far, including a preliminary overview of the MHSA Community Survey results. Questions discussed include:
 - What is your initial reaction to the community needs that were identified? Do they ring true based on your work and life in the community?
 - What other ideas do you have for ways to improve the mental health of Mono County residents?
- Key Takeaways:
 - In general, the BHAB focus group agreed with the survey findings. This has been an extremely difficult winter for locals throughout the county and some BHAB members noted the challenges for parents with kids at home. The isolation has been extreme and with roads closed, communities have essentially been islands.

Some BHAB members report that they've talked to people who aren't sure they want to continue living in Mono County.

- Discussion on how we can mitigate the reaction to extreme environmental stressors like blizzards, drought, wildfire, etc. in the future by building resilience, holding onto values of care, and creating connection in our communities. Reminder of how the "Covid howl" brought communities together to vocally release their stress. For many, the isolation brought on by this winter reminded them of Covid lock-down.
- One person shared the idea for an event called "The Great Exhale," which could be a celebration of gratitude and a release of the stressors of the winter.
- The group also discussed physical preparedness – do folks have enough firewood, food to last through a storm, funds to pay shovelers to clear their roofs – but was reminded that it's very rare that the County as a whole can meet these types of needs for people other than FSP clients, for example. Note that IMACA also has LIHEAP funds and can deliver two cords of wood to folks in need.
- It can be really demoralizing when people tear down community instead of highlighting the positive. The group suggested using Mono City as a case study of how people supported one another – part of this is that the community is so small that all neighbors were already connected.
- Public Health is going to be participating in a national program called "Neighborfest," where staff members will work with neighborhoods to promote emergency preparedness and talk about Public Health's services. This could be an area of collaboration. Another BHAB member pointed out that while you can't always have a conversation with a neighbor (when one of you speaks English and the other speaks Spanish) but you can see when there's trouble like someone is stuck in the snow, etc.
- The group also discussed MCBH's Medi-Cal mandate and how we aren't able to see folks with commercial insurance – this was a surprise to some BHAB members.
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- Suggestions for improvement included adding questions asking how long a person has lived here, whether they are homeless, whether they live in Mono County seasonally.
- Suggestions for future survey dissemination/engagement included advertising the survey at the Mountain Warfare Training Center Marine Base, more survey engagement in Benton/Chalfant/Tri-Valley area and asking local ministers to participate in the survey.

Clubhouse Live Focus Group Spring 2023

One program that MCBH offers for youth is Clubhouse Live (CHL), which is an after school program funded with Substance Abuse Block Grant Prevention Funds, that gives youth a safe, supervised space. CHL is offered in Mammoth Lakes and Bridgeport for middle school and high school aged youth. The hosts of CHL are equipped to facilitate an open space where discussions of all topics are fostered. Although this is not an MHSA-funded program, the youth who participate (or their family members) often access other MCBH services. In Spring of 2023, a focus group was held with the Mammoth Lakes CHL; feedback from the focus group included:

What were the top 3 community needs identified as a group? Were any other needs identified not included in this list? Were any other needs close to the top 3 but decided to not include as top 3? Did the group do a ranking overall?

1. Bullying
2. Housing
3. Drugs, alcohol, and vaping

What were the top 3 strategies identified to promote mental health? Were there any suggestions not on the list? Any notes on discussion. Any strategies close to top 3 that ultimately were excluded?

1. Increase awareness of mental health programs and services
2. Social groups
3. Educate the public.

Foro Latino Spring 2023

- 20 people who attended the Foro Latino event in Mammoth Lakes on 5/5/23 participated in a dot exercise identifying top community needs and strategies for improving mental health. Each participant was given three dots. Input was provided in Spanish and gift cards were offered.
- The top four problems related to mental health in your community:
 - Drugs or alcohol (28 dots)
 - Problems with social media (10 dots)
 - Experiencing bullying (8 dots)
 - Knowledge of mental health issues (7 dots)
- Top three strategies to promote the mental health of our community residents:
 - Community wellness/outreach programming like socials, school programs, yoga, and support groups (20 dots)
 - Educate the public on mental health conditions (13 dots)
 - Use technology to promote connection (apps, Facebook live, community conversations) (11 dots)
- Analysis notes: several middle school attendees participated in the dot exercise, so the problems with social media and bullying align with problems for youth identified in the

overall survey. Drugs and alcohol were also listed as one of the top four issues in the community, but among these participants, they were identified as critically important. In terms of strategies to promote mental health, community wellness and outreach programs was the top strategy whereas in the overall survey, this was a lower ranked strategy. MCBH has plans for FY 23-24 to expand wellness center programming for Spanish speakers and the Latinx community.

Community Survey: Winter 2023

- Survey was open from February 2 to April 15, 2023
- There were a total of 110 survey participants
- Survey was administered via SurveyMonkey and distributed through partner agencies, on paper to key stakeholders, and on social media. It was available in English and Spanish.
- The community survey was distributed to all Mono County employees, the Mono County Board of Supervisors, the Behavioral Health Advisory Board, Mono County Cultural Outreach Committee, advertised on our website and Facebook page, and distributed to community partners.
- All frontline workers at MCBH were asked to invite clients and family members of clients to participate.
- The administration and analysis of the survey was spearheaded by the MCBH Program Manager.

The highest percentages of survey participants identified as:

17% clients or family of clients of MCBH (former or current).

57% community members (note that many clients also selected this option)

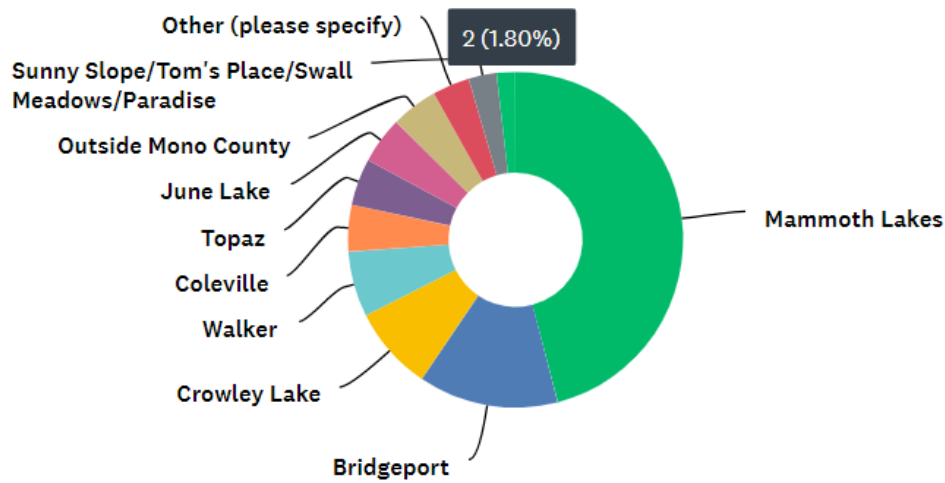
19% participants in MCBH community programs

17% MCBH Staff

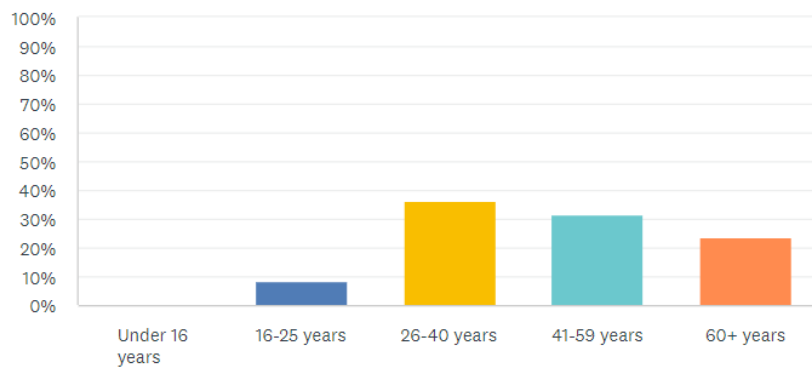
100% did the survey in English

0% did the survey in Spanish

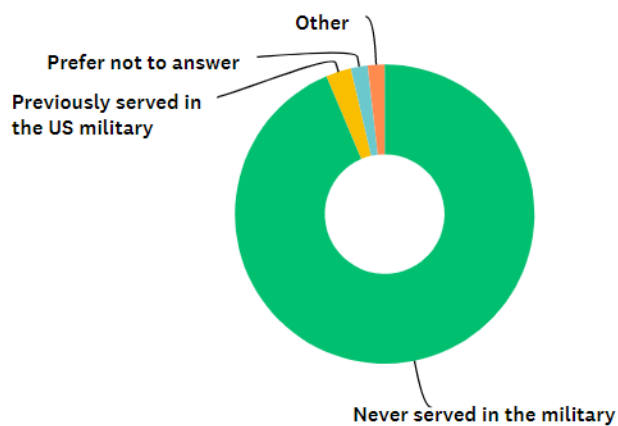
Location of Survey participants:



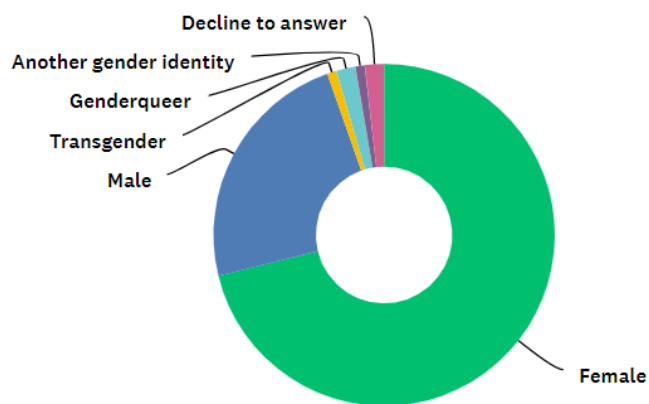
Age of Survey participants:



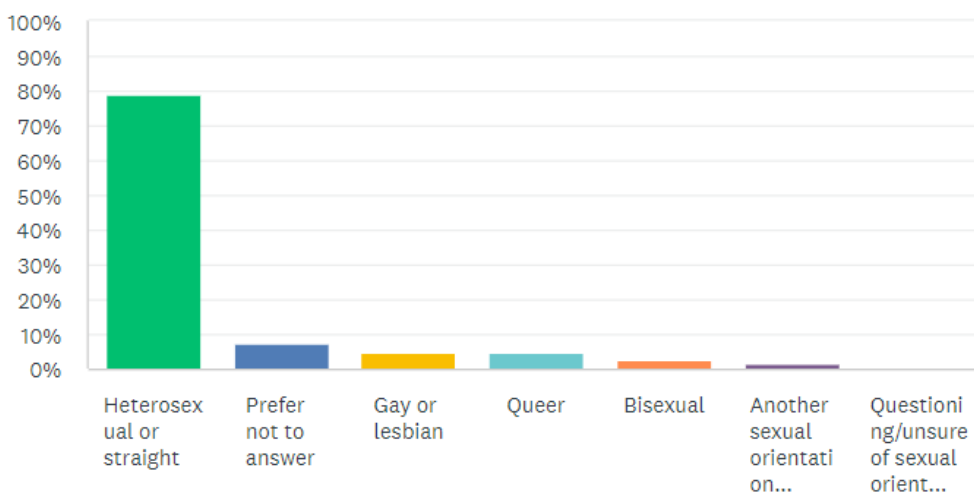
Military Status of our survey participants:



Gender Identity of our survey participants:



Sexual Orientation of our survey participants:



Racial / Ethnic makeup of our survey participants:

White / Caucasian (73%)

Hispanic / Latino (20%)

American Indian or Alaska Native (7%)

Asian or Asian American (6%)

Black or African American (2%)

Prefer not to answer (5%)

The top 4 issues in our community related to mental health

- Finding housing (53%)
- Finding access to MH providers (46%)
- Drugs or alcohol (42%)
- Feeling a lack of social support or isolation (31%)
- Analysis notes: These are also the top four items identified last year in the same order; however, the percentages increased, meaning that more people than last year agree that these are the top community issues.

The top 3 issues for individuals (self) related to mental health

- Feeling a lack of social support or isolation (38%)
- Finding access to MH providers (32%)
- Finding Housing (27%)
- Analysis notes: Last year the top 3 issues were access to MH providers, isolation, and cost of services. This year, we see the re-appearance of finding housing and isolation being the top issue with a notable percentage increase.

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

- Social media problems (42%)
- Family relationships (38%)
- Experiencing bullying (38%)
- Analysis notes: These items changed from last year, with isolation disappearing from the top three.

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

- Drugs or alcohol (43%)
- Feeling a lack of purpose or meaning (28%)
- Feeling a lack of social support or isolation (27%)
- Analysis notes: Drugs or alcohol was identified by 23% of people last year as the third biggest issue for this age group. Its increase in percentage to 43% is notable.

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

- Finding Housing (46%)
- Drugs or alcohol (41%)
- Finding access to MH providers (40%)
- Analysis notes: Housing has re-appeared (last year it was not in the top three). Drugs and alcohol is also new this year for the top three, while securing stable employment was not identified as a top issue as it was last year.

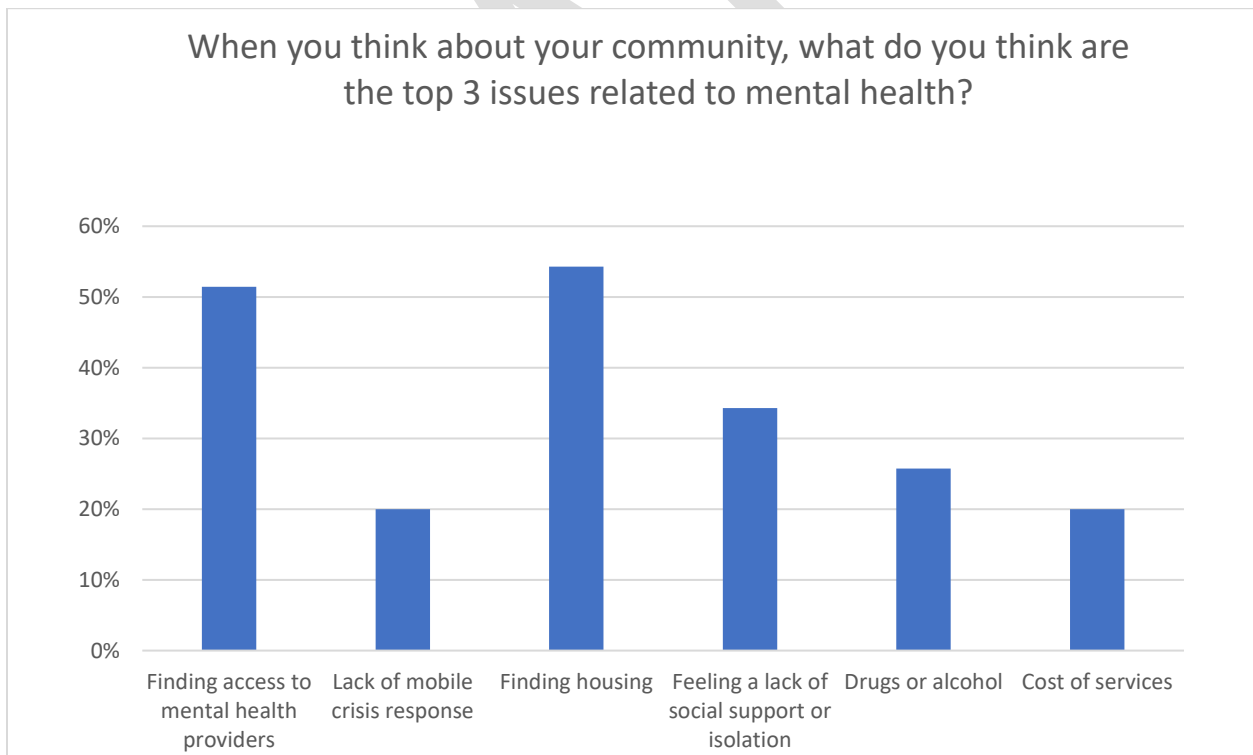
The top 3 issues for older adults (60+) related to mental health

- Feeling a lack of social support or isolation (61%)
- Feeling a lack of purpose or meaning (38%)
- Finding access to MH providers (31%)
- Analysis notes: Isolation among older adults was the greatest perceived mental health issue of the entire survey with 61% identifying it as a top issue.

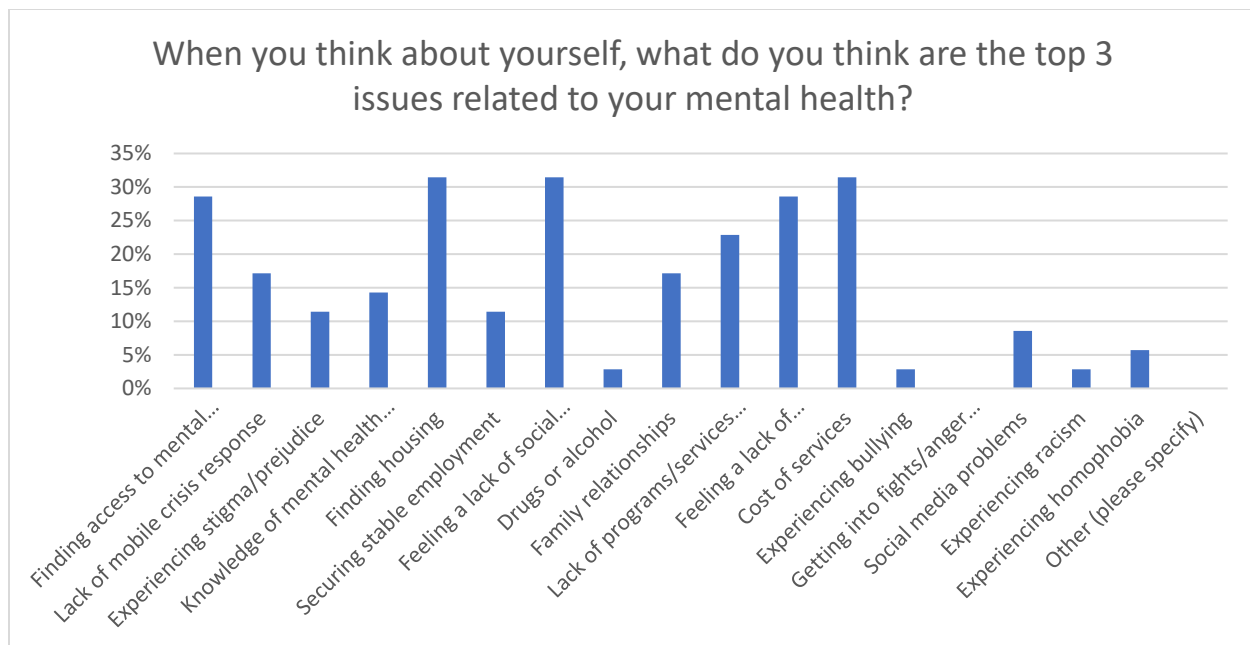
The top 3 strategies to promote mental health

- When possible, meet basic needs like housing, rental assistance, food assistance (50%)
- Increase awareness of MH programs and services (48%)
- Increase community wellness/outreach programming likes socials, school programs, yoga, and support groups (35%)
- Analysis notes: The top three strategies identified last year were the same or similar, what is notable again is a higher percentage of survey participants agreed that these were the top strategies, with meeting basic needs for example going from the second highest rated strategy at 35% to 50%.

Among survey participants who identified as MCBH clients or family members of clients (current or former) and participants who attend MCBH wellness programming (n=35):

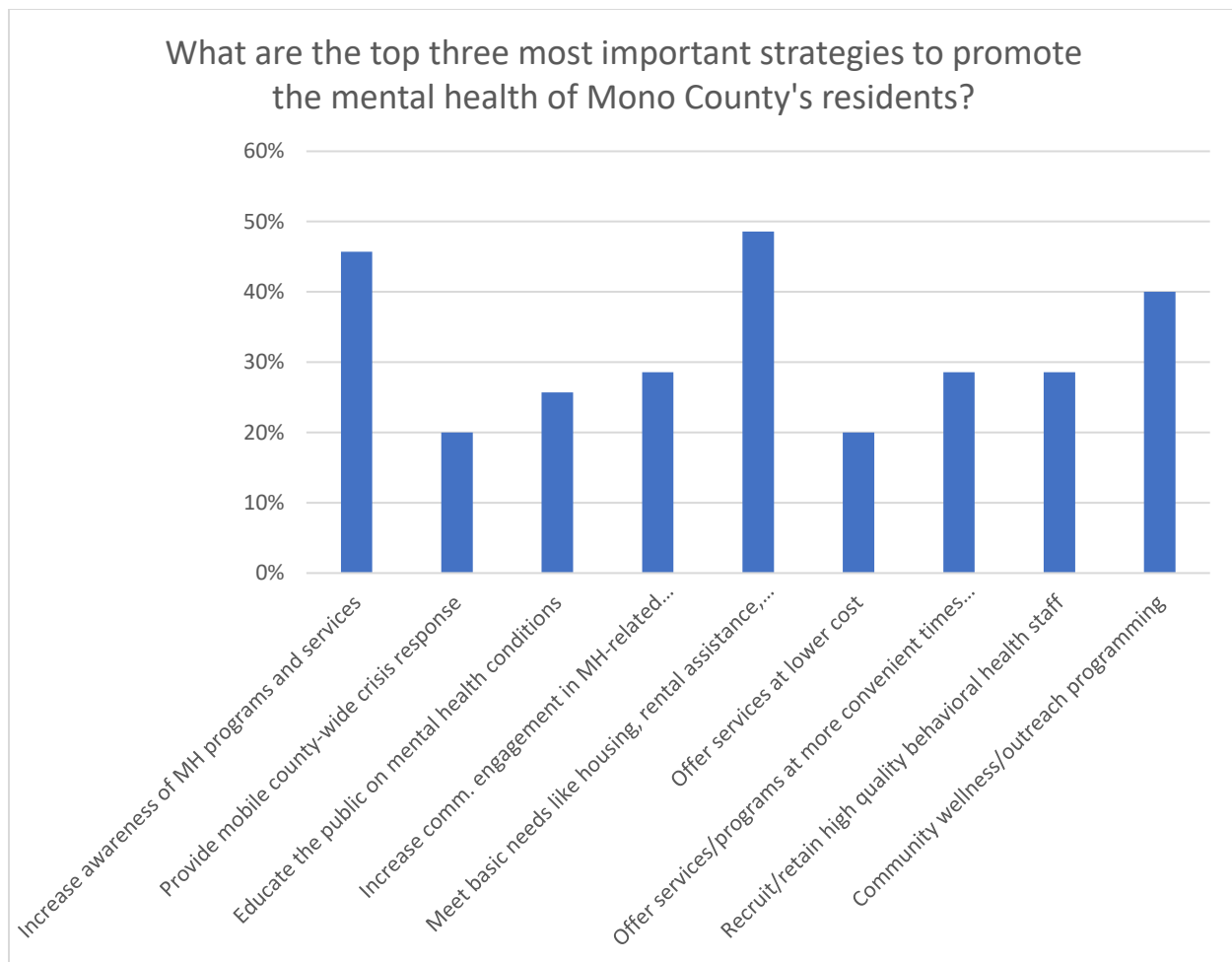


Analysis notes: Compared to overall survey participants, the top issues are still finding housing and finding access to mental health providers, however, these clients perceive lack of social support or isolation as the third top issue instead of drugs or alcohol.



Analysis notes:

Current/former clients and participants of free wellness programming cited Finding housing, Isolation, and Cost of services as the greatest issues related to mental health when thinking about themselves. Finding housing as a top issue aligns with the top strategy for promoting mental health that was selected by this group: meeting basic needs like housing whenever possible. Isolation was also a top need among survey participants as a whole. It is interesting that cost of services was a top issue for self since MCBH's community programming is free and MCBH's client base is primarily comprised of Medi-Cal beneficiaries, whose mental health services are fully covered by their insurance. It is MCBH's intention to study this finding further among existing clients and to separate out current from former clients (one theory being that perhaps a former clients may no longer be on Medi-Cal and have commercial insurance where mental health services are much more expensive).



Analysis notes: Responses here largely align with strategies reported by all survey participants. One notable difference is that 17% of all survey participants suggested offering programs/services at more convenient times/locations, while among this group, the number was 29%.

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

Children/Youth:

- “More programs/ activities for small children ages 2-5”
- “Parental support for our children’s mental health understanding what they are experiencing.”
- Suggestion to work more closely with probation to serve transition age youth
- “More outreach with youth”
- There are limited opportunities for families with young children in Walker/Coleville. “We are often isolated with little to no support.”

Access to services:

- "Later times for events or weekends."
- "Retaining quality staff."
- Several participants commented about offering more in person programming and therapy and some commented about continuing to offer appointments via Zoom.
- Room for improvement in the mobile crisis response team.
- "The number one issue for mental health is the lack of providers. We need more mental health providers. Families are waiting years on waitlists. It has to get to crisis level before anyone will respond. Especially for folks who are not already a client or "in the system;" resources seem even more limited. Recruit more private providers; find incentives or offer more telehealth options. Provide more parenting and marriage support. More behavior-play-therapy options. More play-groups or physical spaces to bring children to play and parents to socialize in the winter. More support for women and/or mothers. Being in Mono County is especially hard for families with young children, and I believe there is a segment of this subpopulation that is being totally overlooked."

Proposed community activities/programs

- "Outdoor activities"
- "Facilitate support groups"
- "Help to bring back community it has gone away in Mammoth completely"
- "Having others that have experience it to speak out to others by telling their stories. That they aren't alone"
- "Kids club [Clubhouse Live] is a great program available. I think some more programs like that for different age brackets might be beneficial."
- "Keep the coffee program it's nice to meet others."
- "Socials are great and art classes"
- "Art programs, dance, walking clubs etc."
- "So grateful that you are currently doing some LGBTQ specific outreach"
- "Art, knitting, or dance groups"

Outreach ideas

- "Maybe try posting events on the bulletin at the Walker coffee shop and country store plus Facebook."
- "Partner with local businesses that reach your target demographic"
- "Working with local businesses and employers to incentivize some reduced substance use programming among industry employees who party a lot"
- MCBH could do improve how it advertises its services - most of the community doesn't know what programs they have.

Basic needs:

- Build tiny homes

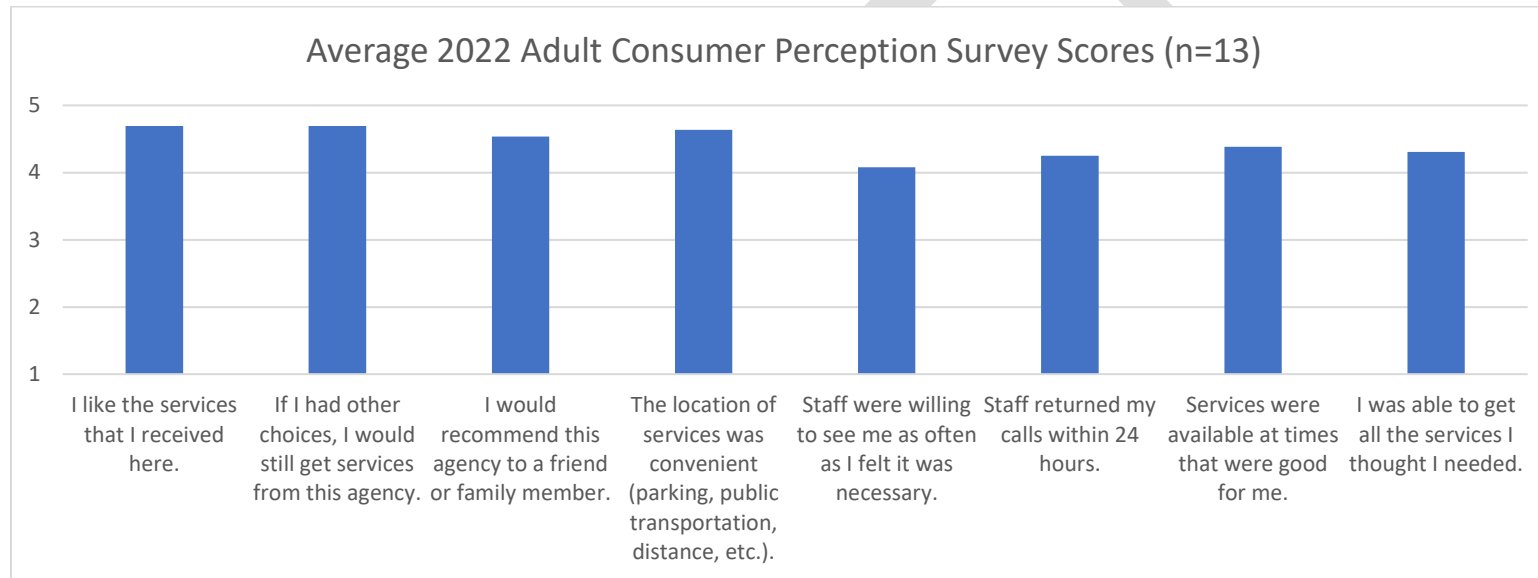
- “Assisting people on basic needs first (food, housing, employment) (when possible) might help people focus more on their mental health. When people are struggling to survive, they often times don't even have time to think about their mental health.”
- “Magic wand ideas: universal basic income, paid sick leave assistance, peer affinity support groups, community engagement grants to sub contract with community orgs, outdoors/mentorship program for teens, free community passes to things like skiing and mountain activities for low income families? I want to acknowledge you are already doing so much and thank you!”

Feedback:

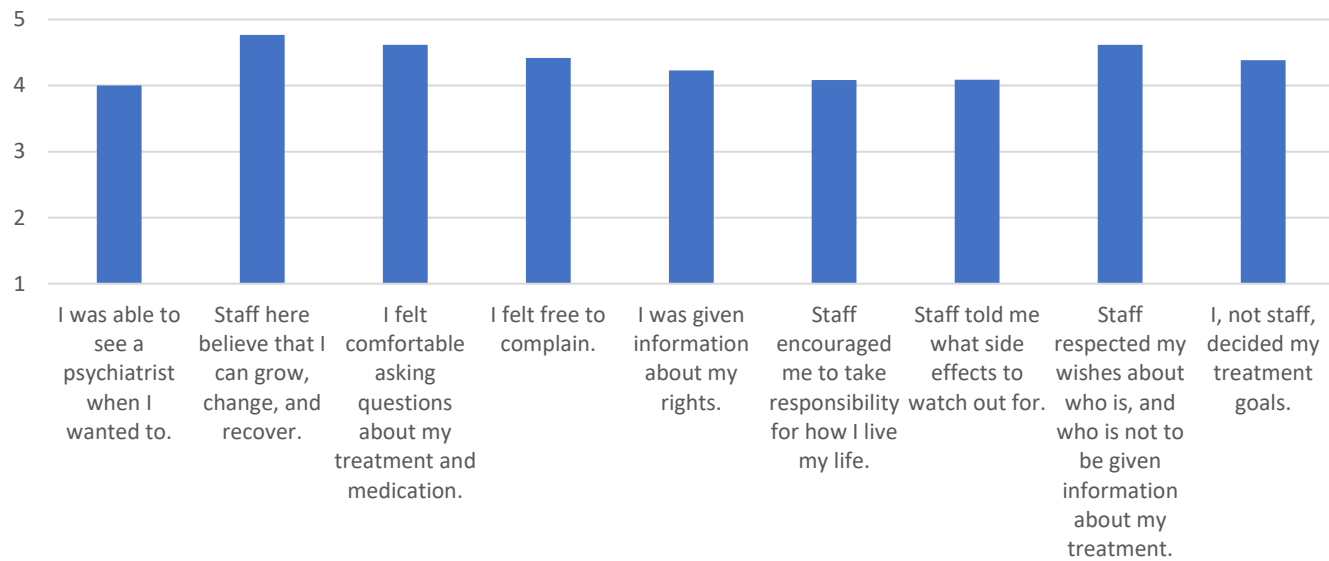
- “Share with the community (especially those that respond to this survey) via the same means used to get responses to this survey the outcomes of the survey and what your response to the survey has been. It would be nice to hear how the feedback has been put to use.”

2022 Consumer Perception Survey (CPS) Results

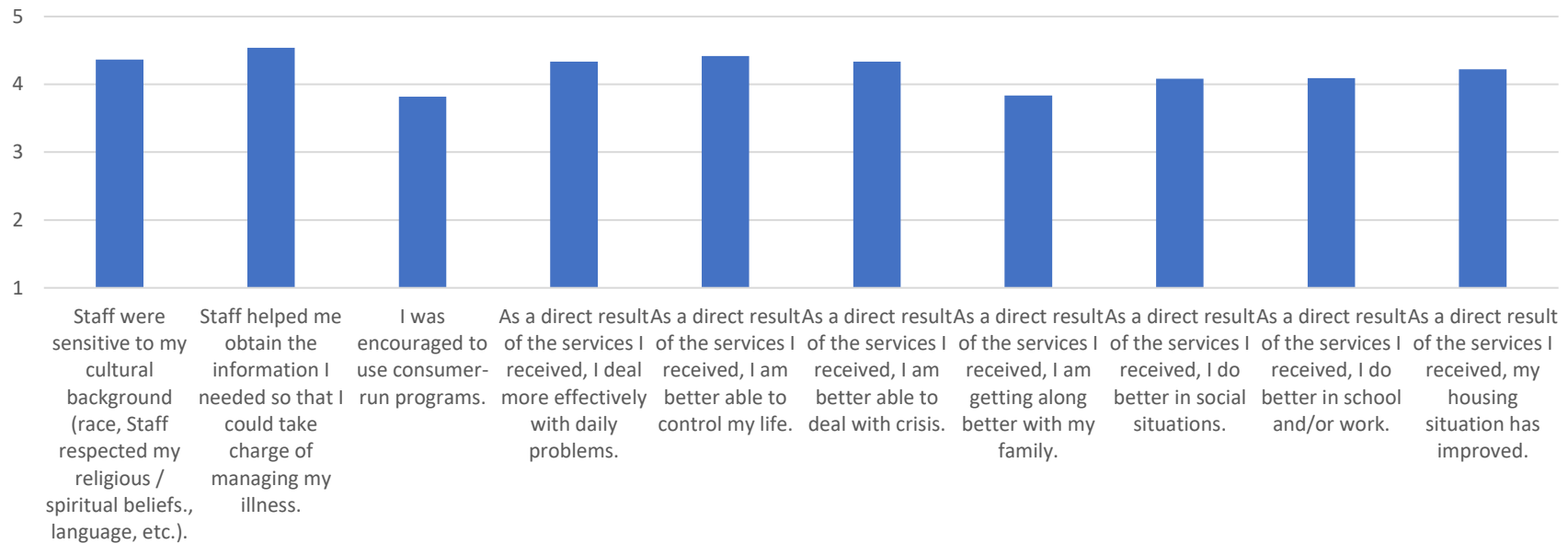
The CPS is an annual survey created by the Department of Health Care Services MCBH offers to each Medi-Cal beneficiary who receives services during one week each spring. In 2022, MCBH administered 33 surveys; however, of those, only 16 individuals completed the survey. Of the completed surveys, 13 were submitted by adults, 1 by a youth, 1 by an older adult, and 1 by a family member. As a result, MCBH has averaged the scores of the 13 adults who completed surveys. Although this survey was not collected as part of the MHSA CPPP, the results help provide some context and corroboration to the CPPP data. For example, housing was identified as a top community need and below we see that the lowest scoring item in the entire survey is related to housing.



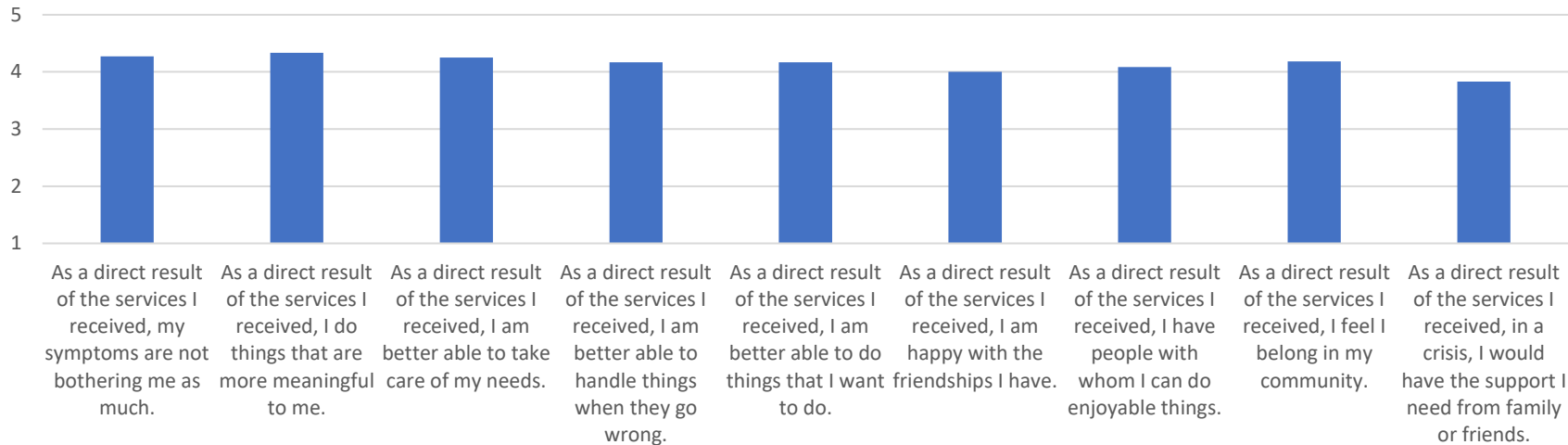
Average 2022 Adult Consumer Perception Survey Scores (n=13)



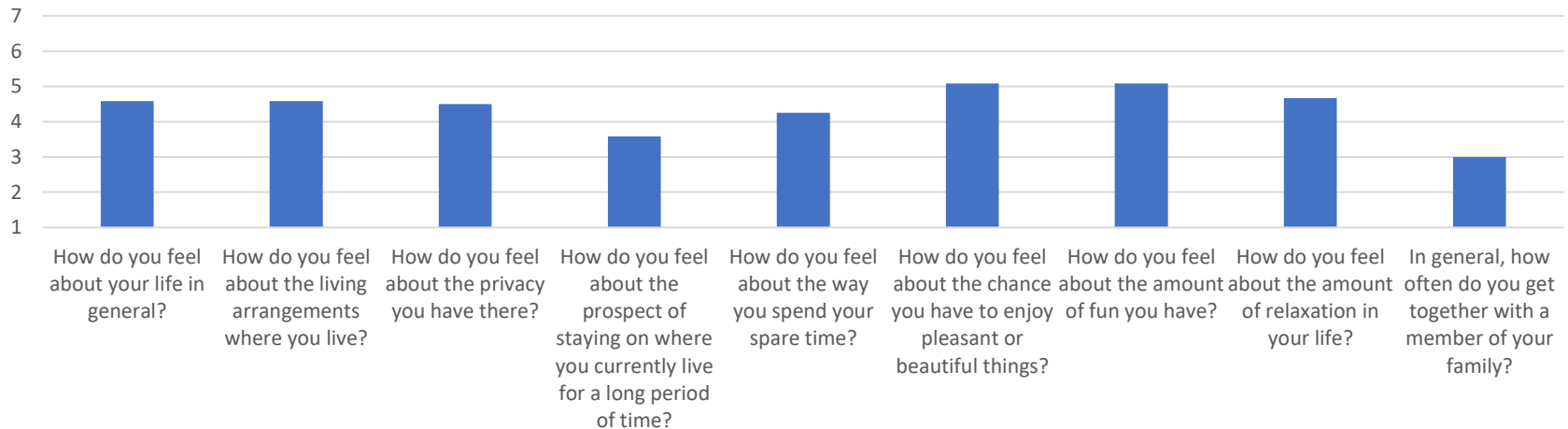
Average 2022 Adult Consumer Perception Survey Scores (n=13)



Average 2022 Adult Consumer Perception Survey Scores (n=13)



Average 2022 Adult Consumer Perception Survey Scores (n=13)



Mono County First 5 Strategic Planning Process: 2019-2024

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

Overall Description of CPPP Stakeholders

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

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

Conclusion

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

This Three-Year Plan integrates stakeholder input, as well as service utilization data, to analyze community needs and determine the most effective way to utilize MHSA funding to expand services, improve access, and meet the needs of unserved/underserved populations. The MHSA

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

Finally, MCBH staff received a training on the CPPP so that they are more aware of how stakeholders' input impacts the department's decision-making and MHSA planning. This training took place on 12/13/22 and included 17 participants. Please see Appendix C for sign-in sheet and hand-out used.

DRAFT

LOCAL REVIEW PROCESS

30-day Public Comment period dates: May 12, 2023 – June 11, 2023

Date of Public Hearing: June 12, 2023 from 3:00-4:30 pm

In-person location (required for BHAB members):

Mono County Civic Center: Dana Room (2nd floor)

1290 Tavern Road Mammoth Lakes, CA 93546

Hybrid Zoom Option:

Meeting ID: 760 924 2222 Link: <https://monocounty.zoom.us/j/7609242222>

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

Describe methods used to circulate, for the purpose of public comment, the Three-Year Plan

The plan was posted at monocounty.ca.gov/MHSA on May 12, 2023. A news article was posted on MCBH's website and the Mono County website on May 12, 2023. Please see images in Appendix G for examples of advertisement [to be completed following public comment].

- Advertisements for the public comment period were placed in three local newspapers: The Sheet, the Mammoth Times, and El Sol de la Sierra (a Spanish language newspaper). Flyers advertising the public comment period and public hearing were also posted throughout the County in well-trafficked public places such as post offices and community center. Additionally, advertisement went out via MCBH's Facebook page, which has over 1,000 followers and was advertised in conjunction with MCBH's mental health month activities. Advertisements appeared in our newspapers:
 - Mammoth Times: 5/18/23 and 6/8/23
 - The Sheet: 5/13/23 and 6/3/23
 - El Sol de la Sierra: 5/18/23 and 6/8/23

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

The public hearing will be held on June 12, 2023 from 3:00-4:30 pm via Zoom. The public hearing will be facilitated by MCBH staff and will take place during the regular meeting of the Behavioral Health Advisory Board (BHAB). The following will be completed following the Public Hearing:

- To be completed
- The minutes for this meeting will also be available at this link: to be completed

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

To be completed

Include a description of any substantive changes made to the Three-Year Plan that was circulated

To be completed [Final report will include the PEI Evaluation Report.]

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

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

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

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

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

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

CSS Table 1. CSS Service Categories & Programs/Services

Service Category	FSP	General System Development	Outreach/Engagement
Programs and Services	<ul style="list-style-type: none"> • Full Service Partnership Program serving children, transition age youth, adults, and older adults; including housing, food, clothing, etc. as needed • MHSA Housing Program • Telehealth Services • Wrap Program (90%) 	<ul style="list-style-type: none"> • Expansion of case management/supportive services • Wellness Centers • Crisis intervention/stabilization • MHSA Housing Program • Telehealth Services • Wrap Program (10%) 	<ul style="list-style-type: none"> • Community Outreach & Engagement

Full Service Partnerships (FSP)

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

Each client in the FSP program is assigned a Behavioral Health Services Coordinator (BHSC) or a Case Manager (CM) as the single point of responsibility for that client/family. Additionally, Full Service Partners are introduced to other BHSCs and CMs, as well as front office staff, including the individuals who staff MCBH’s 24/7 Access Line. This ensures that a known and qualified individual is available to respond to the client/family 24 hours per day, 7 days per week. Additionally, all MCBH staff, receive extensive cultural competence training. It is also ensured that all Spanish-speaking FSPs are placed with a Spanish-speaking BHSC or CM (Spanish is Mono’s only threshold language). These BHSCs and CMs, along with the assigned therapist are responsible for developing a Treatment Plan, which also serves as the Individual Services and Supports Plan. Throughout FY 22/23, MCBH participated in documentation reform efforts as part of the CalAIM implementation. Clinicians began moving from “Treatment Plans” to “Problem Lists” for most clients while continuing to complete Individual Services and Supports Plans for all FSP clients.

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.

In FY 23/24, MCBH will be making a significant change to its FSP program to allow conserved clients to enroll as FSPs if they desire. Assembly Bill 2242 (FY 21/22) now allows for MHSA funds to be used in this way and after seeking approval from stakeholders at the Behavioral Health Advisory Board and reviewing the overwhelming suggestion to “meet basic needs wherever possible” as part a top strategy to improve mental health, MCBH will now pay for an array of service needs for conserved clients using FSP funds. Additionally, MCBH funds its early psychosis identification work (approximately \$6,000 in annual fees for UC Davis collaboration) under FSP since any client meeting these criteria would be immediately invited to participate in the FSP program.

The total number of unduplicated FSP clients for FY 2022-2023 was approximately 24, including 2 children, 4 TAY, 12 adults, and 5 older adults. In comparison to the estimates of FSP Clients to be served in FY 22-23 that were included in the last MHSA plan, MCBH served 12 adults vs. the estimated 17 and 2 children vs. the estimated 3. Due to the small number of clients served, this report will not disaggregate the data by race/ethnicity or gender. Please see CSS Table 2 below for an outline of the estimated number of FSP clients to be served broken out by age group. These percentages align with MCBH’s current identified need, as well as the Mono County average age distribution.

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

	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
Children (0-15)	2	3	4	4
TAY (16-25)	4	4	4	5
Adult (26-59)	12	15	15	15
Older Adult (60+)	5	5	5	5

MCBH has also allocated a significant amount of CSS funds for its MHSA Housing Program. This one-time contribution of funds will fund 13 units in an 81-unit affordable housing development in the heart of Mammoth Lakes called “The Sawyer.” For this project, MCBH has partnered with the Town of Mammoth Lakes (owner of the land) and The Pacific Companies (selected developer) – in addition to the housing units, it will include offices for supportive services, a community space for residents, and a day care facility. Ultimately, this neighborhood will include 400+ units of affordable housing. MCBH partnered with Pacific to complete its non-competitive No Place

Like Home application and was awarded \$500,000 toward the project. As part of the No Place Like Home grant, MCBH developed a supportive services plan with in-kind services. Please visit the link below for more detail on how services will be provided at this housing project.

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

In summer 2021, Pacific began grading and tree removal and in February 2022 it received a notice of award through HCD's Housing Accelerator Program for the remaining funds required to make the project feasible. In spring 2022, MCBH brought a final loan agreement to the Mono County Board of Supervisors to fund its remaining commitment. In Fall 2022, a significant amount of construction was completed; however, a historic winter put the project behind schedule. Construction will continue through summer and fall 2023 with lease-up anticipated in December 2023. MCBH has budgeted approximately \$1,577,000 for this project over the last several years and the department will finally be expending it in FY 23-24.

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

In FY 23-24 and the years following, MCBH will begin allocating staff time and salaries to the supportive housing program to support the units funded in The Sawyer, this will include time working with the property manager and property management firm, time spent developing eligibility criteria and training staff, and time meeting monthly with housing partners. Additionally, MCBH is budgeting funds for any rental subsidy that may be required for PSH units at The Sawyer and rental subsidy for clients who live in other areas of the county or are not interested in moving into The Sawyer. MCBH also operates a transitional housing program to stabilize a person's living situation and provides services on-site, but this program is grant-funded and does not utilize MHSA funding.

Like the MHSA Housing Program, the Telehealth Services Program is funded in part through FSP and partially through GSD. The Telehealth Services Program includes psychiatry services and therapy services provided via telemedicine through a contractor called North American Mental Health Services (NAMHS). This program also includes a portion of the MCBH Medical Director's salary to provide medication monitoring services and to provide psychiatry services for less complex cases. The therapy services provided through the Telehealth Services Program have also allowed MCBH to maintain continuity of care in the case of internal staff turnover. In the coming fiscal years, MCBH will be exploring the possibility of decreasing its reliance on NAMHS by

increasing its in-house capacity to provide therapy for Spanish speakers and/or by partnering with CalMHSA for telepsychiatry.

The Wrap Program is a well-established partnership between MCBH, Mono County Probation, and Mono County Department of Social Services (DSS). The Mono County Wrap Program can serve up to two families at any given time and “wraps” these families in a variety of services, holds regular family meetings, and helps families meet basic needs like housing, food, etc. (a key strategy identified in the CPPP to promote mental health). A major achievement of FY 22-23 was hiring an experienced Wrap Coordinator who now works 100% on this program. In order to increase the capacity of this program, the Coordinator facilitated and provided:

- Wraparound Information Session, Community Dinner, and Presentation held on 1-31-23
 - Available in person and or zoom
 - Aimed at increasing public awareness of Wraparound with the goal of increasing program capacity to serve youth and families through utilization of natural and community supports.
 - Approximately 40 people attended each session.
 - Surveys were administered to collect volunteers and we are presently utilizing these volunteers to serve youth and families currently enrolled in our program.
- Wraparound Trainings held on 2-1-23 and 2-2-23 facilitated by an expert trainer and real-life youth and families to provide skill building training to our multi-agency team, including our neighboring county Wraparound team (Inyo).
 - 17 staff were present for both days and all who attended were able to not only walk through a wraparound process with real-life families but were able to gain valuable knowledge from the youth and family perspective.
 - This has supported a greater collective understanding of the Wraparound Program in our county amongst direct providers who are serving children and families involved with the Juvenile justice, Child Welfare, Public Health, and Behavioral Health systems.
- Community Presentations
 - Most recently on 4-14-23 (approximately 30 people attended) and 5-3-23 (approximately 10 people attended) coordinator provided two 15-minute presentations on Wraparound focusing on the importance of natural and community supports (Presented at Flag Raising Ceremony and Lion’s Club).
 - Surveys were also administered at each event and more volunteers were collected.

Wrap is funded in large part under FSP with a small part under GSD. In FY 23-24, MCBH will partner with DSS to hire a dedicated Parent Partner (position title: Case Manager I/II/III) with lived experience to work in the Wrap program. This position will be supervised by the Wrap Coordinator.

General System Development

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

The expanded case management and supportive services category enables MCBH to offer services to a wide variety of clients in need of additional supportive services. When determined clinically appropriate, this program includes purchases such as food, phone bills, medication, etc. for clients who do not qualify for FSP services; these purchases must be related to the client's treatment goals. This program has also allowed MCBH to hire both entry level staff and to promote experienced behavioral health staff who are often clients/family members or bilingual and from the Latinx community, thus creating career pathways to higher paying positions, such as Psychiatric Specialist, SUD Counselor, or Staff Services Analyst. In FY 22-23, MCBH hired a Case Manager with lived experience who completed a peer support specialist certification. This staff is funded in part through this program and provides services to clients throughout the county.

In terms of crisis intervention and stabilization, MCBH staff are available 24/7 including responding to crisis calls from the Mammoth Hospital Emergency Department for 5150 assessments and use funds from this program to cover costs like hotel rooms, etc. to help clients stabilize following a crisis. In FY 23-24, MCBH opted to allocate staff time to this program; for the last several years, staff time for this program has been paid either from FSP funding or from grant funding. This program also includes various program costs such as phone costs. MCBH has a long-standing MOU with Kern County for utilization of a crisis stabilization unit in Ridgecrest – both FSP and non-FSP clients use this service when in crisis. Finally, thanks to funding from the Crisis Care Mobile Units grant via DHCS, the department plans to continue its ongoing roll out a Mobile Crisis Response Team in FY 23-24.

MCBH provides wellness center programming in three locations: Walker Wellness Center, Sierra Wellness Center in Mammoth Lakes, and Bridgeport Memorial Hall. Additionally, the department offers wellness programming at the community center in Crowley Lake, . In FY 22-23, the department hired an additional Wellness Center Associate to serve Walker and another to serve Benton (funded under SABG). Wellness Center programming is designed to support the recovery of individuals with mental health conditions, provide a gateway into mental health services, and reduce ethnic and racial disparities.

During MCBH's recent Community Program Planning Processes, attendees at the Foro Latino and in the Benton Tribal Community Focus Group both suggested wellness activities as top ways to reach their communities. As a result, MCBH is already implementing additional programming in Benton (using SABG funds) and dedicated Spanish-only wellness programming in Mammoth Lakes. Wellness programming funded through the Wellness Center Program in FY 22-23 included the following:

- Bridgeport:
 - Walk & Talk
 - Afternoon Tea

- Journaling
- Community art
- Elementary Mindfulness
-
- Crowley
 - Yin Yoga Stretch
 - Stretch & Relax
 - Mat Pilates
- Walker
 - Arts and Crafts: Kids
 - Parent Project and Dinner
 - Kids Ukulele
 - Men's Meditation
 - Community Garden
 - Hiking
 - Yoga
 - Arts and Crafts: Family
 - Nutrition and Cooking Classes
 -
 - Walk & Talk
- Mammoth
 - Sunday Senior Doughnut Drop-In
 - Yoga and Guided Meditation
 - Mammoth LGBTQ+ Parent Support Group
 - Mammoth LGBTQ+ Potluck.
 - Circulo de Mujeres in Mammoth
- Programming is also offered in Benton but is funded under another grant

Mono County also experienced a historic winter during which parts of the county were completely isolated for weeks on end. Thanks to MCBH's efforts to hire staff who live throughout the County, the Department was able to offer support and wellness activities to Bridgeport residents forced to shelter at Memorial Hall during dangerous conditions.

Outreach and Engagement

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

MCBH offered in-person Outreach and Engagement Programming consistently throughout FY 22-23. Community socials took place monthly in Walker, Bridgeport, Benton, and June Lake. In Bridgeport, the social rotates between Memorial Hall and the Bridgeport Indian Colony Community Center. Please note that due to changes in self-identified community needs/focus, the Benton Social is now funded under MCBH's Substance Abuse Block Grant (SABG).

MCBH hosted two Foro Latinos that attracted more than 200 participants each in FY 22-23. These events included information on services provided by various agencies within Mono County, cultural education and celebration, opportunities for cross cultural connections, a presentation on the stigma of mental health in Latino/a/x communities, and resources specifically serving these communities.

MCBH's Mental Health Month celebration in May 2022 was very successful including a suicide prevention walk with more than 200 participants, Wellness Center Open Houses, virtual Stress Management Classes, and community yoga. In May 2023, Mental Health Month events include a Mental Health Family Dinner presented by TANF and OVCD in Walker and in Bridgeport, a Gender Fluidity and Non-Binary Community Gathering, and a Mental Health Resiliency Lunch. MCBH will also be planning to participate in PRIDE month activities through June to reach out to and support our LGBTQ+ community members including our 3rd Annual Pride BBQ, a trans community dinner, and an informational booth at the Eastern Sierra Pride Festival.

In FY 22-23, MCBH began contracting with Mono Arts Council to provide Community Powwow Dance Classes in Mammoth and Art Classes for remote areas. The Powwow Dance classes take place twice monthly and are open to all community members. Community Art Classes are held monthly in Bridgeport and Walker. We plan to extend our contract with MAC for FY 23-24.

CSS Program Cost Per Person Estimates for FY 23-24

	FSP	Crisis Int/Stab	Supportive Housing	Telehealth Services
Total Cost of Program	\$ 617,269.00	\$ 52,326.00	\$ 69,016.00	\$ 535,790.00
Total Estimate of Participants	27	54	18	145
Total Estimated Cost per Person	\$ 22,861.81	\$ 969.00	\$ 3,834.22	\$ 3,695.10
Estimated Cost of Children (0-15)	\$ 68,585.44	\$ 6,783.00	11502.66667	\$ 55,426.55
Estimated Cost for TAY (16-25)	\$ 91,447.26	\$ 16,473.00	11502.66667	\$ 121,938.41
Estimated Cost for Adult (26-59)	\$ 342,927.22	\$ 24,225.00	30673.77778	\$ 325,169.10
Estimated Cost for Older Adult (60+)	\$ 114,309.07	\$ 4,845.00	15336.88889	\$ 33,255.93

	Wrap	Expanded CM/Supp Svcs	Wellness Centers	Community O & E
Total Cost of Program	161761	\$ 83,827.00	289995	\$ 88,604.00
Total Estimate of Participants	8	149	342	200
Total Estimated Cost per Person	\$ 20,220.13	\$ 562.60	\$ 847.94	\$ 443.02
Estimated Cost of Children (0-15)	\$ 60,660.38	\$ 21,941.30	\$ 61,899.52	\$ 17,720.80
Estimated Cost for TAY (16-25)	\$ 20,220.13	\$ 19,690.91	\$ 27,981.97	\$ 13,290.60
Estimated Cost for Adult (26-59)	\$ 60,660.38	\$ 39,381.81	\$ 182,306.80	\$ 44,302.00
Estimated Cost for Older Adult (60+)	\$ 20,220.13	\$ 2,812.99	\$ 17,806.71	\$ 13,290.60

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

CSS Achievements

MCBH has several notable achievements in FY 22-23 thus far, the first being the recruitment and/or retention of three therapists, including one who is Spanish speaking. MCBH has intentionally built a workforce culture designed to retain employees and as shown in the Workforce Assessment, staff are responding well. MCBH also enrolled two case managers who identify as peers into the Peer Support Certification program and so far, one has completed her certification. The department built the capacity of the Wrap Program by hiring a coordinator, holding a series of community events, and planning for a new dedicated parent partner position. MCBH also expanded Outreach and Engagement programming to include Powwow Dance Classes and expanded wellness center programming to include Circulo de Mujeres once again. MCBH also spent significant time in 22-23 preparing for CalAIM and ensuring that clinicians will be able to provide compliant documentation in FY 23-24. Finally, MCBH's permanent supportive housing developer broke ground on The Sawyer and plans to lease units in December 2023.

Challenges or barriers, and strategies to mitigate

In winter 22-23, Mono County experienced a historic winter, including record-breaking snowfall, long-term road closures, propane explosions, and roof collapses. Staff and clients were frequently unable to get to the Civic Center and Walker Wellness Center offices and spent hours during storms digging out homes and vehicles. This level of stress certainly increased staff burn out and the MCBH Leadership Team supported staff as much as possible by creating opportunities to connect, encouraging time off, and acknowledging how difficult the winter was.

MCBH now has more staff than ever before and we continue to clarify each staff's roles and responsibilities and try to minimize the number of hats each staff person wears. Another challenge is the high cost of our Telehealth Services Program, which includes psychiatry, and the continued lack of affordable housing in Mono County. As mentioned above, MCBH is considering pursuing telehealth through a collaborative with CalMHSA and is trying to recruit another Spanish-speaking therapist to fill its remaining vacancy. Finally, a barrier to clients' mental health recovery and recruiting and retaining CSS workforce is the lack of affordable housing. MCBH continues to push its Permanent Supportive Housing project forward in hopes that the new housing development will provide housing for mental health clients, as well as other low-income Mono County residents.

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

MCBH has made several changes to this Three-Year Plan:

- Beginning in FY 23-24, MCBH will add conservatees and the costs related to their services to the FSP funding category.
- Beginning in FY 23-24, MCBH will add staff salary costs back into the crisis intervention/stabilization program.

- The Benton Social and other Benton wellness activities will be funded through the Substance Abuse Block Grant due to shifts in the community's identified needs.
- Considering changes contractors for the Telehealth Services program in an effort to improve services and reduce costs. MCBH will also consider whether its Medical Director can provide some psychiatry services.
- Payment for MCBH's MHSA Housing Project (\$1,577,123.43) will be made in FY 23-24 instead of FY 22-23.

DRAFT

PREVENTION AND EARLY INTERVENTION

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

PEI Table 1. PEI Service Categories & Programs/Services

Service Category	Prevention & Early Intervention	Outreach to Increase Recognition	Access/ Linkage to Treatment	Stigma/ Discrimination Reduction
Programs and Services	<ul style="list-style-type: none">• Peapod Playgroup Program• Walker Senior Center• North Star School-Based Services	<ul style="list-style-type: none">• Community Trainings	<ul style="list-style-type: none">• Outreach in Outlying Communities	<ul style="list-style-type: none">• Community Engagement

Prevention & Early Intervention

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

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

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

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

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

This program includes portions of Therapist and Behavioral Health Services Coordinator salaries to provide individual and group services, as well as Case Manager salaries to provide in-class wellness in North County. North Star is funded in large part by the Mental Health School Services Act (MHSSA) grant, for which Mono County Office of Education is the lead agency. MCBH has one therapist position that is partially funded out of the MHSSA grant and receives administrative funding for the grant. Other positions that are funded by this grant include a Program Coordinator, two trainee therapists, and a case manager.

Outreach for Increasing Recognition of Early Signs of Mental Illness

MCBH regularly responds to requests for trainings and the department's director spends a portion of her time advocating for mental health in ways that align with this component. MCBH also holds Mental Health First Aid trainings that are funded under this component.

Access and Linkage to Treatment

Staff members in North County offer such access and linkage programming as Trauma-Informed Yoga in Walker, Ladies Yoga, and Trauma-Informed Yoga in Bridgeport. MCBH has found that community programming is an excellent way to attract un/underserved individuals and

screen/assess them for referral to more intensive services and this program is designed to achieve this among different age groups in some of our most underserved communities. Additionally, within the Walker community, the program includes regular outreach to the isolated Mountain Warfare Training Center Marine Corps Base, attending social events and building relationships with members of the Walker community and their families.

Stigma and Discrimination Reduction

To reduce stigma and discrimination, MCBH operates a program called Community Engagement that involves the active management of a Facebook page with English and Spanish content. In winter 2023, MCBH asked its Facebook followers to participate in a survey (to be administered annually) in an effort to measure changes in attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services. The survey had minimal participation, but the respondents reported that the program is having a positive effect.

In FY 23-24, MCBH is planning to recruit a part-time position to manage content for its Facebook page and possibly expand to other social platforms. The department also received feedback during its CPPP that members of the community like to connect with the live videos and that Facebook remains a good way to reach members of the Latinx community.

PEI Program Cost Per Person Annual Estimates for FY 23-24

	North Star	Trainings	Peapod
Total Cost of Program	\$ 89,057.00	\$ 28,012.00	\$ 40,000.00
Total Estimate of Participants	350	160	116
Total Estimated Cost per Person	\$ 254.45	\$ 175.08	\$ 344.83
Estimated Cost of Children (0-15)	\$ 76,334.57	\$ -	\$ 26,206.90
Estimated Cost for TAY (16-25)	\$ 12,722.43	\$ 7,003.00	\$ 1,724.14
Estimated Cost for Adult (26-59)	\$ -	\$ 17,507.50	\$ 10,689.66
Estimated Cost for Older Adult (60+)	\$ -	\$ 3,501.50	\$ 1,379.31

	Walker Senior Center	Outreach in Outlying Communities	Community Engagement
Total Cost of Program	\$ 50,000.00	\$ 55,807.00	\$ 69,632.00
Total Estimate of Participants	85	100	1000
Total Estimated Cost per Person	\$ 588.24	\$ 558.07	\$ 69.63
Estimated Cost of Children (0-15)	\$ -	\$ 16,742.10	\$ 6,963.20
Estimated Cost for TAY (16-25)	\$ -	\$ 11,161.40	\$ 6,963.20
Estimated Cost for Adult (26-59)	\$ -	\$ 22,322.80	\$ 34,816.00
Estimated Cost for Older Adult (60+)	\$ 50,000.00	\$ 5,580.70	\$ 20,889.60

PEI Achievements

MCBH continues to be proud of the way that PEI funding helps the department reach out to un/underserved individuals across the county, including some of the most isolated communities in the County. PEI programming supports individuals of all ages, but through both Peapod and North Star, focuses on prevention and early intervention among youth. As Mono County finishes a grueling winter, the MCBH Director is beginning to provide more community trainings and talks designed to help people understand the signs of mental illness and process the challenges that this winter brought. MCBH is dedicated to continuing to reach more and more people through its PEI programs.

Challenges or barriers and strategies to mitigate

MCBH's PEI programs still lack some evaluation components, which is evident in the confidential version of the PEI Evaluation Report submitted to the Mental Health Services Oversight and Accountability Commission.

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

MCBH does not have any significant PEI changes from the last Annual Update.

PEI Table 2. Program Priority Crosswalk to Senate Bill 1004, WIC Section 5840.7(a), and MHSOAC Information Notice 23-001 Requirements

Regulatory PEI Priorities	Childhood Trauma & Early Intervention	Early Psychosis & Mood Disorder Detection & Intervention	Youth Outreach & Engagement Strategies	Culturally Competent & Linguistically Appropriate PEI	Strategies Targeting Mental Health Needs of Older Adults
Citations	WIC Section 5840.6(d)	WIC Section 5840.6(e)	WIC Section 5840.6(f)	WIC Section 5840.6(g)	WIC Section 5840.6(h)
Programs and Services	<ul style="list-style-type: none"> • Peapod Playgroup Program • North Star School-Based Services Program 	<ul style="list-style-type: none"> • Community Trainings (OIR) • North Star School-Based Services Program 	<ul style="list-style-type: none"> • Outreach in Outlying Communities (ALT) • Peapod Playgroup Program • North Star School-Based Services Program 	<ul style="list-style-type: none"> • Community Engagement (SDR) • Outreach in Outlying Communities 	<ul style="list-style-type: none"> • Walker Senior Center • Outreach in Outlying Communities
Estimated Share of PEI Funding Allocated	18%	17%	17%	27%	21%

“Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression, and psychosis” is built into every PEI program operated by Mono County Behavioral Health.

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

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PREVENTION & EARLY INTERVENTION EVALUATION REPORT (FY 2021-2022): AGGREGATED DATA

Background & Purpose

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

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

Please note that due to staff capacity challenges, the full PEI Evaluation Data will not be available until after the public comment period is complete. The Evaluation Report is not required to be posted for public comment.

INNOVATION

MCBH had one Innovation project that ended in FY 22-23 (Help@Hand) and another that started in FY 22-23 (Semi-Statewide EHR). The sections below include summaries of these two projects and a brief status update. For full Innovation plans for each of these projects, please visit monocounty.ca.gov/MHSA.

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

This Innovation project was completed February 8, 2023, and will not be sustained in FY 23-24. The summary below includes some initial usage and evaluation data; evaluation reports for this project are completed by UC Irvine and the links to all available reports are included in the Innovation Annual Project Report section.

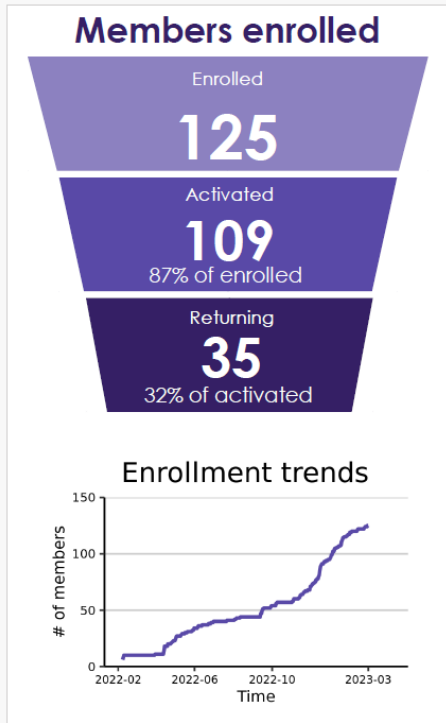
This project, implemented in multiple counties across California, brought interactive technology tools into the public mental health system through a highly innovative set or “suite” of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of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

The date that this plan was approved by the MHSOAC was February 22, 2018 and the date that Mono County incurred its first expenses under the project was October 18, 2019 (the official project start date). Mono County Behavioral Health previously requested an extension of time until October 18, 2021, but due to COVID-19 was unable to take critical steps forward in implementation. After submitting a second requested extension of time, the new end date of this Innovation Plan was February 8, 2023, which is in line with other Help@Hand Cohort One counties. The initial time period approved by the MHSOAC was 17 months. This final extension request increased the project time to three years and four months, which allowed Mono County time to locally implement its chosen web and mobile applications. Please see Appendix D for documentation of this timeline.

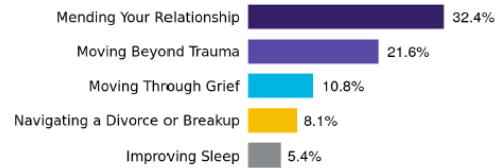
In FY 21-22 on 11/29/21, MCBH formally launched the MyStrength app for Mono County residents to use. The launch was accompanied by an advertising campaign and training for all MCBH staff. In FY 22-23, MCBH continued promoting and advertising the use of MyStrength among clients and the community at large. See below for initial evaluation data:

Mono County Behavioral Health

Program launch: 2021-11-29 Data thru: 2023-02-28

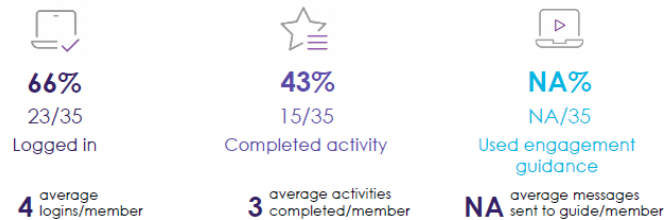


Top 5 digital recommendations

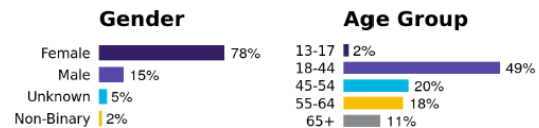


Program engagement

Average 90 day member engagement rates (% of returning)



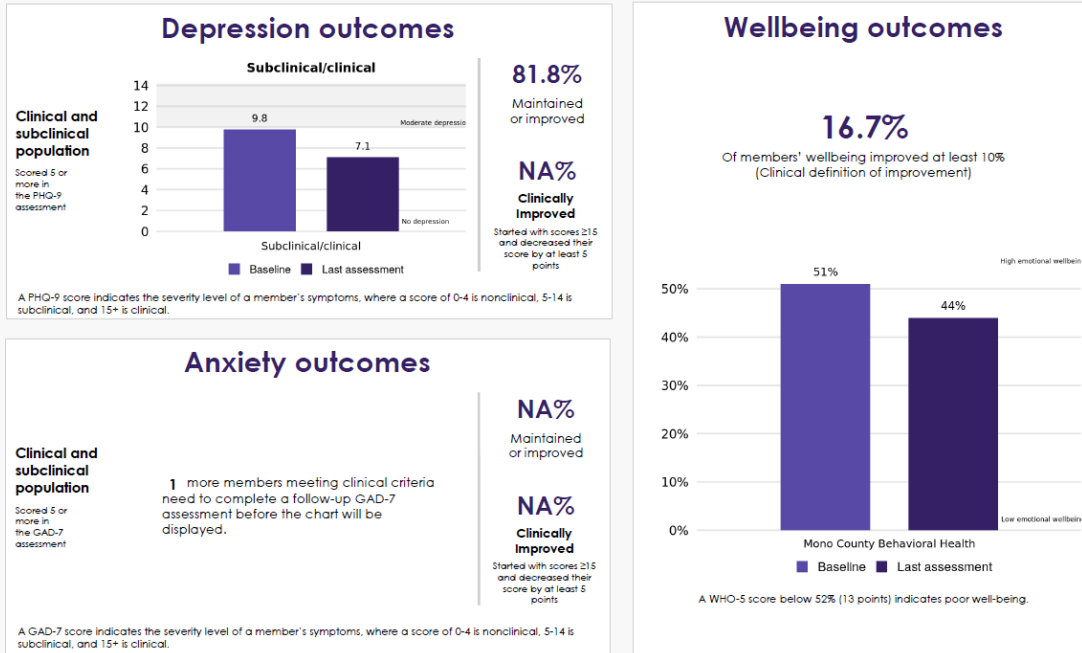
Member demographics (% of enrolled)



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Program launch: 2021-11-29 Data thru: 2023-02-28



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DATA DEFINITIONS



Members enrolled

Enrolled: Number of members who registered and successfully enrolled

Activated: Number of members who completed the onboarding assessment

Returning: Number of activated members who have logged into the myStrength program at least once after onboarding assessment completion

Enrollment trends: Number of members who have enrolled (current enrolled) over time since the program launch date

Top 5 digital recommendations

The percentage of returning members that were recommended "Just for You" content or digital courses and programs.

Program engagement



Logged in: The percentage of returning members that logged into the myStrength application via the mobile app or the myStrength website at least once in the last 90 days.



Completed activity: The percentage of returning members that completed at least one activity in the last 90 days. Members must click the "Finish" button after going through all the steps in order to be counted.



Engagement guidance: The percentage of returning members that have sent at least one message to a guide in the last 90 days.
*N/A will display if engagement guidance is not a part of the program that was purchased

Clinical outcomes

PHQ-9 is a validated depression screening tool. Total score is between 0 and 27 with higher scores meaning more symptoms. Metrics show % of members who have taken the PHQ-9 assessment at least twice – once at baseline and at least once more after baseline.

GAD-7 is a validated anxiety screening tool. Total score is between 0 and 21 with higher scores meaning more symptoms. Metrics show % of members who have taken the GAD-7 assessment at least twice – once at baseline and at least once more after baseline.

WHO-5 is a validated measure of general wellbeing (not a specific diagnosis or problem). Total score is between 0 and 25 with lower scores showing lower quality of life and higher scores showing higher quality of life. Raw scores are multiplied by 4 to get a percentage score. Metrics show % of members who have taken the WHO-5 assessment at least twice – once at baseline and at least once more after baseline.

*For each clinical outcome, the reported population has at least 10 members in the program and completed at least two assessments.

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

Total Cost of Program	\$24,500
Total Estimate of Participants	125
Total Estimated Cost per Person	\$196
Estimated Cost for Children age 0-17	2 people = \$392
Estimated Cost for Adults age 18-44	61 people = \$11,956
Estimated Cost for Adults age 45-54	25 people = \$4,900
Estimated Cost for Adults age 55-64	23 people = \$4,508
Estimated Cost for Older Adults (65+)	14 people = \$2,744

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

Mono County is partnering with the Joint Powers Authority CalMHSA along with more than 20 other California Counties to enter into a Semi-Statewide Electronic Health Record (EHR) project. This project is unique in that it engages counties to collaboratively design a lean and modern EHR to meet the needs of counties and the communities they serve both now and into the intermediate future. This project was approved by the Mono County Board of Supervisors on 10/18/22 as an Annual Update Mid-Year Revision and the Mental Health Services Oversight and Accountability Commission on 1/25/23. The project start date was February 1, 2023. After more than six months of work on implementation, Mono County is slated to go-live with the selected EHR, Smartcare, in July 2023. Through the implementation process, MCBH has opted to participate in several additional services offered by CalMHSA, including revenue cycle billing, state reporting services, client record archival services, and automatic call and text reminders. The vast majority of staff are very excited about learning this new system and ending use of MCBH's legacy EHR. Training of superusers is currently underway as of April 2023 and staff training will begin in June.

The key principles of the EHR project include:

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

- **Collective Activism:** Moving from solutions developed within individual counties to a semi-statewide scale allows counties to achieve alignment, pool resources, and bring forward scaled solutions to current problems, thus reducing waste, mitigating risk, and improving quality.
- **Leveraging CalAIM:** CalAIM implementation represents a transformative moment when primary components within an EHR are being re-designed (clinical documentation and Medi-Cal claiming) while data exchange and interoperability with physical health care towards improving care coordination and client outcomes are being both required and supported by the State.

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

This semi-statewide project focuses on transforming current EHR systems and processes counties utilize for the provision of behavioral health services. Accordingly, we have not estimated the number of individuals expected to be served annually or the cost associated. As noted previously, the participating counties in the Semi-Statewide Enterprise Health Record project are collectively responsible to serve more than 27% California's Medi-Cal beneficiaries, or approximately 4,000,000 people. Optimizing EHR platforms used by providers to meet their daily workflow needs can enhance their working conditions, increase efficiencies, and reduce burnout. This increased efficiency translates into more time to meet the needs of Californians with serious behavioral health challenges, while improving overall client care and increasing provider retention.

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

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

a needed form or pertinent client information), provider effectiveness, naturalness of a task, and provider cognitive load / burden and satisfaction.

- **Objective III: *Summative assessment.*** Conduct a summative evaluation of user experience and satisfaction with the new EHR compared to legacy EHRs, as well as a post-implementation assessment of key indicators.

Project Learning Goals

1. Using a Human Centered Design approach, identify the design elements of a new Enterprise Health Record to improve California's public mental health workforce's job effectiveness, satisfaction, and retention.
2. Implement a new EHR that is more efficient to use, resulting in a projected 30% reduction in time spent documenting services, thereby increasing the time spent providing direct client care.
3. Implement a new EHR that facilitates a client-centered approach to service delivery, founded upon creating and supporting a positive therapeutic alliance between the service provider and the client.

INNOVATION PROJECT REPORTS

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

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

Full Year 1 Evaluation Report:

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

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

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

Full Year 3 Evaluation Report on the MHSA page and the link below:

https://monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/10057/helphand-annual-evaluation-report-year-3-calmhsa-memo.pdf

Quarter 1-2 Year 4 Evaluation Report on the MHSA page and the links below:

https://www.monocounty.ca.gov/sites/default/files/filefield_paths/helphand-evaluation_y4.q1-2-report.reissue-memo_1.pdf

https://helphandca.org/wp-content/uploads/2022/11/Help@Hand-Evaluation_Y4.Q1-2-Report.REISSUE-Memo.pdf

Year 1 Executive Summary:

EXECUTIVE SUMMARY

INTRODUCTION

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

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

Re-innovate

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

Re-envision

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

Re-organize

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

Reach

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

Year 2 Executive Summary:

EXECUTIVE SUMMARY

INTRODUCTION

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

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

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

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

HELP@HAND EVALUATION ACTIVITIES AND LEARNINGS

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

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

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

PEER EVALUATION

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

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

COUNTY/CITY TECHNOLOGY, USER EXPERIENCE, AND IMPLEMENTATION EVALUATION

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

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

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

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

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

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

OUTCOMES EVALUATION AND DATA DASHBOARDS

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

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

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

RECOMMENDATIONS

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

Year 3 Executive Summary:

EXECUTIVE SUMMARY

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

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

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

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

HELP@HAND EVALUATION ACTIVITIES, LEARNINGS, AND RECOMMENDATIONS

System Evaluation

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

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

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

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

Peer Evaluation

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

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

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

County/City and Consumer Experience Evaluation

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

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

Outcomes Evaluation and Data Dashboards

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

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

Recommendations

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

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

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

EXECUTIVE SUMMARY

Over the last six months, counties/cities in the Help@Hand project worked on technology pilots and implementations. They also distributed devices and provided digital literacy trainings. Peers¹ played a pivotal role in these activities. For all efforts, the counties/cities conducted evaluations that informed key decisions in current and future endeavors.

HELP@HAND EVALUATION ACTIVITIES, LEARNINGS, AND RECOMMENDATIONS

Cross County/City Lessons Learned Evaluation

The cross county/city process evaluation examines processes, interactions, and collaborations across the counties/cities and stakeholder groups to identify important learnings. Interviews with Tech Leads were conducted in May 2022. Findings included:

- Help@Hand counties/cities experienced many successes, challenges, and learnings related to product launches, staffing, contracting, device distribution, digital literacy, product development, project operations, and data analysis and evaluation.
- Counties/cities provided recommendations that could improve collaboration between Help@Hand counties/cities. Recommendations included forming focused sub-groups, providing opportunities to review reports/learnings, sharing with counties/cities outside of Help@Hand, and developing a more structured road map to help counties/cities determine activities in which to participate

Peer Evaluation

Quarterly surveys with Peer or Tech Leads (for counties/cities with no Peer Lead) were conducted between January 2022-March 2022. Findings in Quarter 1 of Year 4 included:

- Peers were involved in several activities, including community outreach, digital literacy training and technical support, product testing and piloting, and device distribution.
- Many successes were reported in this period. Peers reported benefits to Peers themselves (e.g., employment, professional development, increased visibility) and community members (e.g., access to mental health support services). Peers also contributed in ways that resulted in meaningful impact to the project.
- A number of challenges were identified. Workforce related challenges included difficulties maintaining a robust Peer workforce, the small size of the Peer workforce, and Peers having to divide effort across multiple projects. Other reported challenges included lack of information sharing within each county/city and unclear decision-making processes across the collaborative.

Pilot and Implementation Evaluation

Help@Hand counties/cities were involved in many activities. These included:

- Los Angeles, San Francisco, and Santa Barbara Counties, and the City of Berkeley provided free subscriptions to Headspace. San Mateo County completed their Headspace implementation in September 2021. Findings from app data and consumer surveys are presented in this report.
- City of Berkeley continued their myStrength implementation. Mono County and Tri-City launched their implementations of myStrength. App data from these implementations are presented in this report. myStrength efforts in Marin and Tehama Counties were paused.

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

- Riverside County continued to support their community through TakemyHand™, their Peer support platform. San Francisco County partnered with Riverside County to plan a pilot of TakemyHand™.
- Monterey and Los Angeles Counties continued to work with CredibleMind to build a mental health technology to screen and refer residents to county mental health services. Monterey County also conducted a needs assessment of consumers and clinicians.
- Riverside County continued recruitment and evaluation activities with clients and providers for their A4i pilot, while Los Angeles County offered iPrevail to county residents.
- San Mateo County launched their Wysa implementation and tested Wysa among a small group of behavioral health clients.
- Counties/cities planned other technology launches. Los Angeles County planned implementations of MindLAMP and Syntranet, Riverside County planned a pilot of Recovery Record, and Santa Barbara County planned a pilot with Bambu.
- Many Help@Hand counties/cities provided digital literacy training and distributed devices. Riverside county continued to implement an assessment tool to understand clients' holistic health needs. The county also conducted a needs assessment of the Deaf and Hard of Hearing Community.

Outcomes Evaluation

Planning for the evaluation of the effect of Help@Hand on achieving its shared learning objectives continued. This included:

- Counties/cities, technology vendors, and the Help@Hand evaluation team continued to plan how to collect data from apps and other sources.
- Data from the California Health Interview Survey (CHIS) was collected.

Recommendations

Recommendations based on evaluation findings can be found on page 123.



WORKFORCE EDUCATION AND TRAINING

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

WET Table 1. WET Service Categories & Programs/Services

Service Category	Training/Technical Assistance	Residency/Internship	Financial Incentive
Programs and Services	<ul style="list-style-type: none">• Trainings & Conferences	<ul style="list-style-type: none">• Staff Supervision	<ul style="list-style-type: none">• Loan Assumption Program• Retention Program• Project Cultivate

Training/Technical Assistance (TA):

MCBH continues to coordinate and fund training, TA, and other related activities for staff members under its Trainings and Conferences Program within the Training/Technical Assistance funding category. Staff are encouraged to work with their supervisors to create training and professional development goals and seek out ongoing education both locally and regionally that aligns with those goals. Department leadership also identifies training needs and opportunities that align with MCBH's vision, mission, and core values.

In FY 22-23, MCBH conducted the majority of its trainings and in-services using a hybrid work model with some staff in-person and some staff participating remotely; trainings ranged in topic from vulnerability in the workplace to clinical topics like Risking Connection and CBT-I and from managing aggressive behavior to compliance-related topics. Additionally, thanks to the foundational work done by the MCBH Racial Equity Committee in FY 21-22, MCBH continued its ongoing implementation of its Racial Equity Work Plan, which includes trainings, activities, and goals designed to institutionalize anti-racism work within the Behavioral Health Department. MCBH has used funding from this category to cover the costs of several trainings related to this plan and Department staff continue to participate in the County-wide Justice, Equity, Diversity, and Inclusion (JEDI) Committee.

In FY 22-23, one member of the MCBH Leadership Team attended the CIBHS Leadership Institute for Behavioral Health professionals, several staff took advantage of funding to pursue college classes outside of work hours, and another staff attended an in-depth clinical development training to develop his specialty. MCBH found during its assessment of workforce and training needs that the majority of staff are happy with the amount and mix of current trainings offered and that the vast majority feel supported by their supervisors in terms of professional development. In FY 23-24, 24-25, and 25-26, MCBH will be incorporating feedback from this assessment to create its annual training plans and it is anticipated that several leadership staff will pursue a CSAC Leadership Credential.

Residency and Internship Programs:

MCBH frequently has intern staff. Funds from this category have been used in FY 21-22 and FY 22-23 to pay for the costs to supervise post-graduate interns or the contract for supervision of LCSW staff. Until current staff receive their licensure, MCBH will continue to utilize this funding for these purposes in FY 23-24 and beyond.

Financial Incentives Programs:

In this loan assumption program, MCBH pays back up to \$10,000 per year on the principle of student loans for individuals in “hard to recruit and retain” positions. MCBH believes that this program helps retain its staff, which is a significant concern in remote Mono County. The department will be continuing this program from 2023-2026 as funds allow. In FY 22-23, MCBH had four staff take advantage of this benefit, including two administrative staff and two clinical staff. As indicated in its Assessment of Current Capacity section above, MCBH classifies all its positions as difficult to recruit and retain and therefore eligible for its loan assumption program. Two staff accessed the loan repayment through the local process and two access the loan repayment benefit through the WET Central Regional Partnership. Staff are only eligible to access a total of \$10,000 in loan repayment regardless of the program through which their loans are repaid.

Thanks in part to a legislative action that provided a “match” for WET funds contributed to the regional partnership, MCBH is participating actively in the WET Central Regional Partnership for the first time in many years. In contributing \$12,598.59 in FY 21/22, MCBH will see the benefit of approximately \$44,000 in program funds (see screen shot below). In FY 23-24, at least two staff will access their loan repayment again through the Regional Partnership as long as their employment is ongoing.

MCBH also added a new retention program through the WET Central Regional Partnership in FY 22-23 designed specifically to recruit and retain licensed staff members. Under this program, licensed staff without student loans would receive a one-time \$10,000 retention stipend after one year of service. It is anticipated that at least one staff member will access this program in FY 23-24 and another may access this program in FY 24-25.

Finally, there is a possibility that MCBH will contribute additional matching funds to this program in FY 23-24 and access even more Regional Partnership funding.

In FY 23-24 and FY 24-25, MCBH intends to participate in CalMHSA's Project Cultivate, which is a new collaborative program between County Behavioral Health Departments, the California Mental Health Services Authority (CalMHSA), and Palo Alto University to cultivate the next generation of leaders in behavioral health. Project Cultivate targets existing staff interested in advancing their professional development through a paid graduate level training opportunity provided through Palo Alto University. Project Cultivate offers individuals an opportunity to participate in a two-year (9 quarter format) Master's in Counseling program, preparing participants for working in public behavioral health settings. County behavioral health departments will pay the tuition cost of education for the program, which is approximately \$120,000 per student. In return, the individual agrees to remain employed in the county behavioral health program for a designated period of time. Given the challenges that MCBH has faced in recruiting and retaining therapists in recent years, the Department hopes to secure a spot for one staff member in fall 2023 and another in fall 2024. This is an exciting new opportunity for rural counties in particular who struggle to recruit and retain licensed clinical staff.

WET Central Regional Partnership:

Mono County Program Budget Allocation:

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

Central Region WET Regional Partnership Mono County Grant Match:

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

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

WET Achievements

As indicated in the Workforce Assessment, MCBH is almost fully staffed as of Spring 2023, which is remarkable given the current workforce shortages that behavioral health fields are facing across the state and the country. MCBH has also utilized hybrid in-person/remote or fully remote schedules to recruit and retain staff members, which is ranked by staff as the department's top retention strategy. MCBH provided loan repayment incentives to four staff in FY 23-24 and implemented the activities outlined in the department's Racial Equity Work Plan.

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

MCBH has one vacant therapist position and will be hiring for several new positions in FY 23-24 to meet both administrative and clinical needs. In the wake of the pandemic while many trainings and conferences still have online options, MCBH staff have retained access to high-quality development opportunities despite its rural and remote location. Despite shortages in therapists, the rise of online schooling for therapy degrees is allowing more staff members and community members in general to pursue degrees while remaining in the community, thus greatly increasing access.

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

Significant changes include: adding funds to support workforce development through Project Cultivate and creating a new Retention Program for licensed staff members.

CAPITAL FACILITIES/TECHNOLOGICAL NEEDS

At this time, MCBH does not have plans to expend any Capital Facilities or Technological Needs funding in the next three years.

Challenges or barriers, and strategies to mitigate

N/A

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

N/A

DRAFT

TRANSFERS & PRUDENT RESERVE

In FY 22-23, MCBH transferred less than 10% of its CSS funds to the WET component to cover programming costs. In FY 23-24, MCBH plans to transfer 15.5% of its CSS funds to sustain and expand its WET programming. The maximum transfer amount is determined based upon the following regulations: 9 CCR § 3420.10 Community Services and Supports (CSS) Account Transfers to Prudent Reserve, CFTN Account and WET Account.

Below is MCBH's MHSA Prudent Reserve Assessment. The Department will assess and certify the Prudent Reserve as of July 1, 2024 and every five years thereafter, as required by the Department of Health Care Services.

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

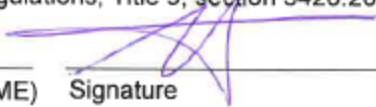
**MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT/REASSESSMENT**

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

I hereby certify¹ under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Robin K. Roberts

Local Mental Health Director (PRINT NAME)


Signature

6-20-2019
Date

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

MHSA EXPENDITURE PLAN BY COMPONENT FY 2023-2024

Mono County MHSA Component Expenditure Worksheet 2023-24

	Component						
	CSS	PEI	INN	WET	CFTN	PR	
FY23/24 Estimated MHSA Revenue	\$ 2,493,684	\$ 623,421	\$ 164,058				\$ 3,281,163
FY23/24 Est. Estimated Other Revenue	\$ 67,577						\$ -
FY23/24 Est. MHSA Interest Revenue	\$ 68,400	\$ 17,100	\$ 4,500				\$ 90,000
FY23/24 Estimated Expenses	\$ 2,673,964	\$ 468,305	\$ 139,007	\$ 369,915	\$ -		\$ 3,651,191
One Time MHSA Housing Project	\$ 1,577,124						\$ 1,577,124
FY23/24 PR Transfer	\$ -					\$ -	\$ -
FY23/24 CFTN and WET Transfers	\$ (385,497)			\$ 385,497			\$ -

Community Services and Supports (CSS) Component Worksheet 2023-24

County: Mono

	FSP	GSD	O&E	Total CSS
CSS Programs				
1 FSP	\$617,269			\$617,269
2 Expansion of case management/supportive services		\$83,827		\$83,827
3 Wellness Centers		\$289,995		\$289,995
4 Crisis intervention/stabilization	\$26,163	\$26,163		\$52,326
5 Supportive Housing Services	\$69,016			\$69,016
6 Community Outreach & Engagement			\$88,604	\$88,604
7 Wrap Program	\$145,585	\$16,176		\$161,761
8 Telehealth Services	\$267,895	\$267,895		\$535,790
CSS Administration / Indirect Costs				\$768,244
CSS Community Program Planning				\$7,133
CSS MHSA Housing Program	\$946,274	\$630,850		\$1,577,124
Total CSS Expenditures	\$2,072,202	\$1,314,905	\$88,604	\$2,673,964

Prevention and Early Intervention (PEI) Component Worksheet 2023-24

County: Mono

	PEI	OIR	ALT	SDR	Total PEI
PEI Programs					
1 Peapod Playgroup Program	\$40,000				\$40,000
2 Walker Senior Center	\$50,000				\$50,000
3 North Star School-Based Services	\$89,057				\$89,057
4 Community Trainings		\$28,012			\$28,012
5 Outreach in Outlying Communities			\$55,807		\$55,807
6 Community Engagement				\$69,632	\$69,632
PEI Administration / Indirect Costs					\$134,547
PEI Community Program Planning					\$1,249
Total PEI Expenditures	\$179,057	\$28,012	\$55,807	\$69,632	\$468,305

Innovation (INN) Component Worksheet 2023-24

County: Mono

	Total INN
INN Programs	
1 CalMHSA EHR Project	\$139,007
2	
3	
4	
5	
6	
7	
INN Administration	
INN Community Program Planning	
Total INN Expenditures	\$139,007

Workforce, Education and Training (WET) Component Worksheet 2023-24

County: Mono

	Total WET
WET Funding Category	
Workforce Staffing	
Training/Technical Assistance	\$40,000
Mental Health Career Pathways Programs	\$0
Residency/Internship	\$52,650
Financial Incentive	\$170,000
WET Administration	\$106,279
WET Community Program Planning	\$987
Total WET Expenditures	\$369,915

Capitol Facilities/Technological Needs (CFTN) Component Worksheet 2023-24

County: Mono

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

MHSA EXPENDITURE PLAN BY COMPONENT FY 2024-2025

Mono County MHSA Component Expenditure Worksheet 2024-25

	Component						
	CSS	PEI	INN	WET	CFTN	PR	
FY23/24 Estimated MHSA Revenue	\$ 1,657,074	\$ 414,269	\$ 109,018				\$ 2,180,361
FY23/24 Est. Estimated Other Revenue	\$ 67,577						\$ -
FY23/24 Est. MHSA Interest Revenue	\$ 68,400	\$ 17,100	\$ 4,500				\$ 90,000
FY23/24 Estimated Expenses	\$ 2,809,440	\$ 494,411	\$ 119,802	\$ 371,124	\$ -		\$ 3,794,778
One Time MHSA Housing Project	\$ -						\$ -
FY23/24 PR Transfer	\$ -					\$ -	\$ -
FY23/24 CFTN and WET Transfers	\$ (385,497)			\$ 385,497			\$ -

Community Services and Supports (CSS) Component Worksheet 2024-25

County: Mono

	FSP	GSD	O&E	Total CSS
CSS Programs				
1 FSP	\$658,352			\$658,352
2 Expansion of case management/supportive services		\$92,232		\$92,232
3 Wellness Centers		\$299,729		\$299,729
4 Crisis intervention/stabilization	\$28,816	\$28,816		\$57,632
5 Supportive Housing Services	\$70,768			\$70,768
6 Community Outreach & Engagement			\$91,608	\$91,608
7 Wrap Program	\$157,908	\$17,545		\$175,453
8 Telehealth Services	\$271,253	\$271,253		\$542,506
CSS Administration / Indirect Costs				\$813,522
CSS Community Program Planning				\$7,637
CSS MHSA Housing Program	\$0	\$0		\$0
Total CSS Expenditures	\$1,187,097	\$709,576	\$91,608	\$2,809,440

Prevention and Early Intervention (PEI) Component Worksheet 2024-25

County: Mono

	PEI	OIR	ALT	SDR	Total PEI
PEI Programs					
1 Peapod Playgroup Program	\$40,000				\$40,000
2 Walker Senior Center	\$50,000				\$50,000
3 North Star School-Based Services	\$98,162				\$98,162
4 Community Trainings		\$31,036			\$31,036
5 Outreach in Outlying Communities			\$59,932		\$59,932
6 Community Engagement				\$70,772	\$70,772
PEI Administration / Indirect Costs					\$143,165
PEI Community Program Planning					\$1,344
Total PEI Expenditures	\$188,162	\$31,036	\$59,932	\$70,772	\$494,411

Innovation (INN) Component Worksheet 2024-25

County: Mono

	Total INN
INN Programs	
1 CalMHSA EHR Project	\$119,802
2	
3	
4	
5	
6	
7	
INN Administration	
INN Community Program Planning	
Total INN Expenditures	\$119,802

Workforce, Education and Training (WET) Component Worksheet 2024-25

County: Mono

	Total WET
WET Funding Category	
Workforce Staffing	
Training/Technical Assistance	\$40,000
Mental Health Career Pathways Programs	\$0
Residency/Internship	\$52,650
Financial Incentive	\$170,000
WET Administration	\$107,465
WET Community Program Planning	\$1,009
Total WET Expenditures	\$371,124

Captial Facilities/Technological Needs (CFTN) Component Worksheet 2024-25

County: Mono

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

MHSA EXPENDITURE PLAN BY COMPONENT FY 2025-2026

Mono County MHSA Component Expenditure Worksheet 2024-25

	Component						
	CSS	PEI	INN	WET	CFTN	PR	
FY23/24 Estimated MHSA Revenue	\$ 1,634,928	\$ 408,732	\$ 107,561				\$ 2,151,221
FY23/24 Est. Estimated Other Revenue	\$ 67,577						\$ -
FY23/24 Est. MHSA Interest Revenue	\$ 68,400	\$ 17,100	\$ 4,500				\$ 90,000
FY23/24 Estimated Expenses	\$ 2,957,892	\$ 525,116	\$ 108,830	\$ 373,739	\$ -		\$ 3,965,577
One Time MHSA Housing Project	\$ -						\$ -
FY23/24 PR Transfer	\$ -					\$ -	\$ -
FY23/24 CFTN and WET Transfers	\$ (385,497)			\$ 385,497			\$ -

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

County: Mono

	FSP	GSD	O&E	Total CSS
CSS Programs				
1 FSP	\$697,040			\$697,040
2 Expansion of case management/supportive services		\$101,477		\$101,477
3 Wellness Centers		\$308,867		\$308,867
4 Crisis intervention/stabilization	\$31,735	\$31,735		\$63,469
5 Supportive Housing Services	\$72,694			\$72,694
6 Community Outreach & Engagement			\$94,739	\$94,739
7 Wrap Program	\$171,464	\$19,052		\$190,515
8 Telehealth Services	\$274,947	\$274,947		\$549,894
CSS Administration / Indirect Costs				\$868,840
CSS Community Program Planning				\$10,357
CSS MHSA Housing Program	\$0	\$0		\$0
Total CSS Expenditures	\$1,247,880	\$736,077	\$94,739	\$2,957,892

Prevention and Early Intervention (PEI) Component Worksheet 2024-25

County: Mono

	PEI	OIR	ALT	SDR	Total PEI
PEI Programs					
1 Peapod Playgroup Program	\$40,000				\$40,000
2 Walker Senior Center	\$50,000				\$50,000
3 North Star School-Based Services	\$108,175				\$108,175
4 Community Trainings		\$34,363			\$34,363
5 Outreach in Outlying Communities			\$64,469		\$64,469
6 Community Engagement				\$72,025	\$72,025
PEI Administration / Indirect Costs					\$154,246
PEI Community Program Planning					\$1,839
Total PEI Expenditures	\$198,175	\$34,363	\$64,469	\$72,025	\$525,116

Innovation (INN) Component Worksheet 2024-25

County: Mono

	Total INN
INN Programs	
1 CalMHSA EHR Project	\$108,830
2	
3	
4	
5	
6	
7	
INN Administration	
INN Community Program Planning	
Total INN Expenditures	\$108,830

Workforce, Education and Training (WET) Component Worksheet 2024-25

County: Mono

	Total WET
WET Funding Category	
Workforce Staffing	
Training/Technical Assistance	\$40,000
Mental Health Career Pathways Programs	\$0
Residency/Internship	\$52,650
Financial Incentive	\$170,000
WET Administration	\$109,781
WET Community Program Planning	\$1,309
Total WET Expenditures	\$373,739

Captial Facilities/Technological Needs (CFTN) Component Worksheet 2024-25

County: Mono

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

APPENDIX A: PENETRATION RATE DATA

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

Race/Ethnicity	Annual Eligibles	Beneficiaries Served	PR MHP	PR State
African-American	19	<11	-	7.64%
Asian/Pacific Islander	31	0	0.00%	2.08%
Hispanic/Latino	1,763	61	3.46%	3.74%
Native American	98	<11	-	6.33%
Other	463	25	5.40%	4.25%
White	1,329	91	6.85%	5.96%
Total	3,703	182	4.91%	4.34%

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

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

Penetration Rates and Annual Approved Claims per Beneficiary (AACB)

Figure 1: Overall Penetration Rates CY 2019-21

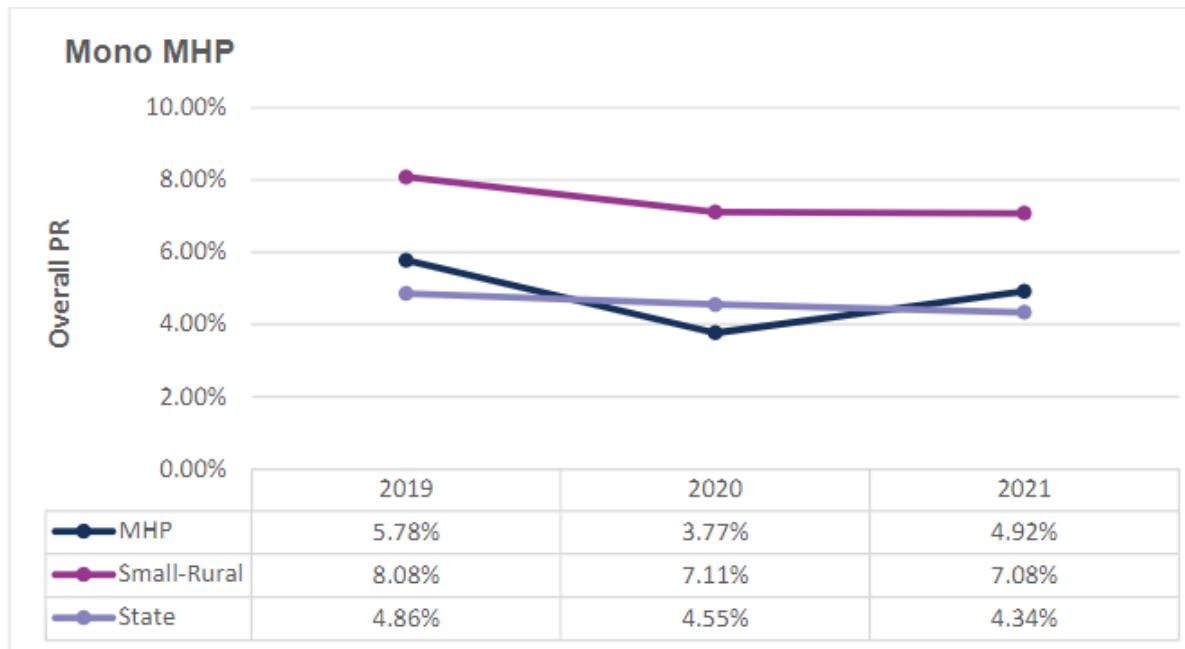


Figure 2: Overall AACB CY 2019-2021

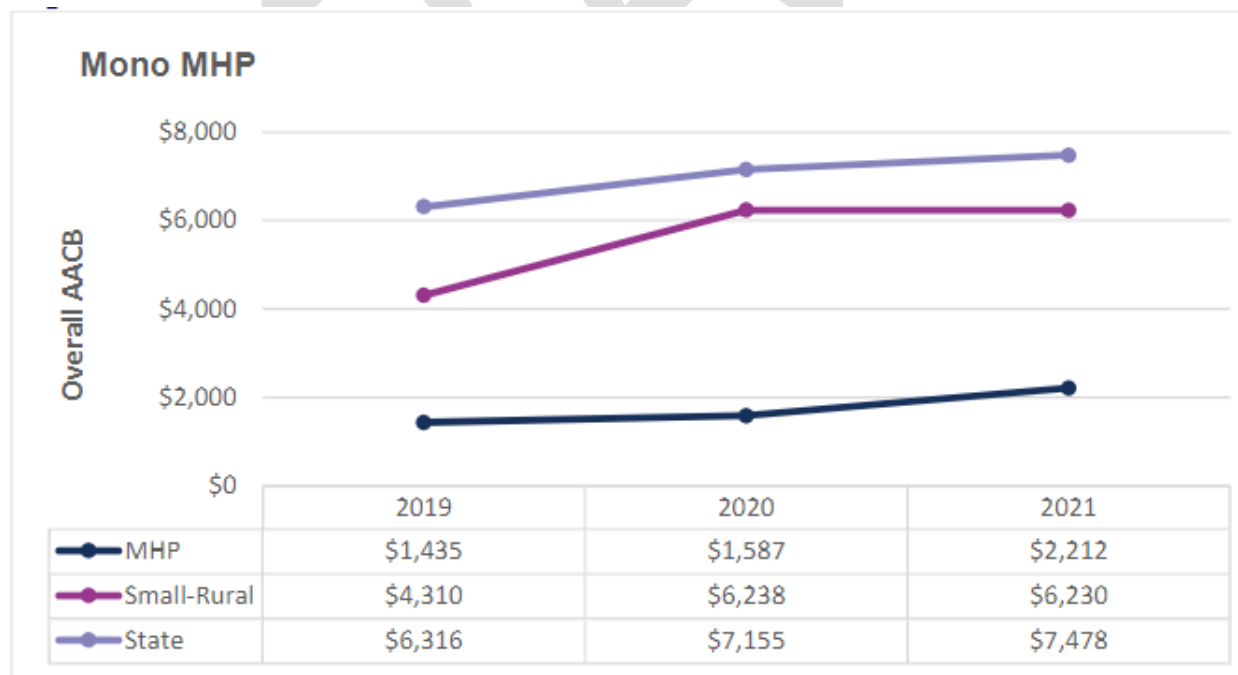


Figure 3: Latino/Hispanic Penetration Rates CY 2019-21

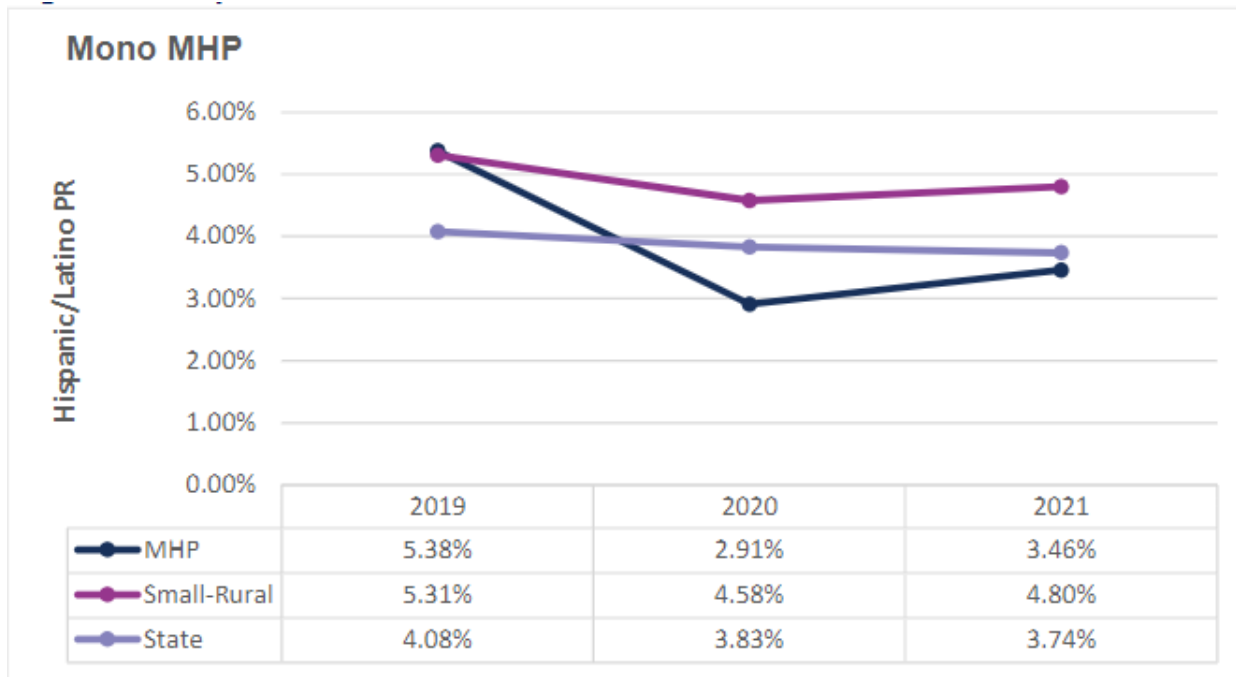


Figure 4: Latino/Hispanic AACB CY 2019-21

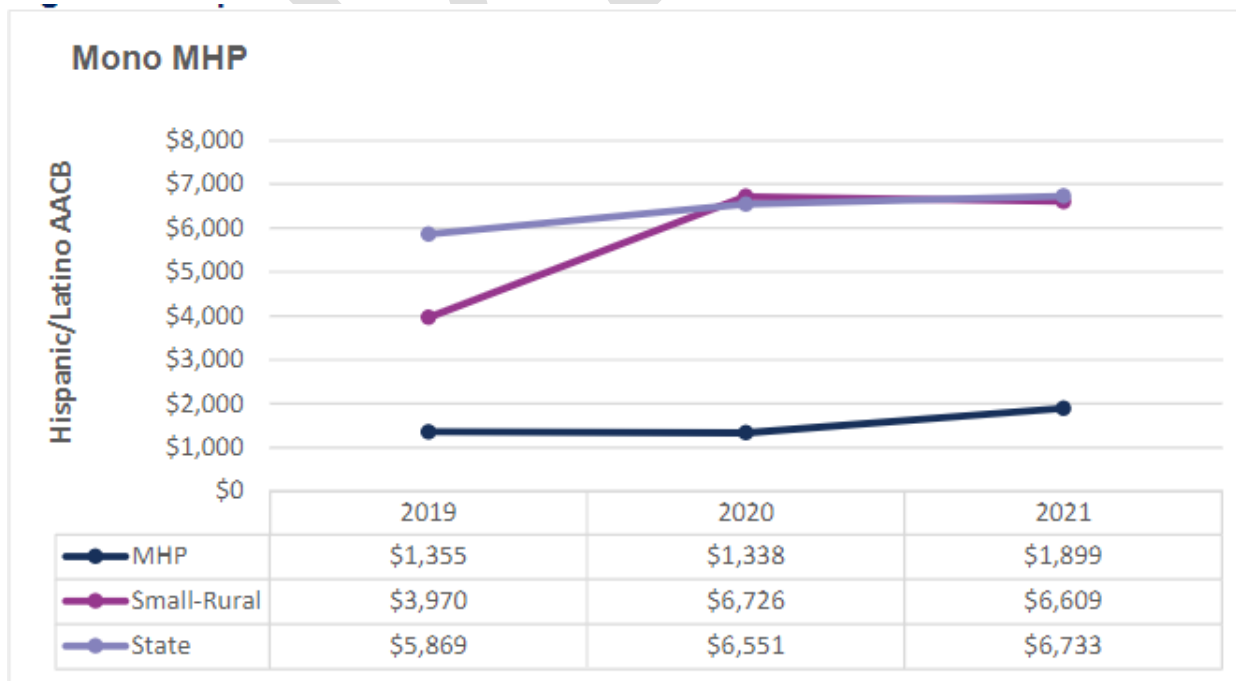


Figure 5: Foster Care Penetration Rates CY 2019-21

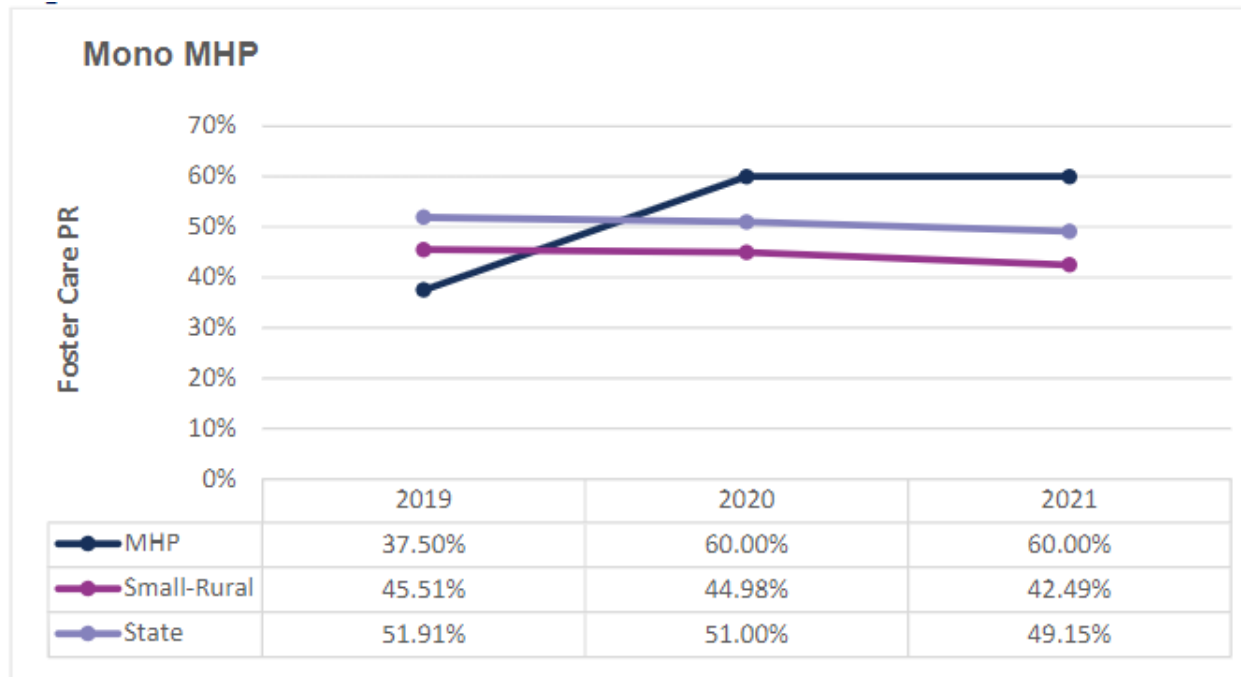
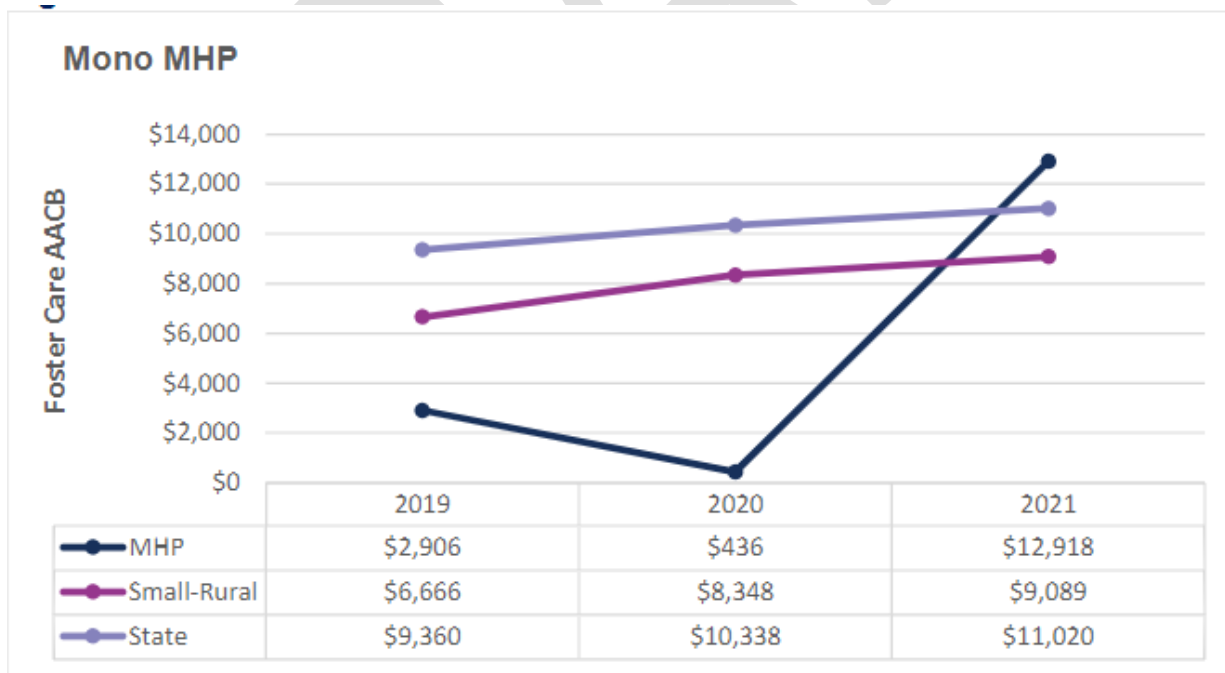


Figure 6: Foster Care AACB CY 2019-21



APPENDIX B: MHSA ISSUE RESOLUTION PROCESS

Mono County is committed to:

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

Types of Issues to be resolved using this process:

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

Process:

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

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

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

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

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

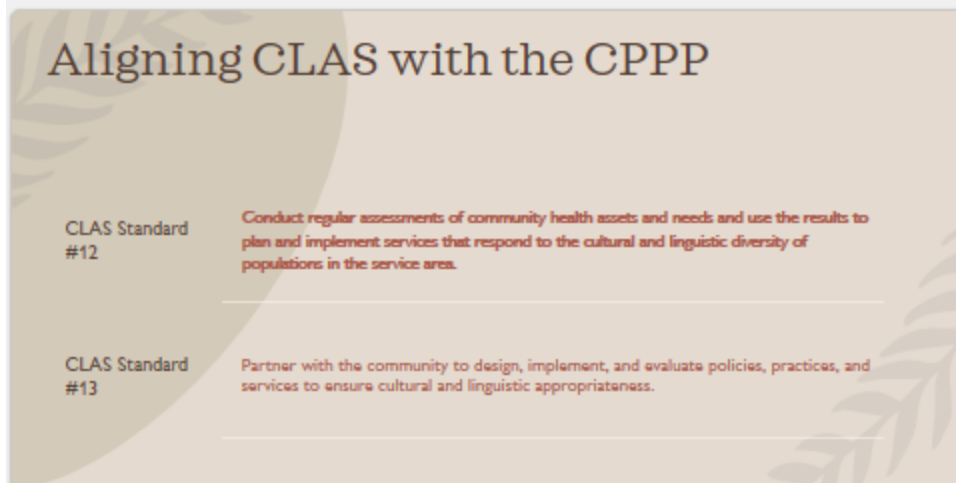
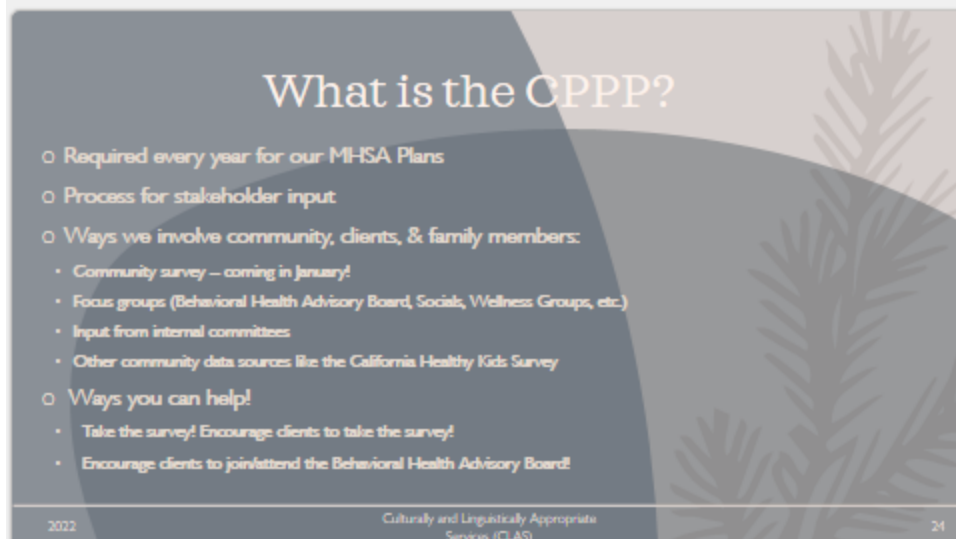
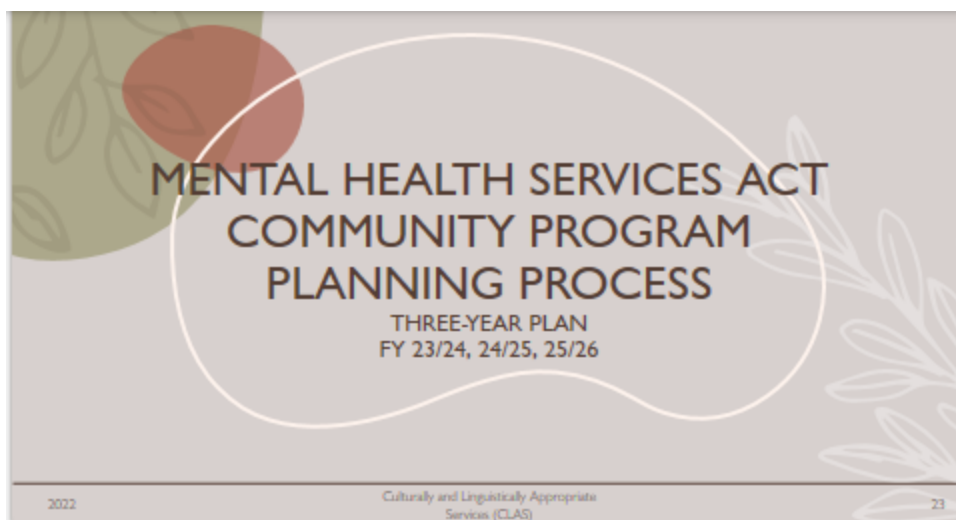
- e. The QA/QI Coordinator, or specific designee of the Behavioral Health Director, will communicate with the Issue Filer while the issue is being investigated and resolved.
- f. Upon completion of the investigation, the QA/QI Coordinator, or specific designee of the Behavioral Health Director, shall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

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

APPENDIX C: MCBH STAFF TRAININGS

MCBH staffed were trained by Amanda Greenberg on the Community Program Planning Process on 12/13/22 from 8-9 am via Zoom as part of a training on the CLAS Standards. Below is a screen shot of all live participants and sample of the slides covered. Staff not able to be present for the training, reviewed the slides.

Meeting ID	Topic	Start Time	End Time
7609241111	Adriana Niculescu (she/	12/13/2022 7:54	12/13/2022 9:06
Name (Original Name)	User Email	Total Duration (M	Guest
Adriana Niculescu (she	aniculescu@mono.ca.gc	73	No
Lauren Plum (she/her)	lplum@mono.ca.gov	71	No
bhathaway		59	Yes
Robin Roberts	rroberts@mono.ca.gov	69	No
dirk		54	Yes
Jessica Workman		57	Yes
Tajia Rodriguez	trodriguez@mono.ca.gc	57	No
mcruz		57	Yes
Jimmy Lee	jlee@mono.ca.gov	56	No
Esmeralda Curiel	ecuriel@mono.ca.gov	56	No
Richard Bonneau - rbor	rbonneau@mono.ca.go	56	No
Debra Stewart	dstewart@mono.ca.gov	56	No
Danielle Murray she/he	dmurray@mono.ca.gov	56	No
Sal Montanez	smontanez@mono.ca.g	56	No
Jesica Ramos	jramos@mono.ca.gov	51	No
Kimberly Lopez	klopez@mono.ca.gov	53	No
Luisana Baires	lbaires@mono.ca.gov	52	No



Staff also participated in a short MHSA CPPP training and focus group discussion on 4/4/23 via Zoom:

Name (Original Name)	User Email	Total Dura Guest
Lauren Plum (she/her)# MCBH	lplum@mono.ca.gov	59 No
Sabrina Rose		59 Yes
Tajia Rodriguez	trodriguez@mono.ca.gov	58 No
Sal Montanez	smontanez@mono.ca.gov	58 No
Stephany Mejia	smejia@mono.ca.gov	58 No
Han Li	hli@mono.ca.gov	58 No
Jenna Cruz		57 Yes
Jimmy Lee	jlee@mono.ca.gov	57 No
mrcruz		57 Yes
Adriana Niculescu (she/her/ella)# MCBH	aniculescu@mono.ca.gov	57 No
Esmeralda Curiel	ecuriel@mono.ca.gov	57 No
Jessica Workman		57 Yes
Dylan Burditt (he/him)	dburditt@mono.ca.gov	57 No
Danielle Murray (she/her)	dmurray@mono.ca.gov	56 No
Laura Cruz		56 Yes
Luisana Baires	lbaires@mono.ca.gov	55 No
Betty Hathaway	bhathaway@mono.ca.gov	55 No
Jake Ballard (he/him)	jballard@mono.ca.gov	55 No
Debra Stewart	dstewart@mono.ca.gov	54 No
Kimberly Lopez	klopez@mono.ca.gov	54 No
mtoledo		54 Yes
Richard Bonneau - rbonneau@mono.ca.gov	rbonneau@mono.ca.gov	53 No
iduran@mono.ca.gov	iduran@mono.ca.gov	51 No
Edgar Castelan		49 Yes
Amanda Greenberg	agreenberg@mono.ca.gov	47 No

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

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

APPENDIX D: INNOVATION PLAN CORRESPONDENCE WITH MHSOAC

Help@Hand:



MONO COUNTY BEHAVIORAL HEALTH DEPARTMENT

COUNTY OF MONO

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

September 20, 2021

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

Dear Mr. Ewing,

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

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

Sincerely,


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

Robin K. Roberts
Director, Mono County Behavioral Health



STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

LYNNE ASHBECK

Chair

MARA MADRIGAL-WEISS

Vice Chair

TOBY EWING

Executive Director

RECEIVED

OCT 06 2021

Mono County
Behavioral Health

September 23, 2021

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

Dear Director Roberts,

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

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

On behalf of the Commission, I would like to thank you for all the work you do in your community.

If you have additional questions or need further assistance, feel free to contact me sharmil.shah@mhsoc.ca.gov or your county liaison Wendy Desormeaux at wendy.desormeaux@mhsoc.ca.gov.

Sincerely,

Sharmil Shah, Psy.D
Chief-Program Operations

Copy: Amanda Fenn Greenberg, Program Manager

EHR Project:



STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

MARA MADRIGAL-WEISS
Chair
MAYRA E. ALVAREZ
Vice Chair
TOBY EWING
Executive Director

January 31, 2023

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

Dear Director Roberts,

Congratulations, the Commission has approved Mono County's Enterprise Health Record Project Semi- Statewide Innovation Plan on January 25, 2023 up to the amount of \$986,402.89 in Innovation funding over five years.

Please notify Commission staff in writing of the official start date of the Innovation project. Pursuant to the Innovation regulations, the start date is when the County begins implementing the project which is based upon the date funds are first spent or when services are delivered, whichever happens first. (Reference Title 9 CCR, Article 9 §3910.010(a)(1)).

On behalf of the Commission, I would like to thank you for all the work you do in your community.

If you have additional questions or need further assistance, feel free to contact me sharmil.shah@mhsoac.ca.gov or your county liaison Wendy Desormeaux at wendy.desormeaux@mhsoac.ca.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sharmil Shah".

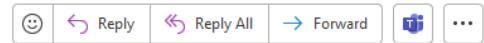
Sharmil Shah, Psy.D
Chief-Program Operations

Copy: Amanda Fenn Greenberg, MHSA Coordinator

RE: EHR Project Approval Letter



Amanda Greenberg
To Shannon Tarter



Thu 4/20/2023 12:11 PM

Hi Shannon,

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

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

For future correspondence, the contact for Mono is myself, Amanda Greenberg at agreenberg@mono.ca.gov.


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


Thank you,


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

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

Mono County MHSA FY 22-23 Annual Update

 Amanda Greenberg
To: MHSA@dhcs.ca.gov; Desormeaux, Wendy@MHSOAC; MHSOAC@MHSOAC.ca.gov
Cc: [Robin Roberts](#)
Retention Policy Mono County 2 Year Retention Policy (2 years) Expires 6/20/2024
Tue 6/21/2022 11:05 AM



 FINAL_Mono MHSA FY 22-23 Annual Update.pdf
5 MB


Good morning,
Please find Mono County Behavioral Health's MHSA FY 22-23 Annual Update attached. This plan was approved by the Mono County BOS on June 14, 2022. It is also now posted on MCBH's website at the following link: <https://www.monocounty.ca.gov/behavioral-health/page/mental-health-services-act-quality-improvement>


Take care,


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



Mono County Annual Update Mid-Year Revision with new INN plan

 Amanda Greenberg
To: MHSA@dhcs.ca.gov; MHSOAC@MHSOAC.ca.gov
Cc: Desormeaux, Wendy@MHSOAC; CalMHSA EHR INN
Retention Policy Mono County 2 Year Retention Policy (2 years) Expires 10/18/2024
Wed 10/19/2022 3:58 PM



 FINAL_Mono MHSA FY 22-23 Annual Update_Mid-Year Revision_Innovation Plan.pdf
8 MB

Good afternoon,
Please find attached Mono County Behavioral Health's FY 22-23 MHSA Annual Update Mid-Year Revision, which includes a new INN plan for the Semi-Statewide EHR project.
Thank you and take care,

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



Mono County FY 21/22 ARER



Jessica Workman

To DHCS MHSA@DHCS

Cc Amanda Greenberg; Robin Roberts

Retention Policy Mono County 2 Year Retention Policy (2 years)

Expires 1/30/2025

😊 Reply ↩️ Reply All ➡️ Forward 📧 ⋮

Tue 1/31/2023 3:27 PM



Hello,

Attached is our FY 21/22 ARER workbook and certification. I have also attached our draft preview from ECRS. I was able to get everything entered into ECRS, but do not have the option to certify. How do I get the option to certify? Would you let us know if someone in our department has this option?

Thank you,

Jessica

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



MCBH also participated in its first Triennial MHSA Program Review and submitted its Plan of Correction as instructed and the plan was subsequently accepted. All pertinent documentation for this review was accepted by DHCS. Please see screen shots below. The Findings Report and Plan of Correction are also posted here:

<https://www.monocounty.ca.gov/behavioral-health/page/mental-health-services-act-quality-improvement>

Mono POC Status and Pending Documentation

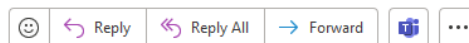


DHCS MHSA@DHCS <MHSA@dhcs.ca.gov>

To Amanda Greenberg

Cc Robin Roberts; DHCS MHSA@DHCS

Retention Policy Mono County 2 Year Retention Policy (2 years)



Tue 6/28/2022 3:01 PM

Expires 6/27/2024



Mono POC.pdf
201 KB



6-28-22 Mono County - Table of Pending Documentation for POC.docx
19 KB

[EXTERNAL EMAIL]

To: Ms. Greenberg,

The Department of Health Care Services (DHCS) is pleased to inform you that Mono County's submitted Mental Health Services Act (MHSA) Plan of Correction (POC) and all requested pertinent documentation has been received and accepted. There is no further action needed at this time.

DHCS would like to extend our heartfelt gratitude for the tremendous services your staff, service providers and stakeholders provide for our MHSA partners.

If you have any other questions or concerns, please contact us at MHSA@dhcs.ca.gov.

Thank you!

(Please acknowledge receipt of this email)

DHCS – Community Services Division

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

MONO COUNTY

3/9/20

BARGAINING UNIT: MCPE

SALARY RANGE: 82

Date Revised

FLSA: Exempt

BEHAVIORAL HEALTH PROGRAM MANAGER

DEFINITION

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

DISTINGUISHING CHARACTERISTICS

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

REPORTS TO

Behavioral Health Director or designee

CLASSIFICATIONS DIRECTLY SUPERVISED

May directly supervise staff or provide lead direction as assigned

EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES

Duties may include but are not limited to the following:

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

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

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

Prepares appropriate reports for the above-listed agencies

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

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

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

TYPICAL PHYSICAL REQUIREMENTS

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

TYPICAL WORKING CONDITIONS

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

DESIRABLE QUALIFICATIONS

Knowledge of:

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

Ability and willingness to:

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

Training and Experience:

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

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

DRAFT

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

Facebook (2/9/23):



Email sent Feb. 5, 2023 to Behavioral Health Advisory Board, County staff, and community partners:

Mono County Behavioral Health Community Survey



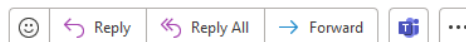
Amanda Greenberg
To: Amanda Greenberg

Retention Policy Mono County 2 Year Retention Policy (2 years)

You forwarded this message on 2/6/2023 9:45 AM.



QR_code_MHSA23.png
14 KB



Mon 2/6/2023 9:41 AM

Expires 2/5/2025

Hello community partners!

Every year, Mono County Behavioral Health does a community needs assessment as part of its Mental Health Services Act Community Program Planning Process. We would like to invite you to share your thoughts on mental health needs and help shape programming throughout Mono County by taking this 5-10 minute survey and where possible sharing it with your staff, listservs, social media, etc. If you have any questions or need additional information, please don't hesitate to reach out. The link is below, along with blurbs in English and Spanish to send to stakeholders, and a QR Code attached if desired.

- Link: <https://www.surveymonkey.com/r/MHSA23>
- English Blurb: Every year, Mono County Behavioral Health (MCBH) does a community needs assessment as part of its Mental Health Services Act Community Program Planning Process. We would like to invite you to share your thoughts on mental health needs and help shape programming throughout Mono County by taking this 5-10 minute survey. Thank you!
- Spanish Blurb: Cada año, el departamento de Salud Mental del condado de Mono (MCBH) hace una evaluación de las necesidades de la comunidad como parte de su Proceso de Planificación del Programa Comunitario de la Ley de Servicios de Salud Mental. Nos gustaría invitarlo a compartir sus pensamientos sobre las necesidades de salud mental y ayudar a dar forma a la programación en todo el condado de Mono tomando esta encuesta de 5-10 minutos. ¡Gracias!

Take care,
Amanda

Amanda Fenn Greenberg, MPH
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Advertisements in local newspapers: To be completed following public comment period

Posting on MHP website: To be completed following public comment period

Press release on County website: To be completed following public comment period